

UMTRI-2004-13

**FINAL REPORT
REVIEW OF MICHIGAN'S SAFE COMMUNITY PROGRAM
AND RECOMMENDATIONS FOR IMPROVEMENT**

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May 2004

Technical Report Documentation Page

1. Report No. UMTRI-2004-13		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Final Report: Review of Michigan's Safe Community Program and Recommendations for Improvement				5. Report Date May 2004	
				6. Performing Organization Code	
7. Authors Lisa J. Molnar and David W. Eby				8. Performing Organization Report No. UMTRI-2004-13	
9. Performing Organization Name and Address The University of Michigan Transportation Research Institute 2901 Baxter Road Ann Arbor, Michigan 48109-2150				10. Work Unit No.	
				11. Contract or Grant No. CP-04-01	
12. Sponsoring Agency Name and Address Michigan Office of Highway Safety Planning 4000 Collins Road P.O. Box 30633 Lansing, MI 48909-8133				13. Type of Report and Period Covered Final	
				14. Sponsoring Agency Code	
15. Supplementary Notes					
16. Abstract <p>Building on the recognition that injuries are preventable and that community-based approaches have the greatest impact on saving lives and reducing injuries, a national safety and injury prevention program, Safe Communities (SC), was developed under the support of the National Highway Traffic Safety Administration. The program was made available to individual states and has been implemented in several, including Michigan.</p> <p>The objectives of the study were to: 1) review the current Michigan SC program and 2) make recommendations for how the program can be improved in the future. The project objectives were accomplished through the following activities: 1) gaining an overall picture of the Michigan program through review of written materials and interviews with selected individuals associated with the program; 2) examining the experiences of a small sample of other states in promoting SC programs through review of written materials and interviews with a small sample of program coordinators; 3) identifying successful approaches for community-based intervention through a brief review of relevant literature; 4) developing recommendations for how the Michigan program can be improved, particularly with regard to redesign or restructuring; and 5) translating the recommendations into specific objectives that must be achieved to improve program performance, and prioritizing the objectives.</p>					
17. Key Words safe communities, safe community programs, community-based intervention				18. Distribution Statement	
19. Security Classif. (of this report) Unclassified		20. Security Classif. (of this page) Unclassified		21. No. of Pages 42	22. Price

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ACKNOWLEDGEMENTS

This report is based on information that was provided to us by the Michigan Office of Highway Safety Planning or that we became aware of during the course of the review and acquired on our own. There may be other information about Michigan's Safe Community program that we did not review. Our conclusions are based on the information that was available to us.

The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the Michigan Office of Highway Safety Planning or the US Department of Transportation, National Highway Traffic Safety Administration. This report was prepared in cooperation with the Michigan Office of Highway Safety Planning and the US Department of Transportation, National Highway Traffic Safety Administration, through Highway Safety Project #CP-04-01.

We acknowledge the assistance of Linda L. Miller who conducted the literature review, Helen K. Spradlin who coordinated the telephone interviews, Mary E. Chico who coordinated report production, and Jonathon M. Vivoda who reviewed an earlier draft of this report. We are grateful to all of the people associated with Michigan's Safe Community program and programs outside of Michigan who took the time to speak with us about their experiences with Safe Communities.

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May 2004

INTRODUCTION

Building on the recognition that injuries are preventable and that community-based approaches have the greatest impact on saving lives and reducing injuries, a national safety and injury prevention program, Safe Communities (SC), was developed under the support of the National Highway Traffic Safety Administration (NHTSA). The program was made available to individual states and has been implemented in several, including Michigan.

The Michigan SC program, administered by the Office of Highway Safety Planning (OHSP), is intended to build community capacity for developing traffic safety assets through the implementation of SC injury prevention strategies. Since the Michigan SC program was first created, the goals and scope of the program have changed to reflect changing national and state priorities. Several years ago, a strategic plan was completed, with input from various SC traffic safety partners, to help guide further development of the program. OHSP is now interested in taking a fresh look at the direction of and future plans for the program and contracted with the University of Michigan Transportation Research Institute (UMTRI) in FY 2004 to conduct a review of the Michigan SC program.

STUDY OBJECTIVES AND ACTIVITIES

The objectives of the study were to:

1. Review the current Michigan SC program.
2. Make recommendations for how the program can be improved in the future.

The project objectives were accomplished through the following activities:

1. Gaining an overall picture of the Michigan program (e.g., goals and objectives of the program, how the program evolved, how it is organized, and how it is functioning) through review of written materials and interviews with selected individuals associated with the program.
2. Examining the experiences of a small sample of other states in promoting SC programs through review of written materials and interviews with a small sample of program coordinators.
3. Identifying successful approaches for community-based intervention through a brief review of relevant literature.
4. Developing recommendations for how the Michigan program can be improved, particularly with regard to redesign or restructuring.
5. Translating the recommendations into specific objectives that must be achieved to improve program performance, and prioritizing the objectives.
6. Developing a set of action steps, milestones, and resource requirements for achieving the objectives. [During the course of the project, this activity was eliminated by OHSP.]

SUMMARY OF FINDINGS FROM STUDY ACTIVITIES

1. Overall picture of Michigan SC program

Background – the NHTSA model

The SC program concept was developed in 1995 by the US Department of Transportation in partnership with other federal agencies, and championed by NHTSA Administrator Ricardo Martinez as a way to enhance the effectiveness of community-based traffic safety programs. Although Safe Communities and community-based traffic safety programs were considered to share many common elements (e.g., traditional traffic safety partners, coalition building, problem identification, task forces and/or advisory committees, combining resources, and implementing solutions to address problems), the SC approach was seen as an evolution in the way community programs are established and managed, with all partners participating “as equals in developing solutions, sharing successes, assuming program risks, and building a community infrastructure and process to continued improvement of community life through the reduction of traffic related injuries and costs” (NHTSA, Safe Communities Annual Report, n.d.). Key elements identified by NHTSA (Best Practices for a Safe Community, n.d.) were:

1. An integrated and comprehensive injury control system with prevention, acute care, and rehabilitation partners as active and essential participants in addressing community injury problems.
2. A coalition/task force that is comprehensive and community based with representation from citizens, law enforcement, public health, medicine, injury prevention, education, business, civic and service groups, public works offices, and traffic safety advocates, that provides program input, direction, and involvement in the SC program.
3. Comprehensive problem identification and estimating techniques that determine the economic costs associated with traffic related fatalities and injuries within the context of the total injury problem.
4. Program assessments from a “best practices” and a prevention perspective to determine gaps in highway and traffic safety and other injury prevention activity.
5. A plan with specific strategies that addresses the problems and program deficiencies through prevention countermeasures and activities.
6. Program evaluation to determine the impact and cost benefit where possible.

The official kickoff of Safe Communities by NHTSA was conducted through a national interactive teleconference in February 1996, followed by an SC meeting in April 1996, with about 300 participants. Demonstration projects were funded in 1996 and 1997 to test the SC model. NHTSA set a goal of 400 active Safe Communities by the beginning of 1998 and at least 600 by 1999, and began providing materials and training to assist communities with program development. NHTSA also set up a website (<http://www.nhtsa.dot.gov/safecommunities>) that includes: a customer service center (with information on the SC approach and a description of the website); an SC newsstand (the center’s on-line newsletter with news briefs and special features on local community coalition activities, and national campaigns and resources); a best practices showcase; an SC town square (with a national directory of SC coalitions); a product shop (with programs and tools that can be downloaded to assist coalitions); and a partnership emporium (with information on and links to networking opportunities).

Evolution of the Michigan Program

Efforts to promote Michigan's SC program began in 1996. From the beginning, the Michigan model relied to a great extent on the Assessing Community Traffic Safety (ACTS) tool, developed prior to the SC program by Dr. William Donohue to assist communities in the state in identifying traffic safety problems and the community resources to solve them. Three criteria were developed by OHSP to designate an SC and to serve as the framework for establishing Michigan's SC program (a mission statement was not developed until much later). These criteria include (Prevention Network, 2003):

1. Have in place a coalition with at least five key local organizations or people (with suggested members including law enforcement agencies, medical organizations, media, and local businesses, as well as governmental leaders, legal representatives, road commissioners, engineers, traffic planners, educational representatives, parents, and youth).
2. Complete a problem identification process using ACTS.
3. Implement an injury prevention program based on results of ACTS.

Early recruitment of communities to participate in the SC program was undertaken by the OHSP SC coordinator. As the number of communities meeting the SC criteria grew, a strategic planning process was initiated to determine how best to manage the growth of Michigan's SC program. Several strategic planning discussions were held during the fall of 2000, under the guidance of Dr. Joe Ohren of Eastern Michigan University, to identify different perspectives on the critical issues and challenges facing the SC program and alternative visions for the future (Dr. Ohren memo, January 11, 2003). These discussions culminated in the development of an action plan by Dr. Ohren (Dr. Ohren memo, February 23, 2001; see Appendix A for highlights of planning process and Appendix B for highlights of the action plan). This plan was then used by Dr. Donohue as the basis for development of his own implementation plan to guide direction of the SC program (William Donohue Group, 2003). While the goals or objectives of the two plans were quite similar, Dr. Donohue reduced the scope of activities in response to budgetary and other resource constraints faced by OHSP. Dr. Donohue outlined five objectives:

1. Maintain broad-based SC programs.
2. Develop and strengthen the selected new or existing SC coalitions by testing various coalition-building strategies that can be applied to other SC coalitions and other community-based efforts. The Network of Employers for Traffic Safety (NETS) program can play an important role in targeting SC coalitions and providing intensive support.
3. Integrate SC coalition efforts with the Michigan State Police (MSP) Emergency Management Division (EMD).
4. Improve SC program support systems by further refining and developing the ACTS instrument.
5. Secure ACTS documentation so OHSP can transfer ACTS to another individual if needed.

Responsibility for maintaining the existing SC coalitions was given to the Prevention Network (PN), while responsibility for setting up "learning laboratories" to test coalition-building strategies was given to the William Donohue Group. Safe Community resource consultants were

hired to support coalition building (one full time and two part time at PN to cover the Lower Peninsula, one part time in Detroit, two part time in the Upper Peninsula). Two learning laboratories were selected (Allegan and St. Clair counties), with the NETS program being required as part of their activities. The MSP initiative was put on hold. In May 2002, there were reported to be 51 local SC programs, with another 22 working on ACTS or having completed ACTS but not having actually implemented programs (Progress Report, September 2001-April 2002).

In December of 2002, a survey of Michigan's local SC coalitions was conducted by Dr. Donohue to determine if the implementation plan needed adjustment and to learn more about the status of the programs (William Donohue Group, 2003; see Appendix C for highlights of findings). Surveys were completed and returned by 22 SC coalitions. OHSP has determined that these 22 coalitions account for the full complement of local SC programs that are now operating in Michigan.

