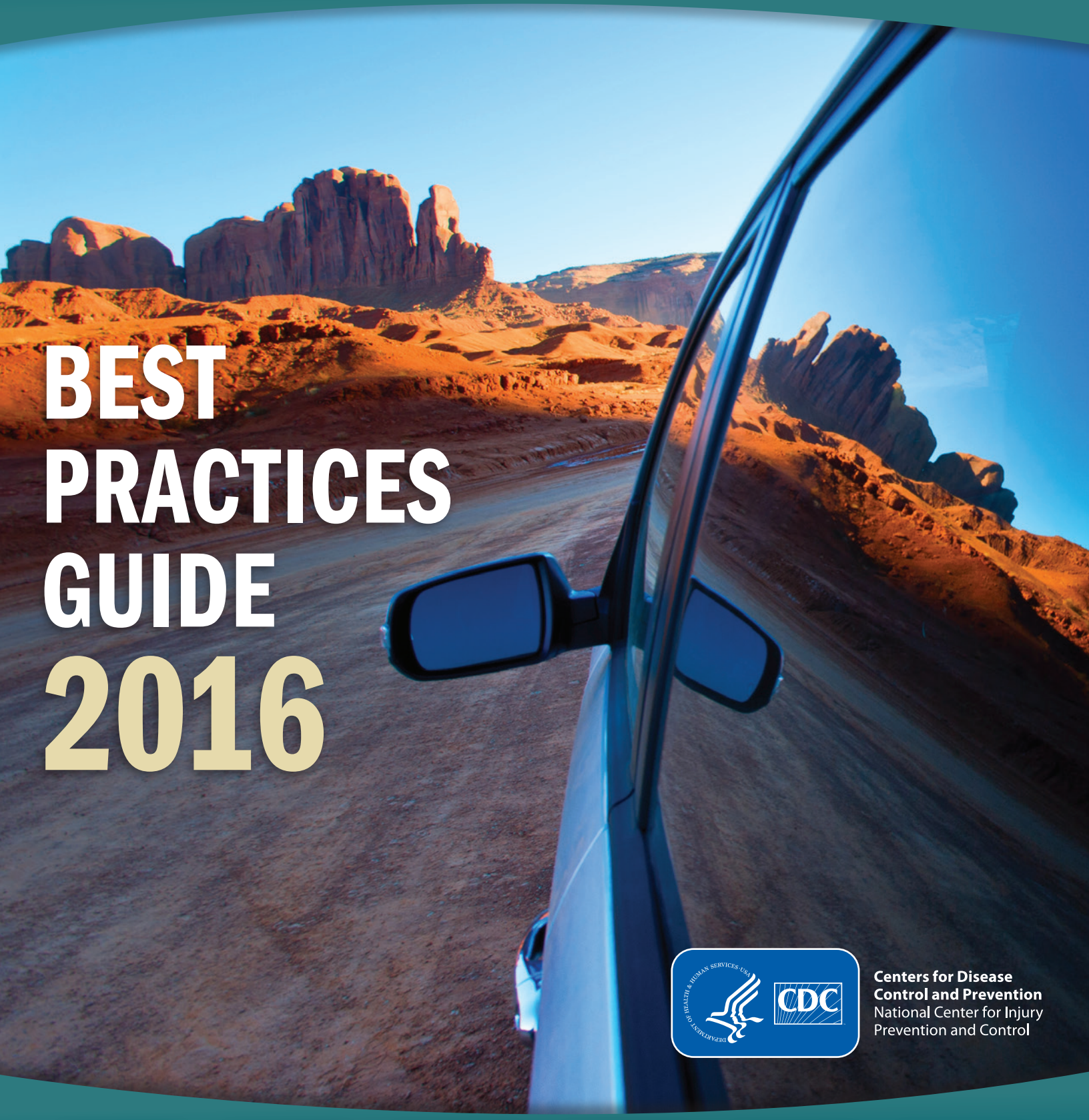
TRIBAL MOTOR VEHICLE INJURY PREVENTION (TMVIP)

BEST PRACTICES GUIDE 2016



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

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TRIBAL MOTOR VEHICLE INJURY PREVENTION (TMVIP

BEST PRACTICES GUIDE 2016

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Centers for Disease Control and Prevention

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This Guide was developed to share lessons learned from several American Indian/Alaska Native (AI/AN) Tribes/Tribal Organizations that have tailored and carried out evidence-based strategies to reduce injury and death caused by motor vehicle crashes in AI/AN communities. It was designed to be an easy-to-use electronic document. Several hyperlinks — *words underlined so you can click them to go to another location in the document* — are provided to allow readers to move quickly to other sections within the guide or to external resources outside the document (for example, such as websites and PDF documents).

Starting on this page, readers can move to sections they find most interesting or to the glossary to see definitions of words, phrases, or acronyms. In the glossary, hyperlinks are provided to return to the text where the word or phrase was used for the first time in the main text. In addition, a hyperlink to return to this Table of Contents page is provided in the footer at the bottom of each page.

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List of Acronyms

BAC	Blood Alcohol Concentration
BIA	Bureau of Indian Affairs
CARS	Children Always Ride Safe
CDC	Centers for Disease Control and Prevention
CPS	Child Passenger Safety
DOT	Department of Transportation
DUI	Driving Under the Influence
EMS	Emergency Medical Services
FARS	Fatal Accident Reporting System
FHWA	Federal Highway Administration
IHS	Indian Health Service
IHSP	Indian Highway Safety Program
MVC	Motor Vehicle Crash
MVIP	Motor Vehicle Injury Prevention
NHTSA	National Highway Traffic Safety Administration
RSA	Roadway Safety Audit
SCR	Safety Circuit Rider
SHSO	State Highway Safety Office
SNAP	Safe Native American Passengers
TEC	Tribal Epidemiology Center
TIPCAP	Tribal Injury Prevention Cooperative Agreements Program
TMVIP	Tribal Motor Vehicle Injury Prevention
TMVIPP	Tribal Motor Vehicle Injury Prevention Program
TTAP	Tribal Technical Assistance Program
TTP	Tribal Transportation Program
TTPSF	Tribal Transportation Program Safety Funds

A. Executive Summary

This Guide was developed to share lessons learned from several American Indian/Alaska Native (AI/AN) Tribes/Tribal Organizations that have tailored and carried out evidence-based strategies to reduce injury and death caused by motor vehicle crashes in AI/AN communities. Lessons learned and examples in this document include Tribes funded by the Centers for Disease Control and Prevention, Indian Health Service, and the Bureau of Indian Affairs.

This Guide focuses on three evidence-based strategies to reduce motor vehicle injury and death:

1. **Increase Child Safety Seat Use,**
2. **Increase Seat Belt Use, and**
3. **Decrease Alcohol-Impaired Driving.**

The main target audience for this Guide is motor vehicle injury prevention (MVIP) practitioners at Tribes/Tribal Organizations. Other key audiences include:

- **Tribal leadership** (for example, executive and legislative members).
- **Tribal public health and traffic safety professionals** (for example, health directors, law enforcement, court staff, injury prevention practitioners, community health workers, emergency medical service staff).
- **Non-Tribal public health and traffic safety professionals working with Tribes/Tribal Organizations** (for example, state departments of health, transportation, and/or public safety).

Why is motor vehicle crash injury a critical health issue for American Indians & Alaska Natives?

- In the United States, adult motor vehicle-related death rates for AI/AN are 1.5 times higher than those of whites and blacks.[1]
- Among infants less than one year of age, AI/AN have 8 times the rate of motor-vehicle traffic deaths than that of non-Hispanic whites.[6]
- AI/AN have a high prevalence, or widespread occurrence, of alcohol-impaired driving and the highest alcohol-related motor vehicle death rate across racial/ethnic populations.[11-12]
- More than half (56%) of AI/AN passenger vehicle occupants who died in motor vehicle crashes were unrestrained, or not buckled, at the time of the fatal crash.[1]

What is included in this Guide?

This Guide includes the following sections:

- **Background:** A summary of the burden of MVC injury in Indian Country.
- **What Works to Prevent MVC Injury or Death:** A summary of the strategies known to increase seat belt use, increase child safety seat use, and decrease impaired driving.
- **Federal, Tribe/Tribal Organization, and State Response:** Descriptions of programs that are aimed at reducing MVC injury in Indian Country.

Components for Tribal Motor Vehicle Injury Prevention: Descriptions of the five components needed for successful strategies in AI/AN communities, including *lessons learned*, *case examples*, *calls to action*, and *resources for each component*:

1. **Commitment**
2. **Collaboration**
3. **Data and Evaluation**
4. **Tailored Evidence-Based Strategies**
5. **Technical Support**

What are the most effective strategies to address AI/AN motor vehicle crash injury?

There are eleven evidence-based strategies with **strong evidence** to support that increasing seat belt use, increasing child safety seat use, or decreasing impaired driving can reduce motor vehicle crash injury and death among AI/AN. In this Guide, the term *child safety seat* refers to car seats and booster seats, and the term *impaired driving* refers to alcohol-impaired or drunk driving.

INCREASE SEAT BELT USE

1. **Laws Mandating Use:** Seat belt laws that require motor vehicle occupants to wear seat belts.
2. **Primary (vs. Secondary) Enforcement Laws:** 'Primary' enforcement laws allow police to stop motorists because someone in the vehicle is unbelted. These are more effective than secondary enforcement laws, which allow police to ticket unbelted motorists only if they are stopped for other reasons (for example, breaking other traffic laws such as not stopping for a red light).
3. **Enhanced Enforcement Programs:** Enhanced enforcement conducted in addition to normal enforcement, including publicity, increases the public's perceived risk of receiving a citation. The number of citations are increased along with the number of officers on patrol, or by issuing more citations during an officer's normal patrol.

INCREASE CHILD SAFETY SEAT USE

1. **Laws Mandating Use:** Child safety seat laws that require children riding in motor vehicles to be restrained in car seats or booster seats that are appropriate for the child's age, height, and weight and meet the safety standards of the federal government.
2. **Distribution and Education Programs:** Programs that provide approved child safety seats to parents and caregivers combined with an educational component.

What are the most effective strategies to address AI/AN motor vehicle crash injury?
(continued)

DECREASE ALCOHOL-IMPAIRED DRIVING

1. **0.08% Blood Alcohol Concentration (BAC) Laws:** Laws that declare it is illegal for a driver's BAC to reach 0.08% (0.08 g/dL) for drivers aged 21 years and older.
2. **Maintaining Current Minimum Legal Drinking Age (MLDA) Laws:** Laws that specify an age below which the purchase or public consumption of alcoholic beverages is illegal (<21 years of age in the US).
3. **Publicized Sobriety Checkpoint Programs:** Programs with high visibility enforcement that includes publicity to attract public attention, run by law enforcement who stop drivers systematically to measure alcohol impairment.
4. **Multicomponent Interventions with Community Mobilization:** Interventions to reduce alcohol-impaired driving that include several components (for example, sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol).
5. **Ignition Interlocks:** Devices that are installed in motor vehicles (mandated by a court system or offered as an alternative to a suspended driver's license) to prevent operation of the vehicle by a driver who has a BAC above a specified level (usually 0.02% – 0.04%).
6. **Mass Media Campaigns:** Campaigns that use mass media channels, such as newspapers, radio, television, and/or billboards, to encourage people to avoid drinking and driving, or to prevent or stop others from drinking and driving. Mass media campaigns have strong evidence of effectiveness under certain conditions: employing theory, careful planning and execution; adequate audience exposure; and conducted in settings with other ongoing alcohol-impaired driving prevention efforts.

What is needed to address motor vehicle crash injury in AI/AN communities?

Based on experiences and lessons learned from Tribes, federal, and state efforts to address motor vehicle crash (MVC) injury in AI/AN communities, five components are needed for Tribal Motor Vehicle Injury Prevention (TMVIP): 1) Commitment; 2) Collaboration; 3) Data and Evaluation; 4) Tailored Evidence-Based Strategies; and 5) Technical Support.

1. ***COMMITMENT*** *is needed for…*

   Funding: to support staff and project intervention activities.

   Staffing: to direct prevention efforts for motor vehicle injury and death.

   Training: to enhance current knowledge and skills.

   Supervisory and Administrative Support: to assist the administrative and financial functioning of a traffic safety program.

2. ***COLLABORATION*** *is needed among the following stakeholders…*

   Tribal Leadership: to develop, enhance, and support enforcement of laws for seat belt/child safety seat use and impaired driving.

   MVIP Practitioners: to coordinate Tribal efforts to plan or conduct activities, and evaluate progress (for example, determine if changes have occurred following program implementation).

   Roads or Transportation Departments: to conduct highway safety improvements that focus on environmental conditions, and/or engineering (design) weaknesses that make a crash more likely or more severe.

   Legal System: to manage citations and arrests handled in traffic and impaired driving courts, track the results of cases, identify repeat offenders, and collect fines.

   Law Enforcement: to enforce traffic safety laws, complete and share data and information on crashes with tribal and non-tribal public health and other traffic safety professionals.

   Emergency Medical Services: to safely transport those injured in MVCs and collect data about MVC crashes/events.

   Media: to help share information and educate the public about how to prevent motor vehicle crashes, injury, and death.

   Community Members, Groups and Institutions: to support, encourage, and be an example for the use of safe driving behaviors and actions that will lead to safe driving norms, customs, or standard behavior.

What is needed to address motor vehicle crash injury in AI/AN communities?
(continued)

3. ***DATA AND EVALUATION*** *are needed to understand and evaluate…*

Motor Vehicle Crashes (MVCs): how many; where; when; and why MVCs are happening.

MVC Injuries/Fatalities: how many; where; when; and why injuries and deaths are happening from MVCs. Can also include the outcomes of injuries and medical costs of injury.

Restraint Use: community behaviors and barriers to using seat belts and child safety seats (car seats and booster seats).

Laws and Policies: degree to which laws and policies exist or can be enhanced.

Enforcement and Prosecution: practices or barriers to enforcing and prosecuting or bringing legal actions against those who break the law.

4. ***TAILORED EVIDENCE-BASED STRATEGIES*** *are needed for …*

Child Safety Seat Use: to increase the number of people who properly use age- and size-appropriate car seats and booster seats for children.

Seat Belt Use: to increase the number of people who use seat belts.

Impaired Driving: to reduce the number of people who drive after drinking.

5. ***TECHNICAL SUPPORT*** *is available to assist Tribes with…*

Commitment: to prioritize injury as an important Tribal priority.

Collaboration: to build multi-disciplinary teams.

Data and Evaluation: to know what data might be needed to assess the problem and evaluate interventions.

Evidence-Based Strategies: to tailor recommended strategies for use in AI/AN communities.

B. Introduction

Why is motor vehicle injury a critical public health issue for American Indians and Alaska Natives?

Motor vehicle crashes are a leading cause of death for American Indians/Alaska Natives (AI/AN) ages 1 to 44.[1] Adult motor vehicle-related **death rates** for AI/AN are 1.5 times higher than those of whites and blacks.[1]

Why was this Guide developed?

This Guide was developed to share lessons learned from AI/AN Tribes/Tribal Organizations conducting or implementing **evidence-based strategies** to reduce the burden associated with motor vehicle crashes in AI/AN communities.

There are many evidence-based strategies and **promising interventions** to reduce motor vehicle crash injury and death, including those that involve educational, environmental, engineering, and policy-related approaches. Three of these evidence-based strategies are **increasing seat belt use, increasing child safety seat use and decreasing alcohol-impaired driving**. These three strategies have been implemented by multiple Tribes/Tribal Organizations and are the primary emphasis of this Best Practices Guide. In this guide, the term child safety seat refers to car seats (including rear-facing and forward-facing car seats with a five point harness) and **booster seats (belt positioning booster seats)**, and the term **impaired driving** refers to alcohol-impaired driving.

For whom is this Guide intended?

The primary target audience for this *TMVIP Best Practices Guide* is **Motor Vehicle Injury Prevention (MVIP) Practitioners** at Tribes/Tribal Organizations. Other target audiences include:

- **Tribal leadership** (for example, executive and legislative members).
- **Tribal public health and traffic safety professionals** (for example, health directors, law enforcement, court staff, injury prevention practitioners, community health workers, and emergency medical services).
- **Non-Tribal public health and traffic safety professionals working with Tribes and Tribal Organizations** (for example, state health departments, transportation and/or public safety departments).

What is included in this Guide?

This Guide includes the following information:

- **Background:** Description and definition of the burden of MVC injury and death in Indian Country.
- **What Works to Prevent MVC Injury and Death:** Summary of the strategies known to be effective at increasing seat belt use, increasing child safety seat use, and decreasing impaired driving.
- **Federal, Tribe/Tribal Organization, and State Response:** Description of programs that address MVC injury and death in Indian Country.
- **Components for Tribal Motor Vehicle Injury Prevention (TMVIP):** A description of what is needed for successful TMVIP Programs.
- **Lessons Learned, Case Examples, Calls to Action, and Resources:** for five components to address MVC injury/death in AI/AN communities: 1) Commitment; 2) Collaboration; 3) Data and Evaluation; 4) Tailored Evidence-Based Strategies; and 5) Technical Support.

The ***Lessons Learned*** and ***Case Examples*** described in this Guide were developed based on the experiences of the authors and contributors to this Guide. They also support lessons learned from the 2004-2009 and 2010-2014 cycles of the Centers for Disease Control and Prevention's Tribal Motor Vehicle Injury Prevention Program[2] and feedback provided by:

- Tribes and Tribal Organizations.
- Federal agencies (for example, Centers for Disease Control and Prevention, Indian Health Service, Bureau of Indian Affairs, National Highway Traffic Safety Administration).
- Program evaluation staff at the University of North Carolina at Chapel Hill that participated in a 2011 project funded by federal agency traffic safety partners to identify the 'essential components' of Tribal Motor Vehicle Injury Prevention[3] and who provided on-going technical assistance during both CDC funding cycles.

How can this Guide be used?

This Guide can be used by a variety of **public health** and traffic safety **stakeholders**. This includes those who are interested in learning more about how to plan, use, or evaluate Tribal motor vehicle injury prevention **interventions**. This Guide can also be used to:

- Help Tribal leadership highlight motor vehicle crash injury as an important issue that might need more attention with staffing/funding.
- Help Tribal and non-Tribal public health and traffic safety professionals with collecting data or information, doing interventions that encourage changes in behavior, or completing evaluation activities.

How do you navigate or read through this Guide?

This Guide was developed to be an easy-to-use electronic document. Several **hyperlinks** – *words highlighted in color and underlined so you can click on them to go to another location in the document* – are provided to allow readers to move quickly to other sections that are

- within the Guide, using **blue bold font**, or
- external resources outside the Guide, using **brown underlined font** (for example, websites, PDF documents, or other resources).

Starting with the Introduction section, readers can move to sections they find most interesting or to the glossary to see definitions of words or phrases. In the glossary, hyperlinks are provided to return to the text where a word or phrase is used for the first time (in the main text). In addition, a hyperlink to return to the Table of Contents page is provided in the footer at the bottom of each page.

Who developed this guide?

This guide was developed under contract #200-2014-M-58693 from the CDC, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, to The University of North Carolina at Chapel Hill, Gillings School of Global Public Health, Department of Health Behavior:

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C. Background

How serious is Motor Vehicle Crash (MVC) injury and death in AI/AN communities?

Motor Vehicle Crashes (MVCs) are a leading cause of **unintentional injury death** for AI/AN ages 1 to 44.[1]

- Among AI/AN ages 19 years and younger, motor vehicle crashes are the leading cause of **unintentional injury**-related death.[4]
- AI/AN as a group are at increased **risk** of injury, and AI/AN males are at especially high risk for many types of injuries. Compared with females the same age, AI/AN males ages 20 years and older are twice as likely to die from a motor vehicle crash.[1]
- Adult motor vehicle-related death rates for AI/AN are 1.5 times more than those of whites and blacks.[1]

MVC Deaths

American Indians/Alaska Natives die in MVCs at higher rates than other Americans:

- From 2004–2010, five states had the highest motor vehicle-related death rates among American Indians/Alaska Natives, between 2.3 and 3.6 times greater than the U.S. population rate of 19.7 deaths per 100,000, including:
  - Wyoming 3.6 times higher (72 deaths per 100,000 population)
  - South Dakota 2.9 times higher (59 deaths per 100,000 population)
  - Montana 2.8 times higher (56 deaths per 100,000 population)
  - North Dakota 2.8 times higher (56 deaths per 100,000 population)
  - Arizona 2.3 times higher (45 deaths per 100,000 population).[5]
- Among infants less than one year of age, AI/AN have 8 times the rate of motor-vehicle traffic deaths than that of non-Hispanic whites.[6]

Limitations of MVC Death Data

- These and other statistics likely undercount deaths and injuries among AI/AN. Several research studies have shown that when people are put in the wrong racial category (which is called **racial misclassification**), fewer injuries and deaths are reported. Racial misclassification has been documented for AI/AN people in motor vehicle crashes.[7-8] A **2014 study** further describes issues with racial misclassification in the AI/AN population of Idaho, Oregon, and Washington.[9]
- Another study found significant under-reporting of Tribal crash data to the federal database known as Fatality Analysis Reporting System (FARS). Results for AI/AN information might be unstable when compared with other populations in this database.[10]
- Both under-counting and under-reporting are important data limitations.

Impaired Driving

AI/ANs have the highest alcohol-related MVC death rates of all racial groups:

- AI/AN have a high prevalence (or amount of) alcohol-impaired driving and the highest alcohol-related motor vehicle death rate among racial/ethnic populations.[11-12]
- Among AI/AN fatal crashes in 2012, an estimated 42 percent were alcohol-related.[5] Nationally, during this same time period, 31 percent of fatal crashes were alcohol-related for all races overall.[13]
- Fatally injured AI/AN females who were driving while intoxicated had BAC levels two times higher than females of other races.[14]
- More AI/AN youth had been drinking when involved in deadly crashes when compared with other races.[15]
- Among those who drink, the rate of binge drinking and heavy drinking tends to be highest among Native Americans.[16]

Low Seat Belt and Child Safety Seat Use

AI/AN seat belt and child safety seat use rates are lower than national rates:

- More than half (56%) of AI/AN passenger vehicle occupants who died in motor vehicle crashes were unrestrained at the time of the fatal crash, compared with 49% nationally.[1,17]
- Seat belt use varies across reservations, ranging from a low of 36.4 percent to a high of 90.7 percent. According to NHTSA, American Indian seat belt use has increased from 69.6% in 2013 to 73.4% in 2014.[18-19]
- Reservations with **primary enforcement laws** have the highest seat belt use, followed by reservations with **secondary enforcement laws**.
- Child safety seat use for AI/AN communities vary, and are generally much lower than those of other racial groups.[20] In one 2002 study of three Northwest tribes, child safety seat use ranged from 12% to 21% for children from birth to age four.[21] In a 2005 study of AI/AN children at six Tribes in Idaho, Oregon, and Washington, child safety seat use ranged from 11% to 63% among children eligible to be in booster and infant seats, respectively.[22]

What progress is being made?

