
MODELS FOR PRACTICE

FOCUS AREA: INJURY AND VIOLENCE PREVENTION

Program Name: Partners for Rural Traffic Safety
Location: Rural Michigan
Problem Addressed: Injury and Violence Prevention
Healthy People 2010 Objective: 15
Web Address: www.com.msu.edu/micrh

SNAPSHOT

Partners for Rural Traffic Safety is a collaborative effort by state and community partners to encourage and support enforcement of Michigan's occupant protection laws. The community campaigns are designed to increase safety belt usage and promote the proper use of child car seats among residents of 16 rural counties in Michigan. Initial participating communities were selected based on the presence of a critical access hospital exhibiting a willingness to serve as program leader, facilitator, and collaborator and with a proven track record of successful network development.

The safety campaign became a central focus, uniting different community organizations.

THE MODEL

Blueprint: The program is a collaboration of state and community organizations. The state team consists of the Michigan Center for Rural Health, Office of Highway Safety and Planning, Office of Emergency Medical Services, Michigan State Police Section of Traffic Safety Services, Michigan Department of Community Health's Safe Kids Program, and Michigan State University Extension of Family/Consumer Sciences. The four community teams include representatives from health care, law enforcement, business, faith based, education, and general community. The four communities selected are in rural Michigan, and each have a critical access hospital willing to provide community leadership as well as having a proven track record of successful network development and collaboration. The program director is from the Michigan Center for Rural Health and allocates 20 percent of her time to the program. Other collaborators at the state and local level donate their time.

The state team identified communities in which to implement the program, established community partner teams, and provided technical training to the community team, as well as serving as an information resource. The community team is responsible for the actual implementation of the program. A major focal point of the program is a 30-day awareness and education campaign that is delivered in each community and serves as central focus, uniting different community organizations. The campaign was

delivered at schools, places of business and worship, employer sites, health care settings, and senior and community services. In 2003, each community delivered five to 33 activities including, among others, child safety seat inspections, appearances by crash dummies, roll-over demonstrations, and a 55-Alive mature driver's program.

While the campaign is a key activity, the program has been extended beyond the initial 30-day campaign through the purchase of a series of permanent signs and banners to be utilized in the community throughout the year. In addition, two individuals from each community are trained to perform car seat safety inspections. Car seat give-aways are also planned throughout the year. Attention is brought to the program via newspapers, community events, banners, websites, traffic signs, speakers, and demonstrations.

Making a Difference: The May 2003 campaign relied on a series of pre and post tests to assess the effectiveness of the campaign. Each of the four counties increased the percent of drivers utilizing safety belts, while three of the counties reported increased safety belt usage among passengers. One county had a slightly lower safety belt usage in the post test (91 percent versus 88 percent). Overall, the results were encouraging. Pigeon and Manistique Counties demonstrated a 10 percent increase in driver safety belt usage in pre and post testing. Safety belt usage among passengers was also documented. Manistique County's passenger safety belt usage increased from 64 to 84 percent in pre and post testing. Two other counties reported increases of 4 and 5 percent. Child car seat safety inspections were also considered successful, with scheduled screenings extending two and three hours due to larger than anticipated attendance and more car seats given away than expected.

While the intent of the program was to increase the usage of proper occupant restraints, the program was also successful in providing the community team with tools to address other community-based problems. The community team was trained in the process model that seeks consensus and input from the community in decision making—a powerful tool for the communities to apply to other problems.

Beginnings: Funded through a grant from the National Rural Health Association and the National Highway Traffic Safety Administration, this demonstration program began in January 2003 and ended in June 2003. The program will be expanded to 12 additional communities over the course of the next three years through a grant from the National Highway Transportation Safety Agency.

Challenges and Solutions: A key challenge to organizers is the implementation of a labor-intensive model that requires considerable advance planning and training. Central to meeting this challenge is the selection of a community access hospital with a willingness to serve as the

community leader and facilitator. Currently, as a result of the collaborative efforts of the state and community, this demonstration project has been extended for three years. Through a grant from the National Highway Transportation Safety Agency, the program will be extended to the remaining 12 critical access hospitals. The Michigan Center for Rural Health plans to institutionalize the program through its core State Office of Rural Health contract with the Michigan Department of Community Health. This enables the program to have a consistent budget and receive annual evaluations. Ultimately, the program's success is attributed to the successful collaboration of state and community partners.

PROGRAM CONTACT INFORMATION

Marolee Neuberger, Program Director
B-218 West Fee Hall
Michigan State University
East Lansing, MI 48824-1316
Phone: (517) 355-8250
Fax: (517) 432-0007