



NATIONAL CHILD SAFETY SEAT Distribution Program Evaluation

FINAL REPORT

NHTSA
People Saving People
<http://www.nhtsa.dot.gov>

This publication is distributed by the U.S. Department of Transportation, National Highway Traffic Safety Administration, in the interest of information exchange. The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the Department of Transportation or the National Highway Traffic Safety Administration. The United States Government assumes no liability for its contents or use thereof. If trade or manufacturers' names or products are mentioned, it is because they are considered essential to the object of the publication and should not be construed as an endorsement. The United States Government does not endorse products or manufacturers.

Technical Report Documentation Page

1. Report No. DOT HS 808 869		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle National Child Safety Seat Distribution Program Evaluation				5. Report Date March 1999	
				6. Performing Organization Code	
7. Author(s) M.G. Solomon, H. B. Weinstein, W. J. Nissen, D.F. Preusser				8. Performing Organization Report No.	
9. Performing Organization Name and Address Preusser Research Group, Inc. 7100 Main Street Trumbull, CT 06611				10. Work Unit No. (TRAIS)	
				11. Contract or Grant No. DTNH22-94-D-05044	
12. Sponsoring Agency Name and Address U.S. Department of Transportation National Highway Traffic Safety Administration 400 Seventh Street, S.W. Washington, D.C. 20590				13. Type of Report and Period Covered	
				14. Sponsoring Agency Code	
15. Supplementary Notes Dr. Linda Cosgrove served as the NHTSA Contracting Officer's Technical Representative for the study.					
16. Abstract <p>The National Child Safety Seat Distribution Program (NCSS) was a multi-year, multi-phase program intended to distribute \$8 million in child safety seats to low-income and special needs children in all fifty states. Non-profit organizations that received funds to buy safety seats agreed to distribute them to recipients that otherwise could not obtain a seat and agreed to train all recipients in the correct use and installation of the seat. Program evaluation data were collected through topical interviews with national and local Program Coordinators and from individual case studies in fourteen distribution locations. The data indicated that NCSS was a comprehensive effort that delivered safety seats and training to locations in all fifty states, D.C. and Puerto Rico. Most often, NCSS was carried out by medical related facilities, followed by day care/early education centers and government offices. Nearly all of the facilities had a system to assess a recipient's need for a seat, and most trained all or most of their seat recipients. Indicated problems included obtaining training for distribution center staff and storing seats from the time a bulk shipment arrived to the time they could be distributed to needy families. The NCSS program worked in a variety of environments and accomplished most of its objectives, most of the time.</p>					
17. Key Words safety seat low income distribution program special needs children			18. Distribution Statement		
19. Security Classif.(of this report) Unclassified		20. Security Classif.(of this page) Unclassified		21. No. of Pages 80	22. Price

DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

TECHNICAL SUMMARY

CONTRACTOR Preusser Research Group, Inc.	CONTRACT NUMBER DTNH22-94-D-05044
REPORT TITLE National Child Safety Seat Distribution Program Evaluation	REPORT DATE March 1999
REPORT AUTHOR(S) M.G. Solomon, H. B. Weinstein, W.J. Nissen and D.F. Preusser	

Background

On March 7, 1995, under an agreement with the U.S. Department of Transportation, General Motors Corporation (GM) agreed to provide funds over a five-year period to support highway safety research and programs to prevent motor vehicle deaths and injuries. The National Child Safety Seat (NCSS) Distribution Program was one of the programs supported under this agreement.

NCSS was a multi-year, four phase program intended to deliver child safety seats to low-income families and children with special needs in all fifty states. GM expended \$8 million across several qualified national organization/coalitions who agreed to distribute convertible, infant, special need and booster seats to families who would not otherwise have a seat. When accepting funding for seats, non-profit organizations agreed to a number of requirements. First, they had to have a network of local affiliates who could identify families eligible for the NCSS seats, have had experience with child safety seat programs and staff trained in child passenger safety issues. The organizations also were required to distribute seats across a broad geographical area throughout the United States and apply no more than ten percent of funds towards administrative costs. Distribution activities had to be completed within 120 days of receipt of funds. Finally, they agreed to receive a third party audit.

Objective

The objective of the present study was to describe NCSS in terms of its coordination and implementation and to evaluate the extent to which program requirements were met.

(Continued on additional pages)

"PREPARED FOR THE DEPARTMENT OF TRANSPORTATION, NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION UNDER CONTRACT NO.:DTNH22-92-D-05270. THE OPINIONS, FINDINGS, AND CONCLUSIONS EXPRESSED IN THIS PUBLICATION ARE THOSE OF THE AUTHORS AND NOT NECESSARILY THOSE OF THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION."

HS Form 321
July 1974

Method

Topical interviews were conducted with national and local Program Coordinators participating in the “second” phase of the four-phase incremental funding. National Coordinators from all of the participating non-profit groups (N=10) were contacted for interviews. A proportional sample of randomly selected local Coordinators (N=250) were contacted for an interview. Case studies were conducted at 14 phase “three” locations.

Facility Description

Interview results in the table below indicate that over half of the facilities interviewed were medical related (55 percent). Less than half had prior experience distributing seats (48 percent) and even less had staff trained prior to NCSS (46 percent).

Program Description

Eighty percent of the distribution facilities interviewed had one or more staff trained in the proper installation and use of safety seats before distributing second phase seats. Nearly all of the facilities assessed recipient need (95) before distributing a seat and most trained all (91 percent) or most (4 percent) of their recipients. Sixty-one percent completed distribution in four months or less; 15 percent took over four months; and 24 percent had seats left to give (see table below).

Description of The National Child Safety Seat Distribution Program

Facility Description	Percent	Program Description	Percent
Facility Type		Staff Trained for Distribution	
<i>Medical</i>		Yes	80
Hospital/Health Center	28	No	20
Other Health	27	Assessed Recipient Need	
<i>Non-Medical</i>		Yes	95
Day Care/Early Education	18	No	5
Government	7	Percent of Recipients Trained	
Various Other Facilities	20	100	91
Prior Experience		Less than 100	9
Yes	48	Length of Time for Distribution	
No/Unknown	52	Up to 1 Month	25
Staff Trained Prior to NCSS		1 to 2 Months	24
Yes	46	3 to 4 Months	12
No/Unknown	54	Over 4 Months	15
		Seats Left Over	24

* More than one method of assessment could exist.

Medical Versus Non-Medical

Medical and non-medical facility types differed in regards to some variables in the data set. Medical facilities were more likely to have had experience in distribution programs and at least one trained staff member prior to NCSS. Non-medical related facilities were offered and received training, so that by the time of second phase seat distribution, the proportion of facilities with a trained staff member was nearly equal to medical facilities. Both facility types provided training to seat recipients in relatively equal fashion, however, medical facilities were more likely to have distributed all of the NCSS seats they received.

Case Study

Case study data indicated that many different kinds of organizations can be successful in distributing child safety seats to families that can't afford them. These include: hospitals; health clinics; rehabilitation centers; day cares; social service agencies; fire departments; and police agencies. Some participants mentioned problems coping with the program and its requirements. Problem areas included obtaining training for their staff from "certified" trainers. Also, some indicated they had difficulties with seat storage and receiving the type of seats that their clients needed most.

Conclusions

The NCSS program accomplished most of its objectives, most of the time. Tens of thousands of seats were distributed to needy recipients trained in proper seat installation and use. Program coordinators explained they would participate again in a program like NCSS because the need for safety seats remains.

ACKNOWLEDGMENTS

This project was made possible through the assistance of Program Coordinators participating in the National Child Safety Seat Distribution Program. Nearly all that responded to our request for information were able to provide detailed descriptions of their program. Their willingness to participate is much appreciated.

Pat Zainc of the Waterbury, CT Health Department and Karen DiCapua of Connecticut Safe Kids Coalition provided insight on safety seats and familiarity with safety seat distribution programs including the National Child Safety Seat Distribution Program. Their insight was especially helpful during the pilot and pre-testing for this project.

Special thanks also are due to each of the national organizations listed below. These organizations provided substantial detail on their efforts to distribute child seats to families that might not otherwise be able to afford them.

- National Association of Community Action Agencies
- National Association of Community Health Centers
- National Coalition of Hispanic Health & Human Service Organizations
- National Easter Seal Society
- National Head Start Association
- National Safe Kids Foundation
- Native American Injury Prevention Network
- Safe America Foundation

TABLE OF CONTENTS

TECHNICAL REPORT DOCUMENTATION PAGE.....	i
TECHNICAL SUMMARY PAGE	ii
ACKNOWLEDGMENTS	v
TABLE OF CONTENTS.....	vi
I. BACKGROUND.....	1
II. METHODS.....	4
Necessary Contacts	4
National Organization Administrators.....	4
Distribution Site Administrators.....	4
Techniques of Data Collection	5
Topical Interview.....	5
National Organization Topical Interviews.....	5
Distribution Site Topical Interviews	6
Case Study.....	10
III. RESULTS.....	12
NCSS Description.....	12
Allocation of Funds	13
Prior Safety Seat Program Experience and Prior Training	13
Staff Training	13
Recipient Contact	15
Locating Recipients	15
Assessing Recipient Need.....	16
Recipient Training.....	16
Distribution	17
Opinions of NCSS Weaknesses and Strengths	19
Case Study Results	20
IV. CONCLUSIONS	26
Interview Conclusions.....	26
Case Study Conclusions.....	27
APPENDIX A. CASE STUDY TRANSCRIPTIONS	A
Greater Boston Safe Kids Coalition	A-1
Westchester Safe Kids Coalition, Blythdale Hospital	A-5
Texas Department of Health.....	A-8
Easter Seal Rehabilitation Center of San Antonio.....	A-10
North Dakota Safe Kids Coalition	A-13
Native American Injury Prevention Coalition.....	A-15
Shriners' Hospital of Tampa	A-18
Pinellas Head Start.....	A-20
Wyoming Community Action Agency	A-23

Colorado State Patrol	A-27
Denver Fire Department	A-30
Buckle Up San Diego and Children's Hospital and Health Center.....	A-33
Logan Heights Family Health Center	A-37

I. BACKGROUND

This is the final report for a study entitled *National Child Safety Seat Distribution Program Evaluation*. The work covered in this evaluation was authorized under Contract Number DTNH22-94-D-05044, Project Number NTS-01-6-05329.

On March 7, 1995, an agreement was executed between General Motors (GM) and the U.S. Department of Transportation (USDOT). Under the terms of the settlement agreement, GM agreed to expend funds over a five-year period to support highway safety research and programs that would prevent motor vehicle deaths and injuries.

The National Child Safety Seat Distribution Program (NCSS) was born from this agreement. NCSS was an \$8 million, multi-year, multi-phase program for child safety seat distribution and education. GM provided funds to national non-profit organization/coalitions who agreed to distribute convertible, infant, special need and booster seats to families who would not otherwise have a seat. National organizations and their partners developed programs for car seat distribution. Programs were designed to target and locate needy families, provide them with correct car seat equipment and give them training on the correct installation and use of seats. Together, these organizations delivered seats to families in all 50 states, the District of Columbia and Puerto Rico.

General Motors distributed program funds in phases. Phase One funding was provided near the middle of 1995. Over the course of this study¹ several national organizations were recipients of GM funds. All national organizations participated in different ways. For example, the National Safe Kids Campaign (NSKC) and Safe America Foundation (SAF) led coalitions and were partnered with other organizations. National Easter Seal Society (NESS), on the other hand, administered a program without the cooperation of other national organizations (Figure 1). To receive funding, all participating organizations agreed to the following requirements:

1. Use an existing network of local affiliates to identify eligible families;
2. Have existing loaner or give-away child safety seat programs;
3. Have staff trained in child passenger safety issues;
4. Use no more than ten percent of received funds for administrative costs;
5. Distribute seats within 120 days of receipt of the funds;
6. Purchase a mix of safety seats including infant, toddler, booster and special needs seats;
7. Distribute seats across a broad geographical area throughout the United States;
8. Distribute seats to low-income families or those with special needs;
9. Educate recipients on the proper use of seats and methods of installation; and
10. Receive third party audit.

¹ Data collection for this study began approximately nine months after the second phase funding was dispersed by General Motors. At that time, a third phase of funding had been received by program administrators at participating national organizations. In some cases, Phase Three seat distribution was already under-way. The fourth phase was outside of this study's data collection time line.

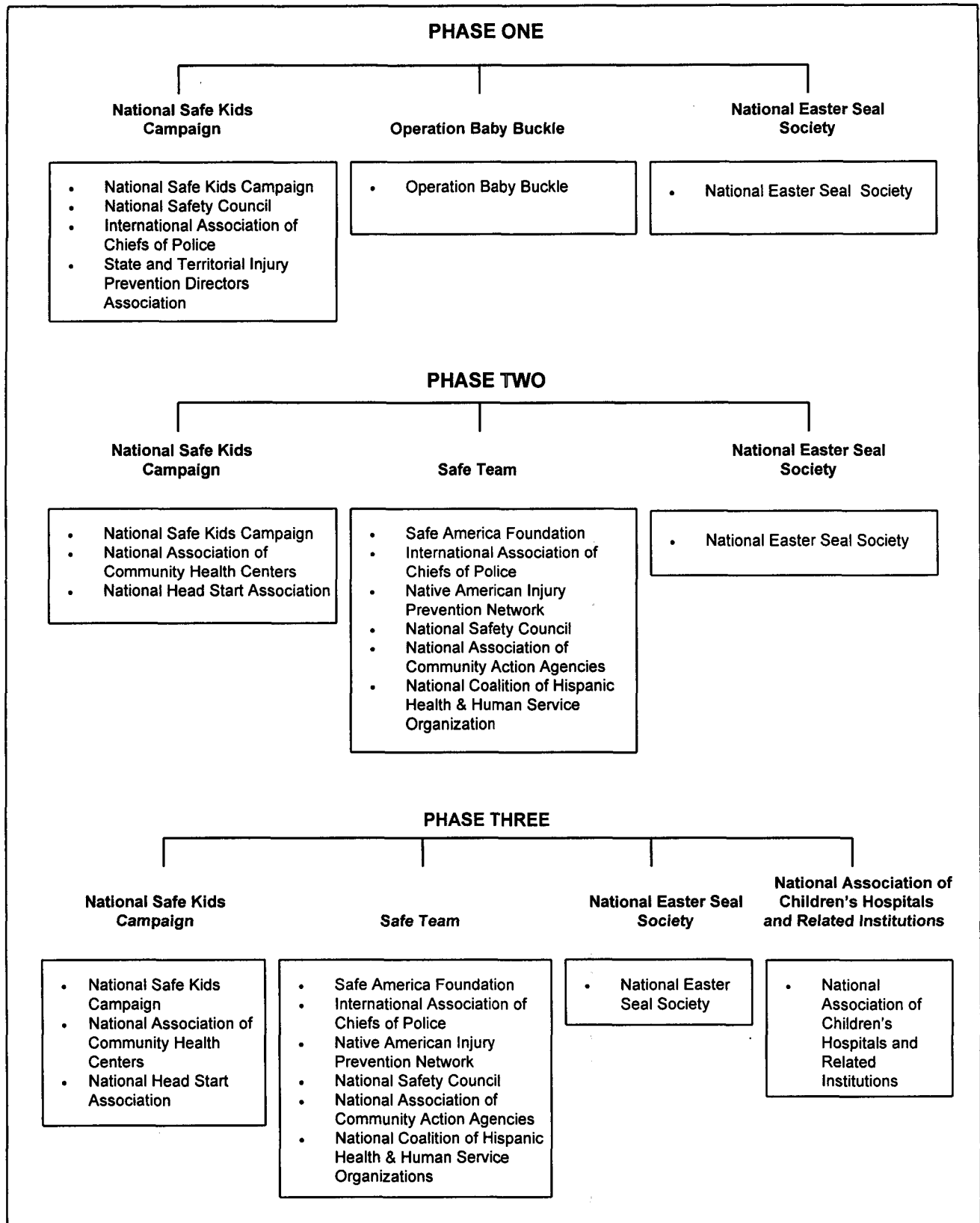


Figure 1. NCSS Phase One Through Three Participating Organizations

This report documents two overall evaluation objectives. The first was to provide descriptions of the National Child Safety Seat program in terms of its coordination and implementation. The second was to furnish an administrative evaluation. The evaluation is grounded in the program requirements that were arranged when NCSS was developed. The requirements helped to define the structure of the NCSS program and were used to develop the content and procedure of research presented here. The extent to which these requirements were met is covered in this report.

II. METHODS

This chapter describes the methods and procedures used to obtain information; the information that was sought; and how the information was analyzed.

Necessary Contacts

Data were gathered from two sources, national organizations and seat distribution facilities. National level administrators were contacted and interviewed by telephone. A sample of seat distribution facility administrators also were interviewed. A small number of seat distribution facilities were visited for in-depth case study.

