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16. Abstract

A Community Traffic Safety Program (CTSP) is *an established unit in the community, sustained over time, that has public and private input and participation to an action plan to solve one or more of the community's traffic safety problems.* Currently, there are at least 334 such programs in the contiguous U.S. serving approximately 100,000,000 people. Data, collected from NHTSA Headquarters specialists, NHTSA Regions, State Offices of Highway Safety, and 251 of the identified CTSP programs, indicated that CTSPs can be effective organizations for bringing together federal, State, and local resources for the implementation of safety initiatives. The best CTSPs are locally owned and managed extensions of the State Office of Highway Safety, serving populations of fifty to five hundred thousand, with a task force that represents many segments of the community and an experienced coordinator who can both manage and sell the program. CTSPs require extensive long-term State involvement and may not be appropriate for all communities. When successfully implemented, they can generate local countermeasure activity that far exceeds what would be expected from federal and State resources alone.

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Background

Community Traffic Safety Programs (CTSPs) have emerged largely during the 1980s. There are currently well over 300. Each has developed differently, based on local needs and resources and on the technical direction and financial support received from NHTSA and the States.

Objectives

The purpose of this project was to examine CTSPs as they currently exist throughout the country and to look at their support environment--State Highway Safety Offices (SHSOs), NHTSA Regions, and NHTSA Headquarters technical assistance areas. Specific objectives were to:

- Examine the range of current CTSPs to determine how they got started, to identify their key characteristics relative to a set of generic attributes identified by NHTSA, and recommend principles for developing new CTSPs and enhancing existing ones;
- Identify and examine the leadership and management styles associated with CTSP organizational structures and identify optimum combinations; and
- Compare CTSP program requirements with NHTSA's countermeasure products and develop guidelines for countermeasures designed for CTSP use.

Methods

The primary data collection procedure was the informal "topical discussion" completed either face to face or by telephone with:

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- NHTSA headquarters experts for specific traffic safety issues (n = 7),
- NHTSA Region CTSP specialists (n = 10 Regions),
- SHSO CTSP specialists (n = 44 States), and
- CTSP coordinators (n = 251 CTSPs).

Interviews were often supplemented by sample materials or reports provided by the interviewees. Extended site visits were made to twelve CTSPs for the purpose of preparing case studies.

Results

Region and State experts contacted during late 1992 and early 1993 identified 334 CTSPs in the contiguous United States. Twelve States, with 10 to 40 CTSPs each, had approximately two-thirds of the total. An additional 32 States had between one and nine CTSPs each; four States and the District of Columbia had no CTSPs.

Contact was attempted with 277 of the 334 identified programs. This figure includes all CTSPs in all States except Maryland (contact attempted with 14 of 24), Minnesota (6 of 18), Ohio (22 of 40) and Arizona (9 of 21). Each of these States has many similar and smaller CTSPs and it was felt that contact with all of their CTSPs would not be necessary. Data collection, including the 12 case study site visits, was completed for 251 of the 277 programs for which contact was attempted.

"Typical" CTSPs include a full-time coordinator, a task force which meets monthly, and working volunteers. The median population covered is about 100,000 people in a county which is a combination of small cities, suburban, and rural areas. The CTSP is most often housed in a law enforcement agency, a health department, or another government location. More than half the time, its coordinator has a police, health, or education background. Most programs are between one and six years old, although 5% are less than one year old and 16% are eight years or older. More than two-thirds are currently receiving Section 402 funding. Budgets ranged from less than $5,000 to more than $500,000 per year. The median value was approximately $50,000. Local match and in-kind support averaged about 50%.

About four out of five programs addressed occupant protection, child restraints, and impaired driving. Bicycle safety was covered by 57%; pedestrian safety by 49%; police traffic services and excess speed by 37% and 38%; and motorcycle safety and emergency medical services by 16% each.

Programs were rated by the interviewers on Overall Success (combining countermeasure efforts, results, and program viability). Successful programs tended to be located in separate, stand-alone, traffic safety organizations; serve larger populations; have a larger budget; have more years of operational experience; and operate with a task force drawn from many segments of the community.

CTSP leaders are responsible for most or all of: Program initiation and definition; problem identification and activity effectiveness assessment; task force development and management; grant, material and service, and other support identification and acquisition; planning and administration; volunteer recruitment and management; countermeasure design, development, modification, production, and implementation; public relations and media management; and constant selling.

Despite low pay, unpredictable working conditions, and job insecurity, there are a large number of very capable CTSP coordinators. Successful ones emphasize participative management, have both people and task orientation, are good planners, and articulate the program's vision clearly. They have previous experience running successful programs and know or learn quickly how their community is run and by whom. Traffic safety experience is a plus but can be learned "on the job." They must have excellent people skills, communication skills, commitment, flexibility, dependability; they must lead, initiate, recruit, work successfully with others, survive.

To be successful, coordinators need technical assistance and materials routinely from their SHSO, community and task force support, and the chance to interact with and learn from peers as well as Region and State personnel.

NHTSA Regions and SHSOs are critical to CTSP development. Regions can facilitate awareness and communication from Headquarters to individual CTSPs. SHSOs generally decide whether to implement CTSPs, where, how, and when; they work to ensure that the communities are receptive and supportive, they educate and train, and they provide technical assistance, materials, and supporting funding.

NHTSA Headquarters produces many programs and materials used by CTSPs and provides technical assistance to Regions, SHSOs, and, occassionally, CTSPs. Materials are judged to be of high quality, comprehensive, and generally useful, though few are developed specifically for CTSP use. Successful materials are creative, catchy, brief, simple, easy to modify for local use, and easy to implement. This record is accomplished despite the fact that Headquarters technical area specialists receive little information about what CTSPs want or need and little feedback on how their materials are actually used. Too often, however, materials do not reach the CTSP in time for use or do not come to the attention of CTSPs at all.

Discussion and Recommendations

CTSPs provide a mechanism for implementing traffic safety countermeasures at the local level. They increase awareness of traffic safety themes, they bring diverse segments of communities together to work on a common cause, and they probably reduce crashes, injuries, and deaths. Collectively, the existing CTSPs serve about 100,000,000 people or about 40% of the nation's population. At their best, they serve as an extension of the State traffic safety office; provide information, feedback, and planning assistance; and generate local volunteer, in-kind, and direct resources in support of traffic safety far beyond what the NHTSA/SHSO dollar investment alone would produce.

That said, CTSPs are not the most appropriate strategy in all cases. Other State initiatives may better serve specific purposes or local conditions. If chosen, a CTSP needs to be carefully tailored to the community, it needs to be well planned and marketed, the community needs to accept ownership and responsibility, and the State and the community need to work together to develop and sustain the program. Particularly when being started, CTSPs require extensive State involvement. For any given time period, the State should start only that number of CTSPs that can be fully nurtured within the level of available State personnel and financial resources.

Successful CTSPs require time and real effort to create, but once established, they are "value added" resources for their communities, for the SHSOs, and for NHTSA. Once all these parties have worked to establish and develop CTSPs, it is reasonable that they support them with technical assistance, materials, and funds as long as the programs continue to be efficient and productive.

ACKNOWLEDGEMENTS

During the course of this study, numerous individuals involved in Community Traffic Safety Programs have provided us with information and insights about their programs and community-based traffic safety efforts in general. We thank them all, collectively, for the help they provided us.

We particularly wish to thank the 12 CTSPs who allowed us to visit their sites, review documentation and materials, interview coordinators and other key people, and observe normal working meetings and activities--and their State and Region representatives, who facilitated our visits and provided supplementary information. They were:

Mobile County Highway Safety Program, Mobile, Alabama
Colorado Springs Drive Smart Program, Colorado Springs, Colorado
Plymouth Saving Lives Program, Plymouth, Massachusetts
Bergen County Office of Highway Safety, Paramus, New Jersey
Albuquerque Metro DWI Action Team, Albuquerque, New Mexico
Clovis Safety Committee, Clovis, New Mexico
S.T.O.P. Program, Bismarck, North Dakota
Lucas County Traffic Safety Program/Northwest Ohio Traffic Safety Consortium, Toledo, Ohio
Stark County Traffic Safety Program, Canton, Ohio
North Central Highway Safety Network, Pottsville, Pennsylvania
Eastside DWI Task Force, Bellevue, Washington
Lewis County DWI/Traffic Safety Task Force, Chehalis, Washington

Finally, we want to thank those who participated in one or both of two focus group/panel discussions to provide guidance on our study design and on a preliminary draft of this report. They are:

Larry Ball, Lexington-Fayette Urban County Division of Police, Lexington, Kentucky
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PREFACE

The present document describes Community Traffic Safety Programs (CTSPs). Recently, the CTSP concept for community programs has been integrated with the Corridor community program concept of the Federal Highway Administration. The combined program concept is now referred to as the Community/Corridor Traffic Safety Program (C/CTSP).

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I. INTRODUCTION

This is the final report for a study entitled *Review and Analysis of Community Traffic Safety Programs* (Contract Number DTNH22-91-C-07017). The objectives of this study were:

1. *To examine the range of current CTSPs to determine how they got started, to identify their key characteristics relative to a set of generic functions identified by NHTSA, and to recommend principles for developing new CTSPs and enhancing existing ones;*

2. *To identify and examine the leadership and management styles associated with CTSP organizational structures and identify optimum combinations; and*

3. *To compare CTSP program requirements with NHTSA's countermeasure products and develop guidelines for countermeasures designed for CTSP use.*

The project included extensive discussions with personnel at both the Headquarters and Region level of the National Highway Traffic Safety Administration (NHTSA) and at State Offices of Highway Safety in the contiguous United States. Site visits were made to 12 Community Traffic Safety Programs (CTSPs) in eight States. An additional 239 CTSPs were contacted by telephone.

The paragraphs below provide background information on the evolution of CTSPs leading to the present study. The next section provides information on study methods followed by study results and conclusions. Detailed "case study" descriptions for each of the 12 visited CTSPs are contained in Appendix A.

Definition of a CTSP

The form, structure, and role of CTSPs has been continuously evolving. Consequently, any description of CTSPs, what are they doing and how they function can only be accurate with reference to a specific point in time.

One such point in time was September, 1989, with the publication by NHTSA of *Community Traffic Safety Programs: A Consensus Statement* (DOT HS 807 472). As defined in this document, a Community Traffic Safety Program is:

> A program administered by an established unit in the community, sustained over time, that has public and private input and participation to an action plan to solve one or more of the community's traffic safety problems. (page 3)

The "community" for a community traffic safety program may be one small town or a multi-county region. According to the model presented in the *Consensus Statement*, administration may be public or private though both the public and private sectors have some level of regular, continuing involvement. The "program" must be an identifiable entity that continues over time as opposed to an ad hoc committee brought together for a single event. At least one element of the program's "action plan" must address a highway safety problem.

Theoretically, there are thousands of organizations in the U.S. that could be referred to as CTSPs. However, in common practice, the term CTSP has referred to the types of community organizations that have applied for a listing with the CTSP Clearinghouse.[1] Such organizations tend to have highway safety as their primary mission. They are usually not programs with highway safety as just one element of some other agenda. They also tend to be from the public sector. If private, they are likely currently receiving support from the public sector or have received public support in the past. Public or private, CTSPs are often seen as the conduit through which nationally developed countermeasures, such as buckle up campaigns or pedestrian safety programs, can be implemented at the local level.

The above definition, even as applied in common practice, is extremely broad. It covers programs focused on only one highway safety issue as well as programs providing a comprehensive response to a community's total highway safety problem. It covers volunteer committees that meet a few times each year and major programs with a full-time director and permanent staff. One of the goals of the current project, using the *Consensus Statement* definition as a model, was to define CTSPs operationally as they may be found at this point in time.

CTSP Origins

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

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

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

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1 Community Traffic Safety Clearinghouse, NAGHSR (National Association of Governor's Highway Safety Representatives), 750 First Street N.E., Suite 720, Washington, DC 20002.

A common example of synergism occurs with respect to enforcement programs. Generally speaking, it is physically and practically impossible for the police to intercede with respect to every drinking and driving, speeding, or belt law violation. In fact, even the most vigorous enforcement programs manage to cover only a very small percentage of the violating events. The real effect of enforcement is to change motorists' perceived risk of apprehension and thus make them less likely to commit the violation in the first place. Public information programs documenting the increased enforcement can have a direct effect on perceived risk. In effect, the publicity generated by the program reaches motorists who may not be directly exposed to the enforcement. Neither public information alone nor enforcement alone can achieve the combined and coordinated effect of one overall enforcement/public education effort.

Many of today's CTSPs began as coordinated programs directed toward one highway safety problem and later expanded. Traffic enforcement is only one example of the need for coordinated multi-agency and multi-modal approaches. Other CTSPs can trace their origins to child restraint programs, occupant restraints, and injury prevention.

The ASAPs

The Alcohol Safety Action Projects (ASAPs) were among the first major programs of NHTSA in the late 1960s and early 1970s. While each of these projects was directed toward the single goal of reducing alcohol-related death and injury on the highway, they each involved the basic elements of a CTSP. Grants were typically made to government units that established operating groups to administer the program. The program director was typically a full-time employee, and the program typically sought citizen participation to select and implement countermeasures. More importantly, the projects relied on multiple approaches to deal with the problem. Enforcement, public information, and alcohol education were common elements. These elements were often joined to efforts related to alcoholism referral, dial-a-ride, legislative initiatives, court sanctioning, and driver records.

The original ASAP manuals published by NHTSA directed each ASAP to coordinate its activities with other groups and agencies. These manuals listed 45 different local and national, public and private, organizations and agencies that each ASAP should contact. The listed organizations covered the liquor industry, medical and welfare, courts and prosecutors, highway departments, police, licensing authorities, educators, employers, civic groups, and coroners, among others. Clearly, the intent of these efforts was to build multi-modal programs involving the entire community.

The ASAPs were the first large scale, broadly based community action type of program from NHTSA. When the program ended, many of the concepts for the current CTSPs had been established. Certainly, the need for strong leadership at the local level, coordination with many agencies, and broadly based community support were fully recognized. Single solutions and short-term solutions would not be sufficient. Successful ASAPs left a legacy of institutionalized countermeasures, coordination between many different agencies, citizen involvement, and community awareness of the seriousness of the highway injury problem.

Occupant Restraints

A more recent community action focus of NHTSA has involved restraint devices. Infant restraints were available but were rarely used. National media-based buckle up campaigns were present but they were clearly only one part of the solution.

Tennessee was the first State to enact an infant restraint law and was followed quickly by many other States. The immediate problem was to make these laws work, and it was clear that this meant working at the community level. In many respects, infant restraint was a more difficult challenge than adult restraint. The devices had to be purchased, they had to be installed correctly in each vehicle, and they had to be used correctly and regularly. Safety belts were already installed in most cars.

At the national level, standards for restraint devices had to be established and candidate devices had to be tested. At the State level, information about these new laws had to be made available to the public. Actual implementation, however, was clearly a local matter. Programs were established in many communities to ensure the success of these new laws. Almost invariably, the programs relied on many agencies and "steering committees" or "task force groups" to accomplish the needed coordination.

Infant restraint programs typically begin at the hospital where new parents are given information about restraint devices. They may be shown samples of available and approved devices, and they will often receive help in the correct method of installation. Later, the need for such devices may be reinforced by the family pediatrician. The law itself must be enforced by local police agencies who must receive information about the law and procedures for ticketing. Clearly, these programs cut across hospital/medical organizations, parent groups, highway safety officials, and police. The formation of such a program has frequently provided a base of inter-agency cooperation which in turn can be used for other safety efforts. In some cases, this base has also led to a current CTSP.

The child restraint programs are particularly important because of their obvious need for inter-agency cooperation at the local level. In fact, the impetus for many of these efforts arose as much from the medical community as from the highway safety community. Medicine, safety and police all had a vested interest in these programs, and local government had an interest in coordinating their efforts.

There were also many safety belt programs that formed the basis for current CTSPs. Some of these began as infant restraint programs and expanded. Others were in response to mandatory belt use laws passed in the States during the mid 1980s. NHTSA was extremely active in fostering program development among local groups. This was done through national organizations and through State-managed highway safety funds.

A typical community belt use program had a director who reported to local government. The director may have been hired for the term of the grant or may have been a full-time employee assigned to manage the effort. The typical program also had a "steering committee" consisting of both public and private membership. Private membership usually included local employers, civic groups, the media, and the medical profession.

Each program sought its own local identity. However, almost invariably, the programs relied heavily on countermeasures and materials supplied by NHTSA through the States. These materials may have been modified to carry a local tag or logo, but they were essentially unchanged from nationally supplied text and art work.

