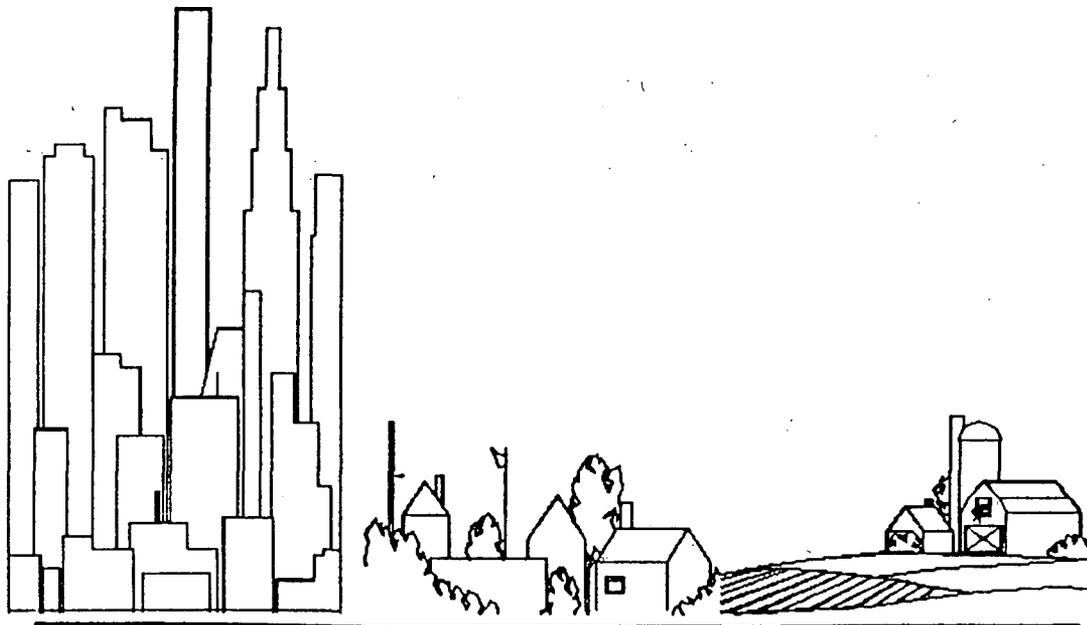




U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

# COMMUNITY TRAFFIC SAFETY PROGRAMS:

## Review and Analysis



## **COMMUNITY TRAFFIC SAFETY PROGRAM (CTSP)**

*A program administered by an established unit in the community, sustained over time, that has public and private input and participation to an action plan to solve one or more of the community's traffic safety problems.*

*Community Traffic Safety Programs: A Consensus Statement, September, 1989 (DOT HS 807 472).*

There are more than 330 CTSPs providing service to 100 million people. Their "communities" may be one small town or a multi-county region. Most CTSPs are part of public agencies. They are continuing programs with an "action plan" for highway safety. They typically have a Task Force which directs, decides, and performs much of the work; a coordinator who manages the work and represents the CTSP to the public; plus volunteers and local sponsors.

The best CTSPs are more than local traffic safety organizations. They are partners with their respective State Highway Safety Office (SHSO) in the delivery of countermeasures to the community. They serve as a locally owned, locally directed, and locally managed franchise. A successful CTSP can bring together federal, State, local, and volunteer resources for traffic safety initiatives.

Current CTSPs represent the evolution of organizational structures designed to implement safety countermeasures at the local level. The purpose of the present study was to describe the current status of this evolutionary process, what makes them succeed, and what makes them fail.

The remainder of this report covers:

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## CTSP Origins

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In 1921, the City of Milwaukee established the Milwaukee Safety Commission as a centralized organization to deal with safety problems with specific reference to traffic safety. The Commission is now in its 72nd year as an independent agency within City Government. Members of the Commission, appointed by the Mayor, come from industry, government, law enforcement, private and public education, and transportation. The Commission appoints a full-time managing director who in turn hires a staff to implement those programs selected by the Commission. The Commission's emphasis over the years has been on traffic safety as the leading cause of unintentional injury.

The Milwaukee experience indicates that the basic concepts for a CTSP are not new: a dedicated staff; working for a permanent agency of government; with support and direction from both the public and private sector. The existence of the Commission with representation from many segments of the community has made countermeasure selection and implementation much easier than it otherwise would have been. Representatives from several agencies can be reached quickly, and decisions can be made by one operating authority. Countermeasure implementation and monitoring is also much easier since there is a permanent organization in place to handle these functions.

Over the years, many other communities have realized that solutions to highway safety problems may require an integrated and coordinated effort from many agencies and groups. The easy countermeasures have been implemented, and we are now typically concerned with multi-agency and multi-modal approaches. These approaches rely on the synergism that can be created when different groups of people attack a common problem from very different perspectives. The net result is, more often than not, greater than the sum of the individual contributions.

