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Beverly T.Orr, Linda
P.Desper and Forrest M.
Council. (1979). Child
Restraint Workshop
Series. Volume I: Final
Report. Chapel Hill, NC:
University of North
Carolina Highway
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CHILD RESTRAINT WORKSHOP SERIES

FINAL REPORT

Volume I

Beverly T. Orr
Linda P. Desper
Forrest M. Council

September 1979

UNC/HSRC - 79/9/3

CHILD RESTRAINT WORKSHOP SERIES

Volume I of IV Volumes

FINAL REPORT

Beverly T. Orr
Linda P. Desper
Forrest M. Council

University of North Carolina
Highway Safety Research Center
Chapel Hill, N.C. 27514

September 1979

Prepared for

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

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1. Report No.	2. Government Accession No.	3. Recipient's Catalog No.	
4. Title and Subtitle Child Restraint Workshop Series. Volume I. Final Report		5. Report Date September 1979	
		6. Performing Organization Code	
		8. Performing Organization Report No.	
7. Author(s) Beverly T. Orr, Linda P. Desper, Forrest M. Council		10. Work Unit No. (TRAIS)	
9. Performing Organization Name and Address University of North Carolina Highway Safety Research Center South Campus, CTP 197A Chapel Hill, NC 27514		11. Contract or Grant No. DOT-HS-8-02057	
		13. Type of Report and Period Covered Final Report September 29, 1978 - September 30, 1979	
12. Sponsoring Agency Name and Address National Highway Traffic Safety Administration U.S. Department of Transportation Washington, DC 20590		14. Sponsoring Agency Code	
15. Supplementary Notes			
<p>16. Abstract</p> <p>This final report describes the planning and implementing details of the Child Restraint Workshop series. A child restraint workshop was conducted in each of the ten NHTSA regions. The purpose of the workshops was to improve the effectiveness of grass roots organizations in ongoing child restraint programs, to begin coordination efforts within the states, and to involve other grass root supports to increase the number of organizations actively involved in the child passenger safety area. During each two day workshop representatives from various service organizations, health care professions, state legislatures and law enforcement along with highway safety officials were presented with facts about the extent of the problem and its solution followed by discussion of the various types of programs which promote child restraint usage - legislative, education and distribution.</p> <p>Volume I contains details about the planning and implementation of the workshops. Workshop planning details include selection of dates and locations, identification of participants, determination of program format and content, and preparation of workshop materials. Implementation details include an extensive outline of workshop topics and highlights, and the trends of each particular workshop. Also included are recommendations to NHTSA based on the problems and successes of the planning, implementing, and follow-up to the workshops.</p> <p>Volume II, Ongoing and Planned Programs, contains a brief description of ongoing and planned child restraint programs across the country. (Continued on next page)</p>			
17. Key Words Child Restraint Child Restraint Workshop Seat Belts		18. Distribution Statement Available to the public	
19. Security Classif. (of this report) Unclassified	20. Security Classif. (of this page) Unclassified	21. No. of Pages iv, 186	22. Price

16. Abstract (Continued)

The information is based on workshop interaction, follow-up of workshop participants, and other sources.

Volume III, Workshop Handout Material, (available for viewing at NHTSA Headquarters in Washington, D.C.) contains all of the material on child restraints distributed to workshop participants. Also included in Volume III is additional child restraint information which was on display in a scrapbook at each workshop.

Volume IV, Roster List of Workshop Series' Nominees, (limited copies available through NHTSA-NTS14) contains the names and addresses of all persons submitted as possible invitees to the workshops. The names are arranged by region and state.

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VOLUME II: Ongoing and Planned Programs

VOLUME III: Workshop Handout Material (available for viewing at NHTSA
Headquarters - Washington, DC)

VOLUME IV: Roster List of Workshop Series' Nominees
(limited copies available thorough NHTSA-NTS14)

ACKNOWLEDGEMENTS

The authors would like to express their sincere appreciation to all the people who have aided in the planning and implementation of the child restraint workshop and in the preparation of this final report. It is impossible to mention all the people and organizations who provided invaluable inputs to the workshops.