- Individual Tribes have published results showing **increases in seat belt use**, including: those funded by the CDC's Tribal Motor Vehicle Injury Prevention Program from 2004-09 and 2010-14,[23, 26, 27] Tribes funded by the IHS Tribal Injury Prevention Cooperative Agreements Program (for example, Ute Tribe[24]); and other Tribes.
- Between 2002 and 2014, Tribes have also documented **increases in child safety seat use** (for example, Ho-Chunk Nation,[23,26] Tohono O'odham Nation,[26] several Tribes participating in the IHS Ride Safe Program,[20] and several Northwest Tribes [21, 22]).
- Several Tribes have documented decreases in **motor vehicle crash injuries** (for example, the Tohono O'odham Nation;[26] San Carlos Apache Tribe;[26] Ute Tribe;[24] and Tribes funded by the CDC's 2010-2014 TMVIPP funding cycle: Rosebud Sioux Tribe, Hopi Tribe, and Yurok Tribe[27]). The Navajo Nation in 1992 and 2002 reported decreases in **motor vehicle injury hospitalizations** and **pediatric discharge rates for motor vehicle injury**.[25, 28]

D. What Works to Prevent MVC Injury/Death

What strategies are effective at reducing MVC injury and death in AI/AN communities?

This section defines effectiveness and how effectiveness is determined for traffic safety strategies. The section also lists the recommended strategies to increase seat belt use, increase child safety seat use, and reduce alcohol-impaired driving, as identified by **The Guide to Community Preventive Services (The Community Guide).**

Definitions	*What is effective?*

General Definitions

"Evidence-based" interventions (that is, policies or programs) are those that have been evaluated as effective using appropriate methods and measurement. Experts review multiple research studies selected using agreed upon standards and measures. They consider all results and outcomes from the selected studies to determine whether there is enough evidence that the intervention achieves the intended outcome (for example, changes in behavior, reductions in risk, reductions in death, disability or injury). In other words, does the evidence demonstrate that the intervention worked? Interventions can be classified or grouped by level of scientific evidence available:[29]

1. ***Evidence-Based:*** There is **strong evidence** the intervention works. There are sustainable, replicable programs that have demonstrated positive impact on prevention, costs and/or other stated outcomes.
2. ***Effective:*** There is **some evidence** the intervention is effective, but additional research is needed in multiple settings to determine their full impact or effectiveness.
3. ***Promising/Innovative/Emerging Practices:*** Cutting edge efforts that are **untested or locally developed** in which there is currently insufficient evidence to determine their impact (does not mean the strategy is ineffective, but rather additional study is needed).

Traffic Safety Definitions

For **traffic safety**, one resource to identify evidence-based interventions for motor vehicle injury prevention is: **The Guide to Community Preventive Services (The Community Guide): Motor Vehicle-Related Injury Prevention.**

The Community Guide describes a broad selection of strategies or programs that have been studied for effectiveness and success to decide how much and at what level the programs are recommended to increase child safety seat or seat belt use and to reduce alcohol-impaired driving (sometimes referred to as driving under the influence, or DUI). The Community Guide is maintained by the CDC and describes reasons why a strategy is recommended or not recommended:

- ***Recommended:*** The **systematic review** of available studies provides **strong** or **sufficient** evidence that the intervention is effective. The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. The categories do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.
- ***Recommended Against:*** The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.
- ***Insufficient Evidence:*** The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

This *TMVIP Best Practices Guide* references and describes how **three strategies** outlined in **The Community Guide** —1) increase seat belt use; 2) increase child safety seat use; and 3) reduce alcohol-impaired driving – have been used in AI/AN communities.

The Community Guide, and other entities, have conducted research on evidence-based strategies for specific populations (for example, teens, motorcycle drivers, older adults). While these programs are not the focus of this Guide, strategies that focus on other types of drivers should also be considered, including: **Motorcycle Helmet Use**; **Graduated Driver Licensing**; and **Older Adult Drivers**.

Traffic Safety Definitions (continued)

Countermeasures that Work is a resource developed by NHTSA to help **State Highway Safety Offices (SHSO)** select evidence-based strategies for traffic safety problems, including:

- Alcohol-Impaired and Drugged Driving
- Seat Belts and Child Restraints
- Aggressive Driving and Speeding
- Distracted and Drowsy Driving
- Motorcycle Safety Young Drivers
- Older Drivers
- Pedestrians
- Bicyclists

The *Countermeasures* resource describes major strategies and countermeasures that are relevant to SHSOs (that is, they can be conducted using funding from traditional highway safety grant programs). It summarizes strategy and countermeasure use, effectiveness, costs, and implementation time. It also provides references to research summaries and individual studies. The *Countermeasures* resource does not include strategies that SHSO cannot conduct using typical highway safety grant programs.

This ***TMVIP Best Practices Guide*** does not emphasize strategies designed to change how vehicles are made or how roads are built. However, Tribal motor vehicle injury prevention practitioners can find more information about environmental and engineering interventions at:

- National Highway Traffic Safety Administration **Vehicle Safety Website**.
- Federal Highway Administration's **Office of Safety website** and the **Highway Safety Improvement Program website (HSIP)**.

Recommended Strategies

The Guide to Community Preventive Services recommends four strategies with **strong** or **sufficient** evidence.[30] The Guide's **Section J - Tailored Evidence-Based Strategies: Child Safety Seats** provides information about how these strategies have been **tailored** in AI/AN communities.

Strong Evidence *for increasing the use of child safety seats (car seats and booster seats):*

1. **Laws Mandating Use:** Child safety seat laws require children riding in motor vehicles to be restrained in car seats or booster seats that are appropriate for the child's age, height, and weight and meet the safety standards of the federal government. Requirements and enforcement guidelines and penalties vary by state or Tribe based on several factors (for example, child's age, weight, height, or a combination of these). Laws mandating use of child safety seats in all 50 states allow drivers to be stopped for failing to properly buckle children in safety seats as required under each state's law. Fines and enforcement requirements vary by state.
2. **Distribution and Education Programs**: Child safety seat distribution plus education programs provide approved child safety seats to parents and other caregivers many different ways (for example, free giveaway, low-cost purchase), *combined with* an educational component. These programs are created for parents or caregivers who need financial aid or for those who might not understand the importance of using a child safety seat.

Sufficient Evidence *for increasing the use of child safety seats:*

3. **Community-Wide Information and Enhanced Enforcement Campaigns**: These campaigns include using **mass media** (such as newspapers, radio, television and billboards), information and publicity, public displays of child safety seats, and other targeted strategies such as checkpoints, traffic safety focused law enforcement officials, or alternative penalties (for example, informational warnings instead of citations or tickets).
4. **Incentive and Education Programs:** These programs offer parents, caregivers or children rewards for using child safety seats the correct way. They also provide education, with variations in content, duration, intensity, and delivery methods.

Insufficient Evidence

The Guide to Community Preventive Services has identified one strategy that does not have enough evidence to show effectiveness:

Education Programs When Used Alone: These types of programs provide information, alone, about the use of child safety seats and relevant skills to parents, children, or professional groups. Giving information *alone* is rarely enough for long-term change in behavior. However, it is a central and necessary piece of other interventions, such as community-wide information and enhanced enforcement campaigns, distribution and education programs, and incentive and education programs.

Seat Belt Use — *What works to increase seat belt use?*

Recommended Strategies

The Guide to Community Preventive Services recommends three strategies with strong evidence.[31] The Guide's **Section J - Tailored Evidence-Based Strategies: Seat Belts** provides information about how these strategies have been tailored in AI/AN communities.

Strong Evidence *for increasing seat belt use and reducing fatal and non-fatal injuries among youth and adults:*

1. **Laws Mandating Use:** Seat belt laws require motor vehicle occupants to wear seat belts. Currently 49 states (excluding NH), the District of Columbia, and some federally recognized Tribes with land jurisdictions (for example, those who live on a Reservation) have seat belt use laws for at least front seat occupants. Other requirements vary by state, such as: laws requiring rear seat or all vehicle occupant use; fines; age groups subject to laws; the type of enforcement law (primary vs. secondary); or exempt vehicles and drivers. An additional benefit of laws requiring adult seat belt use is that they also increase child safety seat use.
2. **Primary (vs. Secondary) Enforcement Laws:** 'Primary' laws allow police to stop motorists because someone in the vehicle is unbelted. These are more effective at reducing MVC injury and death than 'secondary' seat belt laws. Secondary seat belt laws allow police to ticket unbelted motorists *only* if they are stopped for other reasons (for example, other moving violations).
3. **Enhanced Enforcement Programs:** Enhanced enforcement programs conducted *in addition* to normal seat belt enforcement increase the public's risk of receiving a citation. They also include advertising or promotion. There are two categories: a) programs that increase tickets in combination with increasing the number of officers on patrol duty (called supplemental); and b) programs that encourage giving more tickets during an officer's normal patrol duty (called targeted).

LESSON LEARNED

Dispelling Myths about Seat Belt Use

In some AI/AN communities, myths about seat belts may exist. For example, uncomfortable to wear, how difficult they are to use, danger in trapping people, how unnecessary they are at low speeds or in rear seats. The World Health Organization published a report about common seat belt myths, combined with facts that can be used to counter those myths when communicating with community members, groups, or decision-makers in a Tribal community. See page 44 of the **WHO Seat-belts and child restraints: a road safety manual for decision-makers and practitioners**.

Impaired Driving — *What works to reduce impaired driving?*

Recommended Strategies

The Guide to Community Preventive Services recommends six strategies with strong and two strategies with **sufficient** evidence.[32] The Guide's **Section J - Tailored Evidence-Based Strategies: Impaired Driving** provides information about how these strategies have been tailored in AI/AN communities.

Strong Evidence *for reducing alcohol-related MVC deaths, alcohol-related MVCs and associated injuries, alcohol-impaired driving, and alcohol-impaired driving re-arrest rates:*

- **0.08% Blood Alcohol Concentration (BAC) Laws:** These laws state that it is not legal for a driver's BAC to reach 0.08% (0.08 g/dL) for drivers aged 21 years and older. 0.08% BAC has been found to be effective in reducing alcohol-related MVC deaths. According to **NHTSA**, all states define driving with a blood alcohol concentration (BAC) at or above 0.08% as a crime, but certain laws and penalties differ from state to state. Some AI/AN Tribes have laws with less strict BAC limits (for example, 0.10%), while others have more strict laws (for example, 0.04%). In AI/AN communities, Tribal BAC laws apply only to those Tribes with oversight from Tribal Law Enforcement, courts, and detention centers.
- **Maintaining Current Minimum Legal Drinking Age (MLDA) Laws:** These laws make it illegal to buy or drink alcoholic beverages in public for any person under the age of 21. The laws have been effective at lowering alcohol-related MVCs and related injuries among 18 to 20-year-old drivers. All states currently have an MLDA of 21 years of age.

Recommended Strategies (continued)

- **Publicized Sobriety Checkpoint Programs:** These programs include publicity with high visibility enforcement conducted by law enforcement officers who stop drivers systematically to check for alcohol impairment. These programs have been shown to be effective at reducing alcohol-impaired driving. Using media to publicize checkpoints increases the public's belief that they will be arrested (that is, perceived risk of arrest). This increased perception of arrest risk helps reduce alcohol-impaired driving. In addition, alcohol-impaired drivers are identified (by using breath testing) and arrested at checkpoints.
- **Multicomponent Interventions with Community Mobilization:** These interventions consist of several components acting synergistically and have been shown to be effective at reducing alcohol-impaired driving, combined with participation of active community workgroups or task forces to plan/implement these interventions (community mobilization). For example, sobriety checkpoints, training in responsible beverage services, education and awareness-raising efforts, and/or limiting access to alcohol may be combined in various ways to mobilize the community against drinking and driving.
- **Ignition Interlocks:** These devices are installed in motor vehicles (mandated by a court system or offered as an alternative to a suspended driver's license) to prevent operation of the vehicle by a driver who has a BAC above a specified level (usually 0.02% to 0.04%). Installed most often in vehicles of people who have been convicted of alcohol-impaired driving, interlocks have been shown to be effective at reducing re-arrest rates while the interlocks are installed

Recommended Strategies (continued)

Strong Evidence *for reducing alcohol-impaired driving and alcohol-related crashes under certain conditions:*

- **Mass Media Campaigns:** These campaigns are designed to educate people to avoid drinking and driving, or to prevent others from drinking and driving. Campaigns used a variety of themes (for example, fear of arrest; fear of injury to self, others, or property; characterizing drinking drivers as irresponsible and dangerous). Things that make it effective include: careful planning and execution using theory; adequate audience exposure; and implementation in settings that have other ongoing alcohol-impaired driving prevention (for example, enforcement of laws).

Sufficient Evidence *for reducing alcohol-related MVCs or riding with impaired drivers:*

- **Lower BAC Laws for Young or Inexperienced Drivers:** These laws identify a lower illegal BAC (for example, 0.02% or lower) for young or inexperienced drivers under the age of 21 (the minimum legal drinking age in the U.S.) than for older or more experienced drivers and have been shown to be effective at reducing alcohol-related MVCs.
- **School-Based Instructional Programs:** These programs are used to address the problems of alcohol-impaired driving and riding with alcohol-impaired drivers. Some programs have a broader focus that includes alcohol and other substance use (for example, illegal or prescription drugs). These programs have been shown to be effective in reducing riding with impaired drivers. However, there is insufficient evidence to determine the effectiveness of these programs on reducing alcohol-impaired driving or alcohol-related crashes among drivers themselves.
- **Multicomponent Interventions:** This approach which implements multiple programs and policies in various settings to reduce alcohol-impaired driving can include any or all of a number of components, such as sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol.

Insufficient Evidence

The Community Guide identified four strategies that do not have sufficient evidence to show effectiveness at reducing alcohol-impaired driving or alcohol-related crashes, due to the limited number of studies conducted:

- **School-Based Peer Organizing Interventions:** These interventions seek to involve students in a number of different prevention activities focused on not driving impaired or not riding with an impaired driver.
- **School-Based Social Norming Campaigns:** These campaigns are typically ongoing, multiyear public information programs on college campuses designed to reduce alcohol use by providing objective normative information regarding student alcohol consumption to reduce misperceptions and change behavior.
- **Designated Driver Promotion Incentive Programs:** These programs offer free incentives to encourage drinking establishment customers to act as designated drivers.
- **Population-Based Designated Driver Promotion Campaigns:** These campaigns use mass media and other ways to communicate with the public to promote and encourage using designated drivers, which means having or asking someone (designating) to drive who has not been drinking.

AT-A-GLANCE SUMMARY for What Works to Prevent MVC Injury/Death

RECOMMENDED STRATEGIES TO INCREASE CHILD SAFETY SEAT USE

Strategy	Evidence
1. **Laws Mandating Use:** Child safety seat laws that require children riding in motor vehicles to be restrained in approved child restraints (for example, car seats and booster seats).	Strong
2. **Distribution and Education Programs:** Programs that provide approved child safety seats to parents and caregivers combined with an educational component.	Strong
3. **Community-Wide Information and Enhanced Enforcement Campaigns:** Campaigns that include mass media, information and publicity, public child safety seat displays, and other targeted strategies such as checkpoints, dedicated law enforcement officials, or alternative penalties.	Sufficient
4. **Incentive and Education Programs:** Programs that offer parents, caregivers, and/or children rewards for property using child safety seats, and education that varies in content, duration, intensity and delivery methods.	Sufficient

RECOMMENDED STRATEGIES TO INCREASE SEAT BELT USE

Strategy	Evidence
1. **Laws Mandating Use:** Seat belt laws that require motor vehicle occupants to wear seat belts.	Strong
2. **Primary (vs. Secondary) Enforcement Laws:** 'Primary' enforcement laws allow police to stop motorists because someone in the vehicle is unbelted. They are more effective than secondary enforcement laws.	Strong
3. **Enhanced Enforcement Programs:** Enhanced enforcement conducted **in addition** to normal enforcement; includes publicity; and increased citations in combination with increasing the number of officers on patrol or by issuing more citations during an officer's normal patrol.	Strong

RECOMMENDED STRATEGIES TO REDUCE IMPAIRED DRIVING (AND ASSOCIATED CRASHES, INJURIES/DEATHS)

Strategy	Evidence
1. **0.08% Blood Alcohol Concentration (BAC) Laws:** Laws that declare it is illegal for a driver's BAC to reach exceed 0.08% (0.08 g/dL) for drivers aged 21 years and older.	Strong
2. **Maintaining Current Minimum Legal Drinking Age (MLDA) Laws:** Laws that specify an age below which the purchase or public consumption of alcoholic beverages is illegal (21 years of age).	Strong
3. **Publicized Sobriety Checkpoint Programs:** Programs that involve high visibility enforcement conducted by law enforcement stopping drivers systematically to assess alcohol impairment.	Strong
4. **Multicomponent Interventions with Community Mobilization:** Interventions that can include one or more components (for example, sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol).	Strong
5. **Ignition Interlocks:** Devices that are installed in motor vehicles (mandated by a court system or offered as an alternative to a suspended driver's license) to prevent operation of the vehicle by a driver who has a BAC above a specified level (usually 0.02% to 0.04%).	Strong
6. **Mass Media Campaigns:** Campaigns that are designed to educate individuals to avoid drinking and driving, or to prevent others from drinking and driving.	Strong
7. **Lower BAC Laws for Young or Inexperienced Drivers:** Laws that identify a lower illegal BAC (for example, 0.02% or lower) for young or inexperienced drivers under the age of 21 (the minimum legal drinking age in the U.S.) than for older or more experienced drivers.	Sufficient
8. **School-Based Instructional Programs:** Programs that address the problem of riding with alcohol impaired drivers. There is insufficient evidence to determine the effectiveness of these programs on reducing alcohol-impaired driving by the drivers themselves.	Sufficient

[a] *There is strong evidence under certain conditions, including: careful planning and execution, using theory; adequate audience exposure; and implementation in settings that have other ongoing alcohol-impaired driving prevention activities.*

E. Federal, Tribal/Tribal Organization, State Response

What efforts have been made to address the burden?

Several federal agencies have established competitive grant and cooperative agreement programs for Tribes/Tribal Organizations to reduce MVC injury and death in AI/AN communities. Other organizations, some Tribal, have conducted TMVIP activities that can be valuable to many Tribes. This section provides a brief summary of federal agency programs that have provided funding for TMVIP, and other efforts to respond to the burden of MVC injury and death in Tribal communities.

Federal

Indian Health Service (Department of Health & Human Services)

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing health services to members of federally-recognized American Indian and Alaska Native Tribes. The provision of the health services to members of federally-recognized Tribes is due to the government-to-government relationship between the federal government and Indian Tribes. The IHS is the principal federal health care provider and health advocate for Indian people with a goal to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery for American Indians and Alaska Natives who are members of the 567 federally recognized Tribes in the US.

IHS AREA OFFICE INJURY PREVENTION PROGRAMS

Many IHS Areas provide direct injury prevention services based on national and local priorities. IHS staff work with Tribal programs to conduct injury **surveillance**, develop and implement projects, and establish partnerships. IHS Area Injury Prevention Programs also host injury prevention training courses for **capacity building** of Tribal staff and community members, and those who work with them. Some purchase child safety seats and partner with Tribal highway safety programs and Safe Kids Coalitions for child safety seat clinics and fitting stations at IHS service units. Some Tribes partner with the county injury prevention programs that install child safety seats provided by state injury prevention programs and the governor's offices of highway safety.

For contact information about each IHS Service Area's Injury Prevention Program, visit this **IHS Injury Prevention Program website** and click on the IHS Area you are searching for, and then click the 'view contacts' tab.

TRIBAL INJURY PREVENTION COOPERATIVE AGREEMENTS PROGRAM (TIPCAP)

To address the disparity or unequal difference in the injury problem, the Indian Health Service (IHS) provides funding for American Indian/Alaska Native Tribes/Tribal Organizations to develop infrastructure (for example, programs, systems, and/or policies) in injury prevention. The IHS Injury Prevention Program has funded more than $22 million in Cooperative Agreement grants to 96 Tribal/urban/non-profit American Indian/Alaska Tribes/Tribal Organizations since 1997. The lessons learned have helped to shape the program to encourage new ideas and best practices. The grants have also helped overcome challenges with continued benefit to reducing injuries in American Indian/Alaska Native communities (rural and urban), pueblos and villages. The 2010-2015 TIPCAP projects (n=40) addressed two IHS Injury Prevention Program priorities: 1) Motor Vehicle Crashes and 2) Fall Prevention. The IHS Injury Prevention Tribal grantees implemented effective strategies to target specific causes or hazards that can increase the chances or risk of someone being injured.

There are 25 Tribal IP Coordinators certified as Child Passenger Safety (CPS) technicians and six National Highway Traffic Safety Administration (NHTSA) certified CPS Instructors. More than 100 CPS technicians were trained during the five year grant cycle. The 2010-2015 Cooperative Agreements awardees are grouped in three programs:

- Part I grantees are new or with less experience with the IHS Injury Prevention Program. $65,000 for five years.
- Part II grantees are Tribes/Tribal Organizations who develop, implement, and evaluate evidence-based or promising interventions (for example, specific interventions that have been tested and accepted widely to prevent injury and death). $10,000 for three years.

IHS RIDE SAFE PROGRAM

The Indian Health Service (IHS) developed Ride Safe to help tribal communities address motor vehicle injuries among American Indian and Alaskan Native children. The Ride Safe program seeks to reduce the rate of motor vehicle related injuries to children (aged 3 to 5 years) who are enrolled in participating Tribal Head Start programs.

The program format and eight-part training manual is implemented locally by Tribes and is encouraged by IHS Area Injury Prevention Programs. To obtain a copy of the Ride Safe Curriculum, visit the

Indian Health Service
(continued)

IHS Injury Prevention Program website. The Ride Safe Program at one mid-western Tribe was evaluated and published in the Maternal & Child Health journal in 2008.[20]

Office of Justice Services Bureau of Indian Affairs
(Dept. of Interior)

INDIAN HIGHWAY SAFETY PROGRAM (IHSP)

The Highway Safety Act of 1966, USC Title 23, Section 402, provides U.S. Department of Transportation funding to assist federally recognized Indian Tribes in implementing traffic safety projects in the United States. The program has been administered by the BIA Indian Highway Safety Program (IHSP) since 1973. Oversight is provided by the National Highway Traffic Safety Administration, Region 6, located in Fort Worth, Texas.

Grant applications are mailed to Tribal Leaders of all federally recognized Indian Tribes in January of each year. The annual deadline to submit applications is May 1st. A Selection Committee reviews and scores all applications. Selected tribal projects are funded for a one year time period (October 1 - September 30).

The IHSP grants are developed based on data (that is, data-driven) and include plans to show if programs are making a difference (that is, performance-based). Applications must have sufficient traffic data to justify funding. About 40 Tribal Projects are funded each year. There is no minimum or maximum funding amount. Currently, annual funding amounts range from $30,000 to $425,000. Fundable program areas include: Police Traffic Services; Occupant Protection; Traffic Records; Impaired Driving Courts; and Safe Communities. For more information, visit **The Office of Justice Services, Bureau of Indian Affairs**.