A functional evaluation of ACTS was also undertaken in late 2002 by UMTRI (Eby, Vivoda, Miller, and Spradlin, 2003). Findings from the evaluation indicated that the concept of ACTS could be extremely useful for communities interested in improving traffic safety if the tool was extensively revised and further supported. Specifically, it was found that the software interface was acceptable, and several suggestions were made for its improvement. The logic underlying ACTS was found to be reasonable. However, it was concluded that the functional implementation of this logic might mislead some communities regarding their assets and deficits. The survey data might not come from appropriate respondents and the coding of certain responses appears to be inappropriate (e.g., scores for assets and deficits are calculated based on the entire set of surveys regardless of how many surveys are actually completed, by assigning the same code for a non-response or a 'don't know' response as for a legitimate negative response to an item). Several suggestions for improving the community surveys were provided. While the computation of scores based upon crash data was accurate and appropriate, the data used in the calculation were quite outdated, were not community specific, and only considered KA-level injuries. There seemed to be a good balance between assets and deficits; that is, the listed assets were appropriate for the deficits; however, other deficits could be included. ACTS was found to have some problems with the linkages between deficits, assets, and recommended programs. In many cases, the links between programs and deficits were not appropriate. In other cases, the linked program did not match the asset. Additionally, there were biases and potential biases in ACTS. Most likely, these biases were the result of errors in either coding of responses or computations.

As part of the SC review reported here, several representatives of SC programs within Michigan were interviewed by telephone to learn about their experiences with the program. A number of general themes emerged:

- ACTS is cornerstone of the SC program.
- ACTS is perceived by some as difficult to use and interpret.
- ACTS findings are not always used as intended (e.g., program development often driven more by pre-existing interests and priorities of coalition members).
- State goals for SC program are not clearly defined.
- State vision of SC seemed to unfold in piece-meal fashion.

- There is limited buy-in and participation from other state agencies.
- Clear links between state program goals and local program goals are lacking.
- OHSP seems more comfortable with funding programs than building relationships.
- Goals tend to be very general (difficult to measure) or written as activities.
- Change to PN administration of grants perceived by some as confusing and restrictive.
- Focus in Michigan has been on funding program activities and not coordination.
- Lack of a funded coordinator seen as serious limitation (diminishing effectiveness).
- For a few who had received coordination funding, participation had to be restricted or ended when funding ended, even though interest and commitment remained.
- Ownership by community is key – need to harness existing excitement and energy.
- Each community is unique – efforts need to be tailored accordingly.
- Listening to community/discovering people’s passions is vital to community building.
- Keeping people motivated and passionate about traffic safety is a major challenge.
- It is easier to bring people together for a project than a process.
- It is more effective to build on existing relationships than to reinvent the wheel.
- Formal evaluation generally not incorporated into community grants.
- Few efforts to measure long-term change in impacts or outcomes.
- There is a feeling that communication/relationships have improved but there is no formal mechanism for measuring such changes.
- Building relationships takes time and must occur at the agency level, not individual level.
- Formal training and help from consultants seen as helpful.
- Generally positive attitude toward SC concept.

2. Experiences of other states in promoting SC programs

Several representatives of SC programs in NHTSA Region V states outside of Michigan were interviewed by telephone to learn about their experiences in promoting SC programs. Several general themes emerged – many related to the importance of funding coordination in an SC program and then relying on the coordinator to find resources in the community to pay for traffic safety program activities. General themes from the interviews included:

- Coordinators for local SC programs funded at least part time (generally half time).
- Some incentive money for program activities built into grants – most comes from coordinator solicitations (e.g., donations from community businesses, other grants).
- Funded coordination seen as essential (model of using technical assistance instead of a paid coordinator seen as unworkable because outsiders do not know the community).
- Paid coordination differentiates SC programs from just doing community programming.
- Priorities set at state level, state goals integrated into grants at community level.
- Many SC programs build on existing community coalitions (e.g., SAFEKIDS).
- Ideally, coordinators try to focus on motivating their coalitions and grant writing.
- Building a relationship with the community and strong coalition takes considerable time.
- Coordinators see themselves as catalyst for community building – not program providers.
- Overall goals set by state but individual communities encouraged to look at own data and to make decisions based on community needs.
- Coordination funding considered seed money - duration varies (3-6 years).
- Recent statewide directives for activities include focus on belts, alcohol, and speeding.

- Evaluation built into coordinators' grants – help available from state.
- Lead agency for coordinator must have buy-in but cannot be relied upon to pay.
- Non-profit status facilitates getting grants, donations.
- Focus has evolved from building relationships and partnerships to producing outcomes.
- Has to be at community level that things happen – impossible to have someone other than coordinator sustain the relationships and build infrastructure – need to have someone say “this is my first priority” – can't expect people representing other agencies to take this on.
- Community capacity building is key to success of SC.
- Illinois stopped funding SC programs in 2003 – state lacked data on outcomes (although there were likely improvements in community capacity that did not get measured).
- The more effective state coordinators maintain ongoing contact with communities.
- Local programs with state SC advisory committee in place consider it to be quite helpful.

Written materials from and about other states were also reviewed. Summaries of the most noteworthy of these are contained in Appendix D.

3. Literature findings on successful approaches for community-based intervention

A brief review of the literature was conducted to identify successful approaches for community-based intervention. A variety of databases were searched including the UMTRI library catalog, National Transportation Information System, Proquest, PsychInfo, Wilson, and PAIS International, as well as the internet. Key word searches were conducted using various combinations of appropriate keyword stems (e.g., community based intervention, community intervention, community approach, community building, coalition building, injury prevention, injury control, injury reduction, successful approach, safety). Findings from these searches were then used to generate additional relevant searches. The intent of the literature review was to identify key elements of successful community-based interventions regardless of the particular focus of the intervention. Results are summarized in the table in Appendix E. Also included in the table are relevant findings from the review of written materials about other states' SC programs.

4. Recommendations for improving Michigan's SC program

Based on the findings from the three project activities discussed above, a set of recommendations was developed for improving Michigan's SC program. These include the following:

Recommendation 1: Continue to support the SC program, contingent on following the remaining recommendations.

SC programs represent a promising approach for creating a community infrastructure that can be used to carry out traffic safety programs and initiatives. To be effective, however, they need to be built and sustained based on what is known about successful approaches to SC development. The key elements of SC programs identified through this project include: strong capable leadership with some level of funded coordination; broad diverse coalition membership characterized by expanding partnerships and citizen involvement; formalized coalition structure and processes; shared and well-articulated mission and vision; clearly defined planning process

that is well integrated into grant process (with problem identification and resource assessment, goals, objectives, and actions, implementation strategy, and evaluation); effective programs; and self-sufficiency. The following recommendations all focus, in one way or another, on ensuring that these key elements are integrated into Michigan's SC program.

Most of these elements are clearly important, not only to SC programs, but also to traffic-safety injury-reduction efforts in general, at both the state and local levels. Thus, by supporting well-conceived local SC programs, OHSP has the opportunity to introduce and/or reinforce the basic elements that local communities should already be developing to make them effective players in the traffic safety arena. In addition, SC programs can provide the infrastructure for harnessing the energy, enthusiasm, and passion that already exists in communities for injury reduction efforts. However, every effort must be made to ensure that the SC programs are well conceived. If programs are not well conceived, they may still be implemented but may not lead to the kinds of long-term changes desired. There is also considerable potential for leaving committed and passionate community members feeling frustrated and disenfranchised, especially if program support is ended without really being able to measure whether programs have accomplished what they intended to accomplish.

Recommendation 2: Shift focus from funding program activities to funding coordination – i.e., provide funding for local SC coordinators and rely on them to obtain community support for program activities.

The SC program, at least from the federal perspective, is not so much a program as an infrastructure for supporting traffic safety programs. This infrastructure is built on relationships and partnerships among traffic-safety and injury-reduction partners. It takes time and sustained effort to establish and nurture these relationships. It also takes someone who understands the local community and its unique characteristics to know how best to bring these potential partners together and keep them motivated. As several people pointed out during the interviews for this review, there needs to be someone within each community whose highest priority is the SC program. Having such a person requires some level of dedicated funding. The model that has been successfully used in other states has been to fund a coordinator on at least a part-time basis (usually half time) and then rely on that coordinator to go out into the community to find resources for program activities (e.g., cash, materials, time). In some cases, a modest amount of incentive monies for program activities is also provided to coordinators.

Paid coordination was a common theme among people interviewed outside of Michigan who considered their SC program to be successful. In addition, a paid coordinator was reported to be essential to the long-term health and effectiveness of an SC program by representatives of a dozen SC programs in New England who met with federal representatives to critique the NHTSA SC model (NHTSA, 2000). The lack of paid coordination was seen as a weakness by many of the Michigan people interviewed for this review, limiting the ability of coordinators to be fully engaged in the community. The few coordinators who had received some funding at one time reported that their program participation had to be severely curtailed when the funding ended because their respective agencies could not support continued SC efforts, although they would have liked to stay involved. In the recent survey of Michigan's SC programs (William Donohue Group, 2003), most of the 22 local programs reported having a coordinator (Figure 3). However,

only about half or less reported having a formalized committee structure (Figure 4) or written action plan (Figure 5) or sustainability plan (Figure 12), and almost a quarter had not applied for grant funding (Figure 7). These are presumably things that would be under the purview of the coordinator, and it is likely that volunteer coordinators simply do not have the time to put in place many of the desired elements of an SC program.

Recommendation 3: Clarify the overall vision and mission for Michigan’s SC program, focusing on what the program is intended to accomplish, and taking into account core SC program principles.

OHSP needs to think carefully about what the SC program is intended to accomplish because this is what must ultimately drive the entire planning process for the program – from problem identification and resource assessment, to the development of goals, objectives, and actions, to program implementation, to evaluation. All of these vital components of the planning process need to link directly back to what the program is intended to be and what it is trying to bring about in the community.

Early on, the focus of Michigan’s SC program was on the criteria that communities needed to meet to receive SC designation. These criteria essentially translated into things that communities were supposed to be doing rather than what they were supposed to be accomplishing. A mission statement has since been developed – “to build community capacity for developing traffic safety assets by implementing SC injury prevention strategies.” The idea of “building community capacity” is clearly central to the vision for the SC program and it makes sense that it has a prominent place in the mission statement. However, it is unclear what is meant by community capacity as used in the mission statement. In the literature, for example, community capacity can encompass several dimensions, including skills and knowledge, leadership, a sense of efficacy, trusting relationships, and a culture of openness and learning (Editorial, American Journal of Public Health, 2003). The abstract concept of community capacity introduced in the mission statement never seems to have been translated into specific SC program objectives and activities that could be achieved and attended to on a day-to-day basis. While it is appropriate to have a short mission statement that can be easily shared, it would be helpful to have some type of back-up document or even a more in-depth vision statement that clarifies what is meant by community capacity and also identifies other desired dimensions of SC programs that make them unique and set them apart from simply offering community-based programming. Although references to desired dimensions of SC programs are scattered throughout the materials produced by the Michigan program, there does not appear to be a single, well-articulated, shared vision for the program that has been widely disseminated and can serve as the basis for SC planning.

The survey of Michigan’s SC programs did not have any items on mission or vision so it is difficult to know what local programs are doing or thinking about in this area. However, many of the Michigan people interviewed for this review did not feel that the state had shared with them a well-articulated vision for the SC program. Instead, ideas about the program appear to have been revealed piece-meal. It is unclear what affect this had on building community support for the SC program. However, findings from the literature on community-based interventions and coalition building suggest that a well-articulated, shared vision can go a long way toward creating community buy-in and ownership.