Special thanks are extended to the Child Restraint Workshop Planning Committee members who provided advice and counsel throughout the workshop series; the NHTSA regional offices who assisted in locating workshop sites and locations, provided help as needed during the workshops, and submitted potential invitees for the workshops; the Governor's Highway Safety Program office in each state who provided lists of potential workshop invitees and information about child restraint programs in their states; the national organizations who offered inputs on possible invitees; and the child restraint manufacturers who donated or loaned child restraints for demonstration and display at the workshops.

Sincere thanks is expressed to the following HSRC staff members for their help during various stages of the project: Martha Apple, Peggy James, Teresa Parks, and Donna Suttles who typed invitations and material for the workshops themselves, and the final report; Cranine Brinkhous, Bill Pope, and Frank Roediger who assisted in preparation of the handout material and visual aids for the workshop; and student assistants - Alan Collins, Bruce Collins, Lydia Fuse, Jackie Gist, Julia Hairr, and Tom Heins - who made the follow-up telephone calls to workshop participants.

Finally, the authors would like to express deepest appreciation to W. Burleigh Seaver, Contract Technical Monitor during the initial planning stages,

and Elaine Weinstein, Contract Technical Monitor during the duration of the workshop series, for their interest, guidance, and support throughout the project.

INTRODUCTION

Motor vehicle accidents are the leading cause of death for children between the ages of one and four. In 1977, 920 children under the age of five were fatally injured while riding in automobiles (National Safety Council, 1978). Indeed data from some states (e.g., Hall & Council, 1978) indicate that a child under five years of age is approximately 40-50 times more likely to die in automobile crashes than from all of the common childhood diseases combined (i.e., rubella, measles, polio, and diphtheria), diseases which parents and health care professionals carefully protect children from through immunizations.

There is an "immunization" or preventive medicine which exists for the epidemic of injury and deaths resulting from automobile crashes--the well designed and correctly used infant car carriers and child safety seats. With proper use in a crash, such devices reduce the risk of fatal injury by 70-90 percent (National Highway Traffic Safety Administration, 1979; Scherz, 1978). This means that for every 100 children who died in motor vehicle crashes, 80 would still be alive if their parents had buckled them up properly. Recent studies (Hall et al., 1978; Philpot, Heathington, Perry, & Hughes, 1978; National Highway Traffic Safety Administration, 1979; Scherz, 1978) show, however, that less than 10 percent of children under 10 are properly restrained when riding in cars. Ms. Joan Claybrook, National Highway Traffic Safety Administration (NHTSA) Administrator, emphasized the nature of the problem when announcing new standards for child restraint devices: "What happens to small children who are unrestrained in a crash is that they literally become flying missiles. All we can do is to issue a standard which will make sure these devices are properly constructed, but the important thing is that they be used." (Insurance Institute for Highway Safety, 1979).

With knowledge of the low levels of usage, NHTSA went beyond the issuance of new standards. It recognized the fact that there are many organizations across the nation working on the problem, but saw very little coordination or communication between the groups, and under the assumption that the United Nations declaration for a worldwide renewal of commitment to the welfare of children created a favorable climate for promoting child restraint usage, NHTSA initiated a series of ten regional workshops concerning child restraints which would:

1. Improve the effectiveness of grass roots organizations in ongoing child restraint programs
2. Begin coordination efforts within the states
3. Involve other grassroots supports to increase the number of organizations actively involved in the child passenger safety area.

By helping workshop participants share information about effective approaches, giving them access to audio-visual and print materials, providing them with up-to-date technical information, and giving them visible recognition for their past and current efforts, NHTSA hoped to maximize their ability to be effective agents for promoting child restraint usage.

HSRC was awarded the NHTSA contract to conduct the workshop series. The following narrative outlines the planning and implementing details of the Child Restraint Workshop series.

WORKSHOP PLANNING

The initial step in conducting the child restraint workshops was the planning and preparation for the workshops. There were five major tasks involved in the planning process:

1. Establishment of a Child Restraint Workshop Planning Committee
2. Selection of dates and locations

3. Identification of participants
4. Determination of program format and content
5. Preparation of workshop materials

Establishment of a Child Restraint Workshop Planning Committee

The effective date of the Child Restraint Workshop contract was September 29, 1978. HSRC immediately began preparing a plan of operation which included a tentative workshop agenda and program outline. HSRC and NHTSA felt that it was of vital importance to receive input from key representatives of grass roots organizations who had been involved in past programs aimed at encouraging use of protective systems, whether these efforts be educational, distribution-related or legislative/regulatory in nature. HSRC and the NHTSA contract technical monitor (CTM) identified those key leaders and invited them to be members of the Child Restraint Workshop Planning Committee. (See Appendix A for a listing of members.)