Federal Highway Administration
(Dept. Transportation)

FIXING AMERICA'S SURFACE TRANSPORTATION ACT

Fixing America's Surface Transportation (FAST) Act funds surface transportation (that is, road and bridge) programs in the United States. Each year, 2% of the available Tribal Transportation Program (TTP) funds are set aside to address safety issues in American Indian/Alaska Native communities. Funds are available to **federally recognized Indian tribes** using a competitive application process to distribute non-specific (discretionary) funding. Projects that describe plans to address and show the prevention and reduction of death or serious injuries, in

Federal Highway Administration

(Dept. Transportation, continued)

transportation-related crashes, are funded yearly. The program supports the development of Strategic Transportation Safety Plans as a way for tribes to prioritize how transportation safety needs will be addressed in tribal communities.

Under the Moving Ahead for Progress in the 21st Century Act (MAP-21) there have been two rounds of funding (FY13 and FY14) and an additional round in FY15 under review. In FY 2014, 94 of 127 applications were funded. Four categories of funding have been established under TTP Safety Funds to distribute available funds: 1) Safety Planning (40%); 2) Engineering Improvements (30%); 3) Enforcement/EMS (20%); and 5) Education (10%).

For more information on Tribal Transportation Program (TTP) Safety Fund, visit **Tribal Transportation Program (TTP) Safety Fund**.

- **Russell Garcia**, TTP Safety Program Manager
  Russell.Garcia@dot.gov, 202-366-9815
- **Adam Larsen**, TTP Safety Engineer
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TRIBAL TECHNICAL ASSISTANCE PROGRAM (TTAP)

The Federal Lands Highway Program (FLHP) works closely with TTAP centers. They help Tribal governments by offering training, technical assistance, and research opportunities. **TTAP** aims to: a) deliver technical assistance and training activities at the Tribal level; b) help implement administrative practices and new transportation technology at the Tribal level; c) provide training and assistance in transportation planning and economic development; and d) develop educational programs to encourage and motivate interest in transportation careers among Native American students.

The TTAP program is financially supported by the Federal Highway Administration (FHWA) and the Bureau of Indian Affairs (BIA). Currently, there are **seven TTAP centers** including: 1) Alaska; 2) Mountain West (AZ); 3) Eastern (MI); 4) Northern Plains (ND); 5) Northwest (WA); 6) Southern Plains (OK); and 7) Western (CA).

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control (NCIPC)

Division of Unintentional Injury Prevention

(Dept. of Health and Human Services)

The mission of the CDC's **National Center for Injury Prevention and Control** is to prevent violence and injuries, and reduce their consequences.

TRIBAL MOTOR VEHICLE INJURY PREVENTION PROGRAM (TMVIPP)

Reaching 12 Tribes/Tribal organizations over two funding cycles (2004-2009, 2010-2014), TMVIPP provided funding and on-going technical assistance to support the tailoring of three evidence-based strategies, identified in **The Community Guide**, to reduce MVC injury: increase seat belt use; increase child safety seat use; and reduce alcohol-impaired driving. For more about TMVIPP and other roadway safety efforts, visit the CDC's **Motor Vehicle Safety** webpage or **listen to project coordinators share lessons from the 2010-2014 TMVIPP funding cycle**.

TRIBAL SAFETY CIRCUIT RIDER PROGRAM

Through collaboration with the Federal Highway Administration (FHWA), CDC is funding a Tribal Safety Circuit Rider to provide technical assistance in three regional Tribal Technical Assistance Program (TTAP) locations which serve 207 tribes across 10 states. The 3-year pilot is modeled after the Safety Circuit Rider (SCR) Program developed by the U.S. Department of Transportation (DOT). The DOT program was designed to provide safety-related information, training, and support to agencies responsible for local roadway safety. The new Tribal SCR program expands technical assistance provide by the TTAPs beyond road improvements to include increasing seat belt use, increasing child safety seat use, and addressing alcohol-impaired driving; while emphasizing tailored evidence-based strategies for tribal traffic safety programs. For more, visit the **TTAP** website or these TTAP centers:

Northern Plains TTAP
Arden Boxer, Tribal Safety Circuit Rider **aboxer@uttc.edu**

Serves 24 tribes in Montana (Eastern), Nebraska (Northern), North Dakota, South Dakota, and Wyoming.
Located at: United Tribes Technical College, Bismarck, ND

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control (NCIPC)

(Dept. of Health and Human Services)

Southern Plains TTAP
Tabatha Harris, Tribal Safety Circuit Rider
tabatha.harris@okstate.edu

Serves 44 tribes in Kansas, Nebraska (Southern), Oklahoma, and Texas.
Located at: Oklahoma State University, Stillwater, OK

Western TTAP
Carrie Brown, Tribal Safety Circuit Rider
cbrown@NIJC.org

Serves 139 tribes in California and Nevada.
Located at: National Indian Justice Center Santa Rosa, CA

Tribal Organizations

National Congress of American Indians (NCAI) Policy Research Center

NATIVE PUBLIC HEALTH LAW PARTNERSHIP PROJECT: RESERVATION ROAD SAFETY

The Native Public Health Law Partnership project was led by the National Congress of American Indians (NCAI), developed with the National Indian Health Board, and funded by the Robert Wood Johnson Foundation. The goals of the project were to: 1) provide information on public health laws in Indian Country; 2) recognize tribal authority to regulate public health; and 3) develop a database tool to enable tribes to share information with each other and the broader public health law community about tribal public health law, codes, and policy. Two publications came from the project (in the Summer of 2013 and Fall 2014) summarizing reservation road safety:

- **Reservation Road Safety: Reducing Unintentional Injury through Tribal Public Health Law**
- **Tribal Transportation Insights: Preventing Unintentional Injury and Death**

Tribal Epidemiology Centers

Tribal **Epidemiology** Centers (TEC) are organizations funded by the Indian Health Service, Division of Health & Human Services. They serve American Indian/Alaska Native Tribal and urban communities by:

- managing public health information systems (for example, data systems to track injuries or disease);
- investigating certain diseases;
- managing disease prevention and control programs ;
- responding to public health emergencies ;
- coordinating these activities with other public health authorities.

The mission of Tribal 'Epi' Centers is to improve the health of American Indian/Alaska Native (AI/AN) by:

- identifying and understanding health problems and disease risks;
- improving the ability of a Tribe to address public health needs (that is, strengthening public health capacity);
- developing solutions for disease prevention and control.

Currently there are 12 TECs throughout the country. Several of these have conducted research on the issue of motor vehicle crash injury and death in AI/AN communities (for example, the **Northwest Portland Area Indian Health Board** and the **Inter-Tribal Council of Arizona, Inc.**).

Find a list of current **Tribal Epidemiology Centers**.

Tribal Organization and Tribe/State Partnerships

Some Tribal organizations and Tribe/state partnerships have focused efforts to address the burden of traffic safety in AI/AN communities. We highlight several below as examples.

Native CARS (Children Always Ride Safe)

Northwest Portland Area Indian Health Board

Native CARS seeks to improve child safety seat use for American Indian and Alaska Native (AI/AN) children in the Pacific Northwest and beyond. Northwest Portland Area Indian Health Board aimed to implement and test the effectiveness of community-led interventions to improve the use of child safety seats in six Northwest tribes. They are interested in disseminating what they have learned with other tribes by sharing the successful protocols, tools, and intervention materials used by Native CARS tribal partners. The **Native CARS Atlas** may be used by other Tribes as a blueprint to address child passenger safety concerns in tribal communities.

Wind River Reservation (Eastern Shoshone & Northern Arapaho Tribes) and Wyoming Department of Transportation

A partnership between the State of Wyoming and the Wind River Reservation (serving the Eastern Shoshone and Northern Arapaho Tribes) was developed between the Tribe's Transportation Director, the Tribe's Joint Business Council, the Wyoming Department of Transportation (WYDOT) District 5 Public Relations Specialist, and Hispanidad (Heinrich Marketing, Inc.).

The partnership developed a community-based model to change behavior through messages about traffic safety that were directed toward families, friends, and co-workers. The effort included:

1. Outreach (bringing information to the community) on behavioral transportation safety (or how our attitudes and how we act affects our safety when we are on the road) using culturally appropriate traffic safety messaging to address seat belt use, impaired driving, and pedestrian safety;
2. Collaboration between the Tribe and WYDOT, NHTSA, and FHWA to make improvements to the highway infrastructure and to better coordinate between programs designed to change health behaviors and initiatives designed to improve roadway engineering;
3. Development of a traffic safety plan for the Wind River Reservation, including a new traffic code with lower BAC limits for alcohol-impaired driving, lower speed limits, a mandatory seat belt law for the entire reservation, improved traffic signs, increased law enforcement, and more emphasis on education and prevention; and
4. Two conferences on reservation safety, which brought together city, county, state, and federal reservation programs to work together to improve traffic safety both on and off the reservation.

The **collaboration** has helped to improve the reservation's transportation infrastructure (for example, highways and bridges), and led to lowering the number of crashes and deaths that involved alcohol on the Wind River Reservation.

Other Tribe/State Partnerships

In 2012, the Inter-Tribal Council of Arizona (ITCA) Tribal Epidemiology Center (TEC) contacted the Nevada Department of Transportation (NDOT) to request two Road Safety Assessments (RSA); one each for the TeMoak Tribe of Western Shoshone and Duckwater Shoshone Tribe. The RSA reports became a transportation safety planning tool for both Tribes for preparing road designs to address low cost improvements for BIA roads within four TeMoak band areas and on the Duckwater Reservation. The tribes provided 5% local matching funds and NDOT provided the remaining 95% to fund the design and construction. Duckwater was awarded $119,000 Tribal Transportation Program Safety Funds to improve sight distance on a BIA road near the elementary school, which was a recommendation in the RSA report.

The AZ Department of Health Services (ADHS) **Office of Injury Prevention** has worked with many Tribal injury prevention practitioners. This led to a large number of donations of child safety seats for installation in Tribal communities. When the ADHS sponsors child passenger safety technician courses that are nationally certified, they reach out specifically to Tribal and/or IHS staff working with Tribes.

The Kaibab Band of Paiute Indians has also completed two RSAs. Arizona Department of Transportation (ADOT) completed a project for improving intersections using Indian Highway Safety Program funds. See the **ITCA Tribal Transportation Safety Summary** for more details.

The Inter-Tribal Council of Arizona, Inc. has been promoting the methods used by RSA with multiple Tribes in Arizona through the Arizona Department of Transportation (ADOT). These Tribes include:

- Tohono O'odham Nation
- Hopi Tribe
- Havasupai Tribe
- San Carlos Apache Tribe
- White Mountain Apache Tribe

The Federal Highway Administration and ADOT have completed several RSAs with the Navajo Nation. Most of the RSAs have resulted in road improvement projects to remove road hazards.

The **California Rural Indian Health Board's (CRIHB) Injury Prevention Department** has developed a relationship with the state of California's Department of Public Health (CA DPH). Through the CA DPH Office of Traffic Safety grant funding, CRIHB has been provided mini-grants for child safety seats, support for child safety seat events, and funding to host child passenger safety technician courses that are nationally certified.

F. Components for Tribal Motor Vehicle Injury Prevention

What is needed to address MVC injury and death in AI/AN communities?

Based on experiences and lessons learned from the federal, Tribal/Tribal Organizations, and state entities seeking to address MVC injury in Tribal communities, this section summarizes the components needed for TMVIP: 1) **Commitment**; 2) **Collaboration**; 3) **Data and Evaluation**; 4) **Tailored Evidence-Based Strategies**; and 5) **Technical Support**. **Sections G, H, I, J,** and **K** describe how these components have been, or could be, carried out by Tribes/Tribal Organizations.

1. COMMITMENT

Committment	is needed to...
Funding	Support staff and project intervention activities.
Staffing	Direct efforts to prevent motor vehicle injury and death.
Training	Enhance existing knowledge and skills.
Supervisory/ Admin. Support	Assist the administrative and financial functioning of traffic safety activities.

2. COLLABORATION

Collaboration	is needed among stakeholders to...
Tribal Leadership	Develop, enhance, and support enforcement of laws for seat belt/ child safety seat use and impaired driving.
MVIP Practitioners	Coordinate efforts of the Tribe to plan or conduct activities, and evaluate progress (for example, determine if changes in safe driving have happened as planned).
Roads or Transportation Departments	Conduct highway safety improvements that focus on environmental conditions, and/or engineering (design) weaknesses that make a crash more likely or more severe.
Legal System	Manage citations and arrests handled in traffic and impaired driving courts, track the results of cases, identify repeat offenders, and collect fines.
Law Enforcement	Enforce traffic safety laws, complete and share crash data with tribal and non-tribal public health and other traffic safety professionals.
Emergency Medical Services	Safely transport those injured in MVCs and collect data about MVC events.
Media	Promote and educate the public about prevention of MVCs and MVC injury/death.
Community Members, Groups, and Institutions	Support, encourage, and be a good example for the use of safe driving behaviors or actions that will lead to safe driving norms, customs, or standard behavior.

3. DATA AND EVALUATION

Data and Evaluation	are needed to understand and evaluate...
Motor Vehicle Crashes (MVCs)	How many; where; when; and why MVCs are occurring.
MVC Injuries/Deaths	How many; where; when; and why injuries and deaths are occurring from MVCs.
Restraint Use	Community behaviors and barriers to using occupant restraints.
Enforcement and Prosecution	Practices or barriers to enforcing and prosecuting violations.
Laws and Policies	Degree to which laws and policies exist or can be enhanced.

4. TAILORED EVIDENCE-BASED STRATEGIES

Tailored Evidence-Based Strategies	are needed to...
Child Safety Seat Use	Increase car seat and booster seat use.
Seat Belt Use	Increase seat belt use.
Impaired Driving	Reduce impaired driving.

5. TECHNICAL SUPPORT

Technical Support	is available to assist Tribes to...
Commitment	Make injury prevention a tribal priority.
Collaboration	Build multi-disciplinary teams.
Data and Evaluation	Know what data are needed to assess the problem and evaluate interventions.
Evidence-Based Strategies	Tailor recommended strategies for use in AI/AN communities.

G. Commitment: Component #1 for TMVIP

What COMMITMENT is needed to address MVC injury and death in AI/AN communities?

This section provides information about the first component needed for TMVIP – **COMMITMENT** – including:

1. ***Commitments*** recommended for strong TMVIP efforts.
2. General ***Lessons Learned*** and specific ***Case Examples*** about commitment from Tribal MVIP projects applying effective strategies.
3. ***Resources*** available to encourage commitment from stakeholders.
4. ***Calls to Action*** for identifying or enhancing commitment from stakeholder groups to support tribal motor vehicle injury prevention (TMVIP).

Funding

Staff and Projects

Some Tribes and Tribal organizations have identified injury prevention as a leading health priority and recognize the need to prevent motor vehicle injuries and deaths in their communities. Funding for traffic safety projects can be obtained from outside sources, such as federal and state government programs described in **Section E** of this guide. Funds to support Tribal prevention efforts are more likely to be given when injuries in general, or motor vehicle injuries specifically, are prioritized as a leading health issue at a Tribe or Tribal Organization. Commitment to funding involves support for staff and project activities, regardless of funding source.

CASE EXAMPLE

Two Tribes continued project efforts beyond the funding period. One in Wisconsin (Ho-Chunk) and the other in Arizona (San Carlos Apache) were funded during the 2004-2009 CDC Tribal Motor Vehicle Injury Prevention Program (TMVIPP) cycle. The Tribal MVIP Coordinator regularly updated Tribal leaders about progress the TMVIPP project was making to increase seat belt use, increase child safety seat use, and reduce alcohol-impaired driving. These updates included data summaries in presentations to Tribal Council or budget committee leaders to show changes, over several years, in restraint use, MVCs, and/or alcohol-impaired driving. Another factor that contributed to these projects being funded directly by the Tribe was effective communication from the TMVIP coordinators about 'what it costs' to run a Tribal MVIP program. The two Tribal project coordinators spoke clearly to the benefits of investing in motor vehicle injury prevention.

Staffing

Full-Time Lead

Many successful TMVIP projects conducted in AI/AN communities have utilized the leadership of *full-time staff*. The title used to describe the project leader can vary, but he or she is often referred to as a *coordinator, director, or specialist*. For example, project leaders conducting traffic safety funded by CDC's Tribal Motor Vehicle Injury Prevention Program were called 'TMVIPP Coordinators.'

Regardless of title used, having at least one person, whose only job it is to plan, coordinate, and conduct traffic safety activities, shows commitment for MVIP in AI/AN communities. When hiring MVIP coordinators or injury prevention specialists, the interview process can be improved if it includes a description of realistic job expectations, and emphasizes the commitment and flexibility needed to perform well as a motor vehicle injury prevention coordinator.

LESSON LEARNED

A Tribal MVIP Coordinator or Injury Prevention Specialist is not a typical "desk job". It requires commitment and flexibility to accomplish what needs to be done. This means that oftentimes the work of MVIP Coordinators is done:

- in **different locations** (for example, at an office desk, in meetings, at conferences);
- at **different times of the day** (for example, during regular office hours, at early morning child safety seat installation events, at late night traffic safety enforcement events);
- in a range of **different conditions** (for example, outdoors, in wet/dry or hot/cold conditions).
- in **different settings**, for example:
  - at schools giving presentations;
  - at Tribal Council meetings presenting project summaries and data;
  - at community events promoting traffic safety and program services;
  - on roadsides or in vehicles collecting restraint use data;
  - in vehicles installing child safety seats;
  - on computers looking for data or resources for use in Tribal settings;
  - in record storage rooms looking through documents to learn more about MVCs;
  - at meetings with local, county, or state agencies.

Understanding what is required of a coordinator will help in hiring "the right person for the job".

Training

To enhance the skills needed to plan, implement, and evaluate TMVIP projects, full-time coordinators, directors, or specialists might require additional training or certifications to enhance skills they have from other employment, educational, or life experiences. Several training opportunities that are particularly relevant to a TMVIP coordinator include: general injury prevention; child passenger safety; and other training programs.

General Injury Prevention

- ***IHS Introduction to Injury Prevention (Level I):*** This course introduces participants to the core components of the public health approach to preventing injuries among American Indians and Alaska Natives. Participants work in small teams to address injury issues in fictional Tribal communities. People who attend the training include tribal health board members, health directors, tribal council members, IHS environmental health personnel, and tribal injury prevention staff. The course is usually 3 or 3.5 days, with 2.0 Continuing Education Units available. For more information, visit the IHS **Environmental Health Support Center (EHSC)**.
- ***IHS Intermediate Injury Prevention (Level II):*** This course reviews the basics of understanding injury data, workgroup building, program planning, evaluation, and marketing. The course will include several hands-on community and computer-based activities. Upon completing the course, those who attend are able to describe the complex causes of injury; describe the strategies for workgroup maintenance; demonstrate use of on-line or web-based data collection tools; describe basic methods to collect data; and outline **process evaluation** and **impact evaluation** methods. For more information, visit the IHS **ESHC**.
- ***IHS Epidemiology*** and ***Program Development Fellowship Programs:*** These 12-month advanced learning experiences build on the IHS Injury Prevention Program short courses and the previous experiences of the participants. Both offer advanced training in community interventions, workgroup building, injury epidemiology, program evaluation, presentation skills, and field work. Fellows apply this training by working on individual projects involving data collection, program implementation, and evaluation. For more information, visit the **IHS Injury Prevention Training Course webpage**.

- ***Certified Child Passenger Safety Technician Course:*** The **CPS Certification Course** is usually three to four days long and combines classroom instruction, indoor and outdoor hands-on activities, skills assessments with child safety seats and vehicles, and a community safety seat checkup event. Trainees who successfully complete the course are qualified to take the National CPS Technician exam. For more information, visit this website at **Safe Kids**.

- ***Certified Child Passenger Safety Instructor Courses***: Experienced CPS technicians who are ready to help others learn how to become technicians should consider working towards becoming a Certified Instructor. To earn this certification, CPS Technicians must complete the **instructor candidacy process**, successfully teach a Certification Course, and make sure their technician certification does not expire during the period when they are a candidate. The instructor candidacy process can take no longer than one year from the time you are approved as an instructor candidate. For more information, visit the instructor resources page at **Safe Kids**.

- ***Safe Native American Passengers (SNAP) Courses:*** Designed after the National Highway Traffic Safety Administration (NHTSA) National Standardized Child Passenger Safety Training, this 12-hour course is specific to Native Americans and introduces attendees to the *basic* concepts of child passenger safety (CPS). The intended audience for this course is anyone who works in AI/AN communities and is interested in CPS. Participants can include checkup event volunteers, Health Educators, Community Health Representatives, EMS personnel, Fire personnel, Law Enforcement, Tribal Environmental Health Specialists or Practitioners, and Child Care Providers. The SNAP course does not offer certification and *does not replace*, supplant or serve as a substitute for the nationally certified Child Passenger Safety (CPS) Technician training course. Rather, it serves as an introduction to CPS or preparatory training for the national CPS Technician certification course. Many SNAP course attendees have gone on to become certified CPS Technicians who now serve as important resources to their local communities. For more information about SNAP, visit the **IHS Injury Prevention Program**.

Other Training

- ***Global Road Safety Surveillance Course:*** Road Traffic Injury Surveillance Course is designed primarily for professionals who develop or operate surveillance systems and conduct prevention activities in less-resourced areas. It describes the steps needed to establish and maintain a road traffic injury surveillance system; provides information on designing and monitoring prevention activities; and provides guidance for making informed decisions about road traffic injury prevention.
- ***Tribal Technical Assistance Program (TTAP) Training:*** TTAP centers assist tribal governments by providing training, technology transfer, and research opportunities. Currently, there are **seven TTAP centers**, which offer a variety of training courses, including but not limited to: Crash Data Reporting; Road Scholar Program, Roadway/Highway Safety Audits (**Safe Journeys online course**); Use of GIS/GPS; Fundamentals of Highway Safety; and Road/Pedestrian Safety.
- ***Traffic Safety Conferences:*** regular annual traffic safety conferences, at which Tribal programs are highlighted include:
  - **Lifesavers Conference:** This annual conference on highway safety priorities is the largest gathering of highway safety professionals in the U.S. Each year, the conference provides a forum for the presentation and discussion of effective countermeasures and initiatives that address highway safety problems. **Prior conference programs** and **presentations/ workshops** are available online.
  - ***Regional Tribal Transportation Safety Summits and National Tribal Transportation Safety Conference:*** Sponsored by the Federal Highway Administration, these events provide Tribal leaders and safety professionals an opportunity to focus on critical road safety issues. Summits can be a first step in engaging federal, state, local, and Tribal safety partners in a discussion of the nature and extent of the traffic safety problems on Tribal lands, as well as strategies to address them. At the Summits, participants: a) identify safety needs, resources, and solutions; b) get to know and build relationships with safety partners to continue to work collaboratively; c) share best practices and lessons learned; and d) commit to action items to build on their success. Prior **Summit and Conference Reports** are available.