Identifying the fundamental elements embodied in the SC concept and incorporating them into the vision and mission is especially important because most of these same elements also underlie more general traffic safety initiatives and efforts. Thus, they represent an enduring set of principles of traffic safety management that have relevance and resonance beyond any one single program. By focusing on and supporting these enduring principles of traffic safety management through the SC infrastructure, OHSP can maintain continuity in the face of changes in personnel or perspective at the federal and state level.

Recommendation 4: Develop well-defined goals for the program that link back to the vision and mission. These goals should encompass desired outcomes and impacts relative to both crash/injury reduction and community capacity building.

Effective goals for a program must not only be clear, but they must speak to what the program is trying to accomplish – that is, they need to link directly to the program vision or mission. Michigan’s SC program is intended to reduce traffic crashes and injuries and build community capacity to do so. Therefore its goals should focus specifically on the desired outcomes and impacts necessary to realize these intentions.

Many of Michigan’s SC program goals have been unclear or have not related back to its mission. An important part of the mission is the idea of building community capacity – it is one of the elements that set SC programs apart from simply doing community-based programming. Yet, there do not seem to be clearly defined goals for building community capacity. Before community capacity building goals can be integrated into local SC planning efforts, they need to be made explicit at the state level. To the extent that individual communities are able to formalize community capacity building goals and demonstrate success in meeting them, they will be able to, at least in part, justify continued support for their programs.

The effectiveness of goal setting at the state level determines, to a great extent, how well local communities are able to understand and carry out state priorities. Many of the Michigan people interviewed for this review reported that the state goals for Michigan’s SC program were not clear to them. By contrast, the interviewees outside of Michigan who considered their programs to be the most successful reported receiving clear direction from the state.

At both the state and local levels, there has been a tendency to write goals as activities (e.g., to give so many presentations on safety belts) instead of as outcomes or impacts (to increase safety belt use by some percent). This is problematic because, among other things, it makes it extremely difficult to assess how effective the program has been. Evaluating program effectiveness involves measuring the extent to which a program has achieved its goals. If goals are written as activities, then achieving them tells you only that the program was implemented as intended – it says nothing about whether the program achieved its desired outcomes and impacts. It is the outcomes and impacts that are really at the heart of injury reduction programs – giving presentations and conducting trainings are only a means to achieving reductions in traffic crashes and injuries.

It is unclear how, and to what extent, local communities actually define overall goals for their programs. The survey of SC coalitions asked about action planning (which focuses only on more narrowly-defined activities; Figure 5) but did not ask about broader goal setting. A review of selected program grants indicated that many program goals were actually activities, although some local programs did a better job than others in formulating goals.

Although the goals and objectives resulting from the state's SC strategic planning process are written appropriately as broader outcomes and impacts, there does not appear to be a mechanism for linking the goals to local program planning efforts. Thus, the goals are useful to the group of people responsible for carrying out the plan (people at the state level who function outside the local programs), but the goals do not generally filter down to the local communities. Without formalized goals at the state level that can then be integrated into local program efforts, carrying out state priorities at the local level becomes an ad-hoc and uncertain process.

Recommendation 5: Formally integrate these goals into the grants that fund SC program coordinators.

It is important to have in place a process for filtering overall SC program goals down to the local level. One way to do this is through the OHSP grant process – goals can be integrated into local grants as part of the requirements for funding. While this does occur in some cases already, it occurs on an ad-hoc basis. There does not appear to be a systematic process for identifying key state goals and ensuring that they are addressed at the local level. This is partly because the state generally funds specific program activities (which often have very narrowly focused goals) rather than coordination, making it more difficult to link broader SC program goals to local program efforts. In addition, because many communities do not apply for program activity funds, there is no systematic way to influence local program direction in these communities.

Changing the state focus from funding program activities to funding coordination should help establish better links between state and local SC program efforts. One reason for this is that unlike individual program activities, which can have quite different purposes, the overall purpose of a coordinator is to help build and sustain the SC infrastructure – that is, to support the SC vision and mission. Thus, the coordinators' overall goals should be quite complementary to the state's SC program goals and should not vary too much across jurisdictions. This makes it much easier to come up with a set of consistent goals for coordinators that can be integrated into the grant application process. To the extent that most coordinators receive at least some level of funding, the majority of local SC programs will be part of this process.

Recommendation 6: Formalize the evaluation process for assessing program effectiveness and integrate it into the grant process. Evaluation must build directly on the program goals and should address program processes, impacts, and outcomes to the extent possible.

There is currently no comprehensive strategy or framework for determining the effectiveness of local SC programs. This is not to say that evaluations have not been conducted. Local SC coalitions were surveyed in late 2002 and rated, based on numeric scores for various measures (see Appendix C). However, the usefulness of this evaluation is limited for several reasons. First, it only focused on process elements and did not address program outcomes or impacts.

While impacts and outcomes may be more challenging to measure, it is not enough to look only at how SC coalitions are functioning – even a well-functioning coalition must be able to carry out programs that are effective in changing people’s behavior and reducing crashes and injuries. Second, in looking at process elements, the evaluation failed to include several that are considered important to successful community-based interventions in general, and SC programs in particular (e.g., well-articulated and shared mission and vision, clear and realistic goals, evaluation plan; see Appendix E). Further, items tended to focus simply on whether an element was present, and not on how well it actually functioned (e.g., how many coalitions members there were versus how active they were). In addition, the ratings do not appear to be based on clear criteria for what constitutes an effective program and, therefore, were somewhat arbitrary.

An evaluation of Michigan’s learning laboratories is ongoing and includes measures of crash/injury reduction and safety belt use. While the evaluation is limited to the two learning laboratory communities, the basis of the learning laboratory concept is that successful strategies for SC programs can be identified in a few places and then transferred to many other areas. However, it is premature to think about “lessons learned” until the evaluation of the learning laboratories has been completed.

At the state level, there needs to be an evaluation plan in place that not only addresses local SC program processes (that is, are the programs being implemented as planned), but also outcomes and impacts (are they accomplishing what they said they would accomplish – changing attitudes and behavior, and reducing crashes and injuries). Effective evaluation must begin with a clear understanding of program goals, objectives, and activities. Careful thought must be given to the questions the evaluation is designed to answer so that appropriate evaluation methods can be developed. Data collection needs to match the goals of the evaluation and the resources available. While evaluation can be challenging, it provides the information necessary to help concentrate available resources where they have the most effect. Evaluation can also, at the local level, encourage continued participation and support by program participants interested in the outcomes of programs in which they are involved. A well-conceived plan at the state level that outlines how evaluation will be integrated into local program efforts can benefit program staff at both the state and local levels.

Recommendation 7: Develop evaluation tools that can be made available to local communities for assessing SC program effectiveness.

The idea of developing explicit tools at the state level for use by local communities in undertaking SC efforts has shown promise in areas other than evaluation. For example, Florida was hailed as a leader among SC programs by one interviewee from outside Michigan for providing local communities with program tool-kits that essentially contain everything a community would need to implement a traffic safety program on their own. Given the important role that local communities should play in assessing SC program effectiveness, and given the limited experience and expertise of most local communities in doing such assessment, it makes sense for the state to invest the time and effort to produce effective tools for SC program evaluation.

Some of these tools may already exist in a general format (e.g., the manual for measuring safety belt use through direct observation; Eby, 2000) that would require only minor modifications to make them suitable for use with SC programs. Other tools could be created to assess specific program areas that have been accorded high priority at the federal and state levels (e.g., alcohol, speeding). A general survey tool for measuring the progress of SC programs in building community capacity would also be a valuable resource for local communities. The tools would need to be general enough that they could be used by a variety of communities and, at the same time, detailed enough to be used without much outside help. The development of the evaluation tools would need to be based on sound principles of evaluation.

Recommendation 8: Follow through on ALL recommendations for improving ACTS contained in the 2003 evaluation.

The functional evaluation of ACTS (Eby, Vivoda, Miller, and Spradlin, 2003) pointed out several problems with ACTS that undermine its effectiveness. It is critical these problems be corrected, particularly given the central role of ACTS in problem identification and resource assessment by local SC programs. Two of the three criteria for SC designation in Michigan involve use of the ACTS tool. All but one of the 22 programs surveyed reported having completed ACTS in the past two years (Figure 10), and many rely on ACTS for crash statistics, ranking of assets and deficits, and county data (William Donohue Group, 2003). One recommendation that came out of the strategic planning process involved adapting ACTS to other injury prevention efforts such as school violence (Dr. Ohren memo, February 23, 2001), and Dr. Donohue has recommended including a demonstration of ACTS in all coalition trainings and mini-conferences. Thus, given the widespread use of ACTS by local SC programs and the recent focus on expanding ACTS to other areas, there should be a sense of urgency in making sure that ACTS can be effectively used and provides accurate and consistent data. There has already been some indication (through interviews with the Michigan people) that ACTS can be difficult to use and interpret, and that findings are not always used as intended. If ACTS is going to continue to be used as the basis for problem identification and resource assessment, there needs to be confidence that it is functioning as intended.

Recommendation 9: Once revised, continue to use ACTS for problem identification, resource assessment, and program identification – do not promote it as cornerstone of the SC program.

ACTS was developed well before the creation of the SC program, to help Michigan's communities identify traffic safety problems and the community resources to solve them. Thus, its scope was limited to a few components of the planning process, and appropriately so, based on its design. However, with the establishment of Michigan's SC program, it seems to have taken on a role far beyond its original intent and current strengths. Some examples follow. First, early on in the evolution of Michigan's SC program, communities were considered to have an SC program in place, based almost solely on having completed ACTS. Upon closer examination, however, it turned out that many of these communities lacked key elements of an SC program. This explains, to a great extent, the discrepancies in the numbers of SC programs reported at various points in time (e.g., 50 in 2002, 22 in 2003). Second, ratings for Michigan's SC programs, based on findings from the 2002 survey, are heavily weighted by a community's involvement with ACTS (e.g., nine of the possible 64 points that determine a rating come from

ACTS; William Donohue Group, 2003). In addition, one of the main recommendations for increasing a coalition's rating is for communities to expand their use of ACTS. It appears that the distinctions between the ACTS model and the SC model have become somewhat blurred and this has led, in some cases, to SC programs focusing predominantly on ACTS and not working to put in place some of the other key elements needed for a successful SC program. In other cases, ACTS is being used to address broader issues for which the tool is not really designed. For example, ACTS' focus on community deficits and assets makes it useful for doing action planning. However, when ACTS is used for more "big-picture" issues (e.g., program vision, goal setting, evaluation), there is a tendency for these larger issues to become defined at the activity level.