Changing Role of NHTSA

The occupant restraint programs represented a major departure from the ASAP programs conducted a decade earlier. The ASAPs were encouraged to develop their own countermeasures based on general guidelines. Diversity was encouraged as there were few developed and nationally available countermeasures. Belt use programs, on the other hand, were encouraged to use nationally available items and procedures. In effect, they were encouraged to *transfer technology* developed at the national level for use in their own communities.

At least some of the differences between the ASAP and occupant restraint programs can be traced to the evolutionary development of NHTSA. In the late 1960s and early 1970s, the newly formed NHTSA was defining its mission, conducting basic research, identifying the national crash problem, and developing countermeasures. The ASAPs along with the few other CTSP types of organizations that existed during this period could turn to NHTSA for help and advice, but there were few NHTSA products that could be adopted and implemented by local organizations.

By the mid to late 1970s, NHTSA countermeasures were becoming available. Some of these countermeasures, such as vehicle standards, were being implemented at the national level. Other countermeasures, such as information, education, and enforcement efforts, required local application. There were few existing organizations at the local level that could accept these countermeasures and accomplish a local implementation. Existing private groups were often focused on only one aspect of highway safety, and the public sector lacked permanent community coordinating agencies that could manage multiple approach countermeasures that might simultaneously require support from law enforcement, public information, highways, licensing authorities, civic groups, and health departments.

Countermeasure availability created the need for CTSP types of organizations, and the availability of such organizations created a mechanism for countermeasure implementation. Thus, largely in the 1980s, some of the single-purpose community groups that might have been concerned with occupant restraints or drinking and driving evolved into general-purpose CTSPs. In some States, this process was structured, formalized, and provided with a more or less permanent basis for funding.

CTSPs by State

Each State has had to deal with the problem of allocating highway safety funds in a way that achieves local impact. Most have developed some mechanism for establishing, and typically, funding community groups to carry out this work. Some have implemented CTSPs, others have not.

The most common State response during the late 1980s to the developing CTSP concept had been to establish a few special, unique, or model programs. Collectively, these programs did not provide anything approaching statewide coverage. Many were based on unique circumstances,

uniquely defined interests, or a single dynamic individual with the ability to secure funds for an idea. The process was not unlike a product development cycle. Many different concepts were tried, with varying degrees of success, in the hope that a reliable and efficient form of the product would eventually be developed for general use.

The Massachusetts Saving Lives Program has been part of this test and development cycle. CTSP types of organizations were implemented in several small and mid-sized communities with sufficient funding to implement the concept and with a full evaluation component to measure the outcome.

A few States have moved towards a much more institutionalized approach with the goal of providing statewide coverage. In New York, each county has what is known as a Traffic Safety Board (TSB). The members of the Board are appointed by the county legislative body and/or the county executive. By design, each Board draws its membership from many segments of the community, public and private. The Board is responsible for appointing an executive director to manage active programs and day-to-day operations. Larger counties have a full-time executive director responsible for a separate unit of government. Smaller counties achieve day-to-day management through a variety of mechanisms which typically involve having a full-time employee share the responsibilities of the Board with other duties. This part-time executive or managing director may be resident in any one of a variety of county or city departments including:

- Health care or public health,
- Police,
- Fire or emergency services,
- Public transit, and
- Public works.

The New York model clearly establishes a permanent unit and clearly establishes a mechanism for cooperation between various public and private segments of the community. As part of their duties, New York TSBs also work with the State to establish an action plan which must be submitted to the State and funded on an annual basis.

Pennsylvania has established regional CTSP types of organizations which, essentially, provide statewide coverage. Each performs some functions that might be expected from an extension office of the State office of highway safety. North Dakota also has created CTSPs which systematically cover nearly all of the State's population. Virginia is moving in the same direction, though in a different way, with a smaller number of large regions. Ohio has built a system based, primarily, on counties. While each CTSP tends to be small, Ohio has implemented more CTSPs than any other State. Washington State built a CTSP type of system based primarily on combatting drinking and driving.

Alabama has neither a statewide system nor a collection of unique or model programs. Rather, the initial goal in Alabama was to build CTSPs to cover their "high crash" areas. Their CTSPs are somewhat "institutionalized" and often perform functions that might be expected of an

extension office of the State office of highway safety. However, each is fundamentally a community organization.

In effect, each State has set its own course for the allocation of funds to communities and for the implementation of countermeasures at the local level. A few have an integrated network of CTSPs; most have collections of unique or model programs; a few have not implemented any CTSPs.

The first objective of this project is to examine the range of CTSPs, how they got started, and their key characteristics. Clearly, some of the organizational variation across CTSPs will be accounted for by State-level choices and actions.

CTSP Leadership/Structure

As discussed above, most States have approached CTSPs on the basis of test and development. Their CTSPs tend to be unique or model programs rather than institutionalized or formalized efforts. There is a general belief that the success or failure of these models has often depended on the style, strengths, and weaknesses of the person selected to direct the CTSP.

The second objective of this project was to examine the leadership and management styles associated with CTSP structures and identify optimum leadership/management combinations. One particular leadership style and management combination used in one organizational structure may or may not be suitable for some different type of structure. The real objective is to identify the structure, then determine the leadership style, and finally relate the effectiveness of that style to that type of structure.

Technology Transfer

The editor of the New England Journal of Medicine once remarked that a medical breakthrough is not a breakthrough until the findings are published. While publication may establish a research breakthrough, it is only the beginning for an NHTSA countermeasure. The countermeasure must still be developed from the research findings and then be successfully applied. This application is the end point for a process referred to as "technology transfer."

The third objective of the present study was to compare CTSP program requirements with NHTSA countermeasure products and develop guidelines for countermeasures designed for CTSP use. In practice, this involves implementation, or transfer, of technology that requires local support, coordination, and/or field staff. Most training and education programs fall into this category, as do special enforcement efforts.

Most States have developed some technology transfer mechanism to reach the local communities with countermeasures that have been developed and proven to be effective. CTSPs represent the current status of an evolutionary process to find and organize local mechanisms that are maximally efficient. In effect, the CTSP is an instrument of change in the community and thus the instrument to effect the transfer of nationally developed technology to the local level. If CTSPs are to be the instrument of change, then it is critically important to document their strengths and limitations for implementing nationally developed countermeasure approaches.

Self-Sufficiency

One of the main advantages of a CTSP is that it is a permanent organization within the community that is in place and ready to accept countermeasures as they become ready for local implementation. Countermeasure implementation in communities without a CTSP is extremely difficult since each new countermeasure requires locating or establishing an organization to effect the required coordination and implement the effort. In practice, this typically means that a community with no CTSP will get a countermeasure if and only if some locally prompted initiative develops.

While permanence is a goal, it has not always been a reality. Most CTSPs have been established with State or federal "seed" money to get them started. Eventually, usually after three to five years, the seed money is removed and the CTSP must find some other source(s) of support. Some have succeeded; some have severely curtailed their operations; some have radically altered their operation to conform to new funding sources; and others have been dissolved.

Other CTSPs were established more toward becoming part of an integrated statewide system or an extension of the State office of highway safety. As such, these CTSPs operate under different "survival" parameters. Documenting CTSP permanence, or lack of permanence, under the various survival parameters was an additional goal of this effort.

The CTSP concept represents an emerging and evolving model for the implementation of highway safety countermeasures at the community level. Many of the elements of the model have been drawn from successful programs in health, injury prevention, and drug abuse prevention. The present report will describe CTSPs as they currently exist in the contiguous U.S. and suggest possible future direction.

II. METHODS

The purpose of this section is to describe the methods and procedures used during this project for collecting data from:

- NHTSA Programs--personnel who are building the technology for eventual transfer to the CTSPs;
- NHTSA Regions--personnel who work with the States, have direct experience with local programs, and have direct experience with those Headquarters personnel seeking community implementation of developed countermeasures;
- State Highway Safety Offices--personnel familiar with the State-level organization and mechanisms for the delivery of countermeasures at the community level; and
- CTSPs--a sample of CTSPs for in-depth case studies and the remainder for data collection by mail and phone.

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

Topical Discussion

Topical discussion is a form of data collection in which the specific questions to be asked of a respondent are not formulated in advance. Rather, a list of topics is prepared based on the data collection objectives. The discussion proceeds as an unstructured and informal conversation. It is similar to a focus group in that respondents are free to pursue avenues of interest and provide information in their own way at their own pace. The discussion is complete when all topics have been covered and the information has been obtained.

This data collection procedure has the advantage of allowing each respondent to move through the topics at his or her own pace and expand each topic as appropriate. It is not confined by structured and specifically worded questions. It allows for the free flow of information and provides senior level personnel the opportunity to describe their programs or their work in their own terms, and at their own pace.

NHTSA Programs

NHTSA program personnel were the primary source of information about current NHTSA countermeasures and about the directions of future countermeasure development. They provided information about which countermeasures are being sought by State Highway Safety Offices (SHSOs) and CTSPs, what the characteristics of those countermeasures are, and what factors distinguish those countermeasures from ones that are not being used by the CTSPs.

Initial contact with NHTSA headquarters personnel was made by telephone. Headquarters personnel were then visited in Washington during the fall of 1992.

The specific objectives for each program specialist topical discussion were to:

- Identify countermeasures (and technical assistance programs) that are frequently used and contrast them and their characteristics with similar ones not used;
- Discuss countermeasure development activities currently under way, including schedules and likely products, traffic safety areas, kinds of countermeasures, kinds of NHTSA support, and relevance to CTSPs; and
- Learn of longer-range plans for countermeasure development--traffic safety areas targeted, kinds of countermeasures, kinds of support NHTSA intends, and relevance to CTSPs.

This list of objectives led to the following items covered in each topical discussion:

A. Identify countermeasures (and technical assistance programs) that are frequently used and contrast them and their characteristics with similar ones not used

   1. Determine which are perceived popular, which are not

   2. Identify key characteristics of each, such as:

      a. Target safety problem
      b. Kind of safety improvement expected/found
      c. Ultimate target population, conditions of use
      d. Way the countermeasure should be used by CTSPs
      e. Cost
      f. Difficulty of use--factors like need for special training, need to coordinate with schools or police or media, cost, need for special equipment, commitment of time, money, and/or attention on the part of the target audience, etc.

   3. Expert's view of key characteristics that make one countermeasure popular and/or successful, another countermeasure unpopular

B. Discuss countermeasure development activities currently under way, including schedules and likely products, traffic safety areas, kinds of countermeasures, kinds of NHTSA support, and relevance to CTSPs. For each effort:

   1. What safety area

   2. What kind of countermeasures or technical assistance programs

3. How they fit into existing countermeasures

4. Target users (e.g., CTSPs) and target audience (e.g., elderly pedestrians, young drivers)

5. Expected cost, mode of use

6. Development schedule; when expected to be available

C. Learn of longer-range plans for countermeasure development--traffic safety areas targeted, kinds of countermeasures, kinds of support NHTSA intends, and relevance to CTSPs

1. What traffic safety areas to be addressed

2. What countermeasure or technical assistance program types

3. Time frame for expected results

4. How the countermeasures relate to CTSPs, local traffic safety activities

5. How the countermeasures relate to existing NHTSA countermeasures

NHTSA Regions

The next data source was the ten NHTSA Regional offices. NHTSA Headquarters personnel identified those individuals at the Regional level who are most familiar with CTSP operations. All were contacted by telephone during the fall of 1992 and winter of 1993. They have provided information concerning CTSPs in their Region including CTSP organization and leadership.

It was clear that the Regional personnel with whom we spoke were exposed to the same types of requests from the States and communities as are Headquarters personnel. Thus, many of the items shown above were included in the Region discussions. Also, Regional personnel are closer to the actual field work, and as such, their experiences and "sense" of what is required in terms of technology transfer were quite valuable.

The Regions are also a key link in the overall process of communicating and implementing nationally developed countermeasures at the community level. The Regions interact, daily, with both Headquarters and the States. They have developed unique perspectives on CTSP issues which combine both the goals and direction from Headquarters and the day-to-day working realities as seen by the States and CTSPs in their Region.

The specific objectives for each Regional CTSP specialist topical discussion were:

- Determine each State's orientation to local traffic safety initiatives in general, CTSPs in particular;

- Determine each State's level of CTSP activity;
- Determine common factors across the CTSPs in each State (e.g., size, safety target areas, funding, environment, types of countermeasures used, age, leadership focus); and
- Confirm contact people at the SHSO level and obtain recommendations on CTSPs for in-depth study.

This list of objectives led to following list of topics covered in each topical discussion:

A. What is each State's level of CTSP activity

B. What are common factors across the CTSPs in each State (e.g., size, safety target areas, funding, environment, types of countermeasures used, age, leadership focus)

C. Discuss specific CTSPs relative to study objectives

D. What is Region view of how countermeasures and technical assistance programs are targeted and distributed

E. Confirm contact people at the SHSO level

F. Obtain recommendations on CTSPs for in-depth study--sample that shows representative breadth, diversity, and best characteristics of CTSPs in the Region

State Highway Safety Offices

The next data source was the 44 State Highway Safety Offices in the contiguous U.S. that support or assist some level of CTSP activity. Each State has developed its own mechanisms for the delivery of countermeasures to the local level. Some have actively pursued the development of CTSP types of organizations while others have not. Cataloging the different mechanisms, their relative success, and the reasons why a particular mechanism was chosen was a key aspect of this project. Further, even among those States that have fostered CTSP development, there are major differences in the way the CTSPs have evolved. Cataloging and understanding these differences was of interest. Each SHSO was contacted by telephone during the fall of 1992 or the winter of 1993.

The specific objectives for each State Office topical discussion were:

- What is the State's orientation to local initiatives;
- What is the degree and kind (mechanism) of support for establishing and maintaining local traffic safety efforts;
- What changes, if any, have there been in the State's approach since CTSPs began;

- What is the State's role for aiding CTSPs to acquire countermeasures (e.g., acquire, test, develop, provide information on, provide, fund, provide technical assistance for); and

- What is the State's experience with requests from CTSPs for countermeasures, technical assistance, other help.

This list of objectives led to the following items covered in each topical discussion:

A. What is the State's orientation to local initiatives

1. What is the degree and kind (mechanism) of support for establishing and maintaining CTSPs and other local traffic safety efforts (e.g., grants, general funding, technical support, use of State equipment and personnel, business advice, countermeasure support)

2. What changes, if any, have there been in the State's approach since CTSPs began (e.g., by safety area and by kind of support)

   a. Increasing support (from, to)
   b. Decreasing support (from, to)

B. What is the State's role for aiding CTSPs to acquire countermeasures

1. Does the State develop new countermeasures, modify existing ones for use by CTSPs

2. Does the State provide countermeasures, fund their purchase, provide technical assistance

3. What is the State's experience with requests from CTSPs for countermeasures, technical assistance, other help--(e.g., how do they ask, what countermeasures, etc., with what success)

4. What is the State's experience with NHTSA countermeasures and technical assistance programs

C. For specific CTSPs in the State:

1. Go over the list of CTSPs, confirm that the list is correct; for each, obtain information on:

   a. Current existence and viability
   b. Environment (host organization, structural arrangement)
   c. Safety areas targeted

2. How did they form and develop (State and/or NHTSA support, predecessor organizations, safety areas, position in community, funding sources, staff, coordinator)

3. What is the current organization and scope (operational effectiveness, position in community, leadership, size, and viability)

CTSPs (for in-depth case studies)

Case studies were prepared for 12 CTSPs. Each case study was based on on-site observation, topical discussions, and review of available documentation. Each site visit lasted approximately two days and often included the participation of NHTSA Headquarters and/or Region personnel and/or SHSO personnel for some portion of this time.

The process for selecting CTSPs for the case studies began with a review of the choices suggested by Region and SHSO personnel. From these choices was selected a range of CTSPs that reflected:

- The best of the best;
- Different operating environments; and
- Several regions of the country.

The selected CTSPs do not represent a range of average or typical CTSPs. Rather, while they do cover a range of operating environments and Regions, they are all "exemplary" in one way or another. The primary objective of this data collection was to document what can be accomplished from CTSP types of operations; not what is typically accomplished nor what may result from ineffective efforts.