- **Kids in Motion National Child Passenger Safety Conference:** Held annually, this conference offers a continuing education forum with the single focus on keeping young passengers safe. Since 2005, the conference has drawn professionals from fields including health care, public health, law enforcement, fire and rescue, child restraint and vehicle manufacturers. The conference provides:
  - interactive educational opportunities to get the latest information on child passenger safety;
  - opportunities to provide feedback about current or proposed regulations and/or measures; and
  - networking opportunities to promote a sense of professional cooperation and community.

- **National Safety Council Defensive Driving Safety Training Program:** Delivered in a range of affordable options and formats to meet the needs of organizations, employees, drivers, and vehicle types, this training provides: leading-edge curriculum for greater comprehension and content retention; cost effective training solutions for organizations of all sizes; immediate and post-incident training, when timing is crucial; new employee or refresher training; remote, onsite and customized training; and flexibility for ease of scheduling and student participation.
- **World Health Organization TEACH VIP E-learning:** This is a comprehensive injury and violence prevention curriculum developed for self-paced, self-administered training online. Training modules include a variety of general and specific topics, including: Road Traffic Injuries; Community Surveys; Advocacy for Injury Prevention.
- **Safe States Alliance Training Center:** The **Safe States Alliance** has partnered with the Society for the Advancement of Violence and Injury Research (SAVIR) to create a joint initiative known as the National Training Initiative (NTI). Through NTI, both organizations have worked together to develop **Core Competencies** to address the training needs of professionals working in the field of injury and violence prevention. Safe States trainings and archived webinars organized by topic area are available at these websites:

- **Web Events Co-Hosted by Safe States Alliance & Partners**, including topics such as: Motor Vehicle Safety; Partnerships and Collaborations; Program Planning and Evaluation; Epidemiology; and Communication.
- **ASTHO, NACCHO, and Safe States Injury Prevention Webcast Series**
- **Safe States Self-Study Trainings**.

Supervisory and Administrative Support

Supervisory Support

Tribal MVIP staff benefit from having the support and oversight of supervisors who can provide guidance and mentoring. Health Directors, Highway Safety Managers, and/or Community Health Representative (CHR) Directors are examples of staff who supervise Tribal MVIP coordinators, directors, or specialists.

A commitment of support from supervisors for a Tribal MVIP program is especially useful when there is staff turnover in the MVIP coordinator position. The effectiveness of a Tribal MVIP project can be reduced unless supervisory support exists to orient and assist a new TMVIP coordinator.

CASE EXAMPLE

One CDC-funded TMVIPP Project had five different TMVIPP Coordinators in the lead staffing role during the four year-project. This degree of staff turnover can be disruptive and while this problem is not exclusive to Tribal communities, the engagement of a supervisor can minimize disruptions. At this Tribe, the same person served as the supervisor for the multi-year project. The supervisor was engaged and took over some responsibilities when the position was vacant. The supervisor provided continuity in knowledge about the project and expectations for the coordinators. As a result, project progress continued despite the coordinator vacancies.

LESSON LEARNED

Position a Tribal MVIP Coordinator within the police department, if possible.

It is helpful if the lead staff member directing a Tribe's motor vehicle injury prevention program is located, physically and organizationally, within the police department. Examples from several Tribes have indicated that being located in the police department allowed for increased communication, collaboration, and access to data. In cases where a coordinator is housed within a different department (for example, health department, transportation department), additional and sometimes time-consuming relationship building has been required, often causing delays in collecting data about traffic safety activities conducted by the police department and/or the motor vehicle injury prevention program.

Administrative and Financial Support

Tribal MVIP staff benefit from assistance provided by administrative and financial staff at the Tribe. This can include assistance with budget planning, budget monitoring, and expense reporting. If funding is provided to the Tribe by an external source (for example, the Indian Health Service or Bureau of Indian Affairs), the knowledge and skills required for grants management and financial reporting (often using online tools) can reduce administrative difficulties.

While Tribal MVIP coordinators might have some of the skills needed for this type of project management, a commitment to ensuring support from administrative and financial staff is important for tribal motor vehicle injury prevention efforts.

LESSON LEARNED

Communicate about budget planning regularly to avoid overruns and surpluses!

The responsibility for managing contracts and grants might reside with a Tribe's finance department, and not with the department that staffs the TMVIP program. Many TMVIP coordinators have found it beneficial to conduct regular meetings with the finance department staff member assigned to manage the TMVIP budget. This regular and on-going communication can help the TMVIP coordinator with project planning, and can avoid cost-overruns or year-end/project-end budget surpluses.

If project funds remain unspent at year-end, it might send the wrong message to a funder (for example, the funds were not needed). Budget surpluses are often a result of miscommunication and/or delayed accounting, monitoring, or reporting. Some TMVIP coordinators have developed their own internal budget spreadsheets to track funds, which can then be reconciled with financial department reporting during regular meetings. TMVIP coordinators should be proactive in placing equipment and supply orders during the first half of their funding period so that purchasing or invoicing delays do not result in budget surpluses.

ACTION CALLS

American Indian/Alaska Native **Tribal Leaders** are encouraged to identify **reducing the burden of motor vehicle crash injury and death** as a top community, public health, public safety, and financial priority.

Working in partnership with **Tribal** and **Non-Tribal Injury Prevention Practitioners and Public Health Professional Partners** will ensure a future generation of safe and healthy AI/AN people by saving years of potential life lost, reducing costs from MVC injury, and thus, improving the quality of life in the community.

H. Collaboration: Component #2 for TMVIP

Who should AI/AN COLLABORATE with to address MVC?

This section provides information about the second component needed for TMVIP – **COLLABORATION** – including:

1. A list of potential **collaborators** to support TMVIP efforts.
2. **Case examples** or **Lessons Learned** about collaboration from TMVIP projects.
3. **Resources** available to enhance collaboration among stakeholders.
4. **Calls to Action** for identifying or enhancing collaboration among various stakeholder groups as they consider supporting TMVIP.

LESSON LEARNED

The Value of Traffic Safety Workgroups!

No one person or organization can do it all, or do all that is needed, to prevent MVC injuries. In most Tribal communities, injury prevention or traffic safety workgroups (sometimes referred to as committees, coalitions, or advisory councils) exist for the purpose of bringing multiple perspectives and partners to the table to discuss, plan, implement, and evaluate traffic safety program activities. This teamwork helps to coordinate existing resources in a community to avoid duplication and fill gaps in services.

Forming and maintaining TMVIP workgroups requires on-going engagement and outreach to potential partners. The collaborators described in this section of the Guide are often the core membership of TMVIP workgroups in AI/AN communities. **Section J - Tailored Evidence-Based Strategies: Workgroups** provides several tools that might be helpful to workgroup building and maintenance.

Tribal Leadership

Executive and Legislative Leadership

To support the work of staff hired to coordinate TMVIP Programs, assistance is needed from Tribal leaders who serve in executive and legislative positions.

Elected or appointed leaders of a Tribe (for example, Tribal Chair/Vice-Chairpersons) serve as the primary executive authority in AI/AN communities. When seeking executive office, chairs/vice-chairs devote considerable energy to fulfilling the needs and priorities in a community, including its health and safety needs.

Executive and Legislative Leadership (continued)

Members of Tribal legislative authorities (for example, Tribal Councils) have the responsibility to develop and enforce laws, policies, and procedures that govern AI/AN communities. Because many evidence-based strategies for traffic safety describe passage, enhancement, and/or enforcement of laws to protect Tribal and community members, support from Tribal legislative leaders can be important for TMVIP success. When faced with the need to develop new or strengthen existing laws related to traffic safety, TMVIP coordinators often can benefit from educating legislative committees (for example, health and safety, justice, transportation) about effective strategies before a new or enhanced law may be considered by the full legislative authority.

MVIP Practitioners

Full-Time Practitioners

Many successful TMVIP projects utilize Full-time Coordinators to lead, plan, implement, and evaluate traffic safety initiatives in Tribal communities. Some federal programs (for example, CDC TMVIPP, IHS TIPCAP) require that full-time staff be hired to support on-going traffic safety efforts. Coordinators and the program will benefit from training, supervision, and financial/administrative support.

Affiliated or Part-Time Practitioners

Many Tribal staff who work at other programs are, by the nature of their work, affiliated or part-time TMVIP practitioners. For example, Community Health Representatives (CHRs) are often staff members who obtain national child passenger safety (CPS) technician certification so that when families expand with the addition of newborn children, they can be discharged from hospitals with properly installed child safety seats and get help installing and using the right car seat and booster seat as the child grows. Examples of other affiliated or part-time traffic safety practitioners include, but are not limited to: Public Health Nurses who counsel expecting or new parents about child health and safety; Daycare Center/Head Start Center staff who regularly provide lessons about child safety; School Teachers who include lessons about safety; and Fire/Police Department personnel who often visit schools to provide education about safety.

Roads and Transportation Departments

Engineers/Planners

Tribal Transportation Departments typically employ engineers and planners who are responsible for identifying road and highway safety improvement projects. These projects can address environmental or engineering deficiencies that contribute to MVCs. Separate from or in partnership with TMVIP coordinators, the regular collection of data about MVCs can identify 'trouble spots' where there have been a high number of MVCs (for example, high-volume crash sites). Careful study of data about these crash sites can be used to identify environmental or engineering changes that can be made to reduce MVCs. In some states (for example, **MN**), advisory transportation councils have been established that foster networking and partnership between Tribal and state entities.

CASE EXAMPLE

Roadway Widening/Channelization Project - San Carlos Apache Tribe, AZ

Data collection at the San Carlos Apache Tribe identified that injury from motor vehicle crashes (MVCs) involved severe injury and high treatment costs. Further data collection identified that most MVCs were occurring on a state-maintained road on the reservation (U.S. Highway 70). Based on two additional descriptive retrospective studies of MVCs occurring on this roadway, a roadway widening project was conducted to add left-turn, right-turn, and through lanes for traffic from both directions approaching a key intersection (this approach is called 'channelization'). Funded by the Arizona Department of Transportation (ADOT), the project also removed visual obstructions and reduced the speed limit. The Tribe's active involvement of a Councilman, who initiated and maintained dialogue with ADOT officials, and secured 300+ signatures on a petition requesting roadway improvements, helped to ensure this successful collaboration between the Tribe, IHS, and ADOT. See **ADOT** final report.

Road Maintenance Staff

Tribal Transportation Departments generally have staff responsible for routine road maintenance and upkeep. This can include repairing potholes, removing roadway debris, or replacing traffic signage and lighting. Collaboration among road maintenance staff, engineers/planners, and Tribal MVIP coordinators might be helpful to increase traffic safety efforts.

Judicial System

Judges

In AI/AN Communities, Judges who oversee traffic-related proceedings (often in civil court or 'traffic court') have discretion when adjudicating violations of Tribal traffic safety laws, including state laws which the Tribe has adopted. Because so many effective strategies for child safety seat use, seat belt use, and alcohol-impaired driving involve the enforcement of laws, judges' knowledge of the Tribal motor vehicle injury prevention program is appropriate.

In over-burdened and often under-staffed Tribal court systems, judges often have to prioritize decisions about adjudication of violations; weighing what penalties to issue based on the nature of the offense. Sometimes, a perceived 'minor' offense, such as not wearing a seat belt or not using a child safety seat, may be waived if there are other offenses deemed more serious by the judge.

As a result, Tribal MVIP coordinators and partners could reach out to get to know and understand how and why judges make these decisions about traffic safety offenses. Understanding this decision-making process can help inform judges about strategies to reduce MVC injury/death in a Tribal community. When a judge prioritizes traffic safety by adjudicating the laws to their fullest, Tribal community members might begin to change their behavior regarding restraint use or impaired driving.

LESSON LEARNED

Identify and address enforcement system breakdowns!

To learn more about the degree to which traffic safety laws are being enforced, several Tribes have identified and researched the steps that should occur following the issuance of a traffic safety violation (for example, a citation for not using seat belts). In identifying all of the steps in the process, sometimes using a 'flow-diagram', traffic safety workgroups can see where possible breakdowns in the process could occur and/or might be occurring. TMVIP workgroups can then work with stakeholders to address identified barriers. This type of assessment can also identify communication breakdowns, procedural issues, or record-keeping challenges that might lessen the impact of traffic safety laws designed to reduce injuries and deaths.

District Attorneys and Prosecutors

Similar to judges, District Attorneys and Prosecutors have latitude when seeking to prosecute traffic law violators. Because of this, TMVIP coordinators and other partners should seek to learn the prosecution patterns of traffic safety laws at their Tribe (for example, to what degree are cases fully prosecuted, dismissed, and/or plea-bargained).

The National Highway Traffic Safety Administration has developed a **Traffic Safety Resource Prosecutor's Manual**, useful for current or former prosecutors who provide training, education, and technical support to traffic crimes prosecutors and law enforcement agencies. Traffic crimes and safety issues include but are not limited to: alcohol and/or drug impaired driving, vehicular homicide (that is, when someone is charged with homicide due to their actions when driving a vehicle), occupant restraint and other highway safety issues.

Court System Staff

Court system staff, including data clerks can help ensure that evidence-based strategies focused on enforcement are successful. In managing record keeping systems about traffic citations, prosecutions, and arrests that are processed in civil, traffic and/or driving under the influence (DUI) courts, court system staff play an important role in tracking prosecution rates, identifying/flagging repeat offenders, and collecting fines. As a result, TMVIP coordinators and partners should include these staff on workgroups and when identifying data needed to assess the Tribe's traffic safety system.

Note about Tribal Judicial Systems

If Tribes do not have their own Tribal police department and/or a court system to process traffic safety laws (for example, in **Public Law 280 states**), federal criminal jurisdiction is limited while state jurisdiction is expanded, relationships between the Tribal and non-Tribal judicial systems might be limited, and there can be different sentencing and fine structures.

LESSON LEARNED

Judicial system issues to consider when a Tribe is in a PL 280 state

It is important for TMVIP programs at Tribes in six PL 280 States (Alaska, California, Minnesota, Nebraska, Oregon, and Wisconsin) to understand differences between federal, state, and Tribal jurisdictions, identify if or how the differences might affect traffic safety efforts, and look for opportunities for collaboration.

In addition, the **Tribal Law & Order Act (TLOA) 2010** is a comprehensive federal law that attempts to improve public safety in Indian country throughout the United States. The TLOA consists of **Title II of Public Law 111-211**. Signed into law on July 29, 2010, it focuses on crime prevention, policing, information sharing, prosecution, courts, corrections, and other Indian country criminal justice issues. TLOA allows tribal governments to request that the US Department of Justice re-assume federal criminal jurisdiction over that tribe's Indian country. If the DOJ grants the request, the federal government may once again prosecute Indian Country General Crimes Act and Major Crimes Act cases from that reservation, located in a mandatory PL-280 jurisdiction.

Law Enforcement

Police Chiefs

As leaders of law enforcement activities, whether the police department is a Tribal entity or Bureau of Indian Affairs staffed/managed entity, **Chiefs of Police** are required collaborators for traffic safety in AI/AN communities. Often appointed by the Tribal Council, it is essential to remember that police chiefs, like most other Tribal government officials, must prioritize limited resources and staffing to protect and serve the public. As a result, traffic safety, or enforcement of traffic safety laws, might be only one of many other priorities.

LESSON LEARNED

Collaboration with the Tribal Chief of Police is essential!

Securing and maintaining the support of the Tribal and/or BIA Chiefs of Police is vital for TMVIP program success. Often balancing a long list of community, Tribal leadership, and law enforcement priorities, TMVIP coordinators can position themselves as helpful allies working with a police department to address traffic safety. This can include:

a. providing staff support to collect and/or summarize data about traffic safety enforcement activities;

b. coordinating advertising and media activities for enforcement events;

c. summarizing and sharing success stories and program evaluation results about traffic safety activities; and/or

d. securing funding (internal and external) to support on-going traffic safety enforcement events.

Highway Safety Officers

Dedicated full-time Highway Safety Officers are often supported with external funding to hire officers dedicated to traffic safety enforcement efforts. Using funding provided by the Indian Highway Safety Program, for example, highway safety officers help provide increased traffic safety enforcement to supplement the Tribal department's enforcement efforts. This includes collaborations between BIA and Tribal/local police for DUI prevention efforts, including use of Breath Alcohol Testing (BAT) Mobiles during enhanced enforcement events.

Patrol Officers

Many effective strategies for traffic safety call for 'enhanced' or 'special duty' enforcement efforts. Regular, on-going law enforcement by Patrol Officers, backed by prosecution in court, is important for changing community norms and behaviors around safe driving. Tribes have received additional funds from federal or state sources to support overtime for these efforts.

Data/Records Staff

Similar to court system staff, Police Department Data/Records Staff have a role in ensuring the success of enforcement strategies. In managing recording keeping systems for police dispatches and MVC crash reports, data/records staff enter and summarize data about MVC events. These reports are used by law enforcement personnel during court proceedings, and are often summarized on an annual basis for reporting to Tribal Council or the Council's judiciary or law enforcement committee. TMVIP coordinators and partners will benefit if police data or records staff are involved with traffic safety workgroups.

Emergency Medical Services (EMS)

Transport Personnel and Data/Records Staff

Emergency Medical Services (EMS) Transport Personnel assist those injured in motor vehicle crashes often at the scene or in transport to a hospital. In doing so, they might track important details about crash events, such as location, time of day, and perhaps weather or roadway conditions. Similarly, EMS Data/Records Staff within an EMS department enter and summarize data about MVC events, including tracking where events occur, number and types of injuries or deaths, and whether those injured were buckled up. EMS records might contain important information about the behaviors of drivers and passengers in MVCs, which can enhance what might be included in a police department report/record and/or emergency department and hospital data.

Media

Free/Earned Media

Free Media (also called 'earned media') is one category of media. Its use can allow a TMVIP program to receive no-cost publicity through promotional activity rather than paid advertising. Examples of Free Media include:

1. Letters to the Editor
2. Opinion-Editorial (Op-Ed) Pieces
3. Press Releases and Public Service Announcements (PSAs) sent to television, radio, and newspapers contacts
4. Press Briefings/News Conferences
5. Local Community Reporting, including but not limited to:
    a. Announcements on the radio station
    b. News coverage of events in the Tribal newspaper or newsletter (for example, articles, photos, or both)
    c. Local/cable/public access TV stories
    d. Participation on radio talk-show style or call-in shows
    e. Tribal casino marquee messaging
    f. Movie theater messaging
    g. Tribal website messaging
    h. Tribal employee emails/listserv postings
6. Social Media (for example, Facebook, Twitter, Instagram, Pinterest)

Paid Media

Paid Media includes publicity and/or advertising that a TMVIP project pays for, including but not limited to:

7. Brochures/Posters/Flyers (distributed throughout the community at large and/or at community events)
8. Billboards (developed for display on existing or new billboard space on or near major roadways)
9. Print/Radio/TV/Movie Theater Advertisements (Ads)

LESSON LEARNED

Media representatives can be TMVIP allies!

In many Tribal communities, representatives from local media sources (for example, newspaper, radio, TV) are eager to learn about and report on issues, stories, or events that affect the community, particularly those that are having a positive impact. TMVIP projects in AI/AN communities have sought to include media representatives on TMVIP workgroups. While often too busy to attend every workgroup meeting, TMVIP coordinators have kept media representatives 'in the loop' by sending meeting summaries to all workgroup members (not only those who attend meetings).

Community Members, Groups, and Institutions

All members of a Tribal community have the potential to serve as collaborators for Tribal motor vehicle injury prevention. Acting as individuals, or as part of local groups or institutions, community members have the opportunity to model, support, and promote safe driving behaviors and practices, which over time can help to change community norms about safe driving. Several categories of community members are of particular importance for TMVIP programs:

Parents/Families

Parents and other family members (for example, grandparents and caregivers) can be positive role models for safe driving behaviors. Much learning about safety occurs in the home or within the family unit. Studies have shown that safe (and unsafe) driving practices are learned through observation. If parents and other family members buckle-up and drive safely, children who learn from them will likely do the same as they get older.

Local Spokespeople

Local spokespeople or 'celebrities' (for example, athletic leaders, sports team members, pow-wow pageant participants, Tribal dancers or drummers) can also be effective collaborators for TMVIP. Viewed as role models in a community, their public support for traffic safety (for example, in media messages), and personally modeling safe driving behaviors, are important to consider in Tribal communities.

Teachers/Educators

Teachers and educators (for example, at schools, Head Start or daycare centers) have the potential to support safe driving behaviors and incorporate safety messages into lessons, or by allowing TMVIP coordinators to provide safety messages during classroom activities. Many classroom subjects provide the opportunity for learning about traffic safety, including what works (health and safety class), how important data can be to define the problem and identify solutions (math class), and why MVCs are so dangerous (science class).

Community Safety Groups

Many communities have existing groups comprised of concerned citizens who meet to prioritize, plan, and implement safety activities. Examples include local **Safe Kids Chapters**, **Mothers Against Drunk Driving (MADD) Chapters**, and/or **Students Against Destructive Decisions (SADD) Chapters**. These resources can be helpful for Tribal motor vehicle injury prevention efforts for hosting events or providing printed materials for educational or media events.

Schools or School Districts, Head Start Centers, Women Infant Children (WIC) Programs

Community institutions such as schools and school districts, WIC programs, and Head Start Centers are important collaborators for child safety seat incentive and education programs, safe driving educational programs, and school-based instructional programs for impaired driving. Institutional support for conducting traffic safety education is important for Tribal Motor Vehicle Injury Prevention.

Tribal, County, and State Public Health Departments

Health departments at the Tribal, county, and state level are partners for TMVIP. Training, funding, and technical assistance is often available for Tribes to conduct child safety seat activities (for example, CPS Technician training, child safety seat installation events). In some states, Tribal/State Liaison positions have been established to enhance leadership cooperation between Tribal and State leaders addressing motor vehicle injury prevention (for example, between Tribes and State Departments of Transportation, and/or Public Safety).

LESSON LEARNED

Be persistent and creative in recruiting collaborators!

In an environment where each Tribal program might have its own priorities, set by Tribal leadership, community input, or funding agency requirements, TMVIP coordinators can face challenges in trying to recruit members to a traffic safety workgroup, or to partner in a more general way to address traffic safety.

Experience from many TMVIP projects has shown that persistence is needed, and can pay off! If at first you don't succeed (in getting the involvement or collaboration for any of the stakeholders described in this section), keep trying. Don't give up.

Learn what motivates stakeholders (to be or to become involved with traffic safety) and identify how the TMVIP Program's efforts can help them meet their program objectives. Look for and emphasize any overlap in priorities. When seeking involvement emphasize that by working together, progress can be made to address the burden of MVC injury and death.

Value and show appreciation for their time by: planning and conducting well-organized and productive workgroup meetings; stating clear requests for assistance; and by recognizing (privately and publicly) workgroup member contributions to your program's efforts.

ACTION CALLS

Tribal Leaders Can…

1. Encourage the development and official recognition of traffic safety workgroups.
2. Encourage stakeholder attendance at workgroup meetings.
3. Provide support for workgroup meetings (for example, meeting space, food).
4. Ask the workgroup to provide Tribal leadership information about the effectiveness of evidence-based strategies, program evaluation results, and challenges to program implementation.
5. Encourage and foster a culture of communication, collaboration, and sharing of information among Tribal departments to support tribal motor vehicle injury prevention in AI/AN communities.