The role of the CTSP is to coordinate a multi-agency, public and private response to a complex highway safety problem. Many of today's CTSPs began as multi-agency programs directed toward one highway safety problem and later expanded. Drinking and driving is one example of the need for a coordinated effort between the police, courts, rehabilitation, education, and prevention. Other CTSPs can trace their origins to child restraint, occupant protection, or injury prevention programs.

| <b>NHTSA Region</b> | <b>Number of CTSPs</b> |
|---------------------|------------------------|
| I                   | 21                     |
| II                  | 27                     |
| III                 | 57                     |
| IV                  | 37                     |
| V                   | 77                     |
| VI                  | 29                     |
| VII                 | 11                     |
| VIII                | 26                     |
| IX                  | 27                     |
| X                   | 22                     |
| <b>Total</b>        | <b>334</b>             |

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## CTSP Description

Each CTSP is first and foremost a local program. While each typically developed following State guidelines, each has been tailored by and for its respective community. The result is diversity within States and extreme diversity between CTSPs from different States.

All CTSPs identified during this study cover an area which is less than an entire State, have highway safety as a significant component of their overall mission, have some permanence beyond an ad hoc committee, and are known to their SHSO as organizations that can implement highway safety countermeasures. Variance beyond these common characteristics is described below:

|                        |   |
|------------------------|---|
| <b>Jurisdiction</b>    | Most CTSPs are county (56%), multi-county (11%) or regional (4%) organizations. Some cover cities or towns (22%); others cover cities or towns plus surrounding areas (6%).   |
| <b>Population</b>      | About one third serve communities with less than 50,000 people; one third serve 50-200,000; one third serve more than 200,000.  |
| <b>Home</b>            | Most CTSPs are "housed" in a public sector organization such as Police (29%), Health (23%), Education (7%), Public Works (4%), or the Courts (4%). Some are in other governmental offices (21%), including the Mayor's Office, or are an independent public or private agency (12%).  |
| <b>Task Force</b>      | Most have a Task Force or advisory committee whose members come from several public agencies plus the private sector (55%). Some have a less representative Task Force (28%); a few have no Task Force (17%). Formal Task Force meetings are most often held monthly.   |
| <b>Coordinator</b>     | Most CTSPs are managed by a career professional with a background in law enforcement (25%), health (18%), or education (15%). More than half of the coordinator positions are full time or nearly full time (58%).  |
| <b>Countermeasures</b> | Most CTSPs are active in Occupant Protection (81%), Impaired Driving (78%), Child Restraints (75%), and Bicycle Safety (57%). Many also deal with Pedestrian Safety (49%), Speeding (38%) as well as other programs.  |
| <b>Budget</b>          | Budget information, including local funding and the value of volunteer and in-kind support, was difficult to obtain. However, it appears that about one third operate with less than \$30,000 per year, about one third with \$30-\$75,000, and about one third with more than \$75,000. Approximately half of all CTSP activity is generated from volunteer, in-kind, and local match resources. Most CTSPs are receiving some form of Section 402 or related support. |

## SHSO Initiative

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Starting and running a CTSP involves developing and supporting an organization that specializes in traffic safety and community involvement. Although the community may begin the initiative, the SHSO almost always drives and oversees the process.

For the SHSO, the central issue is how best to deliver countermeasures to the local level. The traditional approach had been to fund a specific program. When the program ended, typically in about three years, the SHSO would fund another program.

This piece-by-piece local funding seemed to work when dealing with single local agencies, and it did provide the SHSO with substantial control over each program. However, this approach did not always leave a permanent program in the community. Also, increasingly, new safety countermeasures required the cooperation of many agencies for full implementation. Multi-modal countermeasures required establishing a coordinating committee and inter-agency agreements each time a new program was funded. CTSPs offer an opportunity to encourage lasting programs and to provide a permanent organization to coordinate each new multi-modal initiative.

The CTSP approach also has risks. To function properly, each has to be locally owned and locally managed. Essential elements of each CTSP's eventual success, or failure, are beyond the direct control of the SHSO. Some States have avoided CTSPs, others have funded a few high profile "model" programs as experiments, still others have funded modest efforts, and a few have aggressively attempted to build CTSP systems for statewide coverage. Much of this activity occurred during the late 1980s and early 1990s. By 1993, there were more than 330 CTSPs operating in the contiguous States.

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### STATEWIDE

Pennsylvania has developed CTSPs which blanket the State. Covering from one to as many as nine counties, these local programs serve as extensions of the State Office of Highway Safety.

The North Central Highway Safety Network covers eight counties with a Regional Coordinator, two additional Coordinators, two support employees, and two active volunteer task forces. The program began in 1987 with occupant restraints, added DWI, and now addresses all traffic safety issues. The eight-county area is made up of many separate communities, and it takes special planning and effort for the CTSP to impact each of them. Task force members, representing each county, are crucial to CTSP success. North Central works extensively with law enforcement, schools, business, health care, and EMS.

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## METROPOLITAN PARTNERSHIP

Alabama has developed CTSPs in each of its major metropolitan areas. Housed in local agencies and staffed by permanent local employees, the programs represent a continuing community/State partnership.