Obviously, with only 12 case studies and the need for geographic and operating variation, many very effective CTSP programs were not included. Also, when there were several possible programs for inclusion, the tendency was to select that one program which had received the least national attention in the past. Programs that had not been previously documented would tend to add more information to the available CTSP literature. The selected programs for the case studies were as follows:

Mobile County Highway Safety Program, Mobile, Alabama
Colorado Springs Drive Smart Program, Colorado Springs, Colorado
Plymouth Saving Lives Program, Plymouth, Massachusetts
Bergen County Office of Highway Safety, Paramus, New Jersey
Albuquerque Metro DWI Action Team, Albuquerque, New Mexico
Clovis Safety Committee, Clovis, New Mexico
S.T.O.P. Program, Bismarck, North Dakota
Lucas County Traffic Safety Program/Northwest Ohio Traffic Safety Consortium, Toledo, Ohio
Stark County Traffic Safety Program, Canton, Ohio

North Central Highway Safety Network, Pottsville, Pennsylvania
Eastside DWI Task Force, Bellevue, Washington
Lewis County DWI/Traffic Safety Task Force, Chehalis, Washington

With the assistance of the appropriate NHTSA Region and SHSO, contact was initiated with the coordinator of each selected CTSP. Each coordinator agreed to participate.

Copies of all available documentation pertaining to the CTSP's program, available staff, and active countermeasure implementations were requested prior to the site visit. Also requested was any additional available documentation covering such things as: the CTSP's origins and history, grant requests, reports, public record documents, press releases, etc. This information was used to develop a preliminary picture of the CTSP.

Each CTSP was unique with different safety issues emphasized, different countermeasures implemented, a different organizational structure, and a different operating environment. The goal was to learn as much as possible about the CTSP so that the on-site visit could be most productive. The document review and preliminary phone conversations with the coordinator led to the development of a unique site-visit and data-collection plan for each CTSP. Each site visit was scheduled so as to ensure that all of the key people were available and that the visit coincided with, yet did not disrupt, CTSP countermeasure activities.

In most cases, the site visit began with a meeting with the CTSP coordinator and a second meeting with the staff. Next, meetings were held with such individuals as: CTSP advisors (Governing Board, Advisory Board, or Task Force), the coordinator's supervisor, and members of other agencies or groups that interact with the CTSP.

As available, each site visit included observation of project operations such as internal planning, task force meetings, presentations to community or school groups, displays at the mall, work at off-site facilities such as an infant restraint program at the local hospital, or special enforcement details. This provided an opportunity to view the management style, the interactions between staff, and the interactions of the CTSP with many segments of the community. The purpose of these observations was not evaluation per se but rather to learn about the organization as it actually functions.

The final step in the site visit was to review the data collection activity with the CTSP coordinator. Occasionally, coordinators were asked to help secure additional information or documentation. Each coordinator was fully apprised of what information was collected. Each was asked to review a draft copy of the case study covering his or her project.

The first case study was conducted for the Plymouth Saving Lives Program. This case study was originally intended as the "pilot" to verify case study procedures. Subsequent case studies were conducted in a manner which was, essentially, identical to the Plymouth effort and thus the Plymouth results are included in this report. The Plymouth study was conducted during the summer of 1992. The remaining case studies were conducted during the fall and winter of 1992-93.

CTSPs (for topical interviews)

The last, and in some ways most important, data sources for this project were the remaining CTSPs. The goal was to conduct a topical discussion with the coordinator, or some other equally knowledgeable person, at each.

Initial contact with each CTSP was by letter followed approximately two weeks later by a phone call. Additional calls were made as necessary until an appropriate person, most often the coordinator, was reached. Contact for topical interviews was attempted with 265 programs. Selection and identification of these programs is covered in detail at the end of this Chapter. Data collection was completed from 239 CTSPs (or a total of 251 including the 12 case studies).

The first calls, during the summer of 1992, were to five CTSPs in Massachusetts and Connecticut for the purpose of verifying the topical discussion procedures. Following contacts with the Regions and the SHSOs, letters to the remaining CTSPs were sent during the period from mid-December 1992 to early March 1993. Calls were made between early January and April 1993.

The specific objectives for the CTSP topical discussions were:

- How was the CTSP started, why, by whom; what was its beginning configuration;
- What critical incidents have shaped the CTSP;
- What is the CTSP's current configuration, direction, purpose, program, and activities;
- What are the personal and management characteristics of the CTSP leadership;
- What traffic safety problem areas are addressed by the CTSP; and
- What factors make countermeasures or technical assistance likely to be used by CTSPs; what factors make use less likely.

This list of objectives led to the following items covered in each topical discussion:

A. How did the CTSP start? When? By whom? Why?

B. Development of the CTSP over time

1. Critical incidents

a. Issues/type
b. Trigger
c. Key players, roles
d. Outcome
e. Impact (size, implications)

2. Changes over time--what, why, when

   a. Administrative
   b. Personnel
   c. Program/activity
   d. Funding
   e. Relationships with others

C. Current CTSP situation

1. Organization, structure

2. Funding: source, amount, sustainability

3. Problem identification/assessment

4. Community input, participation

5. Scope of the CTSP

   a. Safety problem areas
   b. Countermeasures, programs

6. Plans for the future

D. CTSP leadership

1. Coordinator's background (time at the CTSP, prior management experience, highway safety experience, political/community service experience)

2. Context of operation (who coordinator reports to, other duties, etc.)

3. Duties and responsibilities (e.g., setting vision and direction, staff management, planning, budgeting, getting funding and support, liaison to community and other organizations, setting public image)

4. Style--how things get done (e.g., formal/informal, structured/unstructured, traditional/participative, degree of delegation, focus on tasks, focus on people)

E. Countermeasures

1. What countermeasures, activities have been used/are being used?

2. How did the CTSP learn about them, choose them; why them and not something else?

3. How were they acquired, modified, or developed for the CTSP's use?

4. How were they implemented?

5. What is done as continuing effort to keep countermeasures out and active?

6. How are countermeasure effects evaluated?

Number of CTSPs

As referenced above, the goal was to collect information, by case study or telephone, from virtually every CTSP in the contiguous U.S. The purpose of this section is to describe the procedures by which CTSPs were identified.

The CTSP Clearinghouse (now known as the CTSP Network) maintains a file of all organizations that have requested a listing in the CTSP Directory. In recent years, this file has grown as more and more CTSPs are implemented by the States. By the spring of 1992, the Directory listed 398 organizations (these numbers are presented, by Region, in Table 1).

Calls to the States (i.e., the SHSO data collection described above) identified a few additional programs and verified that most of the originally listed programs were still operating or probably still operating. The new listing contained 355 programs. During the course of data collection, 21 of these programs were determined to be "non-CTSPs." Most of these were programs which had dissolved. Three were programs which fell outside even the broadest definition of CTSPs used in this project. This left a total of 334 CTSP organizations, shown as "Revised List" in Table 1, active at the time of our data collection effort.

In effect, the range and structure of these 334 organizations provided the present project with an operational definition of "CTSP" current as of the fall of 1992 when most of the States were called. These operationally defined CTSPs had one or more of the following characteristics:

1. 402-supported programs that met the general criteria of the NHTSA model for CTSPs. This accounts for the vast majority of included programs.

2. Independent programs that met the general criteria of the model. Most of these were ones that had successfully transitioned from 402 funding; a small number were programs that had always been independent.

3. Programs known to their SHSO even though they do not generally work with the SHSO (very small number of programs).

It will be noted that the above operational definition makes reference to the NHTSA model for CTSPs as articulated in the 1989 *Consensus Statement*. Obviously, this model is interpreted and implemented differently by the various States. The operational definition also includes programs that are in various stages of dissolution, which can occur when 402 support is withdrawn and mechanisms for self-sufficiency cannot be found.

Nonetheless, the 334 programs were the initial target for data collection during this study. Of these, 24 were in Maryland, 40 in Ohio, 18 in Minnesota, and 21 in Arizona. In each of these States, CTSPs tend to be small and organized very similarly from one to the next. Thus, it was decided to sample CTSPs in each of these States as opposed to calling all of them. Approximately half of these CTSPs were included in the sample for contact (14 in Maryland, 22 in Ohio, 8 in Minnesota, and 9 in Arizona). In addition, at the request of the SHSO, CTSPs in Wyoming were not contacted directly.

This left a total of 277 CTSPs from which data were sought. Of these, 12 were selected for the case studies, leaving a total of 265 for telephone contact. Telephone topical discussions were completed for 239. The remaining 26 programs, approximately 8% of all CTSPs, were ones for which no contact person could be located or no interview could be successfully completed during the months available for data collection.

Table 1 shows the distribution of programs by Region from the Clearinghouse list, the revised list, the sample, and those from which data were collected. The figures shown in Table 1 include the 12 case study CTSPs.

Table 1. CTSPs by Region.

Region	Clearinghouse List (1992)	Revised List	Sample	Reached
I	21	21	21	21
II	29	27	27	23
III	66	57	47	43
IV	39	37	37	30
V	84	77	46	45
VI	48	29	29	27
VII	15	11	11	11
VIII	28	26	22	19
IX	39	27	15	13
X	29	22	22	19
Total	398	334	277	251

This concludes the description of the methods used as part of this study. The next section of this report provides the key results obtained by implementing the methods. Other results are presented in the appendices. Appendix A contains the 12 full site-visit descriptions. Appendix B includes very brief descriptions of countermeasure ideas collected from all the interviews. Finally, Appendix C includes tables of data values on which the summaries in the next section are based.

III. RESULTS

The present section covers the results of this project. The section is divided into five parts. The first covers a statistical description of CTSPs derived, primarily, from the topical discussions conducted with CTSP leaders. The second relates these descriptive parameters to the "judged" degree of CTSP program success. The third provides the results from the State and Region contacts. The fourth covers information concerning CTSP leadership and organization characteristics, and the last provides the results from the discussions with Headquarters subject matter experts.

CTSP Description

As discussed earlier, identifying the current and accurate number of existing programs requires several adjustments, assumptions, and restrictions on the operational definition of CTSP. In the spring of 1992, there were 398 possible programs listed in the Clearinghouse Directory. In the fall of 1992, based on conversations with the Regions and SHSOs, there were 355 CTSPs in the continental 48 States. In the process of contacting CTSPs, it was determined that approximately 21 of the programs had long ago disappeared or could not be classed as CTSPs.

The remaining total, 334, provides the operational definition of the number of CTSPs in existence. Of these, attempts were made to directly acquire data from 277 programs. Data were collected from 251. These counts are summarized in Table 2.

The distribution of the total number of CTSPs and those providing data to this project are given in the table by State and Region. It will be seen that Region V has the most identified CTSP programs, followed by Region III. Among the States, Ohio has the most programs, followed by Maryland, Pennsylvania, Arizona, and then Minnesota, New York, and Washington State. Four States--Arkansas, Delaware, Maine, and Rhode Island--and the District of Columbia did not yield any identified CTSP programs.

Table 2. Numbers of CTSPs, by State and Region.

Region	State	Total CTSPs	Provided Data
I	Connecticut	3	3
	Massachusetts	13	13
	New Hampshire	1	1
	Vermont	4	4
	TOTAL	21	21

Region	State	Total CTSPs	Provided Data
II	New Jersey	10	8
	New York	17	15
	TOTAL	27	23
III	Maryland	24	14[2]
	Pennsylvania	23	21
	Virginia	3	3
	West Virginia	7	5
	TOTAL	57	43
IV	Alabama	6	6
	Florida	2	2
	Georgia	4	3
	Kentucky	6	4
	Mississippi	6	4
	North Carolina	5	5
	South Carolina	2	1
	Tennessee	6	5
	TOTAL	37	30
V	Illinois	2	2
	Indiana	3	2
	Michigan	2	2
	Minnesota	18	6[2]
	Ohio	40	21[2]
	Wisconsin	12	12
	TOTAL	77	45
VI	Louisiana	2	2
	New Mexico	13	13
	Oklahoma	5	4
	Texas	9	8
	TOTAL	29	27

[2] Because there were many, relatively homogeneous, CTSPs in four States, attempts were made to reach only representative samples: Maryland (14 of 24), Minnesota (6 of 18), Ohio (22 of 40), and Arizona (9 of 21).

Region	State	Total CTSPs	Provided Data
VII	Iowa	3	3
	Kansas	2	2
	Missouri	4	4
	Nebraska	2	2
	TOTAL	11	11
VIII	Colorado	3	2
	Montana	2	1
	North Dakota	11	10
	South Dakota	4	4
	Utah	2	2
	Wyoming	4	0
	TOTAL	26	19
IX	Arizona	21	8[2]
	California	5	4
	Nevada	1	1
	TOTAL	27	13
X	Idaho	2	2
	Oregon	4	4
	Washington	16	13
	TOTAL	22	19
TOTAL		334	251

In the tables and analyses that follow, the richest information came from those 251 programs. There remained 83 programs from whom data was not sought or from whom it was not successfully sought. Any information provided by the States on those programs was used to supplement the other data records. From all sources, then, the total possible sample size is 334 for descriptive information such as where in the community structure the program is located and something about the jurisdiction that the program covers. The total possible sample size for data items derived from the case studies and telephone topical discussions is 251.

Table 3 provides a detailed breakdown of the "quantifiable" information obtained about the programs. It also defines the variables and the codes used for each variable.

The first three variables shown in Table 3 describe the type of areas and jurisdictions served by the existing CTSP programs. In terms of population, some programs serve only a few thousand people, others serve more than a million. The median program serves just over 100,000. Also, the

typical program covers an entire county including the central city or town, surrounding suburbs, and outlying or rural areas.

CTSPs are most often based in a police department (29%), next most often in a health or hospital facility (23%). Some are a separate arm of government (8%) or a non-government traffic safety group (4%). Many (21%) are part of "other" government departments such as the mayor's office. The remainder are spread between various other types of agencies including education, public works, and the courts. As of the early part of 1993, the median CTSP had been in existence for approximately four years and was continuing to receive some form of 402 (or related) funding.

The typical CTSP (55% of those for which this data item was available) tends to have a "complete" Task Force or Advisory Group. Complete is defined to mean multiple government agencies plus substantial participation from the private sector. Some Task Force groups included only two or more government agencies (16%), while the remainder had either no Task Force (17%) or only a minimal Task Force (12%). Task Force meetings, for those programs with Task Forces, tend to be monthly.

The typical CTSP coordinator works full or nearly full time for the CTSP. However, more than one third work less than half time. The coordinators are drawn, literally, from all walks of life. The most common backgrounds are career professionals drawn from law enforcement (25%), health (18%), and education (15%).

Table 3. Coded CTSP Program Descriptors[3].

Name	Description	Percent of Total, by Category	
Population (values for n = 330 programs)	Number of people in the area covered by the program	14%	1-24,000
		17%	25-49,000
		18%	50-99,000
		15%	100-199,000
		15%	200-399,000
		11%	400-799,000
		5%	800-1,299,000
		5%	1.3 million or more
Jurisdiction (n = 328)	Political entity or entities covering the program's area	22%	City/town (primary)
		6%	City/town + other
		56%	County
		12%	Multi-county (single identity)
		4%	Region (no single identity)

[3] Because of rounding, not all percentages add to 100%.

Name	Description	Percent of Total, by Category	
Urban-ness (n = 329)	Mix of urban, suburban, and rural areas addressed by the program	5% 21% 3% 7% 41% 22%	Primarily urban Urban/suburban Suburban Small city/town Small city/ suburban/ rural Rural
Home (n = 315)	Type of agency to which the program "belongs" (the agency or authority to which the coordinator reports; not necessarily the same as the location of the coordinator's office)	29% 23% 7% 8% 4% 4% 3% 21%	Police (city or county) Health (e.g., hospital or department of health) Education (e.g., board of education or university) Separate Safety arm of government Independent safety organization Public works department Courts or other judiciary Other government (e.g., in mayor's office or separate department)
CTSP Age (n = 261)	Number of years program has been active	5% 15% 15% 14% 21% 14% 16%	Less than 1 year 1-1.99 years 2-2.99 years 3-3.99 years 4-5.99 years 6-7.99 years 8 years or longer
Lifecycle Phase (n = 247)	Where the program is in its developmental cycle	2% 1% 72% 4% 19% 2%	Start-up Growth Continuing 402 Transition, 402 to independent Continuing independent Decline
Task Force (n = 215)	Whether the program has a task force; if so, how "complete" it is	17% 12% 16% 55%	None Minimal Multi-agency Complete
TF Meeting Frequency (n = 136)	How many times per year the task force meets	7% 26% 18% 49%	Once or twice/year 3 - 5 times/year 6 - 9 times/year 12 times/year

Name	Description	Percent of Total, by Category	
Coordinator Percent Time (n = 207)	Percent of coordinator's time spent on the program (40 hours/week = 100%)	15% 20% 7% 58%	25% or less 26% - 50% 51% - 75% 76% - 100%
Coordinator Background (n = 238)	Training and prior experience of the coordinator	25% 18% 15% 6% 6% 15% 6% 9%	Police Nurse/health Education Traffic safety Career service or community activist Career other Non-career community activist Non-career other
Total Budget (n = 151)	Annual budget; amount of 402 funding plus, where available, amount of other "hard" funding plus, where available, value of "soft match" or "in-kind" support	7% 17% 20% 24% 14% 6% 13%	$10,000 or less $10,001 - $20,000 $20,001 - $40,000 $40,001 - $75,000 $75,001 - $100,000 $100,000 - $150,000 More than $150,000
Percent Local Match (n = 97)	Percent of the total budget coming from non-402 sources	2% 10% 31% 22% 10% 25%	0 - 10% 11 - 20% 21 - 40% 41 - 60% 61 - 80% 81 - 100%

The traffic safety issues addressed by each CTSP were coded. Values were coded on a scale from 1 to 5, with 1 meaning the CTSP did not address the issue at all, 2 meaning it gave the issue only token attention, 3 meaning good emphasis, 4, very good, and 5, excellent. The issues and the frequency and attention with which CTSPs addressed them are covered in Table 4 below. "Percent addressing" is based on 251 CTSPs actually contacted. "Average emphasis" is based on the average emphasis given by all CTSPs who addressed the traffic safety issue, i.e., received a score of 2, 3, 4, or 5.