After initial review of the plan of operation by the CTM, a planning committee meeting was held in Washington, D.C. on December 12, 1978. The purpose of this meeting was to discuss and modify HSRC's tentative agenda and program outline. In addition to these review duties, each committee member was also asked to submit a list of potential invitees to the workshops and urged to provide additional advice and counsel throughout the duration of the workshop series.

Selection of Dates and Locations

A workshop was scheduled for each of the ten NHTSA regions (see Figure 1). Many factors were taken into account in formulating the schedule. First, an attempt was made to schedule the workshops so that there would be no conflict with holiday periods or with other major meetings or conferences. With the project period running from October, 1978 to September, 1979, HSRC originally planned to conduct the workshops over a four month period of time with the pilot workshop scheduled for May and the remaining nine workshops to be conducted in

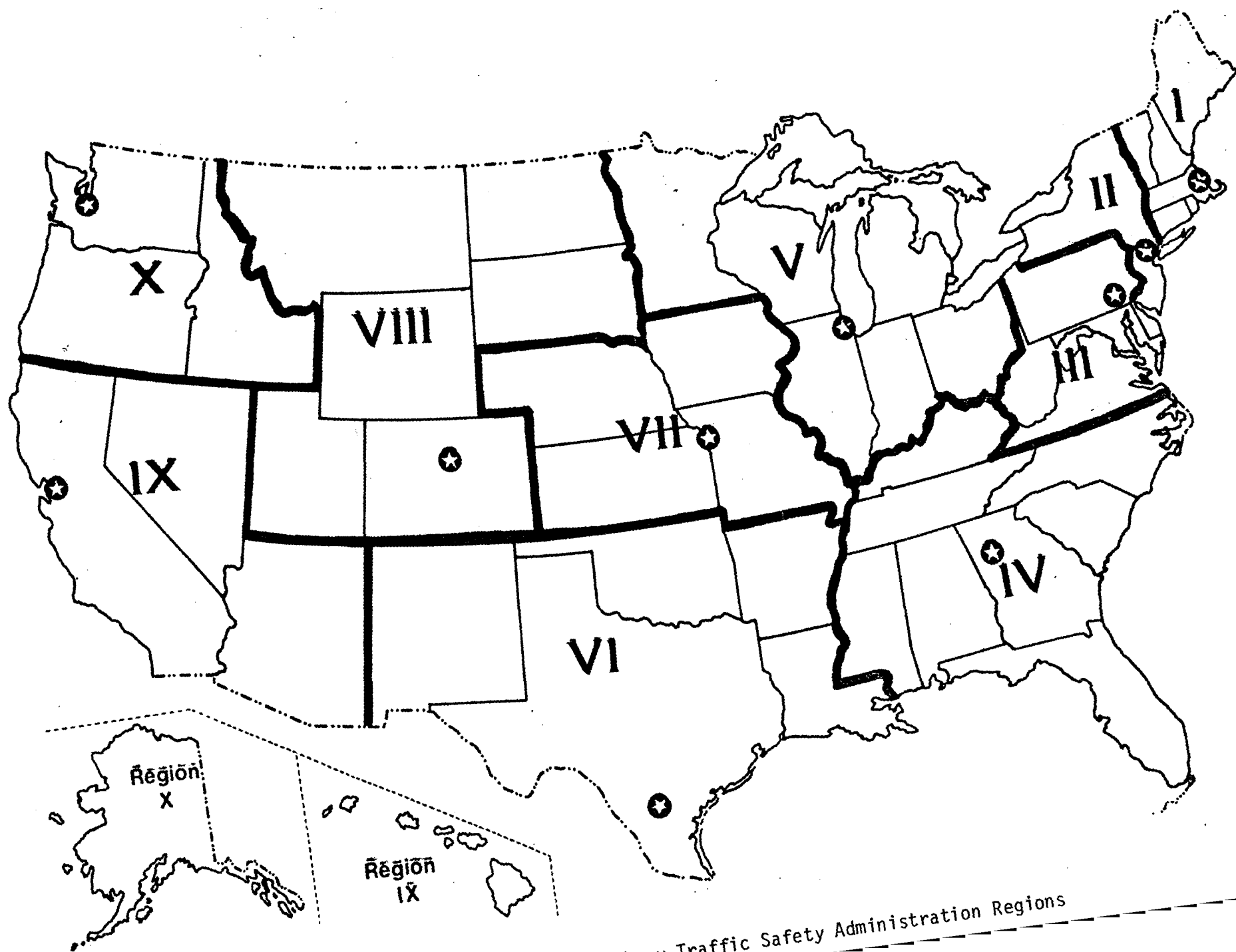


Figure 1. National Highway Traffic Safety Administration Regions

the months of June, July and August. It was felt that scheduling the first workshop in May would give adequate time to develop materials, locate sites and identify participants. However, NHTSA was concerned about the inevitable conflicts with invitees' planned family vacations during the summer months and asked HSRC to reschedule the workshops so that the series would be completed by the end of June.

NHTSA acknowledged HSRC's concern about the shortened planning period and assisted by mailing letters to the NHTSA Regional Administrators and Governor's Highway Safety Program Representatives asking for their full cooperation and assistance during the planning stage.

Where possible, workshops were coupled in one week periods in order to minimize project staff travel costs. Pairs of workshops were also spaced at least a week apart to accommodate final arrangements, modifications and details concerning upcoming workshops. As agreed upon with NHTSA, the order of the regional workshops followed basically a counterclockwise direction beginning with Region IV. This was to avoid any conflict of dates scheduled by the National Safety Council for the companion set of NHTSA sponsored Seat Belt Usage Workshop series. The NSC workshops followed a clockwise direction beginning with Region V.

Because participants would be attending from throughout a multi-state region, workshop locations were chosen with attention to accessibility, central regional location, and/or appeal to potential participants. The hotel facilities selected offered a meeting room with a comfortable atmosphere, appropriate size, adequate lighting and seating, reasonably priced sleeping accommodations, and efficient management.