National Organization Administrators

National organizations leading this program and their partners developed unique systems of car seat distribution. Describing each approach in detail was central to conducting this evaluation of the National Child Safety Seat Distribution Program (NCSS). Three national organizations were immediate recipients of GM funds during Phases One through Three. Contact was made with program administrators from these organizations. Contact was made with the administrators from the two organizations that led coalitions; namely, National Safe Kids Campaign (NSKC) and Safe America Foundation (SAF) of the Safe Team Coalition. Contact also was made with the program administrator at National Easter Seals Society (NESS).

Contact with these three national organizations was needed for several reasons. First, there was a need to introduce the study to these organizations. Questions regarding the feasibility of the study and the collection of data were covered. Second, cooperation with the leading organizations was necessary for obtaining distribution site data. Initial conversation with leading organizations was also used to orient project staff to the individual NCSS efforts. Materials that could help explain the structure of their programs were requested and received.

Next, coalition leaders were asked to provide the names of contact persons for partnered national organizations. Organization titles, names of program leaders and telephone numbers were provided. Coalition leaders were asked to contact partnered organizations to inform them that the NHTSA evaluation was taking place. Partnered organizations were then contacted. The study was discussed and information regarding their participation was requested and received.

Distribution Site Administrators

Various local facilities were the "front line" for car seat distribution to the public. They provided the bulk of information used to explain how the program functioned. In particular, the data collected from these sites enabled the assessment of specific program requirements and how they were met.

Over time, program administrators at national organizations were asked to provide descriptive information on distribution facilities participating in Phases One through Three.

Requested information included site names, names of contact people, addresses, phone numbers and number of seats received.

Facilities receiving seats purchased with Phase Two funds were targeted for topical interviews. Phase Two was the last phase completely funded at the time of the interviews. Most Phase Two sites had received seats at least nine months prior to their interviews and most had completed their distribution of seats. Because Phase One funding occurred much earlier, it was decided that Phase Two facilities were better to interview in that the time lag would be less. A sample of Phase Two facilities (n=250) was selected to receive topical interviews.

A relatively small number (n=13) of facilities that received seats purchased with Phase Three funding were visited for case study analysis. Using Phase Three facilities for case study was most attractive in that seat distribution activities would be in progress at the time of data collection and would be observable.

Techniques of Data Collection

Data collection followed “topical interview procedures” for each of the above-named groups. In-depth case studies, described later in this section, used “topical discussion” plus direct observation and a review of project documents.

Topical Interview

Our primary data collection procedure was the topical interview. In this procedure, the objectives of the interview were established along with all of the topics for which information was desired. Upon contact with a respondent, the interview continued until all of the topics had been covered and all of the desired information was obtained. The respondent was not confined by structured and specifically worded questions. The procedure allowed for the free flow of information and provided the opportunity for respondents to answer inquiries in their own terms, at their own pace and in their own words.

National Organization Topical Interviews

Through initial conversations with leading organizations, any materials that could help explain the structure of their programs were requested. Following a review of these materials, interviews were conducted with each of the lead organizations. Interview topics were presented in a topical interview format (see Figure 2).

National Organization topical interviews were administered first to the three national organizations who were the direct recipients of Phase Two GM funds. Coalition partners were interviewed thereafter. Contact with National Organizations continued throughout the evaluation period to keep them apprised of the progress of the evaluation and to coordinate the case studies.

National Organization Interview Topics	
<p>Organization History with distribution programs Interaction with other programs Interaction with other group(s)/facilities</p> <p>Staffing and Staff Training Network of affiliates Picking distribution sites Contacting sites Topics and type of instruction Training costs</p>	<p>Administration Funding sources Contact with NHTSA and GM Opinions of NCSS Future Plans</p>
Distribution Facility Interview Topics	
<p>Organization Facility/staff functions History with distribution programs Interaction with other programs Interaction with other group(s)/facilities</p> <p>Staffing and Staff Training Number Normal roles Project roles Prior training New training Topics and type of instruction Training costs</p>	<p>Contacts with Recipients Recruitment Determining need Processing Topics of instruction Instructional strategies Installation policy Hurdles of training Post-communications</p> <p>Administration Contact with grantor Resources Seat delivery Seat transportation and storage Record keeping and reporting Motivation Future plans</p>

Figure 2. National Child Safety Seat Distribution Program Interview Topics

Distribution Site Topical Interviews

National organizations and their partners were asked to send memoranda to their local distribution facilities explaining the NHTSA study. The national organizations complied by asking their distribution locations to participate in the evaluation and to answer requests for information if contacted. When contacted, facility administrators were presented interview topics in a topical interview format (see Figure 2).

A sample of distribution facilities was used to collect topical interview data for analysis. A proportional random sampling process was used to draw the sample. The sample reflected the proportion of seats distributed within the 50 states, the District of Columbia and Puerto Rico. The sample also reflected the proportion of seats distributed by the three organization/coalitions. The narrative below, describes in detail the process used to draw this proportional sample.

Using Phase Two distribution site data provided by the three organization/coalitions, the proportion of seats distributed (percentage of nationwide total) in each state was established. This percentage was multiplied by the chosen sample size ($n=250$). The resulting numbers determined how many site interviews would be conducted within each state (see Table 1).

The first two columns of Table 1 show the number of Phase Two distribution facilities per state. In the third column, the total number of seats distributed per state is given. The percentage of total seats distributed nationwide is given in the fourth column. The fifth column shows the calculated number of interviews per state.

Next, proportional representation of national organization/coalitions was established. For each of the three national organization/coalitions, the number of seats distributed was divided by the total number of seats distributed nationwide ($N=48,373$). The percentage was multiplied with our chosen sample size ($n=250$). The resulting number determined the number of site interviews each national organization, or coalition, would receive. Table 2 gives the number of interviews that would be conducted for each organization/coalition.

NESS delivered ten percent of all seats purchased with Phase Two funds. Mathematically, 25 NESS sites should have received an interview. Only 24 NESS sights existed and all were included in the sample.

Distribution facilities within each state were randomly selected to receive a topical interview. The number of seats each site received in Phase Two occupied a range within a cumulative nationwide total ($N=48,373$) of distributed seats. A table of random numbers² was used to identify a selected site. Each successive random number, once indicated, was located in the range in which it fell. In other words, the random number was located in a local site's designated range. The site then became an interview location. Interview sites were numbered sequentially as selected. The chosen site was listed by state and national organization and was counted among that state's quota. The process was repeated until the appropriate number of sample sites were selected within every state. The process was complete when all 250 site selections were made. Each time

² The table of random numbers used to draw our sample is contained in Table 1, pages 192-196 in the following reference: Edwards, A. *Statistical analysis*. New York: Holt, Rinehart and Winston, 1963.

Table 1. Phase Two Sites, Seats and Number of Contacts per State

State	Number of Sites	Number of Seats	Percent of Total	Number of Interviews	State	Number of Sites	Number of Seats	Percent of Total	Number of Interviews
Alabama	23	1,456	3.01%	8	Nebraska	8	771	1.59%	4
Alaska	7	576	1.19%	3	Nevada	6	150	0.31%	1
Arizona	17	1,359	2.81%	7	New Hampshire	3	160	0.33%	1
Arkansas	2	250	0.52%	1	New Jersey	7	776	1.60%	4
California	39	5,059	10.46%	26	New Mexico	7	624	1.29%	3
Colorado	11	1,628	3.37%	8	New York	18	1,397	2.89%	7
Connecticut	4	170	0.35%	1	North Carolina	18	1,374	2.84%	7
Delaware	3	476	0.98%	2	North Dakota	9	762	1.58%	4
Florida	33	2,234	4.62%	12	Ohio	19	925	1.91%	5
Georgia	17	890	1.84%	5	Oklahoma	7	714	1.48%	4
Hawaii	2	228	0.47%	1	Oregon	6	573	1.18%	3
Idaho	3	236	0.49%	1	Pennsylvania	14	950	1.96%	5
Illinois	23	1,546	3.20%	8	Rhode Island	4	630	1.30%	3
Indiana	9	460	0.95%	2	South Carolina	9	489	1.01%	3
Iowa	12	646	1.34%	3	South Dakota	12	1,539	3.18%	8
Kansas	6	527	1.09%	3	Tennessee	7	628	1.30%	3
Kentucky	10	917	1.90%	5	Texas	24	2,579	5.33%	13
Louisiana	7	1,138	2.35%	6	Utah	5	768	1.59%	4
Maine	4	138	0.29%	1	Vermont	2	170	0.35%	1
Maryland	12	1,007	2.08%	5	Virginia	19	1,088	2.25%	6
Massachusetts	12	1,066	2.20%	6	Washington	14	790	1.63%	4
Michigan	17	1,800	3.72%	9	West Virginia	2	80	0.17%	0
Minnesota	17	1,204	2.49%	6	Wisconsin	10	657	1.36%	3
Mississippi	2	124	0.26%	1	Wyoming	2	218	0.45%	1
Missouri	21	3,763	7.78%	19	Puerto Rico	3	122	0.25%	1
Montana	2	218	0.45%	1	D.C.	7	323	0.67%	2
					Total	557	48,373	100%	250

the end of the random numbers table was reached, states in which quotas had been achieved were eliminated. New ranges were then assigned, and the process was continued.

Table 2. Number and Percentage of Seats Delivered by Group/Coalitions in Phase Two and Number of Topical Interviews

	Seats Delivered	Percent of Seats Delivered	Number of Topical Interviews
National Easter Seals	4,928	10.2	24
National Safe Kids Campaign	22,396	46.3	117
Safe Team	21,049	43.5	109
Total	48,373	100.0	250

The method of randomized sampling provided a “built in probability” that a distribution site receiving more seats had a greater likelihood of being in the sample. In the same vein, participating organizations that distributed more seats in a state were more likely to be represented in the sample for that state. Similarly, across all states, the three national organizations/coalitions were sampled to ensure that each had approximately the correct percentage in the final list of selected sites.

Generated random numbers often occurred within a given site range more than once. These numbers were “unusable” because a site couldn’t be interviewed twice for the same information. When this happened, the number was discarded. Also, when selecting interview sites through the random number process, some states met their quota before others. Undoubtedly, generated random numbers located sites or even re-located sites in states that the quota was at a maximum. When a random number was “unusable,” the next random number was used.

Some locations in the sample delivered seats to other facilities for distribution. When a location that sub-distributes was contacted, a particular sub-distribution location that corresponded to the “sought seat” was contacted. During the sampling procedure, random numbers identifying sample locations were recorded. Then, the percentile rank of each assigned random number was calculated and recorded. The calculated percentile was equal to the location the random number occupied within the range of seats it identified. The percentile was converted to identify the “sought seat” within the range of seats received. This sampling “sub-procedure” provided an avenue to interview any location that distributed Phase Two funded seats while maintaining randomness in the selection of locations for interview.

Four topical interviews were conducted to pre-test the design, content, time-length and overall usability of the interview guide. The selection of pre-test sites was not a random process. The pre-test included NSKC and SAF coalition facilities. NESS was not included because of the small number (N=24) of distribution facilities participating. In order to test the interview guide in a number of different settings, sites differing in state location, facility type and number of seats received were selected. The pre-test interviews were administered without problem and a decision to proceed with data collection was made. Topical interviews were conducted between January 28 and July 17, 1997.

Case Study

A number of Phase Three distribution facilities were chosen for case study. The purpose of the case studies was to obtain a qualitative, in-depth understanding of what needs to be done to implement a successful child safety seat distribution program in a diverse array of organizational circumstances.

The first step in conducting case study observations involved identification and selection of facilities. In general, the programs selected for case study were meant to be successful programs, with a view toward providing models that can be emulated by future programs that might face similar circumstances. In making the selections, an effort was made to include most of the national organizations participating in the NCSS distribution and to disperse the case study sites geographically throughout the United States. An effort also was made to include both urban and rural areas and to represent programs addressing the needs of diverse cultures. Opportunities to view events in progress, such as coalition meetings, press conferences or training sessions also were a factor in site selection.

When asked, national organizations nominated exemplary programs. Interesting programs noted in the quantitative phase of this study also were considered. Some of the facilities finally visited were selected purely on the basis of being geographically close to other locations which were the primary objective of a field trip. Brief screening interviews were conducted by phone with each of the facilities finally selected for a personal visit, and some potential sites were discarded if they seemed to be duplicative or not doing a particularly good job. Other potential sites were abandoned when mutually agreeable appointments could not be arranged.

Information contained in the case studies is the result of personal face-to-face interviews with the site administrator and available supporting staff. A topical outline of discussion subjects, similar to the telephone interview guide, was prepared in advance. The actual meetings were loosely structured and interviews ranged between one and three hours in duration. The outline assured that topics of interest were discussed at some point in the conversations.

Copies of available documentation pertaining to the NCSS program were requested during the site visits. Requested items included background information on the facility, program reports on distribution activities, inter- and intra-agency communications, press releases, press coverage and impact data.

Oral information was recorded during meetings. The recordings were transcribed. The final step was to review data collected with the site manager. The review helped fill in blanks in the data and verify what would be reported.

Two sites, Greater Boston Safe Kids Coalition and Westchester Safe Kids Coalition were initially used to pre-test the case study methodology. Selection of these sites was based on the “wellness” of an ongoing safety seat distribution program, willingness of staff to participate and their close proximity to our office in Connecticut. The pre-test was administered without problem and a decision to proceed with data collection was made. Information from the two individual case studies are included in the overall results and conclusions. Case study interviews were conducted between September 23 and October 30, 1997.

IV. RESULTS

This chapter covers the results of the evaluation. The chapter is divided into eight parts. The first covers a broad overview of NCSS. The following six sections cover descriptive information derived, primarily, from topical discussions conducted with distribution facility contacts to describe NCSS in terms of its coordination and implementation. The last provides results from individual case study discussions.

NCSS Description

During the second phase of NCSS, 48,373 seats were provided to 557 distribution facilities³. Planned interviews numbered 250 of which 243 (97 percent) were completed (Table 3). Seven were not completed because the facility or program no longer existed (1 program), there was no knowledge of NCSS (1), and inability to contact after repeated attempts (5).

Table 3. Planned and Completed Interviews

Coalition Name/ Organization Name	Number of Planned Interviews	Number of Completed Interviews	Percent of Planned Completed
National Safe Kids Campaign	117	111	95
Safe Team	109	108	99
Easter Seal Society	24	24	100
Total	250	243	97

Distribution facilities were located in all fifty states, Washington, DC and Puerto Rico. Most states had more than one facility. Seats did not always stay in the location where first shipped. In some cases, a sub-distribution facility in an outside area was forwarded all or a portion of the seats; however, in most cases, seats remained within the state where originally shipped.

A number of different facility types existed in the sample. More often than not, facilities were medical institutions (n=134), followed by daycare and early education centers (n=45), government offices (n=16), and various other types (n=48). Medical institutions, most likely community health centers, dominated the sample. Daycare and early education centers were most often Head Start facilities and less often private daycare or schools. Government offices included law enforcement, fire and rescue, and state departments dealing with highway safety and the poor. Among those labeled "various other types," there was wide variation in the functions that these facilities normally perform (e.g. shelters, community centers and social service agencies).

³ A number of facilities sub-distributed some or all of the seats received to other facilities, therefore, the overall number of facilities distributing seats is an unknown number larger than 557.

Because most of the individual facility types in the sample have a low frequency larger groupings were needed to complete statistical analyses. Medical related (55 percent) and non-medical related (45 percent) groupings seemed a logical choice for categorization for two reasons. First, the two groups made a relatively even split in sample size. This was important if distributions were to be extended over a large number of categories and still remain within an accepted frequency range.⁴ Second, preliminary analyses indicated that between medical and non-medical related facilities there was a difference. The difference was observable in areas most important to the evaluation, including prior program experience and training, time of distribution and completion of distribution. Observable difference between facility type and all of the variables in the data set was examined for statistical significance. All χ^2 relationships with significance at $p < .01$ are stated.

Allocation of Funds

Points of contact at the National Organizations explained that they adhered to a requirement that no more than 10 percent of GM funds go to administrative costs. In all cases, organizations used no less than 90 percent towards purchasing car seats. At least a portion of administrative funds went towards training and training materials for coalition members.

Prior Safety Seat Program Experience and Prior Training

National organizations, in general, moved NCSS around from phase to phase such that “untouched” locations could experience the program. Just under one-quarter (24 percent) of the second phase facilities participated in the first phase.

A relatively large proportion of the second phase facilities (48 percent) had experience in at least one pre-NCSS seat distribution program. One of every five interviewees (20 percent) explained that the NCSS seats either fit into an existing distribution program structure or added inventory for a program. However, 49 percent explained that their facility had no prior distribution experience. Experience for a relatively small percentage (2 percent) of the programs was unknown.

Medical facilities were more likely to have had a pre-NCSS safety seat program than non-medical facilities (61 percent compared to 35 percent, respectively). This relationship is statistically significant ($\chi^2=15.06$, $n=237$, $df=1$, $p<.01$). In addition, medical facilities were more likely than non-medical to have a staff member trained in proper use and installation (57 percent compared to 36 percent, respectively). This relationship is statistically significant ($\chi^2=10.76$, $n=239$, $df=1$, $p<.01$) and likely related to more program experience at medical facilities.