Nearly all programs addressed occupant protection (81% of the maximum possible 251) and impaired driving (78%). Most programs also addressed child restraints (75%), but from there the numbers drop significantly. Only bicycle safety, often through helmet programs and rodeos, was addressed by more than half the CTSPs (57%). In addition to the issues listed in the table, a large number of programs addressed "Youth" as a distinct topic, for example through youth leadership programs in high schools; these programs were almost always concerned with helping youth grow into good adults, and traffic safety was just one specific area they emphasized. Other traffic safety issues

were dealt with by small numbers of programs; of those, elderly drivers and pedestrians were probably the most frequent.

Table 4. Traffic Safety Issues as Addressed by CTSPs[4].

Safety Issue	Percent of Interviewed CTSPs Addressing ...	Average Emphasis
Occupant Protection	81%	3.59
Child Restraints	75%	3.28
Impaired Driving	78%	3.64
Police Traffic Services	37%	3.40
Speeding	38%	3.08
Pedestrian Safety	49%	2.98
Bicycle Safety	57%	3.07
Motorcycle Safety	16%	2.66
Emergency Medical Services	16%	2.73

At the end of each interview, the interviewer scored the CTSP on eight summary dimensions. The dimensions were loosely based on "CTSP Characteristics" described in NHTSA's 1989 definition of CTSPs[5]. These values were coded for two purposes: First, to provide diagnostic information on which aspects of CTSPs worked well and which did not; and, second, to allow comparisons of programs that could be qualitatively wholly different from each other.

The first factor was Overall Program Success, a judgment of both how effective the program was in implementing activities to meet traffic safety objectives and how effective it was in making itself an essential part of its community and working to ensure its long-term survival. Other factors were Level of Countermeasure Activity, Program Level of Effort (total, encompassing staff, task force, and volunteers), Community Participation, Planning including short-range, long-range, and problem identification and analysis, Traffic Safety Objectives, Coordinator Skills (and, as applicable, staff skills), and Equipment and Resources available to the program.

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4 Percent based on 258 programs for which this could be coded; average emphasis based on scores of 2 (poor), 3 (good), 4 (very good), and 5 (excellent) for all programs addressing this issue.

5 *Community Traffic Safety Programs: A Consensus Statement.* NHTSA, 1989, DOT HS 807 472.

The success factors are described in more detail in Table 5, which also presents average values on each factor across all programs for which the factors were coded. The factors were scored on a 1 to 5 scale (1 = no activity or emphasis, 2 = poor, 3 = adequate or good, 4 = very good, and 5 = excellent).

Table 5. CTSP Program Success Factors[6].

Factor	Description	Average Value
Overall Program Success	Summary judgment of interviewer, combining clarity and ambition of program objectives, degree to which objectives are met and traffic safety benefits are demonstrated, and long-term prospects for the program	3.37
Countermeasure Activity Level	Number of activities, number of people involved, amount of publicity, etc.	3.28
Program Level of Effort	Actual time spent directly on the program by the coordinator and staff plus contribution by direct volunteers (does not count time spent on activities by independent groups such as police overtime patrols or activities for which some other group is wholly responsible)	2.56
Community Participation	Degree of community involvement, in conducting activities and in all other aspects from planning to representing in public, etc.	2.90
Planning	Degree of careful and effective long-term and activity-by-activity planning within the program	3.49
Objectives	Quality of program objectives, including underlying problem identification, safety relevance, objectivity of success criteria, and follow-up measurement	3.25
Staff Skills	The skills and relevant experience of the coordinator and, to a lesser degree, other program staff (if any)	3.55
Equipment and Resources	Level of equipment and material resources (from pencils and magnets to "Vince and Larry℠" and a Convincer) available to the program	3.41

6 Scoring was on a 5-point scale, where 1 = no activity, effort, or success; 2 = poor; 3 = adequate, good; 4 = very good; and 5 = excellent. Averages are calculated based on a minimum n = 206 to a maximum n = 230.

Regions and States

Each Region has a technical representative assigned to each State. In addition, there is one person who has primary responsibility for CTSPs. Together, for each State, these two take the lead in providing support, putting forth NHTSA's position, and working with the State to define and implement CTSP objectives.

Each State Highway Safety Office (SHSO) is the key to overall CTSP activity in the State:[7] How many there are; what they look like; what safety issues they address; how they are supported; what responsibilities they have; and how they carry out their work.

States vary in their approach to CTSPs. Some seek to cover all of their population with CTSPs. Most apply CTSPs selectively, either in just a few areas or by starting CTSPs in a few areas at a time as part of a gradual program to cover most or all of the State. Some have no CTSPs at all.

States with CTSP programs tend to go through some or all of the steps below in their process of selecting, starting, and supporting CTSPs. They:

- Determine, roughly, what CTSPs should look like in their State. This is partly influenced by what kinds of local programs currently exist, how the Region defines CTSPs with the State, and what personnel and financial resources the State plans to devote to them.

- Determine in what communities CTSPs should be located. States vary in their criteria for this. Some factors include where there are existing programs or good working relationships, how the State views the people who might manage and run the CTSP, what the traffic safety problems are for the community, how enthusiastically the community will support the CTSP, and what other traffic safety groups and activities are currently present.

- Recruit communities and sell them on the idea of creating and conducting a CTSP according to the State's model.

- Provide financial assistance through grants to the CTSP, grants to organizations such as law enforcement agencies so they can implement CTSP-approved programs, and materials and equipment used by the CTSP.

- Provide technical assistance through their own resources or through linking the CTSP with resources such as the NHTSA Region or Headquarters.

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7 There are some CTSPs that began as local initiatives and either succeeded independent of any State or federal support or subsequently attracted State support, but they are very much in the minority.

- Provide for the professional development of the coordinator (and others on the CTSP staff) through State meetings of all coordinators, specific training, and supporting attendance at regional or national professional meetings (such as Lifesavers).

Although the similarities are more important than the differences, each Region and each State provides something unique to the way it views, develops, and supports CTSPs. The following observations describe some of the variations.

Region I, Cambridge, MA (CT, MA, ME, NH, RI, and VT)

New England (except Maine) is politically organized, within States, by town or city. Towns and cities together account for all of the people and land in the States. Although there are counties, they are not significant political entities. Most CTSPs in Region I cover one town or city, and the population base for the CTSPs is relatively small.

The NHTSA Region strongly supports CTSPs, through 402 funding and through technical assistance, in support of State opportunities. Funding is based on the three-year funding cycle, assumes that coordinators are paid positions, and calls for local match. The Region assists in efforts of the States to move the CTSPs off of 402 funding to self-sufficiency.

Massachusetts has three classes of CTSPs. The first kind began in 1986 at nine sites (towns or cities), with grants for part-time coordinators and materials plus additional grants for DWI[8] enforcement. One or two of these sites have currently active programs.

In 1988, six sites were chosen to become Saving Lives Programs with support from both 402 funds and grants from the private Commonwealth Fund. Each had a full-time coordinator. The programs have had relatively large budgets compared to their population bases, and integral to the program there has been an independent (Boston University-based) evaluation effort. Saving Lives programs tend to be departments within their local government. The programs focused on occupant restraint and DWI issues and, according to local analyses and initiatives, other issues.

The third group of CTSPs are regional ones which were started in 1992. These six CTSPs together are responsible for all of Massachusetts (theoretically overlapping the territory of the other CTSPs, but practically working with and around them). The primary issues of these CTSPs are adult occupant protection and child restraint. The coordinators may be part-time or full-time. Most of these programs are based in educational settings like community colleges, but others are in health, public works, or police departments.

All programs have task forces, have received regular technical assistance and program oversight from the Governor's Highway Safety Bureau, and began with the expectation that 402 (and Commonwealth Fund) funding would stop after three years. The Saving Lives Programs were funded for two additional years (to provide more opportunity for transition to self-sufficiency); many of them

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8 The acronym "DWI" is used throughout this report to refer to alcohol- and drug-related traffic safety efforts. For convenience and consistency, this acronym is used in all cases even though individual States use a variety of terms including DUI, OUI, and DUII.

are likely to survive through local funding and/or becoming 501(c)3 non-profit/tax exempt entities and attracting other kinds of funding.

Connecticut has three very different community traffic safety programs, one at the University of Connecticut, one at the health department in a city, and one in the police department in another city; all are trying to expand to a region of nearby towns or cities. All are about four years old and expect State (402) funding to stop at any time. State funds have provided for part-time coordinators. The programs do not have significant task forces, although task forces may be created as part of the regional expansions.

Vermont is in the first and second years of starting programs in four communities. Vermont is unusual in that, although funding for the programs comes from the State, administering and supporting the programs is handled by a traffic safety activist under contract to the State. Region I is actively involved during this early phase.

Each program has annual 402 funds at just about $10,000, which support the coordinator at quarter time or less; funding is expected to last only three years. The State (and Region) provide significant training and technical support for the coordinators. The programs have task forces and address occupant protection, child restraint, and DWI issues plus others of local concern.

New Hampshire has a limited traffic safety budget, one they believe is too small to support CTSPs with funded coordinators. The State had a number of 408-funded DWI programs in the mid 1980s; after the funding ceased, many of the programs have gradually disappeared. The remaining ones do not have the main characteristics of CTSPs.

New Hampshire's primary mechanism for implementing State-desired programs is through well-established links to police departments, some of whom have broad and vigorous traffic safety programs.

Maine and Rhode Island do not have CTSPs. Recently, Rhode Island started a program called "Community Traffic Safety Program," but it is a State-administered program (along with the Health Department) which provides one-year small seed grants to specific towns or organizations to conduct specifically-targeted activities.

Region II, White Plains, NY (NJ and NY)

CTSPs are numerous in Region II and are viewed, by the Region and the States, as a cornerstone of the effort to bring traffic safety to the people. The Region works closely with the States to provide materials, technical advice, and training opportunities. In some cases the Region works alongside the States directly with CTSPs.

New Jersey has ten CTSPs at this time, all but one covering single counties. The population bases for the CTSPs tend to be very large, averaging about 500,000 people each. The State has actively sought counties in which to start CTSPs, going to the county governments for proposals. The State follows a "seed money" approach to setting up and supporting their CTSPs. Funding for the CTSP itself lasts three years, with increasing county participation over the three years and up-front

commitment from the county to continue the programs after the third year. Although not funding the CTSP directly after three years, the State funds specific programs, for up to three years each, on a rotating basis so that each CTSP has the possibility of a modest level of continuing State support. The goal is for the State to use a relatively fixed amount of money to create an increasing number of CTSPs and for the State to keep an effective working relationship with all of them through technical assistance and selective project funding.

In New Jersey, CTSPs begin with task forces that represent public and private decision makers in the county, add coordinators, and work to define their traffic safety problems, objectives, and activities. The State is heavily involved in providing technical assistance at the beginning, and it drops its participation as the task force and coordinator gain skill and experience. The State provides for training and quarterly coordinator meetings.

Programs are housed in a variety of agencies, including police departments, traffic engineering, prosecutor's offices, and the local AAA. Coordinators range from volunteer to part-time to full-time, and large programs may have assistant coordinators. About half the CTSPs are in their first two years of funding. Those no longer receiving direct CTSP funding from the State have tended to decrease in size; at least one has seen its task force dissolve.

New York has a vigorous CTSP program. There are about 17 active programs at this time, each covering a single county; about two thirds of these are currently receiving 402 funding through the Governor's Traffic Safety Committee (GTSC). The main focus of the programs is adult and child restraints, with other objectives concerned with pedestrian safety, bicycles, young children, youth, and elderly drivers and pedestrians.

There are two unique organizational structures in New York State which directly influence CTSPs. Both are at the county level. First, each of the nearly 60 counties has a Traffic Safety Board (TSB) made up of volunteers appointed by the county or its major municipality. Usually meeting quarterly, TSBs provide information to the GTSC which serves as one basis for the GTSC's annual Highway Safety Plan. TSBs also have safety issue subcommittees and work with the GTSC to develop proposals for 402-funded programs for their county. CTSPs in New York are under their TSBs, who usually serve as the CTSPs' task forces.

Also, since 1981 New York State has had STOP-DWI programs in each county. They are supported by State-mandated fines for alcohol-related traffic offenses. STOP-DWI programs are overseen by the board of county commissioners and run by a STOP-DWI coordinator. Statewide funding is currently about $21,000,000 per year, which is at least three times the size of the CTSP program. This amount supports programs in enforcement, court-related processes, probation, rehabilitation, public information and education, and evaluation.

Because STOP-DWI programs are entirely devoted to alcohol and drug problems in traffic safety, the CTSPs do not address those issues. The relationships between STOP-DWI programs and CTSPs vary from county to county. In some, the same person heads both programs. In others, the programs may coordinate objectives and activities quite closely (sometimes the coordinators work in the same department of county government, for example); in still others, coordination may be poor or even nonexistent.

In order to learn more about the traffic safety environment in New York State, we interviewed STOP-DWI coordinators in five counties where there were no CTSPs. These particular programs fit within the general definition of CTSPs, though they tended to be weak on task forces; they have been in force longer than most CTSPs and are well-entrenched in their counties.

In all cases, there is reason to expect better future cooperative and coordinated planning and operation between CTSPs and STOP-DWI programs. As of 1993, both programs are under the GTSC (previously, the STOP-DWI program was under the State Department of Motor Vehicles). This will encourage coordinated planning for both efforts at the local level and will ensure that the State people overseeing the programs treat them, as much as possible, as coordinated resources for traffic safety.

Region III, Hanover, MD (DC, DE, MD, PA, VA, and WV)

The Region is very supportive of CTSPs and has some of the country's best, particularly in Pennsylvania with statewide coverage. It also has States with virtually no CTSP program. More than other places, the Region has large CTSPs which combine two common modes of operation: They conduct hands-on activities themselves, and they also administer mini-grants to agencies in their areas who run other programs. Corridor programs (FHWA's Corridor Highway Safety Improvement Programs) are also active in the Region, and as a rule they and overlapping CTSPs cooperate effectively.

The Region believes that most CTSPs can be thought of as local extensions of their State highway safety offices. One implication of this is the view that the CTSPs and their paid coordinators really "coordinate and train" in support of traffic safety and thus their 402 support is not subject to a three-year funding cutoff (although support for specific programs or activities does have the three-year limit). This interpretation does not depend on whether the coordinator is actually a State employee (as is the case in Virginia) or not.

Maryland has about 24 community programs administered through three program coordinators in the State Office of Traffic and Safety (OTS). They may be viewed as "fledgling CTSPs." They began about three years ago as strictly alcohol/youth programs, but this year they are expanding to other traffic safety issues as well. The programs cover Baltimore City and all the individual counties. Most frequent homes for the programs are police departments, health departments, and county government. The State approves action plans, administers, and provides technical assistance. It also develops and/or distributes materials, including a child passenger safety program distributed through the Department of Health's Kids in Safety Seats (KISS) program. State financial support is split between coordinator (staff) salaries and program activities and requires at least 40% local match.

Pennsylvania has a mature, comprehensive community traffic safety program. Its 19 primary CTSPs cover the entire State. They range from single-county programs to ones that cover eight or nine counties (loosely grouped within State Engineering Districts) and have up to five full-time staff people. The CTSPs are viewed as extensions of PennDOT (although the staff are not State employees). They serve all the functions of a "CTSP" as described in the *Consensus Statement* (DOT HS 807 402). They also implement State programs, provide information and perspective to

Harrisburg, and execute some CTSP objectives through passing mini-grants through to local agencies. They address all traffic safety topics.