Clearly, identifying community deficits and assets is important, but communities need to conduct these assessments within the broader context of what their vision and mission are and the overall goals for their program. In many cases, this seems not to have occurred. In addition, SC programs need to find ways to measure how effective their efforts are and ACTS is not intended to produce the type of systematic evaluation data needed, although some communities seem to be trying to use the community surveys in this way. While there are some materials available on the ACTS website that address broader elements of SC programs (e.g., sustainability), their placement here is not a good fit with the purpose of the tool. Communities would be better served if ACTS was revised in accordance with the recommendations from the 2003 evaluation and used for what it does best – problem, resource, and program identification. More appropriate channels should be used for helping communities with other key elements of SC programs. For example, OHSP does have a Michigan SC website, but it primarily contains summary information about the program. Actual resources for SC development are contained on the ACTS website. It would make sense to move these resources to the SC website. The ACTS website should remain one of the links to the SC website but should not be the repository for broader SC program resources that do not really fit its purpose.

Recommendation 10: Focus on strengthening SC infrastructure from the inside rather than the outside.

There has been a considerable effort in Michigan to provide technical assistance to its SC programs. Communities report being grateful for the help and appear to have benefited from formal training opportunities (based on interviews with Michigan people). Michigan's SC program uses several resource consultants who each work with communities in different parts of the state. In the survey of local SC programs, almost three-quarters reported having asked for assistance from a resource consultant. When asked about how resource consultants could be more helpful to their coalition, over half wanted them to connect the coalition with other resources and nearly a third wanted them to share with them the activities of other SC coalitions (Figure 13).

These efforts to support SC programs are clearly important and should continue. However, these efforts are quite labor intensive, requiring that consultants go to each community fairly frequently to attend coalition meetings and meet with program coordinators. In part, this has been necessary because most local program coordinators serve on a volunteer basis and do not have the time or resources to travel outside the community. Coordinators in most of the programs outside of

Michigan, because they are funded, are able to attend training sessions at central locations around the state on a regular basis, and have found this to be an effective way to learn new skills. In addition, Michigan's current model (of non-funded coordinators relying heavily on outside consultants) seems in many ways to be about growing SC programs from the outside instead of from the inside. Yet, almost everyone interviewed for this review agreed that growing strong SC programs requires the concentrated and sustained efforts of people who are part of the community.

While there should clearly be a continuing role for the resource consultants, it would be helpful to think about how they can be used more effectively to support local coordinators, who could then take on greater responsibility for coordinating local community efforts and building the relationships within the community critical to the success of SC programs. As part of this change in focus, it makes sense for OHSP to continue to use PN as a resource consultant but to take back the responsibility for administering program grants.

It also makes sense to think about how much added benefit can be derived from funding more learning laboratories. The intent of the learning laboratories, as we understand it, is to work very intensively with a small number of communities in order to identify effective SC program strategies that can be adapted by many other communities. The value of the learning laboratories is that a large number of communities can benefit from these "lessons learned" without OHSP having to expend the same high level of resources to support them, even though each community will have to tailor the strategies to meet their individual needs.

It appears that the currently funded learning laboratories have accomplished their purpose – once the evaluation of the learning laboratories has been completed, effective strategies can be identified and made available to other communities. The focus can then appropriately shift to ensuring that resources are available within communities so they can adapt these strategies in order to strengthen their own SC program efforts. Rather than establishing more learning laboratories, funds might be better spent providing the support needed for local community coordinators to take advantage of knowledge already gained from existing learning laboratories.

5. Objectives and action steps for improving program performance

Based directly on the recommendations in Section 4, a number of objectives were identified and are presented below. We have also added action steps to help OHSP accomplish the objectives. These steps are intended as a starting point for more in-depth action planning.

Objective 1: Fund local SC coordination through grants to local SC program coordinators.

Action steps:

1. Establish/re-establish SC planning team.
2. Determine available pool of money for local SC program coordination.
3. Develop criteria for allocating funds to local SC program coordinators.
4. Develop standard process for allocating funds.
5. Implement process.

6. Monitor, review, and adjust as necessary.

Objective 2: Encourage/direct local SC coordinators to seek program activity support from within their communities.

Action steps:

1. Determine how best to communicate messages to local SC programs (e.g., formal directive through objective in grant application, informal encouragement through grant application materials).
2. Develop process for delivering messages.
3. Implement process.
4. Monitor, review, and adjust as necessary.

Objective 3: Update the mission statement for the overall SC program and use it as the basis for planning.

Action steps:

1. Review existing mission statement and other relevant materials.
2. Identify key stakeholders, the criteria they use to judge the program, and how the program is performing against those criteria, in order to determine how best to satisfy stakeholders.
3. Revise mission statement, taking into account program purpose, how program should respond to key stakeholders, philosophy and core values, what makes program distinct or unique.
4. Reach formal agreement on adoption of mission statement.
5. Present mission statement to all SC stakeholders.
6. Prepare plan for making mission statement a physical presence (e.g., hang on office walls, include in all public relations, training, and grant materials) and for ensuring that statement is referenced as part of goal development and more general planning.
7. Implement plan.
8. Monitor, review, and adjust as necessary.

Objective 4: Consider developing a vision statement for overall SC program that clarifies what a successful program should look like as it fulfills its mission.

Objective 5: Develop a set of SC program goals that links directly to the mission.

Action steps:

1. Review mission statement to identify what SC program is intended to accomplish.
2. Translate broad intentions into specific program goals that address not only program processes, but also desired impacts and outcomes.
3. Document why the goals are important and how they fit within broader OHSP initiatives.

Objective 6: Incorporate desired program goals into grant process (including application form) for local SC program coordinators.

Action steps:

1. Review overall SC program goals - determine which might be appropriate for local programs.

1. Identify core set of goals that every grantee (local SC coordinator) should work to achieve.
2. Consider ways for local SC programs to choose additional goals.
3. Formalize set of core and optional goals as one requirement for grant funding.
4. Redesign the grant process and application form to include these goals.
5. Monitor, review, and adjust as necessary.

Objective 7: Develop an evaluation plan for assessing the effectiveness of local SC programs.

Action steps:

1. Review core and optional program goals.
2. Identify purpose for evaluation and questions it should answer.
5. Develop performance measures for key processes, impacts, and outcomes.
6. Develop evaluation design.
7. Identify data/information needs.
8. Determine how to present findings.

Objective 8: Develop/modify evaluation tools for key processes, impacts and outcomes (e.g., increasing safety belt use).

Action steps:

1. Identify set of needed tools.
2. Determine whether tools are available and what modifications are necessary.
3. Develop/modify tools (directly or through grants to experts).
4. Make tools available to local SC programs.
5. Monitor use of tools by local programs and revise as necessary.

Objective 9: Incorporate evaluation requirements and tools into grant process (including application form) for local SC program coordinators (to be done in conjunction with Objective 6).

Action steps:

1. Review evaluation plan.
2. Identify what components of plan should be required.
3. Redesign grant process and application form to incorporate evaluation requirements.
4. Monitor, review, and adjust as necessary.

Objective 10: Complete recommended changes to ACTS, as outlined in 2003 evaluation.

Action steps:

1. Review set of recommendations in Eby et al., 2003.
2. Review progress in completed changes.
3. Identify outstanding changes.
4. Develop plan for completing changes.
5. Implement plan.
6. Monitor, review, and adjust as necessary.

Objective 11: Use/promote revised ACTS as a problem identification tool.

Action steps:

1. Examine how ACTS is currently used and promoted.
2. Identify desired problem-identification-related goals for ACTS.
3. Develop plan for redirecting use of ACTS to accomplish goals.
4. Implement plan.
5. Monitor, review, and adjust as necessary.

Objective 12: Develop plan for effective use of resource consultants and PN within framework of strengthening local SC programs from within.

Action steps:

1. Review current role of resource consultants and PN.
2. Review revised/updated mission and goals for SC program, and expanded role of coordinators.
3. Revise roles of resource consultants and PN to optimize support for local coordinators.
4. Develop plan, outlining roles and responsibilities of resource consultants and PN.
5. Implement plan.
6. Monitor, review, and adjust as necessary.

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APPENDIX A

Highlights of 2000 Strategic Planning Process (Summarized from January 11, 2001, Dr. Ohren memo)

- Michigan SC program described as relatively new, with limited staff and modest resources – over 30 communities had completed ACTS and begun program implementation, with another 25 or so in the process of assembling a coalition and conducting ACTS surveys.
- Five alternative scenarios agreed upon during discussions:
 - Scenario A: Integrate the SC initiative more effectively within OHSP
 - Scenario B: Integrate the SC initiative more effectively within MSP
 - Scenario C: Integrate the SC initiative more effectively within SMS
 - Scenario D: Develop deeper roots for existing SC Coalitions
 - Scenario E: Target high-need areas for SC initiatives
- Common elements of the scenarios included:
 1. Further development of the ACTS instrument to ensure that it is easy to understand and use, and development of expertise among a greater set of individuals.
 2. Increased focus on coalition building, especially efforts to form and sustain coalitions.
 3. Changes in the nature of skill levels of staff to best support SC programs. Development and integration of a systematic evaluation approach by OHSP (that includes defining measures of short-term and long-term success and designing and implementing an information gathering system to produce the necessary data).
- A set of program outcomes was developed to assess the various scenarios including:
 1. High priority
 - i. Promotes increased commitment to traffic safety
 - ii. Reduces local K/A injuries
 - iii. Provides increased partnering opportunities at the local level
 - iv. Reduces statewide K/A injuries
 2. Medium priority
 - v. Integrates OHSP programs at the community level
 - vi. Integrates more into OHSP/MSP/SMS
 - vii. Achieves effective traffic safety resource utilization
 3. Low priority
 - i. Integrates more into the statewide prevention system

APPENDIX B

Highlights of Dr. Ohren Action Plan

(Summarized from February 23, 2001, Dr. Ohren memo)

Goal 1: Maintain existing SC coalitions and insure a minimal level of traffic safety programming

Action strategies:

- a. Provide support through contract with PN, and training and supporting additional resource consultants and CIPOs
 - i. Identify necessary level of PN support for 40-50 expected active coalitions over next 1-2 years (up to 60 in year 3)
 - ii. Recruit and train additional support
 - iii. Establish expectations for continued contact/monitoring of coalitions by PN
- b. Meet regularly with SC coalition leaders to share information
 - i. Determine most effective approach for interaction/develop regular process
 - ii. Conduct periodic meetings with PN, consultants, coalition leaders
- c. Respond to requests for assistance from new communities – but no new marketing initiatives
 - i. Establish protocol for responding to requests
 - ii. Establish criteria for determining level and extent of response
- d. Develop/implement regular reporting system of coalition activity (for publicity and evaluation)
 - i. Identify information to be reported by coalitions to OHSP Provide forms/establish timelines
 - ii. Gather data and provide feedback on effort, best practices
- e. Routinely publicize coalition efforts/develop capacity to produce annual report
 - i. Establish channels to media information outlets
 - ii. Regularly share press releases and other information
 - iii. Prepare first annual report at end of 2001-02
- f. Simplify funding processes/requirements and channel OHSP funds through coalitions
 - i. Continue to channel OHSP funding through coalitions
 - ii. Provide funding information to coalitions through PN
 - iii. Provide training through PN (e.g., grant writing)

Goal 2: Develop and strengthen selected new or existing SC coalitions by testing various coalition-building strategies that can be applied to other SC coalitions and other community based efforts