Staff Training

For this evaluation, staff training is defined as having at least one staff member trained at a seminar, on location or at another location. In other words, training includes more than watching a video or reading manufacturers directions out of the box.

⁴ Relationships were analyzed using χ^2 test for statistical significance. Our analyses rejected χ^2 if greater than 19 percent of cells contained a frequency less than 5. Also, if χ^2 was not significant at $p < .01$, the statistical relationship was not mentioned.

At least one staff member at 113 sites was reportedly trained in safety seat installation prior to NCSS. A majority of facilities (80 percent) had at least one trained staff member prior to the second phase seat distribution (see Figure 3). Of these, 47 percent had training prior to NCSS and 33 percent got training specifically for the NCSS program. Some programs did not provide information on staff training (12 percent) and for some, the training consisted of only watching a video (8 percent).

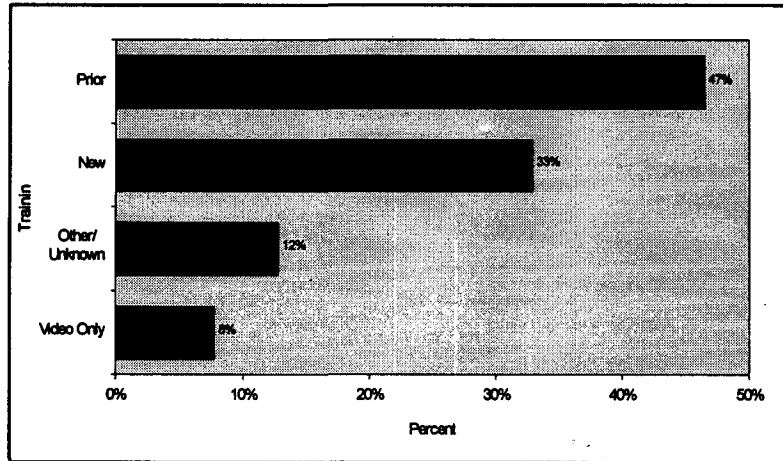


Figure 3. NCSS Second Phase Staff Training

Staff training for the NCSS program was offered to 170 facilities. At 73 facilities, no one was offered training or no one could provide this information. Training was offered from a variety of sources including: national organizations (52); local organizations (85); combinations of national and local organizations (11); and other/unknown sources (22). Many of the 170 offered training had at least one previously trained staff member and accepted the opportunity for new training as a supplement.

Most staff training required travel to another location (140) while some training was offered on site (30). A number of interviewees explained that the cost of staff training was usually, but not always, incurred by the site and sometimes even by the staff trainee personally. Off-site training, in most cases, has added expenses. Costs can include salary, travel, food and lodging and in some cases course fees. Nevertheless, 93 percent (130) of those offered training at another location attended and only 7 percent (10) did not.

Interviewees described training obtained for the second phase of NCSS (Figure 4). For those receiving training, almost nine of ten (89 percent) observed seat installation demonstrations. Nearly the same proportion watched video presentations (87.3 percent) and less received hands on instruction (76 percent). A relatively large percentage of staff received instruction for using safety seats with varying belt systems and vehicle seat types (84 and 88 percent, respectively).

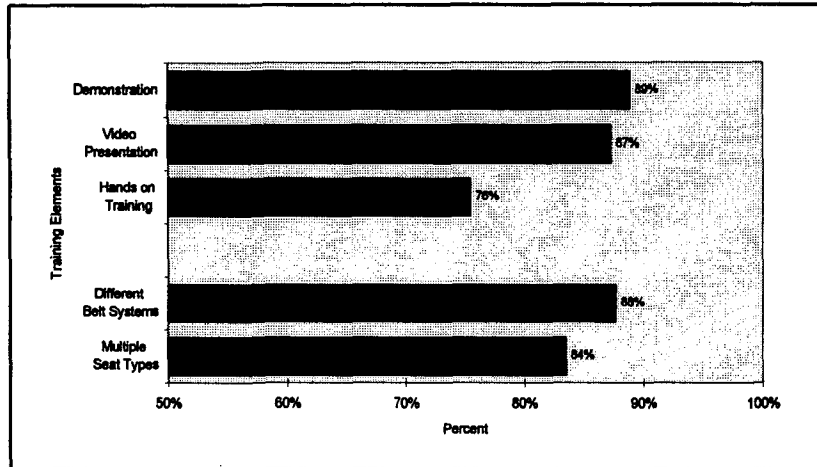


Figure 4. Elements of Staff Training

The proportion of facilities that distributed safety seats without prior or new staff training was 20 percent. Reasons given for not providing training included, among others: believed video training would be sufficient; training would cost too much; training was not offered; and no knowledge that training was needed. Differences between medical and non-medical facilities were relatively small and insignificant.

Recipient Contact

Locating Recipients

Interviewees described how their facility located safety seat recipients. Most had multiple methods. Figure 5 displays the six most common. Offering seats to “in-house” clients or patients was the method used most often. Some, if not all, recipients were located by 70 percent of the facilities from among “in-house” clients. A higher proportion of medical facilities than non-medical facilities found recipients from within (84 and 52 percent, respectively). This relationship is statistically significant ($\chi^2=27.78$, $n=243$, $df=1$, $p<.01$).

Forty-four percent located seat recipients through referrals. Referrals came from a variety of sources. The most common included hospitals and health departments, Women, Infants and Children clinics (WIC), word of mouth, and social service agencies. Other less common referral sources included prenatal programs, community groups, schools, and law enforcement agencies. Non-medical facilities were more likely to use referrals than medical facilities (53 and 37 percent respectively). This relationship is statistically significant ($\chi^2=6.76$, $n=243$, $df=1$, $p<.01$).

Fourteen percent of facilities located recipients using advertisements. Some explained that radio, television and newspaper media worked effectively. Others found these modes of advertisement can result in requests that outnumber available seats, leading to unnecessary work for the staff, disappointing the public and even creating mistrust directed towards an agency.

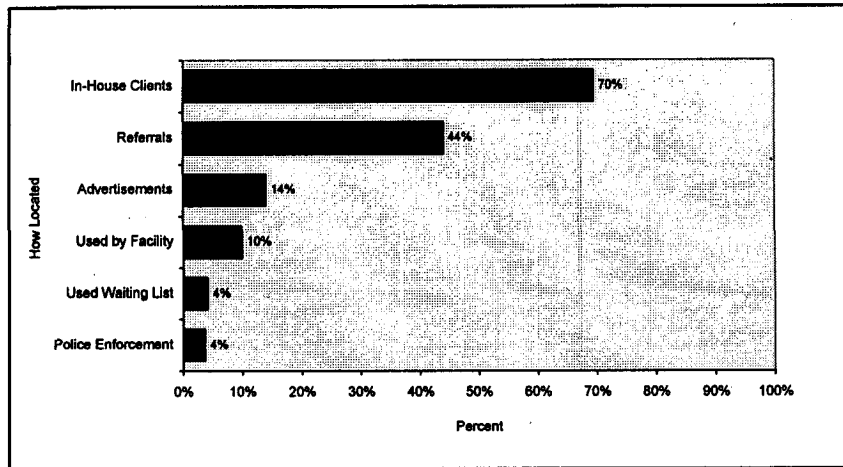


Figure 5. How Recipients are Located

Among other methods used to locate recipients: some kept seats for facility use or gave them to another facility for use (10 percent); others located and used waiting lists (4 percent); and a few used police enforcement activity (4 percent).

Assessing Recipient Need

In total, 95 percent of interviewees explained that their facility systematically assessed recipient need. Most indicated that assessments occurred for most, if not all, of the recipients. Many facilities used multiple techniques for assessing need. Over three-quarters (79 percent) used recipient association with a low-income program as a “yardstick.” Programs mentioned most included WIC and Aid to Families with Dependent Children (AFDC). Some facilities (17 percent) had in-house records that could be used to show if a recipient met their criteria for need, and 4 percent could tell through referral contact. One-fifth of the interviewees (20 percent) explained that at least some of their seat recipient assessments were made by sight. A small proportion (5 percent) admitted to no systematic assessment of recipient need.

Three special cases existed in the sample. In one case, the total number of seats received remained undistributed, and in two instances, seat recalls precluded the facility from distributing the seats, and therefore, assessment of need was not needed.

Recipient Training

Nearly all of the facilities in our sample (97 percent) offered recipient training. Interviewees explained the training at their facilities. Descriptions of training style and content, time spent per recipient and percent of recipients trained were recorded.

Table 4 shows the number and percent of training elements mentioned most often. Facilities participated, mostly, in a demonstration of safe seat use (87 percent), hands on training (85 percent), watching a training video (83 percent) and lecturing on safe use for the safety seat (82 percent). Fewer installed the safety seat into the recipient’s vehicle (73 percent). Reasons why a lower proportion did not offer installation include, liability concerns, inconvenient access to parked cars and lack of time. Training elements mentioned less often that are not in the table

include the use of handouts, liability release forms, discussion of other general safety issues and in a few cases, quizzes. Training elements remained relatively unchanged when examined by facility type and number of seats received.

Table 4. Elements of Recipient Training

Style Element	Number	Percent
Demonstration of safe use	212	87
Hands on training	206	85
Use of video	201	83
Lecture on safe use	199	82
Installation into recipients vehicle	176	73

On average, training took between 30 to 45 minutes per conventional seat recipient; 45 to 50 minutes per special needs recipient. In some cases, doctors or therapists were called upon to fit special needs recipients into their new safety seat and this usually added time. Facility type and number of seats received did not influence the amount of time spent per recipient.

Interviewees were asked to explain what percentage of seat recipients received training. Reportedly, every recipient was trained at 222 facilities (91 percent). Ten facilities (4 percent) trained less than 100 percent but no less than 70 percent. At eleven facilities (5 percent), no one was trained or no one could provide this information. The low number of facilities that trained less than 100 percent made it impossible to examine any difference that facility type or number of seats received may have had.

Some interviewees explained shortfalls in recipient training most did not. They gave the following explanations most often:

- lacked training materials (34);
- facility problems such as size, location and small or no parking lot (22);
- staff problems including a lack of trainers and program planners (22); and
- age and condition of recipients' vehicles incompatible for seats/training (17).

Distribution

Most NCSS seats were given to recipients for permanent ownership. Some seats were loaned. Explanation of different agreements was sought. Responses were as follows:

- distributed for permanent use (229);
- distributed for a fee (34);
- distributed as loaners (26);
- distributed special needs seats as loaners (9);
- asked for donations (9); and
- asked that seats be returned when through using (8).

Some distribution facilities asked for fees and donations, however, no facilities refused giving a seat for lack of money to pay a fee or donation. Facilities asking for fees or donations usually had a limited program budget or no budget at all. Interviewees at some of these facilities explained that fees and donations helped pay for necessary equipment such as locking clips and tether straps that were not included with seats.

Interviewees explained how long it took to distribute the safety seats. All interviews were conducted at least four months after the end of the second phase at which time all the seats should have been distributed. Table 5 shows that, overall, 61 percent completed distribution in four months or less; 15 percent took over four months; and 24 percent had seats left to give.⁵ The table also shows that the time it took to complete or not complete the distribution differed by facility type and number of seats received. Nearly half of the medical and half of the non-medical facilities (48 and 49 percent, respectively) were able to complete seat distribution within two months. Medical facilities had more success distributing seats during the third month and beyond while a larger percentage of non-medical facilities (32) had seats left over at the time of interview. The difference of facility type was statistically significant ($\chi^2=17.43$, $n=233$, $df=4$, $p<.01$).

Table 5. Length of Time for Distribution

	Facility Type		Number of Seats Received				Total
	Medical	Non-Medical	1-25	26-50	51-100	>100	
Up to 1 Month							
Number	25	33	17	23	13	4	58
Percent	(20)	(31)	(44)	(37)	(23)	(6)	(25)
1 to 2 Months							
Number	36	19	8	16	19	12	55
Percent	(28)	(18)	(20)	(25)	(34)	(17)	(24)
3 to 4 Months							
Number	20	9	4	8	8	8	29
Percent	(16)	(9)	(10)	(13)	(14)	(12)	(12)
Over 4 Months							
Number	25	10	4	9	10	10	35
Percent	(20)	(10)	(10)	(14)	(18)	(14)	(15)
Seats Left Over							
Number	22	34	6	7	6	35	56
Percent	(17)	(32)	(15)	(11)	(11)	(51)	(24)
Total Number	128	105	39	63	56	69	233

⁵ Ten contacts provided no information as to how long the distribution took although it was completed.

A larger number of seats received resulted in a longer distribution period. Nearly half of the facilities (51 percent) that received over 100 safety seats each, still had seats left over at the time of interview. The difference in number of seats received was statistically significant ($\chi^2=54.41$, $n=227$, $df=12$, $p<.01$).

The number of facilities not completing total seat distribution was 56. Forty-six cited lack of need as the primary reason for left over seats; nineteen of these had special needs seats left to give. The other ten gave various reasons including: distribution plans yet to be carried out (3 programs); received too many booster seats to distribute (3); received defective seats (2); just not done (1); and lacked time for distribution (1).

Opinions on NCSS Weaknesses and Strengths

Some interviewees gave opinions on what they liked least or thought was weakest with the NCSS program. Some gave more than one opinion. The following opinions were recorded most often:

- not enough seats to fill need (63);
- unhappy with the type of seat they received (25);
- safety seats arrived with an unknown delivery date (18);
- lacked secure space for seat storage (16); and
- sources of training were difficult to obtain conveniently (13);

The most commonly cited opinions of NCSS strengths were:

- program's intent focused on the need for safety seats (118);
- the emphasis on staff and recipient training (100);
- formation of new networks with public and other organizations (62);
- quality safety seats were received (23); and
- program materials were useful (18).

Case Study Results

Greater Boston Safe Kids Coalition

Buckle Up Boston Car Seat Initiative is a regional coalition of 17 organizations involved in child passenger safety issues, making seats available to those who need them and coordinating a regional distribution plan for them. The Greater Boston Safe Kids Coalition, operating from the Boston Public Health Department, coordinates the efforts of hospitals (most of which had preexisting rental programs) and neighborhood health centers, the main conduit for the NCSS seats. Since the program began in January 1996, over 100 staff members of participating agencies have received eight hours of training, preparing them to teach parents about the need to use safety seats and how to use them properly. The NCSS distribution, in addition to raising public awareness, helped to attract sufficient additional funding such that they could double the number of seats distributed as compared with the NCSS program alone.

Westchester Safe Kids Coalition

Blythdale Hospital in Valhalla, NY specializes in the treatment of children's health. It is home to the Westchester Safe Kids Coalition. Neither the facility nor the Safe Kids Coalition had experience in safety seat projects prior to the NCSS program. NCSS seats were received through National Safe Kids Campaign (NSKC) and National Association of Children's Hospitals and Related Institutions. One staff member received training at a four day NSKC meeting in Orlando, FL. Nearly all of the safety seats were distributed to users directly from Blythdale Hospital. Some, though, were given to a Safe Kids Coalition partner, the Mount Kisco Police Department. Initially an advertisement aired over the radio resulting in a deluge of requests, many from beyond the geographic area they serve. Referrals then became the preferred method for locating recipients. Referrals were received from "in-house departments," other area hospitals, the Community Traffic Safety Program, Department of Public Health, an abused women's support program, local law enforcement agencies and a variety of other social service agencies. Recipients were required to show low-income status by showing association with a low-income program. Training was one-on-one, usually involved installation into the recipient's vehicle and usually lasted less than 30 minutes. Receiving seats in bulk shipments made storage of seats a problem. The coordinator was continuing to look for grant funds to enlarge and perpetuate the program.

Texas Department of Health

Safe Riders is a state-wide safety seat loaner program which places up to 30,000 child safety seats annually. Staff from the Texas Department of Health's Highway Safety Program manage the program. About 500 NCSS seats (obtained through the National Safe Kids Campaign, National Safety Council and Safe America Foundation) were given directly to needy families for permanent use by Safe Riders' staff. Member organizations in the Safe Riders loaner program were involved in the NCSS distribution only to the extent of making referrals to the Department of Health as they fell short of seats to loan. According to the Director, the supply of affordable seats from all sources never has come close to satisfying the needs of low-income families in Texas, which he estimates as being approximately 700,000 seats.

Easter Seal Rehabilitation Center of San Antonio

The NCSS distribution, through National Easter Seal Society (NESS), was the first car seat program in which the San Antonio Easter Seal Rehabilitation Center ever participated. The group's interest in the program was motivated by a need for special needs child restraints among the families they serve directly. Most of their patients are children who can't sit normally in a vehicle, and an appropriate car seat cost much more than their families can afford. The Center was required by NESS to distribute regular seats as well as the special needs seats. This was accomplished with the help of the pediatric departments of hospitals which are fellow members of an early childhood medical intervention coalition in San Antonio. Two members of the rehabilitation center staff attended an NESS training in Albuquerque, and they trained 15 additional staff members from the Easter Seal Rehabilitation Center and participating hospitals. Storage of the seats was a challenge for this organization until a major portion of the inventory was distributed. The problem was minimized by setting up a heavy schedule of appointments before the seats were received and training a large staff to place the bulk of the seats in a short span of time. Although this organization was extremely grateful for the seats it received, it was unlikely that they would participate in future distributions, since its needs were fulfilled.