Tribal IP Practitioners Can… develop and support traffic safety workgroups/committees by:

1. Recruiting a variety of members.
2. Planning and facilitating well-organized, productive workgroup meetings.
3. Recognizing the contributions of workgroup members.
4. Distributing meeting agendas and summaries to all workgroup members (including those who are unable to attend meetings in person).
5. Providing year-end reports via email or sending mass emails to tribal employees about project successes.

Tribal Public Health Professionals & Partners Can…

1. Regularly attend traffic safety workgroup meetings.
2. Recruit others to the workgroup.
3. Assist with planning, implementation, and evaluation of traffic safety programs and activities.

State Entities Working with Tribes Can…

1. Invite workgroup leaders and members to participate in state-wide traffic safety planning and activities.
2. Provide support and/or technical assistance for traffic safety workgroup development or activities.
3. Promote and/or attend Tribal traffic safety workgroup activities.

I. Data and Evaluation: Component #3 for TMVIP

What DATA are needed to address MVC injury and death in AI/AN communities?

This section provides information about the third component needed for TMVIP – **DATA and EVALUATION** – including:

1. **Data** recommended to plan and evaluate Tribal MVIP efforts.
2. General **Lessons Learned** and specific **Case Examples** about data collection efforts at Tribal MVIP projects.
3. **Resources** available to identify, collect, and summarize data.
4. **Action Calls** for collecting and sharing data among stakeholders.

LESSON LEARNED

Data are needed to show progress or success, lessons learned, and the need for continued efforts!

As described in this section, collecting and summarizing data should be used to show the degree to which a TMVIP Program has:

- Done what the program said it would do (for example, reached the number of people or conducted the number of activities it planned), that is, **process evaluation**.
- Changed knowledge, attitudes, behaviors, or policies the program wanted to change (for example, occupant restraint use, enforcement of existing laws, new/enhanced policies), that is, **impact evaluation**.
- Reduced the number or types of motor vehicle crashes (events) and/or motor vehicle crash injuries and deaths (people) intended, that is, **outcome evaluation**.

All of the types and sources of data described in this section are useful for program evaluation, which is needed when Tribes seek additional funding to continue traffic safety efforts. For more information about the types of program evaluation, including resources available for program evaluation, see **Section J - Tailored Evidence-Based Strategies: Data and Evaluation**.

Motor Vehicle Crashes (MVC)

What is valuable to know about MVCs?

When collecting data about motor vehicle crashes (events, not people), it is valuable to collect and summarize information about each of the following items, listed in order of importance for TMVIP:

- **Number:** How many MVC events are occurring (each month or year)?
- **Severity:** Do the MVCs result in property-damage only or occupant minor injury, severe injury, or death?
- **Type:** Were the MVCs single-vehicle or multiple-vehicle events?
- **Causes:** What factors played a role in the crash (for example, driver impairment, speed, driver distraction, weather, road conditions, visibility)?
- **Timing:** When did the MVCs occur (for example, time of day, day of week, day of month, Holidays, season of year)?
- **Locations:** Where are MVCs occurring (for example, on what types of roads, in smaller/rural or larger/city center settings, in high or low volume traffic, in the same locations)?
- **Groups at Risk:** Are there any groups of people who have higher numbers of MVCs (for example, males/females or different age groups such as teens or elders)?

What are the data sources for MVCs?

In AI/AN communities, the primary sources of information about MVCs (*events, not people*) include:

- **Police Departments:** In most Tribal communities, investigating and documenting information about MVCs is the responsibility of law enforcement. There might be multiple jurisdictions with the responsibility to collect, store, and/or share data about MVC events, including Tribal police, Bureau of Indian Affairs (BIA) police, city/town police, county police (for example, sheriffs), or state police (for example, highway patrol).
- **EMS:** For many MVCs, particularly those involving injury/death, EMS might respond to the event and collect data about the MVC event.
- **State Highway Safety Offices:** In some Tribal communities, information about MVC events might be collected by state offices of highway safety, which obtain data from Tribal/state/county/local police department's crash reports. Data sharing between Tribal and non-tribal law enforcement entities might be limited in some areas of the country.

What are the data sources for MVCs?
(continued)

TMVIP coordinators are encouraged to contact local **Tribal Epidemiology Centers (TECs)** for assistance with collecting, summarizing, and/or analyzing data.

CASE EXAMPLE

Road Safety Audits

Road Safety Audits (RSAs) have been used as a tool to proactively improve the future safety performance of a road project during the planning and design stages, and for identifying safety issues in existing transportation facilities. The Office of Safety at the Federal Highway Administration developed a report summarizing **Tribal Road Safety Audit Case Studies**, conducted throughout the United States in 2005 and 2006, involving tribal transportation agencies in North Dakota and in the Southwest. The National Indian Justice Center is promoting the RSA methodology with tribes in California and Nevada and has developed **Safe Journeys: Tribal Road Safety Audits Online Course** and other resources. In addition, the Inter Tribal Council of Arizona, Inc., has used the RSA methodology to focus on the **Four E's** (education, enforcement, environmental modification, and engineering) for MVC injury prevention projects, especially when crash data are not readily accessible.

LESSON LEARNED

An important difference between Motor Vehicle Crashes (events) involving injury or death and MVC injuries or deaths (people).

Some MVC data sources (for example, law enforcement) include information about the **event itself**, not about the people in the event. When a figure or graph describes "Motor Vehicle Crashes with no injuries, with non-fatal injuries, or with fatalities" this is an indication that the data describe events. Data about events describe if a crash event did or did not result in injury or death. The information provided might not count how many people were injured or killed in the event(s). Remember that multiple injuries or deaths can occur from a single event.

Other data sources about MVCs (death certificates, hospital data) include information about **people in the event**, not the event itself. When a figure or graph notes "MVC Injuries" or "MVC Injuries/Deaths" this is an indication that the data describe people. These data report the total number of people who were injured or killed. Remember that when relying on a single data source (for example, police MVC reports), determine if the reports summarize information about 'events' or 'people.'

LESSON LEARNED

No one data source has all you need to know about MVCs, nor are the data always shared among all sources!

It is important to remember that no one data source has all of the data needed to fully understand MVCs in a Tribal community, and multiple data sources might have conflicting information. Some data sources might have more complete information than others, and multiple data sources might collect the same or different data about crash events. When combining information from multiple sources, look closely at the information to remove duplicates and resolve conflicting information. Remember that data collected from multiple sources can help you summarize if a program:

- did what a program wanted to do (**process evaluation**);
- changed knowledge, attitudes, behaviors, or policies a program intended to change (**impact evaluation**); or
- reduced MVC events or MVC injuries/deaths (**outcome evaluation**).

MVC Injuries & Deaths

What is valuable to know about MVC Injuries/Deaths?

When collecting data about MVC Injuries or Deaths (people, not events), it is valuable to collect and summarize information about each of the following items, listed in order of importance for TMVIP:

- **Number:** How many people were injured (non-fatally or fatally) in MVCs (for example, each month or year)?
- **Restraint Use:** Were the vehicle occupants using restraints (for example, seat belts, car seats, booster seats) or were motorcyclists wearing helmets during the MVC?
- **Alcohol-Involvement:** Were drivers impaired due to alcohol?
- **Severity:** How severe were the injuries among people involved in MVCs:
  - no injury
  - minor injury (for example, treated at scene)
  - severe injury (required transport and/or hospitalization)
  - death (for example, resulted in death at scene, during transport, or at a medical facility)?

What is valuable to know about MVC Injuries/Fatalities?

(continued)

- ***Type:*** What types of injuries were sustained (for example, external injuries such as broken limbs, or internal injuries such as organ, spine or brain injuries)?
- ***Location:***
  - Where in a vehicle were the people who were injured sitting (for example, front seat, back seat, truck bed)?
  - Were the injured ejected from the vehicle?
  - Were the injured drivers, passengers, pedestrians, cyclists, motorcyclists, etc.?

TMVIP projects are encouraged to contact the nearest **Tribal Epidemiology Centers** (**TECs**) for assistance when collecting, summarizing, or analyzing data.

What are the data sources for MVC Injuries/Deaths?

In AI/AN communities, the primary sources of information about MVC Injuries and Deaths include:

- **Police Departments/EMS:** Police/EMS MVC reports often document: how many people were injured in a crash (information is often limited to the number of non-fatal injuries or the number of deaths); if restraints were used by occupants; and other details about those injured (for example, the sex, age, and seating location in the vehicle).
- **Hospitals/Clinics:** Whether operated by the Indian Health Service, the Tribe, local municipality, or private entity, hospitals and clinics are often a primary source of information about the health outcomes of people injured or killed as a result of MVCs. Hospital data often include emergency department data, inpatient data for admitted patients, data about the types and severity of injuries, and less information about the scene or crash event details. In some IHS Areas, IHS and/or Tribal injury prevention staff prepare regular (for example, every two or three years) injury data summaries following Severe Injury Surveillance System procedures. Data sources for these summaries vary, as does how often they are produced, across **IHS Area Injury Prevention Programs**.
- **Death Certificates:** Vital statistic records (for example, death certificates) kept by a Tribe or a State often note causes of death, which can include MVC.

What are the data sources for MVC Injuries/Deaths?

(continued)

- **Employers:** Large employers, such as a Tribal Government, might keep data records about employee MVCs, particularly those occurring among staff who are using Tribal/government vehicles.
- **State Highway Safety Offices:** In some Tribal communities, information about MVC injuries/deaths might be collected by state offices of highway safety, which obtain data from Tribal/state/county/local police department MVC reports. Data sharing among Tribal and non-tribal law entities might be limited in many AI/AN communities.
- **State Trauma Registries:** Many states have developed trauma registries, which are databases that document acute care delivered to patients hospitalized with injuries. Three registries in states with large American Indian/Alaska Native populations include:
  - **Alaska Trauma Registry**
  - **Arizona Trauma Registry**
  - **Washington Trauma Registry**
- **Other National Data Sources:** Several national data sources can also be used to learn more about motor vehicle crashes occurring in Tribal Communities or in states where Tribes are located:
  - **NHTSA Fatality Analysis Reporting System (FARS):** FARS is an online database, accessible to the public, which is developed and kept by the National Highway Traffic Safety Administration (NHTSA). Only motor vehicle crashes on public roadways resulting in death of at least one person within 30 days of the crash are recorded in FARS. Results for AI/AN might be unstable when compared to other populations.[10]
  - **CDC Web-based Injury Statistics Query and Reporting System (WISQARS™):** This is an online, publically accessible database of fatal and non-fatal injuries, and violent deaths caused by a variety of reasons, including motor vehicle crashes. Users can query the database to generate tables, charts, maps, and reports based on intent of injury, cause of injury, injured body region, type of injury, geographic location where the injury occurred, and gender, race/ethnicity, and age of the injured person. Visit **WISQARS tutorials** for tips on how to use this database.

What are the data sources for MVC Injuries/Deaths?

(continued)

- **State Emergency Department Databases (SEDD):** as part of the family of databases and software tools developed for the **Healthcare Cost and Utilization Project (HCUP)**. The SEDD capture emergency department (ED) visits that do not result in hospitalization. Information about patients initially seen in the ED and then admitted to the hospital (that is, inpatient data) is included in the State Inpatient Databases (SID). Tribes can request the publically available Hospital Discharge Data from state health departments to obtain a general picture of the number of visits. Currently, **32 states** collect at least ED and inpatient data from the majority of their hospitals.
- **CDC Behavioral Risk Factor Surveillance System (BRFSS):** This is the world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam and include self-reported information on seat belt use and alcohol-impaired driving.
- **Youth Risk Behavior Surveillance System (YRBSS):** This system monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and young adults, including behaviors that contribute to unintentional injuries and violence, such as seat belt use and impaired driving.
- **CDC Wide-ranging Online Data for Epidemiologic Research (WONDER):** This is an easy-to-use, menu-driven system that makes the information resources of the CDC available to public health professionals and the public at large. It provides access to a wide array of public health information. With CDC WONDER, you can access statistical research data published by CDC, as well as reference materials, reports and guidelines on health-related topics and query numeric data sets on CDC's computers, via "fill-in-the blank" web pages. Public-use data sets about mortality (deaths), census data and many other topics are available for query, and the requested data are readily summarized and analyzed, with dynamically calculated statistics, charts and maps.

What are the data sources for MVC Injuries/Deaths?

(continued)

- **The Division of Transportation (DoT) within the Bureau of Indian Affairs (BIA):** Oversees road maintenance and road construction programs for reservation roads in Indian country and keeps an inventory under the Tribal Transportation Program (TTP). The TTP also keeps an inventory website that provides a portal to report data about the uses of highway funds and assesses the most current data in a read-only format. Data are updated every month on the **Integrated Transportation Information Management System (ITIMS) website** and is accessible to tribal transportation planners, tribal program managers, and the public.
- **Inventory of National Injury Data Systems:** This is a list of 45 different federal data systems operated by 16 different agencies and three private injury registry systems that provide nation-wide injury data.

CASE EXAMPLE

Avoid duplicate counting of MVC events and injuries & deaths.

At a Southwest reservation Tribe (Hopi), two law enforcement groups (Tribal Police and BIA Police) often responded to the same MVC event. The group arriving first was most often the one that collected and completed a MVC report; however, this was not always the case, and both groups might have completed a report. Since the TMVIP coordinator received data from both the Tribal and BIA police, they were careful to avoid double counting crashes. One way to avoid double-counting is to match MVC events by date or location.

CASE EXAMPLE

The benefits of sharing crash data with the state.

An IHS Injury Prevention Fellowship project (entitled '100 miles, 100 crosses') identified discrepancies in motor vehicle crash data on Arizona Highway 86 from the town of Sells, AZ (headquarters of the Tohono O'odham Nation) to the Tribe's border. More crashes were occurring on this road than were being reported to the state. The discrepancies were identified, and the Tribal police began regularly reporting MVC data (using a newly computerized data system) to the AZ Department of Transportation (DOT). In response to the more complete data, the Arizona DOT implemented roadway improvements (e.g., 12 foot lanes and 8 foot shoulders with rumble strips). Preliminary observation from EMS drivers in Sells, AZ indicate that MVCs have decreased along the improved roadway section, emphasizing the importance of sharing data between Tribes and states, so that roadway improvements can be identified and addressed.

Occupant Restraint Use

What is valuable to know about occupant restraint use?

To better understand the data collected about MVCs and MVC Injuries/Deaths, it is vital to collect information about occupant restraint use (for example, seat belts, car seats, and booster seats) within a community.

Information about seat belt use can be used to assess **Overall Seat Belt Use** behavior, as well as possible differences by:

- **Drivers/Passengers:** Do drivers or passengers wear their seat belts more often?
- **Sex/Age:** Does restraint use vary by sex or age groups?
- **Vehicle Type:** Does restraint use vary based on the type of vehicle driven (for example, passenger vehicles and pick-up trucks)?

Information about child safety seat use can be used to assess **Overall Child Safety Seat Use** behavior, as well as differences by:

- **Correct/Incorrect Use (Misuse):**
  - Are children properly buckled in age- and size-appropriate child safety seats and seat belts?
  - Are children riding properly buckled in age- and size-appropriate child safety seats, booster seats, and seat belts in the back seat? Children 12 and under should ride properly restrained in a back seat for the best protection in a MVC.
  - Are child safety seats installed and used properly (according to **Safe Kids standards**)?

LESSON LEARNED

Present your seat belt use results in relation to state and national use rates.

When summarizing data about observed Tribal seat belt use (for drivers, passengers, or overall), show the Tribe's results in comparison to state and national results, including use rates in MVCs with deaths. This can be helpful to show that while the Tribe's seat belt use is perhaps increasing, it might still be lower than state or national use, and lower among those who died in crashes, indicating a continued need for TMVIP efforts.

What are the data sources for occupant restraint use?

There are multiple ways to collect occupant restraint use data, each with some limitations or potential bias:

- **Observed Use:** The best way to find out how many people in your community are buckling up is to observe them. The Indian Health Service and University of North Carolina developed an **Observational Seat Belt Use Survey Protocol** for Tribal communities.

  Valid seat belt use data requires observations completed at a variety of community locations (for example, rural or urban, high or low traffic volume) and times of day (morning, mid-day, late afternoon), particularly for seat belt use.

  For child safety seat use, choose locations where children are more likely to be observed being transported by passenger vehicles, such as day care centers, Head Start Centers, or other child-focused settings. Also, remember that 'observed use' is different from 'correct use' of child safety seats. Conducting observations to check for 'correct use' is often conducted at **Child Safety Seat Installation and Check Events**.

  Section J - Tailored Evidence-Based Strategies: Observational Surveys of this guide lists several tools describing how to collect observational **seat belt** and **child safety seat** use data.

- **Self-Reported Use:** Community surveys and/or interviews with community members can be used to find out what people think about restraint use. And, you can ask them about how often they buckle up. However, when you ask instead of observe, people may report that their seat belt use is higher than their actual use because seat belt use is the socially acceptable response.

- **Documented Use:** The data sources listed for MVC events and MVC injuries and deaths (for example, police or EMS MVC reports) might document restraint use among vehicle occupants involved in MVCs, or use among occupants injured or killed in an MVC. Using these data to summarize the use of restraints **among those involved or injured in MVCs** can provide important insights about traffic safety in a Tribal community.

LESSON LEARNED

Go where the children are and link results to those you observe.

When choosing locations to **observe** child safety seat use, select locations where you can safely observe children entering or exiting vehicles. This includes locations where other traffic safety educational sessions or child safety seat installations are happening (such as Head Start or daycare facilities). Select observation times that correspond to when children are being picked-up or dropped off.

Remember that your results will only be an estimate of use among the population being observed. For example, if all observations are done at Head Start centers, results obtained should be described as 'use among Head Start center families'.

If observations are conducted before and after interventions (for example, at the start and the end of the Head Start school year, with educational and installation activities occurring during the school year), some increase in child safety seat use is expected due to your program activities. However, in the Fall when **new** children are attending Head Start, coordinators should expect lower use rates. As community norms begin to shift, coordinators should see a gradual increase in use each year over time. For an example of this, you can read a summary of the Ho-Chunk Nation's results described in a 2009 **IHS Primary Care Provider Article**.

LESSON LEARNED

Observed restraint use at traffic safety enforcement events is overestimated!

At traffic safety enforcement events conducted in AI/AN communities, one of the data variables often collected at the event includes observed restraint use among vehicles passing through the event. While this might be a helpful measure of restraint use at events, it is not a valid reflection of 'everyday use.' When law enforcement officers are close by, community members tend to 'follow the rules' more often than when they do not see law enforcement. To get a more reliable measure of restraint use in a community, conduct observational surveys that observe use in multiple locations (for example, by following the **IHS-UNC Seat Belt Use Observational Restraint Use Survey Protocol**).

Enforcement/Prosecution

What is valuable to know about enforcement and prosecution of traffic safety laws?

Because many effective traffic safety strategies (to increase seat belt use, to increase child safety seat use, to reduce alcohol-impaired driving) involve the passage, enhancement, and/or enforcement of laws, it is valuable for a TMVIP project to collect and summarize data about traffic safety enforcement efforts (that is, issuing traffic safety warnings, citations, arrests), as well as the degree to which citations or arrests are prosecuted in Tribal/local courts.

When collecting data about enforcement, it is valuable to collect and summarize information about each of the following items:

- **Seat Belt Warnings:** How many warnings are issued for seat belt use infractions (by month or year).
- **Seat Belt Citations:** How many citations are issued for seat belt use infractions (by month or year).
- **Child Safety Seat Warnings:** How many warnings are issued for child safety seat use/misuse infractions (by month or year).
- **Child Safety Seat Citations:** How many citations are issued for child safety seat use/misuse infractions (by month or year).
- **Alcohol-Impaired Driving Arrests:** How many arrests were made for driving under the influence?
- **Alcohol-Impaired Driving Checkpoints:** How many alcohol-impaired driving checkpoints were conducted (by month or year) and at these checkpoints, how many alcohol-impaired driving arrests were made?
- **Alcohol-Impaired Driving Saturation Patrols:** How many alcohol-impaired driving Saturation Patrols were conducted (by month or year) and during these patrols, how many alcohol-impaired driving arrests were made?

It is also important for a TMVIP program to assess the degree to which law enforcement face barriers to enforcing traffic safety laws. In Tribal communities, barriers can include law enforcement understaffing, competing priorities, differing beliefs about the effectiveness of enforcement, or family ties between law enforcement and community members. This **sample survey** lists questions that can be asked to assess possible local barriers to enforcement. Once those barriers are identified, TMVIP program efforts (for example, education, media, policy interventions) can address those barriers.

What is valuable to know about enforcement and prosecution of traffic safety laws?

(continued)

The University of North Carolina training, technical assistance, and evaluation **team** providing support to the 2004-2009 and 2010-2014 CDC Tribal Motor Vehicle Injury Prevention Program developed data collection tools for **Enhanced Occupant Restraint Use Enforcement Events** and **DUI Enforcement Events**.

LESSON LEARNED

Why is it helpful to have data about traffic safety warnings and citations?

The CDC's TMVIP program encouraged Tribes to collect data about on-going enforcement, including warnings and citations issued for restraint use violators. However, tracking of warnings is uncommon because it is often an informal practice.

In Tribal communities where regular restraint use is not the norm, initial efforts to increase seat belt and child safety seat use might be met with community opposition. Passage of new or improved traffic safety laws often include a 'grace period' during which enforcement is limited to issuing warnings only, as a way for law enforcement to educate the public about a new (or improved) law. When you have the opportunity to track warnings during a grace period, consider extending the data collection period past that point, that way you can document whether there are fewer warnings and more citations when the law goes into effect. Issuing citations rather than warnings provides a greater incentive for community restraint use.

What are the data sources for enforcement and prosecution?

In AI/AN communities, the primary sources of information about the **Enforcement** and **Prosecution** of seat belt use, child safety seat use, and alcohol-impaired driving laws include:

- **Police Department:** Data/records managers often summarize data on a regular basis for reporting to funders and/or the Tribal Council.
- **Court System:** While the primary stakeholder might vary by Tribe, clerk or administrative staff who work in the court system might be the source for data about the outcomes of traffic safety citations issued by law enforcement (for example, the degree to which the infractions were prosecuted and what judgment was made).

LESSON LEARNED

Data sharing among traffic safety stakeholders is neither automatic nor customary.

It can be challenging to collect traffic safety data from other agencies (for example, law enforcement). While data about traffic safety (for example, MVCs, MVC injuries/deaths, enforcement) is regularly collected and summarized by law enforcement, obtaining those data (for example, summary reports, or basic data counts) can be challenging for those who work outside of that agency. Including law enforcement in TMVIP workgroups can facilitate data sharing among multiple stakeholders. Tribal leadership should encourage police chiefs to share summary traffic safety data with other agencies that have traffic safety or public health goals.

Laws/Policies

What is valuable to know about traffic safety laws/policies?

When collecting data about laws and policies regarding seat belt use, child safety seat use, and alcohol-impaired driving, it is valuable to prepare answers to the following questions. In answering them, a TMVIP program coordinator will gain a firm understanding of the laws and their expected effectiveness, and be able to answer questions from decision-makers.