The programs began in the early 1980s with occupant restraint (adult and child) emphasis. Over the years they added pedestrian and bicycle safety, then DWI, school bus, and speeding. When it became possible, separate-issue programs were merged into comprehensive programs. These programs have one or more community task forces. Support today for the programs averages about $100,000 per program in 402 funds. The money supports both staff and project activities and materials, and it is not tied to three-year limits.

To provide direct oversight to the State's CTSPs, PennDOT contracts with the Pennsylvania chapter of the American Academy of Pediatrics. In Pennsylvania, the Academy has its chapter headquarters and three regional offices. The Academy offices work with each CTSP on a regular basis to provide materials, technical assistance, general advice, and--as possible--in-State coordinator conferences and training meetings. As part of their duties for the State, the Academy offices develop training materials, brochures, and other kinds of support materials for the CTSPs. Each Academy office is also a local CTSP in itself, emphasizing occupant protection (adult and, especially, child). Their activities include working directly with the public, publicizing child seat recalls, and conveying messages and materials through schools, pediatricians, and hospitals.

Virginia has three community traffic safety programs. Virginia's approach is unique, in that each CTSP is housed in one of the State DMV district offices and is run by a State employee. (They are currently expanding the program to cover all five of the district offices.) The State DMV office is responsible for maintaining relevant data, does the problem identification for the individual programs, and tracks crash-related results. Most specific program targets and activities are designed and launched from the State DMV office in Richmond. Each CTSP also gets input on issues and concerns (and assistance in running activities) from region-wide community boards.

Funding for the programs varies around an average of about $100,000 per year, from federal 402, 153, and 410 sources. The CTSPs also subcontract mini-grants for alcohol, police traffic services, occupant protection, and bicycle helmets/child restraints; each CTSP is responsible for an additional $10,000 - $20,000 per year in that way.

West Virginia has seven CTSPs, three from police departments and the rest run from different civilian positions. Each covers at least one county. Programs are funded at levels from $50,000 to $100,000 per year, for salaries, activities, and materials, with no specific requirement for local match (although all have some). Funding for salaries is not subject to a three-year time limit, though funding for specific activities is. Major goals and approaches for the CTSPs are set between the State and the local programs, but each program has wide latitude in its choice of activities and emphases. The State tracks and analyzes crash statistics and performs restraint use surveys to evaluate program effectiveness, provides materials and technical assistance, and emphasizes frequent meetings with all coordinators to share and develop ideas and approaches.

Delaware and the District of Columbia do not have active CTSP programs at this time, though Delaware is interested in starting one.

Region IV, Atlanta, GA (AL, FL, GA, KY, MS, NC, SC, and TN)

States within Region IV have a mixed record on developing CTSPs. Alabama has six strong programs and is adding more. Some of the others have just one or two programs. The Region provides technical assistance, including training and materials to the States. The level of assistance seems matched to the States' own levels of interest, activity, and commitment.

Alabama's programs are located in population centers and usually extend to one or more adjacent counties. They range in age from about 4 years to nearly 10 years and are moderate to large in scope. Safety issues center on occupant protection, child restraints, and DWI, with secondary emphasis on pedestrian and bicycle safety and other local issues. On a continuing basis, Alabama funds about 50% of the coordinator salaries with 402 money. It supplements this with grants lasting up to three years for specific projects and emphases.

North Carolina has five CTSPs, of two distinct types. Three are located in health departments or hospitals. These Traffic Injury Prevention Programs (TIPP) are vigorous programs addressing a full range of traffic safety issues. The other two are in police departments; they are much smaller, but they also address most issues. Older programs are successfully transitioning to independent operation; that seems to be coincident with a much lower level of State technical assistance to them.

Tennessee has about six CTSPs, most connected with police departments. Many have been in operation for five or more years and are operating without 402 funds; the others are nearing the end of State 402 support and are beginning to look toward alternative funding. The programs tend to be large ones, with the total value of their annual budgets ranging from about $100,000 to $300,000. All programs interact with the State and occasionally with the Region, though the State's approach does not emphasize frequent or intense involvement with the local activities.

South Carolina has recently begun to develop CTSPs. It has two, both in Chambers of Commerce, and plans at least one more. Programs are very unusual in that they are jointly supported by NHTSA and FHWA funds. Emphasis is on occupant protection, DWI, and other issues based on task force problem data analyses and other inputs. The programs (salaries and activities) are funded at about $65,000 per year, have about a 50% local match, and are expected to be entirely locally funded after three years. Self-sufficiency planning is required starting in year two; initial thoughts are that businesses will provide most support based on cost savings to them of an effective traffic safety program.

Georgia has four programs under the CTSP umbrella, but none seems to be a true CTSP. All are housed in law enforcement agencies. While they do include education and PI&E components, their primary efforts are toward law enforcement. Task forces are either nonexistent or are minor aspects of the programs. The grants are all about $100,000, require 30% to 50% (increasing) local match, cover salaries, activities, and materials, and are for three years.

Florida has had an emphasis on building cooperatives of separate law enforcement agencies within integrated metropolitan areas. Because they stress single issues (e.g., DWI) and/or single countermeasures (e.g., enforcement) and have little input from the community, these programs cannot be considered true CTSPs. The State DOT is working with a number of FHWA corridor programs

run through engineering districts and intends to use some of them as bases from which CTSPs can be developed.

Kentucky has six CTSPs. Although all are connected with police departments, they vary considerably in age, size, issue and activity emphasis, and degree of community involvement. All have enough characteristics to be rated as real CTSPs, though none completely matches the full CTSP model as defined in the *Consensus Statement*. The State supports training and education for its coordinators, including sending them to conferences and sponsoring the Kentucky Highway Safety League, for all coordinators, which meets nearly every month.

Mississippi has about six CTSPs, almost all connected with police departments. The programs started either with the initiative of interested individuals within the police departments or with other traffic safety organizations who end up operating through and within police departments. In general, these programs emphasize information, education, and positive incentives with enforcement assigned equal or lower emphasis. The State actively supports the CTSPs, working closely with them but allowing and requiring them to do their own problem and activity selection. Many of the programs have active task forces or other inputs from their communities. The programs are funded for three years; one has been independent for several years, the others look to their departments and cities to support the programs when 402 funding ends.

Region V, Homewood, IL (IL, IN, MI, MN, OH, and WI)

Nearly every State in Region V has significant community traffic safety programs. The Region provides NHTSA materials (in quantity) and technical assistance, works with the States, and encourages use of the national campaigns. The States in the Region have a very wide range of types and sizes of programs.

Ohio has supported CTSPs since the mid 1980s. At the height of their activity, Ohio had more than 40 programs in effect. Most received relatively small funding--most annual amounts were between $15,000 and $40,000 (plus materials), enough for a part-time coordinator and volunteer support. Although most of the programs reached the end of three-year funding in the last year or two, many remain active; we were able to identify just about 40 programs still operating (or just winding down). Most are at the county level, although a number are regional (multi-county) projects. The State is working with the individual programs to help them find alternative funding, including some direct State (not NHTSA) grants as bridges to self-sufficiency. Ohio continues to work closely in support of programs, whether or not they are receiving direct funding, and to provide 402 grants for specific activities.

In previous years, the Ohio Department of Highway Safety provided most of the problem identification analyses for their CTSPs. Recently, although they continue to provide statistics and consultation, ODHS has stressed training the programs to collect and analyze information to do problem ID and effectiveness evaluation. The State has developed support workbooks for the local programs which have been used as resources in other States as well.

Illinois has two very large CTSPs. One covers the Springfield area, while the newer one covers 38 of Chicago's southern suburbs. The Springfield program, now in its third year, has 402 and local

funding each supplying half of the annual $400,000 budget. The south Cook County program, in its second year, has a budget nearly twice as large, half 402 and half local (the larger budget is primarily due to law enforcement overtime activities and extensive program materials purchases). Each program has one person in the Illinois DOT who works with it on a continuing basis. The programs cover "all" safety issues, with decisions on what issues and activities to choose made by the programs (and their task forces) with significant input and consultation from IDOT.

Each program has a wide and extensive range of objectives and activities. The programs are funded for three years only, and there are serious concerns about how much of the programs will remain, and what they will look like, when the 402 funds are gone.

Indiana has a very small number of CTSPs, concentrated in suburban counties outside of Indianapolis. The State has tended to create programs with police department homes. Funding has often begun around $100,000 per year, plus local match, and declined gradually until being phased out after three years. Several of those programs were begun about six years ago; although quite active early, in the years since 402 funding was drastically reduced all the programs have also shrunk. Currently, there are only one or two CTSPs being funded, although the State has specific plans to start others. One program, based in a county health department, has a wide range of target issues and activities, some conducted through mini-grants to participating agencies.

Michigan has a single State-supported CTSP. The program, in Jackson County, has had a very high level of funding, as much as $5,000,000 total budget over five years. The State has sought to develop a comprehensive, in-depth demonstration program to address all traffic safety issues with full resources. The program serves much as the State Office of Highway Safety Planning might. To conduct its traffic safety activities, it accepts proposals from local agencies who are then funded to implement their proposals. Much of the actual work of the CTSP is in contract administration. The State and county have added fees to traffic convictions that, along with direct county support, will provide financial support to continue the program in coming years.

A second well-known program in Michigan is an entirely independent program that has been active in Oakland County for 25 years. This is a "high profile" program which is a 501(c)3 corporation and is supported by business, industry, the county, local communities, and other contributions. The program emphasizes PI&E, advocacy, and engineering; based on periodic needs analyses, it begins activities with the goal of establishing them and institutionalizing them. Oakland County is a unique environment in which to have a CTSP, since it is home to much of the upper management of Detroit's auto industry.

Minnesota has about 18 small programs. They have been introduced, a few each year, since the late 1980s. They are administered through the State 4-H organization and run out of the County Extension Services. Many of the programs have task forces. Each program keys on high school youth, often using the Alcohol Decisions curriculum developed in Minnesota; activities include teens training teens who then do presentations in lower-level schools. Most programs have gone beyond DWI to include occupant protection issues; some have expanded to community-wide activities such as elderly drivers and child restraints. The grants have all been $10,000 to $15,000 for each of three years, primarily supporting part-time coordinators. Because the grants supplemented normal 4-H programs, the traffic safety aspects have usually continued at the end of 402 funding.

Wisconsin has traffic safety programs in a dozen cities. Most have begun within the last few years, but some trace their origins back six years or longer. (Milwaukee's Safety Commission is more than 70 years old.) Most programs are centered in police departments, and most of those have enforcement as their primary activity. Drinking and driving is the most common traffic safety issue for these programs. Most programs are also involved in occupant protection and/or child restraints and bicycle safety; other issues receive less frequent emphasis. The programs tend not to adhere closely to the NHTSA model for CTSPs, but they do have elements beyond enforcement such as advisory panels, public information efforts, and collaboration with some other elements of their communities. Programs are funded at average levels of about $30,000 per year for three years; many of the programs have continued after the 402 funding stopped.

Wisconsin, like New York State, has County Traffic Safety Commissions in each county. The commissions, made up of volunteer appointees from county, municipal, and State agencies and private citizens, meet quarterly to evaluate traffic safety, monitor traffic safety programs, and make recommendations on needed programs. They also maintain crash information for the parts of the counties not in cities (who are required separately to maintain their own data). These commissions provide a mechanism for accomplishing a number of the tasks for which CTSPs are noted, such as communication and information transfer, planning, and a continuing local presence.

Region VI, Fort Worth, TX (AR, LA, NM, OK, and TX)

There is a wide range of CTSP approaches and success rates throughout the Region VI States. Texas began community programs in 1983 and CTSPs in 1987; many of its programs have matured into independent projects, several have dissolved, new ones have been started; the overall level is still strong but seems to have dropped a bit in recent years. New Mexico has built a solid network of community Safety Committees and is creating DWI Task Forces, and with the Traffic Safety Bureau and the Department of Health collaborating and State fees supporting, the State is developing all of these into a broad CTSP network. Oklahoma, after a strong effort to create CTSPs, has backed off and the number of programs is shrinking. Louisiana has about two programs that can be called CTSPs; Arkansas has none. The Region itself supports CTSPs and three-year funding cycles; it has let the States decide whether CTSPs should be part of their Highway Safety Plans.

New Mexico has an approach to community programs that is unusual in several respects. First, the State Department of Health has for several years assigned its people approximately 10% of their time to traffic safety; this has led to local resources for traffic safety and a collaboration between the State Department of Health and the Traffic Safety Bureau (TSB) on a united and coordinated approach to traffic safety. Second, the State funds programs and activities--but not salaries; local traffic safety programs are run by volunteers or by workers whose employers provide work time for them to run the programs. Third, nearly all traffic safety activities are supported by State-generated revenues, such as a new tax on alcoholic beverages and fees on traffic convictions, license reinstatements, etc. (402 money is used for efforts by the TSB to bring local programs along, but for specific activities and in smaller amounts and shorter time frames than are common for "CTSP grants" in other States.) Fourth, the State developed multidimensional semi-objective rating scales to measure the characteristics and performance of its CTSPs. The scales provide for specific objectives in the Highway Safety Plan, ways of setting targets and priorities for TSB initiatives, and end-of-year success/progress measures.

At least two kinds of organizations fit under the general title of CTSP. First, New Mexico has Safety Committees, which have been in operation for a number of years in many localities. At least six of these have a strong focus on traffic safety and are supported with technical assistance, materials, and specific-activity mini-grants from the TSB. (An additional 20 of the Safety Committees are targeted by the TSB for efforts to bring them up to the level of CTSPs.) Second, starting in 1992 New Mexico provided a significant infusion of funds for local DWI countermeasure programs, with the money coming from fees on DWI convictions. To receive funds, communities must provide an application that defines a responsible (volunteer) task force, problem identification, and proposed projects. The TSB developed a Community DWI Program Guide with steps, instructions, and sample materials to aid communities in planning and applying. The task forces take many forms; for example, they may be the aforementioned Safety Committees or they may be new DWI Task Forces set up specifically to administer programs using these funds. The task forces represent a variety of public and private groups and their activities cover a full range of types of countermeasures. Although the enabling legislation permits DWI or "related traffic safety topics," most of the focus so far has been on DWI alone.

Based on actions in the 1993 legislative session, New Mexico is creating a Local DWI Grant Fund and a DWI Program Fund with a total annual budget of $10.6 million from general State revenues. The funds are for comprehensive county-based needs assessments and program support for anti-DWI and alcohol abuse programs. This funding is much larger than is currently being spent on the Safety Committees and the DWI task forces. Because the safety issues overlap significantly and because many of the agencies and people currently working with the Safety Committees and/or DWI task forces will be involved with the new funding, these new funds may be expected to have a large impact on traffic safety activities.

Texas has had community traffic safety programs for many years. They began funding them at about $150,000 per year, although in recent years the maximum grant size has been closer to $80,000. Programs are funded for four years (the first year is for planning) in decreasing amounts requiring greater local match percentages. That said, it should be noted that the CTSPs in Texas show a great variety and have come about and been supported according to a number of significant variations on the stated policy. There are about nine programs currently active; eight CTSPs could be reached for interviews. They include ones for single issues and multiple issues; with city, county, region, and State scope; 402 funded, partial funding, and wholly independent; and with and without task forces. The State continues to support CTSPs; it appears to be unique among the States in having TDOT field agents active in several programs, coordinators and/or spokespersons in a few of those.

Oklahoma had, several years ago, begun a program to hire four regional specialists to recruit communities to have CTSPs. At the peak of activity, CTSPs had been begun in more than a dozen locales in about half the State. With personnel and policy changes about two years ago, the recruitment effort was scaled back and emphasis was placed on other programs such as direct enforcement contracts with law enforcement agencies, direct mini-grants for high schools to conduct prom/graduation programs, and working with the State police to extend national programs statewide. The number of programs we tried to reach on this project was down to nine, and we actually found only four or five active CTSPs. They vary in scope, issues, and organization; most are small programs.

Louisiana is interested in CTSPs and has one established program and another in its second year. It is looking for other communities to start CTSPs. Several other existing programs have been considered to be CTSPs at one time or another, but the State does not believe they are CTSPs in their current forms; it is encouraging them to add the components (usually task forces) needed to become full CTSPs. The established CTSP is unusual in that it is a police department program which works closely with the local National Safety Council chapter. Its emphases are education and enforcement; it addresses a full range of traffic safety issues. Enforcement is supported by (402) overtime grants from the State; the total aid received from the State (for a four-parish program) is about $30,000. The second program is also centered in the police department; it works with a community advisory committee, emphasizes education and public attitudes (plus enforcement), and is receiving over $50,000 in State funding plus a like amount of local hard and in-kind match.

