

Demonstration of the
*Trauma Nurses
Talk Tough*
Seat Belt Diversion
Program in
North Carolina



U.S. Department of Transportation
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16. Abstract <i>Trauma Nurses Talk Tough</i> is a seat belt diversion program originally developed at the Legacy Emanuel Hospital in Portland, Oregon, in 1988. Attendance at the course is a condition for a one-time dismissal of a seat belt citation without fine or court cost penalties. Seat belt violators can choose to attend the course or pay the fine. The North Carolina Governor's Highway Safety Program was interested in testing the program in Robeson County, a region with lower belt usage rates than the statewide average. The theory behind the program is that violators diverted to the program would be less likely to recidivate than violators sanctioned with the normal fines. Emergency room or trauma nurses lead the course at a main hospital in the area. The nurses bring practical experience from the local emergency room or trauma care, and the class site emphasizes public health consequences. The nurses discuss proper and improper use of seat belts and child safety seats, the costs of non-use, the effects of alcohol and speed, and the physics of crashes, all supported by highly graphic visuals of injuries from non-use of seat belts. Southeastern Regional Medical Center (SRMC) in Lumberton, NC, successfully implemented the diversion program with the full support of hospital management and staff, the Robeson County district attorney, the clerk of the court, and all law enforcement agencies in the county. During the 15-month study period, local law enforcement agencies in the county, the Sheriff's Office, and the Highway Patrol participated. They issued 10,358 seat belt citations, an increase of 29% from the same period the year before. SRMC conducted 62 class sessions with a total attendance of 4,503. Half (50%) of those people who received citations and were eligible to attend the course did so, exceeding program expectations. Since violators must pay \$20 to attend the Tuesday evening course (less than North Carolina's seat belt fine plus fees of \$126.50 at the time), the program is self-sufficient. There were significant increases in observed seat belt use from baseline at eight annual observation sites (81% to 86%, up over 5 percentage points) and two new observation sites (69% to 78%, up 9 percentage points) added for this study. Course attendees expressed positive changes in attitudes, especially about seat belt use and seat belt enforcement in before-and-after SRMC surveys. The results of this study support the combination of high-visibility enforcement and a diversion classroom-based brief intervention as a means of increasing seat belt use in a predominately rural, low-belt-use area. North Carolina has a primary belt law and relatively high fines and fees.					
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Given the large number of people who participated in this study, it is possible that a deserved acknowledgement was omitted. If so, it was inadvertent. While this study would not have been possible without the contributions of the people named above, the findings and conclusions are those of the authors and not necessarily shared by the other parties involved.

EXECUTIVE SUMMARY

Background and Study Objective

The *Trauma Nurses Talk Tough* (TNTT) program began at Legacy Emanuel Hospital in Portland, Oregon, in 1988 where it focused on teaching risk avoidance behaviors to help people mitigate the various health risks in their lives. The particular emphasis was those who did not respond to seat belt laws even in a high-belt-use State such as Oregon. The program continues to operate at multiple locations in Oregon and offers a variety of courses to people of all ages. Emergency room or trauma nurses teach the courses at hospitals and tell real-life stories about real people who had been injured because they were not wearing seat belts. The courses illustrate the benefits of safe behavior and the consequences of unsafe behavior including the physical, rehabilitation, emotional, legal, and financial aftermath, all supported by highly graphic visuals.

The current study implemented and evaluated a program modeled after the Oregon TNTT seat belt class in a different location. Oregon's TNTT class was a hospital-based program to educate drivers and passengers over the age of 16 who had been cited by police for not wearing seat belts. An offender could have his or her seat belt citation dismissed by attending the course and paying a significantly smaller course fee than the fine plus court costs for the seat belt violation. The primary objectives of this study were to assist with the implementation of the TNTT seat belt class in a new locale and to collect data to enable the evaluation of the course based on recidivism rates, citations, crashes, attitudes towards seat belt use, and observed seat belt use.

Program Development Approach

The study needed to find a site that would be willing to implement the seat belt class and the other program components that were critical to ensuring the program could produce enough class attendees for the research needs. The North Carolina Governor's Highway Safety Program (NCGHSP) was interested in the program and had a site that they felt would be ideal for the study. Additionally, North Carolina's seat belt fine at the time was \$126.50 including court costs, which made the State very attractive for a diversion program such as TNTT. The NCGHSP was interested in implementing the program in Robeson County because, despite their officials' best efforts, they had been unable to increase the seat belt use rate in the county for several years. In fact, NCGHSP's annual statewide survey showed that observed seat belt use in the county hovered around 80%, the lowest rate in the State, while the rest of North Carolina had rates around 90% or higher as of 2009.

The NCGHSP facilitated meetings with hospital staff at Southeastern Regional Medical Center (SRMC), the main hospital in the county, and the public officials needed to create the diversion program. As a result of these meetings, the district attorney (DA), the clerk of the court, all law enforcement agencies in the county, and the hospital staff agreed to create the diversion program and participate in the research project. The creator of the Oregon TNTT program, Joanne Fairchild, RN, and the SRMC nursing staff took responsibility for implementing and running the actual TNTT course. All of the nurses who delivered the program had worked in the hospital's emergency room and trauma units and had trauma care experience. The Robeson County TNTT seat belt course used the same material, visuals, and discussion topics as the original Oregon TNTT course with the exception of one additional slide with photographs of the SRMC emergency room staff. The course included:

- Lecture and photos of proper and improper seat belt use,
- Child safety seat education,

- Graphic visuals of injuries from non-use of seat belts,
- The costs to society of non-use of seat belts,
- Effects of alcohol,
- Effects of speed,
- Physics of crashes, and
- Participant questionnaire.

SRMC hosted the seat belt class in its cafeteria, which had state-of-the-art projection and public address systems and could hold up to 150 class attendees. Before any classes could begin at the hospital, however, it was important to have the entire diversion program in place. The NCGHSP facilitated work with the Robeson County DA, law enforcement agencies, and the clerk of court to create the diversion program. The DA and clerk of court agreed to dismiss the seat belt or child safety seat citation of any person who attended the TNTT course. This meant that the person would not have to pay the seat belt fine or court costs, and the citation would not appear on the driving record of the violator. Thus, no insurance sanctions could be levied for the infraction. In order to obtain a dismissal, an offender had to complete the course and pay a \$20 course fee. A person could only get one seat belt ticket dismissed by attending the TNTT course.

Double-sided, full-page and half-page flyers with English on one side and Spanish on the other described the course. The flyers described the conditions and requirements to have the seat belt violation dismissed and listed the location (SRMC), day (Tuesdays), time (7 to 9 p.m.), and cost of the course (\$20). Local law enforcement, the sheriff, and the North Carolina Highway Patrol agreed to distribute the flyers to violators whenever they issued seat belt citations in Robeson County. The clerk of court and DA's office also distributed the flyers to violators if they had not received one when they received the seat belt or child safety citation.

After completion of the course, the violator received a certificate of completion with a raised embossment that included the person's name, date of the course, a signature of a TNTT representative, and a unique certificate number. If the attendee had the original citation with him or her at the time of the course, TNTT staff entered the citation number on the certificate. The offender turned in this certificate to the DA's office with the offender's copy of the citation in order to have the citation dismissed.

Evaluation Approach

The immediate outcomes of interest were seat belt use in Robeson County and the changes in knowledge and attitudes of TNTT attendees. Ultimately, after sufficient time has passed, the driver records of cited drivers who attended TNTT and those who did not attend the course will be of interest in determining if there were longer lasting safety benefits. Other data included counts of citations issued in Robeson County by the various agencies to measure enforcement activity, and discussions with TNTT, law enforcement, the clerk of court, and DA staff members to assess how they implemented each component of the program.

Seat Belt Observations. RTI International, the NCGHSP's seat belt observation contractor, provided the observers at 10 observation sites in Robeson County to track seat belt use before and after the TNTT seat belt diversion program. These observations included the general driving population, not just those who had attended the course. Eight of the 10 sites were normally included in the State's annual seat belt survey. Two additional high-volume observation sites on city streets in Lumberton near the medical center were added to obtain a broader representation of seat belt use. Due to substantial differences in observed driver seat belt use at baseline for the eight annual survey sites and the two new

sites, seat belt use rates were examined separately for the eight annual sites and the two new sites. Observers completed seven waves of observations over 17 months as follows:

- March 2010 - Pre-TNTT start (baseline),
- May 2010 - 1 month after TNTT start,
- June 2010 - Post *Click It or Ticket*,
- September 2010 - 6 months after TNTT start,
- May 2011 – 14 months after TNTT start,
- July 2011 – 1 month after TNTT program end, and
- August 2011 – 2 months after TNTT program end.

TTNT Survey of Attitudes and Knowledge. SRMC used the Oregon TTNT program questionnaire to assess participants' attitudes and knowledge before and after each session. SRMC conducted the paper-and-pencil survey of everyone who attended the courses. The evaluation used two different versions of the survey. One version focused on seat belt use and the other on general highway safety other than occupant restraints. Half of the course attendees completed the seat belt survey before the class and the general safety survey after the class. The other half of the attendees took the surveys in the reverse order. SRMC collected 3,812 surveys.

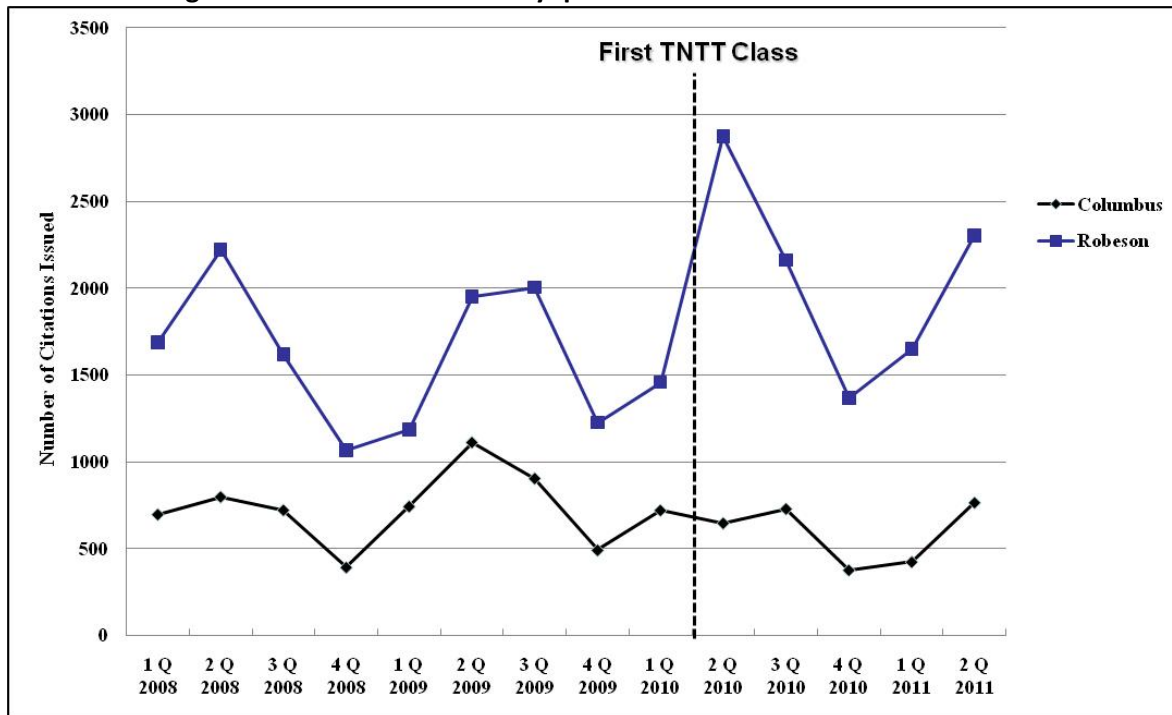
Citations. The Administrative Office of the Courts (AOC) provided the study with all citation data for the entire State from 2008 to 2011.

Discussions With Participating Agencies. At the conclusion of the evaluation project, separate discussions were held with NCGHSP, SRMC, law enforcement, clerk of court, and DA staffs to obtain their thoughts and feedback about the program.

Results

Seat Belt Citations. During the study period from April 1, 2010 to June 30, 2011, all city police departments in the county, the Sheriff's Office, and the Highway Patrol participated in the project. Based on citation data provided by AOC, law enforcement issued 10,358 seat belt and child safety seat citations in Robeson County during the study period (See Figure ES-1). For the equivalent period from April 1, 2008 to June 30, 2009 in Robeson County, law enforcement had issued 8,047 seat belt or child safety seat citations. This is an increase of 2,311 citations for the five quarters the TNTT program was active and amounts to a 28.7% increase in seat belt citation activity. A comparison of seat belt citation activity for the same periods in neighboring Columbus County showed a 21.9% decrease in seat belt citation activity during the TNTT program compared to the equivalent earlier period.