North Dakota Safe Kids Coalition

NCSS seats from National Safe Kids Campaign (NSKC), National Safety Council (NSC) and International Association of Chiefs of Police (IACP) were consolidated into a unified distribution program. The program received 763 seats through October 1997. The Coordinator of the North Dakota Safe Kids Coalition, who worked for the North Dakota Safety Council, administered the program. She devoted about 20 percent of her time to Safe Kids programs. North Dakota Safety Council provided warehouse space. ND Department of Transportation vehicles provided most of the transportation needed to move seats from the warehouse to distribution facilities. Recipient training and installation were provided by trained personnel in pre-existing Health Department loaner program sites. Efforts to identify needy families increased when the NCSS seats became available by enlisting the help of WIC programs. The WIC programs gave vouchers to needy families entitling them to a car seat and training at one of the Health Department Distribution facilities. The program served the entire state, with the exception of Indian Reservations (served by the Native American Injury Prevention Coalition), Grand Forks and Fargo (each served by local Safe Kids Coalitions).

Native American Injury Prevention Coalition

The Native American Injury Prevention Coalition (NAIPC) distributed over 3,000 NCSS seats to tribes on four reservations in North Dakota. The seats were provided as the result of a proposal written to Safe America Foundation by the Aberdeen Area Indian Health Service. Factors which put Native Americans at special risk include a high birth rate, a high rate of poverty, bad roads, high automotive fatality rates and thinly spread medical facilities. The Indian Health Service has administered child safety seat programs for many years on all reservations, but without a budget to acquire seats. Past programs have relied on state grants, tribal money and contributions which fell far short of fulfilling needs. At the time the grant was written, Indian Health Service estimated a deficit of 11,000 seats in its Aberdeen Area. NCSS seats were distributed through existing health and social services programs on each reservation, with aggressive and culturally appropriate marketing efforts. A large group of staff was trained

in 1995, prior to the NCSS distribution. NAIPC hosted another training session in October 1997, attended by distribution site personnel from about 20 tribes from four states in the Aberdeen Area. Some of the attendees of the 1997 training session were there to update their training. Others had been administering local programs with only training by their peers. The two day training was intensive and comprehensive, utilizing videos, direct instruction, and hands-on practice with a wide variety of seats in vehicles with varying types of seat belt systems.

Shriners' Hospital of Tampa

National Easter Seal Society distributed nearly 200 seats through Shriners' Hospital in Tampa, FL. The hospital already had an established special needs safety seat education program affiliated with Kids are Riding Safe (KARS/Special KARS). Because the hospital was required to place close to 90 additional conventional seats, the hospital enlisted the help of three local women and children's shelter programs. The Director of the Shriner's Hospital rehabilitation department administered the car seat program. She was one of two hospital employees trained for the KARS/Special KARS program. They, in turn, trained all of the hospital's physical therapists and discharge nurses, as well as staff members from the organizations who are distributing conventional child seats.

Pinellas Head Start

National Safe Kids Campaign (NSKC) approached Pinellas Head Start asking them to distribute NCSS seats in Pinellas County, Florida, and to coordinate a similar effort by Dade County (Miami) Head Start. When the Dade County program was unable to send its staff to Pinellas Park for training, the Pinellas program agreed to distribute all of the approximately 500 seats originally planned for shipment between both programs. The Pinellas Head Start's Education Manager administered the NCSS distribution. About 15 staff members from Head Start and Pinellas Social Services attended a full day training session conducted by a NSKC designated trainer. The NCSS distribution was marketed by newspaper advertising and fliers sent home with children attending Head Start classes. Parent training was scheduled every day during a week-long campaign, with four 2-person teams of Head Start personnel training about a half dozen parents each. One of the problems the group encountered was that the promised booster seats never arrived because of a recall from the manufacturer. The boosters were replaced by a later shipment of convertible seats. The program was in the process of calling families on their booster seat waiting list to place the convertibles in cases where they fit the child. As a result of the booster seat problem, Pinellas Head start still had an inventory of about 280 convertible seats which they intended to place in a second week-long campaign.

Wyoming Community Action Agency

Approximately 300 convertible seats were distributed to Wyoming Community Action Agency (WCAA) by the National Association of Community Action Agencies (NACAA). This was the first car seat program to have WCAA's involvement. Some seats were shared with another CAA covering the rest of the state. Three affiliated programs, the Health Care for the Homeless program, Head Start and the Community Outreach Program helped to place the seats with needy recipients. Non-CAA agencies such as WIC, Family Planning and others also were used for referrals. The CAA Community Outreach Department administered the car seat distribution. The program director and two other staff members trained through the Wyoming

Department of Transportation. The director also attended a one-day NHTSA sponsored training session in Denver. They, in turn, trained personnel at each of the facilities involved in placing seats with families. It took the agency nearly a year to distribute the first batch of seats received (188). Between the second shipment of 124 seats and some additional seats provided by Wyoming DOT, the program had a year's supply of seats in inventory.

Colorado State Patrol

The International Association of Chiefs of Police (IACP) invited the Colorado State Patrol to participate in the NCSS distribution. The Colorado State Patrol (CSP) had no prior experience with a program of this type and had to organize it "from the ground up." The CSP's Public Education and Safety Office in Denver administered the program. Two to six seats were deployed to each of 26 CSP field offices that indicated an interest in the program and agreed to distribute them according to program guidelines. In accordance with the guidelines, each field office required that trained personnel instruct recipients of the seats regarding their proper installation and use. Officer training was accomplished either through NHTSA sponsored courses or through CSP instructor trainers. Most placements were the result of roadside traffic stops. Some were distributed during safety presentations by officers to at-risk groups. Recipient training was usually one-on-one and took between twenty and thirty minutes per placement. Most of the 100 seats received through IACP were distributed. The CSP was seeking additional seats from other sources to continue the program.

Denver Fire Department

Denver Fire Department (DFD) had been an active participant in occupant protection programs for several years prior to the NCSS car seat distribution. For several years, they have conducted child safety seat education through checkpoint activities in cooperation with the Colorado Department of Transportation and other agencies. The department first heard about the NCSS distribution through the NHTSA Region Eight office and initiated contact with the International Association of Chiefs of Police (IACP) and the State and Territorial Injury Prevention Association to request seats to distribute. DFD received 100 seats, the largest number they ever received from any source up to that time. DFD's Safety Education Office administered the distribution program. The program director attended Buckle Up classes and other car seat related courses in connection with the department's occupant protection activities prior to their involvement in the NCSS distribution. He then trained "Roving Lieutenants" who traveled from station to station teaching proper car seat installation to firehouse personnel. Most placements were made as the direct result of checkpoint activities and some through social service agency referrals. A supply of seats was taken to publicized check points where potential recipients who met the financial need qualifications were given a seat and trained in its use before leaving the site. The comprehensive recipient training process took up to an hour, depending on how much prior experience the recipient had with car seats. DFD quickly exhausted its supply of NCSS seats and was relying primarily on a voluntary program, sponsored statewide by a Denver TV station, thereafter. The station's active promotion of this effort probably was influenced by DFD's success in distributing the NCSS seats.

Buckle Up San Diego

Buckle-Up San Diego is a citywide seat belt and child passenger safety coalition, funded by the California Office of Traffic Safety. It coordinates the activities of an extensive network of health and safety organizations involved in child safety seat distribution programs. The Buckle-Up program has a full time staff of two people who have been providing training, technical support, program planning and coordinated public information services for many years prior to the NCSS distribution. Although many of the coalition's members were contacted individually by national organizations seeking channels of distribution in San Diego, Buckle-Up was not the direct recipient of any of the NCSS seats distributed in Phases One and Two, although they were able to get 60 NCSS seats through San Diego Police Department and California Highway Patrol contacts with IACP. The organization received 175 seats through the National Safety Council and 60 from National Safe Kids Campaign for the third phase. Most of the seats received by Buckle-Up were pooled with those received by Children's Hospital and Health Center and placed with recipients at three local health clinics. Some were distributed directly to needy individuals referred to Buckle-Up by community organizations. Buckle-Up's primary role in the NCSS distribution was training the staff that were distributing car seats at distribution facilities. Buckle-Up's staff training sessions consisted of an eight hour program delivered on-site during working hours. Buckle-Up also provided packets of child passenger safety educational materials for health educators and recipients of the seats.

Children's Hospital and Health Center, San Diego

A working partner of Buckle-Up San Diego, Children's Hospital and Health Center (CHHC) is the only pediatric trauma center in the area and is the lead agency in the San Diego Safe Kids Coalition. Although they had not previously participated in any mass distributions of child safety seats, the Hospital was approached by National Safe Kids Campaign (NSKC) and the National Association of Children's Hospitals and Related Institutions (NACHRI). They received from these groups a total of 280 seats through October 1997. By decision of the San Diego Safe Kids Coalition executive committee, and with concurrence from Buckle-Up San Diego, all NCSS seats received by CHHC and other members of San Diego Safe Kids were distributed through three health clinics which are in direct contact with needy families. CHHC provided storage and transportation for the seats it received. A quantity of special needs seats had been requested as part of the Phase Four distribution. It was likely that the special needs seats would be distributed directly at the Hospital. The Hospital was developing a system for prescribing special needs seats and implementing appropriate parent training.

Logan Heights Family Health Center, San Diego

In addition to being one of the three primary distribution facilities for NCSS seats flowing through Buckle-Up San Diego, Children's Hospital and Health Center, the Red Cross and other Safe Kids Coalition members, Logan Heights received 284 NCSS second phase seats from the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO). Patients at Logan Heights are primarily Hispanic and 85 to 90 percent speak only Spanish. Safety seat education has been a part of Logan's Women's Clinic prenatal program for nearly a decade. Before the NCSS program began, car seats were given on a lottery basis to only a few women in each prenatal class (although almost all meet program income guidelines) as an inducement to attend the classes. With the influx of NCSS program seats, it was possible to give

a seat to all patients who completed the prenatal program. The Prenatal Coordinator administered the safety seat program at the facility. Three health educators, who received eight hours of training from Buckle-Up San Diego staff, were responsible for training the car seat recipients. The NCSS seats obtained through local sources were easily absorbed into Logan's ongoing prenatal program because car seat training had been given for many years.

V. CONCLUSIONS

Interview Conclusions

Results show that facilities in all fifty states, the District of Columbia and Puerto Rico were able to distribute NCSS seats. Most facilities, though not all, distributed seats in accordance with program requirements.

Without proper training, the distribution of safety seats does less to maximize protection of the child recipient, therefore, seat distributors were asked to provide recipient training for the proper use and installation of the safety seat, and furthermore, obliged to have trained staff to carry out the training task. By the time of second phase seat distribution, 80 percent of facilities had at least one trained staff member; another 8 percent at least watched a training video; and only 12 percent had no staff trained or could not account for the status of staff training at their facility.

Many used multiple methods to locate recipients. Finding recipients in-house was most common (70 percent). The use of referrals (44 percent) and advertisements were also employed (14 percent). One out of ten facilities (10 percent) used some or all of the seats at the facility or gave them to another facility. In these cases, almost always, facility staff justified using the seat in that the facility transports needy children.

Nearly all of the facilities in our sample offered recipient training, and nine of ten (91 percent) trained all of their seat recipients. At eleven facilities, none of the recipients were trained or the interviewee could not provide this information. Training most often included demonstrations of safe use, hands on training, use of videos and lectures and more often than not, installation of the seat into the recipient's vehicle.

Most facilities had completed the distribution of total seats received at the time of interview. However, nearly half (51 percent) of the facilities receiving over 100 seats had not distributed all of the seats by the time of interview. The number of seats remaining at these locations is unknown. The fact that several of these sites had obtained seats from one or more non-NCSS sources made for implausible accounting. Most with seats remaining described lack of need as the primary contributing cause but expected that distribution would be complete within a short period of time.

The program works in a number of different environments. Medical related facilities appeared to work best. They were more likely to have had programs and staff trained prior to NCSS. These facilities were more likely to find recipients in-house and less likely to go through referrals. Unlike non-medical facilities, the proportion of medical facilities completing distribution didn't slow down after two months and medical facilities were more likely to distribute all seats received. This is likely due to the nature of their facility in that they have a broad client population or are associated with organizations that do.

Non-medical facilities also were successful although fewer had previous program experience and trained staff. These kinds of organizations needed the ability to identify low-

income families or a referral system that could. They had to be willing to accept staff training and dedicated to give recipient training in the proper use and installation of safety seats.

Even after expressing some program weaknesses, many interviewees explained that they wouldn't turn down an opportunity to distribute seats in a program like NCSS if asked again. Free safety seats are rarely offered. All emphasized that the need for more seats remains.

Case Study Conclusions

The case studies demonstrate that many different kinds of organizations can be successful in distributing child safety seats to families that can't afford them.

Car seat distribution programs are an easy fit for groups which have childhood health education or injury prevention as their primary mission, and most were already involved in car seat distribution programs and child passenger safety education even before the NCSS distribution began. Health Education organizations understand the need for car seats in low-income families, are self-motivated to do what they can to solve it, and the process of contacting qualified recipients and giving the necessary training are things that they already do in their normal course of business.

Some health care institutions have limited contacts with the general public, particularly hospitals dedicated to long term rehabilitation of handicapped children. All of the institutions with this problem, among those included in the case studies, allied themselves with other local institutions to broaden their reach, either through membership in coalitions or by finding partners especially for the NCSS child seat distribution program. National Easter Seal Society's requirement that institutions receiving special needs seats also must distribute a quantity of conventional seats forced this kind of partnership.

Social service institutions typically have the infrastructure to identify low-income families in need of car seats. However, few of these institutions had previously trained staff to educate recipients and make sure they know how to install the seats properly. The state of North Dakota remedied this problem by using social service agencies to contact needy recipients and distribute vouchers and ran the education and seat installation through existing child seat programs in public health agencies. Another option is to provide staff training, as was done at Pinellas Head Start.

The Pinellas Head Start program illustrates that even an organization in which child safety seat distribution is tangential to the institution's primary mission can do an effective job. However, it seems unreasonable to expect this kind of organization to develop a continuing program that would last beyond the current distribution. On the other hand, health and injury prevention programs were looking to invent other ways to fund continuing support for their child seat programs after depleting their free NCSS seats.

Public safety agencies like police and fire departments generally lack the interest and training to implement successful child seat distribution programs. Several of the case study programs were secondary recipients of seats sent to police departments by national organizations. The Colorado State Patrol and Denver Fire Department, however, are evidence that effective distribution through this type of institution is possible.

The case studies make it apparent that established state government child seat programs were de-emphasized, if not overlooked, in the early phases of the NCSS car seat distribution. While this might make sense on the basis of developing incremental programs, it did not sit well with some of the program officials interviewed.

Overall, the NCSS program accomplished most of its objectives, most of the time. Tens of thousands of seats were distributed to needy recipients trained in proper seat installation and use.

APPENDIX A. CASE STUDY TRANSCRIPTIONS

Greater Boston Safe Kids Coalition⁶

Organization

"Buckle Up Boston Car Seat Initiative," is a regional coalition of organizations which came together in January, 1996. The goals of this regional coalition are to increase awareness of child passenger safety, make child passenger protection accessible to everyone who needs it, and more specifically, to create and continue a city wide distribution plan for low cost car seats. Participation in NCSS provided the Greater Boston Safe Kids Coalition and the Buckle Up Boston Car Seat Initiative the opportunity to promote child passenger safety and to offer more seats to community sites.

Members of the Buckle Up Boston Car Seat Initiative are as follows:

MA Governor's Highway Safety Bureau	East Boston Neighborhood Health Center*
Boston Public Health Department	Neponset Health Center*
Children's Hospital*	Harvard Street Health Center*
Boston Medical Center*	Roxbury Comprehensive Comm. Health Center*
New England Medical Center	South Boston Community Health Center*
St. Elizabeth's Hospital	Upham's Corner Health Center*
Mass. General Hospital	Whittier Street Health Center*
Brigham and Women's Hospital	Dimock Community Health Center*
Franciscan Children's Hospital	Martha Eliot Health Center*
Mass. Union of Public Housing Tenants*	

*Distribution facilities training car seat recipients.

The Buckle Up Boston Car Seat Initiative used the NCSS program to leverage funding to purchase more seats. They already received funding from Commerce Insurance Company and most large hospitals in the area already provided funds to buy seats they distribute. In addition, the Governor's Highway Safety Bureau provided the program with funding to buy as many car seats as provided by the NCSS program. Seats provided through GM funds went to the less well-funded members of the coalition who deal with families who can't afford to buy seats.

Staffing and Staff Training

The Boston Public Health Department was the lead agency and the Program Coordinator had responsibility for planning, procurement of the seats, storage, distribution, training and administration. The Health Department's Childhood Injury Prevention Program provided clerical support as well as office space. Many other people who work for participating organizations (nurses, case workers, health educators, etc.) were involved and were in direct contact with the recipients of the seats. The program itself had no direct employees.

