



## Getting Started

On February 23, 1996, five young people, all under the age of 15, were seriously injured as passengers in a motor vehicle crash at 11:00 p.m. The 19-year-old driver of the vehicle is alive and awaiting trial.

On August 4, 1996, two young girls aged 16 and 15 were killed in a car crash at 10:00 p.m. The driver of the crashed vehicle had her driver's license all of four days.

Both of these crashes occurred in the same town of 60,000 people. During 1996 alone, 12 people died in car crashes and many more were injured.

These facts are true and describe an existing, real community. What follows is a scenario that could very likely be occurring in similar places across the country. Concerned citizens and community leaders are asking themselves what is going on? How can a community be involved in so many tragic crashes? What can parents, teachers, physicians, elected officials, and concerned citizens do to turn this devastating picture around?

An individual in the community, let's call that person the "champion," emerges with a burning desire to DO SOMETHING! This person is not content just to ask the questions and say how awful the situation is, but is moved to ACTION. Action in this scenario starts out with the champion having conversations with people in the community who are touched by the crisis. The champion talks with the police officer in charge of the crash scene, the fire and rescue staff, the principal of the school where several of the victims were students, a psychotherapist working with concerned parents — the parents of the injured children, a newspaper reporter covering safety, and elected officials and other people in the community concerned about traffic safety issues.

In time, this very motivated and highly charged citizen becomes the champion for improving traffic safety and turning this community around. This individual is talking to civic organizations, medical societies, local nursing associations, insurance companies, hospital administrators — anyone who will listen. A critical mass of concerned people is forming.

At this point in the developmental process, it becomes clear that this group of concerned citizens is not going to go away — they are charged to action and they have a "champion" to keep the momentum going. What happens next? Where does all this energy to do something about a community problem get channeled?

There are several ways the effort can progress: the informal group can form into a Safe Community Coalition and elect a chair, or a local organization/agency, such as the hospital trauma department, local public health unit, or a public

service organization, may offer to be the coordinating agency. The champion may or may not be elected the chair. The Coalition may want to have a prominent physician, injury control advocate, or elected official as the chair. Whichever way it progresses doesn't really matter — what matters is that the group is being formalized within an existing organizational structure that can support it administratively and institutionally.

The next step for the coalition is to invite other people to join from areas that are not already represented. Every coalition should ideally have representatives which include citizens, law enforcement, hospital administration, health care providers (including emergency physicians and emergency nurses), elected or appointed local officials, county or city public health officials, injury prevention specialists, emergency medical service providers, the business community, the media and public relations community, community service organizations, and representatives from other coalitions. If the community has an existing citizen's advisory group, neighborhood improvement association, or a Community Traffic Safety Program (CTSP), that group would be most beneficial in expanding the working group and getting more of the community involved.

Every new member of the Safe Communities Coalition should be personally visited by the chairperson to make sure they know what is expected of them and to secure their commitment to participate in the coalition. If a health professional or local official is available to go along on these one-on-one visits, all the better! The coalition chair should offer to join and speak at meetings of other community groups and organizations. This not only spreads the word about Safe Communities, but fosters collaboration with others having similar interests.

The agenda of the Safe Communities Coalition might include the following:

- ▶ Beginning to consider your community's injury problem;
- ▶ Investigating whether established programs exist;
- ▶ Collaborating with others concerned with injury prevention;
- ▶ Promoting community involvement;
- ▶ Marketing the concept;
- ▶ Researching data needs and available sources;
- ▶ Calculating the cost of injuries to the community; and
- ▶ Coordinating with existing safety and prevention efforts.

A picture or profile of the community must be developed with information on demographics, employment, education, and other community descriptors gathered and presented in an appealing manner. Part of developing a community profile is interviewing elected and appointed local officials to learn their perceptions about the community's traffic injury problem. Community involvement and participation is a critical element in forming a Safe Communities Coalition. The initiative must be directed BY the community, and not AT the community.

Crash data also needs to be collected and analyzed so the working group can present a very clear picture about the community's injuries:

- ▶ Where are crashes occurring (exact geographic location, time of day, day of the week);
- ▶ To whom are they happening (sex and age of victims, how long have they been driving);
- ▶ Why are they happening (weather conditions, presence of alcohol, safety belt use); and
- ▶ How much are crashes and injuries costing the community?

The “numbers crunchers” in the Safe Communities Coalition might form a data collection and analysis committee to start answering these questions. Data do not have to be limited to police crash reports. In a Safe Community, data should come from a variety of sources, such as hospital discharge reports, emergency room records, insurance company reports, and any other sources the working group can identify.

If the community already has an existing CTSP, the CTSP leadership needs to be briefed on this new injury prevention and control concept and invited in as an early partner. Many of the traffic and safety professionals will already be part of the CTSP and the two initiatives should work together. They may also decide to merge efforts and consolidate into one.

The Safe Communities Coalition now must address its mission, goals and objectives. It is possible that someone in the Coalition has experience in strategic planning and can lead the Coalition in developing its goals and objectives. If not, it might be a good investment for a Coalition member to underwrite the fee involved in hiring a professional facilitator to lead this process. Goal setting is extremely important to the project’s success. The goals and objectives are spelled out in a strategic planning process and they must be agreed upon by the members — in other words, there is “buy in” and consensus building among the members of the coalition.

Once the goals and objectives are identified, the “fun” part begins — the actual implementation of ideas. Identifying strategies and interventions to solve the community’s traffic safety problems are the hands-on activities and events that mobilize the entire community. The strategies might involve: programs in schools; enforcement activities, such as community policing or initiating special patrols or checkpoints; the initiation of new city or county regulations; drafting new legislation; endorsing an existing legislative proposal; involving the business community by providing educational programs for employees at work sites; challenging a neighboring community to a safety belt use contest; or working with local traffic engineers to make the community more pedestrian-friendly.

Marketing and promoting the initiative becomes very important at this point in the process. If a representative from the media is not already on the coalition, this would be a good time to invite someone to join. It would also be very beneficial to include someone with a marketing and public relations background. This will assure that all the good work that is planned and conducted gets promoted in the proper channels and that awareness is created about the effort.

There are many resources available, including those from State Highway Safety Offices, the National Highway Traffic Safety Administration (NHTSA), the Centers for Disease Control, and state and local health departments. Idea samplers already exist which provide suggestions for community programs — so never feel

at a loss for ideas.

This is only one example of how a Safe Communities project can “get started” and, of course, there are many others. The important thing to keep in mind is that living in a Safe Community benefits everyone by:

- ▶ Applying local data to address local injury problems;
- ▶ Intensifying public awareness of the community’s injury problem;
- ▶ Mobilizing citizens to take charge of their own health and safety;
- ▶ Creating new partnerships to deal with ongoing injury issues;
- ▶ Predicting and preventing the causes of injury;
- ▶ Controlling costs due to injury; and Producing a safe and healthy environment for all.

Before long, the framework of a Safe Communities project is born. Have fun with it while you are making your community a safer place to live.

## About the Author

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