Figure ES-1. Citations issued by quarter for Robeson and Columbus Counties



It was also important to find out how many people actually received at least one seat belt or child safety seat citation during the TNTT period to see how many people were eligible to complete the TNTT program. Repeat offenders in Robeson County during the TNTT program period were identified by name and date of birth in AOC's records. This analysis showed that 8,833 unique people had received seat belt or child safety seat citations during the TNTT program period.

Course Attendance. SRMC conducted 62 TNTT classes over 15 months with a total attendance of 4,503. Based on the course registration sheets, 61 people attended the course more than once even though information flyers and instructors clearly stated that a person could only attend one time, and the DA would not dismiss a second citation. A total of 4,442 unique people attended the course, 50.3% of those people who received citations and were eligible to attend the course (4,442/8,833). Classes ranged in size from 22 to 148 attendees with an average size of 73.

Opinions of Law Enforcement, the Clerk of Court's Office, and the District Attorney's Office. Overall, people involved in the project were extremely positive about the TNTT seat belt diversion program and seat belt enforcement in the county. None expected the large turnout for the program, and they were pleased that their efforts led to so many people receiving a safety message that they likely had not heard before. There was unanimous agreement that the program was effective at changing driver seat belt use and provided an important educational component that had been lacking in the community. The biggest issue was that the program substantially increased workload at the DA's office. This was due to a large number of violators who chose to attend the course. All these people had to go to the DA's office to have their citations dismissed and processed by the clerk's office. Despite the added administrative issues, all of the law enforcement agencies, clerk of court, and DA showed excellent support for the TNTT program throughout the study period.

Seat Belt Use. Figure ES-2 shows that there was a statistically significant increase in observed driver seat belt use at the 8 annual observations sites over time, $\chi^2(6, N = 5,421) = 20.02, p = 0.003$.

Driver seat belt use at these eight sites increased from 80.61% in March 2010 to a high of 85.85% in August 2011. Figure ES-3 shows an even larger increase over time in driver seat belt use at the two additional sites, $\chi^2(6, N = 3,808) = 40.31, p < 0.001$. At these two locations, seat belt use increased dramatically from a low of 69.38% in March 2010 to a high of 81.89% in May of 2011 before dropping back to 77.85% in August 2011.

Figure ES-2. Seat Belt Use at Eight Annual Sites

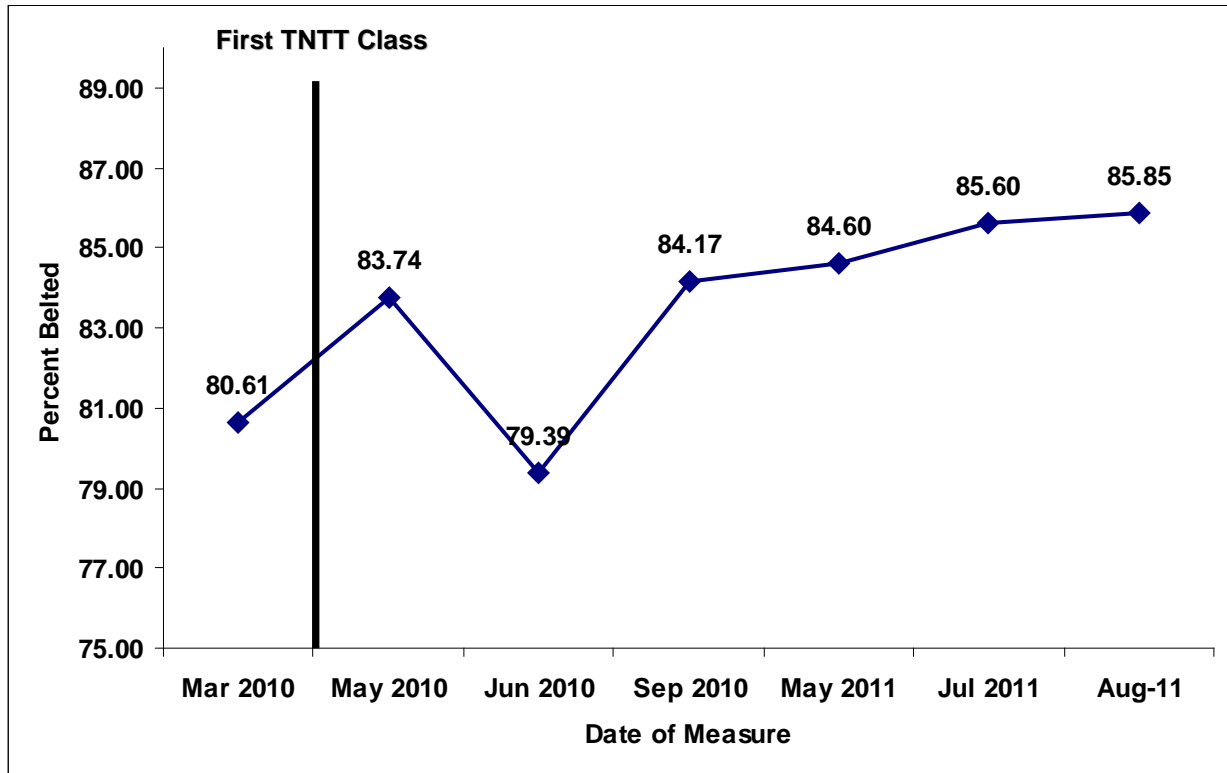
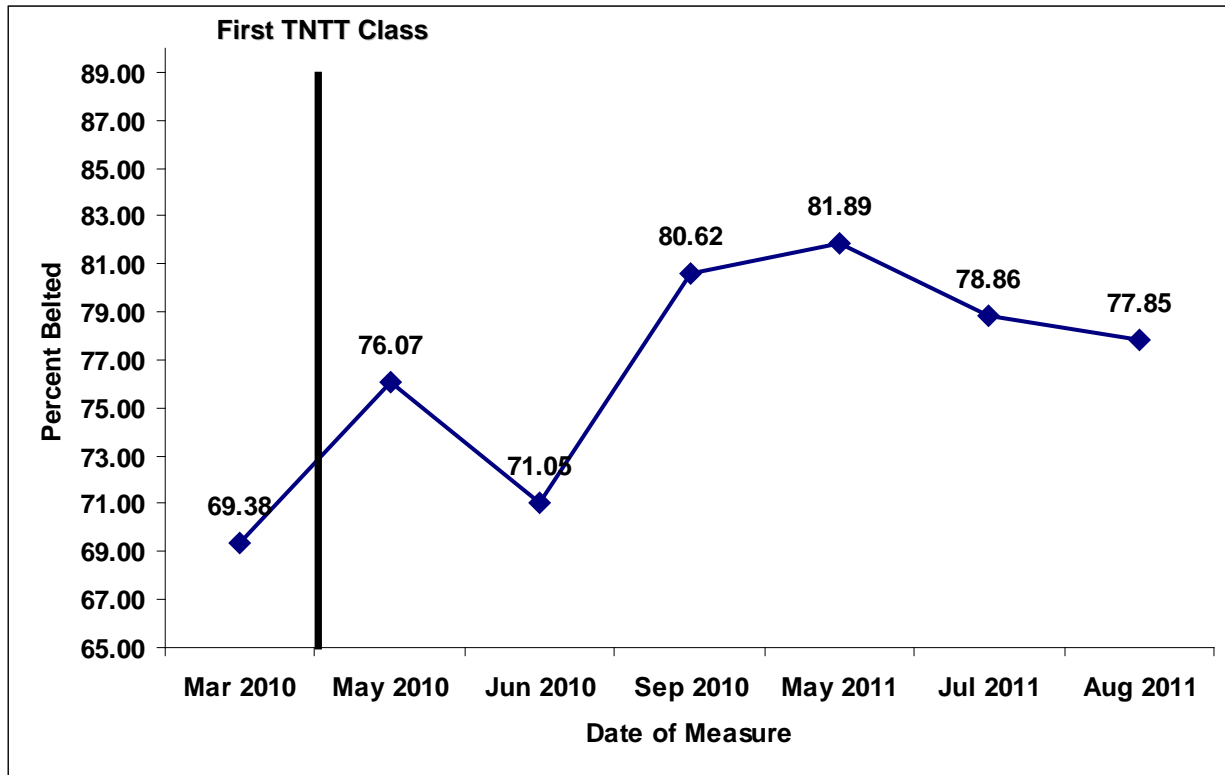


Figure ES-3. Seat Belt Use at Two Additional Sites near SRMC



Attitude and Knowledge Survey. The first seat belt item asked, “In the future, how often will you use seat belts when you drive or ride in a car, van, SUV, or pickup?” The respondents who answered the question after the class were significantly more likely to indicate “always” than people who answered the item before the class (91.2% vs. 86.3%), $\chi^2(4, N = 3,756) = 28.15, p < 0.001$. Another item asked, “In the future, how often will you require passengers to wear a seat belt?” Significantly more of the people who answered the item after the TNTT course indicated “always” than those who answered the item before the course (93.0% vs. 89.7%), $\chi^2(4, N = 3,741) = 22.26, p < 0.001$.

Table ES-1 displays the results for the positively worded seat belt statements where a “strongly agree” response indicated a positive impact of the TNTT course. Table ES-2 displays the results for the negatively worded statements where a “strongly disagree” response actually indicated a positive impact of the TNTT course. The tables show that the people who completed the seat belt items after the course were much more likely ($p < 0.05$ for all items) to have a positive outlook regarding seat belts than those asked the same questions before the course.

Table ES-1. Percent Strongly Agreeing With Positive Seat Belt Statements

	Before Class Group	After Class Group
It is important for the police to enforce seat belt laws	64.3%	83.6%*
Seat belts are a way to reduce the chance of injury or death	65.0%	80.7%*
It is important for rear seat passengers to wear seat belts	60.0%	81.7%*
If everyone used seat belts, society would save a lot of money	46.6%	64.2%*

*Significantly ($p < 0.05$) higher than the before class group by Chi-squared test

Table ES-2. Percent Strongly Disagreeing With Negative Seat Belt Statements

	Before Class Group	After Class Group
It is really only necessary to wear seat belts on the highway	43.1%	57.9%*
You don't need to wear your seat belt if your car has air bags	74.0%	83.9 %*
I'm the only one that will get hurt if I don't wear a seat belt	64.2%	75.5%*
Choosing to wear a seat belt is my business, not the government's	46.1%	63.6%*
It is ok to put a child in the front seat if in an approved safety seat	63.8%	77.9%*
A good driver can avoid death or injury without a seat belt	66.0%	46.5%*

*Significantly ($p < 0.05$) higher than the before class group by Chi-squared test

Discussion

The Southeastern Regional Medical Center in Robeson County successfully implemented the *Trauma Nurses Talk Tough* seat belt diversion class based on the model developed at Legacy Emanuel Hospital. To be successful, the diversion seat belt program required the full support and participation of the county judicial system (district attorney, clerk of the court), law enforcement (local municipal, and State), and medical personnel, all of which produced a test scenario to study how this educational diversion program affected driver attitudes and behaviors. The large number of people who attended the course provided substantial confidence in the initial evaluation results and set the stage for a powerful follow-up evaluation based on crashes and citations.

The results of this study support the combination of high-visibility enforcement (HVE) and a diversion classroom brief intervention as a means of increasing seat belt use for hard-to-reach populations in predominately rural areas. North Carolina has a primary belt law, high seat belt fines plus court costs, and citation notification to the driver's insurance company, factors that may encourage class attendance. If subsequent research on driver records for the people ticketed during the program who did and did not attend the course show improved (i.e., reduced) crash and violation rates, the case for the approach will be strengthened further.

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1. INTRODUCTION

1.1 Background

Seat belt use has been rising across the country since 1994, reaching an average of 84% in 2011 (Pickrell & Ye, 2011). There is almost a 30-percentage-point difference in individual State's usage rates, ranging from a high of 98% in Hawaii to a low of 69% in New Hampshire in 2009. One-third of the States, or 16, exceed observed usage rates of 90% or higher. Typically, States with primary enforcement seat belt laws have higher seat belt use on average (88%) than secondary law states (76%) (NHTSA, 2010). *Click It or Ticket*, NHTSA's best known high-visibility enforcement program, is credited with raising the national seat belt use rate.

HVE programs use increased enforcement and vigorous media about the enforcement to create general deterrence. The message is straight forward – “*Wear your seat belt, or you will get a ticket,*” backed up by highly visible law enforcement. Over the years, there have been other attempts to educate the public about the dangers associated with not wearing seat belts such as increased risk of death. Williams and Wells (2004) noted that the great majority of people know that seat belts are beneficial if a crash occurs, but even with this knowledge, some people still do not wear seat belts. They refer to several solely education programs that failed to produce behavioral changes. It is likely that there are many more programs that have failed, but simply were not reported in the literature because they did not produce favorable results.