Over 100 people already had training for the program. Buckle Up Boston, at that time, was sponsoring quarterly training sessions. The trainer was a child restraint expert employed by

⁶ This report is based on a review of program materials and documents and a site visit on September 23, 1997. We greatly appreciate the hospitality and cooperation we received from Stephanie A. Valovic, Coordinator of the Buckle Up Boston Car Seat Initiative.

the Governor's Highway Safety Program in Vermont, who traveled throughout the Northeast to deliver child restraint training. The sessions were a full day in length and were held at a used car dealership where many different kinds of cars and passenger restraint systems could be accessed and that gave an opportunity for hands-on experience with a variety of installation configurations. The trainer also brought a variety of safety seats, not just the types distributed by the program, to prepare attendees to provide sound advice on safe installation of multiple seat types.

Contact With Recipients and Training

Identification of potential recipients was done mostly by the participating organizations that were in contact with the public at their sites. In the case of the neighborhood health centers, all of the recipients were on public assistance and met the financial need criteria of the program. Hospitals were able to set a sliding scale for various income groups to obtain seats and training.

The program was advertised repeatedly to the targeted population in a monthly parents magazine which is distributed through the neighborhood health centers, and advertisements appeared in *The Boston Globe*, the city's largest general circulation newspaper.

Every time publicity appeared the participating agencies were deluged with requests for seats. Some requests came through the "Buckle Up Hot Line," where referrals were directed to the participating organizations. At times, the organizations were hard pressed to keep up with the requests, but everyone who needed an affordable seat was able to get one reasonably quickly.

All members of the coalition kept records to document the names of the recipients and the names of health care workers who prescribed the seat and trained the recipient. Records also documented each recipient's financial need.

There was no policy on whether recipients would be trained individually or in groups. The Program Coordinator explained that it depended on the organization's style and the circumstances. Whether training was by individual or by group, the recipients always watched a video, received written instructions, had hands-on experience installing the seat, and had individual coaching by the instructor. Some of the facilities had a "dial-a-belt" simulator which could be set up to give seat recipients experience with many different seat belt systems, including the type in their own car.

The Program Coordinator felt that, ideally, health center instructors would accompany recipients to their cars and coach them on installation in their own cars the first time they did it. However, some distribution facilities did not have off street parking, and, in other cases, accompanying the recipients to the car was not feasible due to questions of liability. Also, some of the seats were given to people who do not own a car, but their child needed the protection when riding in cars owned by others or taxis.

One problem encountered and solved by the coalition was language barriers. They have a translation sub-committee which, in the past, urged NHTSA to translate materials. Many of the written materials that existed in English and Spanish were translated into other languages such as Chinese, Vietnamese and Russian. Language was not a big problem in face-to-face training because each neighborhood health center usually had a health educator who could speak the language of the neighborhood.

Administration

Storage of seats was a problem for many of the participating agencies and was one of the attractions to join. The coalition provided secure storage when large quantities arrived and arranged delivery in quantities that the individual distribution facilities could handle. The main storage site was in one of the large hospitals. The coalition also kept a small quantity of seats in a self-storage space at a U-Haul facility across the street from the Program office. This enabled quick deliveries when required.

Initially, the NCSS program's requirement that the seats be given away completely free was a problem for the coalition. Philosophically, many of the member agencies felt that the recipients would not value the seats if they were completely free and that a \$10 or \$15 co-payment was not be a big obstacle for most participants. All of the agencies waived the fee in cases where it truly was an obstacle. Seats were sold occasionally at wholesale cost to parents who did not meet financial need criteria. The practice was justified as helping to make the program self-sustaining while increasing the overall usage of seats. The money went right back into the program to purchase more seats.

Another early problem was the requirement that the NCSS seats be given only to families. There are many cases where institutions that transport people have legitimate needs for child safety seats and no funding to provide them. Fortunately, the coalition had enough funding from other sources that it could accommodate these needs with seats purchased through other funding.

The Program Coordinator wished that there were more qualified child restraint trainers of instructors in the area. There were none in Massachusetts. Training sessions for hospital and health center personnel would be scheduled more frequently than once a quarter if there were. As it was, new health center employees had to wait until training was available before they could fully participate in the program.

The fact that the NSKC distribution was made only periodically and in huge quantities caused logistical problems. The Program Coordinator felt the program would have been more effective if seats were drop shipped to facilities, on an as needed basis, over a longer period of time. The coalition was able to even out the flow of seats somewhat by timing their own purchases of seats to arrive at times when they were not "up to their ears" in GM funded seats. Boston Safe Kids also managed to get seat manufacturers to ship small quantities of seats they bought directly to distribution facilities.

Overall, the Program Coordinator was very positive about the NCSS program. She felt it provided a needed resource for the citywide initiative. Although some of the institutions had their own programs prior to the NCSS program, most were under-funded and many were doing the best they could with a worn out inventory of loaner seats. Suddenly, there was a large quantity of safety seats to distribute, a lot of national publicity, good training and good collateral materials. It was relatively easy to motivate the participating agencies to join the initiative and revive their moribund programs.

The Program Coordinator was previously employed by one of the hospital programs. It bothered her that the program was not integrated into the hospital in the sense that nurses in the pediatric and maternity departments, who deal more closely with the patients were not trained or

involved in the program. Also, her hospital had a very limited supply of seats and they needed to turn some people away. This initiative changed all that. Now, there were many well trained health care workers involved in the program and seats were available city-wide in locations where they reached the needy population.

Westchester Safe Kids Coalition, Blythdale Hospital⁷

Organization

Blythdale Hospital in Valhalla, NY specializes in the treatment of children's health. Hospital staff participate in a relatively large number of health and safety programs. It is home to the Westchester Safe Kids Coalition. The two have been associated for nearly nine years. For nearly the same amount of time, the hospital has been involved in safety projects with the New York Department of Traffic Safety. It also participates in a coalition entitled the Westchester Coalition for Injury Prevention.

Neither the hospital nor the Safe Kids Coalition were involved in any safety seat projects prior to the NCSS program. National Safe Kids Campaign (NSKC) approached them to implement this project. Although the initial shipment of seats came from NSKC, an additional quantity of seats was secured through the National Association of Children's Hospitals and Related Institutions (NACHRI). At the time of the case study, special needs seats had been requested, but none had been received.

The organization received three deliveries of seats and was waiting to receive a fourth. Nearly 300 had been received so far from NSKC and NACHRI. The general trend had been that the quantity of seats diminished in successive shipments. The Program Director said that although more seats were requested than received they were happy to get whatever quantity was sent.

Staffing and Staff Training

Two staff members directed the distribution of seats. One was the Director of Nursing at the hospital and the Coordinator of Westchester Safe Kids Coalition. The other was a nurse who had direct contact with recipients of the seats, and who had special training in safety seat installation for this program. This was the only person in the coalition trained to instruct recipients on safety seat installation. She received her training at a four day NSKC meeting in Orlando. The cost of the trip to Orlando was funded by NSKC. Her time spent at the training was a contribution of the hospital. She felt that the training was very thorough. She wished, however, that there had been more practice time and a greater variety of installation situations.

The availability of qualified trainers was discussed at a recent regional meeting of NSKC Coordinators and there was some confusion as to what qualifications a trainer must possess. Westchester Safe Kids was interested in training for a trainer's trainer. They asked the regional NHTSA office in White Plains about where training could be obtained and were told that the office did not know.

⁷ This report is based on a review of program materials and documents and a site visit on September 24, 1997. we greatly appreciate the hospitality and cooperation we received from Kathy Kane, Director of Nursing and Susan Larkin, a member of the hospital's nursing staff.

Contact With Recipients and Training

Most safety seats distributed through this program were given to users directly from the Blythdale Hospital. Referrals came from member organizations in the local Safe Kids Coalition. In addition, other area hospitals, the Community Traffic Safety Program, the Department of Public Health, an abused women's support program, local law enforcement agencies and a variety of other social service agencies made referrals.

Initially, the coalition recruited recipients through an advertisement on a local radio station. They were swamped with requests, many from beyond the geographic area they serve. Afterwards, contacts were made through referrals, many from the reception staff at the hospital. The reception staff approached people bringing children in without a safety seat in their car. Emergency room nurses in the hospital also made referrals.

Each recipient was required to sign a form certifying that they received the required training on how to install the seat. Recipients also were required to verify their low-income status by showing a WIC or Medicaid card.

Parents trained individually. Each parent was required to watch a video provided by NSKC and given written instructions to take home. In addition, project staff took the parent out to the vehicle they arrived in, demonstrated how to install the seat in their car and coached as the parent practiced installing the seat.

It generally took about half an hour to deliver the seat and train a parent. Typically, the nurse left the parent alone to watch the video. Once that was done, it took about 15 minutes to go out to the car and teach the parent how to install the seat in the vehicle. Some parents preferred not to spend the time going through the training process, saying they had other car seats and already knew how to install them. The hospital insisted that every parent receiving a seat go through the training process.

Although most of the seats were given to recipients at Blythdale Hospital, ten seats were placed by the Mount Kisco Police Department and ten by the Westchester County Department of Health. The Safe Kids Coalition was not in a position to train staff in these agencies specifically for the NCSS program. However, both agencies had staff members who had been trained for other child seat programs.

Administration

In general, the Project Director felt that the amount of time and effort required to implement the car seat program was minor compared to some of the other NSKC activities. Unlike some of the other projects, which take place on evenings and weekends, this one had been scheduled during working hours.

The Project Director had no difficulty preparing the reports required by Safe Kids as a condition of their participation. She explained that she was quite rigorous about filling out all documentation at the time the seats were given to parents. Reports were easy to prepare by compiling the paperwork filled out at the time of each transaction.

Storage of seats was a problem. They took up a great deal of space and arrived in large batches. The coordinator said her office was “stuffed with car seats” and probably in violation of the fire codes. She said that every time she came close to getting rid of one batch, another arrived.

The supply of seats had come close to matching the demand for them. The coordinator explained that there were times when seats ran out and people were put on a waiting list. She hated to do that because it probably meant that children would be riding unprotected for a while, until they received more seats. When supplies were low, they cut back on their efforts to identify new recipients, yet tried to keep a few seats in reserve to take care of emergency situations.

The coordinator said she would look for grant funds that could be used to enlarge and perpetuate the program when NCSS ended. She also said they might consider fund raising activities.

Texas Department of Health⁸

Organization

The Texas Department of Health initiated direct contact with GM when they heard about the NCSS program through NHTSA sources. They were informed that they could not get seats directly from GM but could through participating national organizations.

The Texas Department of Health participated in both Phases One and Two of the NCSS program and received seats from several national organizations. Nearly 500 seats were obtained from National Safe Kids Campaign and members of the Safe Team, including the National Safety Council and the Safe America Foundation. All of these seats were distributed within three or four months of receipt.

These seats were only a small fraction of the Department's total safety seat effort. The Department's Safe Riders safety seat loaner program distributed about 5,000 seats in 1996. In its peak years, the program placed between 20,000 and 30,000 seats a year. NCSS program seats were not distributed as loaners through the Safe Riders program. Instead, the seats were given to needy families for permanent use. Approximately 75 percent of the seats were placed with families in the Austin area. The remainder were distributed in San Antonio and Dallas.

Staffing and Staff Training

The Program Director had participated as a trainee and a trainer in numerous safety seat installation courses. Three other members of the twelve person Traffic Safety Program staff had extensive training and were believed to be qualified as trainers' trainers. The remainder were believed to be fully qualified to train parents and care givers in the correct use of car seats.

The Texas Department of Health provided staff training to personnel in organizations participating in Safe Riders and to any other organization that requested it. Many groups participating in the NCSS program through other distribution networks had been trained by Texas Department of Health staff. In the past, these have been either two hour or four hour sessions.

Contact With Recipients and Training

Availability of the NCSS program safety seats was not advertised widely, although it had been mentioned in WIC magazines and booklets. Any publicity would bring a deluge of requests. Most placements of the safety seats were the result of referrals from organizations participating in Safe Riders or requests coming in on the Safe Riders 800 number or web site. In general, the seats had been used to relieve critical shortages of seats in the Safe Rider program.

Typically, parents receiving seats were trained in groups of five to ten people at Community Oriented Primary Care Clinics in their neighborhoods. When parents couldn't

⁸ This report is based on a review of program materials and documents and a site visit on October 6, 1997. We greatly appreciate the hospitality and cooperation we received from Steve Anderson, Director of Highway Safety Programs for the Texas Department of Health and Coordinator of the Texas State Safe Kids Coalition.

attend a group training session, they would come directly to the State Department of Health office in Austin and receive individual training at their convenience.

The Department of Health staff gave recipient training believed to be very thorough. In addition to viewing the video, parents learned the importance of using a safety seat, were shown how to use them properly and given supervised practice. Whenever feasible, trainers taught recipients how to install the seat in their own vehicles and coached them as they did it themselves. Recipients filled out manufacturers' registration cards before they drove away with a seat. The Department of Health mailed the cards to insure that users will get any manufacturer's safety notices.

Administration

In general, the Texas Department of Health was pleased with the administration of the car seat distribution program. They had frequent contacts with the national organizations involved in the distribution. Record keeping for these organizations and the reporting requirements were felt reasonable and compliance was not difficult.

The Program Director wished that more seats would become available. He explained the available funding for safety seats from all sources has never come close to satisfying the need in Texas. There are about 350,000 live births annually in the state, and over half of them are in families with incomes below the poverty level. Considering that children need to be in safety seats for about the first four years of their lives, there are over 700,000 Texas children who should be in seats, whose parents can't afford to buy one. There also is a need for education on correct use of the seats. He noted that nearly 90 percent of the seats seen by clinic staff are not being used properly. The most common misuse is that harnesses are not sufficiently tight to give good protection in the event of a crash.

Easter Seal Rehabilitation Center of San Antonio⁹

Organization

The Easter Seal Rehabilitation Center occupies its own building in a large hospital/medical care campus in northwestern San Antonio. Affiliated with National Easter Seal Society (NESS), the organization raises most of its funding locally. Its mission is to provide rehabilitation occupational therapy for severely crippled children and adults with closed head injuries and chronic mental illnesses. At any given time, the facility serves about 160 families with disabled children ranging from newborn to age three. Virtually all of these families are financially needy, often as the result of the medical expense associated with their children's disabilities.

The Center became involved in the NCSS program as the result of a request for a proposal sent by NESS. A high proportion of the families served by the Center have children who are at risk because of their requirement for expensive special needs safety seats and their inability to buy them.

The Center submitted its proposal in early 1997, attended an Easter Seals training session for the program in May and began to distribute seats when they arrived soon after the training. The center received close to 200 seats from NESS, including a mix of special needs seats and other types. There had been no prior program of seat distribution at the Center.

Staffing and Staff Training

Two people, the Deputy Director and the head of Occupational Therapy, attended an NESS sponsored training for program participants in Albuquerque. Immediately after their training, they trained 15 additional staff members in their own facility. The training in the local facility was an all day session and was similar to the Albuquerque training.

Both training sessions included sections on the need for child passenger protections, types of seats available, selection of the proper type of seat for the child's needs, and proper installation of each type of seat. The training also covered the different types of passenger restraint systems in different vehicles and gave all participants hands-on experience installing each type of seat in vehicles with different passenger restraint systems.

Contact With Recipients and Training

Between March, when they knew that the grant application had been approved, and May, when training became available, the Center contacted parents and set up tentative appointments for training and seat distribution. All contacts, were with families already receiving services through the Center.

⁹ This report is based on a review of program materials and documents and a site visit on October 7, 1997. We greatly appreciate the hospitality and cooperation we received from Lou Mangold, Deputy Executive Director of the Easter Seal Rehabilitation Center in San Antonio, and Coordinator for their NCSS program.

Because the Center serves special needs children with a variety of disabilities, the training of families and distribution of seats had to be one family at a time. First, the recipients were shown the appropriate video. Then, the instructor reinforced key points made in the video, discussed technical issues such as the special characteristics of the particular seat being used, and helped the parent do necessary paperwork. After the training at the rehabilitation center, recipients went to their therapist who completed the process. The therapist fitted the seat to the child, if needed. Some special needs required a great deal of fitting to provide proper support. Next, the therapist showed the recipient how to secure the child in the seat and coached the recipient as they practiced putting the child in the seat. The last step took place in the parking lot, where the therapist installed the seat in the car and coached the recipient as they practiced installing it. In cases where the child received therapy at home, the whole training and car seat installation process was part of the therapist's regular visit.

The process was somewhat different in the case of seats for premature infants. These were the only seats placed with people who were not clients of the facility. The Easter Seal Center participates in an early childhood medical intervention coalition that includes the pediatric departments of several hospitals included in the complex in which they are located. Through that contact, the Easter Seal Center let it be known that they received free seats for needy recipients. This resulted in calls from doctors and nurses in the hospitals as they spotted a need for a seat. Before a child was discharged from the hospital, one of the Program Directors usually brought both types of seats she had for premature infants and let the doctor decide which was most appropriate for the child. Parent training, including the video, personal coaching and initial installation in the car was done by the discharge nurse at the hospital.