Action strategies:

- a. Select 6-8 existing SC communities in year 1 for intensive support
 - i. Identify selection criteria
 - ii. Target 6-8 communities in first year
 - iii. Establish communication lines with coalition members
- b. Identify potential coalition building activities
 - i. Meet with other community based coalitions to identify best practices

- c. Review literature for best practices Develop and implement strategies for training, technical assistance and coalition support
- d. Identify second set of 6-8 communities for coalition building in areas without coalitions
 - i. Identify communities for start-up efforts
 - ii. Develop/train coalitions
 - iii. Assist new coalitions in ACTS, program implementation

Goal 3: Integrate SC coalition efforts with other MSP initiatives

Action strategies:

- a. Link OHSP enforcement grant awards to SC coalitions
 - i. Develop protocol to insure communication/publicity
 - ii. Notify SC coalition of all awards made to community
 - iii. Require recipient agencies to cooperate with SC coalitions to secure greater publicity
- b. Establish closer working relationships with EMD staff in Safety First Community program
 - i. Strengthen Ottawa County SC coalition/involve in Safety First Initiative
 - ii. Use EMD Ottawa County pilot to test EMD/SC coalition collaboration
 - iii. Develop protocol for assessment of collaboration
 - iv. Collaborate with EMD in second/third year initiatives in other communities
- c. Develop potential collaborative strategies between PN and State Police posts
 - i. Explore possible areas of collaboration with MSP prevention services
 - ii. Identify active SC coalitions
 - iii. Develop joint programming opportunities
 - iv. Develop protocol for impact assessment
- d. Join long-term planning efforts across other traffic safety systems through SMS

Goal 4: Improve SC support systems

Action strategies:

- a. Further refine and develop ACTS
 - i. Secure ACTS documentation
 - ii. Further refine web-based document
 - iii. Adapt ACTS to other programs (e.g., school violence)
- b. Develop/implement evaluation plan to assess program impact
 - i. Identify measures of program success or impact
 - ii. Install data-gathering systems
 - iii. Regularly gather/assess data
 - iv. Conduct initial evaluation, refine evaluation plan
- c. Routinely publicize efforts of SC coalitions and produce annual report

APPENDIX C

Findings from SC Surveys (Summarized from William Donohue Group, 2003)

Forty-five questionnaires were mailed out. Completed questionnaires were received from 22 coalitions. Responses were scored and, depending on total points, coalitions were given a rating of A (54-64), B (43-53), or C (0-42). Of the 22 coalitions, one received an A rating, four a B rating, and 17 a C rating. The evaluation report identified several areas of weakness: 1) ACTS not being used to full potential; 2) lack of leadership succession plan; 3) NETS presence; 4) strategic planning activities not present in nine coalitions; 5) lack of sustainability plan in 15 coalitions; 6) failure to apply for grant funding by eight coalitions.

Recommendations reported by the William Donohue Group included:

1. Review the SC action plan and make necessary adjustments.
 - a. Continue to use the existing resource consultants.
 - b. Review data and focus resources on coalitions with most KA crashes and belt use.
 - c. Include demonstration of ACTS in all coalition trainings and mini-conferences.
2. Convert B coalitions to A coalitions so that A/B coalitions comprise 75% of total.
3. Convert C coalitions to B.
4. Re-design the certification process for Safe Communities.
5. Select two more learning laboratories in FY 04.

The following charts were adapted from numbers reported in the evaluation report. A total of 22 SC programs completed the survey, but not all programs answered every question. Therefore, some percentages do not add to 100, due to non-response. Each chart is set up so that the Y-axis (percent) shows the percent of the 22 SC programs that reported having the particular attribute of interest. For example, in Figure 1, about 95% of the 22 SC programs reported having representation from law enforcement on their coalition.