As a result of the workshop rescheduling, it became imperative to quickly formalize dates and locations. This proved to be an extremely difficult and

very time consuming task in that hotels offering suitable facilities were all booked or had extremely high priced sleeping accommodations and/or excessive room rental charges. Even with the assistance of the NHTSA regional offices, some Governor's Highway Safety Program offices, and HSRC's previous contacts from other workshop series this task required far more efforts than originally allocated (budgeted).

There was an underlying conflict in selecting hotels in large cities to meet the need for accessibility and central location while trying to keep the single accommodation rate under \$40 so invitees could afford to attend the workshops. The experience indicates that large cities do not have hotel facilities that "offer low rates" if they fulfill other necessary criteria (See Recommendations Section.)

Based on the careful review of facilities and dates the following dates and locations were chosen for the workshops:

Workshop Schedule

<u>Region</u>	<u>Date</u>	<u>City, State</u>	<u>Hotel</u>
IV	March 21, 22	Atlanta, Georgia	The Stadium Hotel
III	April 23, 24	Philadelphia, Pennsylvania	Philadelphia Sheraton Hotel
II	April 26, 27	Newark, New Jersey	Holiday Inn
I	May 3, 4	Boston, Massachusetts	The Boston Park Plaza
VI	May 14, 15	San Antonio, Texas	The Menger Hotel
VII	May 17, 18	Kansas City, Missouri	Sheraton Downtown
VIII	June 4, 5	Denver, Colorado	Holiday Inn-Downtown
V	June 7, 8	Chicago, Illinois	The Blackstone Hotel
X	June 21, 22	Seattle, Washington	Seattle Hyatt House
IX	June 25, 26	Berkeley, California	Marriott Inn

Identification of Participants

The strategy of the workshops was to bring together representatives from organizations that were actively involved in promoting child restraint usage and from groups of individuals who were not yet involved but were in a position to exert a positive influence. Approximately 35 participants representing a

variety of groups and organizations were to attend each workshop. Each workshop was to include representatives from each state in the region from some or all of the following groups: (1) medical groups (e.g., Medical Society, pediatricians, State Hospital Association), (2) public health (e.g., Public Health Association, Maternal and Child Health Department), (3) service groups and organizations (e.g., Action for Child Transportation Safety, Women Highway Safety Leaders, Jaycettes, hospital and medical auxiliaries), (4) state legislators, (5) law enforcement, and (6) Governor's Highway Safety Program offices. Representatives from these groups would incorporate the interests of such areas, for example, as prenatal classes, in-hospital education, pediatrician's office programs, rural human service outreach, loaner programs, pre-school or day care programs, law enforcement, legislation, and state administration.

