



Safe Communities: 4 Parts Evolution and 3 Parts Revolution

Excerpts from a Keynote Address delivered by Allen Bolton, MPH, MBA at the Safe Communities Best Practices Conference, June 7, 1997 in Orlando, Florida.

I am honored to have been asked to help kick off this year's Safe Communities Best Practices conference. This is a gratifying acknowledgment that what we have been doing in Dallas for the past several years is helping to advance Safe Communities in the United States.

I want to start today by telling you a short story about Eileen, whose ladies' church group met every Tuesday and Thursday in the winter to make quilts.

One day Eileen brought a large box of old sheets to the group and asked her quilting buddies to help her tear them into strip bandages to send to missionaries overseas. After several hours of work, the sheets were torn into two-inch strips, rolled into neat coils and packed off to the mission field. Eileen and her friends were feeling good about having helped others.

A few weeks later, Eileen received a letter of thanks for the bandages. "Due to a severe shortage of bed linen at the mission hospital," the note said, "the bandages were being sewn together to make sheets."

How many of you have been the beneficiary of an agency or governmental program that, with the best of intentions, provided something that your community didn't need or couldn't use? How many times have you seen people make decisions and allocate resources without input from the recipient community? How many believe Eileen could have been more helpful if she had only consulted with the community she wanted so desperately to help?

Welcome to this pre-conference on Safe Communities, an injury control strategy that is designed to avoid Eileen's mistake. Over the next two days, the agenda for this conference is full of practical information about how Safe Communities programs can be implemented. So, as tempting as the weather and local attractions may be, please take full advantage of the numerous relevant and practical sessions offered at the conference.

I am here to set the stage for the next two days. To do that, I want to review where we have come with Safe Communities, and I want to tell you why I am enthusiastic about this important and timely intervention model.

The title of my presentation this afternoon is **Safe Communities: 4 Parts**

Evolution and 3 Parts Revolution. And, as I speak you may agree that while Safe Communities is the next logical step in the evolution of injury prevention, getting to that next logical step may feel more like a revolution than an evolution.

Before I explain my theory of evolution, let me say that I come here today having made a couple of assumptions about you.

First, I assume you are familiar with and interested in the Safe Communities model. So, I am not going to explain the model to you. If that assumption is wrong, there is some excellent written material on Safe Communities available here from the National Highway Traffic Safety Administration (NHTSA).

Second, I assume you are looking for something in Safe Communities that you do not already have. It may be a new data collection or community involvement strategy, or it may simply be the chance to network with and be motivated by others who are implementing Safe Communities programs. I am hopeful and optimistic that you'll find whatever you are looking for at this conference.

As I state in the title of this presentation, I believe Safe Communities is a least four parts evolution. For the next few minutes I want to explain these four separate but converging evolutionary tracks.

First Part Evolution

Safe Communities represents a fairly new approach to injury control. However, the basic tenet of Safe Communities, which I believe is community participation and community ownership, is not new. It existed long before NHTSA and even before automobiles.

In 1831, the French count Alexis de Toqueville was impressed with a strange but effective social invention he saw as he toured the United States. That social invention was what we call a community.

De Toqueville observed three features of communities that he was eager to share with France:

They were groups of citizens who felt they had the power to decide what their problems were.

They felt they had the power to decide how to solve their problems.

They often decided that they would themselves become the key actors in implementing the solutions.

Looking at these three features, if I hadn't told you they were recorded in 1831, you might think they were developed to describe Safe Communities. It is interesting to me that in the 166 years between de Toqueville's observations about communities and today, Americans have moved from community ownership of problems to government and social service agency ownership of problems. And, we are just now getting back to community ownership again. It is taken a century and a half and we have evolved in a circle.

Second Part Evolution

In 1976, the southern Swedish town of Linköping (population 37,000) took notice of its significant local injury problem. Injuries from transportation, farming, and industrial and residential settings were occurring with alarming frequency, and the community decided to do something about it.

By involving citizens and local government, over the next decade, Linköping reduced its injury burden by 30 percent. It is considered the first Safe Communities program in the world.