Administration

Most of the special needs seats had already been placed among the families served by the facility. However, none of the harness type restraints had been used. This type is intended for children in body casts. The need for them rarely arises among children served by the facility. An ample supply of the infant and "preemie" seats remained because these seats are only used for a short time and were used on loan. The facility did not expect to reissue higher weight seats, like convertible seats because children are in them for such a long period of time and they did not expect them to be in good enough condition for reuse.

Storage was a problem, although it had been planned even before the seats actually arrived. The seats were stored in one of the physical therapy areas. Lack of space was a powerful motivation to place the bulk of the seats as quickly as possible.

At first, setting up appointments for training recipients required much work. A heavy schedule of appointments was booked, often six or seven a day. That, in turn, necessitated training many staff members.

The Center encountered difficulty, locally, getting technical information on tethering, which is required for many of the special needs seats. Service personnel in the local dealerships had no experience or training on installation of tethers. The subject was not covered in the service manuals available at the dealerships. Since NESS has ongoing relationships with a number of local car dealers who are benefactors to the organization, they were able to get some high level attention to the problem and manuals were secured from manufacturers. However, some dealers continued to be reluctant to install tethers due to concerns about liability.

The Program Director knew of only one crash involving the seats they distributed, and it was a success story. The child was 30 months old with severe disabilities that prevented him from sitting up. Ironically, the crash happened the day after the mother had been at the facility for training and seat installation, and it was the first day in the child's life that he had any kind of protection. The vehicle in which the child was riding was hit broadside near the rear seat where the child was positioned. The child was uninjured. The mother sincerely believes the seat saved the child's life. Incidentally, the Easter Seals Facility replaced the seat that was involved in the crash. When the mother subsequently was reimbursed for the cost of the seat by her insurance company, she bought a seat and donated it to Easter Seals.

The Program Director volunteered that the only part of the distribution that she felt they could have done better is publicity. She felt that the sponsors of the program deserve credit, but her staff had been hard pressed to fulfill the needs of the families already in the rehabilitation center's community and worried about generating too high a volume of requests from the general public. She planned to place a story about the program after completing the distribution.

The center was not sure whether or not it wanted to participate in future safety seat distributions. The Program Director was very pleased with the program, but it had been a lot of work for her staff. The center had not finished off its inventory from the first distribution yet and was currently taking on an unrelated project that would require much staff time. Only after the GM car seats were gone and the other new project was under control, would the Program Director consider doing it again.

North Dakota Safe Kids Coalition¹⁰

Organization

Located at the North Dakota Safety Council's offices in Bismarck, the North Dakota Safe Kids Coalition serves the entire state, except Cass and Grand Forks counties, which are served by the Fargo and Grand Forks Safe Kids Coalitions, respectively. The mission of the organization is to unite the efforts of groups and individuals across the state to reduce preventable childhood injuries.

The coordinator of the distribution program was an employee of the North Dakota Safety Council, which is affiliated with the National Safety Council (NSC). In addition to the Department of Health and the Safety Council, the Safe Kids committee includes representatives of the ND Highway Patrol, State Fire Marshall's Office, ND Game & Fish, ND Emergency Nurses Association, ND Nurses Association, the Standing Rock Sioux Tribe, Farmers Union Insurance Company and several major hospitals.

Through mid-October 1997, the ND Safe Kids Coalition had distributed a total of 763 child safety seats funded through the NCSS program. Sources of the seats included National Safe Kids Campaign (NSKC), National Safety Council, International Association of Chiefs of Police (IACP) (through the ND Highway Patrol) and Operation Baby Buckle (through the ND Health Department). The Safe Kids Coalition received seats from multiple sources since it was felt that the program would be managed most effectively as a consolidated effort through Safe Kids.

Staffing and Staff Training

Most of the safety seat distribution facilities did not require special training for the NCSS program because they were already involved in Health Department rental programs. A two day refresher course was attended by staff in most of the sites in October 1997. Also, the Program Director attended the Safe Kids training session in Orlando, receiving 16 hours of instruction on child safety seats.

Contact With Recipients and Training

When the NCSS program made seats available, the Safe Kids President felt there was a need to expand the effort to identify qualified recipients. She felt that the WIC program, which routinely deals with low-income families, would be in the best position to identify potential recipients but felt it did not make sense to train WIC staff to provide car child passenger safety education when a network of trained personnel was already in place at the state's rental programs, which often were located in the same buildings.

¹⁰ This report is based on a review of program materials and documents and a site visit on October 9 and 10, 1997. We greatly appreciate the hospitality and cooperation we received from Tammy Wagner, Program Coordinator, of the North Dakota Safety Council and Coordinator of all ND Safe Kids programs, including the NCSS program and Carol Holzer, President of the ND Safe Kids Coalition.

The WIC program identified low-income families in need of car seats in each county. WIC gave out vouchers which entitled clients with children between six and 18 months of age to a free safety seat, to be picked up at the State Health Department's local distribution site.

Anyone who received a car seat was required to sign a voucher, view an appropriate video for the seat and receive personal instruction on the correct way to install the safety seat and secure a child in it. All recipients received hands-on practice installing the seat as part of the instruction, usually in their own vehicles. Although the Program Director preferred that the seat be installed in the recipient's vehicle, there were a few places which refused to do it due to liability concerns. A sticker was placed on each seat distributed, identifying its source and featuring an 800 number to call if the recipient encountered any difficulty or had any questions regarding safe use of the seat.

Administration

The ND Safe Kids Coalition was responsible for the warehousing and physical distribution of the seats to the locations where needed. The North Dakota Safety Council received the seats at their warehouse in Bismarck and arranged transportation to distribution facilities. Often, the seats were shipped out by the State Transportation Department's "Pony," a fleet of trucks that routinely carries supplies and inter-office material between the Capitol and state branch offices. Some also were delivered by Safety Council personnel using their large sports utility vehicle.

Warehousing was not a problem. The largest single shipment was nearly 200 seats and the Safety Council's warehouse easily accommodated that many. Shipments not arriving on the date they were scheduled caused some minor inconveniences but was not a major problem.

ND Safe Kids received 32 booster seats that were recalled before they were distributed. The group was still waiting for replacements. The Program Director felt that boosters represented the area of greatest need. They did not receive very many.

Frequency of training constrained the size of the program, slightly. Safe Kids had not been able to accommodate all of the organizations that requested seats because many of them did not have the required training. Since there had been only three training sessions in the past year, some organizations needed to wait.

The Safe Kids Coalition provided periodic reports on their program to the national coalitions that provided the seats. The reporting requirements were a little different in each case and were not difficult to assemble.

Overall, the Program Director was very positive about her dealings with the national organizations that administered the NCSS program and was pleased to be a part of it. She wanted to find a way to continue to distribute child safety seats after the NCSS program. She was intending to look for grant funding to continue the program when the time comes.

Native American Injury Prevention Coalition¹¹

Organization

The Native American Injury Prevention Coalition (NAIPC) is the result of resolutions passed by four North Dakota tribes in 1994. The mission of the organization is to decrease injury, morbidity and mortality among Native American people in North and South Dakota. Its objectives include assisting implementation and evaluation of "grassroots" interventions related to alcohol and other traffic safety problems, development of intervention strategies, and serving as liaison between the member tribes and traffic safety and injury prevention agencies to secure funding.

The four tribal groups in the coalition are the Spirit Lake Nation (on the Fort Totten Indian Reservation), the Standing Rock Sioux Tribe (on the Standing Rock Indian Reservation), the Turtle Mountain Band of Chippewa (on the Turtle Mountain Indian Reservation) and three affiliated tribes (Arikara, Mandan and Hidatsa) on the Fort Berthold Indian Reservation. NAIPC partners include NHTSA, The Federal Highway Administration, Indian Health Service, Centers for Disease Control, Bureau of Indian Affairs, United Tribes Technical College, North Dakota Department of Transportation, North Dakota Safety Council, U.S. Public Health Service, W.E. Kellogg Foundation, Maternal and Child Health, South Dakota EMS and North Dakota EMS.

Offices of the NAIPC are provided by and located on the campus of the United Tribes Technical College in Bismarck. The director's position is funded by a grant from NHTSA. The source of the free NCSS child safety seats was the Safe America Foundation, which provided over 3,000 seats for distribution by NAIPC.

Although the Indian Health Service did not have a budget for child safety seats, it had car seat programs operating on all of the reservations in the Aberdeen Area before the NCSS program came into existence. Some seats were bought with grant funds from state government, some with tribal money and some with individual or corporate contributions. In many cases, the seats were outright gifts to recipients, in other cases, they were given as loaners or as reduced price purchases.

At the time the NCSS program began, the Aberdeen Area Indian Health Service calculated that there was a shortfall of 11,000 seats in their area. It was believed that convertible seats were needed most. The infant seat need was less acute because they are used for only a short period of time and are passed on within a family or between friends or exist through loaner programs.

¹¹ This report is based on a review of program materials and documents and a site visit on October 10, 1997. We greatly appreciate the hospitality and cooperation we received from Dennis Renville, Director of NAIPC, John Weaver of the Aberdeen Area Indian Health Service, Carol Holzer, Trainer and Injury Prevention Specialist at the ND Department of Health, Jackie Moore, Contract Trainer from North Carolina and training program attendees representing two tribal distribution sites.

Staff Training

Training was held twice in two years in the Aberdeen Indian Health Services area. NAIPC organized the training. Attendees were from nearly 20 tribes in North and South Dakota, Nebraska and Iowa (not just the four North Dakota tribes which formed NAIPC).

Contact With Recipients and Training

Two participants explained that on both of their reservations, child restraint usage is very low. One reservation did not have a child restraint law, and their last informal survey showed a use rate of only 10 percent. By comparison, observational surveys showed that the North Dakota statewide usage is about 93 percent. Usage was higher among tribal members who lived off the reservation, because there was strict enforcement in communities close to the reservation. Participants felt that education about the need to use child safety seats was as important or more important than just distributing seats, because many people that have them don't use them.

Both tribal programs did extensive training when they distributed a seat. Both trained parents individually. In both cases, the training consisted of showing a video, demonstrating how to install the seat and secure the child, hands-on practice and installation in the vehicle. One of the programs estimated that they spent about half an hour training each recipient and the other said they spent up to two hours. Both agreed that the process was time consuming but necessary. One added that training was lengthy because many clients didn't have their own vehicle and that the recipient had to know how to install the seat in any kind of vehicle.

Administration

One of the difficulties encountered by tribal programs was anticipating their needs for safety seats. The health clinic participant said that the birth rate on the reservation varied between zero and 30 in any given month. They needed to keep a large number of infant seats on hand to be sure they had enough to meet the demand. Fortunately, storage was not a problem for them because they had adequate space on the reservation. On the other hand, storage space was a problem for the Healthy Start program. Most of the seats they needed and received were toddler seats, and they took much space to store. The Director of that program wished that shipments would have been better matched to the rate at which seats were placed. In her case, the demand was more predictable.

Before the NCSS program began, there was a shortage of toddler seats because the Indian Health program's highest priority was to assure that no new baby went home without a seat and total resources were limited. After the start, there was a good supply of convertibles, but they occasionally ran short of infant seats.

One issue that emerged through several conversations regarding the NAIPC program was that it was easier to get parents to use infant seats than toddler seats. Mothers liked the infant seats because they are a convenient way to carry the baby and keep the baby while the mother does other things. They also do not require much space in the car. Toddler seats, on the other hand, have no use except in the car and are so big and clumsy that parents with several children can't fit all the seats they need in the vehicle. Nobody had any suggestions to solve the problem.

All of the people interviewed at NAIPC sponsored safety seat training were very thankful for the NCSS program. It greatly increased child safety seat availability to their target population, particularly among toddlers, who were most at risk before the program began. It also provided a platform for culturally appropriate education on the importance of using car seats. Most of them were involved in child passenger safety long before the NCSS program helped them to expand the program. Most wanted to continue to provide as many safety seats as they could from whatever funding sources after the NCSS program was over.

Shriners' Hospital of Tampa¹²

Organization

Shriners' Hospital in Tampa, FL is an orthopedic unit of the Shriners' Hospital system. At this facility, the NCSS program was carried out through the National Easter Seal Society (NESS).

Prior to participating in the NCSS program, the hospital was a KARS/Special KARS site. KARS is an acronym for Kids Are Riding Safe and is a training program for child seat installation. The curriculum includes training in the use and installation of child safety seats, including an emphasis on special needs seats. Through KARS, Shriners' already had specially trained personnel when they were contacted by NESS and invited to write a proposal for the NCSS program.

In addition to getting a supply of seats directly from NESS, this program also received seats from an Easter Seals facility in Bradenton, FL. This facility received a supply of seats and was unable to get its program organized. In total, Shriners' Hospital received 212 conventional and special needs seats.

The hospital's interest in participating in the NCSS program was motivated by a need for special needs seats for underinsured patients. However, one of the requirements of the Easter Seals proposal was that the hospital would distribute a mix of special needs and conventional seats. Since the hospital has limited contacts with needy families who have children that do not require special needs seats, most of the regular seats they received had to be distributed to the public through three local women's and children's shelter programs. A total of 90 seats were sent to Metropolitan Ministries in Tampa. In addition, Alpha House shelter program was given 31 seats and The Spring, a women's and children's home, was given 11 seats.

Staffing and Staff Training

The program was initially delegated to two hospital employees who took KARS/Special KARS training nearly two years prior at Riley Hospital in Indianapolis, IN. Then, in-service training was provided to all physical therapists and occupational therapists on the hospital staff who instructed recipient families in the use and installation of safety seats. Also trained were discharge nurses on all shifts. At least one person in each of the shelters that received safety seats through the Shriners' Hospital program attended a two hour in-service training.

Contact With Recipients and Training

For over five years, hospital policy has stated that no child will leave the hospital without an appropriate safety seat. In all cases where a child has had an orthopedic procedure that does not allow the use of the child's normal restraint system, a safety device has been loaned. When the patient is insured, a prescription is provided for the appropriate special needs

¹² This report is based on a review of program materials and documents and a site visit on October 15, 1997. We greatly appreciate the hospitality and cooperation we received from Sandy Smith, Director of Rehabilitation at Shriners' Hospital.

safety device. When the cost of a seat was not covered by insurance and purchase by the family would cause a financial burden, the hospital used one of the seats or harnesses provided by the NCSS program.

There was a formal procedure for dispensing safety seats. A flow chart that is part of the child's medical records accompanied the child through the entire process. The physical therapists and occupational therapists worked with the child, prescribing the proper safety seat for the child's disability. The restraint was fitted to the child in the rehabilitation department. This included a showing of the appropriate video when indicated plus demonstration of how to put the child in the restraint. The discharging nurse accompanied the family to the car and placed the restraint in the car. At that time, hands-on practice and actual installation of the restraint in the vehicle being used to transport the child occurred. Parents signed a disclaimer to certify that they received instruction in proper use and installation of the seat.

The hospital usually had an opportunity to see the families that were recipients of the safety seats periodically as the child matured. The staff usually took advantage of this opportunity to inquire about any problems they were having with use of the restraint and made any needed corrections.

Administration

The hospital self-funded special needs safety seats given to needy postoperative patients before the NCSS program began and would continue to do so after the NCSS program ended. In general, Shriners' Hospital was very grateful to have been included in the distribution of NCSS funded car seats. The addition of positional safety seats given to disabled patients helped fulfill the intended goal of providing them with a necessary and usable product. Also, in utilizing local women's and children's shelter programs to distribute the non-special needs seats, the hospital reached a large number of children who probably would have been at risk if the NCSS program did not exist.

Pinellas Head Start¹³

Organization

Pinellas Head Start delivers pre-school educational services to low-income children throughout Pinellas County, including St. Petersburg, through 75 classrooms in 15 facilities. They are not connected with the public school system in any way but receive funding for the program through Pinellas Opportunity Council, a social services agency. This program is one of five (out of 2,000 nationally) which has been designated "A Program of Excellence."

The organization was contacted directly by National Safe Kids Campaign (NSKC) and asked to participate in the NCSS program. They had never participated in a child safety seat program and were not a member of a NSKC. The program's reputation may be one of the reasons they were contacted, and part of their reputation is that they never turn anything down.

The original NSKC plan for Head Start in Florida, as understood by the Program Director, was that there were to be two facilities, one in Dade County (Miami) and the Pinellas program. Pinellas was asked to coordinate the two programs and split the approximately 500 seats evenly between the two programs. As it turned out, the Miami program was willing to distribute the seats but could not send their personnel for training in St. Petersburg. The Pinellas unit then agreed to distribute all of the seats originally designated for both sites. Pinellas Head Start also invited Pinellas County Family Services, a county agency located in their headquarters building, to help with the distribution and sent some of their staff to the training.

Staffing and Staff Training

The training was held in a Head Start facility in Pinellas Park. It was taught by an instructor who was sent to them by NSKC. The trainer brought an assistant and a Florida State Highway Patrolman as well as a large assortment of sample seats to the training session. About 15 staff members, the majority of them Pinellas County Family Social Services workers, attended the training.