Other researchers (e.g., Pasto & Baker, 2001) have discussed the benefits of seat belt education programs that use only intrinsic incentives. These programs generally focus on the acquisition of internal justifications for a specific behavior rather than using external threats. That is to say, the programs try to lead people to a better understanding of why they should perform a certain behavior and how it will benefit them in the future. Another approach in these programs is to attempt to create behavior change through pressure to conform. One program that provides both direct, to-the-point education and pressure to conform is the *Trauma Nurses Talk Tough* program developed in Portland, Oregon, in 1988. Trauma nurses present this two-hour program in a hospital setting. It was more than an education-alone program because people who had been cited by law enforcement for non-use of seat belts could have the \$50 seat belt citation dismissed if they completed the program and paid the hospital's \$20 course fee. The seat belt diversion program linked education to the local judicial systems and law enforcement.

1.2 Study Objectives

The objectives of this study were to assist with the implementation of the TNTT diversion seat belt model program in a new locale, and to assess the impact of the new TNTT program on recidivism rates, citations, crashes, attitudes towards seat belt use, and observed seat belt use. The study activities needed to achieve the objectives were:

- *Site selection.* A suitable site had to be willing to initiate a TNTT course in a local hospital, enlist the participation of local judiciary and law enforcement, have below average seat belt use rates, and be large enough to be capable of issuing a sufficient number of seat belt citations to generate a large sample size over the course of one year. The site had to agree to dismiss the citations for violators who successfully completed the TNTT class during the test period.

- *Assist with implementation of TNTT.* A proper study of TNTT's effectiveness required the participation and cooperation of a large number of partners in a site where the original TNTT program was completely unknown, and where no similar program had been implemented in the past.
- *Measure attitudes towards seat belt use.* Assess how the TNTT course affected participants' attitudes towards seat belt use and other driving behaviors using the original TNTT course assessment model.
- *Observe seat belt use.* It was unknown how a program such as TNTT would affect actual seat belt use among the general population in the area near the hospital where the course was taught. Seat belt observations were conducted before, during, and after the 15-month test period.
- *Gather program process information.* As with any new program, it was important to monitor implementation of the program. This involved monitoring the course itself, and gathering information from all of the partners from the issuance of a citation through delivery of the course and the subsequent dismissal of the seat belt offense.
- *Assess recidivism, citation, and crash rates.* Because crashes and citations are relatively rare events, a large sample was required to assess the program's impact on recidivism, citations, and crash rates. These analyses would determine if people who go through the TNTT course engage in safer driving behaviors after taking the course and having their citations dismissed than cited drivers who choose to pay the fine. Class attendee information will allow for a driver records analysis after the attendees have an additional year of driving exposure.

2. TNTT PROGRAM HISTORY

2.1 Origins

The TNTT program began at Legacy Emanuel Hospital in Portland, Oregon, in 1988, where trauma nurses taught risk avoidance behaviors in an attempt to help people mitigate certain health risks in their lives. The program continues to operate at multiple locations in Oregon, offering courses to people of all ages. Most of the TNTT classes consist of lecture presentations for audiences ranging from elementary school children to adults. Some classes have guest speakers who had been affected by traumatic experiences. All classes include real life stories about real people who had been injured supported by highly graphic visuals. Trauma nurses lead the discussions about physical, rehabilitation, emotional, legal, and financial aftermath of risky behaviors. The nurses illustrate the consequences of unsafe behavior with highly graphic visuals. The general topics covered by TNTT programs in Portland include:

- The effects of high risk behaviors,
- Injury prevention,
- How to increase communication among family members,
- Assertiveness and refusal skills,
- Strategies and ideas to increase safety in families,
- Local access to low cost helmets, car seats, and other safety equipment, and
- Before and after course knowledge and attitude assessment.

Over the years, the program creators revised materials as new data and local stories became available. They hold an annual *“Trauma Nurses Talk Tough”* conference for network members that trains new TNTT members, solves problems or challenges within the network, and disseminates new materials and information. TNTT also conducts workshops at statewide and national safety conferences to encourage others to develop TNTT courses and programs in their regions.

2.2 The Original Court-Ordered Seat Belt Program in Oregon

The current study implemented and evaluated a program modeled after the Oregon TNTT seat belt class developed at Legacy Emanuel Hospital. The seat belt course is a hospital-based program to educate drivers and passengers over the age of 16 who received citations from police for not wearing seat belts. An offender could have his or her seat belt citation dismissed by attending the course and paying a course fee that was significantly smaller than the fine for conviction on the seat belt violation.

Trauma nurses and a uniformed police officer taught the original program, using a slide presentation and lecture format. The officer discussed the Oregon seat belt laws for adults and children, and demonstrated the proper use of seat belts and child restraint systems. There was an open discussion about the difference between personal responsibility and personal rights, the societal expense of not wearing seat belts, the reasons for and importance of following the law, and the impact of failing to wear seat belts on families and friends. The slides and visuals that support each section of the course are highly graphic, some showing the physics of a crash or the physical injuries the trauma center treated because of the lack of a seat belt. Nurses made the point that seat belts could have prevented the injuries or reduced the rehabilitation time. The class fee was \$20 at the time of this report, and there were 10 programs operating in Oregon in addition to the original Legacy Emanuel Hospital program. The Legacy Emanuel Hospital’s TNTT program conducts approximately 125 seat belt classes each year, including one each month in Spanish.

3. APPROACH

3.1 Site Selection

The study needed to find a site with a medical center or hospital willing to implement the seat belt class and execute the other program components to produce enough class attendees to evaluate the diversion seat belt program. Creating a fully functional diversion program that processes violators through a course such as TNTT involves cooperation from the local courts, district attorney's office, and law enforcement personnel as well as the course providers. The location had to have a seat belt fine that was high enough that attending the course and having the citation dismissed had a real value to the violator.

In order to find such a site, the NHTSA Regional offices circulated a notice to all 50 States describing the nature of the project and the basic study needs. The North Carolina Governor's Highway Safety Program was quick to respond that they were interested in the program and had a site that they felt would be ideal for the study. Additionally, North Carolina's seat belt fine at the time was \$126.50 (including court costs), which made the State very attractive for a diversion program such as TNTT.

A meeting was held with NCGHSP personnel on January 21, 2010, in Raleigh, NC. The NCGHSP was interested in trying the program in Robeson County because, despite their best efforts, they had been unable to increase the seat belt use rate in the county for several years. NCGHSP's annual statewide survey had shown observed seat belt use in the county hovered around 80%, the lowest county in the State, while the rest of the State was 90% or higher as of 2009.

NCGHSP was well aware that Robeson County posed somewhat of a special case in the State because of its diverse population. As shown in Figure 1, Robeson County is located on the South Carolina border straddling Interstate 95 and is the largest county by land area in North Carolina. According to the U.S. Census Bureau's 2006-2008 American Community Survey, it is one of the nation's most diverse counties. As shown in Table 1, the county has a large American Indian population (the 9th largest in the country), and similarly sized populations of Blacks and Whites. The county has one large city, Lumberton, which is the county seat.

Robeson County also had a single large hospital, Southeastern Regional Medical Center (SRMC) that serves the entire region, not just the county. The State Highway Patrol troop based in Robeson County was one of the State's most active troops for the issuance of seat belt citations under North Carolina's primary belt law. In addition, a number of the local police chiefs and the county sheriff had shown an increased interest in highway safety. Finally, the NCGHSP thought that the county court and DA would also be willing to assist with the implementation of the diversion program. With all of these positives in place, the next step in the process was to set up initial meetings with the appropriate hospital and government personnel in Robeson County to see if there was any interest in the program.

Figure 1. Map of North Carolina Showing Robeson County

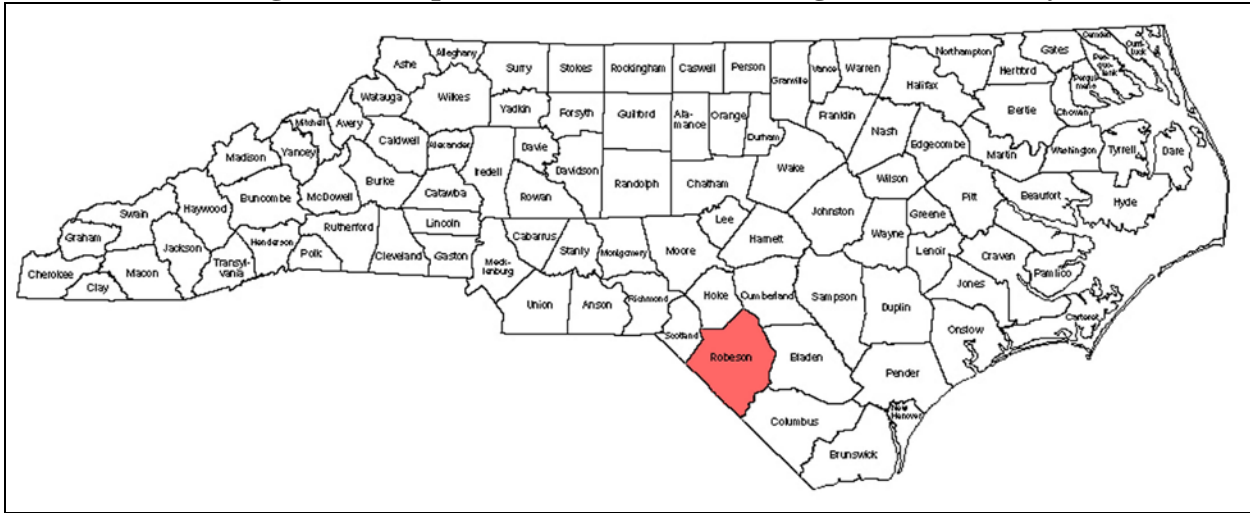


Table 1. Estimated Population in Robeson County by Race

	Robeson County, North Carolina	
	Estimate*	Percent of Total
Total:	127,962	100.0%
White alone	41,102	32.1%
Black or African American alone	30,484	23.8%
American Indian and Alaska Native alone	46,731	36.5%
Asian alone	772	0.6%
Native Hawaiian and Other Pacific Islander alone	328	0.3%
Some other race alone	5,992	4.7%
Two or more races:	2,553	2.0%
Two races including some other race	295	0.2%
Two races excluding some other race, and three or more races	2,258	1.8%

*Source: U.S. Census Bureau 2006-2008 American Community Survey

3.2 Initial Meetings and Planning

The NCGHSP representatives coordinated an initial meeting with Robeson County officials and SRMC staff on January 22, 2010, in Lumberton. The SRMC nursing staff agreed to conduct the TNTT program and saw it as a way to prevent injuries and to provide additional help to the community. Local law enforcement, the clerk of the court, and the DA all agreed to divert seat belt law violators to the program and dismiss their citation upon successful completion of the TNTT course. They viewed TNTT as a novel way to address what had become frustrating and intractable problems—low seat belt use and resulting high fatality and serious injury rates in motor vehicle crashes, despite vigorous enforcement of the seat belt laws.

With these agreements in place, the next step was to create the new TNTT program at SRMC and set up processes to work with the various agencies to create the diversion program. Joanne Fairchild, RN, the creator of Oregon’s TTNT program, provided guidance and technical assistance to the new program.

4. THE ROBESON COUNTY TNTT PROGRAM

Implementing the actual TNTT course was largely the duty of Joanne Fairchild, RN, and the SRMC nursing staff. Before any classes could start, the course needed to be finalized and approved by the hospital's management.

4.1 The Diversion Program

Before delivering any classes, the entire diversion program had to be in place. The NCGHSP worked with the Robeson County DA, law enforcement agencies, and the clerk of court to create the diversion program. The DA and clerk of court agreed to dismiss the seat belt or child safety seat citation of any person who attended the TNTT course. This meant that the person would not have to pay the seat belt fine or court costs, and the citation would not appear on the driving record of the violator or reported to the violator's insurance company. There would be no insurance sanctions for the infraction. In order to obtain a dismissal, an offender had to complete the course and pay a \$20 course fee to SRMC. An individual could only get one seat belt ticket dismissed by attending the TNTT course. A separate meeting with the participating law enforcement agencies in the county occurred before the program started.

After completing the course, the violator received a certificate of completion containing a raised embossment, the person's name, date of the course, the signature of a TNTT representative, and a unique certificate number (see Appendix A). If the attendee had the citation with him or her at the time of the course, the citation number was also entered on the certificate. The offender had to present this certificate to the DA's office along with the offender's copy of the citation in order to have the citation dismissed. The DA's staff kept a running record of all certificates and corresponding citations turned in by violators. The DA's staff checked this list every time a person presented a certificate to prevent an individual from having multiple citations dismissed. The TNTT program would not issue a second certificate to a violator if he or she lost the first one.