It was hoped that the above "mix" of representatives from a variety of groups would insure the opportunity for dialogue between the groups. This communication among attendees would represent the beginning of a state, regional and national network of exchange of ideas and information.

It is noted that this mix of representatives from each state was a somewhat new approach from traditional "highway safety" meetings. Due to NHTSA's desires to orient this conference toward consumer groups more so than state administrators, the majority of the representatives were to be outside of the normal state safety agency bureaucracy. As will be seen in the following section, this novel approach led to some problems in the planning and implementation phases. However, in the judgment of HSRC, the efforts required to overcome these problems appear to be very worthwhile based on feedback received from the conference attendees.

Development of the list of invitees

A list of potential invitees was developed with inputs from NHTSA regional offices, Governor's Highway Safety Program offices, planning committee members, and national organizations.

At the request of HSRC, the regional administrator in each NHTSA region designated a member of his staff to work with HSRC in planning the workshops. The regional offices provided HSRC with a list of potential invitees by working with states in their region. The regional contact also assisted in locating workshop sites and facilities, and provided help as needed during the workshops themselves.

Lists of possible workshop invitees were also submitted by the Governor's Highway Safety Program office or Office of Highway Safety in each state. Each state's highway safety representative was asked to designate a contact person to assist HSRC with this information. The contact person also provided information on ongoing and planned child restraint programs within his state.

Planning committee members provided names of potential workshop participants along with names of contact persons who could provide additional names. Several of the members provided justification for each nominee which greatly helped in selection process.

In addition, several national organizations were contacted for their inputs. The organizations contacted included the American Hospital Association, Association of Women Highway Safety Leaders, American Medical Association, American Association for Automotive Medicine, American Academy of Pediatrics, Action for Child Transportation Safety (ACTS), General Federation of Women's Clubs, and Jaycettes.

A complete list of nominees arranged by state and region is found in Volume IV (limited copies are available through NHTSA-NTS14).

Selection of invitees

Invitation letters were mailed to 35-40 persons in each region. The number invited from each state was determined by state population (e.g., more persons

were invited from the more populous states). HSRC, with inputs from NHTSA, reviewed all nominees and selected persons from the various groups to receive invitations. In each state, an attempt was made to invite one GHSP representative, one health care professional, and one representative of a consumer group. The remaining invitees was from the other categories mentioned earlier. For example, the invitees from a state with six representatives might include the following: (1) a pediatrician, (2) the state program director from the Office of Highway Safety, (3) a representative from the State Hospital Association, (4) a representative from the maternal and child health division of the Public Health Association, (5) a representative of ACTS, and (6) a member of the State Highway Patrol.

In some regions hundreds of people were nominated to attend the regional workshop. Always working under the "proper mix" criteria, many who were finally selected were persons who had been nominated from several different sources. For example, a person who was nominated by a Governor's Highway Safety Program Office, the NHTSA Regional Office, a member of the planning committee, and a national service organization was selected over a person who had only been nominated by one national service organization or the state agency.

As noted above, because this invitee selection procedure was somewhat different from the normal situation, it caused some problems in certain regions. Specifically, it is the "normal situation" for all highway safety activities to be coordinated by the Governor's Highway Safety Program in each state. No attempt was made to bypass this procedure, and indeed, emphasis was placed on having inputs from the GHSP's and working with them in all planning activities. However, because of NHTSA's desires to orient the workshop toward the consumer