Figure 1. Agencies/Areas Represented on SC Program Coalition

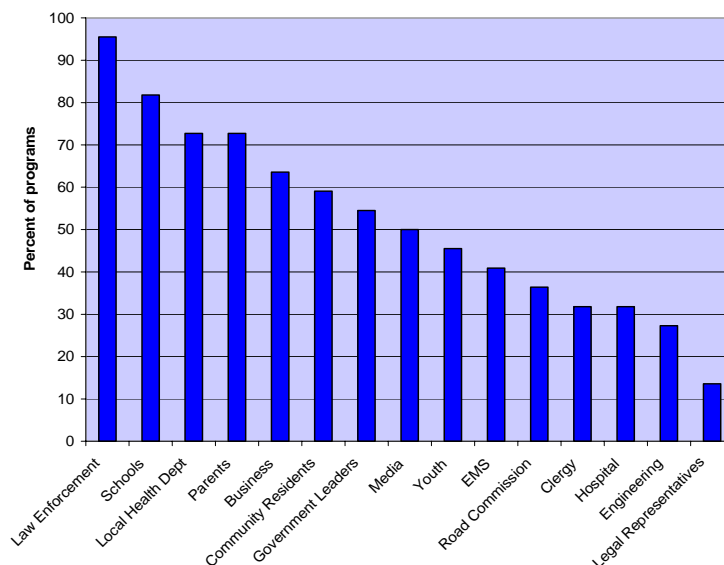


Figure 2. Frequency of Coalition Meetings

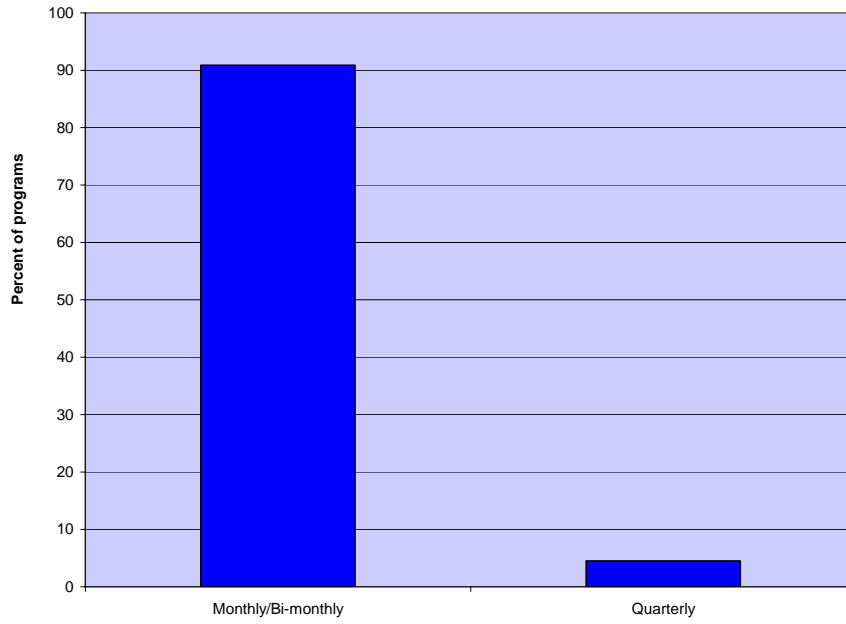


Figure 3. Presence of Coordination-Related Positions Within Coalition

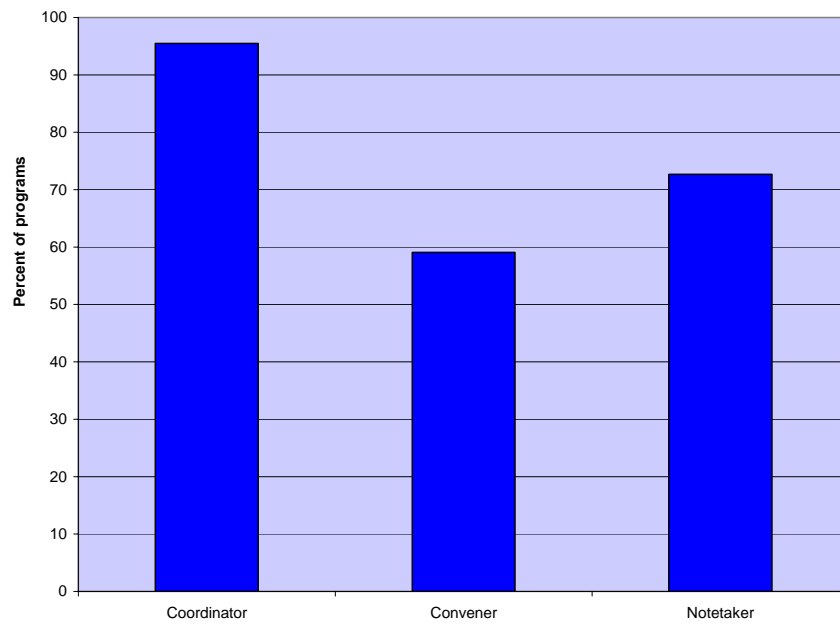


Figure 4. Number of Coalition Committees

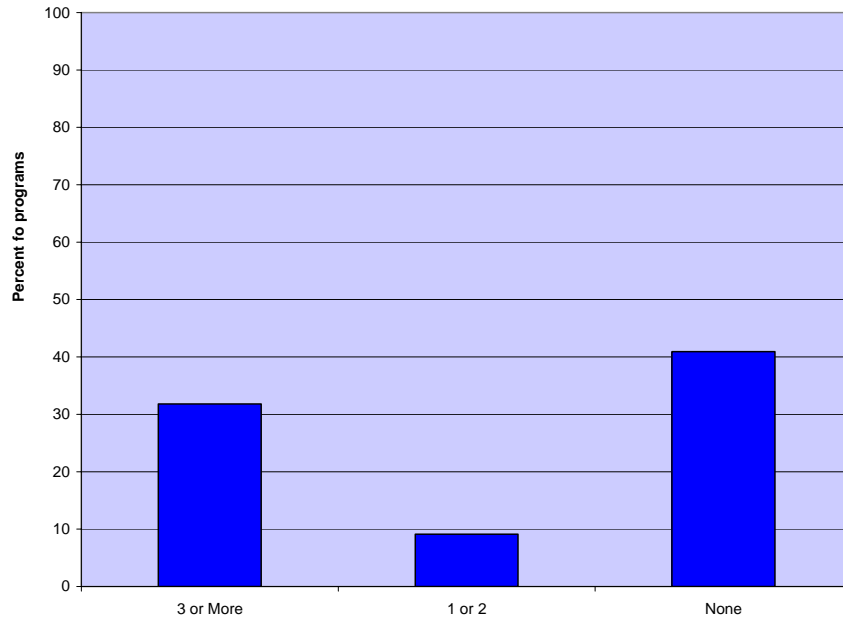


Figure 5. Presence and Type of Action Plan for SC Program

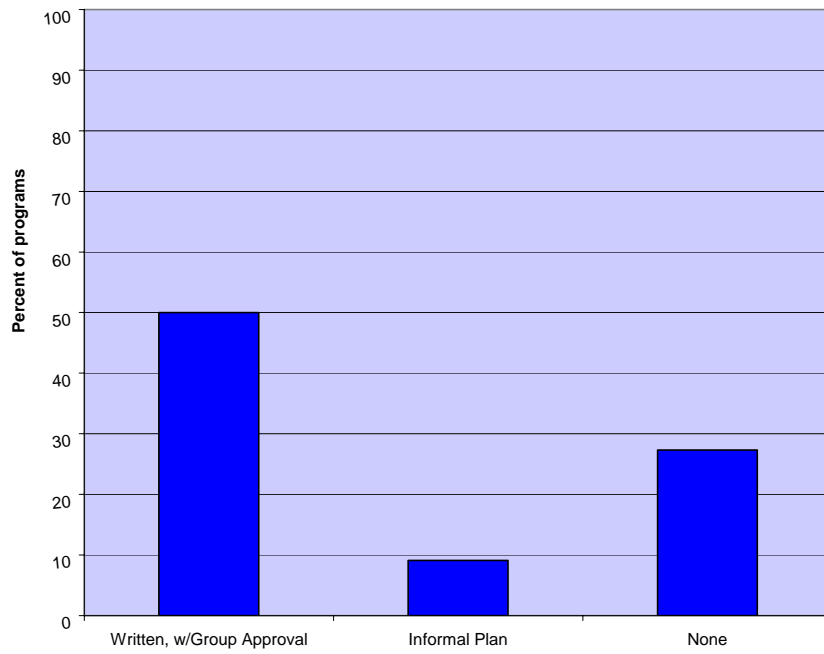


Figure 6. Presence of Coalition Chair and Succession Plan

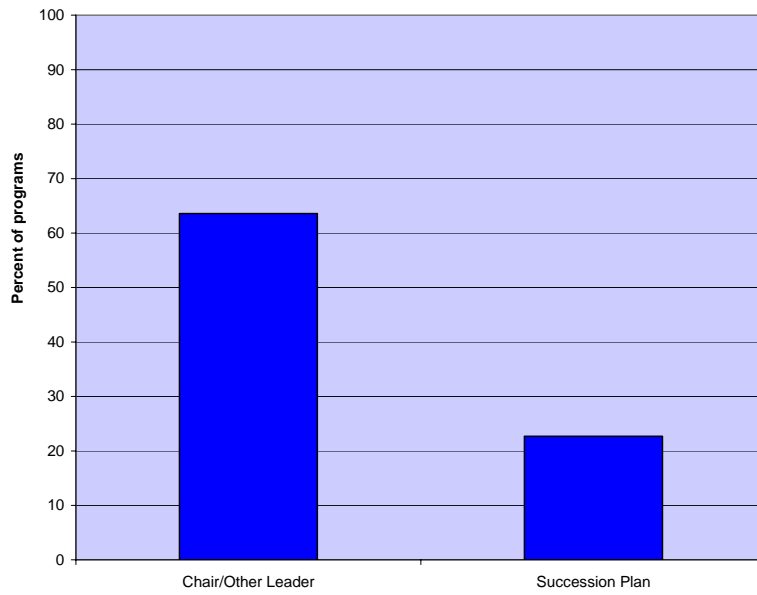


Figure 7. Number of Grants Applied For

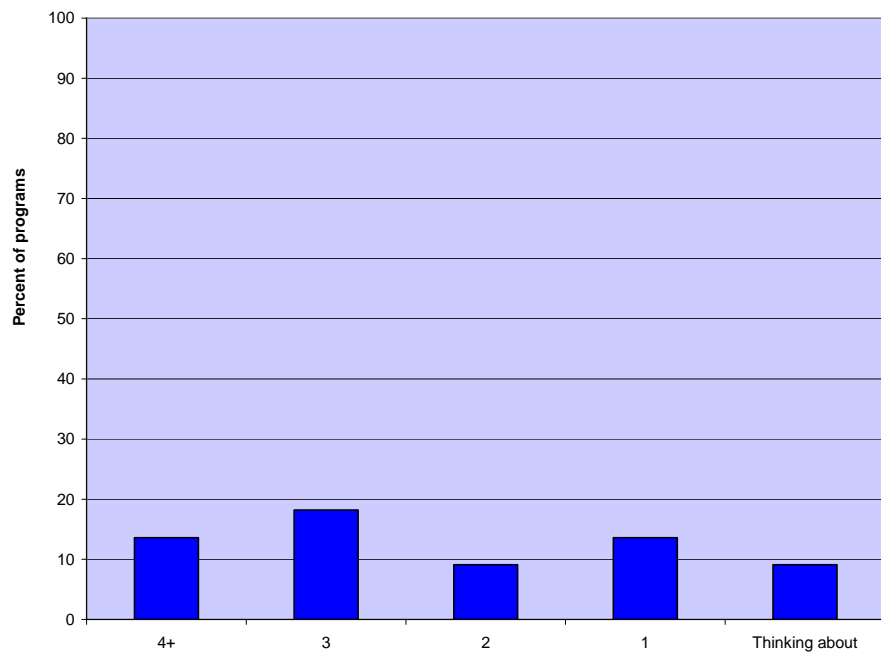


Figure 8. Number of Data Assessments Completed

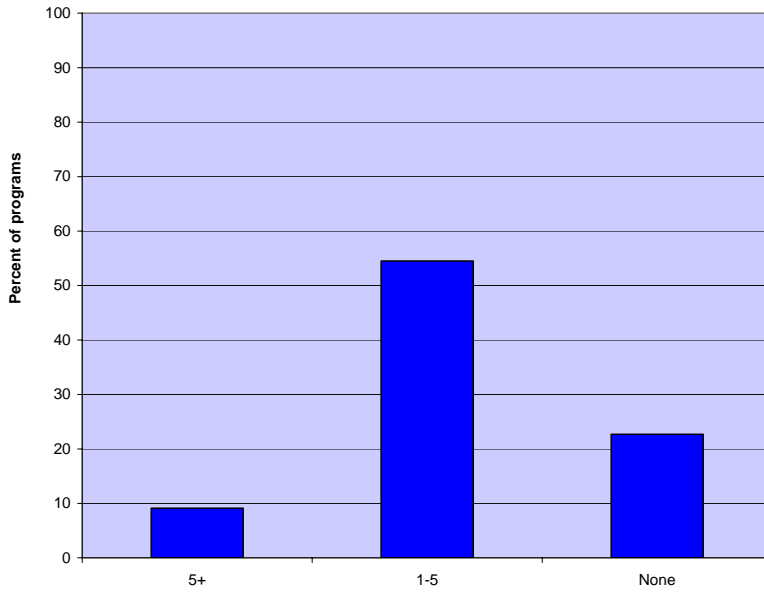


Figure 9. Types of Partnerships

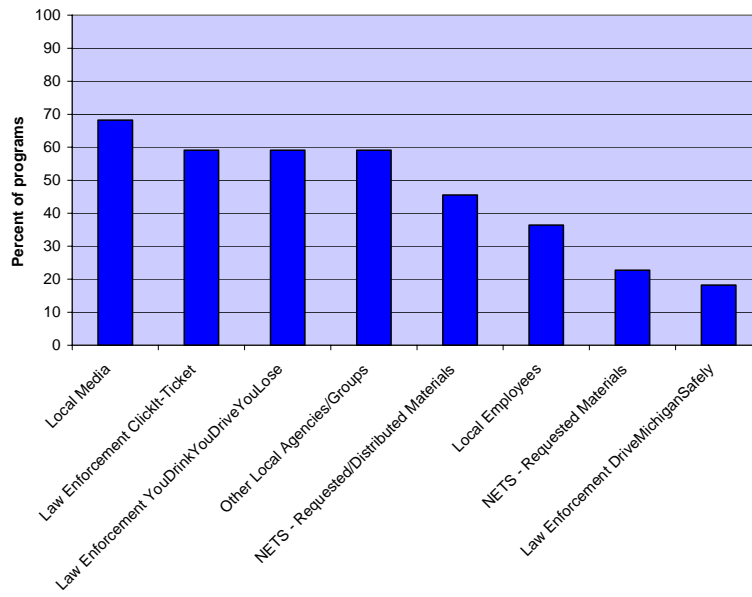


Figure 10. Type of ACTS-Related Activities

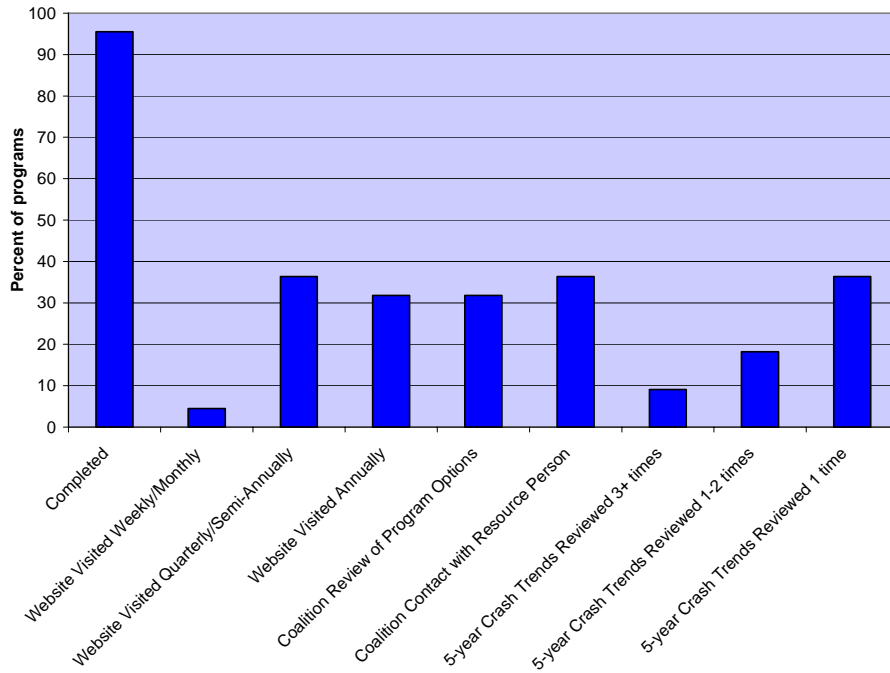


Figure 11. Number of Programs Implemented

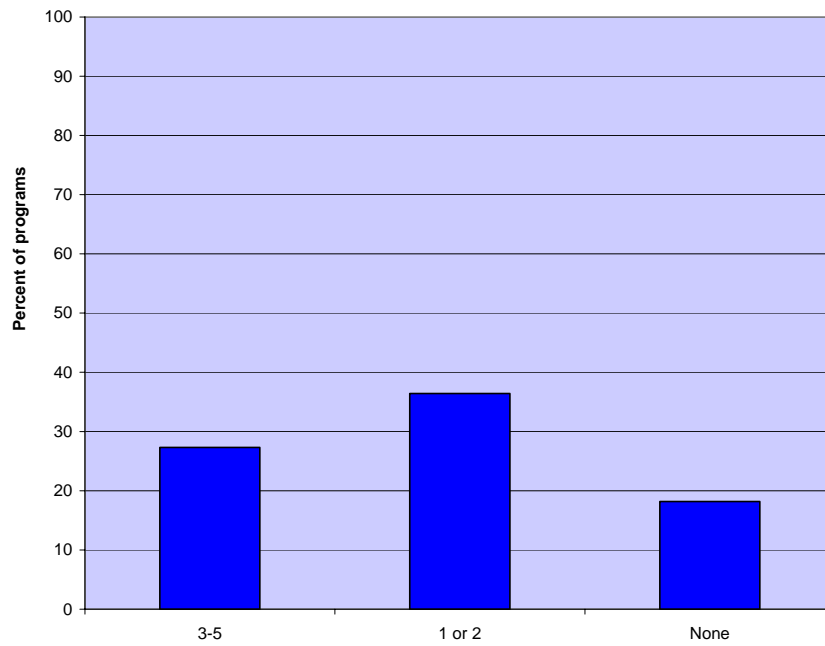


Figure 12. Presence and Status of Sustainability Plan

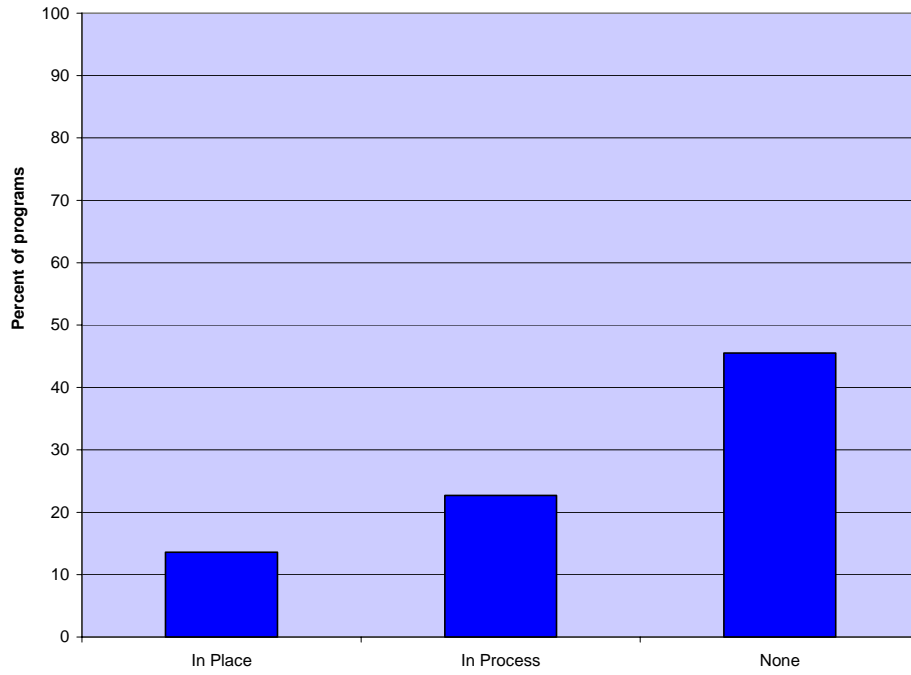
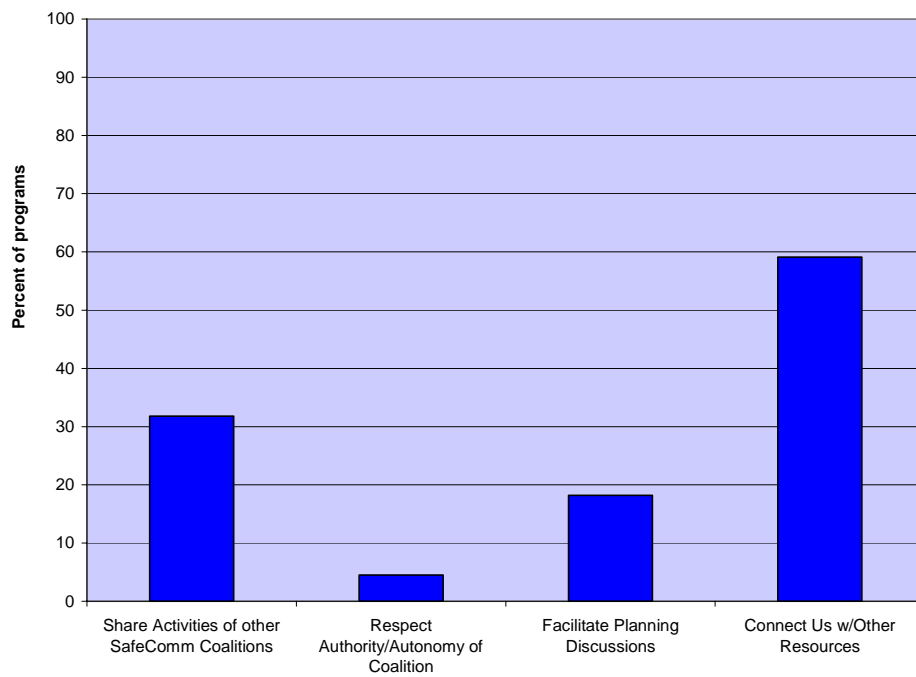


Figure 13. Ideas for How Resource Consultants Could Be More Helpful



APPENDIX D

Written Materials from Other States

National Highway Traffic Safety Administration. (n.d.). A Dialogue about Safe Communities: Highlights from a New England Workshop about Local Traffic Safety Initiatives. Retrieved October 22, 2003, from: <http://www.edc.org/buildingsafecommunities/images3/dialogue.pdf>.

In January 1999, representatives from a dozen New England Safe Communities projects, joined by staff from the US DOT and several state highway safety and public health offices, gathered to discuss their experiences with the Safe Communities model. Key elements of SC programs were discussed:

1. Surveys are practical tool for gathering information – they reflect the community’s concerns and can motivate town government to respond by taking action in ways that a more objective data collection effort cannot.
2. A paid coordinator is essential to the long-term health and effectiveness of a program. Ways to obtain funding for a coordinator include:
 - a. Line items in the budget
 - b. Private sector partners
 - c. Federal grants obtained through state public health or safety offices
3. Rather than promising that programs will produce significant behavioral changes over a short period of time, programs should define their objectives by looking at the stages people move through on the path to lasting behavioral change – precontemplation, contemplation, preparation, action, maintenance, termination.
4. Data mapping can be used to both identify traffic safety problems and measure effectiveness of the strategies used to address them (requires mapping software, crash and injury data, and coverage files).
5. Programs benefit from partnering with local newspapers and television and radio stations. The media can bring safety messages to the public, bolster program visibility and attract new partners and funding, and help retain the support of current coalition partners helping them generate the institutional support needed for sustained involvement.
6. Some programs may want to regionalize to conserve resources and operate more efficiently over a wider area.
7. Programs must establish realistic goals and educate their funders about how progress is made.

National Highway Traffic Safety Administration. (2000). *Connecting Traffic Safety and Community Health: Three Success Stories from New England*. Retrieved October 22, 2003, from: <http://www.edc.org/buildingsafecommunities/traffic.pdf>.

Communities described differ in size, geography, and population. Each mobilized on a different issue. Yet the coalitions used a similar process to address their issues – a process that proved so successful that all three expanded their efforts and tackled additional problems:

1. Community health profiles or safety assessments can reveal a public concern with traffic safety.
2. Connecting traffic safety to other health and safety issues can promote broad public support for these efforts.
3. Existing community improvement coalitions can be mobilized to implement traffic safety activities.
4. Funders are attracted to projects that address traffic injuries as one component of a larger health and quality of life agenda.
5. A funded coordinator position is essential to ensure that a program maintains momentum necessary to both complete short term projects and become a permanent part of the community.