Arkansas was not reported to have any CTSP activity.

Region VII, Kansas City, MO (IA, KS, MO, and NB)

The Region provides support to CTSPs, for example through occasional workshops to bring coordinators together and encourage new programs. The CTSPs within the Region have been designed to have broad community participation, multiple safety issues, and multiple countermeasure approaches. There are not many CTSPs in Region VII, however, and only one State (Missouri) has had uniformly positive results with them.

Iowa has three CTSPs, all nearing the end of a three- or four-year funding cycle. They have been supported by 402 grants ranging from about $22,000 to nearly $90,000 per year, with modest amounts of local match; some may survive when 402 funding stops. The CTSPs were designed and implemented to include local input through task forces and multiple countermeasures to address multiple issues; success at staying with the design and conducting traffic safety activities has ranged from modest to good. The State is not looking to create more CTSPs, but plans to set up very specific programs with existing local organizations (e.g., sobriety checkpoints by the sheriff's office) with objectives to address specific problems.

Missouri has four or five CTSPs. The programs have been in existence for several years, but they have modified their scope and focus and are receiving 402 funding with varying levels of required local match. The programs are in smaller cities and most address more than one county. The primary issues being addressed are occupant protection and DWI, and individual programs address other issues according to local needs and concerns. Programs focus on PI&E activities, schools, other special target groups, and varying levels of police enforcement and PI&E efforts. The State does provide significant support for their CTSPs, in funding (actual amounts probably $50,000 per year or less), technical assistance, and materials.

Kansas has two CTSPs at this time, both formed in response to the "Governor's Challenge" on occupant protection, both receiving some technical assistance and materials from the State, and both always having been volunteer/privately funded. Both are in urban health centers, have addressed child and adult occupant protection, and intend to expand to DWI issues. The State does not plan to start (or fund) CTSPs, but--like Iowa--wants to control local programs from the State office by

doing problem identification and contracting with existing local organizations to conduct specifically targeted activities.

Nebraska has two programs that qualify as CTSPs. Both are volunteer, formed committees in response to local traffic safety concerns, and address DWI, occupant protection, and other traffic safety issues through, primarily, enforcement and PI&E activities. The State does not seek to establish CTSPs through 402 funding, although it supports the existing programs with technical assistance, materials, very small specific enforcement grants, and occasional conference/training opportunities (e.g., TSI training for two people).

Region VIII, Denver, CO (CO, MT, ND, SD, UT, and WY)

The States in Region VIII have a mixed track record with CTSPs, with positive results in several States and program attempts and failures elsewhere. The Region supports States in any efforts to promote CTSPs, including working closely with the States and individual local programs to provide technical assistance including training, materials, and networking opportunities. Several of the efforts within the Region are innovative and well done and can offer positive lessons and ideas to others.

North Dakota undertook a comprehensive CTSP program, starting about five years ago, in which they created CTSPs for each of eight regions covering almost all of the State's population. Funding levels are about $15,000 - $35,000 in 402 funds, plus local match, for programs which cover population bases ranging from less than 20,000 to just about 100,000. The programs are mostly in separate safety councils or "other government" locations, and they address a wide variety of traffic safety issues. Beginning in 1992 was the Safe Life Choice statewide traffic (and other) safety program. SLC was originated and initially run by two CTSP coordinators under separate contract to the State (it is now run by the State); SLC works with and through each of the CTSPs. Although most of these programs are successful, all are currently scheduled to lose their four-year 402 funding in 1994. The State will be providing formal assistance to help the programs seek alternative support (including a continuation of 402 funding), but at this time only one has implemented steps that are likely to make it self-sufficient.

In 1991 and 1992, the State added three CTSPs on Indian reservations; those are smaller and just getting underway. They work under tribal councils and have unique challenges in adapting CTSP philosophies and materials to the Indian culture.

With South Dakota and Region VIII, North Dakota recently sponsored the first "road show" presentation of the TSI CTSP training.

South Dakota has three small, active, community programs that are receiving approximately $10,000 in 402 funds for three years. They are all in small towns, have task forces, and address occupant protection, impaired driving, and youth programs. Primary emphasis is on education and awareness, although particularly the two programs housed in police departments also emphasize enforcement.

In addition, the State supports a university-based program whose charter is to create Teen Institutes, with action plans including at least one traffic safety objective and with task forces, in six

communities. The State favors CTSPs as an approach and tends to create programs falling within the *Consensus Statement*, although they currently cover only a small part of the State.

Colorado has three CTSPs at this time, all with police department homes; two still receive 402 support and the third has just gone to city funding. Colorado has at least two unusual CTSP initiatives. First, the Drive Smart program in Colorado Springs began with private and city initiative and has developed into a collaborative program including State 402 support. Second, an offshoot of this program is Drive Smart Colorado, a private non-profit corporation which has contracted with the State to start and build CTSPs along the Drive Smart model throughout Colorado. The latter effort is just getting underway in Spring 1993. It is supported with 402 funds and the new programs it fosters are also eligible for modest levels of 402 funding; the new programs will begin focusing on self-sufficiency from the outset. The State's emphasis is on alcohol, occupant restraints, and youth; it believes CTSPs must be multiple issue programs.

Utah has not aggressively sought to start CTSPs in the past, and the results it has had in a number of attempts have not been very positive. The State's emphasis is on a variety of smaller, more focused traffic safety programs rather than on true CTSP programs. Utah had three 402-funded programs over the last several years; two police education-and-enforcement programs died at the end of 402 funding, but a small program in the health department has been taken on by the department. The largest effort in the State provides 402 support for the State Department of Health occupant protection coordinator to develop occupant restraint programs in communities through recruitment, education and training, materials, and 402 mini-grants. There are currently 22 such grants active.

Montana has had DWI task forces for more than 10 years. They exist currently in about 20 counties (one third of the State) and are funded through $50 license reinstatement fees. To be supported, they must have a coordinator, a task force, and an approved plan. The State favors having community organizations to provide local implementation and feedback. It is proceeding slowly to expand selected DWI programs into full CTSPs; it wants its programs to be permanent community fixtures. Two programs are now CTSPs, addressing occupant protection, child restraints, motorcycle safety, pedestrian safety, and engineering in addition to impaired drivers. They receive about half their budgets from 402 support. The State creates PI&E materials for all its local programs and modifies and uses NHTSA materials.

Wyoming attempted to start CTSPs. About five were in place at the height of the effort, with coordinator salaries covered by 402 funds. The State does not view the programs as successful. State funding is essentially concluded; although four of the programs may still exist in some form, they are not expected to continue. Problems were reported in two areas: First, the grants paid for salaries with very little remaining funds to support activities, so it was difficult to show any concrete results for the investment. Second, the State does not feel there was much real commitment from the host communities on the goals of the programs nor the need to support them locally after the start-up years. The State intends to fund smaller programs that concentrate on very specific objectives--to achieve most of the benefits they expected from CTSPs while retaining control and initiative in the State office.

Region IX, Sacramento, CA (AZ, CA, and NV)

Although 13 programs were interviewed in Region IX and there may be as many as 27 programs in all, there is little real CTSP activity. At this time, Region IX is placing much less emphasis on CTSPs than on the Traffic Safety City (TSC) approach. To that end, it has conducted seminars and workshops around the Region to raise local enthusiasm and to start TSCs. The TSC concept includes a local coordinator (a minor role), a broad task force, and a driving "traffic safety needs assessments" directed by the State office. With these features, and with problems identified by State-led analyses, corrective and preventive measures are supported by 402 seed mini-grants that may last only for one year or one equipment purchase. The Region believes that most TSC coordinators should be police officers.

Arizona has 21 programs that it lists as community traffic safety programs for 1992. All but two are housed in police or sheriff's departments, and another that is funded through the county attorney's office spends most of the grant on a police officer and police activities. Many of these programs have civilian coordinators. Many of these programs are unusual in that they are given only one-year 402 funding (mostly in the range of $20,000 to $100,000); others receive declining funding over three-year cycles. These programs typically balance enforcement with information and education countermeasures, and often grant money is used to buy equipment that will stay with the department well after the program is over. Even the shorter grants are provided with the agreement that the program will be taken over locally at the end of State 402 funding.

The last program, in a city transportation department, is in the third year of a decreasing 402 grant; the program is expected to be continued by the city at the end of State funding. It has emphasized impaired driver, pedestrian, and bicycle safety issues through education, public information, and enforcement, and it is expanding its work in child and adult occupant protection. It develops most of its own high-quality materials, including Spanish adaptations for the large Hispanic community.

California has a small number of CTSPs currently functioning. The four that could be contacted were all quite different: A police department program emphasizing education countermeasures to address multiple traffic safety issues and downsizing itself since 402 funding has stopped; a health department program emphasizing bicycle and pedestrian safety in its third and final year of 402 funding; a health department program emphasizing adult and child occupant protection; and an EMS department program working to place emergency call boxes along a rural highway.

Overall, however, the Office of Traffic Safety has shifted its attention and emphasis to Traffic Safety Cities. OTS is aggressively seeking proposals from California cities including components of a city safety belt policy, a city work-related drinking policy, and a task force. Most of the resulting programs are headquartered in police departments.

Nevada at this time has a program in Reno that it considers a CTSP. Beginning as an occupant protection program in the county health department, the program worked closely with police departments in working on occupant restraints and DWI programs in, among other places, school systems and casinos. The program has been in place for about six years, and the State is interested in continuing to fund it.

Along with California, though, Nevada is planning to move to Traffic Safety Cities, although logistical problems delayed the start-up until 1993.

Region X, Seattle, WA (ID, OR, and WA)

The Region provides support to the States for CTSPs, and all the CTSPs in the States may be considered true CTSP programs. Washington, with a mature and successful program of many years duration, has the most CTSPs which cover most of the State; past legislative decisions have placed the continuation of the programs in jeopardy, however. Oregon and Idaho have a small number of programs each, but the programs are enthusiastic and receive active help from their State offices.

Washington has had one of the most extensive CTSP programs in the country. It began in the mid-1980s with DWI Task Forces in nearly 20 counties or multi-jurisdiction regions, and most of the programs have continued until the present time. Depending on what other programs coexist in their areas, many of the Task Forces have added other traffic safety issues such as occupant restraint, youth, etc. After initial 402 funding stopped, the State legislated support for the programs on a continuing basis, setting the stage for a permanent local-community traffic safety presence. Several years ago, however, the legislature began eliminating funding over a six-year schedule. Right now, most of the programs are feeling a very significant funding shortfall. Some are failing, others are shrinking, and a very few are actively moving toward self-sufficiency. The option does not appear to be open to restore 402 funding to keep the otherwise effective programs in operation, and efforts to find State funding have not borne fruit.

The Washington Traffic Safety Commission is continuing to support the State's CTSPs through technical assistance and materials, and it continues to support the concept of CTSPs as a viable and important way to further traffic safety.

Oregon has only four programs that can be considered CTSPs, but they are solid programs, well-planned and run, that address a wide variety of traffic safety issues. Three are in small towns or counties. The fourth, in Portland, is part of a community-wide "Reclaiming our Streets" task force action plan. The task force addresses all transportation issues, and the State Traffic Safety Commission supports activities that directly relate to normal CTSP issues. The Oregon TSC actively supports community programs through activities such as State training and planning sessions for the coordinators, sending them to TSI training, and providing materials, other resources, and other technical assistance. The State is also looking to expand the number of programs.

Idaho has a number of community programs throughout the State, but many are specifically targeted ones, usually enforcement, aimed at one issue or with a single agency and minimal local input to continuing planning. Two of the programs qualify as CTSPs, however, addressing occupant protection and alcohol through a variety of countermeasures. One is still receiving 402 funding, the other has just stopped and its costs are being underwritten by the city. The State favors community programs, but it finds its locations are more favorably disposed to specifically-targeted programs with clear actors, objectives, and countermeasures.

Leadership and CTSP Organization

In presenting findings on leadership, it will be useful to first review the list of possible job performance requirements for CTSP coordinators. Following that, this section includes subsections on coordinator characteristics--observed and recommended--and on differences in coordinator characteristics across different types of CTSPs.

Job Requirements

A successful CTSP is one which improves traffic safety and is a valued, long-lasting addition to its community. It is, essentially, the job of the CTSP coordinator to bring this about.

Listed below are a number of activities and responsibilities that may be associated with a coordinator in the process of working to make a CTSP successful. Although not all coordinators have all these responsibilities, some elements in this listing apply to all coordinators and all elements apply to some.

The list below is, in effect, a list of CTSP leadership requirements. In most cases, ultimate responsibility comes back to the coordinator. However, the actual performance may fall to someone else, usually the task force, occasionally an assistant or co-coordinator. If the coordinator does not directly perform each function, he or she must still understand the importance of the function and enough about its purposes and its requirements to make sure it is done effectively.

Program Management.

- Problem identification, including data and information collecting and analysis; this can involve traffic records, observation surveys, assessing public opinion, and evaluating political positions.
- Program results tracking, evaluating, and reporting; costs and benefits.
- Program planning, including multi-year planning, annual planning, and activity and project planning; issues, activities, and budgets.
- Program direction, including resource allocation, financial tracking and management, and reporting.
- "Subcontractor" management--for programs implemented by a separate agency, defining projects, seeking bidders, negotiating contracts, overseeing the project, monitoring performance and results.

Support Acquisition.

- Grant request (proposal) writing and negotiating.
- Task force recruitment and management.

- "Prospecting" for possible sources of support.

- Fundraising, covering everything from obtaining merchandise coupon donations to finding a long-term financial source for project salaries and other "overhead" requirements.

- Volunteer recruitment.

- Selling the program--to the public, local government, businesses, program workers, the State highway safety office, sources of support, and individuals.

- Selling himself or herself, to all those same people and groups.

- Media relations management; media utilization.

- Public presentations.

Personnel Management.

- Staff management, including paid or other "official" staff as well as volunteers; training, scheduling, overseeing, delegating, motivating, rewarding, etc.; also individual and career development.

- Working successfully with all kinds of people, from toddlers to teens to senior citizens, traffic law violators to crash victims, volunteers and staff to own board of directors, private citizens to police to rehabilitation workers to business owners to government officials.

Project Work.

- Materials design, development, and production.

- Conduct of program activities, including teaching, demonstrating, relating, describing, managing, organizing, recruiting, etc.

Clearly, coordinators can have a very wide range of job performance requirements. They also work under a wide range of job conditions. Some coordinators' positions are awarded to people as a result of a careful job applicant search, are stable positions with commensurate standing and salary, include support from upper management and the State, and include realistic expectations and adequate resources. More often than not, however, coordinators must define, create and maintain their CTSP organization under one or more of the following conditions:

- No clear job description, and one which can change unpredictably.

- The need to satisfy multiple "bosses" who do not communicate well with each other.

- Unpredictable and unreliable chains of supply.
- No clear and recognized authority or power resulting from their position.
- Low salaries (sometimes none), little career path opportunity.
- Little or no job security.

Coordinator Characteristics

In spite of these demands and challenging conditions, coordinators are found who are able to bring about and/or continue successful programs. Information on the characteristics of actual coordinators, and the desirable factors for ideal coordinators, come from two sources. First are the observations of the people who were interviewed for the project. Second are the observations and judgments of this project's interviewers who formed their opinions over the course of hundreds of hours of interviewing.[9] The results are presented in two subsections; the first considers "management style" factors, while the second presents desirable management and personal traits.

Management Style. Judgment on four management style factors was provided by the interviewers as a summarization of their interviewing. Judgments included three components: What style values are present in CTSP coordinators, what values are associated with more successful programs, and do those values differ for different kinds of CTSPs?

- **Personnel Management.** In terms of how they direct others, coordinators were coded as to whether they used a "traditional" (i.e., top-down, direction, assignment, delegation) approach or one stressing "empowerment" (i.e., participative; encouraging, involving, consulting, and guiding as a (nearly) equal peer rather than ordering from above). It was felt that about 10% of coordinators used a traditional approach, while the rest used a combination or strongly emphasized the empowering, participative style. The traditional approach seemed likely to be successful only in a CTSP with a formal hierarchical organization, such as one staffed almost entirely with people from a single pre-existing organization like a police or a health department. The participative approach was more suited to programs largely made up of volunteers or people from many organizations, where position authority was not well defined and where rank within the CTSP may have been quite unrelated to the rank the individuals had in their home organizations.