groups and because in some states, the consumer groups who were active in child passenger protection programs or health care professionals who could be beneficial to the program were not always known to the Governor's Highway Safety Programs, there were instances when the nominations made by the Governor's Highway Safety Programs were somewhat different from the final group of attendees. Indeed, one goal of this entire workshop series was to create a climate of coordination and conversation between the Governor's Highway Safety Program and groups who could potentially be of help in the state safety efforts. (This point was well made in one workshop where a GHSP representative noted to an HSRC staff member that he knew none of the other people from his own state. Since many of the other people from his state were already involved in existing highway program efforts, this goal was met to some degree.) Perhaps part of the problem arose because early correspondence to the GHSP's did not emphasize strongly enough that the workshop selection would be based on nominations from a variety of sources including the GHSP's, but would not be limited to these state agencies. Since this approach appears to have worked out quite well and should continue to be used in future NHTSA efforts, it should be noted by future contractors that such preliminary definition of the "ground rules" appear to be necessary. (See Recommendations Section.) However, it is also noted that with a contract such as this in which different groups and individuals are working to identify key people to attend these workshops, these groups or agencies will expect their potential invitees to be selected. With a maximum attendance set at 35 for each workshop, this could not be done in all cases. At the minimum, the contractor should expect to have to keep lines of communications open to minimize this problem as much as possible, and as was done in this project, to provide explanation where necessary for selecting one nominee over another.

Following the response to the initial invitations, invitations were mailed to the necessary number of alternates. Again, great effort was taken to maintain the proper "mix" of representatives initially strived for. The identification of workshop participants was an extremely important aspect of the workshop planning. The careful selection process made it possible to identify the persons who would most benefit from and add to the workshops and who would be most likely to use the knowledge and material upon returning to their own localities.

NHTSA and HSRC were concerned that many of the carefully selected invitees would not be able to attend the workshops unless their expenses were wholly or partially reimbursed. To provide incentive, each participant would receive up to a maximum of \$100 for actual expenses incurred in attending the workshop through the NHTSA contract funds. It was felt that additional funding might be obtained from a participant's organization or his/her state's GHSP office.

Invitation letters were mailed to the initial invitees well in advance of the workshop dates in order to provide invitees adequate time to seek financial assistance, obtain travel approval and confirm travel arrangements. (See Appendix B for invitation samples to nominees, committee members, GHSP Representatives and Regional Administrators.) Each workshop had a specific deadline for pre-registering. With only a limited number of initial invitations mailed for each workshop, it was imperative that HSRC know whether each invitee was to attend an upcoming workshop so invitations could be mailed to alternates in time for the alternates to make the necessary arrangements and make hotel reservations before the reserved block of rooms at the facilities were closed out.

In general, response to the invitations was slow and many initial invitees as well as alternates were unable to attend due to lack of funding (in the case of many service organization representative) or schedule conflicts (in the case of many pediatricians). HSRC had no alternative but to initiate a massive

telephone survey of nonrespondents to determine whether they planned to attend the workshops. Hundreds of phone calls were made by HSRC student assistants during the months of February through June. By the end of this period 619 invitations were extended for the ten workshops. In addition to the normal invitation process, HSRC tried to accommodate special requests by NHTSA, NHTSA regional offices, GHSP's, and others wherever possible. Approximately 354 persons attended the workshops. (The final list of workshop attendees is presented in Appendix C.)

Determination of Program Format and Content

One of the goals of the workshop series was to give the participants an opportunity to meet and share information about effective approaches with others involved in similar activities. It was, therefore, determined that the workshops be very interactive with many student participation sessions as well as lecture. Breakout sessions were planned to give participants an opportunity to interact with other representatives from their own state and region. These small group sessions would also give the participants the opportunity to become familiar with the people they will be working with when they returned home and to discover the capabilities and resources that might exist close at hand.

Preparation of Workshop Materials

Pre-workshop briefing

Each pre-registered participant was mailed a pre-workshop briefing (which HSRC developed) in advance of the workshop. (See Appendix D). The briefing was in the format of HSRC's regular four page monthly newsletter, Highway Safety Highlights, and focused on facts and figures about child restraints, child restraint programs and the workshop objectives.

Handout material

An objective of the workshop series was to provide the participants with as much support material as possible for use in developing educational materials

and future programs when they returned home. HSRC gathered relevant printed materials from organizations and agencies across the country. The Center also developed handout materials which would provide participants with a full range of background information, facts and figures and resources. The materials were duplicated in needed quantities. The following describes in detail what each participant received as the workshops convened.