Eastern Carolina Injury Prevention Program, University Medical Center of Eastern Carolina. (n.d.) Safe Communities Best Practices. Building Community Participation, Volume 1, Number 3.

The Pitt Initiative for Safe Communities Evolving Successfully (PISCES) stands out as an SC because of how it uses program evaluation to build and refine its activities. Recommendations of the evaluators (UNC Injury Prevention Research Center) include:

1. Circulate an agenda in advance
2. Provide meeting summaries to those who could not attend
3. Use name tags and place markers to identify everyone so coalition members are more comfortable and knowledgeable
4. Collect survey information about coalition member interests and willingness to participate in future project activities
5. Arrange tables and chairs to encourage eye contact and better facilitate discussion
6. Start and end meetings on time
7. Conduct introductions of participants to stimulate the group process
8. Have a period of announcements and open comments on each agenda to allow coalition members to provide additional direction of meetings and planned events
9. Have working group members report back to coalition on activities taking place
10. Use door prizes to encourage attendance
11. Ask coalition members to serve in facilitation roles
12. Project staff are involved in clarifying the coalition's vision, mission, and goals

National Highway Traffic Safety Administration, Region VIII. (n.d.). *Safe Community Coalition Assessment*. Retrieved October 23, 2003, from: <http://www.nhtsa.dot.gov/safecommunities/servicecenter/shop/workbench.htm>

An assessment process was developed to review SC programs, note the programs strengths and weaknesses, and make suggestions for improvements. The SC assessment process examines significant components of the programs. The following are addressed: use of multiple data sources, citizen involvement, expanded partnerships, comprehensive injury control systems, program planning, program effectiveness, and self sufficiency.

1. Multiple data sources
 - a. Who is being injured
 - b. Under what circumstances are people being injured

- c. How serious are the injuries
 - d. What are the costs associated with the problem
 - e. What are the potential savings to the community if the injuries are reduced
- 2. Citizen involvement
- 3. Expanded partnerships
 - a. Law enforcement
 - b. Local government
 - c. Public safety officials
 - d. Schools
 - e. Courts
 - f. Business
 - g. Health departments
 - h. Community and advocacy groups
 - i. Prevention, acute care and rehabilitation communities
 - j. Employers
 - k. Health care providers
 - l. Media representatives
- 4. Comprehensive injury prevention and control
 - a. Prevention
 - b. Acute care
 - c. Rehabilitation
- 5. SC program planning
 - a. Assessment of problems and community capacity
 - b. Planning – establishing goals, objectives, activities, time lines, budgets
 - c. Implementation
 - d. Evaluation
- 6. Program effectiveness
 - a. Outcome evaluation – reduction in fatal and nonfatal injuries and their associated costs
 - b. Impact evaluation – behavioral and environmental change
 - c. Process evaluation – how the program was implemented
- 7. Self sufficiency (combining resources, multiple sources of funding)

Editorial. (2003). Community-based interventions. *American Journal of Public Health*. 93(4): 529-533.

The appropriate outcomes of community-based interventions may not just be changes in individual behaviors but may also include changes in community capacity (to address health related issues). A number of dimensions of community capacity have been identified including skills and knowledge, leadership, a sense of efficacy, trusting relationships, and a culture of openness and learning.

There is also increasing attention being paid to ecological perspectives in community-based interventions. If individuals' behaviors are the result of social influences at different levels of analysis, then changing behavior may require using social influences – family, social networks, organizations, public policy – as strategies for change. The goal for community-based

interventions is not only to change individual perceptions and behaviors but also to embed public health values in our social ecology, including family, social networks, organizations, public policy, and ultimately our culture – how we think about things. Considerable progress has been made in articulating program or implementation theories yet there are relatively few advances in developing a theory of community change (especially explaining the how and why of community change).