News of Linköping's success traveled fast to other parts of Europe and the world. And, other communities began to implement their own programs based on the Linköping Safe Communities model. But the model did not get much attention or interest in the United States until NHTSA adapted it in 1994.

Notice I used the word adapted instead of adopted or invented. In his book, *A Whack on the Side of the Head*, Roger von Oech says, "Make it a point to be on the lookout for novel and interesting ideas that others have used successfully. Your idea has to be original only in its adaptation to the problem you are working on."

NHTSA, wisely I think, recognized that the Safe Communities model had promise but needed to be reworked for introduction to the United States. So they set out to improve upon the model and give it a uniquely American twist or two. In the United States we now have a much better model with impressive technical resources that have evolved from lessons learned overseas.

Third Part Evolution

Community-based traffic safety programs have come a long way since the 1970's. In short, over the past quarter century, the nation's approach to transportation safety has evolved:

From government driven to community driven efforts

From single focus programs to comprehensive efforts

From government funded large-scale initiatives to public-private partnerships

From decisions based on little or no data, to decisions based on fatality data only, to decisions based on injury and fatality data

From traditional partners to a multi-disciplinary effort that incorporates all segments of the community, encouraging us to think outside of our traditional boxes

Basically, we have learned to work smarter and treat communities as the source not just as the site of injury control programs.

Fourth Part Evolution

The political climate of our country right now is moving toward less government and more local control. I think that is obvious to all of us. We are here one month after a widely publicized, bipartisan summit on volunteerism, where political and corporate leaders encouraged individuals to become more involved in creating their own destinies within their communities.

At the same time, in the corporate and health sectors, prevention is also beginning to be seen as something that affects the bottom line. While those of us who have been in the prevention trenches for a while have believed this, we have largely failed to document the enormous cost-benefit of prevention programs. The evaluation components of Safe Communities programs can provide the types of cost-benefit information businesses and communities are eager to hear and are beginning to demand.

To me, all this signifies that there is no better time to become involved in Safe Communities than right now. The mood of the nation supports this kind of approach to injury control.

In fact, I'll go as far as to say, with Safe Communities, the image of injury prevention has evolved from blasé or even "nerdish" (a word my daughter has often used to describe my work) to downright trendy. If you are like me, being trendy is a new and awkward experience, but I would encourage each of you to be opportunistic with your newfound trendiness. Take every opportunity to show your community leaders how Safe Communities embodies the less government/more local control approach to problem solving. Take the initiative to convince them that this model is a more efficient, cost-effective way to address a significant community burden.

If this sounds like marketing to you, you are right. And, if this sort of role makes you squeamish, attend the breakout session on marketing tomorrow morning.

Well, there you have my four part theory of evolution. Now, let's talk for a few minutes about the revolution part.

I say in the title that Safe Communities is "3 parts revolution". That is because Safe Communities represents a change in how things are done, and change is difficult.

First Part Revolution

You have heard, and you may know first hand that Safe Communities is a data driven intervention model. You have also heard, and you may know first hand that getting the data you need can be a bit of a challenge.

For various reasons Safe Communities' emphasis on data may cause members

of your community to revolt. This may happen because:

They do not understand the need for more data.

They do not want to share data.

They do not like what the data reveal.

Understanding the need for more data is a difficult issue to address. Waiting for too much data can lead to a condition known as “paralysis to analysis.” On the other hand, there will always be members of a coalition who just want to do something. Yet these folks usually do not consider getting more data “something.” It is a tough job to balance the need for data with the need for action.

But there is a significant downside to not having enough data. I’ll use an example that we experienced in Dallas when we were asked to help a local pediatric trauma center address the issue of children riding in the back of pickup trucks. Without data, you risk addressing good intentions but not real needs of the community.

Sharing data is also an issue that may cause tension. My advice here is to put everything in writing, especially confidentiality procedures. In our experience hospitals are the most reluctant of all potential data sources, and confidentiality procedures will help put them at ease. You should also be prepared to offer something to those who provide data. This might be something as simple as a copy of the reports you generate or a certificate of recognition for their participation in your Safe Communities effort, but have something to offer them other than a warm feeling inside.