- **Seat Belt and Child Safety Seat Use:**
  - Is there a law? Is it a Tribal law, or does it defer to state law?
  - Is the law a primary or secondary enforcement law (see list of states with these laws at the **Insurance Institute for Highway Safety**)?
  - Who is covered by the seat belt law (front seat and rear seat occupants, or front-seat only)?
  - What is covered by the child safety seat law (ages, location of seat, and/or types of seats)?
  - What are the fines for non-restraint use and how do they compare to fines at the state level? Do the fines differ for non-use of a child safety seat versus improper use of a child safety seat?
  - Does the law describe increased consequences for repeat offenders?
  - Does the law include a 'court diversion' program and if so, who manages the court diversion program?
  - Does the law stipulate how funds generated from citations or court fees are used (that is, do those funds support on-going traffic safety efforts)?

What is valuable to know about traffic safety laws/policies?

(continued)

- **Impaired Driving:**
  - Is there a law? Is it a Tribal law, or does it defer to state law?
  - How is the term 'impaired' defined (that is, alcohol-use, drugs, prescription medication)?
  - Does the law describe how 'impairment' must be measured, and if so, are those measurements different from state law?
  - What are the consequences for first-time offenders? To what degree do those consequences differ from state laws?
  - What are the consequences for repeat offenders? To what degree to those consequences differ from state laws?
  - Does the law include a 'child endangerment' clause if children are in the vehicle at the time of arrest?
  - Does the law include 'court diversion' or 'alternate sentencing' options, and if so, who manages those programs?
  - Does the law stipulate how funds generated from fines or court fees are used (that is, do those funds support on-going traffic safety efforts)?

What are the data sources for traffic safety laws policies?

In some Tribal communities, it can be difficult for a TMVIP coordinator to know where to find and how to interpret the current codes or laws related to traffic safety.

Identify stakeholders within the Tribe's judicial system who will review relevant laws, interpret their meaning, and consider enhancements that the TMVIP coordinator might consider pursuing.

CASE EXAMPLE

For one project funded by the CDC TMVIPP from 2010-2014, activities included efforts to educate on the benefits of 1) changing the existing Tribal seat belt use law to include higher fines; increasing penalties for repeat violations; and developing a first-time offender diversion/education program; and 2) strengthening the existing Tribal Driving Under the Influence law to increase fines and penalties; increasing sentence length; and requiring education and treatment components. In providing education about the suggested revisions to Tribal laws, the TMVIPP coordinator had to study existing laws, conduct research to consider improvements to those laws, and in collaboration with a workgroup, provide education to decision-makers and community members about the potential consequences if changes were made to the existing laws. In 2014, the Tribal council passed revisions to the laws, including: making seat belt and child safety seat use a primary enforcement offense; increasing the fine for a seat belt violation (from $25 to $35, plus court fee); and increasing the fine for a child safety seat violation (from $25 to $250, plus court fee).

ACTION CALLS

Tribal Leaders Can…

1. Promote a culture among Tribal programs and departments to share data that will benefit multiple programs.
2. Require programs conducting traffic safety to routinely share data about MVCs, MVC injuries/deaths with all traffic safety partners at the Tribe.

Tribal IP Practitioners Can…

1. Start a project by identifying and making connections to staff or other projects that collect traffic safety data for the Tribe.
2. Consider what local data would be valuable to collect in order to evaluate progress, and determine if/how it has been collected in the past (and by whom).
3. Pilot-test different data collection methods to determine which are cost effective and/or provide helpful information for planning and program evaluation.
4. Partner with IHS or Tribal EPI Center staff to periodically summarize outcome data (for example, motor vehicle injuries/deaths).
5. Share data reports and program evaluation results with program partners and Tribal leadership.

Tribal Public Health Professionals & Partners Can…

1. Share information and data about health and safety with traffic safety partners requesting data, including Tribal IP practitioners.
2. Provide access to data or data reports from traffic safety partners.

State Entities Working with Tribes Can…

1. Share data collected at the state level that can be used to put Tribal data in context (for example, state-wide restraint use, MVCs, enforcement data).
2. Provide training to Tribal IP practitioners and partners about how to access state-level data sources.

J. Tailored Evidence-Based Strategies: Component #4 for TMVIP

How are Evidence-Based Strategies for Traffic Safety tailored for use in AI/AN communities?

This section provides information about the fourth component needed for TMVIP – **TAILORED EVIDENCE-BASED STRATEGIES** – including:

1. Descriptions of **tailored evidence-based strategies** for traffic safety in AI/AN communities.
2. General **Lessons Learned** and specific **Case Examples** about tailored evidence-based strategies.
3. **Resources** available to identify, adapt, and tailor evidence-based strategies.
4. **Calls to Action** for stakeholders to tailor evidence-based strategies.

Tailored Child Safety Seat Strategies

(1) Laws Mandating Child Safety Seat Use

Child safety seat laws require children riding in motor vehicles to be restrained in approved child restraints (for example, car seats and booster seats). Requirements and enforcement guidelines and penalties vary by state or Tribe based on several factors (for example, child's age, weight, height, or a combination of these).

The primary interventions used to tailor this recommended evidence-based strategy have been to **Pass New** or **Strengthen Existing Child Safety Seat Use Laws**. These interventions have included the following types of activities:

- Provide evidence about effective strategies to local workgroup and Tribal executive/legislative leaders to assess the impact of new Tribal laws mandating use of child safety seats. In many cases, the law used in the state could be adopted as is, or modified to fit the needs of the Tribe.
- **Workgroup** - Work with a local workgroup to educate Tribal government officials about the effectiveness of enhanced laws mandating use of child safety seats, such as:
    - Tribal adoption of a primary enforcement law (if the current law is secondary enforcement), which allows local police to stop vehicles and issue citations solely based on the presence of unrestrained children.

(1) Laws Mandating Child Safety Seat Use

(continued)

- Defining enforcement, age/weight/height, and seat location in vehicle requirements to align with **CDC recommendations for appropriate use by age/weight/height**, or other Tribal or state laws, as summarized by:
  - The Governor's Highway Safety Association: **Summary of Child Passenger Safety Laws**
  - Insurance Institute of Highway Safety: **Summary of Child Safety**
  - National Congress of American Indians Policy Research Center: **Tribal Public Health Law Database**
  - Safe Kids Worldwide: **Car Seat Tips**
  - CDC: **Get t he Facts on Child Passenger Safety**

- **Increasing fines** for citations issued and/or developing **alternate sentencing options**.
- **Data and Evaluation** - Collect on-going data about adherence/ enforcement of law, including:
  - **Child seat safety use observational surveys**.
  - Enforcement of existing laws (for example, citations/warnings issued).

CASE EXAMPLE

Several Tribes in California and Arizona as well as the California Highway Patrol, have used a modified version of the Safe Native American Passengers (SNAP) Course to educate law enforcement personnel about the importance of child safety seat use and enforcing child safety seat use laws. In these examples, the Tribes/California Highway Patrol have shortened the SNAP course to a two-hour version that focuses on age-appropriate seat selection combined with proper placement within the vehicle. This training allows law enforcement to quickly identify if the seat is right for the child, ensure that it is installed in the correct direction, and ensure it is not installed in front of an airbag. This gives officers the tools, and hopefully the confidence needed, to address CPS during traffic safety stops.

(2) Distribution and Education Programs

Child safety seat distribution plus education programs provide approved child safety seats (car seats and booster seats) to parents in various ways (for example, giveaway, loan, or low-cost purchase), combined with an educational component. These programs are designed for parents/caregivers requiring financial assistance and/or for those who might not understand the importance of using a child safety seat.

In AI/AN communities, the primary interventions conducted to tailor this recommended evidence-based strategy have been to **Develop New** or **Enhance Existing Child Safety Seat Distribution and Education Programs**. These interventions have included the following types of activities:

- Secure resources to purchase several types of child safety seats (infant, convertible, combination, and booster seats). Resources can be obtained by submitting grant applications to internal (for example, Tribal Council) or external funding sources (for example, state programs, **Bureau of Indian Affairs Indian Highway Safety Program**).
- Identify and collaborate with local Tribal or non-Tribal programs that have contact with expectant mothers/fathers or with young children to **coordinate child safety seat distribution and education efforts**. Examples of Tribal programs that coordinate child safety seat distribution include: Head Start Centers; Day Care Centers; Public Health Nurses; and Community Health Representatives. Coordination activities include:

(2) Distribution and Education Programs

(continued)

- Develop or adapt existing educational materials for parents/caregivers. Examples from Tribal communities include:
  - **NHTSA child passenger safety educational materials**
  - **CRIHB Injury Prevention** Toolkit
  - **Alaska FOCUS on Safety** Curriculum
  - **CDC Roadway to Safer Tribal Communities Toolkit**
- Identify clear procedures, roles and responsibilities for identifying and referring families that need child safety seats.
- Identify clear procedures, roles and responsibilities for providing child safety seat education, training and installations; for example, determine whether to offer one-on-one or group installation sessions, and hours when installations can occur.
- Develop tracking files to document quantity and types of seats provided to or installed for parents/caregivers.
- Develop program materials to promote program services (for example, brochures, pamphlets, and websites).
- Develop liability waiver documents (that is, to ensure family responsibility for proper installation and use of child safety seats, and to release liability from a CPS technician).
- Develop tracking systems to communicate with families when a child is likely to need a new or different child safety seat that is appropriate for the child's age/height/weight.

- Coordinate the certification and re-certification of program partner staff as **Child Passenger Safety Technicians**.
- Ensure a local/Tribal community member becomes a **Certified Child Passenger Safety Instructor**; local training experiences will be tailored to the Tribe.
- **Data and Evaluation** - The University of North Carolina training, technical assistance, and evaluation **team**, providing support to the 2004-2009 and 2010-2014 CDC Tribal Motor Vehicle Injury Prevention Program, developed data collection tools for **Child Safety Seat Events**.

CASE EXAMPLE

At the Hopi Reservation in northeastern Arizona, maintaining local certified Child Passenger Safety (CPS) Technicians was a challenge that resulted in difficulties for coordinating CPS activities for the Hopi Community. As part of an IHS Injury Prevention Fellowship training project, the TMVIP coordinator established a local **CPS Management System**.

The system monitors and assists CPS technicians in: completing certification renewal requirements; researching CPS Instructor requirements; coordinating CEU/recertification trainings; and scheduling child safety seat check events. **As a CPS Instructor, the TMVIP Coordinator also serves as a local resource for conducting CPS trainings** and assisting CPS technicians in completing seat checks required for certification renewal. Regularly scheduled child safety seat clinics provide opportunities for CPS technicians to practice their skills and to provide convenient options for community members to receive services. The management system also tracks the number and types of child safety seat installations conducted by each of the CPS technicians, and uses **forms** provided to all technicians that can be used to study misuse issues over time.

Since the project began in 2014, 13 Hopi Tribal members received their CPS Technician certification and five existing CPS technicians renewed their certification. As a result, 20 local individuals have current CPS Technician certifications. This management plan has provided needed oversight of local CPS resources, and should prove beneficial in providing this important injury prevention service to reservation residents.

(3) Community-Wide Information and Enforcement Campaigns

Community-wide information and enforcement campaigns include mass media, information and publicity, public child safety seat displays, and other targeted strategies such as checkpoints, dedicated law enforcement officials, or alternative penalties (for example, informational warnings instead of citations).

In AI/AN communities, the primary interventions conducted to tailor this recommended evidence-based strategy have been **Media Campaigns, Public Events, Training Child Passenger Safety-Dedicated Law Enforcement, Enforcement Events**, and **Alternative Enforcement Programs**.

Media Campaigns include the following types of activities:

- Develop a strategy for publicizing child safety seat checkpoints through media such as news stories and/or paid media.
- Develop media messages about child safety seat enforcement events that use or honor Tribal language, symbols, or culture (for example, referring to 'cradle boards' as the first 'child safety seat').

(3) Community-Wide Information and Enforcement Campaigns

(continued)

- Create 'Did You Know' media messages to increase awareness of existing or new traffic safety laws and enforcement efforts being conducted by police, including checkpoints.
- Use CDC's **Roadway to Safer Tribal Communities Toolkit** that includes fact sheets, posters, and a video specifically designed to keep tribal communities safe on the road.
- Host traffic safety call-in programs on Tribal radio stations to discuss child safety seat enforcement events.
- Develop traffic safety Public Safety Announcement (PSA) messages about child safety seat enforcement events narrated by local spokespersons (for example, admired Tribal leaders, well-known sports figures, pow-wow pageant contestants, or Tribal dancers/ drummers).
- Show existing videos about traffic safety in Indian Country, including CDC's **'Killer in Indian Country' video**.
- Use paid media outlets (for example, billboards, TV, radio, newspaper advertisements) to promote child safety seat enforcement events and services available with photos of Tribal members (in visual media).

Use Digital Storytelling, a short form of digital media production that allows everyday people to share aspects of their lives. The media can include video, animation, stills, audio, or any of the other forms of non-physical media. See examples here:

- **Digital Story for Change**
- **Ways I Keep My Child Safe**
- **Data and Evaluation** - The University of North Carolina training, technical assistance, and evaluation **team** providing support to the 2004-2009 and 2010-2014 CDC Tribal Motor Vehicle Injury Prevention Program developed data collection tools for **Use of Media Events**.

CASE EXAMPLE

'DID YOU KNOW?' Media campaigns

Several Tribal MVIP projects (Ute Tribe, Rosebud Sioux) have developed 'Did You Know?' media campaigns. For child passenger safety campaigns, particularly those that have involved changing laws or increasing enforcement, media messages (for example, on the radio, in newspapers) have repeated the phrase "Did You Know…' to introduce traffic safety educational messages. Initial campaign messages have described: how effective child safety seats are and the Tribe's observed child safety seat use rate; pending or recent changes to laws (for example, making non-use of a child safety seat a more costly or a primary enforcement offense); and/or notices of enhanced enforcement events for child passenger safety combined with resources where a family can get a seat installed by a certified child passenger safety technician.

(3) Community-Wide Information and Enforcement Campaigns

(continued)

Public Events have included conducting the following types of activities:

Conduct **Child Safety Seat Installation & Check Events** where the primary purpose is to provide seats to community members who voluntarily visit a stationary location (for example, a parking lot) and who: a) do not already have a child safety seat, b) want to ensure their existing seat is installed properly; or c) need a replacement child safety seat for children who have outgrown their seat, or for expired/recalled/damaged seats.

Develop and promote educational displays about child passenger safety at Tribal community events such as: health fairs; sporting events; or Pow-Wow festivities.

Dedicated Child Passenger Safety Law Enforcement Official Training has included the following types of activities:

- Work with local police to ensure they understand the importance of enforcing child safety seat use to prevent injuries and deaths during a crash. This includes the following types of activities:
  - Assess police officer attitudes/beliefs/practices regarding enforcement of child safety seat use laws (**sample survey**).
  - Coordinate the certification and re-certification of law enforcement officers as nationally certified **Child Passenger Safety (CPS) Technicians**.
  - Ensure the completion of a local/Tribal community member to become a **Certified Child Passenger Safety Instructor**, which can help to ensure that local CPS technicians maintain their certification.

(3) Community-Wide Information and Enforcement Campaigns

(continued)

- Plan and conduct abbreviated **Safe Native American Passenger (SNAP)** training events with law enforcement.
- Work with chiefs of police or other law enforcement personnel to garner support and commitment for increased enforcement of existing child safety seat use laws (for example, as part of regular patrol/traffic safety enforcement efforts).

CASE EXAMPLE

During its five-year TMVIP project funded by the CDC (2004-2009), the Ho-Chunk Nation used a **survey** to assess knowledge, attitudes, and beliefs among law enforcement personnel for enforcing child safety seat use. In conducting this survey, the TMVIP coordinator learned and better understood some of the barriers that police face when stopping vehicles or issuing citations for non-use of child safety seats.

Training activities to build law enforcement knowledge and skill were tailored to address the needs of local law enforcement (for example, why child safety seats are important, what size children belong in which seats, where a family can get a seat if they don't have one). This tailored approach addresses actual or perceived barriers to enforcing traffic safety laws in Tribal communities. See a 2009 **IHS Primary Care Provider Article** for more about this project.

LESSON LEARNED

Maintaining Child passenger safety technician certification is challenging

Many TMVIP coordinators recruit those who live and work in Tribal communities to become and remain certified as child passenger safety technicians. To keep certification, CPS technicians must complete certain **requirements**, including continuing education units. With busy work and home lives, it can sometimes be difficult for a CPS technician to find the time to fulfill all recertification requirements. TMVIP coordinators can help ensure that technicians are aware of recertification requirements, and they can help identify and eliminate barriers to recertification.

CASE EXAMPLE

After many years of being a certified CPS **Technician**, the TMVIP coordinator at the Caddo Nation of Oklahoma became a certified CPS **Instructor**. In doing so, her unique knowledge, skills, and experience conducting child safety seat installation and check events in Tribal communities helped support other Tribes located in Southwestern Oklahoma. This native CPS expert, one of the few AI/AN CPS Instructors in the country, is highly valued in Oklahoma by serving as an instructor at certification courses held at other Tribes, and by providing assistance at other Tribes' installation and check events.

(3) Community-Wide Information and Enforcement Campaigns

(continued)

Enforcement Events have included the following types of activities:

- Plan, advertise, and support child safety seat use **saturation patrols** conducted by police officers. These can be conducted during:
  - Local seasonal events (for example, at the start or end of the school year).
  - National/state/local child passenger safety events, such as *National Child Passenger Safety Week*, held annually in September (information available from NHTSA's **Traffic Safety Marketing** program).
- Conduct **Child Safety Seat Enforcement and Installation Events** where the primary purpose is to:
  - **Check for proper installation and use** of child safety seats that community members already have in vehicles.
  - **Provide new or replacement seat**s, if needed, for vehicles without seats or with expired, recalled or damaged seats.
  - **Provide citations or warnings** for those not using seats.
- People are **required to participate** because the event is held where law enforcement can stop vehicles along a road and vehicles are stopped as they pass through the event.

Alternative Child Safety Seat Enforcement Programs include the following activities:

- Develop and implement 'grace periods' following the passage of new or enhanced traffic safety laws, whereby law enforcement do not issue citations for a certain period of time, and instead provide education and referral information for families needing seats or training about proper installation and use. These grace periods can be the focus of 'Did You Know' media messages.
- Develop court-diversion programs so that instead of having to pay a fine for a child safety seat citation, a driver is allowed to obtain a seat and training about proper installation, resulting in the fine being waived.
- Collect observational restraint use data before and after campaigns.

CASE EXAMPLE

At the Yurok Tribe in Northern California, the 'Buckle-up Yurok Program', funded from 2010-2015 by the CDC through the California Rural Indian Health Board, developed a fine/fee diversion program for community members violating a new Tribal primary enforcement law (passed in 2012) for child safety seat and seat belt use. Maintained by the Tribal Court following the end of CDC funding, court staff offer a one-hour traffic safety class, developed by the TMVIP coordinator. For community members the fine for a violation is waived after completion and installation of a child safety seat. This alternative child safety seat enforcement program, and others like it, can be sustained with Tribal leadership commitment.

(4) Incentive and Education Programs

Incentive and Education programs offer parents, caregivers, or children rewards for properly using child safety seats. They also provide information that might help change both attitudes and behaviors to increase safe driving. The programs vary in content, duration, intensity, and delivery methods.

In AI/AN communities, the interventions conducted to tailor this recommended evidence-based strategy have been to offer coupons or vouchers to attend local events if someone is 'caught' wearing a seat belt or having a properly installed child safety seat. These include the following types of activities:

- Secure resources for incentives, such as working with local businesses to donate redeemable tickets/coupons/vouchers for services or products.
- Work with local Tribal or non-Tribal law enforcement to conduct traffic stops for the incentive program.
- Develop a system to track incentives provided and media activities to publicize program results.
- Collect observational restraint use data before and after campaigns.

CASE EXAMPLE

At a regional health corporation in rural Alaska, the TMVIP program developed a 'Click-It for a Movie Ticket' campaign to increase occupant restraint use. In collaboration with the local movie theater (a popular destination in this rural Alaskan outpost), and local law enforcement, the TMVIP coordinator was able promote important traffic safety messages, provide an opportunity for law enforcement to do more than issue tickets, and reward community members for safe driving behaviors. This type of tailoring to identify incentives that are locally valued can be applied in other Tribal communities.

Tailored Seat Belt Use Strategies

(1) Laws Mandating Seat Belt Use

Seat Belt laws require motor vehicle occupants to wear seat belts. Currently 49 states (excluding NH), the District of Columbia, and many Tribes have seat belt use laws for at least front seat occupants. Other requirements vary by state and Tribe, such as: the type of enforcement law (primary vs. secondary); laws requiring rear seat use; amount of fines; age groups subject to laws; and/or exempt vehicles and drivers.

(2) Primary Enforcement Laws

'Primary Enforcement' seat belt laws allow police to stop and ticket motorists for being unbelted. Primary enforcement laws have been shown to be more effective at reducing MVC injury and death than 'Secondary Enforcement' seat belt laws, which allow police to ticket unbelted occupants only if they are stopped for another reason (for example, other moving violations).

In AI/AN communities, the primary interventions conducted to tailor these two recommended evidence-based strategies have been to educate decision-makers about the effectiveness of **New** or **Enhanced Tribal Seat Belt Use Laws**. These interventions include the following types of activities:

- **Workgroup** - Work with a local workgroup to educate Tribal executive/legislative leaders about the effectiveness of **new Tribal laws** mandating use of seat belts by vehicle occupants (for example, front seat or all occupants). In many cases, the law used in the state could be researched, adopted as is, or modified to fit the needs of the Tribal community. For some Tribes, the Tribe's law is more stringent than the state.

(2) Primary Enforcement Laws

(continued)

- Provide technical assistance to local workgroups to educate decisions-makers and Tribal government officials about the potential public health impact to be derived from **strengthening existing laws** mandating seat belt use, such as:
  - Tribal adoption of a primary enforcement law (if the current law is secondary enforcement only).
  - Require all passengers to be restrained regardless of where they are sitting (i.e. primary coverage for front and back seat passengers). Research shows the importance of back-seat occupants wearing seat belts for injury prevention for all drivers/passengers in the vehicle.
  - Increase fines for citations issued.
  - Develop alternate sentencing options (for example, court diversion programs).
- Enhancement of Tribal laws can include those that align with suggestions outlined in the following resources:
  - National Highway Traffic Safety Administration, **Laws and Regulations**.
  - Governor's Highway Safety Association: **Summary of Seat Belt Use Laws**.
  - Insurance Institute of Highway Safety: **Summary of Child Safety**.
  - **National Congress of American Indians Policy Research Center: Tribal Public Health Law Database**.
- **Data and Evaluation** - Collect on-going data about adherence and enforcement of laws, including:
  - **Seat Belt use observational surveys**.
  - Enforcement of existing laws (for example, citations and warnings issued, percent of motor vehicle crash deaths who were unrestrained).