The Mobile County Highway Safety Program, begun nearly 10 years ago, has a full-time staff of three within the Sheriff's Office. Its major focus is to develop and coordinate highway safety efforts with special emphasis on education from pre-school to university, in the workplace, and for the general public. Major 1992 efforts included: Operation 40 Proof (Thanksgiving to New Year's designated driver, safe rides, and enforcement program); Summertime Blues; speakers bureau; belt use enforcement; the 70% Plus Honor Roll; and Dream Date (an alcohol and drug free prom program).

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## SMALL TOWN COMMITTEE

New Mexico's traffic safety efforts are led by the State Traffic Safety Bureau. It works in collaboration with the State Department of Health, which determined several years ago that traffic safety was one of its public health concerns. At the community level, the primary organization is the volunteer Safety Committee which covers traffic safety and other safety issues. Some of these Safety Committees, with State assistance, have developed into full CTSPs.

The Clovis Safety Committee, now seven years old, serves approximately 42,000 people in Clovis and rural Curry County. The Committee is a local service organization with nearly 50 volunteers. Traffic crashes, a leading cause of unintentional injury, are its main concern. The Committee provides a local outlet for statewide traffic safety initiatives. It works closely with the Traffic Safety Bureau and the Department of Health to plan, implement, and evaluate safety counter-measures. Current emphasis is occupant protection and drinking and driving.

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## STEP BY STEP

New Jersey has gradually increased its number of CTSPs by working with one or two new communities at a time. The goal is to build an effective CTSP and then gradually reduce the State's involvement and support as the community gains skill and experience.

The Bergen County Office of Highway Safety, now in its fourth year, is a department within County Government. It targets a full range of traffic safety problems with a full-time Director, a Deputy Director, and a 40-member Advisory Committee with five subcommittees for administration/engineering, law enforcement, alcohol/drugs, education/training, and legislation. The result is a vigorous, active program with law enforcement agencies, EMS, firefighters, Rutgers University, municipal engineers, MADD, bicycle clubs, AAA, and local corporations. Sobriety checkpoints are coordinated between police agencies.

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## Successful CTSPs

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All CTSPs are not equally successful in their ability to coordinate and implement multi-modal countermeasure approaches and in their ability to continue as active programs for highway safety in their communities.

The most successful CTSPs are more than local, community based, traffic safety organizations. They are also partners with their respective SHSO in the delivery of countermeasures to the local level. They coordinate federal, State, and local resources; generate substantial volunteer and in-kind support; and provide feedback to the State on community needs and countermeasure effectiveness.

The "formula" for building a successful CTSP necessarily varies across States and communities. Nonetheless, the following general observations are offered:

- Control of the CTSP must reside within the community.
- Participation should include multiple public and private elements.
- For long-term success, a strong, representative task force is very important.
- The CTSP needs a stable position in the community hierarchy, possibly (and sometimes preferably) as a stand-alone agency or department.
- If this stable position is within some single purpose agency, such as Police or Health, it is important that the CTSP not become totally identified with the host agency's mission.
- The CTSP coordinator is critical to CTSP success. Coordinator technical skills are less important than marketing, organization, management, and administration within, most typically, a public sector environment.
- CTSPs seem to work best in naturally defined communities ranging in size from about 50,000 to more than 500,000. In communities of less than 50,000, it may be difficult to develop enough people and resources to support CTSP activity. Communities larger than 500,000 often already have viable single issue organizations for child restraints, bicycle safety, etc. Successful comprehensive CTSPs in these large communities are rare and organizationally complex.

States should avoid the extremes: a small number of high-profile model CTSPs which would never be practical on a statewide basis; or an attempt to start a CTSP in every community at once. CTSPs, especially those just starting, require intensive monitoring and support. They also require rapid intervention should problems arise. States and communities should view CTSPs as a long-term, high-investment, labor-intensive proposition which, when successful, can return a very high safety payoff.

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## Conclusion

Current CTSPs represent the evolution of organizational structures to deal with highway safety problems at the community level. CTSPs can be very effective when approached as a long-term, stable, operation with the right leadership, in the right environment, and with the commitment of a full range of groups and organizations.

CTSP organizational structures may not be right for every community. Small communities may wish to consider similar, yet typically less intense, structures such as County Traffic Safety Boards (New York), Highway Safety Coordinators (Wisconsin), Traffic Safety Cities (California), or Safety Committees (New Mexico). Large cities may decide to continue with viable single issue organizations dealing with such things as child restraints, school safety, bicycle safety, etc.

The best CTSPs are locally owned and managed franchises working in partnership with their respective State Offices of Highway Safety. They provide a continuing structure for the implementation of traffic safety initiatives at the local level. The best CTSPs combine federal and State resources with volunteer, in-kind, and local match such that their impact can be much greater than would be predicted from federal and State investment alone.

For more information see: Leaf, W.A., and Preusser, D.F. Review and Analysis of Community Traffic Safety Programs. Final Report to the National Highway Traffic Safety Administration, Contract Number DTNH22-91-C-07017, January, 1994.

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