Double-sided, full-page and half-page flyers in English and Spanish described the course offerings, location, cost, and conditions to have the seat belt violation dismissed (see Appendix B). Courses were held 7 to 9 p.m. on Tuesdays at the SRMC, and cost \$20. Local police, the sheriff, and the North Carolina Highway Patrol agreed to distribute the flyers whenever they issued seat belt citations in Robeson County. The clerk of court and DA's office also gave the flyers to violators if they had not received one at the time of the seat belt or child safety citation, or had lost the one they were initially given.

4.2 TNTT Staff Training

Once the TNTT program was established and approved by hospital management, Joanne Fairchild, RN, held initial training sessions with the nursing staff who were going to deliver the program. Initially, she trained four nurses to deliver the course. All the nurses who were going to deliver the program had trauma care experience and had worked in the emergency room or trauma units at the hospital. At the first training session, Fairchild delivered the full Oregon TNTT program to the nursing staff as if she was conducting a real class and answered questions. Each nurse received a binder with copies of the PowerPoint presentation and an outline of the stories and information coinciding with each slide. The nurses reviewed the materials and practiced delivering the program independently.

Fairchild delivered the first *Trauma Nurses Talk Tough* course at SRMC for actual violators with the future instructors in attendance. Over the next several weeks, the new SRMC TNTT staff began delivering the courses and received feedback from Joanne about their performances.

4.3 Room and Equipment

The new TNTT program needed to be housed somewhere in the hospital. The initial community classroom off the hospital's lobby could hold about 40 people. The program quickly outgrew this location and moved to the hospital cafeteria that accommodated up to 150 people. The hospital cafeteria had high quality video projection and public address systems that projected to opposite ends of the room. With this arrangement, half of the attendees viewed one screen and the other half viewed the second screen at the other side of the cafeteria. The public address system was audible to all parts of the cafeteria, and TNTT staff constantly patrolled the area to make sure people were listening to the program. New audiovisual equipment and a laptop computer were purchased.

4.4 TNTT Course Check-In and Check-Out Procedures

The procedures used by the Oregon TNTT program were modified to meet the needs of the Robeson County diversion program and its evaluation. TNTT staff and volunteers set up the classroom about 1.5 hours before class start time. Approximately one hour before the scheduled start time, staff directed attendees to a room where two to four staff members checked them in. The registration room was separate from the cafeteria and had tables and chairs set up for the registration process. TNTT staff recorded the person's full name, license number, and date of birth from the driver's license on a registration form (See Appendix A). The registration forms also included the date of the course and the name of the person teaching the course. If an individual did not have a driver's license, another form of photo identification was required before the person could attend the course.

Attendees had to pay the \$20 course fee in cash at the time of registration. Staff gave each attendee a folder containing a description of the course and survey forms (described later in the evaluation section of this report). Each folder and attendee was associated with a particular certificate of completion number assigned at check-in. Check-in stopped about five minutes before the course was to start. The course itself lasted about 1.5 hours with an additional 15 to 20 minutes to complete the surveys and checkout procedures.

While the course was underway, TNTT staff completed the certificates of completion fields with the appropriate attendee information and distributed them when the course was over. In order to receive the certificates, attendees had to return the folder and verify the name and driver's license number on the certificate. It was then the responsibility of the attendee to take the certificate of completion to the DA's office to have the citation dismissed.

4.5 TNTT Course

The initial version of the Robeson County *Trauma Nurses Talk Tough* seat belt course used the same visuals and discussion topics as the original Oregon TNTT course with the exception of one additional slide of SRMC emergency room staff photos. SRMC nurse instructors used the training binder and common course guide. Using this common guide helped maintain consistency across presenters. As the SRMC nurses became more familiar with the TNTT course, they added more local incidents and spoke about their own experiences to add realism to the presentation.

Course topics included:

- Lecture and photos of proper and improper seat belt use,
- Child safety seat education,
- Graphic visuals of injuries from seat belt non-use,
- The costs to society of non-use of seat belts,
- Effects of alcohol,
- Effects of speed,
- Physics of crashes, and
- Before and after knowledge and attitudes surveys.

5. EVALUATION APPROACH

The immediate outcomes of interest were observed seat belt use in Robeson County and changes in knowledge and attitudes of TNTT attendees. Process data included counts of citations issued in Robeson County by the various law enforcement agencies, and discussions with TNTT staff, law enforcement, the clerk of court, and DA staff members.

Seat Belt Observations. RTI International, NCGHSP's seat belt observation survey firm, collected seat belt data. RTI conducted the State's annual seat belt surveys that included eight sites in Robeson County. In addition to those eight sites, the research team added two more high-traffic-volume sites near SRMC to measure belt use near where the course location and to bolster the number of observations. RTI used the same protocols as in its annual statewide efforts for the collection activities for this study. Observers collected seat belt information for both drivers and front-seat outboard passengers. They coded belt use as belted, unbelted, or improper use. For the purposes of this study, a driver with improper use was considered to be unbelted.

Survey of Attitudes and Knowledge. The TTNT course includes a before-and-after survey to assess knowledge and attitudes of attendees. SRMC conducted the paper-and-pencil survey of everyone who attended the course to assess knowledge and attitudes of the attendees before and after the course. At check-in, each attendee received a folder with the following instructions on an outside label:

1. Read the TNTT Welcome (white sheet),
2. Fill out the yellow sheet and put it back in the folder,
3. Pay attention to the TNTT presentation,
4. After the course, fill out the green and blue sheets and put them back in the folder, and
5. Return the completed folder and get your *certificate of completion*.

The white sheet was a welcome document that described the nature of the TNTT program and how to have the seat belt citation dismissed after the course. The yellow and green sheets were the TNTT surveys assessing attitudes before and after the course, and the blue sheet was a course evaluation form.

To see how the course affected attitudes and knowledge, SRMC separated the TTNT questionnaire into two separate surveys. One survey focused on seat belt use and the other on general highway safety other than occupant restraints. There were yellow and green versions of each survey. Attendees completed the yellow surveys before the course and the green surveys after the course. Therefore, half of the course attendees completed the seat belt survey before the class while the other half completed the general safety survey first. Those people who completed the seat belt survey before class then completed the general safety survey after class while the other group completed the seat belt survey after class. The two surveys looked almost identical, which prevented attendees from easily determining that they were completing different versions of the surveys. This approach allowed for an analysis of the survey data where one group provided the "pre-TNTT" attitudes for particular survey topics and the other group the "post-TNTT" attitudes. Attendees completed the course evaluation form last. Appendix A contains these forms.

Citations. The North Carolina Administrative Office of the Courts (AOC) agreed to provide all citation data for the entire State for January 2008 to July 2011. These data determined what percentage

of people cited in Robeson County for seat belt violations actually attended the TNTT course and tracked ticketing activities of law enforcement relative to the start of the course.

Discussions with Participating Agencies. At the conclusion of the evaluation project, there were separate discussions with NCGHSP, SRMC, law enforcement, clerk of court, and DA staffs to ascertain their thoughts and feedback about the program. Researchers held a law enforcement luncheon with representatives from the various agencies to gather their thoughts and feedback about the program and discuss future seat belt enforcement efforts.

Driver Records. This study focused on amassing the largest possible sample of TNTT attendees to use as input to a subsequent study to examine driver records after more time has passed. Seat belt violation recidivism rates and other traffic violations for TNTT course attendees can be compared to that of other cited drivers who chose not to attend the course. Accessing driver records will require coordination with the North Carolina Department of Motor Vehicles, which maintains these data.

6. RESULTS

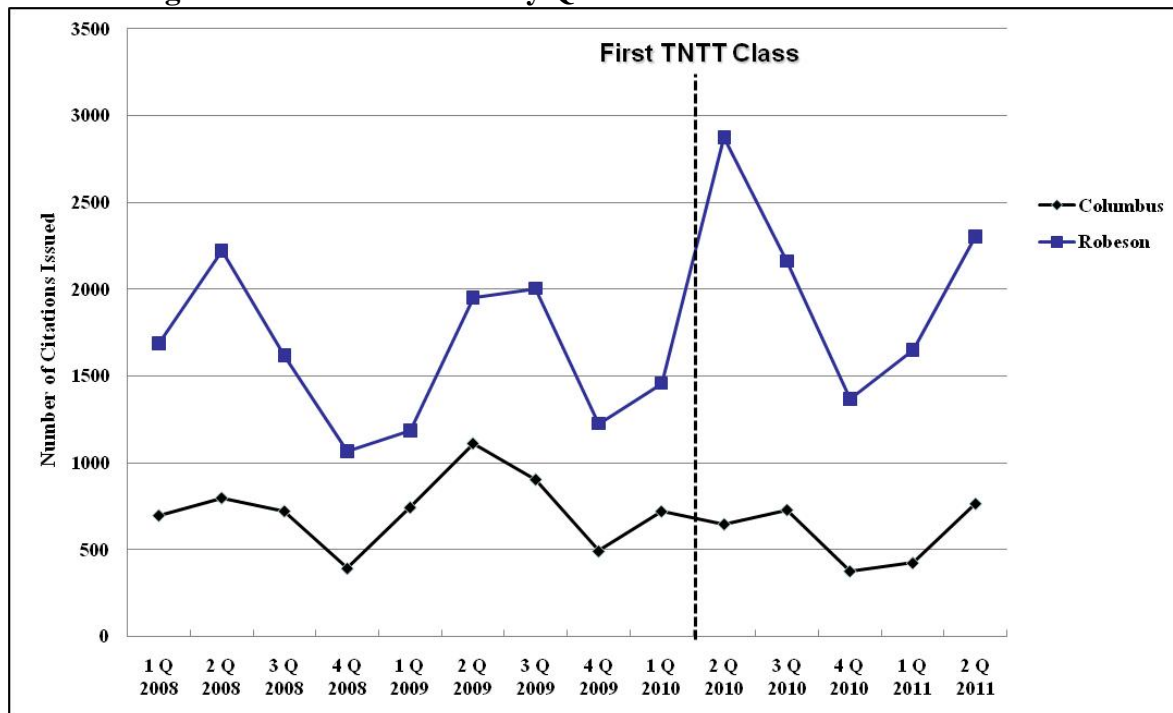
The sections below provide results from the process evaluation followed by results from the observations of driver and passenger seat belt use, and the data collected by SRMC before and after the TNTT class.

6.1 Process Evaluation Results

First, it is important to demonstrate the level at which the TNTT course and seat belt diversion program operated in Robeson County to establish to what extent changes in the primary outcome measures (i.e., seat belt use and attitudes) can be attributed to the TNTT program.

Seat Belt Citations. During the study period from April 1, 2010, to June 30, 2011, all local police departments in the county, the Sheriff's Office, and the Highway Patrol participated in the project. Based on citation data provided by AOC, law enforcement issued 10,358 seat belt citations in Robeson County (See Figure 2) during the study period compared to 8,047 seat belt citations for the equivalent five quarter time period one year before (April 1, 2008 to June 30, 2009). Seat belt citations rose by 2,311 citations, or 28.7%. A comparison of seat belt citation activity for the same periods in neighboring Columbus County showed a 21.9% decrease in seat belt citation activity compared to the equivalent earlier five-quarter period.

Figure 2. Citations Issued by Quarter for Robeson and Columbus Counties



Of the 10,358 total seat belt citations, 8,833 unique offenders received at least one seat belt or child safety seat citation during the TNTT period. AOC records identified repeat offenders by name and date of birth.

Course Attendance. SRMC conducted 62 TNTT classes over the study period with a total attendance of 4,503. Based on the TNTT registration sheets, 61 people attended the course more than once even though the information flyers and instructors clearly stated that a person could only attend one time, and the DA would not dismiss a second citation. Therefore, 4,442 unique people attended the course. This means that 50.3% of those people who received citations and were eligible to attend the course actually attended the program. Classes ranged in size from 22 to 148 attendees with an average size of 73.

Opinions of Law Enforcement, the Clerk of Court's Office, and the District Attorney's Office. Representatives from the law enforcement agencies in Robeson County and representatives from the clerk of court's office, and the DA's office attended a luncheon on May 4, 2011. The attendees discussed their experiences with the program, challenges that arose during the project and how they overcame them, described their seat belt enforcement efforts before and after the program, and their plans for future seat belt enforcement.

Overall, the law enforcement officers were extremely positive about the TNTT program and seat belt enforcement in the county where belt use was below the State's average. Some officers said that they did not expect the large program turnout and were pleased that their efforts had encouraged many people to hear and experience a powerful safety message in a new way. They liked TNTT's real photos and stories and thought that people could easily relate to them.

The only concern expressed before the program began was whether some people would be able to attend the program multiple times and try to have multiple citations dismissed. The assistant district attorney in attendance said that a few people had attended the program more than once, but assured that they had only one citation dismissed. Weeding these people out resulted in additional workload for the DA's staff and led to some heated discussions with offenders at the DA's office. In the future, the DA wanted to prevent anyone from attending the course more than once in the first place to eliminate similar issues.