The final data issue that might cause tension is what data analysis reveals. Some organizations that possess data operate under the principle, “Do not ask the question if you are afraid of the answer.” In a Safe Communities program, you are likely to reveal information that is factual but not very desirable. Analysis may highlight a previously unreported problem within an agency, an ethnic group, a community, or a product. I would recommend anticipating such problems and developing a procedure for how the problems will be revealed and by whom.

In general, you can look for hints that may help you avoid a data-driven revolt within your Safe Communities program at the data panel during each session of the concurrent workshops.

Second Part Revolution

Joyce was an at-home mom to two small children. She and her husband, Frank, gave up the second car so they could afford for Joyce to stay at home. Most days Frank drove their one vehicle which left Joyce and the kids stranded at home.

By the fifth month of this arrangement, Joyce had a terrible case of cabin fever. She seized any opportunity to get out of the house.

One day before sunset, Frank left the house and got in the car. “Wait for us,”

Joyce called out the door fearing she was about to miss an outing. She quickly brushed the toddler's hair and put a fresh diaper on the baby. She rushed to the car with both children and securely fastened each of them in their child safety seats in the backseat. As she sat in the front next to her husband and put on her own safety belt, she said, "Okay, let's go."

Frank, who had watched this commotion in silence, put the car in drive and pulled into their garage.

My question is do you and your coalition members know where Safe Communities is going in your community, or are you just along for the ride? Strategic planning is imperative for a Safe Communities program to succeed, yet it is another aspect of the program that may get a revolutionary response. This is one of the toughest issues that we have encountered in the development of new Safe Communities initiatives.

Sometimes I joke with my boss that our strategic plan should simply be *carpe diem* ("seize the day") because a Safe Communities program needs to be responsive to community input and data. Developing a strategic plan that provides direction yet is flexible enough to address new injury issues as they arise is something you may want to prepare you coalition to deal with, hopefully peacefully.

Third Part Revolution

The third and perhaps the most revolutionary idea within Safe Communities is this notion that we have to work with new and many partners. These people with whom we are told to collaborate come at problems with different perspectives. They each have their own agendas and they even have turf issues they bring to the table.

Issues surrounding collaboration have made for the most interesting and certainly the most animated coalition meetings I have witnessed so far. The suggestions I have to avoid an all-out revolution over this issue are:

- Stress that Safe Communities is designed to enhance not duplicate programs.

- Search for the niche that is currently unserved

- Deal with conflict in the Coalition immediately.

- Accept some fallout, Coalitions are fluid not stagnant so expect members to drop in and out of participation.

- Attend any or all three of the concurrent sessions that deal with collaboration at this conference.

As we near the end of my time this afternoon I have talked about where we have been with Safe Communities. Tomorrow morning, Dr. Martinez will talk about where we're going. His talk entitled, *The Future for Safe Communities is Now*, is tailor made for this audience because we will plan major roles in the future of this

movement in the United States. I hope you make it a priority to attend his session at 8:30 tomorrow morning.

So there you have it, a commercial for the concurrent sessions and an explanation of how the forces of evolution and revolution have led us to an exciting and effective injury control strategy called Safe Communities.

I'll close by asking you to think about one of my boss' favorite expressions, "When all is said and done, more is usually said than done."

That's the challenge I find at conferences like this one. I come to learn, and I hear what is said. But it is rare that I am able or willing to take what was said at home and incorporate it into my work. Let me encourage you: Do not just sit here and listen over the next two days. Make a commitment to yourself to let this conference change the way you practice Safe Communities.

About the Author

Allen Bolton has been director of the Greater Dallas (Texas) Injury Prevention Center since it was founded in 1994. He began his career with the Tennessee Department of Health as a health educator and statistical analyst. Later, he became deputy director of the Injury Control Research Center at the University of Alabama-Birmingham. He has a bachelor's degree in health education from the University of Tennessee. He earned his master's degree in public health and business administration from the University of Alabama-Birmingham.