LESSON LEARNED

When new laws are being written or improved, stay engaged to provide technical assistance on the components required for an effective law that will benefit public health and injury prevention. Some Tribes seeking to improve existing laws by making them primary enforcement laws have faced challenges during the development process. They have found it important to clarify during the drafting and review of the proposed law that it is intended to be a primary law, and when possible the coordinator should actively collaborate in the review process.

At one western Tribe, the authors of the draft law collaborated closely with the Tribal attorneys during the review process to ensure that the intent of making the law a primary enforcement law was clearly stated in the law's language. As a result, when the law was presented to the Tribal Council as a primary law, it was approved and subsequently enacted and interpreted and enforced by the police department as a primary enforcement law.

By contrast, at another western Tribe, the authors of the draft law included language that indicated the intent for the law to be primary, however, somewhere during the review process, that language was removed. As a result, that intent was not clearly stated for the Tribal leadership who reviewed the draft law and voted to pass it. When the new law was enacted, there was uncertainty about the law being primary or secondary enforcement and due to the confusion, the police department has been reluctant to enforce seat belt use. This resulted in a lengthy process to amend the law to more clearly state it as a primary enforcement law.

(3) Enhanced Enforcement Programs

Enhanced enforcement programs are those conducted in addition to normal enforcement. Such programs also include publicity that advertises the dates and locations when enhanced enforcement will occur.

There are two categories: **Supplemental**, which include programs that increase citations in combination with increasing the number of officers on patrol; and **Targeted**, which include programs that promote issuing of more citations during an officer's normal patrol.

In AI/AN communities, the primary interventions conducted to tailor this recommended evidence-based strategy have been **Media Campaigns**, **Enforcement Events** (Saturation Patrols or Checkpoints), and **Alternative Enforcement Programs**.

Media Campaigns developed to support enhanced enforcement programs, include the following types of activities in AI/AN communities:

(3) Enhanced Enforcement Programs

(continued)

- Develop a strategy for publicizing seat belt checkpoints through media such as news stories and/or paid media.
- Develop media messages about seat belt enforcement events that use or honor Tribal language, symbols, or culture (for example, Public Service Announcements, billboards, posters, electronic marquees). The CDC's **Roadway to Safer Tribal Communities Toolkit** provides example posters, fact sheets, and a video titled **'A Killer in Indian Country**.' Available for free download.
- Create 'Did You Know' media messages to increase awareness of existing or new traffic safety laws and enforcement efforts being conducted by police, including checkpoints.
- Host traffic safety call-in programs on Tribal radio stations to announce seat belt use enforcement events.
- Develop traffic safety PSA messages about seat belt enforcement events narrated by local spokespersons (for example, admired Tribal leaders, well-known sports figures, people 'saved by the belt', pow-wow pageant contestants, or Tribal dancers/drummers).
- Use paid media outlets (for example, billboards, TV/radio/newspaper advertisements) to promote seat belt enforcement events by using photos of local/Tribal members (in visual media).

Enforcement Events included the following types of activities:

- Plan, advertise, and conduct seat belt **saturation patrols** and/or **checkpoints** conducted by police officers. Often referred to as **High Visibility Enforcement** events, these can be conducted at any time but are often conducted during:
  - Local seasonal events (for example, at the start or end of the school year, sports events, new year holiday, prom, graduation, 4th of July events)
  - National/state/local seat belt events, such as National Click-It or Ticket campaigns, held annually in summer (information available from NHTSA's **Traffic Safety Marketing** program).

(3) Enhanced Enforcement Programs

(continued)

Alternative Seat Belt Enforcement Programs include the following activities:

- Develop and implement 'grace periods' following the passage of new or enhanced traffic safety laws, whereby law enforcement do not issue citations for a certain period of time, and instead provide education to occupants about seat belt use.
- Develop fee/fine-diversion programs whereby in lieu of having to pay a fine for a seat belt violation, someone cited can be allowed to attend a brief training about seat belt use.

LESSON LEARNED

Use local symbols and language in media campaigns.

Many CDC and IHS funded traffic safety programs have worked with local artists and community members to inform culturally appropriate media campaigns. This is an important part of tailoring interventions to local communities. In one example, the Inter-Tribal Council of Arizona and two participating Tribal governments developed tribal seat belt media campaigns to speak directly to their audience – the AI/AN community. They designed vivid and colorful logos and artwork for the campaigns using culturally appropriate symbols of the community's language and culture. The campaign logos were widely distributed and displayed using various media, including on commonplace items like cups and t-shirts.

CASE EXAMPLE

In 2012, the San Carlos Apache Tribe became the fifth Indian Tribe in Arizona to pass a primary occupant restraint law more stringent than the State's secondary law. A three-month enforcement grace period following enactment of the law provided the San Carlos Police Department (SCPD) with a transition period to ready itself and the public for enforcement of the new law. Grace period activities included: notifying and educating the public regarding the new law and the importance of occupant protection, training SCPD staff, and issuing only warning citations for violations. After the grace period, full enforcement of the law began. Observed seat belt use increased initially during the grace period and additional increases occurred with full enforcement of the new law. The increased seat belt use is encouraging even as fewer citations were issued than expected. Full enforcement of the law, following a grace period, was critical to sustaining increased occupant restraint use. See a **July 2007 IHS Primary Care Provider** article for more about this project.

Tailored Driving Under the Influence Strategies

(1) .08% Blood Alcohol Concentration (BAC) Laws

Laws that declare that it is illegal for a driver's blood alcohol concentration (BAC) to reach exceed 0.08% (0.08 g/dL) for drivers aged 21 years and older have been shown to be effective at reducing alcohol-related MVC deaths. All states, but not all AI/AN Tribes, define driving with a BAC at or above 0.08% as a crime, although specific laws and penalties vary from state to state and Tribe to Tribe. For example, some Tribes have less stringent BAC concentration limits (for example, 0.10%), legally allowing drivers who drink to have more alcohol in their systems before it becomes a crime, while others have more stringent laws (for example, 0.04%).

In AI/AN communities, the primary interventions conducted to tailor this recommended evidence-based strategy have been to educate decision-makers and Tribal leaders about the effectiveness of **New** or **Enhanced Tribal Impaired Driving Laws**. These interventions include the following types of activities:

- **Workgroup** - Work with a local workgroup to educate Tribal government officials about the effectiveness of **strengthening existing laws** regarding impaired driving, such as:
- Tribal adoption of **0.08% BAC limits or below** (if limits are above 0.08% currently).
- Require **administrative license suspension** (ALS) on the first offense.
- Require convicted drunk drivers (all, including repeat offenders) to install **ignition interlock systems** in vehicles.
- Define **open container** provisions that prohibit the possession of any open alcohol beverage container, or the consumption of any alcoholic beverage, in the passenger area of any motor vehicle located on a public highway, or the right-of-way of a public highway.
- Provide specialized or alternate sentencing options for **repeat offenders** (for example, suspension of driving license privileges, impoundment or immobilization of vehicle, mandatory alcohol testing, mandatory imprisonment and/or community service).

Enhancement of Tribal laws can include those that align with suggestions outlined in the following resources:

- Governor's Highway Safety Association: **Summary of Impaired Driving Laws**

(1) .08% Blood Alcohol Concentration (BAC) Laws

(continued)

- National Congress of American Indians Policy Research Center: **Tribal Public Health Law Database**.

- **Data and Evaluation** - Collect on-going data about adherence/ enforcement of the law, including:
  - Enforcement of existing laws (for example, citations/warnings issued).
  - Prosecution of existing laws (for example, outcomes related to impaired driving arrests, including convictions made, penalties issued, recidivism).

LESSON LEARNED

The lawmaking process within Tribal Communities is complex

As with any legislative process, it takes time to: research how traffic safety laws could be improved; draft and get approval on language to be used in a law; and submit and/or present the proposed laws to Tribal legislative and executive branch officials. In many Tribal communities, the entire process can take years. Many barriers can occur along the way, including: Tribal leadership changes; procedural hurdles; changes in political will (that is, elected officials' willingness to make changes); and staffing changes among partners working together to pass a new or enhanced law. However, policy interventions can be one way to change norms to improve traffic safety in a Tribal community.

(2) Maintaining Current Minimum Legal Drinking Age Laws

Legal drinking age laws specify an age below which the purchase or public consumption of alcoholic beverages is illegal (21 years) and have been shown to be effective at reducing alcohol-related MVCs and associated injuries among 18 to 20-year-old drivers. Contributors to this Guide are unaware of any Tribal-specific efforts to address MVC injuries and deaths with laws specifying legal drinking age. Nevertheless, laws that establish a lower BAC level for young or inexperienced drivers than for older or more experienced drivers is an important strategy in tribal communities.

(3) Publicized Sobriety Checkpoint Programs

Sobriety checkpoint programs involve high visibility enforcement conducted by law enforcement officers who stop drivers systematically to assess alcohol impairment. These programs have been shown to be effective at reducing alcohol-impaired driving. Using media to publicize sobriety checkpoints reduces alcohol-impaired driving by increasing the public's perceived risk of arrest. **Traffic Safety Marketing materials** may help guide these types of activities.

CASE EXAMPLE

The San Carlos Apache Tribe conducted sobriety checkpoints and a comprehensive media campaign from 2004 to 2006. Described in a **July 2007 IHS Primary Care Provider article**, the media campaign used both paid and earned (unpaid) media, including: Tribal newspaper and radio station; local casino marquee; and public bulletin boards. Focus groups helped to inform culturally appropriate messages that were publicized more frequently during Tribal and national holidays. A total of 38 public service announcements and 21 community media events were conducted. Combined with 21 sobriety checkpoints, the project saw a 33% increase in DUI arrests, a 20% reduction in MVCs involving injuries or deaths, a 33% reduction in night-time crashes, and a 27% reduction in overall police-reported crashes.

(3) Publicized Sobriety Checkpoint Programs

(continued)

In AI/AN communities, the primary interventions conducted to tailor this recommended evidence-based strategy have been ***Media Campaigns***, ***Enforcement Events*** (Saturation Patrols or Checkpoints)*, and/or* ***Alternative Justice Programs.***

Media Campaigns conducted in conjunction with publicized sobriety checkpoints include the following types of activities in AI/AN communities:

- Develop a strategy for publicizing impaired driving checkpoints through media such as news stories and/or paid media.
- Develop media messages about enforcement events that use or honor Tribal/local language, symbols, or culture (for example, Public Service Announcements, billboards, posters, electronic marquees).
- Create 'Did You Know' media messages to increase awareness of existing or new impaired driving prevention laws and enforcement efforts conducted by police, including checkpoints.
- Host traffic safety call-in programs on Tribal radio stations to discuss or announce enforcement events.
- Develop traffic safety PSA messages about enforcement events spoken by local spokespersons (for example, admired Tribal leaders, well-known sports figures, pow-wow pageant contestants, or Tribal dancers or drummers).
- Use paid media outlets (for example, billboards, TV, radio, newspaper advertisements) to announce impaired driving enforcement events with photos of Tribal members in visual messages.

(3) Publicized Sobriety Checkpoint Programs

(continued)

Enforcement Events include the following types of activities:

- Develop and train Tribal law enforcement personnel in appropriate checkpoint practices **following NHTSA Guidelines**.
- Plan, advertise, and conduct impaired driving **saturation patrols** and/or **checkpoints** conducted by police officers. The latter are often referred to as **Sobriety Checkpoints** and can be conducted any time, but often during:
  - Local seasonal events (for example, at the start or end of the school year, sports events, new year holiday, prom, graduation, 4th of July events)
  - National/State/Local **Impaired Driving Campaigns**, such as:
    - **Driver Sober or Get Pulled Over**
    - **Buzzed Driving is Drunk Driving**
    - **Don't Shatter the Dream (BIA)**
    - **Mothers Against Drunk Driving (MADD) Campaigns**

CASE EXAMPLE

At a Tribe in Arizona one of the first steps taken by a newly formed TMVIP project was to research, develop, and train law enforcement personnel in Tribal policies and procedures for conducting enforcement events (for example, seat belt and impaired driving checkpoints). By adopting and having the Tribe's law enforcement leadership approve these policies, traffic safety enforcement became more standardized, transparent, and institutionalized – all of which were important when leadership and staffing changes occurred during the project.

Alternative Justice Programs include the following types of activities:

- Use of **Impaired Driving (or DUI) Courts** to manage impaired driving arrests and sentencing for convictions, particularly for repeat offenders.
- Develop court-diversion programs whereby in addition to regular consequences (for example, fines, loss of license, jail time), those convicted must complete other requirements, such as:
  - Attend **Victims Impact Panels**
  - Submission to **Electronic Monitoring**
  - Education Programs
  - Alcohol Treatment Programs

CASE EXAMPLE

The Fort Peck Assiniboine & Sioux Tribes received IHS TIPCAP funding from 1997 to 2000. It has one of eight '**DUI Courts**' in the state of Montana. Begun in 2008 as a way to address repeat impaired driving offenders, the first step was to develop policies and procedures for the DUI Court. The DUI Court guides clients through four phases. Client orientation is four weeks followed by an eight week early recovery period. Phase 3 lasts up to 24 weeks and focuses on maintenance and relapse. Phase 4 offers continuance of care for at least 16 weeks. A team works with each client to help them obtain their GED, to attend college or job training. The program also helps clients get their suspended driver's license returned and make their way back into society while maintaining sobriety. For more, visit **Fort Peck Journal**.

(4) Multi-Component Interventions with Community Mobilization

A combination of interventions that include several components (for example, sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol) have been shown to be effective at reducing alcohol-impaired driving. Successful interventions included those that used:

1. multiple programs and/or policies in several different settings to effect the community environment to reduce alcohol-impaired driving, and
2. community mobilization through the use of active community workgroups or task forces to plan and implement a variety of activities.

In AI/AN communities, the primary interventions conducted to tailor this recommended evidence-based strategy have been Tribal motor vehicle injury prevention programs that concurrently conduct the following impaired driving prevention activities: sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol.

CASE EXAMPLE

A Tribe in South Dakota funded by multiple federal agencies (that is, IHS, BIA, FHWA, CDC), tailored multi-component interventions with community mobilization by working in close partnership with the **Alive Robert's County** organization, as well as MADD and other local groups. Together, they collaborated to organize and conduct: multi-jurisdictional sobriety checkpoints (for example, Tribal police, city police, county sheriffs); training in responsible beverage service among local establishments serving alcohol; education and awareness-raising efforts such as PSAs on the radio, billboards, and other media events; and actions to limit access to alcohol, including attempts to close an establishment known for serving minors and over-serving patrons who drove after drinking.

(5) Ignition Interlocks

Ignition interlocks are installed in motor vehicles to prevent operation of the vehicle by a driver who has a BAC above a specified level (usually 0.02% to 0.04%). Ignition interlocks can be mandated by a court system or offered as an alternative to a suspended driver's license. The devices are installed most often in vehicles of people who have been convicted multiple times for alcohol-impaired driving, however CDC recommends using them for all convicted offenders. The devices have been shown to be effective at reducing re-arrest rates while the interlocks are installed. Contributors to this Guide are unaware of any Tribal-specific efforts to address MVC injuries and deaths with this strategy. Ignition interlocks, paired with alcohol treatment program, may boost prevention even further.

(6) Mass Media Campaigns

Mass media campaigns are designed to educate individuals to avoid drinking and driving, or to prevent others from drinking and driving. Campaigns may use a variety of themes (for example, fear of arrest; fear of injury to self, others, or property; characterizing drinking drivers as irresponsible and dangerous). Conditions for effectiveness include: careful planning and execution, using theory; adequate audience exposure; and implementation in settings that have other ongoing alcohol-impaired driving prevention activities (for example, enhanced enforcement of laws through sobriety checkpoints and/or saturation patrols).

CASE EXAMPLE

A Tribe in Oklahoma with funding from the IHS and CDC, developed and tailored several mass media campaigns to educate individuals about the risks associated with drinking and driving. Working with youth at the local high school and law enforcement, the **Alive at 25** curriculum was an important educational component. It contains a 4½ hour driver's awareness course designed by the National Safety Council for young drivers ages 15-24. The course includes a defensive driving classroom curriculum and decision-making and responsibility-taking interactive media, workbook exercises, role-playing, and class discussions. Coupled with on-going alcohol impaired driving prevention activities, the campaign included use of the Oklahoma Highway Patrol's Breath Alcohol Testing (BAT) Mobile in Tribal communities, youth and law enforcement establishing alcohol compliance checks, and media components (radio PSAs and the display of billboards with photos of slogans that changed each year over a four-year period).

(7) Lower BAC Laws for Young or Inexperienced Drivers

Laws that use a lower BAC limit (for example, 0.02%) for young or inexperienced drivers have been shown to be effective at reducing alcohol-related MVCs. In AI/AN communities, several Tribes have developed lower BAC laws by working with a local workgroup (that includes representation from youth groups or youth-serving agencies) to educate Tribal government officials about the effectiveness of **enhancing existing impaired driving law**s to include lower BAC limits and other sentencing options for youth.

(8) School-Based Instructional Programs

School-based programs are used to address the problems of alcohol-impaired driving and riding with alcohol impaired drivers. They have been shown to be effective in reducing riding with impaired drivers among students. However, there is insufficient evidence to determine the effectiveness of these programs on drivers themselves.

ACTION CALLS

Tribal Leaders Can…

1. Provide financial support to a Tribal Motor Vehicle Injury Prevention Program.
2. Learn about, promote, and adopt evidence-based strategies.
3. Participate in workgroups that educate leaders about the importance of using evidence-based strategies.
4. Participate in media campaigns to promote safe driving behaviors.

Tribal IP Practitioners Can…

1. Plan and implement comprehensive motor vehicle injury prevention programs.
2. Review the recommended strategies and develop specific plans to implement and evaluate them.
3. Identify ways that recommended strategies could be tailored for use in specific Tribal communities.
4. Partner with workgroups to educate Tribal leaders about the effectiveness of recommended evidence-based strategies.

Tribal Public Health Professionals & Partners Can…

1. Assist with Tribal motor vehicle injury prevention programs.
2. Review and suggest methods to evaluate the impact and outcomes of programs.
3. Promote the evaluation of promising strategies.

State Entities Working with Tribes Can…

1. Encourage Tribes to submit applications for funding.
2. Work with Tribes to implement evidence-based strategies.
3. Provide assistance for data collection and evaluation.

K. Technical Support: Component #5 for TMVIP

What technical support is available for traffic safety in AI/AN communities?

This section provides information about the fifth component needed for TMVIP – **TECHNICAL SUPPORT –** including:

1. Summary of **technical support** available for components #1 to #4 (that is, commitment, collaboration, data, tailored evidence-based strategies).
2. **Calls to Action** for stakeholders to take advantage of available technical support to assist motor vehicle injury prevention in AI/AN communities.

Commitment

Resources to Prioritize Motor Vehicle Prevention

Centers for Disease Control and Prevention
The mission of the **National Center for Injury Prevention and Control** is to prevent violence and injuries, and reduce their consequences.

- The CDC has developed a series of state-based fact sheets, including:
  - **Buckle-Up: Restraint Use State Fact Sheet**
  - **Sobering Facts: Drunk Driving State Fact Sheet**
  - **State-Based Costs from Crash Deaths**
- **Tribal Road Safety:** This website includes information and resource links to prevent motor vehicle injury and death among American Indians and Alaska Natives.
- **Roadway to Safer Tribal Communities Toolkit:** The toolkit's fact sheets, posters, and video include important steps for road safety, including increasing child safety seat use, increasing seat belt use and decreasing alcohol-impaired driving.
- **Motorcycle Safety Guide:** This resource describes the public health significance of motorcycle crashes, the best way to protect motorcycle riders, how states compare with each other in terms of motorcycle-related deaths and economic costs, and what you can do to increase motorcycle safety.
- **Menu of Selected Tribal Laws Related to Motor Vehicle Safety:** This menu offers examples of selected tribal laws related to 1) primary seat belt laws, 2) child restraint laws, and 3) blood alcohol concentration laws and can be used by jurisdictions interested in developing or updating their own motor vehicle safety laws.

Indian Health Service Injury Prevention Program
The mission of the IHS Injury Prevention Program is to raise the health status of American Indians and Alaska Natives to the highest possible level by decreasing severe injuries and death to the lowest possible level, and by increasing the ability of tribes to address their injury problems. The IHS has established a widely-recognized injury prevention program that works with tribes and other partners to reduce the disproportionate impact of injuries on Indian people. IHS staff facilitate capacity building of tribes and communities by increasing understanding about the injury problem, sharing effective strategies, and assisting communities in implementing prevention programs.

Bureau of Indian Affairs Indian Highway Safety Program
The mission of the program is to reduce the number and severity of traffic crashes in Indian Country by supporting Education, Enforcement, and Engineering, as well as Safe Tribal Community Programs. The Indian Highway Safety Program seeks to assist Tribes by monitoring grants and sub-grants to keep American Indians/Alaska Native roads safe.

Federal Highway Administration
To address traffic safety issues among American Indians/Alaska Natives, the Federal Highway Administration supports these programs:

- **Federal Highway Administration Tribal Transportation Program Safety Fund**
- **Tribal Technical Assistance Program (TTAP)**

Native Public Health Law Partnership Project: Reservation Road Safety
The National Congress of American Indians has supported its Policy Research Center to study the issue of traffic safety in AI/AN communities, resulting in two publications:

- **Reservation Road Safety: Reducing Unintentional Injury through Tribal Public Health Law**
- **Tribal Transportation Insights: Preventing Unintentional Injury and Death**

Tribal Epidemiology Centers

Tribal Epidemiology Centers (TEC) are Indian Health Service, Division of Health & Human Services funded organizations that serve AI/AN Tribal and urban communities by managing public health information systems, investigating diseases of concern, managing disease prevention and control programs, responding to public health emergencies, and coordinating these activities with other public health authorities. Currently, there are **12 TECs** around the country.

Native CARS (Children Always Ride Safe)

Native CARS seeks to improve rates of child safety seat use for AI/AN children in the Pacific Northwest and beyond. The project is currently developing and facilitating the use of a dissemination platform that will translate the successful protocols, tools, and intervention materials used by Native CARS tribal partners for use by other Tribes. It is intended that this dissemination platform, the **Native CARS Atlas** will serve as a blueprint for other Tribes to address child passenger safety concerns in tribal communities.

World Health Organization (WHO) Road Traffic Injuries Publications

- The WHO offers publications and resources for a variety of road safety topics including:
  - **World report on road traffic injury prevention (2004)**
  - **Seat-belts and child restraints: a road safety manual for decision-makers and practitioners (2009)**
  - **Drinking and driving: a road safety manual for decision-makers and practitioners (2007)**
  - **Data systems: a road safety manual for decision-makers and practitioners (2010)**
  - **Pedestrian safety: a road safety manual for decision-makers and practitioners (2013)**
  - **Mobile phone use: a growing problem of driver distraction (2011)**

State Offices of Highway Safety

State offices of highway safety implement programs to address behavioral highway safety issues, including occupant protection, impaired driving, and speeding. Each state office of highway safety can serve as a resource for statewide campaigns, funding, and technical assistance.