Zimmerman, G.L., Olsen, C.G., & Bosworth, M.F. (2000). A ‘Stages of Change’ approach to helping patients change behavior. *American Family Physician*, 61(5): 1409-1416.

The Stages of Change Model shows that for most people, a change in behavior occurs gradually, with the patient moving from being uninterested, unaware, or unwilling to make a change (precontemplation) to considering a change (contemplation) to deciding and preparing to make a change. Genuine, determined action is then taken and, over time, attempts to maintain the new behavior occur. Relapses are almost inevitable and become part of the process of working toward life-long change.

Precontemplation: During this stage, people do not even consider changing (incorporates locus of control, health belief model, and motivational interviewing).

- Not thinking about change
- May be resigned
- Feeling of no control
- Denial, does not believe it applies to self
- Believes consequences are not serious

Contemplation: People are ambivalent about changing. Giving up an enjoyed behavior causes them to feel a sense of loss despite the perceived gain. During this stage, people assess barriers (e.g., time, expense, hassle, fear) as well as the benefits of change (incorporates health belief model, motivational interviewing).

- Weighing benefits and costs of behavior, proposed change

Preparation: People prepare to make a specific change. They may experiment with small changes as their determination to change increases (incorporates cognitive behavioral therapy, 12-step program).

- Experimenting with small changes

Action: Any action should be praised because it demonstrates a desire for lifestyle change (incorporates cognitive behavioral therapy, 12-step program).

- Taking a definitive action to change

Maintenance and relapse prevention: This involves incorporating the new behavior over the long haul. Discouragement over occasional slips may halt the change process and result in the person giving up. However, most people find they recycle through the stages of change several times before the change becomes truly established (incorporates motivational interviewing, 12-step program).

- Experiencing normal part of process of change
- Usually feels demoralized

APPENDIX E

Findings from Literature Review

Key Elements of Community-Based Interventions and Coalitions		
Area	Element(s)	Sources
Leadership	<p>-Paid coordinator (e.g., funded through line items in budget, private sector partners, federal grants from state public health or safety offices)</p> <p>-Strong and capable leadership (attentive to and supportive of individual member concerns, competent in negotiation, garnering resources, conflict resolution, developing relationships, membership in other community organizations, commitment, proven administrative skills, competent, credible, dedicated, trustworthy, articulate, persuasive, trained, educated, professional, strategic and political skills, organized and good manager, group facilitation skills, respected, clear vision)</p> <p>-Dispersed and developed among all members rather than in single charismatic individual</p> <p>- Neutral convener who is independent, trusted, and credible (models include citizen leagues & community planning councils)</p>	<p>NHTSA Region 1, 2000, 2003</p> <p>Butterfoss et al., 1993; Fawcett et al., 2000; Kegler et al., 1998; Libby & Austin, 2002; Lyons & Smutts, 1998; Mitzrahi & Rosenthal, 2001; Roussos & Fawcett, 2000; Wolff, 2001</p> <p>Wolff, 2001</p> <p>Swain, 2001</p>
Coalition membership	<p>-Broad, diverse constituency (expanded partnerships include all who have stake in reducing injuries – law enforcement, local government, public safety, schools, courts, business, health departments, community and advocacy groups, prevention, acute care, rehabilitation, employers, health care providers, media)</p> <p>-Inclusive and stable; citizen involvement</p> <p>-Membership characterized by cooperation, past history of collaboration, recognition of mutual need or purpose, diverse resources and skills, clear role delineation, mutual trust and respect, shared responsibility, sense of belonging, unity, frequent and productive communication, active participation, achievement of short-term successes and recognition and reward of efforts, flexible and responsive; perception that benefits (e.g., self-education, empowerment) outweigh costs (e.g., financial, family), recognition of interdependence with local government</p>	<p>Bergman et al., 2002; Libby & Austin, 2002; Harris et al., 1997; Mitzrahi & Rosenthal, 2001, NHTSA Region VIII, 1998; Wolff, 2001a,b</p> <p>Harris et al., 1997; Lyons & Smuts, 1998; NHTSA Region VIII, 1998; Wolff, 2001a</p> <p>Butterfoss et al., 1993; Harris et al., 1997; Kegler et al., 1998; Kurland & Zeder, 2001; Lyons & Smuts, 1998; Mayer et al., 1998; Mitzrahi & Rosenthal, 2001; Rathgeb & Smith, 1997; Wolff, 2001a</p>

Coalition structure and process	<p>-Effective/efficient conduct of meetings (e.g., circulate agenda in advance, provide meeting summaries, use name tags and place markers, collect survey information about coalition member interests and willingness to participate in future project activities, arrange physical space to facilitate discussion, start and end on time)</p> <p>-Democratic management – delegation and accountability, shared decision-making, fair</p> <p>-Formalized rules and procedures (reflecting usual organizational capacities of any successful organization)</p>	<p>Eastern Carolina Injury Prevention Program</p> <p>Kurland & Zeder, 2001; Lyons & Smuts, 1998; Mitzrahi & Rosenthal, 2001</p> <p>Butterfoss et al., 1993; Kegler et al., 1998; Libby and Austin, 2002; Wolff, 2001</p>
Community conditions	<p>-Opportunity for regionalization to operate more efficiently</p> <p>-Favorable conditions for media partnerships</p> <p>-Impetus for change/community readiness (e.g., resource scarcity, failure of existing efforts, external mandates, catalyst/champion organization or individual)</p>	<p>NHTSA Region 1, 2003</p> <p>NHTSA Region 1, 2003</p> <p>Butterfoss et al., 1993; Lee et al., 2000; Mitzrahi & Rosenthal, 2001; Wolff, 2001</p>
Planning - general	<p>-Collaborative planning, community involvement</p> <p>-Integrated, clearly defined planning/problem solving process (problem ID and resource assessment; establishing goals, objectives, actions, timelines, budgets; implementation, evaluation)</p> <p>-Well articulated and shared mission and vision (community buy-in)</p>	<p>Bergman, et al., 2002; Fawcett et al., 2000; Potvin, et al, 2003; Sorenson, et al., 1998</p> <p>Butterfoss et al., 1993; NHTSA Region VIII, 1998; Pick, et al., 2003; Potvin, et al, 2003; Wandersman et al., 2003</p> <p>Butterfoss et al., 1993; Harris, et al., 1997; Kegler et al., 1998; Lee et al., 2000; Roussos & Fawcett, 2000; Wolff, 2001</p>
Planning - problem ID and resource assessment	<p>-Use of surveys and data mapping to gather information</p> <p>-Identification of target population</p> <p>-Attention to community context/community involvement</p> <p>-Use of raw data for problem ID (not interpreted data); multiple data sources</p>	<p>NHTSA Region 1, 2003</p> <p>Mertzel and D’Afflitti, 2003</p> <p>Fawcett et al., 2000; NHTSA Region VIII, n.d</p> <p>Kurland & Zeder, 2001; NHTSA Region VIII, 1998</p>
Planning – goals, objectives, and actions	<p>-Objectives defined within stages of change context (precontemplation, contemplation, preparation, action, maintenance, termination)</p> <p>-Clear and realistic goals, objectives, actions</p>	<p>NHTSA Region 1, 2003 Zimmerman et al., 2000</p> <p>McLeroy et al., 2003; Mitzrahi & Rosenthal; NHTSA Region 1, 2003; Roussos & Fawcett, 2000</p>

<p><i>Planning – goals, objectives, and actions (continued)</i></p>	<p>-Goal of building community capacity (e.g., skills and knowledge, leadership, sense of efficacy, trusting relationships, and a culture of openness and learning) not only changing individual behavior. Includes institutional or systems change</p> <p>-Staff involvement in clarification of goals/objectives</p>	<p>Harris et al., 1997; Mayer, et al., 1998; McLeroy et al., 2003; Mertz el and D’Afflitti, 2003; Mitzrahi & Rosenthal, 2001; NHTSA Region 1, 2003; Swain, 2001; Wolff, 2001a,b</p> <p>Eastern Carolina Injury Prevention Program</p>
<p>Planning – implementation and program management</p>	<p>-Focused intervention – tailored to target audience</p> <p>-Theory based intervention development (e.g., planned behavior or tiered approach - 1on 1 for high risk people, community-wide to change social norms, and policy-level intervention to modify social/political environments</p> <p>-Selection based on resource availability, prospects for effectiveness, distinct identity, adapted to local community, local involvement</p> <p>-Comprehensive injury prevention and control (prevention, acute care, and rehabilitation)</p>	<p>Mertz el and D’Afflitti, 2003; Mitzrahi & Rosenthal, 2001; Pick, et al., 2003; Sorenson, et al., 1998</p> <p>Sheeran & Silverman, 2003; Mertz el and D’Afflitti, 2003</p> <p>Mayer, et al., 1998; NHTSA Region VIII, 1998</p> <p>NHTSA Region VIII, 1998; Wolff, 2001</p>
<p>Planning - evaluation</p>	<p>-Development of evaluation plan, collection and analysis of objective data to document/monitor change, focus on outcome (e.g., reduction in injuries), impact (short term measures of behavioral change such as increase in belt or helmet use), process (how program implemented)</p>	<p>Fawcett et al., 2000; Harris et al., 1997; Lee et al., 2000; NHTSA Region VIII, 1998 ; Pick, et al., 2003; Roussos & Fawcett, 2000; Wolff, 2001b; Sorenson, et al., 1998</p>
<p>Program effectiveness</p>	<p>-Demonstrated process/outcome effectiveness - attainment of goals, objectives, actions (a well-formed and maintained coalition is not necessarily effective in accomplishing its mission even if it is effective in generating programs and activities or member satisfaction and commitment. While these activities are important they are insufficient measures of effective results)</p>	<p>Butterfoss et al., 1993; Harris et al., 1997; NHTSA Region VIII, n.d ; Roussos & Fawcett, 2000</p>
<p>Training/technical assistance</p>	<p>-Carefully designed and strong support (e.g., skills development, information and referral services, mechanisms for creating linkages among coalitions, methods of recognizing group achievement, easy and quick to access and available at state & local level, community-building, collaborative leadership, working with media, and benchmarking for success). Challenges include setting priorities and allocating limited technical assistance resources; balancing capacity-building versus program dissemination efforts; collaborating across categorical problem areas; designing technical assistance initiatives with enough “dose strength” to have an effect; balancing fidelity versus adaptation in program implementation; building organizational cultures that support innovation; building local evaluative capacity versus generalizable evaluation findings.</p>	<p>Kegler et al., 1998; Lee et al., 2000; Mitchell et al., 2002; Potvin, et al, 2003; Roussos & Fawcett, 2000; Wandersman et al., 2003; Wolff, 2001b</p>

Self-sufficiency	-Effective mechanisms for securing financial resources and planning for financial sustainability early on (e.g., social marketing; working with media; community presentations, persuasion, grants, collaboration with state agencies, multiple funding sources). Balance integrity when seeking funds in order to remain authentic, use best practices	William Donahue, n.d.; Fawcett et al., 2000; Lee et al., 2000; Mayer, et al., 1998; NHTSA Region VIII, 1998; Roussos & Fawcett, 2000; Wolff, 2001
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