Prior to the seat belt diversion program, the different law enforcement agencies had enforced North Carolina's primary seat belt law at different levels. The Highway Patrol said that they had always been a big proponent of seat belt enforcement, but some of the smaller local police departments were more hesitant to issue seat belt citations because of the large fine and the entry on a driver's record. Many of these smaller agencies said they often issued warnings rather than citations. After the TTNT diversion program, these local police agencies said they were much more likely to issue a seat belt citation because a first offender had the option to pay a lower \$20 fee for the course, have the infraction dismissed, and hear trauma nurses explain graphically why they should be wearing seat belts. Every department in attendance asserted that they had increased seat belt enforcement since the start of the TNTT program.

All of the departments were also quick to point out that the education component of TNTT was very important in their decisions to issue citations rather than warnings, especially when the offender was a newly licensed minor driver. The chief from one department said that her office had received some "complaints" from parents whose children had been cited, but when she explained the educational nature of the program, the parents were appeased and actually supportive of the enforcement of the seat belt law and the TNTT program. Local Troopers of the Highway Patrol had always attempted to educate the driver when issuing a seat belt citation. They said that the TNTT program reinforced and expanded the education message with graphics and stories that showed what could happen to unbelted occupants.

Procedurally, all of the law enforcement agencies found the half-page flyers very useful to alert the public that the TNTT option was available. One agency even required officers to note on every seat belt citation issued whether a TNTT flyer had been given. This way, the commanding officer was able to monitor whether the officers were issuing seat belt citations and providing the flyers to the offender. The officers also felt that the flyer was a tangible reminder to offenders that the program was available as opposed to an easily forgotten verbal message. The clerk of court said that very few people who came to the clerk's office with a seat belt citation were unaware of the option to complete the TNTT program. For those who were unaware or never read the flyer, the clerk's office handed out full-page versions of the flyers.

A separate meeting with the district attorney examined the issues that arose with the implementation of the diversion program. The biggest issue was that the program substantially increased the workload at the DA's office. This was due to the high number of citations and the large percentage of those who received citations who chose to attend the course. The number of people attending the course was much higher than anyone anticipated. Subsequently, this led to an increase in the number of people who went to the DA's office to have their citations dismissed and processed by the clerk's office. The TNTT dismissal process added to the DA's staff normal high workload. Each seat belt citation dismissal could take upwards of 30-45 minutes from start to finish. Using manual techniques, the DA's staff (1) completed the citation dismissal form; (2) entered the person's information into a spreadsheet for record keeping and confirmed they had not attended the course previously to have a prior citation dismissed; (3) made a copy of the citation and certificate for the DA's files and for the research project; (4) maintained additional file folders for the research and sent copies to the researchers; (5) had the DA review and sign every dismissal form; and (6) transferred all paper dismissal forms to the clerk of court.

The clerk's office also had a substantial backlog of citations to enter into the State computer. These included the TNTT-related dismissals and other usual activities that came through the court. The data entry backlog sometimes delayed the delivery of the dismissal notices to the North Carolina Division of Motor Vehicles in Raleigh. If the DMV did not receive the notice of dismissal within a preset timeframe, its computer would assume the violator had failed to appear in court and would issue a letter stating that his or her license would be suspended for the failure to appear. Even though the DA had technically dismissed the citation, it did not appear as dismissed in the DMV's records because of the data entry backlog at the court. The DA reported that TNTT attendees received a number of these letters. These people would then come back to the DA's office to complain, sometimes contentiously. The DA's staff would personally walk the individual down to the clerk's office, find the appropriate case file, and wait while the clerk's staff entered the dismissal in the computer system.

Another problem that arose was that some people attended the course more than once, which was in violation of the DA's edict that there would be a one-time citation dismissal for a single course attendance. Sixty-one people attended the course more than once despite the written and verbal reminders by the SRMC staff at the beginning of each class that violators could attend the course once only. The SRMC staff had no way to determine at registration time if a person had previously attended the course. The issue was discovered only when an individual tried to have a second citation dismissed at the DA's office. Any person trying to have a second citation dismissed had to pay the full fine and court costs and could not have the \$20 TNTT program fee refunded.

Despite these procedural issues, all of the law enforcement agencies, clerk of court office, and DA supported the TNTT program throughout the study period. They unanimously agreed that the

program was effective at changing driver seat belt use and provided an important educational component that had been lacking in the community.

TNTT Community Outreach. The SRMC TNTT program used the course fee money to purchase about 500 child safety seats for the local health department and Safe Kids chapter for distribution throughout the county. They also held several child safety seat clinics and gave away free child safety seats that certified child safety seat technicians installed in vehicles. The TNTT program also planned to sponsor a child safety seat technician training session to certify approximately 20 new child safety seat technicians in the county.

6.2 Seat Belt Use in Robeson County

RTI measured actual seat belt use before and after the TNTT program at 10 observation sites in Robeson County. Eight of the 10 sites were normally included in the State's annual seat belt survey also conducted by RTI. Two additional high-volume observation sites on city streets in Lumberton near SRMC were added to obtain a broader representation of seat belt use. Observers completed seven waves of observations as follows:

- March 2010 - Before TNTT start (baseline),
- May 2010 - 1 month after TNTT start,
- June 2010 – After *Click It or Ticket*,
- September 2010 - 6 months after TNTT start,
- May 2011 – 14 months after TNTT start,
- July 2011 – 1 month after TNTT program end, and
- August 2011 – 2 months after TNTT program end.

Due to substantial differences in observed driver seat belt use at baseline for the eight annual survey sites and the two new sites added for this study, the following section provides separate results for the eight annual sites and the two new sites near SRMC.

Figure 3 shows a statistically significant change over time in observed driver seat belt use at the 8 annual observations sites where belt use increased 5 percentage points from 80.61% in March 2010 to a high of 85.85% in August 2011, $\chi^2(6, N = 5,421) = 20.02, p = 0.003$.

Figure 3. Seat Belt Use at 8 Annual Sites

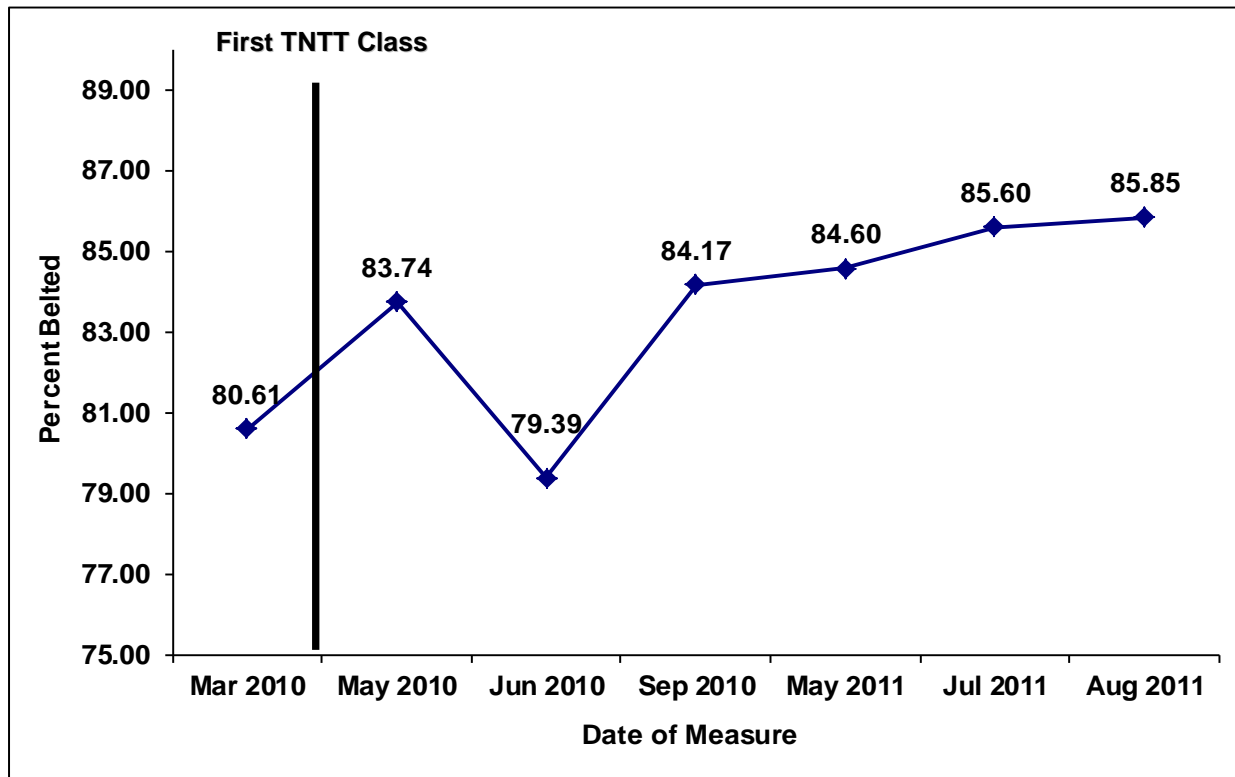
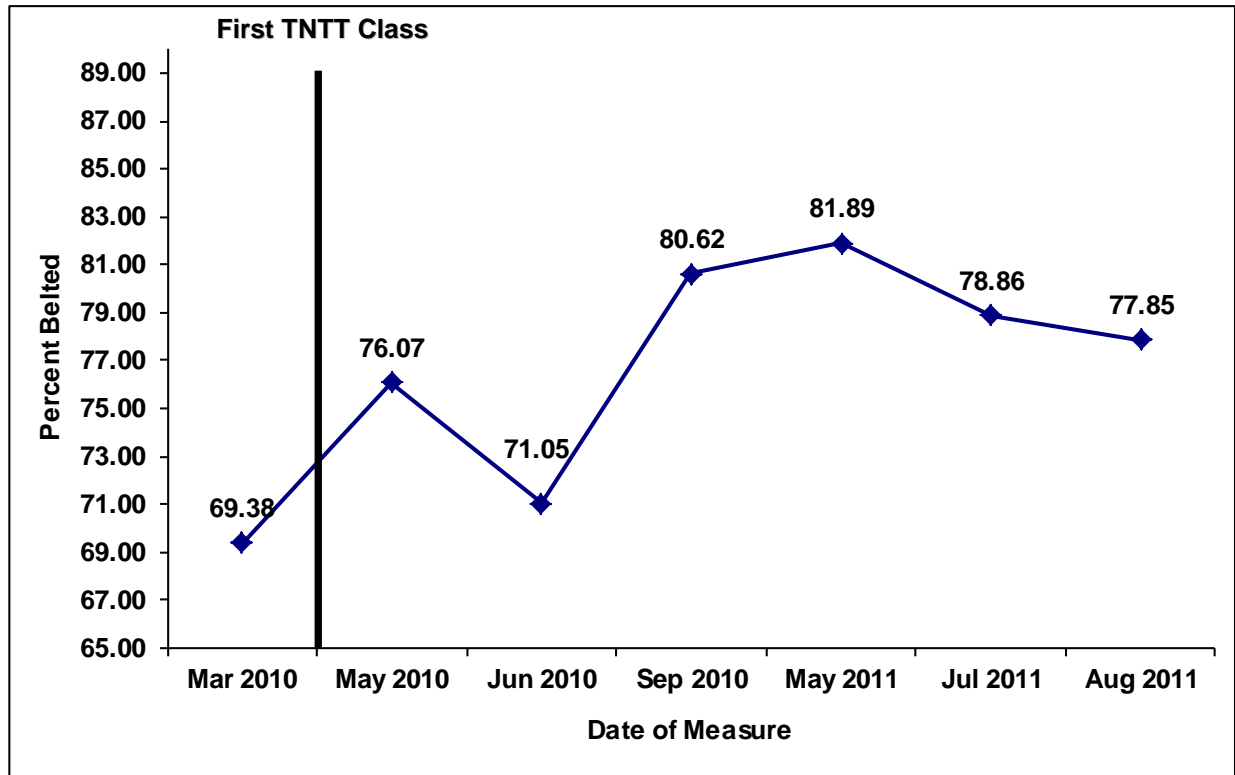


Figure 4 shows an even larger increase over time in driver seat belt use at the two additional sites near SRMC, $\chi^2(6, N = 3,808) = 40.31, p < 0.001$. At these two locations, seat belt use increased dramatically from a low of 69.38% in March 2010 to a high of 81.89% in May 2011 before dropping to 77.85% in August 2011, an 8-percentage-point gain from baseline to the final post measurement.

Figure 4. Seat Belt Use at 2 Additional Sites Near SRMC



Passenger seat use belt also showed a statistically significant change over time at the eight annual survey sites, $\chi^2 (6, N = 1,431) = 12.884, p = 0.045$. Passenger belt use began at 68.4% in March 2010, rose to 71.4% in May 2010, 70.9% in June 2010, 70.7% in September 2010, but then dropped to 67.9% in May 2011 and 60.28% in July 2011 before rising again to 74.9% in August 2011. Passenger seat belt use increased over the study period at the 2 new observations sites in Lumberton, but the increase was not statistically significant, $\chi^2 (6, N = 1,159) = 4.957, p = 0.549$. Passenger belt use at the two sites went from 59.7% in March 2010, to 67.5% in May 2010, 63.3% in June 2010, 67.5% in September 2010, 70.1% in May 2011, but dropped back to 64.0% in July 2011 and 65.6% in August 2011.