The training was a full day session. It covered reasons why child safety seats should be used. It also showed a variety of videos covering the particular seats involved in the distribution. Demonstrations were given on the correct way to install a variety of safety seats and how to deal with many different kinds of seat belt systems. Participants were given hands-on practice installing safety seats in a variety of vehicles with coaching from the trainers.

Contact With Recipients and Training

Parents were informed about the availability of the free car seats through fliers distributed by Family Services and brought home by children in all of the Head Start facilities. Head Start also placed an ad in local newspapers. The ad gave a phone number to call to find out how, when and where a free seat could be obtained. Although the ad identified Head Start, it

¹³ This report is based on a review of program materials and documents and a site visit on October 15, 1997. we greatly appreciate the hospitality and cooperation we received from Joyce Williams, Education Manager of the Head Start Program serving Pinellas County, FL.

said that you did not need to be a head start family to qualify. As an added incentive to get parents to come in for child seat training, the program gave out teddy bears which had been given to them by a local business.

The distribution was made at the Head Start headquarters building in Pinellas Park. Parents were asked to come in during designated periods of time for training and installation of the seats. The distribution ran part of every day for a week. The staff was split up into four teams of two people working simultaneously. There also was support from the Head Start clerical staff in managing the logistics of placing people in training sessions. After the first day, training sessions were offset so that parents could get into the beginning of a new session with minimal waiting just about any time during the appointed hours. (The group learned during their first attempt that parents are pretty casual about showing up on time, and that staggered sessions would be more efficient.)

The classroom part of the training, which involved the filling out of paperwork, viewing a video and demonstration of how to install the seat and fasten the child in the seat, took about one half hour per group. In addition, the instructors took parents to a shaded receiving bay near the parking lot and coached them individually as they installed seats in their own vehicles. The staff tested parents' installations to make sure they were secure, and asked them to do it again if not correct. The State Highway Patrol showed up on several days, giving motivational talks on why child seats are important and assisting the staff with hands-on instruction in the parking lots.

During their first distribution period, the staff asked parents how many seats they needed and took them at their word. When many parents asked for three seats, the program staff became a bit suspicious and also began to worry that they would run out of seats. A decision was made to give parents only one seat at the time the training was given, with the promise that if they needed more, they could come back during the final session to pick them up if there were any left. As it turned out, the program did not run out of seats, but very few parents came back to pick up additional seats.

A lot of parents showed up for the training with their children. When they got to the car, the staff discovered that many of the children came to the site unrestrained or in an obsolete car seat. The program made exceptions to their one-to-a-customer policy in these cases and made sure that each of the children who came to the site left the lot in a new, properly secured seat.

Administration

Pinellas Head Start had been promised both booster seats and convertibles and advertised both to parents of Head Start children. However, the booster seats never arrived because they had been recalled. Pinellas Head Start compiled a waiting list of families that needed the booster seats. They continued to get calls every day, inquiring when the seats would arrive. Head Start was informed later that they would not get the booster seats they had been scheduled to receive and were sent an additional shipment of larger convertible seats. They were still in the process of working through the booster seat waiting list and offering the convertibles to parents of children that they would fit.

Warehousing of the seats was not a huge problem because Head Start has a warehouse facility to store and distribute school supplies to the Head Start facilities. However, the seats consumed much needed space.

There were 80 convertible seats left over from the initial distribution when they received about 200 additional convertibles to make up for the booster seats that never arrived. An additional distribution wave was being planned, although it would be somewhat more difficult than the first since some of the staff that was trained had moved on to other jobs.

Project Director said she would be willing to do another phase after exhausting the current seats if asked. When asked whether she will actively seek out other grants to continue distributing car seats when the NCSS program is over, she was not so sure. She said the program had been very time-consuming, at least for her personally, and she already worked about 16 hours a day just to accomplish her normal work.

Wyoming Community Action Agency¹⁴

Organization

The Wyoming Community Action Agency (CAA) of Cheyenne, WY provides low-income populations with services during times of "crisis." Its primary functions are to prevent homelessness and loss of utilities. Common services the agency provides include employment search services, rent and utility payments and home repairs. Community block grants are the main source of funding for this agency. These grants have discretionary funds that covered administrative costs of the safety seat distribution.

There was no organized safety seat distribution program prior to the NCSS program. Three CAA programs were used for safety seat distribution and training. They were the Health Care for Homeless program, the Head Start program and the Community Outreach program. Four facilities were used for finding and training recipients and distributing the seats. The Head Start program is carried out in two separate facilities. Both were used. The Health Care for Homeless has a clinic at a homeless shelter facility that was used. And, the CAA headquarters in downtown Cheyenne also was used. The four sites were ideal for seat distribution. All of them were set up to do client workshops. They had televisions, VCRs and conference rooms and each site had ample parking for recipients' cars.

Safety seats arrived twice under the direction of the National Association of Community Action Agencies (NACAA). The first batch, received in Phase Two, numbered 188 and the second batch, received in Phase Three, numbered 124. All seats received were the convertible seat type.

The Program Director felt if only one safety seat type is available it should be the convertible type. As she put it, "it can catch more of the population." Phase Two seats were divided so that the one other CAA in Wyoming would have seats for distribution. This separate CAA covers all other areas of Wyoming outside of Cheyenne in the southeast portion of the state. It had an independent program for safety seat distribution. All 124 Phase Three seats were kept by the Cheyenne CAA.

Staffing and Staff Training

The Wyoming CAA Outreach Department Director administered the safety seat distribution program on her own. She oversaw the organization and distribution of all safety seats at the four distribution facilities. Staff at these sites identified facility clients as recipients. In addition, each Head Start facility had one staff member who oversaw clients that live in rural areas outside of Cheyenne. These staff members identified possible recipients who were not "in-house"

¹⁴ This report is based on a review of program materials and documents and a site visit on October 13, 1997. We greatly appreciate the hospitality and cooperation we received from Mary Benz, Director of the Wyoming Community Action Agency Outreach Department.

clients. The CAA staff would call the director or have the recipient call her. She then organized a distribution session.

Prior to the NCSS program, the Program Director and two other staff were trained in Cheyenne by a Wyoming state employee. Trainees also included Wyoming Department of Transportation (DOT) staff. The director also attended a NHTSA sponsored one-day training course in Denver. The course was eight-hours long and reportedly covered a variety of safety seats, belt systems, and vehicle seat types. There were roughly 5 presenters and 25 attendees. Trainers were from both state and national levels.

Contact With Recipients and Training

Qualified recipients were located in a number of ways. Many Homeless and Head Start program clientele became safety seat recipients. At these facilities, a child recipient was a member of the program or a sibling of a member. Both Head Start facilities also had staff that work in small communities outside of the Cheyenne city limits. These staff identified recipients in outlying areas. The Community Outreach program had daily contact with people who qualified for seats and didn't have them.

Recipients also were sought from Non-CAA entities. The Program Director contacted Best Beginnings Community Coalition and invited them to refer possible recipients. This is a collection of agencies (WIC, Family Planning, etc.) that provide services and assistance for pregnant women. In addition, fliers were distributed to low-income schools and area hospitals.

The Director explained that the safety seat distribution did not hamper her duties of being a case manager at CAA. Discretionary funds allowed her to administer this "community based" program. She felt being a case manager for needy people made distribution of a large portion of the seats more convenient. She also explained that the support of referrals enabled more seats to reach the streets.

Use of Head Start and referrals from associated groups serving needy populations made it easy to determine recipient need because there is an income limit in these programs. For others, like someone who was a "walk-in," poverty guidelines were used. The Director explained that a simple way to verify status was to identify if a recipient was participating in a program for the poor like AFDC or WIC.

When someone arrived at a facility for a safety seat they filled out paperwork first. Name, race, telephone number, how many in family and family income was recorded. Recipients then signed the paperwork and dated it. A staff member also signed. Then the recipient filled out the paperwork that came with the seat. The CAA facility then mailed it for the recipient. Next an instructional video was viewed. The recipient then had the Wyoming and Colorado laws pertaining to occupant protection explained to them. The force of an impact and what happens to the unrestrained child was explained and discussed. The next step was to go to the recipient's car for an installation demonstration and a hands on training using their car. Installation was usually done

by the recipient parent under supervision by the Program Director. If and when the parent did something wrong in installing the seat, the Program Director stepped in and corrected the problem in view of the parent. Each training period took about one hour.

The delivery of a safety seat to a recipient did not happen prior to the birth of the child. In some cases, partial training was given to a parent prior to birth. In this scenario, the expecting parent had to come in and receive a partial training course first. Then, after birth, the father or another relative had to come and get the seat and the training that remained. The sole hospital in the area with a birthing ward has a policy that does not let a child go home unless the carrying vehicle has a safety seat. The above method helped a number of parents get their newborn out of the hospital more conveniently.

If the recipient child for a safety seat was not present during the training, the Program Director explained to the parent what was appropriate for the type of seat she was distributing. The Program Director admitted that a large amount of information was provided during training and that retention depended on the particular recipient. She made sure to tell a recipient if they had any questions or needed assistance to call. The Program Director did not have any calls.

At first, one day per week was used for scheduled "bulk distributions." Over time, less people called and less referrals were made, and the CAA training and distribution became more sporadic. The Program Director eventually only trained one or two people at a time.

Administration

Contacts between the National Association of Community Action Agencies and the Wyoming CAA were few in number. Only the call that offered seats was remembered by the Program Director.

A second delivery of safety seats came unexpectedly without advanced warning. The biggest problem was finding storage space for the seats. In the first round, a construction agency donated storage space in a warehouse. Once in storage, the seats were taken several at a time to the appropriate distribution site as needed. The second round of seats were not given warehouse space and these had to be placed in the CAA conference room.

It took the CAA nearly a year to distribute the Phase One seats. Most of the Phase Two seats still remained. The Program Director believed it would take nearly a year to distribute the remaining seats along with seats the CAA received more recently from the Wyoming DOT. They had non-NCSS related seats for a loaner program, and the CAA had additional distribution plans. Infant seats also were received and were being rented for a low fee. A number of convertible seats left over from Phase Two would be used to supplement their loaner program. Some remaining Phase Two seats would be given to agencies that work with low-income clients. These agencies needed seats for their own use because they often transport low-income clients and don't have seats to do that. The Program Director would be training staff at these facilities as to the proper use of

the seats. The Program Director also explained that some seats would be used in Head Start buses whereas they had not been used before.

The CAA told recipients that safety seats were free, for permanent use and that they did not have to give them back. When the child outgrows the seat, and if the seat is in good shape, recipients were asked to either give the seat to someone who couldn't afford one or bring it back to the CAA where it would go to someone in need. One mother who received a free seat brought it back when she found herself in a position where she could afford to buy one.

In some cases, agencies contacted the CAA telling them not to give a seat to someone because they didn't need the seat or they were not in financial need. One agency called the CAA telling them that someone running a day care was posing in need of seats and not to give that individual seats because they were unsure of their intent. Head Start recipients could be tracked because they were around mostly on a daily basis. Other seat recipients, for the most part, were not. The Program Director said the CAA had plans to track seats in the future to see if they were still being used. Paperwork filled out by the recipients would let the CAA keep track of seats. The CAA had plans to survey those who received seats to find out if they had changed cars, needed any assistance and how the seat was being used.

The Program Director explained she had not thought about finding a seat source to supply the need after the current inventory was fully distributed. She was working with the Wyoming DOT to purchase booster seats to use in a loaner program.

Colorado State Patrol¹⁵

Organization

The office in charge of carrying out the NCSS program for the Colorado State Patrol (CSP) was the Public Education and Safety Office in Denver, Colorado.

CSP learned of the NCSS program through the International Association of Chiefs of Police (IACP). The CSP received a call asking if they wanted to participate in the program and how many safety seats they could use. CSP requested 100. This figure was based on the number of CSP Troop Offices throughout the state. CSP received the number requested from IACP as part of their Phase Two distribution.

Seats were primarily distributed through CSP offices throughout Colorado. The distribution of safety seats per office was based on population demographics, income and fatality data in particular. The Program Director in charge of the distribution effort was the Co-Chief Public Information Officer for the CSP. The Program Director contacted 26 offices and asked for their participation. Agencies received anywhere from two to six seats. Nearly twenty seats were kept in the Denver area for distribution by the Program Director.

From time of order, it took nearly four weeks for seat delivery. IACP sent a program guideline with the seats. The guideline explained that the seats must go to a low-income family and that recipient training was required. There was no information as to how to go about carrying the program out. Therefore, the CSP designed their own program for seat distribution. The Program Director was not aware of CSP participation in any prior organized safety seat distributions and had to create a distribution program from "ground up."

Staffing and Staff Training

Field offices receiving safety seats were sent program guidelines listing requirements for how the seats should be distributed and to whom. The offices were told trained officers must distribute seats and give installation training. Some officers went outside the CSP for training. Some trained through NHTSA. Less formal classes by the CSP were also set up to train officers in seat installation. These classes included literature and videos and other assorted materials provided by NHTSA and other safety oriented agencies. At that time, the CSP had a number of instructor trainers through which officers could be trained in seat installation.

¹⁵ This report is based on a review of program materials and documents and a site visit on October 14, 1997. We greatly appreciate the hospitality and cooperation we received from Officer Scott Nathlich, the Co-Chief Public Information Officer for the Colorado State Patrol (CSP) and Program Director for the CSP's NCSS program.

Contact With Recipients and Training

CSP asked that distributing officers give the safety seats to those could not otherwise afford one. Officers used their own discretion deciding the neediness of individual recipients. This is was done through sight and conversation usually at the roadside. It was made clear to the officers that they were not to install a seat unless they were trained. If an officer at a stop believed he had a needy recipient and the officer was not trained, he was to locate a trained officer who could provide a seat and installation training.

The Program Director conducted safety presentations at businesses, government facilities and schools. His presentations included various occupant protection subjects including safety belts, DUI, air bags and safety seats. During these presentations, the NCCSS program was explained. Afterwards, people from the crowd came to the Program Director, explained that they could not afford a safety seat and made an appointment to come in and receive a seat or have him bring one to them.

Video training recipients was common. Videos were provided to the CSP in Spanish and English. Copies were given to all offices distributing seats. Videos in Spanish were in higher demand. In most cases, recipients went to a station to watch the training video. In other cases, videos were lent to recipients. Video lending occurred more often when the distribution patrol office did not have a VCR. The Program Director figured that recipient training took somewhere between twenty to thirty minutes per recipient.

A record was kept on each recipient. The record included a recipient's name and address, phone number, and a place for officer comments on why the recipient needed the seat. The Program Director explained that the record is assurance that the seats were going where they needed to be going. Information on the form also would permit check ups or audits on the seat and seat user. Most of the time a seat the recipient was not seen again after the seat was distributed.

Administration

Safety seats were delivered to CSP several days early. Seats came in two shipments of fifty. The shipments came at nearly the same time. The seats going out to offices were sent to a Patrol storage facility before being delivered by a CSP relay service. The distribution system for this program was similar to package delivery systems used by the Patrol. The seats distributed by the Program Director stayed in his office.

Program guidelines were sent from IACP. The Program Director explained they were straightforward. Contact with IACP was minimal since the first request for seats. In fact, the Program Director thought the program to be more of a GM program than an IACP program.

In some cases, media coverage of the distribution program led to positive public relations, more so in the outlying areas than in Denver. In Denver, media coverage was more competitive. In the outlying areas, the press had been contacted and told what was occurring. Coverage generated

citizen requests for seats. Participating offices liked what they were doing and liked the attention they received. The Program Director explained enthusiasm was still high and requests from offices for more seats were still arriving in his office. He had several non-participating offices wanting to get in on future seat distribution programs.

With a dwindling supply of safety seats for distribution, the Program Director was acquiring seats from other sources. One such source was a local television station, Channel Seven. This station was raising money through advertisements and public service announcements. Donations from individuals and corporations were being used to buy seats that were then distributed to local organizations for distribution. The CSP had participated in safety events where some of these seats were being distributed. Their role in these events had been to provide occupant education through simulators like the Convincer, air bag demonstrators and dissemination of safety literature. The Program Director was likely to pursue seats from Colorado Social Services, the agency that purchased and distributed seats for the television campaign.

Denver Fire Department¹⁶

Organization

The Denver Fire Department (DFD) has worked on occupant protection activities for several years. Prior to the NCSS program, DFD was involved in a Buckle Up program which was run in association with Patterns for Life and the U.S. Fire Administration, as well as numerous other agencies. DFD has used checkpoints for child safety seat education for nearly two years. Activities have included participation from the Colorado Department of Transportation, Denver Social Services and a variety of other groups in the Denver metropolitan area. The NCSS safety seat distribution program also included these groups.

DFD first heard of the NCSS safety seat distribution program through the National Highway Traffic Safety Administration (NHTSA) Region Eight office. DFD was known by NHTSA through their participation in occupant protection activities. After DFD Chiefs gave their approval for the program, formal requests for seats were sent to the International Association of Chiefs of Police and State and Territorial Injury Prevention Directors Association. Two groups of 50 seats were received. They were the largest quantity of seats ever given to DFD at one time. The safety seats were a convertible seat type. The Program Director explained that convertible seats are most useful when conducting seat checkpoints although infant and booster seats are needed when a child is very small or too large for a convertible seat.