Each workshop participant was provided with an expanding envelope containing extensive handout material on the subject of child restraints. Volume III contains the content of the expanding envelope. (Volume III is available for viewing at NHTSA Headquarters in Washington, D. C.) The material provided in the folders was divided into five major headings:

- (1) Programs,
- (2) Reports/Articles,
- (3) Resources,
- (4) Facts and Figures, and
- (5) Workshop Administrative Details.

The Programs section included brief descriptions of existing child restraint programs and the name, address, and telephone number of someone to contact for further information. Program descriptions included state programs as well as national programs such as Action for Child Transportation Safety, National Safety Council's Childsafe, and Physicians for Automotive Safety. The information included in the program section was obtained through the contact person in each state Governor's Highway Safety Program Office and by contacting national organizations with known child restraint programs.

The Reports/Articles section included several articles on the Tennessee child restraint legislation, the Insurance Institute for Highway Safety's Status Report's special issue on child restraints, a report on NHTSA efforts concerning seat belt usage, and an article by Dr. Edward Christopherson on children's behavior in automobiles.

Samples of brochures and pamphlets, information sheets indicating the availability, price, and acquisition procedures of child restraint materials, and other items such as a bibliography of child restraint papers and information concerning GHSP funding procedures were included in the Resources section. The pamphlets and brochures included NHTSA's Early Rider, information donated by the manufacturers on specific car seats, and some brochures provided by involved groups. Ordering procedures were supplied for materials developed by such groups as ACTS, Physicians for Automotive Safety, Film Loops, Michigan's Motor Vehicle Occupant Protection Program, and the Insurance Institute for Highway Safety. (See Appendix H.) The child restraint bibliography (see Appendix I) included is a comprehensive list, compiled by HSRC, of reports and articles written on all aspects of the subject of child restraints. (The material provided in Appendices H and I is also included in Volume III which is available for viewing at NHTSA Headquarters in Washington, D.C. The resources list and bibliography are included in this report in an effort to make this information available to those who are unable to view Volume III.)

The Facts and Figures section provided information on child restraints and restraint systems in general. Seat belt usage laws around the world, the status of child restraint legislation in the U.S., examples of proposed child restraint laws introduced in several states, 1977 occupant fatalities, and a traffic records survey were found in this section.

The section for Workshop Administrative Details included an agenda for the workshop, a schedule for the workshop series, a list of pre-registered participants for the workshop, and a workshop critique form. Also included in this section was a program outline with space for notetaking.

During the course of the workshop series, additional material was added. Workshop participants often brought information on their own programs to be distributed at the workshop. In some cases, this material was duplicated and added to the packet for remaining workshops.

In addition, target group education was a topic discussed under educational programs. Participants were encouraged to identify target groups on their own. Following this discussion, as an additional handout, a list of prepared medical and non-medical target groups was given to each participant. (See Appendix E.) The lists were expanded after each workshop to include participant suggestions.

Other material/items provided at each workshop

In some cases organizations were not able to provide their brochures, pamphlets, and posters in the quantities needed for distribution to all the workshop participants (an expected 350 people). HSRC compiled a scrapbook of these items for display at each workshop so participants would see what other organizations have developed in the way of educational material. New material was added to the scrapbook throughout the workshop series. Material housed in the scrapbook is shown in the last section of Volume III (available for viewing at NHTSA Headquarters in Washington, D. C.). Much of the material included in the scrapbook is listed in Appendix H.

As another means of "localizing" the workshop, each of the child restraint manufacturers was asked to provide copies of any correspondence they had received from parents concerning the use of their car seats in crashes. Several of the manufacturers provided this information which was organized by state and placed into a notebook for display.

As a final handout (the one most appreciated by the participants), a copy of the Physicians for Automotive Safety (PAS) film entitled, "Don't Risk Your Child's Life" was presented to each workshop participant for use in their future programs. This film was presented compliments of the National Highway Traffic Safety Administration in an attempt to make a tangible contribution to each participant's program. As is noted in the later Recommendations Section, this was an overwhelming success. Inputs from the participants indicated a great deal of enthusiasm (and surprise) for NHTSA's contribution of this

utilization of the film was later found. Each NHTSA regional office was also given two copies of the film, and each GHSP office received one copy. Both sets of agencies planned to loan the film out to existing and new programs.