6.3 Attitude and Knowledge Survey

The SRMC attitude and knowledge survey gathered data from 3,812 course attendees during the first full year of TNTT operation. The sample size for the analysis of each item differs slightly due to missing data for some respondents on some items. Each course participant completed either the seat belt or general highway safety survey prior to the course (yellow version). After the course presentation, they completed the survey they had not taken before the course (green version). There were no statistically significant differences in demographic variables (i.e., age, sex, race, marital status) among the attendees who completed the seat belt survey before or after the course. Overall, 58.2% of the sample was male, 53.3% were Native American, 22.4% Black, 21.1% White, 2.0% Hispanic, 0.1% Asian, and 1.0% other. Pertaining to marital status, 55.5% were single, 31.5% married or living with a partner, 9.8% divorced, and 1.7% widowed. Overall, 53.6% reported driving a car as their main vehicle, 24.7% a pickup truck, 14.1% an SUV, 5.2% a van, 1.0% semi-truck, and 1.6% other. Pertaining to age of attendees, 7.9% were 18 and under, 28.2% were 19 to 25, 25.2% were 26 to 35, 17.1% were 36 to 45, 12.9% were 46 to 55, 7.0% were 56 to 65, and 1.7% were 65 or older.

The first seat belt question asked, “*In the future, how often will you use seat belts when you drive or ride in a car, van, SUV, or pickup?*” Table 2 shows that after the class, respondents were significantly more likely to indicate “*always*” than people who answered the item before the class (91.2% vs. 86.3%), $\chi^2 (4, N = 3,756) = 28.15, p < 0.001$.

Table 2. Future Seat Belt Use

		Before Class Group	After Class Group
Always	Count	1,633	1,699
	Column %	86.3%	91.2%
Nearly Always	Count	157	117
	Column %	8.3%	6.3%
Sometimes	Count	81	35
	Column %	4.3%	1.9%
Seldom	Count	12	6
	Column %	.6%	.3%
Never	Count	10	6
	Column %	.5%	.3%
Total	Count	1,893	1,863
	Column %	100.0%	100.0%

Another question asked, “*In the future, how often will you require passengers to wear a seat belt?*” Table 3 shows that after the class, significantly more people indicated “*always*” than those who answered the item before the course (93.0% vs. 89.7%), $\chi^2 (4, N = 3,741) = 22.26, p < 0.001$.

Table 3. Future Passenger Seat Belt Use

		Before Class Group	After Class Group
Always	Count	1,693	1,725
	Column %	89.7%	93.0%
Nearly Always	Count	104	90
	Column %	5.5%	4.9%
Sometimes	Count	68	28
	Column %	3.6%	1.5%
Seldom	Count	10	3
	Column %	.5%	.2%
Never	Count	12	8
	Column %	.6%	.4%
Total	Count	1,887	1,854
	Column %	100.0%	100.0%

Participants used a 5-point scale to rate the extent they agreed or disagreed with various positively and negatively worded statements about seat belt use. The scale ranged from “*strongly disagree*” to “*strongly agree*.” Table 4 displays the results for the positively worded statements where a “*strongly agree*” response indicated a positive impact of the TNTT course. The majority (4 out of 5) participants completing the seat belt survey after the class agreed that it is important for the police to enforce the seat belt laws (64% to 84%), that seat belts are a way to reduce the chance of injury or death (65% to 81%), and that it is important for rear seat passengers to wear seat belts (60% to 82%).

Almost two-thirds strongly agreed that if everyone used seat belts, society would save a lot of money, increasing from 47% to 64% after the course. All were statistically significant.

Table 4. Percent Strongly Agreeing With Positive Seat Belt Statements

	Before Class Group	After Class Group
It is important for the police to enforce seat belt laws	64.3%	83.6%*
It is important for rear seat passengers to wear seat belts	60.0%	81.7%*
Seat Belts are a way to reduce the chance of injury or death	65.0%	80.7%*
If everyone used seat belts, society would save a lot of money	46.6%	64.2%*

*Significantly ($p < 0.05$) higher than the before class group by chi-square test

Table 5 shows the results for the negatively worded statements where a “strongly disagree” response actually indicated a positive impact of the TNTT course. About 4 of 5 participants completing the seat belt survey after the class disagreed with the statements that you do not need to wear your seat belt if your car has air bags (74% to 84%), that it is ok to put children in the front seat if they are in an approved safety seat (64% to 78%), that a good driver could avoid death or injury without a seat belt (66% to 77%), and that they are the only ones who will get hurt if they do not wear a seat belt (64% to 76%). After the class, the majority strongly disagreed that choosing to wear a seat belt is their business, not the government’s (46% to 64%) and that it is really only necessary to wear seat belts on the highway (43% to 58%). All were statistically significant.

Table 5. Percent Strongly Disagreeing With Negative Seat Belt Statements

	Before Class Group	After Class Group
You don’t need to wear your seat belt if your car has air bags	74.0%	83.9 %*
It is ok to put a child in the front seat if in an approved safety seat	63.8%	77.9%*
A good driver can avoid death or injury without a seat belt	66.0%	76.5%*
I’m the only one that will get hurt if I don’t wear a seat belt	64.2%	75.5%*
Choosing to wear a seat belt is my business, not the government’s	46.1%	63.6%*
It is really only necessary to wear seat belts on the highway	43.1%	57.9%*

*Significantly ($p < 0.05$) higher than the before class group by chi-square test

The general highway safety attitudes survey was created primarily as a time filler to keep attendees occupied while one group completed the seat belt attitude survey before or after the course. Some of the items on the general form covered safety topics that the course addressed briefly. One item asked, “In the past year, how often did you have a drink containing alcohol?” The response patterns were very similar across both groups with 59.9% of people surveyed before TNTT saying “never,” compared to 63.8% of people surveyed after TNTT. The remainder of the items asked participants to rate the extent they agreed or disagreed (on a five point scale from “strongly disagree” to “strongly agree”) with highway safety statements about speeding, drinking and driving, cell phone use, and other topics. Table 6 and Table 7 show the percentages of respondents strongly agreeing or strongly disagreeing with the various statements. Considering that all respondents were in the course because they had been cited for not wearing a seat belt, after the course 73% agreed that police should give speeding tickets, and 82% agreed that police should enforce drunk driving laws. Only about half (53%) worried about being killed or injured in a traffic crash, and slightly fewer (47%) agreed that TV and radio safety messages got their attention. About 3 of 4 respondents strongly disagreed that speeding was okay on highways or that good drivers could speed safely. About two-thirds (68%) did not think

they could use a cell phone while driving if traffic was light. These data show significantly higher positive views of safety activities about speed, drinking and driving, cell phones, and traffic safety messages after the course.

Table 6. Percent Strongly Agreeing With Positive Safety Statements

	Before Class Group	After Class Group
It is important for the police to give speeding tickets	58.9%	73.2%*
It is important for the police to enforce drunk driving laws	77.4%	81.6%*
Traffic safety messages on TV and radio get my attention	37.5%	46.7%*
I worry about being killed or injured in a traffic accident	44.2%	52.9%*

*Significantly ($p < 0.05$) higher than the before class group by chi-square test

Table 7. Percent Strongly Disagreeing With Negative Safety Statements

	Before Class Group	After Class Group
Speeding is OK on the highway	62.1%	75.7%*
Good drivers can speed safely	60.8%	74.0%*
Most speed limits are too low	34.7%	50.7%*
I can safely use a cell phone when driving if traffic is light	56.2%	68.2%*
It's OK to drink and drive as long as you're under the legal limit	85.0%	85.5%
Riding in the bed of a pickup truck is OK as long as it is at low speeds	45.4%	68.6%*

*Significantly ($p < 0.05$) higher than the before class group by chi-square test

6.4 Summary of Results

The participating law enforcement agencies issued more seat belt citations coincident with the start of the TNTT diversion program. More than half of the drivers who received citations chose to attend the TNTT program in order to have the citation dismissed. Seat belt observations showed significant increases in seat belt use at the eight annual observation sites and the two new observation sites in Lumberton near the medical center where the class was held. The increase at the two new sites was especially dramatic with a 12.5-percentage-point increase at its peak before dropping slightly after the course was over. The SRMC survey of course attendees indicated positive changes in opinions, especially about seat belt use, and a general safety benefit related to other highway safety topics.

7. DISCUSSION

While the national seat belt use rate had steadily risen to 84% in 2011, individual State belt rates range as much as 30 percentage points, from 98% to as low as 69%. Rates vary within States, with lower rates generally occurring in areas that are more rural. Strong seat belt laws and highly visible enforcement by State and local law enforcement remind drivers to buckle up on every trip, but some drivers still do not get the message. NHTSA tested whether a special diversion program, a class taught by highly respected trauma and emergency room nurses in a hospital setting coupled with dismissal of a belt citation after attendance, would convince these hard to reach drivers to wear their seat belts. The immediate benefit to the driver was payment of a small class fee in lieu of a high citation fee, court costs, and possibly points on their driving record. The educational benefit to the driver was an improved understanding of seat belts, child safety seats, and easily preventable injury and rehabilitation consequences. The benefit to local law enforcement was offering first time offenders a low cost alternative for the violation and a novel way to reinforce their message that seat belts save lives.

The *Trauma Nurses Talk Tough* seat belt diversion program was successfully implemented in Robeson County, where the seat belt rates lagged behind the rest of the State. Trauma and emergency room nurses taught weekly classes at Southeastern Regional Medical Center based on the model developed at Legacy Emanuel Hospital in Oregon. The program received the full support of medical center management and staff, the Robeson County district attorney, the clerk of the court, and all the law enforcement agencies, both local and highway patrol, in the county. Drivers who received a citation for not wearing a seat belt during the 15-month program could attend the class at a cost of \$20 and have the \$126.50 citation dismissed one time.

The results of the evaluation clearly showed that the TNTT seat belt course had a notable impact on class attendees' opinions. There were positive changes in attendees' opinions about seat belt use, enforcement of the seat belt law, and improved knowledge of basic highway safety information after completing the class. Law enforcement agencies issued sufficient seat belt citations that 4,442 people completed the TNTT diversion program. Observed seat belt use, which had been stagnant in Robeson County for some time, increased. The increase in belt use can be attributed to the diversion program with confidence since belt use had remained unchanged in the county for some time. At this point, however, it is not possible to ascertain the relative contribution to the increase in belt use attributable to the TNTT program or to the increased enforcement. A follow-up study may be able to parse out the effects of each piece of the program by studying violation and crash rates of those people who attended the course versus the rates of those who received tickets but did not attend the course. It may be that a program such as TNTT becomes most effective when associated with high enforcement rates since more people will be eligible to attend the program, receive its benefits, and, presumably, transfer what they learned to relatives and friends.

Surrounding counties showed interest in expanding the program into their areas, which suggests that they viewed it as a viable approach to increasing safety in rural areas of the State where traditional safety efforts have had minimal effects. The reality is that rural areas will have more unbuckled motorists for law enforcement to cite, and the socio-economics in these areas may lead to more violators choosing to attend the diversion course because of the substantial monetary incentives. A TNTT diversion program might be expected to be less attractive in a State with a low fine or where seat belt citations do not affect automobile insurance rates as they do in North Carolina. The Oregon TNTT program continues to operate successfully after more than 20 years in a State where belt use is extremely high.

Any locale considering initiating a diversion seat belt program such as TNTT should anticipate substantial preparation and coordination with multiple agencies. A new program requires information flyers, course instructors, certificates of completion, attendee tracking processes, and establishing the process for citation dismissal with the local courts.

In summary, the results of this study provide strong evidence that the TNTT diversion program in Robeson County had a positive impact on driver opinions and behaviors plus the full support of medical personnel, law enforcement, the judiciary, and the State highway safety office. To be sure, the test was implemented under almost ideal conditions because of the long-time frustration of the State's highway safety office, law enforcement, the DA, the court, and medical center staff over their inability to get the county's seat belt use rate up to the State's average. The results of this study support combining high-visibility enforcement and a diversion classroom-based brief intervention as a means of increasing seat belt use in a rural area. Subsequent research is needed to examine the crash and violation experience of ticketed drivers who chose to participate in the program compared to those who chose to pay the fine to assess long-term safety benefits of the approach.

REFERENCES

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Appendix A

TNTT Course Material

TNTT Registration Form



Page ___ of ___

DATE: _____ INSTRUCTOR: _____

SEAT BELT CLASS REGISTRATION

(Please print)

CERTIFICATE NUMBER	NAME	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PAYMENT RECEIVED

Yellow (Before Class) Seat Belt Questions

Please complete this page before TNTT starts

(This is not a test. Please answer each item. There are no right or wrong answers.)