- **"People" and/or "Task" Orientation.** Coordinators may place primary emphasis on the tasks to be done, on the people whose cooperation and effort are necessary to do the tasks, or on both approximately equally. People orientation was judged to be almost a basic job requirement. CTSPs are usually somewhat informal organizations which depend on the voluntary involvement of people for their success. To keep such an

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9 Five individuals conducted interviews; all are senior staff with years of traffic safety research experience. Their formal training includes advanced degrees in psychology, sociology, and curriculum development.

organization healthy the coordinator must ensure that these volunteers are acknowledged for their individual contributions and view their overall experiences very positively. Almost all coordinators had a People orientation.

However, to be successful a CTSP also must have accomplishments. The best coordinators also had a Task orientation, such that to them it was very important that project activities be completed successfully.

- **Planning.** At one extreme, coordinators could engage in long-term planning for program objectives, support, and performance resources, relate the long-term plans to annual, monthly, and event plans, share plans with others, conduct activities according to the plans, and adjust plans to accommodate changing realities. At the other extreme, coordinators could generate annual plans by following previous activity logs or State program requirements, fail to translate the plans into guides for specific activities, and add unplanned activities without regard to the program's goals. Few coordinators were at either extreme. The best planners tended to have excellent programs. However, there are programs for which the coordinator needs to do little planning--ones where long-range planning is provided by prior plans or the State or the task force, and ones where all project workers are capable of planning and managing their own contributions.

- **Vision.** This refers to whether the coordinator is the person who creates and develops the overall goals, objectives, and "personality" for the CTSP, or whether that is done by someone else and the coordinator is responsible for explaining and implementing it. It is almost always important that the CTSP have a clear image--its character and goals--and that the coordinator be able to explain, defend, and communicate that to others. It does not seem to be as important that the coordinator is the prime designer of the image. It may work better, in some cases, if that designer is someone with real power in the community who can develop and deliver community support for the program.

Personal Factors. The following factors are ones which are recommended or desired for coordinators. They are derived primarily from two sources: From interviews with State and Region experts, and from site visit interviews with coordinators and with those close to the programs.

In many ways, this can be viewed as a "wish list." Coordinators who fall short of some of these ideals can still run highly effective CTSPs for at least three reasons: First, if some factors are provided through the task force members, program staff, the coordinator's supervisor, or the SHSO, the coordinator only needs to recognize and utilize the abilities in the others. Second, the true requirement is for job performance outcomes. While these recommendations may represent one route to successful performance, they are probably not the only coordinator characteristics that will result in CTSP effectiveness.

Finally, different kinds of CTSPs, with different issues and countermeasure approaches, and at different stages of their life cycles, place different demands on the coordinator which in turn may require only some of the skills and capabilities listed below.

Background.

- Known and respected by community, although coordinators unknown in the community can--given time--establish themselves.

- Know and understand the community, including who has power, who gets things done, who influences public opinion, who has access to funding, etc.

- Background which "fits in" with the CTSP's place in the community. Some people believe coordinators must come from law enforcement, others that they must come from health departments or hospitals, still others that they must be educators, etc. Each background may be most appropriate for a specific CTSP in a specific community.

- Professional background, as reflected through education (often a Master's degree) and/or successful experience in a professional-level position.

- Experience with planning, evaluating, and leading projects.

- Traffic safety experience, including traffic safety knowledge and skills, is rated as relatively unimportant. Interviewees feel that initial guidance can come from outside and the coordinator can quickly learn all that is needed to function effectively.

Personal Skills and Traits.

- Commitment to project goals (often reflected in personal behavior and life style choices) as well as consistently and persuasively communicating the goals and using them to guide CTSP planning and activities; conveying a sense of urgency, of "passion" for the CTSP goals.

- Communication skills; the ability to communicate effectively to groups or individuals of all kinds, in writing or orally, to use the media flexibly and effectively, to make effective communication and public information key requirements of the CTSP.

- Ability to sell effectively, to recruit people and contributions in such a way that those who volunteer and contribute feel they benefited as much as the CTSP did.

- Able to work with people, to tolerate and work well even with disliked people, to make interactions positive.

- Dependable, reliable; develop a solid track record of doing things to support others, always delivering on promises; being consistent over time and in different settings with different people.

- Flexible; able to identify and focus on essentials; a survivor.

- Being a leader; initiating ideas, activities, campaigns; persisting through setbacks; encouraging others to adopt the CTSP's vision and goals and to work to achieve them.

- Creative, practical; able to come up with ideas, concepts, solutions that work.

Different Requirements for Different CTSP Conditions

Finally, the exact demands on coordinators are a function of their CTSPs, their communities, and their objectives. There are specific phases of the life cycle of a CTSP that call for certain kinds of skills and results from the coordinator. For example:

- At start-up, everything about the CTSP is new; the coordinator must define the program, establish working relations with everybody, recruit volunteers, communicate objectives and expectations, set goals, etc. The ability to establish the program's infrastructure while getting it visibly and successfully underway is critical. About the only requirement not emphasized here is fund-raising.

- Continuing under 402 or other stable funding, the demands on the coordinator are least. The program has a track record which should help with everything. It should have community awareness and acceptance, a regular activity schedule, and willing and experienced participants. In most cases, long-term funding from a dependable outside source is not likely, so at this time the coordinator must be looking for mechanisms to support the program (and his or her salary) in the future. This entails prospecting and fundraising skills of all kinds. The coordinator must also consider changing the basic structure of the CTSP organization, learning what options exist and learning and working through the details of making the right ones happen.

- Transition from 402 to independent funding means completing the plans in the preceding phase and too often learning the lessons that should have been learned earlier. Selling the program is most critical at this stage. Planning the direction of the program must consider the goals and priorities of the new funding sources.

- Continuing independent operation is much like continuing 402 funding, although actions to ensure continuing sources of income remain necessary.

NHTSA Headquarters Resources

NHTSA has, within its Headquarters organization, Technical Specialists in each of the areas of traffic safety that CTSPs may address. These Technical Specialists are responsible for the design and development of countermeasures and for decisions about how they will be made available, manufactured, stocked, and distributed. They also offer one-on-one technical assistance to the Regions, the States, and--on rare occasions--individual CTSPs. Through interviews and visits, we sought information from Technical Specialists in the areas of Occupant Protection, Impaired Driving, Police Traffic Services (PTS), Pedestrian Safety, Bicycle Safety, Motorcycle Safety, and Emergency Medical Services (EMS). The objectives of these contacts were to:

1. Identify countermeasures frequently used; contrast these with countermeasures that are not frequently used.

2. Discuss countermeasure development activities currently underway.

3. Discuss long-term development plans.

As a general observation, it is felt that Headquarters personnel have a good idea as to what is available and what they would like to see used at the local level. They also feel that local coordinated action is critical to the success of their work.

However, their work does not bring them into contact with CTSPs on any more than a casual or chance basis. While they do receive some calls from community-level organizations, information is more likely to flow from the States to the Regions and then to Headquarters. Also, the local organizations with which they are familiar may or may not be CTSPs, and the program specialist may or may not know which are the CTSPs.

In general, Headquarters program area specialists do not have a feedback mechanism by which they learn of the effects of their products. They may know that stickers and posters are "hot sellers," but they do not usually know how each item is actually used in the field--or what characteristics have led to their popularity.

Program specialists estimate numbers of items to be produced primarily based on past demand for similar items, NHTSA priorities, Region-supplied estimates of projected use and the cost of the item. It is difficult for them to use "effectiveness" of various media forms and formats in their calculations. They also estimate numbers to be produced based on the intended distribution mechanism. If, for instance, some outside organization has indicated a willingness to spearhead distribution and/or utilize its own distribution channels, then that organization's estimates of need will have a bearing on the numbers of items to be produced.

Regardless of the "feedback" problems, there is a general feeling that stickers and posters are good sellers. Program specialists also favor pamphlets that can be reproduced by local organizations with local tags. Local tags (i.e., put your own name on it for local distribution) are seen as important for virtually all forms of mass media including print, TV spots, and radio spots. The local tag can add to community acceptance and can give local organizations a sense of ownership.

There is also a feeling that Idea Samplers and Program Guides, which allow local organizations to take what they want and do what they want, are excellent. The idea sampler provides the raw material around which a local organization can build its own program. The program guide provides information as to what the developed local program should contain and why.

Materials Distribution

The basic system to introduce any new item is to first prepare a memo describing the item to the Regions. The memo is sent by facsimile. Regions are asked to canvass their States and estimate demand for the item. Demand information is sent back to Headquarters and used to generate production quantities. Quantities are also a function of cost and budget--and agency priority. For high profile campaigns, for example, money can be found in a variety of places if the demand is there and NHTSA wants to fill [or create] that demand.

NHTSA has a distribution system for its materials. Warehouses (DOT and TSP Resource Centers) are based in Landover, MD. Small quantities of materials can be shipped on request from the Regions or Headquarters staff. ("Small quantities" are roughly defined as 500 pamphlets, 10 posters, or one VHS tape.) Requests for larger quantities require verification and approval from Headquarters. Specific persons within Headquarters are designated to grant this approval for larger quantity shipments in the areas of PTS, Occupant Protection, EMS, and Alcohol.

The warehouse distribution system is computerized. Coded information covers what was shipped, when, and to whom. Computer codes on shipping records are used to identify:

- Media Format (e.g., film, poster, sticker)
- Affiliation (e.g., requestor was individual, school, business, government agency)
- Intended Audience (e.g., high school, law enforcement, government, military, business)

A review of the list of materials that can be ordered through this system suggests that there is a surprising number of items. While many are out of stock, the out-of-stock items tend to be older material (e.g., 16mm films) that people are not likely to request.

Occupant Protection

Big campaigns usually start in May. NHTSA often has little lead time to put the entire campaign in place and get the materials out. This puts pressure on the entire system. (It is probably the source of comments we have received concerning materials arriving at the last minute or late for major efforts.)

Media forms that are often used include: pamphlets, stickers, buttons, bumper stickers, consumer information sheets that can be reproduced at the local level, and the Chief's Challenge. Also, and equally important, is the Idea Sampler prepared each year (which lets States and programs select what they want from a large menu). In general, items that can be personalized (i.e., given a local tag) are preferred. Attractive items move better; "Vince and Larry[SM]" have been terrific.

Things that languish on the shelves include: any item which is dated by old language, clothes, or activities; ones which apply only in certain areas (such as Operation Buckle Down, which depends on local safety belt laws, or materials that "look like" one unique part of the country); any item which

is unattractive, has extensive text, or is complicated; and any item which is appropriate only for selected or specific distribution channels (e.g., police message that can only be delivered by the police).

Impaired Driving

The Program Guide for impaired driving is the Highway Advisory. This talks about setting up impaired driving initiatives in four areas: prevention, deterrence, treatment and rehabilitation, and good overall program management. Also, the NETS (Network of Employers for Traffic Safety) materials serve the program-guide function for employers.

Recommendations from the technical specialist for what CTSPs should be doing for a comprehensive impaired driving program include:

- High-publicity checkpoints
- Sting operations for underage drinkers
- Providing transportation alternatives--including transportation to and from the bars, not just "from" which requires leaving the car overnight
- Court monitoring

Longer range plans by NHTSA are in similar areas, such as:

- Prevention in health curricula at the elementary level
- Greater use of NETS for employers
- Server intervention
- Alternative transportation that people will use (current systems are not well utilized)
- Prevention messages to counter beer advertising
- Something with the impact of "Vince and Larry℠" for impaired driving

Much of the current NHTSA focus is on laws: .08 and .02. The agency is also pushing checkpoints now that the Supreme Court has ruled that they are legal if done according to guidelines. This is a particular opportunity for technology transfer: Ways to inform people of the value of sobriety checkpoints and how to implement them.

Police Traffic Services

Police are major factors in most CTSPs; in many cases they are the primary agency behind the CTSP. The most effective police traffic services (PTS) include a balanced approach with initial problem determination, planning, public information, education, and enforcement. Whether the CTSP is seen as guided and directed by the police department or whether the CTSP is an independent agency that determines the overall traffic safety plans and helps determine the police department's role in traffic safety, the CTSP can be a part of all of these steps.

NHTSA's PTS materials and programs are important support for the police in providing well-balanced traffic safety initiatives. Some of the materials can also be used directly by CTSPs. Information and assistance is also provided for police departments to perform problem identification in order to select safety objectives and activities; both the materials and the resulting plans and planning skills can benefit CTSPs in their own planning.

Kinds of materials and assistance for police departments that can benefit CTSPs include:

- Police-focus components of occupant restraint and alcohol Idea Samplers
- Occupant Protection Usage and Enforcement (OPUE) training and support materials; these can be used as idea sources for CTSPs
- Operation Buckle Down training and support materials; some of these can be used directly by CTSPs to provide the PI&E component of the program
- Summertime Blues materials; much of the focus of this program is directly relevant to CTSPs
- Chiefs' Challenge; though aimed at law enforcement agencies directly, it is a publicity-geared campaign in which the CTSP can participate
- Alcohol programs such as Standardized Field Sobriety Test (SFST) training, Drug Recognition Expert (DRE) training, and passive alcohol sensors (PASs)
- Speed enforcement training, newsletters, and equipment grants
- Overtime enforcement and education grants, either through the CTSP's grant or directly to the police department
- Other Headquarters technical assistance which is available to police departments
- Training and information videos available through the Law Enforcement Training Network (LETN), a satellite television service, many of whose programs are developed to publicize, implement, or supplement NHTSA initiatives

Within NHTSA Headquarters, PTS support is keyed to the needs of the police departments; this is reinforced by close ties to the International Association of Chiefs of Police (IACP) and the National Sheriffs Association. PTS materials are not developed for CTSPs, nor are CTSPs mentioned in the materials that are produced for the law enforcement community. Many of the materials are useful to CTSPs, to the extent that CTSPs and police departments share the same environment and goals and because many CTSPs are housed within law enforcement agencies. They could be made more so by acknowledging CTSPs in the materials for police and by developing complementary materials aimed directly at CTSPs.

Pedestrian and Bicycle Safety

The 1991 Traffic Safety Materials Catalog lists only two fliers available for pedestrian and bicycle safety. Many more items are currently available or under development.

The available Program Guide is entitled *Planning Community Pedestrian Safety Programs.* It is the first item that would be sent to a community which wants to know what to do. It provides guidance as to how to approach the problem. It also provides a list of references which can provide very specific information and ideas on exactly what to do.

There are also:

- WITS--a child pre-school package that was recently redone
- Careful Ride on Sidewalk
- Walk Alert--which will be redone, updated, and simplified
- Two brochures done with Safe Kids--which can be reproduced locally
- Flyers on bicycle safety
- Pedestrian Alcohol pamphlets
- The new Willy Whistle and Keep on Looking videos
- PAR (Pedestrian Accident Reduction) manual
- Operation Safe Kids
- Alcohol and Pedestrians Fact Sheet
- Walking Through the Years video and pamphlet

One difficulty is finding ways to reproduce materials in quantity. The Government Printing Office is not necessarily the answer. Because NHTSA has a very limited budget for pedestrian and bicycle materials production, NHTSA has sought outside organizations willing to take materials, reproduce them, and distribute them; more such organizations need to be found.

A program under development with FHWA involves a pedestrian management and training course. NHTSA's long-term plans call for material on Older Pedestrians, Pedestrians and Alcohol, Walking Through the Years, and Rural Pedestrian and School Bus Training. Training tapes with

children wearing bicycle helmets are being produced with the National Head Injury Foundation. With the National Little League, bicycle and pedestrian safety messages are being developed. With the YWCA, a youth handbook on safety issues is being developed. With Harborview Medical Center, a short pamphlet on how to buy a bicycle is being designed. Also, a *Problem Identification Program* (PIP) software package is being developed to assist localities in identifying their pedestrian and bicycle crash problems. An idea sampler for pedestrians and bicycles is under development.

Bicycles tend to have a more vocal constituency than pedestrians. Often, local programs like CTSPs include bicycle safety at the start and then move to other safety issues such as pedestrians.

Motorcycle Safety

Motorcycle safety is rarely a high priority for CTSPs. Nevertheless, NHTSA has a wide range of materials for motorcyclists, including brochures, videos, PTS training tapes and support materials, and an idea sampler. These materials are distributed to the Regions, directly to the States, and to other special interest groups. More copies are available from NHTSA and/or from the Motorcycle Safety Foundation and other organizations which work with and for NHTSA to develop the materials. Masters/negatives suitable for reproduction are often available for loan as well. The materials can be acquired by a direct call to Headquarters, and CTSPs should also be able to get them through their SHSO.

