

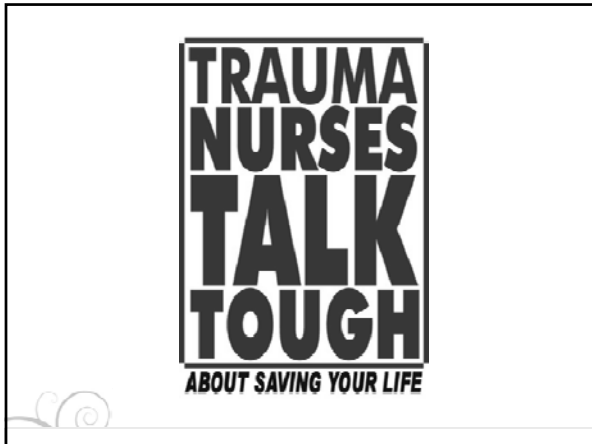
OUR PARTICIPATION in TRAFFIC SAFETY MAKES A DIFFERENCE!

- Our agenda is saving lives
- We are not “the government”
- We will actually lose money if people are safer
- We see the actual people who make up the statistics
- We see the aftermath and the human cost

We are not used to working outside the hospital

But!

- All Trauma Centers are required to do injury prevention
- The Injury Prevention Coalition, which includes the major trauma care organizations, is instituting a course for hospital based injury prevention coordinators to teach how to get started, including forming outside partnerships
- Most Trauma Care Providers want to put themselves out of business
- Contact your local Trauma Program Manager, Emergency Manager, Intensive Care Unit Manager, or me—I will help



WHAT WE DID

- Put together a presentation for HS students, based on what we see as a Level I Trauma Center.
- Approached the schools
- Did a seminar for school nurses on “What to do until the ambulance arrives” that included the TNTT presentation
- Did a presentation for health teachers

WHAT WE FORGOT

- Funding
- Research on effectiveness
- Community partnerships
- Plans for success

BUT, WE PROGRESSED

- Worked with Traffic Safety Division for funding
- Worked with the police and courts on Safety Belt Classes and “High Risk’ Drivers’ Classes
- Expanded our program into elementary and middle schools
- Developed pre and post tests



FEAR APPEAL

Health Education & Behavior, Oct 2000

- Severity of Threat
- Personal susceptibility of threat
- Strong prevention message
 - Easy
 - Affordable
 - Effective



WHERE ARE WE NOW?

of presentations annually

- School Programs: 500+ presentations
- Safety Belt Classes: 120 + 12 in Spanish
- High Risk Drivers’ Classes: 24/yr
- Events: 90+ (most are \$6 helmet sales)
- High Risk Youth: 80 presentations
- Family Ed: 50+ presentations
- Victim’s Impact Panel 36/yr
- Share the Roads class 24/yr



WHERE ARE WE NOW?

- Influence in state legislature and local government agencies.
- Member of several coalitions on different safety topics
- Randall Children's Hospital does child seat clinics and fitting stations AND age and size appropriate COP education for every patient discharged
- NHTSA study of effectiveness of TNTT Safety Belt Class
- Oregon is #1 in the nation in safety belt use

DOES IT WORK?

Demonstration of the *Trauma Nurses Talk Tough* Seatbelt Diversion Class

Performing Organization: Dunlap and Associates, Inc.
Sponsoring Agency: NHTSA

Percent strongly agreeing with positive statement

	Before class group	After class group
It is important for the police to enforce seat belt laws	64.3%	83.6%
Seatbelts are a ways to reduce the chance of injury	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%

Percent strongly disagreeing with negative statement

	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 airbags	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%

Not published in the study, but on a question asking "was showing real injuries necessary to make the point," 84.0% strongly agreed and 9.0% agreed

There were statistically significant increases in seat belt use from baseline from eight annual sites (81% to 86%) and at two added sites (69%-78%).

PUBLIC POLICY

- ### Public Policy Successes
- Primary safety belt
 - CSS and booster seat
 - Motorcycle helmet
 - Bike and other vehicle helmet
 - Drunk driving prevention
 - Graduated licensing
 - 4-sided swimming pool fencing
 - Window fall prevention devices
 - Smoke alarms
 - Pedestrian safety
 - Personal floatation devices