1. **Why are you here?**
 Got a seat belt or child safety seat ticket With a friend or family member who got a ticket
 I heard about TNTT and wanted to take it Other _____
2. **What type of vehicle do you drive most often?**
 Car Pick-up SUV Van Semi truck Other
3. **How old are you?** _____ years
4. **What is your sex?** Male Female
5. **What race are you?**
 White Black Native American Hispanic Asian Other _____
6. **What is your marital status?**
 Single Married or living with a partner Separated or divorced Widowed
7. **How many children under 16 do you have?** _____ **16 or older?** _____
8. **In the future, how often will you use seat belts when you drive or ride in a car, van, SUV or pick-up?**
 Always Nearly always Sometimes Seldom Never
9. **In the future, how often will you require passengers to wear a seat belt?**
 Always Nearly always Sometimes Seldom Never
10. Circle one number on each line below that best describes how much you agree or disagree with each statement. Circling 1 means that you **Strongly Disagree** with the statement, and circling 5 means that you **Strongly Agree** with the statement. The numbers 2, 3, and 4 indicate a level in-between.

		Strongly Disagree				Strongly Agree
11.	It is important for the police to enforce seat belt laws	1	2	3	4	5
12.	It is only really necessary to wear seat belts on the highway	1	2	3	4	5
13.	Seat belts are an easy way to reduce the chance of injury or death	1	2	3	4	5
14.	You don't need to wear your seat belt if your car has airbags	1	2	3	4	5
15.	I'm the only one that will get hurt if I don't wear a seat belt	1	2	3	4	5
16.	Choosing to wear a seat belt is my business, not the government's	1	2	3	4	5
17.	It is important for rear seat passengers to wear seat belts	1	2	3	4	5
18.	It is OK to put a child in the front seat if in an approved safety seat	1	2	3	4	5
19.	If everyone used seat belts, society would save a lot of money	1	2	3	4	5
20.	A good driver can avoid death or injury without a seat belt	1	2	3	4	5

Green (After Class) Seat Belt Questions



Only complete this page after TNTT is over
 (This is not a test. Please answer each item. There are no right or wrong answers.)

1. **In the future, how often will you use seat belts when you drive or ride in a car, van, SUV or pick-up?**

- Always Nearly always Sometimes Seldom Never

2. **In the future, how often will you require passengers to wear a seat belt?**

- Always Nearly always Sometimes Seldom Never

3. Circle one number on each line below that best describes how much you agree or disagree with each statement. Circling 1 means that you **Strongly Disagree** with the statement, and circling 5 means that you **Strongly Agree** with the statement. The numbers 2, 3, and 4 indicate a level in-between.

		Strongly Disagree			Strongly Agree	
4.	It is important for the police to enforce seat belt laws	1	2	3	4	5
5.	It is only really necessary to wear seat belts on the highway	1	2	3	4	5
6.	Seat belts are an easy way to reduce the chance of injury or death	1	2	3	4	5
7.	You don't need to wear your seat belt if your car has airbags	1	2	3	4	5
8.	I'm the only one that will get hurt if I don't wear a seat belt	1	2	3	4	5
9.	Choosing to wear a seat belt is my business, not the government's	1	2	3	4	5
10.	It is important for rear seat passengers to wear seat belts	1	2	3	4	5
11.	It is OK to put a child in the front seat if in an approved safety seat	1	2	3	4	5
12.	If everyone used seat belts, society would save a lot of money	1	2	3	4	5
13.	A good driver can avoid death or injury without a seat belt	1	2	3	4	5

Yellow (Before Class) General Highway Safety Questions

Please complete this page before TNTT starts

(This is not a test. Please answer each item. There are no right or wrong answers.)

1. Why are you here?

- Got a seat belt or child safety seat ticket With a friend or family member who got a ticket
 I heard about TNTT and wanted to take it Other _____

2. What type of vehicle do you drive most often?

- Car Pick-up SUV Van Semi truck Other

3. How old are you? _____ years

4. What is your sex? Male Female

5. What race are you?

- White Black Native American Hispanic Asian Other _____

6. What is your marital status?

- Single Married or living with a partner Separated or divorced Widowed

7. How many children under 16 do you have? _____ 16 or older? _____

8. In the past year, how often did you have a drink containing alcohol?

- Never Monthly or less 2 to 4 times a month 2 to 3 times a week 4 or more times a week

9. How many miles did you drive in the past 12 months?

_____ miles

10. Circle one number on each line below that best describes how much you agree or disagree with each statement. Circling 1 means that you **Strongly Disagree** with the statement, and circling 5 means that you **Strongly Agree** with the statement. The numbers 2, 3, and 4 indicate a level in-between.

		Strongly Disagree				Strongly Agree
11.	It is important for the police to give speeding tickets	1	2	3	4	5
12.	Speeding is OK on the highway	1	2	3	4	5
13.	Good drivers can speed safely	1	2	3	4	5
14.	Most speed limits are too low	1	2	3	4	5
15.	I can safely use a cell phone when driving if traffic is light	1	2	3	4	5
16.	It's OK to drink and drive as long as you're under the legal limit	1	2	3	4	5
17.	It is important for the police to enforce drunk driving laws	1	2	3	4	5
18.	Traffic safety messages on TV and radio get my attention	1	2	3	4	5
19.	I worry about being killed or injured in a traffic accident	1	2	3	4	5
20.	Riding in the bed of a pick-up truck is OK as long as it is at low speeds	1	2	3	4	5

Green (After Class) General Highway Safety Questions



Only complete this page after TNTT is over
 (This is not a test. Please answer each item. There are no right or wrong answers.)

1. In the past year, how often did you have a drink containing alcohol?

- Never Monthly or less 2 to 4 times a month 2 to 3 times a week 4 or more times a week

2. How many miles did you drive in the past 12 months?

_____ miles

3. Circle one number on each line below that best describes how much you agree or disagree with each statement. Circling 1 means that you **Strongly Disagree with the statement, and circling 5 means that you **Strongly Agree** with the statement. The numbers 2, 3, and 4 indicate a level in-between.**

		Strongly Disagree				Strongly Agree
4.	It is important for the police to give speeding tickets	1	2	3	4	5
5.	Speeding is OK on the highway	1	2	3	4	5
6.	Good drivers can speed safely	1	2	3	4	5
7.	Most speed limits are too low	1	2	3	4	5
8.	I can safely use a cell phone when driving if traffic is light	1	2	3	4	5
9.	It's OK to drink and drive as long as you're under the legal limit	1	2	3	4	5
10.	It is important for the police to enforce drunk driving laws	1	2	3	4	5
11.	Traffic safety messages on TV and radio get my attention	1	2	3	4	5
12.	I worry about being killed or injured in a traffic accident	1	2	3	4	5
13.	Riding in the bed of a pick-up truck is OK as long as it is at low speeds	1	2	3	4	5

Blue Course Evaluation Form

“Trauma Nurses Talk Tough” Course Evaluation Form

We are constantly trying to improve the quality of TNTT. Your inputs are greatly appreciated and will help make the course better.

Circle one number on each line below that best describes how much you agree or disagree with each statement. Circling 1 means that you **Strongly Disagree** with the statement, and circling 5 means that you **Strongly Agree** with the statement. The numbers 2, 3, and 4 indicate a level in-between.

		<u>Strongly Disagree</u>				<u>Strongly Agree</u>
1.	TNTT registration was easy	1	2	3	4	5
2.	The TNTT presentation was well-organized and to the point	1	2	3	4	5
3.	TNTT pictures and videos were realistic	1	2	3	4	5
4.	Showing real injuries was necessary to make the point	1	2	3	4	5
5.	The instructor knew the material well	1	2	3	4	5
6.	I understood the instructor well	1	2	3	4	5
7.	For me, this instructor was effective	1	2	3	4	5
8.	It was easy to participate and ask questions	1	2	3	4	5
9.	TNTT was what I expected it to be	1	2	3	4	5
10.	It would be hard for someone to ignore TNTT’s message	1	2	3	4	5
11.	I will discuss what I learned with friends and family	1	2	3	4	5
12.	TNTT was well worth my time	1	2	3	4	5

Comments or suggestions:

TNTT Welcome and Information Sheet (English)



Welcome to the TNTT Seat Belt Class at SRMC

Before we get started, there are several things you may have questions about that we hope this will answer.

The \$20 fee you paid when you registered goes to help support the SRMC child safety seat program.

You will be required to complete questionnaires at the beginning (yellow) and end (green) of the course. If you complete the course and questionnaires, you will receive a *Certificate of Completion*. When you bring this *Certificate of Completion* to the District Attorney's Office on the second floor of the Robeson County Courthouse at 500 North Elm Street, Lumberton, NC 28359 along with the seat belt citation you received, the citation will be dismissed. You can only do this once. If you get another seat belt ticket, you will have to pay it.

Our class consists primarily of a slide/video presentation by a trauma care provider. It lasts two hours. We address more than seat belt use in the TNTT class because studies have shown that people who are not wearing their seat belts are also more likely to be engaged in other high risk driving behaviors such as speeding and drinking and driving..

The TNTT course is a highly emotional presentation, because the destruction of human life is a highly emotional subject. We are going to be sharing with you the reality of traffic-related injury that a Trauma Nurse sees every day. To prevent loss of life or serious injury, you have to become more aware of what causes them. We do not consider this to be "scare" tactics. It is a realistic orientation to the consequences of failing to wear seat belts. This program is not appropriate for children under the age of 12.

We must insist that you pay attention to the program. Anyone who does not pay attention, falls asleep, or acts in a disruptive manner will be asked to leave and will not receive a *Certificate of Completion*. **PLEASE TURN OFF ALL CELL PHONES, PDAs AND PAGERS.** If you are a physician or emergency service worker, please put your cell phone on vibrate.

We hope you will find something in the program that will stimulate some thought about traffic safety and make you, your family, and your friends safer.

If you would like to arrange for age-appropriate or family safety presentations to be conducted at your child's school or your place of work, please call the "Trauma Nurses Talk Tough" office at (910) 671-5217. The presentation is free to schools, and the charge to businesses is \$100. The school presentations use an assembly format for grades K-2 and 3-5. We do classroom presentations for middle school, high school, and college-aged students.

If you have family members or friends that would benefit from taking TNTT, they are welcome to attend at SRMC. We would appreciate a \$5 donation, but this is not mandatory.

Southeastern Regional Medical Center is grateful for the opportunity to share safe driving practices with you. Please consider the many services provided by Southeastern for your healthcare needs. For more information visit our website at www.srmc.org. Please, take care of yourselves and the people you love. Life matters!



Bienvenido a la clase de cinturón de seguridad de SRMC

Antes de comenzar, quizás haya varias cosas que se haya preguntado y que esperamos poder responder.

El costo de \$20 que Ud. paga al registrarse es para ayudar al programa de cinturón de seguridad infantil de SRMC.

Ud. deberá completar cuestionarios al principio (amarillo) y al final (verde) del curso. Si Ud. completa el curso y los cuestionarios, Ud. recibirá un *Certificado de Cumplimiento*. Cuando lleve este *Certificado de Cumplimiento* a la oficina del Juzgado, en el 2do. piso de la Corte del Condado de Robeson, 500 North Elm Street, Lumberton, NC 28359 junto con la citación por cinturón de seguridad que Ud. recibió, su citación será anulada. Ud. puede hacer esto sólo una vez. Si Ud. recibe otra multa por cinturón de seguridad, deberá pagarla.

Nuestra clase consiste principalmente de una presentación de diapositivas/video a cargo de un proveedor de atención de trauma. Dura dos horas. No sólo hablamos del cinturón de seguridad en nuestra clase de TNTT, ya que los estudios han demostrado que la gente que no usa su cinturón de seguridad es más propensa a otros tipos de comportamiento de alto riesgo mientras conducen, tales como ir a alta velocidad y beber mientras conducen.

El curso de TNTT es una presentación muy emocional porque la destrucción de la vida humana es un tema muy emocional. Vamos a mostrarles la realidad de las heridas relacionadas con el tráfico que las enfermeras de trauma ven a diario. Para prevenir la pérdida de la vida o una herida seria, Ud. debe comprender bien cuál es la causa. No consideramos que ésta sea una táctica para asustarlo. Es una orientación realística hacia las consecuencias por no usar el cinturón de seguridad. Este programa no es apropiado para niños menores de 12 años.

Debemos insistir en que debe prestar atención al programa. Si no presta atención, se queda dormido o actúa de manera no apropiada, se le pedirá que se vaya y no recibirá el Certificado de Cumplimiento. **POR FAVOR APAGUE TODOS LOS CELULARES, PDA's Y BUSCADORES DE PERSONAS.** Si Ud. es un médico o trabajador de servicios de emergencia, por favor ponga su teléfono celular en vibrador.