Emergency Medical Services

CTSPs often work closely with EMS providers, usually in the area of public information and awareness efforts such as Buckle Bear, Mock Crashes, "Whiteouts," "Vince and Larry℠"/occupant restraints, and joint appearances at malls, fairs, etc. EMS perspectives are also valuable on CTSP task forces. CTSPs can serve to help publicize the EMS system and what it can do and to integrate EMS and other health care components into the community traffic safety network. CTSPs and EMS services can work together to define traffic safety and trauma patterns and problems, which can benefit both in their planning and in the effectiveness of their work.

Headquarters support is aimed at EMS providers. Most of the support is concerned with ensuring the technical adequacy of EMS care, including training personnel, evaluating the effectiveness of current care and specific needs for improvement, ensuring coordination with police and other elements in health care, etc. Three major initiatives that NHTSA has for EMS can directly involve CTSPs, however; they are the role of EMS in injury prevention (including supporting helmet and restraint use), improving communications between the public and EMS, and general public information and education efforts. Even in these cases, however, it is unlikely that there would be direct links between Headquarters and the traffic safety chain leading to CTSPs. Rather, the information would probably flow to the local EMS providers, and anything relevant to the CTSPs would come from those local EMS counterparts.

IV. DISCUSSION

One organizational mechanism for implementing traffic safety countermeasures at the local level is the CTSP. The objectives of the current study were to document CTSPs as they currently exist, determine the factors that contribute to successful CTSPs, and suggest ways in which they should be built and utilized in the future.

CTSP Description

"Community Traffic Safety Program" is an evolving concept that can only be described with reference to a particular point in time. One such point in time was 1989 with the publication of NHTSA's *Consensus Statement.* This document provided a model for CTSP function and organization and a context for subsequent CTSP evaluation. As of late 1992 and early 1993, there appeared to be 334 organizations in the country that, more or less, could be characterized as CTSPs. Collectively, these organizations covered approximately 100 million people, or about 40% of the population in the contiguous U.S.

There does not appear to be one common definition that differentiates these 334 CTSP organizations from other organizations and agencies that are not CTSPs. Nonetheless, the 334 do share some common characteristics. Each covers an area which is less than an entire state; each has highway safety as a significant component of its overall mission; each "delivers" traffic safety countermeasures directly to the public; and each has some permanence beyond an ad hoc committee or a task force for a single event. Also, and perhaps most important, each is known to its respective SHSO as an organization that can accept and implement one or more highway safety countermeasures within the communities it serves.

There is also a set of characteristics which are usually, but not always, present. Specifically, most CTSPs are organized within the public sector, often within a police or health agency or as a separate arm of regional, county, or city government. Most have a Task Force or Advisory Committee drawn from several public-sector agencies plus citizen participation. Most receive, or have recently received, substantial Section 402 or related budgetary support from their respective SHSO. Also, most match the State-provided support with substantial local contributions in time, money, and services.

The best CTSPs are more than local, community-based, traffic safety organizations. They are partners with their respective SHSOs in the delivery of countermeasures to the local level. In effect, they serve as the local extension of the SHSO providing locally based, and to a large extent locally funded, resources and mechanism for the implementation of traffic safety initiatives. They also provide feedback to the SHSO on community needs and countermeasure effectiveness. They can generate substantial local volunteer, in-kind, and direct resources for traffic safety such that the total impact of the program can be far greater than the NHTSA/SHSO dollar investment alone would produce.

In return for benefits received, it is appropriate that the States and NHTSA invest money and people in an ongoing fashion. In most cases, it is also necessary. CTSPs face very difficult

challenges, and most need regular materials and technical assistance and occasional crisis aid. Successful CTSPs require the right organization, leadership, and commitment with continual monitoring and rapid intervention when corrective action is required. Much of this is local responsibility; some legitimately falls to the State and NHTSA.

CTSP Organization

CTSPs are, first and foremost, local programs. To be successful, they must have broad local support and "local ownership." When CTSPs fail it is often because the community felt no responsibility for, and commitment to, the program.

CTSP organizational characteristics that seem most likely to obtain that local commitment include:

- Control of the CTSP residing with the community, through the sharing of decision-making among many significant community components. The usual mechanism for this is a representative task force, advisory committee, or board of directors.

- Participation in the CTSP occurring from multiple elements of the community, usually through direct involvement of the task force and/or a broad independent volunteer network. Multiple elements are also required to successfully implement most countermeasures.

- Stable position for the CTSP in the community's structure, either as a component of an existing element such as the police department or health department or as a separate agency. Program stability also enhances the stature and perception of the CTSP among those whose help in countermeasure implementation is needed.

Most of the CTSPs examined here work in naturally defined communities ranging from 50,000 to 500,000 population. Within that range, CTSPs tend to fit the "generic" model: primary or only traffic safety organization within the community, broad agency and community representation, multiple traffic safety issues, and multiple countermeasure approaches.

CTSPs for smaller areas, which are usually more rural in nature, often vary from the basic model in several ways. Programs may address more than just traffic safety, often adding health, safety as a whole, or youth development issues. Coordinators are more often volunteers or part-time employees, and task forces are more critical to implementing activities.

In large cities, there may already be many safety or even traffic safety organizations when the CTSP begins. The CTSP may address only one or two traffic safety issues, and its work style may involve extensive negotiation and collaboration with "peer" organizations. The task force may be less representative of the entire community, and the actual program work may depend more on CTSP paid staff.

Some CTSPs consider only a very narrow range of countermeasure approaches in their work. The two primary examples of this are programs which only deal in PI&E activities (e.g., distributing

brochures and keychains, making presentations, and producing press releases and PSAs) or in enforcement campaigns. Programs which do this are limited in that they simply cannot call on a broad arsenal of possible tools, reducing the value of any problem identification efforts and risking their potential effectiveness. Further, they may only represent a small segment of their community. The most flexible CTSPs are ones that can consider and implement many kinds of countermeasures such as PI&E, enforcement, engineering, judicial approaches including sentencing alternatives, probation and rehabilitation, alcohol-driving prevention, and EMS or trauma care. They are also more likely to actively involve a wider cross-section of the community, develop synergism through more frequent and complementary activities, and be more successful.

Similarly, some CTSPs focus most or all of their efforts on a single traffic safety issue, though possibly with multiple countermeasure approaches. While this may be a good strategy for giving a new CTSP a foothold in its community, continuing a narrow focus limits the CTSP in its ability to benefit from problem identification processes, its ability to involve all segments of the community, and its value to the SHSO. Many CTSPs which begin as single-issue programs have been able to build on initial success to draw in more community representatives and more State support by extending their targets one issue at a time.

If a CTSP is housed within a specific agency such as the police department or the health department, the program can benefit from the agency's status and resources, but it runs the risk of becoming too closely identified with the agency's mission. Agency-housed programs need at least three factors to remain CTSPs: a community-wide task force with decision powers; a set of objectives and activities which do not simply mirror the host agency's agenda; and regular participants in CTSP activities who represent many segments of the community.

Some CTSPs have been established based on the vision of one or two key people--stars whose drive and personalities have become synonymous with "their" programs. For a CTSP to sustain itself it must be, or develop into, more than a one-person show. In particular, it needs a strong enough task force and position in the community that, if the key person leaves, the activities and programs will continue and a deliberate, directed search will be undertaken to bring in a replacement.

CTSP Leadership

CTSP coordinators, or leaders, need to initiate most of the direction and activity of their CTSPs, handle planning, people management, and most other details, and achieve recognized program success. To do this effectively, leaders need:

- Commitment to the CTSP and its goals
- People skills
- Organization skills including the knowledge and skills to deal with and work within bureaucracies
- Task and people management skills, including communication and planning

- Knowledge of their communities and how, and through whom, to get things done
- Specific skills such as problem analysis, activity implementation and assessment, and media management
- Ability to sell the program

In turn, leaders need legitimate and permanent status. This provides them with respect and leverage in their community. It also allows CTSPs to attract qualified leaders through offering them a professional position with career opportunities.

Leaders also need continuing professional support through the State and NHTSA, in the form of traffic safety and CTSP training, attendance at professional meetings such as Lifesavers, and regular State or Region workshops and meetings with other coordinators.

Hiring (and firing) paid coordinators, or choosing volunteer coordinators, should ideally be done within the community by the task force or other overseeing person or group. As an advisor, the State can be extremely valuable by helping the community define the job requirements, determine the applicant qualifications, and interview and evaluate applicants. The State can also help the community learn about CTSPs and other traffic safety programs so that the community can better manage and support the coordinator.

Successful leaders can come from law enforcement, health, or virtually any career background in which they have a demonstrated ability to independently sell, plan, organize, and manage complex endeavors. They must enter the position with, or quickly develop, the full faith and confidence of community decision makers. This is not an entry level job nor is it a parking space for someone with little to contribute to the parent agency. Most successful CTSP leaders enjoy substantial independence within a public sector environment. This requires bureaucratic skills plus the ability to deal with all segments of the community plus the ability to self-start and self-motivate.

SHSO Orientation to CTSPs

For the State, the central issue is how best to deliver countermeasures to the local level. Each State has approached this issue somewhat differently with varying degrees of success. Some have implemented CTSPs which are no more than an additional level of bureaucracy separating the SHSO from the community. Some have not implemented any CTSPs, preferring instead to fund local initiatives on a piece-by-piece basis. Some have planted CTSP seedlings in the hope that a few would grow. Still others have built a system of locally owned SHSO branch offices.

Is any one approach clearly superior to the others? Probably; it was found, for example, that CTSP types of organizations can be very effective when locally owned and operated as a joint local/SHSO endeavor. Even with one generally preferred approach, though, CTSPs are custom-built products that need to be designed to meet the State's objectives and the community's unique situation. It also seems true that the CTSP concept for a community traffic safety organization may not be appropriate for every community of every size and description.

CTSPs seem to work best in naturally defined communities that range in size from about 50,000 people to over 500,000. In smaller communities, it may be difficult to form the "critical mass" of people to work for the CTSP and to provide the local component of the financial resources to keep the CTSP going.

For naturally defined "communities" above one million people, we did not find a consistent model for successful CTSPs. In these very large communities, CTSPs must exist in increasingly complex arenas which are more likely to have viable single-issue traffic safety organizations. That is, the community is so large that it can support very viable DWI and safety belt programs plus strong child restraint and pedestrian safety programs plus an elderly safety program, a school safety program, and a chapter of the National Safety Council. This increases competition for resources and attention and makes it more difficult for a single CTSP to manage all traffic safety issues.

In terms of organizations which can deliver countermeasures in communities, States have a number of options other than CTSPs. For example:

- Under county government, a permanent traffic safety board (New York) or coordinator (Wisconsin) that tracks traffic safety concerns and works with the State and local agencies to prioritize and coordinate responses.

- Traffic Safety Cities (California), with a permanent local contact, a broad task force, State-led problem identification, and very specific State-funded and locally implemented responses.

- Volunteer-headed full-range community safety committees (New Mexico), who, with State technical assistance and occasional project support, evaluate and respond to a full range of safety issues.

Each of these concepts is similar to the CTSP concept but can be implemented with less intense State and local involvement. There are other, non-CTSP, approaches that may be appropriate in some situations. Often these are single-target projects initiated and fully funded by the State, usually with a single agency and for a fixed period of time.

Within CTSP options, there is one decision the State must make which can have a profound effect on the nature and future of its CTSPs. That is, should the CTSP be funded for a fixed, limited period of time or should the State collaborate with the community as long as the program is viable and beneficial?

Most commonly, the decision has been that CTSPs are funded for a limited period, usually three years. During that period, States require different levels of community "matching," and the States vary in the degree to which communities are encouraged or required to take over the programs completely at the end of the funding period. At the end of direct funding, States may or may not continue providing technical assistance and materials, and some fund specific projects within the community with the hope or agreement that the CTSP will be locally supported and continue its previous involvement.

At the end of State funding, many otherwise successful CTSPs fold for lack of financial support. The surviving programs change. Their involvement with previous traffic safety issues and countermeasures changes, a little or a lot, depending on the strength of their program and the priorities of their new funding source. Most programs which survive become less involved with the State, interact less frequently, provide less and less regular information to the State, and are less likely to implement State-desired traffic safety programs.

The primary advantage to an "end of funding" is that it limits State and federal costs for sub-standard or unsuccessful programs. In effect, it obviates the need for continued monitoring, performance evaluation, decision making, and if necessary, intervention.

In a few States, CTSPs are regarded as long-term components of the traffic safety delivery system. They are funded without any fixed time constraints. Usually, the CTSP becomes a permanent component in the community and receives part of its support through the State and part from the community. Continuing support funds coordinator and other staff salaries and benefits. The community may also receive support for specific projects or activities, usually requested and managed or implemented by the CTSP, according to fixed time schedules of three years or less.

Advantages to this approach are that the CTSP and its staff remain in place, gaining skills, experience, and capabilities, to work with the State and the community. The significant investment the State has made is preserved. The CTSP is viewed differently and more positively within the community as a permanent rather than a transient program, which in turn makes it easier for the program to work effectively within the community. If the coordinator's position is salaried, the position becomes more attractive to qualified applicants.

CTSPs under these rules place additional demands on the State. Because there is no automatic cutoff date, the State must more carefully monitor these programs to make sure that they are efficient and productive. Some SHSOs may not have the resources to carefully monitor and work with CTSPs at the level necessary for successful continuing programs. One response to this, chosen by Pennsylvania and Vermont, is to subcontract the monitoring function.

In choosing CTSPs over other types of 402-supported programs, and deciding how to approach CTSPs, the State must have a clear vision as to how the CTSPs will become an integral component of their entire highway safety effort. Even for programs begun with fixed-time-limit funding, this vision should include a State and community commitment to a long-term effort. Neither should look on it as a two- or three-year project. Each should expect to contribute money, effort, and hands-on management resources for the foreseeable future. From their own perspectives, each must monitor the effort and take corrective action if required.

When starting CTSPs, States should also avoid the extremes. One extreme to avoid is launching a few "model" CTSPs with very large amounts of 402 money and State involvement; there are not enough resources to extend this approach into a practical statewide system.

Another extreme is to attempt to start CTSPs in every community in the State. Starting a CTSP is resource-intensive. It requires building a consensus within the community, developing the CTSP organization, staffing, and monitoring. Starting CTSPs in too many places at once stretches

resources too thin, may generate a few successes, but almost certainly produces many failures with negative carryover for future efforts.

A preferred approach would be to start CTSPs in a few favorable locations and, as they mature, use their success to build additional programs in other communities.

NHTSA Regions

NHTSA Regions occupy key positions. Their people are the only ones who interact daily with Headquarters, the States, and in some cases, individual CTSPs. Organizationally, they are the only institution which has access to all of the pieces and all of the players. They are crucial in communicating the concept of CTSPs to the States, in working with the States to apply the concept within each State's unique conditions, and in providing feedback to Headquarters on how best to define and support local programs including CTSPs.

NHTSA Headquarters

NHTSA provides CTSPs with extremely useful products and information. These nationally produced products are generally seen as being of the highest quality. Idea samplers with approaches and materials that can be tailored locally and bulk items (e.g., posters and pamphlets) for which NHTSA has already paid the production costs are especially welcome.

Nevertheless, Headquarters personnel have little direct knowledge of the impact their materials have at the local level, or what the local level thinks it needs, or what the local level will use if sent to them. Personnel at the local level are similarly unaware of the resources available at Headquarters. They often do not even know that a given program, or set of materials, originated from Headquarters.

The immediate problem is one of communication between Headquarters and the communities. The critical link in this communication process will likely be the NHTSA Region Offices. They already know the SHSOs and most of the best CTSP coordinators and the environments in which they work. They also know those products and countermeasures that NHTSA would most like to see implemented at the local level. They can serve a pivotal role in integrating the entire process from countermeasure development to local implementation.

Conclusions

The standard model for a CTSP includes a task force which directs, decides, and performs work; a paid coordinator who manages the work and represents the CTSP to the public; plus volunteers and local sponsors. Actual CTSPs can vary from this model in a number of ways, but all adhere to the central principle of community ownership and involvement. When functioning successfully, a CTSP can bring substantial federal, State, and local resources together to deal with highway safety problems.

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

CTSPs are a long-term, high-cost proposition--with the potential for very large benefits. Choosing to start one in a community is a decision to be made carefully, and in a number of communities they are not the best option. However, CTSPs can provide real benefits beyond those of other local programs. They can be a continuing community-based partner for traffic safety and achieve impacts much greater than the federal or State investment alone would produce. Where possible, CTSPs should be built systematically and integrated fully within the State's overall plan for implementing countermeasures at the community level.

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