Staffing and Staff Training

The Program Director was able to commit 20 to 25 hours a week to safety seat activities in the Summer time. In the winter, the amount of time was cut to half because school was in session and fire safety courses were more frequent. The Director received occupant protection training prior to the NCSS program. He had been an attendee of Buckle Up program classes and similar educational courses. In April of 1997, he attended a five day course put on by NHTSA in Virginia.

Roving Lieutenants, trained in numerous topical areas including occupant protection, move from station to station, to train firehouse staff. For this program, they trained firehouse staff in safety seat installation. The idea here was if a citizen stops into a fire house with safety seat questions, staff could give answers to questions, instructions and seats when available.

Contact With Recipients and Training

Finding recipients was done primarily through the use of safety seat checkpoints. The check points were usually done with other agencies. Agencies involved usually included the Denver Fire Department, the Department of Transportation and Denver Social Services but may

¹⁶ This report is based on a review of program materials and documents and a site visit on October 14, 1997. We greatly appreciate the hospitality and cooperation we received from Dwight "Hoss" Davie from the Safety and Education Office of the Denver Fire Department.

have also included Colorado health and law enforcement participation. Some seats were given to recipients through agency referrals. Some local facilities sent referrals to DFD and some, depending on level of training, were able to distribute the seat and train the recipient. "Word of mouth" provided some inquiries from possible recipients. Six seats were placed in Birth Right, an organization for single mothers who follow a strict program for prenatal health all the way to birth.

Organizers of seat checkpoints tried to move them around the Denver area. Supermarkets and Department store parking lots were ideal locations. They were visible areas with plenty of room. Managers of stores were contacted in advance. A request was made to use an unobtrusive yet visible portion of their parking lot. Organizers roped off a "safe area" for the safety of workers and others coming. About four safety seats were taken to each checkpoint. If someone arrived and qualified for a seat, one would be provided.

When a seat request came, either by phone or in person, the Program Director asked for income verification. He did not want to distribute a seat to anyone making over 20 to 25 thousand dollars a year. He did not require hard copy documentation of income and made a judgment call by sight. He had made some rejections.

Depending on whether or not the recipient had a seat before, training would take nearly one hour. Regardless, the Program Director told the recipient that receiving a seat requires an hour of training. If they had used a seat before, it would probably take less time because they likely were already somewhat familiar with safety seats.

When receiving a seat, the recipient would go through a process. First they would fill out paperwork that was retained by the DFD. The form recorded the time and place that the seat was received, the name of the recipient and driver license number and the license plate number of the car in which they were using at that time. The purpose for recording the license plate was to let the DFD know what vehicle was used to train the recipient. Next the recipient watched a 15 minute video, one of a variety of tapes used for training. The tape shown depended on the audience. Following the video, the importance for referring to the safety seat installation instructions and the vehicle owner's manual was stressed. Then, hands on training was next, using the given safety seat and the recipient's vehicle.

All seat belt systems and vehicle type compatibility were covered in recipient training. Other informative documents on proper use of seats also were covered with the recipient. These educational items were given to the recipient to take with them. A packet was also provided to recipients to take with them. The packet included, among other items, safety seat and related information and telephone numbers for answers to questions.

Administration

The delivery of seats came when expected. There was ample room at the DFD Training Center for storage. In fact, this location was also storing safety seats from sources outside the

NCSS program. Any seats outgoing to agencies or events were normally transported by the Program Director.

Contact with safety seat sources were minimal beyond the original request for seats. The Program Director had received some help from GM engineers. They provided training equipment and gave answers to questions regarding safety seat compatibility with unusual seat belt and car seat designs. The Program Director took the initiative to make contact with this source of information.

The need for safety seats has been promoted for several years through the work of Denver Social Services, the Department of Transportation and the DFD. The use of seats from the NCSS program likely made the need more visible and likely was a catalyst for a new distribution program. Television station, Channel Seven in Denver, began a statewide program that was providing seats. Channel Seven used advertisements and public service announcements to ask for donations used to buy safety seats. Businesses and individual donors responded. At the time of the case study, the Channel Seven program was DFD's main seat source. DFD Training Headquarters stored undistributed Channel Seven seats on location. DFD was one of four contact numbers for those responding to Channel Seven seat advertisements. Twelve calls a day came to DFD when advertisements were broadcast. If and when the seats in existing programs are used up, the Program Director believed that other seat sources would be found. However, large quantities of seats from any one source may be hard to find.

Buckle Up San Diego and Children's Hospital and Health Center¹⁷

Organization

Buckle-Up San Diego is a city-wide seat belt and child passenger safety program conducted as a community service with a grant from The California Office of Traffic Safety and The National Highway Traffic Safety Administration. Buckle-Up San Diego had the advantage of years of experience in safety seat information, education and training when the NCSS program came into being. Buckle-Up was already partner to a network of health and safety professionals, including: Children's Hospital and Health Center; the local Safe Kids Coalition; and various other health, safety and law enforcement organizations.

Buckle-Up San Diego's Program Director explained that the organization had difficulty acquiring NCSS program safety seats. Although the Buckle-Up program had routine contact with some of the National Organizations distributing seats, initially they were not asked to participate. Instead, they had to find out about NCSS program seats through other sources. Many of those sources had received seats, and some were willing to "share the wealth."

In the first phase of the NCSS program, the Buckle-Up Program Director took the initiative to contact locations where he knew or had a hint seats were delivered. He asked the local police department to contact International Association of Chiefs of Police (IACP) to see if they could get seats. The call resulted in 50 seats. Through contact with IACP it was learned that the California State Patrol in Sacramento also had received seats. They were contacted and ten seats were obtained. All seats received were the convertible type. Because of the time it took to get Phase One seats, there was no time to seek out seats for Phase Two. During Phase Three, 175 seats were received by Buckle-Up from the National Safety Council and 60 from IACP. Buckle-Up felt that with the experience and reputation they have in issues of child safety their complications in receiving NCSS program seats shouldn't have been necessary.

Children's Hospital and Health Center (CHHC) is a working partner with Buckle-Up in San Diego. CHHC is the only pediatric trauma facility in the area. It serves patients after birth and up to 18 years old. CHHC is the lead agency for the local Safe Kids Coalition. They were notified directly by National Safe Kids about the NCSS program. Seats came forth easily from NSKC to CHHC. Multiple forms were filled out to request seats and to promise to comply with all distribution agreements. CHHC had never had safety seats available in which they could take part in a large distribution program. CHHC received 180 seats from National Safe Kids in the first two phases. Then, CHHC received 60 seats from National Association of Children's Hospitals and Related Institutions (NACHRI) and 40 from NSKC for Wave Three. Acquisition of Phase Four

¹⁷ This report is based on a review of program materials and documents and a site visit on October 17, 1997. We greatly appreciate the hospitality and cooperation we received from David Thompson, Project Administrator at Buckle Up San Diego, Diane Granito of Children's Hospital and Health Center. Additional information was obtained, by phone, in conversations with Ms. Louise Nichols, Project Coordinator at Buckle Up San Diego.

seats was still under way. They were expecting to receive various types of regular and special needs seats for Phase Four.

When the Phase One seats arrived, a San Diego Safe Kids Coalition Executive Committee Meeting was held. The meeting included guests from Buckle-Up San Diego and the American Red Cross. The meeting resulted in the decision to distribute their combined safety seats through three area health clinics: Logan Heights; Linda Vista and San Ysidro. These three facilities distributed most of the seats.

Staffing and Staff Training

Training for health clinic staff was organized and carried out by Buckle-Up San Diego. Training took place during normal workday business hours. Health clinic administrators accepted that the occupant protection training was viable and necessary for a health care professional. The training lasted two to three hours and prepared staff to give a two hour class to seat recipients. Double the number expected showed up for the training courses.

Contact With Recipients and Training

The first two phases of seats went mostly to the three local health clinics that serve low-income populations. The use of these facilities worked well because they had expecting mothers enrolled in prenatal courses.

In most cases, the prenatal classes were given over a nine week period. Two hours for safety seat training was added to the pre-existing structure of prenatal classes. In most cases, an agreement was in effect that when a mother completed all of her prenatal classes she would receive a seat.

A press conference was held to announce the seat distribution program. The Logan Heights health facility was the venue. The event promoted the need for child protection in motor vehicles. A variety of safety oriented people and press showed up for the event to publicize the effort. The event generated requests to the point that organizers were still inundated with calls for seats.

Clinic Educators were given a NSKC booklet that explained the program requirements and what educators were to cover with recipients. Educators also used an instructional packet provided to them from Buckle-Up San Diego. Each recipient received an identical packet to take with them. The packets contained safety literature, checkpoint lists, installation information, and information pertaining to future stages of child development. Telephone numbers for answers to questions were also provided.

The training program was comprehensively bilingual. Personal instruction, videos and literature were available in both English and Spanish. Some recipients did not speak either language. When this was the case the language needed to convey safety seat education and instruction was said to be "usually covered." A normal course of action was to ask the recipient to bring an interpreter with them. The translator was usually someone from their family, most likely a son or daughter.

During nearly two hours of training, mothers watched three different videos. One demonstrated crash forces; the second was the safety seat manufacturer's installation instructions; and the third demonstrated what actions put a child's life at risk. Then, there was a demonstration using dolls and safety seats in a classroom setting. Hands on participation in the classroom setting occurred next. Instructions with the safety seat were then covered. The importance for referring to the directions along with the vehicle owner's manual was stressed. All of the health care facilities had adequate parking for in the vehicle training. In some cases, hands on training used a demonstration vehicle if the recipient did not bring one. If a recipient didn't have a vehicle, a seat was still given. The belief here was that motor vehicle travel is needed by San Diego residents, whether it is in a relative or friend's car, by taxi or by public transportation.

Some NCSS related seats were distributed to individuals referred to Buckle-Up San Diego. Referrals were accepted from community organizations that adequately verified recipient need. Once verified, these individuals were asked to come with vehicle and child to the Buckle-Up facility. On arrival, the recipient's vehicle and child were "prescribed" a safety seat. If the NCSS program seat was suitable, training and seat distribution took place. If the seat was not, training using the correct seat type was given along with a voucher that enabled the recipient to go to a location where they had access to a suitable seat including special needs seats.

Administration

Children's Hospital has a large storage area that was used for safety seat storage. Manpower was contracted to move seats from the truck into the storage facility. Hospital vehicles were used to move seats from storage to clinics as needed. Program Directors' cars also were used to transport safety seats to the Buckle-Up San Diego facility.

Program Directors felt the program was closely monitored and guided by at least one of the national organizations granting them seats. With the first two waves, NSKC kept an "observant eye" over progress in local activity. NSKC asked that evaluation and documentation reports be filled out by organizations distributing seats. The same was true into Phases Three and Four. NACHRI was keeping in touch and asking for similar information items. The work required to assist the documentation and evaluation was not felt burdensome by Program Directors and believed to be important.

Acquisition of Phase Four safety seats was still under way. CHHC expected to receive various types of regular and special needs seats. These seats would be distributed mostly at CHHC. Although CHHC Program Directors had administered seat distributions before, they had not used

the CHHC facility. A system of safety seat distribution and recipient training appropriate for the CHHC environment was being researched and developed.

Logan Heights Family Health Center¹⁸

Organization

Logan Heights Family Health Center is a private non-profit corporation. It is a community center that provides health care to non-insured and limited income patients. The corporation has been in existence for over 25 years. It offers primary and specialty care to patients. Logan Heights has five facilities in the San Diego area plus a small number of school based clinics. The largest facility is the Logan facility.

The patients at Logan Heights facilities are primarily Hispanic and 85 to 90 percent speak only Spanish. Most staff are bilingual. In the Women's' Clinics at the Logan Heights facilities, prenatal education programs enroll approximately 120 women at a time. Patients in the prenatal education program benefited from the NCSS distribution.

Safety seat education has been part of Logan Height's prenatal education for nearly eight years. When the prenatal education program was begun there were no funds for safety seats. At that time, donations and a one time grant bought a relatively small number of safety seats. The seats were used as incentives to bring patients to classes. If a client attended a minimum of six classes, they would be eligible for one of only a couple of safety seats that were raffled. There was never enough money to buy everyone a seat. When donations ran out, a few safety seats would be bought by Logan Heights for continued use as incentives.

Buckle-Up San Diego is a city wide source for occupant protection education and safety seats. When this group formed, more seats began to arrive to the Logan facilities and all patients that completed the prenatal program received a seat. It has since been a goal of Logan Heights to provide everyone in the prenatal education program a safety seat.

Logan Heights first learned of the NCSS program through letter contact from the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO). A request to COSSMHO for safety seats resulted in the reception of 284 Phase Two seats. Additional safety seats were provided by the local Safe Kids Coalition, Buckle-Up San Diego and the local Red Cross. The safety seats received were the convertible seat type. All NCSS program seats have been distributed.

Staffing and Staff Training

The prenatal coordinator had the responsibility of managing and overseeing the distribution of safety seats at all clinics. Three health educators were responsible for recipient training. Staff

¹⁸ This report is based on a review of program materials and documents and a site visit on October 16, 1997. We greatly appreciate the hospitality and cooperation we received from Janet Adamian, Clinic Director at Logan Heights Family Health Center. Additional information for the report was collected from phone conversations with Iliia Jakel, a prenatal coordinator responsible for overseeing the NCSS program.

that administered the distribution of safety seats received safety seat installation training prior to the NCSS program. A member of the Buckle-Up San Diego program gave the staff an eight hour course.

Contact With Recipients and Training

Shortly after the arrival of the large quantity of safety seats a media event was held. The event was attended by staff from community health centers, Buckle-Up San Diego, the local Safe Kids Campaign and Children's Hospital and Health Center. The event publicized the need for safety seats and showed what organizations were doing for the community. Numerous local media stations and organizations covered the event. The event resulted in an increased demand for safety seats.

Safety seat recipients were patients of Logan Heights facilities. The majority of these were eligible for public assistance. Anyone who was enrolled in the prenatal classes was eligible for a safety seat. Most safety seats went to expectant mothers in these classes.

In most cases, safety seat training was given as part of regular prenatal courses. The prenatal courses were organized by pregnancy trimester. During the third trimester the course focused on post-birth issues. Safety seats were taught in the third trimester. The seat was given on completion of the prenatal course. Recipient training groups sometimes numbered up to 15 to 20 people. The Program Director believed a prenatal setting is more likely to maintain a captive audience than a hospital or birthing ward can. In the prenatal environment, a mother can focus more, whereas in the other environments a mother may be in pain, her mind might not be all there, she may be focused on a new baby and she is usually being rushed out the door.

Safety seat education and distribution was also done on a one-on-one basis. In some cases, a patient was not enrolled in the prenatal classes and was a patient for other reasons.

Paperwork was filled out with all safety seat recipients. An instructional video was then shown. Next, a safety seat and doll demonstration was done inside the facility. After the in-house education was given, recipients went to their vehicles, or in some cases a vehicle, and received in the car hands on installation training. Although not all of the recipients owned cars, they were still given a safety seat. Program Directors felt it was likely that their travel would involve vehicles in which a safety seat would be needed.

Buckle-Up San Diego and the local Safe Kids Coalition provided literature, videos in English and Spanish, and instructional and safety oriented brochures. A packet that included safety literature, checkpoint lists, installation information and information pertaining to future stages of child development was given to recipients to take with them.

After a patient's baby is born, the baby usually remained a client of a Logan Height's pediatrician. Part of the infant's testing and assessment regimen included continued transportation education. The pediatrician would at times talk with the parent about transporting the child at

various stages of development. The Health Educator that provided a seat and training most of the time would not see the recipient after the baby was born except at two weeks post-partum and four weeks post-partum, when they would talk about motherhood issues including transporting the baby.

Administration

Seats from COSSMHO arrived at the Logan facility without a known distribution date. A storage and delivery plan was created in less than two days time. At first, the quantity needed for immediate distribution at each clinic was delivered. The remainder were taken to a rented storage space and would be delivered as needed. Seats from the other sources came as needed.

The reception of the NCSS program was not out of the ordinary for the Logan Heights facilities in that the prenatal education courses and seat distribution have been going on for years. It made a difference, though, in that for a period of time a large quantity of seats were more easily available.

COSSMHO required that Logan Heights distribute the seats within a matter of weeks. Although somewhat stressed with the task of coordinating the storage, delivery and distribution of seats and training for recipients within a short period of time Logan Heights responded. All of the safety seats were distributed in a very short period of time, well within three months time. The Program Director explained that to distribute 284 seats in such a short time was an intensive task and at times difficult but well worth the work.

Logan Heights facilities are unique in that they serve people with few resources. They are always on the search for donations and this program came to them without a search. Logan Heights would continue to look for more seats. Applying for grants as a source of funding for seats was being considered.

DOT HS 808 869
March 1999



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



People Saving People
<http://www.nhtsa.dot.gov>