Esperamos que encuentre algo en el programa que lo estimule a pensar acerca de la seguridad en el tráfico y le brinde más seguridad a Ud., su familia y sus amigos.

Si Ud. desea programar una presentación de seguridad apropiada para cierta edad o grupo familiar, en la escuela de su hijo o en su lugar de trabajo, llame a la oficina del "Trauma Nurses Talk Tough" al (910) 671-5217. La presentación es gratis para las escuelas y el costo para oficinas comerciales es de \$100. Las presentaciones en las escuelas usan un formato adecuado para los grados K-2 y 3-5. Hacemos presentaciones en salones de clase para estudiantes primarios, secundarios y universitarios.

Si Ud. tiene familiares o amigos que pueden beneficiarse tomando el curso de TNTT, los invitamos a que vengan a SRMC. Agradeceríamos una donación de \$5, pero esto no es obligatorio.

Southeastern Regional Medical Center le agradece la oportunidad de poder compartir las prácticas de seguridad en el manejo con Ud. Por favor considere los muchos servicios de cuidado de la salud que ofrecemos en caso de necesitarlos. Para más información visite nuestra página www.srmc.org. Por favor, cuídese Ud y cuide a la gente que quiere. ¡La vida importa!

Certificate of Completion

PLEASE PRESENT THIS CERTIFICATE TO THE DISTRICT ATTORNEY'S OFFICE ON THE 2ND FLOOR OF THE COURTHOUSE AT 500 N. ELM STREET, LUMBERTON, NC 28359 TO RECEIVE CREDIT FOR TAKING THE CLASS. THIS IS YOUR RESPONSIBILITY!

Certificate Number: 3568

Name: _____

Southeastern Regional Medical Center

Citation #: _____

Driver's License #: _____

CERTIFICATE OF COMPLETION



“TRAUMA NURSES TALK TOUGH”
SEAT BELT EDUCATION CLASS



Date

Course Coordinator

Appendix B

English and Spanish Course Flyers

Full Page English Information Sheet

Rev. 9/21/10



Trauma Nurses Talk Tough (TNNT)
 Southeastern Regional Medical Center (SRMC)
 300 West 27th St.
 Lumberton, NC 28359



TRAFFIC SAFETY AND SEAT BELT CLASS INFORMATION SHEET

PLEASE DO NOT CALL OR STOP BY THE SOUTHEAST REGIONAL MEDICAL CENTER FOR ADDITIONAL INFORMATION. THIS FACILITY ONLY HOSTS THE CLASS. TO GET FURTHER INFORMATION, PLEASE CALL ONLY THE NUMBER LISTED ON THIS SHEET. THANK YOU!

SEAT BELT INFORMATION LINE: 1-877-UBELTED (1-877-823-5833)

Call the information line to obtain updated class information such as changes due to weather problems.

There is **NO advance registration** for the TNNT class. You just show up 30 minutes before the class starts to register. TNNT is held every Tuesday evening from **7:00 PM to 9:00 PM** in the SRMC cafeteria.‡ The program will start promptly at 7:00 PM. **No one arriving late will be allowed to attend.** You are expected to stay for the entire program and be attentive during the class. TNNT is only presented in English. Because TNNT is a highly visual program, it should be easily understood by someone with even modest English skills.

The course fee is \$20 in cash and must be paid on the class night. You will not receive the *Certificate of Completion* without paying for the course. Your \$20.00 class fee helps to fund the SRMC child safety seat program. **Family members or friends who did not receive a ticket (including children) may not attend due to space limitations.** Smoking is not allowed in SRMC.

SCHEDULE of TNNT SEAT BELT CLASSES

LOCATION	DAYS OFFERED	TIME
Southeastern Regional Medical Center (SRMC) Cafeteria‡ 300 West 27th St., Lumberton, NC 28359	Every Tuesday	Start 7:00 pm* End 9:00 pm

*Arrive at least 30 minutes early to sign in.

THERE ARE NO CLASSES ON ANY LEGAL HOLIDAY OR ON CHRISTMAS EVE

‡Parking is available in the West parking lot located off 27th Street. This gated lot will be opened at 6:00 pm for your convenience. **Please use the back entrance through the courtyard to enter the cafeteria** where the program will be held. We ask that you also exit by this route once the class is completed to decrease traffic through the medical center.

If you successfully complete the TNNT class prior to your court date (shown on the citation), you can have your seat belt citation dismissed. This means that **NO FINE or COURT COSTS (which total \$126) will be imposed, and there will be no entry on your driving record for your insurance company to see.** Just take your *Certificate of Completion* and citation to the District Attorney's Office on the 2nd floor of the Robeson County Courthouse at 500 North Elm Street, Lumberton, NC 28359. You can only have one seat belt ticket dismissed by going to TNNT. If you get another ticket after attending TNNT, you are not eligible for another *Certificate of Completion*.

Full Page Spanish Information Sheet



SOUTHEASTERN
REGIONAL
MEDICAL CENTER

Trauma Nurses Talk Tough (TNNT)
Southeastern Regional Medical Center (SRMC)
300 West 27th St.
Lumberton, NC 28359



HOJA DE INFORMACIÓN DE LA CLASE DE SEGURIDAD
EN EL TRÁFICO y CINTURÓN DE SEGURIDAD

POR FAVOR NO LLAME NI VISITE EL SOUTHEAST REGIONAL MEDICAL CENTER POR INFORMACIÓN ADICIONAL. AQUÍ SÓLO SE DAN LAS CLASES. PARA MÁS INFORMACIÓN. POR FAVOR SÓLO LLAME AL NÚMERO QUE APARECE EN ESTA HOJA. ¡GRACIAS!

NÚMERO PARA INFORMACIÓN SOBRE EL CINTURÓN DE SEGURIDAD:
1-877-UBELTED (1-877-823-5833)

Llame al número de información para obtener información actualizada sobre la clase, tal como cambios debido a problemas con el tiempo.

NO hay inscripción avanzada para la clase de TNNT. Vaya 30 minutos antes de comenzar la clase para registrarse. TNNT se lleva a cabo todos los martes por la noche de 7:00 PM a 9:00 PM en la cafetería del SRMC. El programa empieza a las 7:00 PM en punto. **Si llega tarde no será admitido.** Ud. deberá quedarse hasta que termine el programa y prestar atención durante la clase. TNNT es presentado sólo en inglés. Como TNNT es un programa esencialmente visual, es muy fácil de entender por alguien que habla muy poco inglés.

El costo del curso es de \$20 en efectivo y debe ser pagado la noche de la clase. Ud. no recibirá el *Certificado de Cumplimiento* si no paga el curso. El costo de \$20 es para ayudar al programa de cinturón de seguridad infantil de SRMC. **Los familiares o amigos que no hayan recibido una boleta de infracción (incluyendo los niños) no podrán asistir ya que el espacio es limitado.** No se permite fumar en el SRMC.

HORARIO DE LAS CLASES DE TNNT DE CINTURÓN DE SEGURIDAD

LUGAR	DÍAS OFRECIDO	HORA
Southeastern Regional Medical Center (SRMC) Cafetería 300 West 27th St, Lumberton, NC 28359	Todos los martes	Comienza a las 7:00 pm* Termina a las 9:00 pm

*Llegue por lo menos 30 minutos antes para registrarse

NO HAY CLASES LOS DÍAS FERIADOS NI LA VÍSPERA DE NAVIDAD

Hay estacionamiento disponible en la playa de estacionamiento Oeste ubicada en la calle 27. **Para su conveniencia esta playa de estacionamiento cerrada abrirá a las 6 de la tarde. Por favor, use la entrada de atrás, pasando el patio para entrar a la cafetería,** donde se llevará a cabo el programa. Le pedimos que salga usando esta misma ruta, una vez que haya completado la clase, para aminorar el tráfico a través del centro médico.

Si Ud. completa satisfactoriamente la clase de TNNT antes de su día de corte (que figura en su citación), su multa por cinturón de seguridad puede ser anulada. Esto significa que **NO SE LE IMPONDRÁ NINGUNA MULTA NI COSTOS DE CORTE (que totalizan \$126) y no habrá ninguna nota registrada en su historia de conductor que pueda ver su compañía de seguros.** Sólo complete el TNNT y lleve su Certificado de Cumplimiento a la oficina del Juzgado, en el 2do. piso de la Corte del Condado de Robeson, 500 North Elm Street, Lumberton, NC 28359. Ud. puede tener sólo una multa anulada yendo al TNNT. Si tiene otra multa después de ir al TNNT, no es elegible para otro Certificado de Cumplimiento.

Half-Page English Police Handout

Rev. 9/21/10

Trauma Nurses Talk Tough

Instructions to Take the Seat Belt Class and Have Your Seat Belt Ticket Dismissed

If you successfully complete the Trauma Nurses Talk Tough (TNTT) class prior to your court date (shown on your citation), you can have your citation dismissed. This means that NO FINE or COURT COSTS (which total \$126) will be imposed, and there will be no entry on your driving record for your insurance company to see. Just complete TNTT and take your Certificate of Completion to the District Attorney's Office on the 2nd floor of the Robeson County Courthouse at 500 North Elm Street, Lumberton, NC 28359 before the court date shown on your citation.

Please arrive at the TNTT class at 6:30 pm for registration. Anyone arriving late will not be admitted. You will need your drivers license or other government-issued ID to register. Please also bring your citation. You will be expected to stay for the entire 2-hour program and pay the \$20 course fee before receiving the Certificate of Completion. The course fee of \$20 must be paid in cash. Only people who received a citation may attend due to space limitations.

SCHEDULE of TNTT SEAT BELT CLASSES

Table with 3 columns: LOCATION, DAYS OFFERED, and TIMES. Location: Southeastern Regional Medical Center (SRMC) Cafeteria, 300 West 27th St., Lumberton, NC 28359. Days Offered: Every Tuesday (except holidays and Christmas Eve). Times: Start 7:00 pm, End 9:00 pm.

*Arrive at least 30 minutes early to sign in.

SEAT BELT TOLL-FREE INFORMATION LINE: 1-877-UBELTED (1-877-823-5833)

‡ Parking is available in the West parking lot located off 27th Street. This gated lot will be opened at 6:00 pm for your convenience. Please use the back entrance through the courtyard to enter the cafeteria where the program will be held. We ask that you also exit by this route once the class is completed to decrease traffic through the medical center.

Half-Page Spanish Police Handout

Trauma Nurses Talk Tough

Instrucciones para tomar la clase de cinturón de seguridad y anular su multa por cinturón de seguridad

Si Ud. completa satisfactoriamente la clase de **Trauma Nurses Talk Tough (TNTT)** antes de su fecha de corte (que figura en su citación), Ud. puede tener su citación anulada. Esto significa que **NO SE LE IMPONDRÁ NINGUNA MULTA NI COSTOS DE CORTE (que totalizan \$126) y no habrá ninguna nota registrada en su historia de conductor que pueda ver su compañía de seguros.** Sólo complete el TNTT y lleve su *Certificado de Cumplimiento* a la oficina del Juzgado, en el 2do. piso de la Corte del Condado de Robeson, 500 North Elm Street, Lumberton, NC 28359 **antes de la fecha que figura en su citación.**

Por favor llegue a la clase de TNTT a las 6:30 pm para registrarse. Si llega tarde no será admitido. Para registrarse, necesita su **Licencia de Conductor u otra identificación emitida por el gobierno.** Por favor, también traiga su citación. Deberá quedarse las 2 horas que dura el programa y pagar \$20, el costo del curso, antes de recibir el *Certificado de Cumplimiento.* **Los \$20 del costo del curso deben ser pagados en efectivo.** Sólo las personas que han recibido una citación podrán asistir debido al espacio limitado.

HORARIO DE CLASES DE TNTT DE CINTURÓN DE SEGURIDAD

LUGAR	DÍAS OFRECIDAS	HORA
Southeastern Regional Medical Center (SRMC) Cafeteria 300 West 27th St., Lumberton, NC 28359	Todos los martes (excepto feriados y la víspera de Navidad)	Comienza a las 7:00 pm* Termina a las 9:00 pm

*Llegue por lo menos 30 minutos antes para registrarse.

NUMERO GRATIS PARA INFORMACIÓN SOBRE CINTURÓN DE SEGURIDAD:

1-877-UBELTED (1-877-823-5833)

Hay estacionamiento disponible en la playa de estacionamiento Oeste ubicada en la calle 27. Para su conveniencia, esta playa de estacionamiento cerrada, abrirá a las 6 de la tarde.

Por favor, use la entrada de atrás pasando el patio para entrar a la cafetería, donde se llevará a cabo el programa. También le pedimos que salga usando esta misma ruta una vez que haya completado la clase, para aminorar el tráfico a través del centro médico.

DOT HS 811 873
March 2014



U.S. Department of Transportation
**National Highway Traffic Safety
Administration**



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