TMVIP Coordinator Position Descriptions

A previous project conducted by federal agency partners identified skills and/or experiences that are important for staff hired to lead Tribal motor vehicle injury prevention efforts.[3] A TMVIP coordinator should have knowledge of highway safety issues, an ability to collect data, and have good public relations skills. To the degree possible, assessment of these skills can be important to consider when recruiting and interviewing potential candidates for TMVIP Coordinator positions.

Training applicable for Motor Vehicle Injury Prevention

Indian Health Service Injury Prevention Training

- **Introduction to Injury Prevention (Level I):** This course introduces participants to the core components of the public health approach to preventing injuries among American Indians and Alaska Natives. For more information, visit the IHS Environmental Health Support Center (**EHSC**)
- **Intermediate Injury Prevention (Level II):** This course reviews the basics of data interpretation, workgroup building, program planning, evaluation, and marketing. For more information, visit the IHS **EHSC**
- **Safe Native American Passengers:** Designed after the National Highway Traffic Safety Administration (NHTSA) National Standardized Child Passenger Safety Training, this 12-hour course is Native American specific and introduces attendees to the **basic** concepts of child passenger safety (CPS).

Child Passenger Safety Training from Safe Kids

- Certified **Child Passenger Safety Technician Course** (3-4 days) combining classroom instruction, indoor and outdoor hands-on activities, skills assessments with child safety seats and vehicles, and a community safety seat checkup event.
- Certified **Child Passenger Safety Instructor Course:** designed for CPS technicians who are ready to help others learn how to become technicians. Requirements include successfully teaching a Certification Course, and ensuring their technician certification does not expire during the candidacy period. The instructor candidacy process can take no longer than one year from the time a technician is approved as an instructor candidate. For more information, visit the instructor resources page at **Safe Kids**.

Other Training

- Designing and Implementing Injury Surveillance Systems in Indian Country Course: This course was developed collaboratively by the CDC and IHS for tribal and non-tribal injury prevention practitioners.
- **Tribal Technical Assistance Program (TTAP)**: **seven TTAP centers** offer a variety of training courses, including but not limited to: Crash Data Reporting; Road Scholar Program, Roadway/Highway Safety Audits; Use of GIS/GPS; Fundamentals of Highway Safety; and Road/Pedestrian Safety.

Training applicable for Motor Vehicle Injury Prevention

(continued)

- **Traffic Safety Conferences:** regular annual traffic safety conferences, at which Tribal programs are highlighted include:
  - **Lifesavers Conference**: **Prior conference programs** and **presentations/workshops** are available online.
  - **Regional Tribal Transportation Safety Summits** and **National Tribal Transportation Safety Conference**: **Prior Summit and Conference Reports** are available online.
- **World Health Organization TEACH VIP E-learning**: This is comprehensive injury and violence prevention curriculum developed for self-paced, self-administered training online. Training modules include a variety of general and specific topics, including: Road Traffic Injuries; Community Surveys; and Advocacy for Injury Prevention.
- **Safe States Alliance Training Center:** The **Safe States Alliance** has partnered with the Society for the Advancement of Violence and Injury Research (SAVIR) to create a joint initiative known as the National Training Initiative (NTI). Through NTI, both organizations have worked together to develop **Core Competencies** to address the training needs of professionals working in the field of injury and violence prevention. Safe States trainings and archived webinars organized by topic area are available at these websites:
  - **Web Events Co-Hosted by Safe States Alliance & Partners**, including on topics such as: Motor Vehicle Safety; Partnerships and Collaborations; Program Planning and Evaluation; Epidemiology; and Communication.
  - **ASTHO, NACCHO, and Safe States Injury Prevention Webcast Series**
  - **Safe States Self-Study Trainings**.

Collaboration

Resources to Develop Traffic Safety Collaboration and Workgroups

- **Developing Coalitions: An Eight-step Guide:** Coalitions are an effective means to implement evidence-based programs for nearly all injury topic areas.
- **The Tension of Turf: Making it Work for a Coalition:** The nature of coalition work as well as other alliances between organizations contains inherent challenges, including the issue of turf.
- **Community How to Guide on Coalition Building:** Developed to help communities sustain underage drinking prevention coalitions, this resource provides examples of how to overcome obstacles and support community prevention components including enforcement and education.

Judicial Support

The National Highway Traffic Safety Administration has developed a **Traffic Safety Resource Prosecutor's Manual**, useful for current or former prosecutors who provide training, education and technical support to traffic crimes prosecutors and law enforcement agencies throughout their state. Traffic crimes and safety issues include but are not limited to: alcohol and/or drug impaired driving, vehicular homicide, occupant restraint and other highway safety issues.

Media

The CDC developed a **Roadway to Safer Tribal Communities Toolkit** in coordination with IHS which includes posters, fact sheets, and a video titled **A Killer in Indian Country**. The toolkit components are focused on child passenger safety, seat belt use, and alcohol-impaired driving prevention with fact sheets for tribal community members and health professionals working in AI/AN communities. All items are available for download at CDC's **Tribal Road Safety Page** and at the IHS **Injury Prevention Program web page**.

To inform media messages, an additional resource is a **tutorial** featuring AI/AN examples for CDC's Web-based Injury Statistics Query and Reporting System (WISQARS). WISQARS offers AI/AN death data for unintentional injuries, including motor vehicle-related injuries. **http://www.cdc.gov/injury/wisqars/fatal_help/mapping.html**

Program Evaluation

Centers for Disease Control and Prevention

- **Centers for Disease Control and Prevention Program Performance & Evaluation Office:** This office has developed a **Framework for Program Evaluation in Public Health**, which provides a set of steps and standards for practical evaluation by programs and partners. The focus is public health programs, however, the approach can be generalized to any evaluation effort. A practical, non-prescriptive tool, the evaluation framework summarizes and organizes the **steps** and **standards** for effective program evaluation. The framework was originally published in a **1999 Morbidity and Mortality Weekly Report (MMWR) article**.
- **Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide:** This document is a "how to" guide for planning and implementing evaluation activities. The manual, based on CDC's Framework for Program Evaluation in Public Health, is intended to assist managers and staff of public, private, and community public health programs to plan, design, implement and use comprehensive evaluations in a practical way.
- **Demonstrating Your Program's Worth: A Primer on Evaluation for Programs to Prevent Unintentional Injury:** This free resource is designed for program managers, coordinators, and planners to conduct evaluation, and provides examples of why evaluation is worth resources and effort needed to conduct it.

Technical support to plan and conduct program evaluation is also available from experts who have experience working in Tribal communities. These can include: **Tribal Epidemiology Centers**, individual or institutional/university-affiliated evaluation consultants, and **schools of public health**.

Data sources for Motor Vehicle Crash Injuries and Deaths and Risks

NHTSA Fatality Analysis Reporting System (FARS)

FARS is an online database, accessible to the public, which is developed and maintained by the National Highway Traffic Safety Administration (NHTSA).

CDC Web-based Injury Statistics Query and Reporting System (WISQARS™)

WISQARS™ is an online, publically accessible database of fatal and non-fatal injuries and violent deaths due to a variety of causes, including motor vehicle crashes. Visit **http://www.cdc.gov/injury/wisqars/fatal_help/tutorial.html** for a tutorial on how to use WISQARS.

CDC Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is the world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

CDC Youth Risk Behavior Survey (YRBS)

The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including behaviors that contribute to unintentional injuries and violence. YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local education and health agencies and tribal governments.

CDC Wide-ranging Online Data for Epidemiologic Research (WONDER)

This is an easy-to-use, menu-driven system that makes the information resources of the CDC available to public health professionals and the public at large. It provides access to a wide array of public health information. With CDC WONDER, you can access statistical research data published by CDC, as well as reference materials, reports and guidelines on health-related topics and query numeric data sets on CDC's computers, via "fill-in-the blank" web pages. Public-use data sets about mortality (deaths), census data and many other topics are available for query, and the requested data are readily summarized and analyzed, with dynamically calculated statistics, charts and maps.

Data sources for Motor Vehicle Crash Injuries and Deaths and Risks

(continued)

Roadway Data Sources

The Division of Transportation (DoT) within the Bureau of Indian Affairs (BIA) oversees the road maintenance and road construction programs for Indian reservation roads in Indian country and maintains an inventory under the Tribal Transportation Program (TTP). The TTP maintains a comprehensive database of all transportation facilities eligible for TTP funding by tribe, reservation, BIA agency and region, Congressional district, State, and county. Other specific information collected and maintained under the TTP includes classification, route number, bridge number, current and future traffic volumes, maintenance responsibility, and ownership. The TTP also maintains an inventory website that provides a portal to report data and access the most current data in a read-only format. Data are updated every month on the **Integrated Transportation Information Management System (ITIMS) website** and are accessible to tribal transportation planners, tribal program managers, and the public.

Trauma Registries

State Trauma Registries: databases that document acute care delivered to patients hospitalized with injuries. Three registries in states with large American Indian/Alaska native populations include:

- **Alaska Trauma Registry**
- **Arizona Trauma Registry**
- **Washington Trauma Registry**

Data Collection Templates for Traffic Safety Intervention Activities

In support of the 2010-2014 CDC TMVIPP, technical assistance providers from the **University of North Carolina** developed templates to track consistent information about four types of traffic safety intervention activities promoted by the CDC TMVIPP. Each template includes an introduction, instructions on how to complete the template, a sample completed template, and a blank template:

1. **Enhanced Occupant Restraint Use Enforcement Events**
2. **Enhanced Driving Under the Influence (DUI) Enforcement Events**
3. **Child Safety Seat Events**
4. **Use of Media Events**

Observational Seat Belt Use Surveys

In 2003, under contract to IHS, faculty and staff from the University of North Carolina pilot-tested an observational seat belt use survey protocol among several Tribal communities participating in TIPCAP. The purpose of the pilot was to examine whether the locations selected for the observations had an effect on the results (that is, the estimate of seat belt use in the community) so that valid procedures to estimate seat belt use in AI/AN communities could be recommended. Based on findings from this initial project, UNC developed the **UNC-IHS Seat Belt Observational Survey Protocol** in 2005 and revised it in 2010 and 2011. The protocol includes four phases to follow: 1) Observation Location Identification and Traffic Volume Assessment; 2) Selecting Observation Locations to Survey; 3) Conducting Observational Seat Belt Surveys; and 4) Summarize Annual Seat Belt Use Data. The document also includes an appendix for estimating seat belt use in small communities.

NHTSA's National Center for Statistics and Analysis conducts an annual National Occupant Protection Use Survey (NOPUS). Data collected from states include data from Indian Country. The **2014 NOPUS Report** indicates that the overall seat belt use rate in the United States is 87 percent.

Observational Child Safety Seat Use Surveys

The *Child Safety Seat Observation Survey Guide* was originally developed by staff from the Indian Health Service and faculty and staff at the University of North Carolina (UNC) for the Indian Health Service's child passenger safety program called **Ride Safe**. Ride Safe is a Tribal Head Start Center-based child passenger safety program that combines education and the distribution of child passenger safety seats to the families of Head Start aged children. This **version of the Child Safety Seat Observation Survey Guide** was revised by the UNC team as a technical assistance tool for Tribes and Tribal organizations that conducted child passenger safety initiatives for the CDC's 2010-2014 Tribal Motor Vehicle Injury Prevention Program (TMVIPP). The protocol provides guidelines to help Tribal Injury Prevention Program coordinators in AI/AN communities make decisions about estimating child safety seat use rates for a specific group within the community. The Guide outlines steps to conduct observational child safety seat use surveys. The surveys described in this guide help to document the use of child safety seats, they are not used to determine if the restraints are being used correctly. Child Safety Seat 'check' events are used to assess proper use and, if necessary, make corrections to those misusing child safety seats.

Observational Child Safety Seat Use Surveys

(continued)

The **Native CARS Project** has several articles describing the methods and results used to collect data about child occupant restraint use in the Pacific Northwest.

NHTSA conducts a national survey about the use of booster seats. Methods include collecting observational and interview data about children ages newborn to 12 years old in passenger vehicles at selected gas stations, day care centers, recreation centers, and fast-food-chains. For more information about these data collection methods for booster seat use, see the **2013 National Survey of the Use of Booster Seats**.

Knowledge, Attitudes, Behavior Surveys for Law Enforcement, Community Members, and Youth

Technical assistance providers from the **University of North Carolina** developed several surveys to assess knowledge, attitudes, and practices regarding child safety seat use and enforcement, occupant restraint use and traffic safety laws, and youth alcohol use. The surveys were developed to help coordinators plan project activities. The questions used in each of the three sample surveys should be modified, as needed, to best suit your project's needs.

1. **Sample Child Safety Seat Law Enforcement Survey**
2. **Sample Occupant Restraint Use Community Survey**
3. **Youth Alcohol Use Survey Sample**

Working with States to Conduct and Share Crash Reporting

Guide for Effective Tribal Crash Reporting

This publication provides guidance for state agencies and tribal leaders to improve their crash reporting. It was developed based on best practices, success stories, lessons learned, published literature, and data from tribes and states. The Guide provides valuable knowledge to both tribal law enforcement and state transportation agencies to better understand the extent and causes of crashes on tribal lands to develop more effective safety programs and countermeasures.

Tailoring Technical Assistance Strategies

Laws Mandating Child Safety Seat Use

In working with a local workgroup to educate Tribal government officials about the effectiveness of *enhancing existing laws* mandating child safety seat use, consider the following resources to: define enforcement type, age/weight/height, and seat location in vehicle requirements to align with **CDC safety recommendations** or other Tribe or state laws, as summarized by:

- The Governor's Highway Safety Association: **Summary of Child Passenger Safety Laws**
- Insurance Institute of Highway Safety: **Summary of Child Safety**
- National Congress of American Indians Policy Research Center: **Tribal Public Health Law Database**
- Safe Kids Worldwide: **Car Seat Tips**
- Centers for Disease Control and Prevention: **Get the Facts on Child Passenger Safety**
- 2011 American Academy of Pediatrics Updated Child Passenger Safety Recommendations (**Policy Statement** and **Technical Report**)

Child Safety Seat Distribution and Education Programs

To **coordinate child safety seat distribution plus education efforts**, consider the following resources to:

- Develop or adapt existing educational **materials**:
  - **NHTSA child passenger safety educational materials**
  - **CRIHB Injury Prevention Toolkit**
  - **Alaska FOCUS on Safety** Curriculum
  - **CDC Roadway to Safer Tribal Communities Toolkit**
- **2014 Vital Signs on Child Passenger Safety**
- Develop liability waiver documents to ensure family responsibility for proper installation and use of child safety seats, and to release liability from a CPS technician.
- Search the **Safe Kids Worldwide website**, including a national database for certified Child Passenger Safety Technicians, and to learn about child passenger safety training and other activities.
- To track and target types of child safety seat misuse over time, use the **Safe Kids child safety event data collection instruments**.

Laws Mandating Seat Belt Use

Collaborate with a local workgroup to educate Tribal government officials about the effectiveness of *enhancing existing laws* mandating use of seat belts, consider laws that align with suggestions outlined in the following resources:

- National Highway Traffic Safety Administration **Laws and Regulations**
- Governor's Highway Safety Association: **Summary of Seat Belt Use Laws**
- Insurance Institute for Highway Safety: **Summary of Restraint Laws**
- National Congress of American Indians Policy Research Center: **Tribal Public Health Law Database**
- Research about the importance of laws requiring **back seat restraint use**

Enhanced Enforcement Programs

To plan, advertise, and conduct seat belt use *saturation patrols* or *checkpoints* conducted by police officers, often referred to as **High Visibility Enforcement** events, consider scheduling them with National/state/local seat belt events, such as National Click-It or Ticket campaigns, held annually in summer (information available from NHTSA's **Traffic Safety Marketing** program). NHTSA's **Impaired Driving Prevention Toolkit** can be a useful guide for these types of activities.

08% Blood Alcohol Concentration (BAC) Laws

When collaborating with a local workgroup to educate Tribal government officials about the effectiveness of *enhancing existing laws* regarding impaired driving, consider the following resources to align laws with suggestions outlined in the following resources:

- Governor's Highway Safety Association: **Summary of Impaired Driving Laws**
- Insurance Institute for Highway Safety: **Summary of DUI/DWI Laws**
- National Congress of American Indians Policy Research Center: **Tribal Public Health Law Database**

ACTION CALLS

American Indian/Alaska Native **Tribal Leaders** are encouraged to share the technical support resources listed in these sections with staff working to address traffic safety issues at the Tribe.

Partnerships between **Tribal** and **Non-Tribal IP Practitioners and Public Health Professional Partners**, including **State Entities**, can use and apply lessons learned from technical support resources to help ensure a future generation of safe and healthy AI/AN people.

Glossary of Terms

Booster Seat

A seat that boosts a child up, letting the child sit up higher in the vehicle, which improves adult seat belt fit. Generally, children need to use a booster seat until the adult seat belts fits properly. Seat belts fit properly when the lap belt lays across the upper thighs (not the stomach) and the shoulder belt lays across the chest (not the neck). For most children, seat belts will fit properly without a booster seat between the ages of 8 to 12 years.
See more at **Safe Kids Worldwide**.
Return to first use of Booster Seat.

Capacity Building

Development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion and injury prevention. **Return to first use of Capacity Building.**

Death Rates

The ratio of deaths to the population of a particular area during a particular period of time, usually calculated as the number of deaths per one thousand people per year in a small population, and per 100,000 people per year for the country as a whole.
Return to first use of Death Rates.

Epidemiology

The study of the disease distribution and determinants of health states or events in specific populations, and the application of this study to the control of health problems.
Return to first use of Epidemiology.

Evidence-based Strategies

Activities, efforts, or programs for which there is strong or sufficient evidence the strategy works. These are programs that can be sustained (sustainable) and replicated (duplicated) and they have demonstrated positive impact on prevention, costs, and/or other stated outcomes.
Return to first use of Evidence-Based Strategies.

Impact Evaluation

The process used to determine if a program changed what it intended to change. For motor vehicle injury prevention programs, this often includes changes in: knowledge; attitudes; behaviors; or policies the program wanted to change (for example, occupant restraint use, enforcement of existing laws, new or strengthened policies).
Return to the first use of Impact Evaluation.

Impaired Driving

Often called "drunk driving." This refers to operating a motor vehicle while a person's blood alcohol content is above the legal limit set by law, which is judged to be the level at which a person cannot drive safely. In the context of this guide, impairment is used to indicate a blood alcohol content at or above 0.08g/dL. More recently, includes impairment due to the use or misuse of prescription or illegal drugs.
Return to the first use of Impaired Driving.

Interventions

When used to describe injury prevention or public health, these include activities or programs conducted on behalf of communities and the individuals and families living in them. For example, a seat belt use intervention is a set of activities designed to increase restraint use in a community to help reduce motor vehicle crash injury or death.
Return to the first use of Interventions.

Four E's of Injury Prevention

Education (for example, provision of individual or group information, written or in-person)

Enforcement (for example, law enforcement issuing citations)

Engineering (vehicle modifications such as air-bags, stability control systems)

Environmental modifcation (for example, changes to roadways including lighting and cross-walks).
Return to the first use of the Four E's of Injury Prevention.

Mass Media

This refers to media channels, such as newspapers, magazines, radio, television, or billboards that are used to convey information to large numbers of people, often at the same time. For example, a radio announcement about the importance of using seat belts has the potential to reach any radio listener within many hundreds of miles.
Return to first use of Mass Media.

PL 280 State

This law transfers legal authority (jurisdiction) from the federal government to state governments which significantly alters the division of legal authority among tribal, federal, and state governments. Congress gave six states (California, Minnesota, Nebraska, Oregon, Wisconsin, and Alaska upon statehood) extensive criminal and civil jurisdiction over tribal lands within the affected states (the so-called "mandatory states"). Public Law 280 also permitted other states to acquire jurisdiction at their option. For more information, visit **American Indian Development Associates, LLC**.
Return to first use of PL 280 State.

Primary Enforcement Laws

A primary enforcement seat belt law means a police officer can pull a vehicle over and issue a ticket just because a driver or passenger covered by the law is not wearing a seat belt.
Return to first use of Primary Enforcement Laws.

Process Evaluation

Assessment as to whether a program completed the activities as intended (e.g., type, quantity, quality). For motor vehicle injury prevention programs, this often includes whether the program: conducted the number of media activities it planned; distributed the number of child safety seats it planned; conducted the number of community-wide educational events it intended.
Return to first use of Process Evaluation.

Promising Interventions

Cutting edge efforts that are untested in which there is currently insufficient evidence to determine their impact (does not mean the strategy is ineffective, but rather additional study is needed). Sometimes called "emerging" or "innovative" interventions.
Return to first use of Promising Interventions.

Public Health

Organized efforts of society to prevent disease, promote health, and prolong life among the population as a whole. Activities focus on entire populations, not on individual patients or diseases.
Return to first use of Public Health.

Racial Misclassification

When the race of one person or group of people is incorrectly determined to belong to another person or groups of people. For example, when someone who is American Indian is classified as Hispanic (for example, in a health record, on a death certificate).
Return to first use of Racial Misclassification.

Risk

The probability of an unwanted event occurring (for example, a motor vehicle crash). Often used in the phrase 'risk factor,' which is a factor that makes an unwanted event more likely. For example, not wearing a seat belt is a risk factor for being injured in a motor vehicle crash because you are more likely to be injured if you are not using the seat belt.
Return to first use of Risk.

Secondary Enforcement Laws

A secondary enforcement law only allows a police officer to issue a ticket for someone not wearing a seat belt if the driver has been pulled over for some other offense.
Return to first use of Secondary Enforcement Laws.

Stakeholder

A person, or group of persons, with an interest or concern in a particular issue (for example, concerned citizens, non-government organizations, religious organizations, researchers, professional associations, government agencies or leaders).
Return to first use of Stakeholder.

Surveillance

Systematic ongoing collection, organization, and analysis of data and the timely dissemination of information to those who need to know so that action can be taken.
Return to first use of Surveillance.

Tailored

When describing an injury prevention or public health program (or an evidence-based *strategy*), this refers to making the program custom-made for a specific group or audience. For example, a Tribal program may include radio, newspaper, or television announcements in both the Tribe's local language and English to tailor messages to their target audiences.
Return to first use of Tailored.

Systematic Review

A summary of the literature or a critical assessment and evaluation of all research studies that address a particular issue, conducted in a systematic way. Systematic reviews are used to answer these types of questions: 1) Which program and policy interventions have been shown to be effective?; 2) Are there effective interventions that are right for my community?; and 3) What might effective interventions cost and what is the likely return on investment?
Return to first use of Systematic Review.

Unintentional Injury

The unintentional physical damage (for example, fracture, concussion, burn) or trauma to the human body from acute exposure to energy (thermal, mechanical, kinetic, electrical, or chemical) in amounts that exceed its threshold of tolerance, or from the absence or over-exposure to vital elements such as oxygen or health (for example, drowning, hypothermia). What some think of as "accidental" injury.
Return to first view of Unintentional Injury.

Unintentional Injury Death

Death from injuries that were caused by unplanned events that were not intended, desired, or meant to happen. What some think of as "accidental" injury deaths.
Return to first view of Unintentional Injury Death.

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