Related teaching aids. In addition to the film, "Don't Risk Your Child's Life" which was also shown as part of the workshop, the participants at each workshop viewed a new film by the Insurance Institute for Highway Safety (IIHS) entitled, "Children and Infants in Car Crashes: Restrained and Unrestrained," segments of an IIHS film entitled, "Crashes That Need Not Kill," three TV public service announcements developed by Tennessee, and the General Motors' "Mr. Goodwrench" commercial related to child passenger safety systems.

Participants also viewed the following child restraint crash test films, provided by NHTSA, of various makes and models of child restraints:

Infant

GENERAL MOTORS INFANT CARRIER	F002028*
BUNNY BEAR/infant mode	F001861-21RS
STROLEE/infant mode	F001893-28RS

Child-frontal

GENERAL MOTORS CHILD SEAT/without tether	F001901-30RS
GENERAL MOTORS CHILD SEAT/with tether	F001886-26RS
KANTWET 486/without tether	F001905-31RS
PETERSON SAFETY SHELL/with tether	F001933-38RS
FORD TOT GUARD	F001943-41RS

Child-side

GENERAL MOTORS CHILD SEAT/with tether	F001780-06RS
STROLEE/with tether	F001801-12RS

To enhance the instructors' presentations, HSRC developed a set of slides to accompany lecture and demonstration sections. These contained illustrated artist renderings of child restraints in crashes, data tables and photographs of the proper use and installation of child restraints and related materials.

*crash test data used from test F001783-070R

Slides were also provided by the Tennessee Child Passenger Safety Program and the National Safety Council's Childsafe Program.

HSRC contacted each child restraint manufacturer and asked them to donate a car seat for use at the workshops. Most of the manufacturers were cooperative and enthusiastic about providing help. An attempt was made to have four different types of child restraints for display and demonstration at each workshop. The following child restraint manufacturers either loaned or donated a child restraint to HSRC for use during the workshop series:

- General Motors Corporation
- Chrysler Corporation
- Strollee of California
- Century Products, Inc.
- Bobby-Mac Company
- Ford Motor Company
- Peterson Baby Products Co. (Cosco Household Products)
- Questor Juvenile Furniture Co.
- Rose Manufacturing Co.
- International Manufacturing Co.
- Bunny Bear Company

Each NHTSA regional office was asked by Charles F. Livingston, NHTSA Deputy Associate Director to arrange to have an air bag demonstration vehicle available at the workshop site to demonstrate both the air bag inflation and the proper installation of child restraints. Many offices also installed a top tether anchor bracket in the vehicle's rear window shelf and supplied at least one child safety seat and toddler sized doll.

CONDUCTING THE WORKSHOPS

One Pilot and Nine Workshops

Each workshop was scheduled to run for two days from 8:00 am to 4:00 pm each day. As discussed earlier the agenda was a combination of lecture and group interaction sessions. (See Appendix F for the program agenda.)

As a means of testing the materials, format and small-group dynamics for these workshops, HSRC conducted a pilot session in Region IV, Atlanta, Georgia.

At the conclusion of the workshop HSRC requested each participant to evaluate the organization and content of the workshop along with the adequacy of the presentations. The workshop critiques were evaluated by HSRC and the NHTSA Contract Technical Manager and needed revisions were incorporated prior to conducting the remaining nine workshops. The critiques were used throughout the series to continually upgrade the series. (See critique form in Appendix F).

Workshop Instructors

HSRC workshop instructors were Dr. B. J. Campbell, Director; Mr. Forrest M. Council, Deputy Director; and Mrs. Beverly T. Orr, Program Manager for Public Service Activities. In some regions, HSRC was able to capitalize on a participant's expertise and invited him to make a formal presentation in place of or in addition to the HSRC instructors' lectures.

Dr. Robert S. Sanders, Chairman of the Accident Prevention Committee, Tennessee Chapter, American Academy of Pediatrics and Director of the Rutherford County Health Department, Murfreesboro, Tennessee, was a special consultant and part of the teaching team at the Region IV, V, VI, VII, and VIII workshops. Dr. Sanders presented background information of the Tennessee Child Passenger Protection Act. Much of his presentation focused on how to effectively interact with state legislatures based on his experience in leading the fight for child restraint legislation in Tennessee. He also discussed the elements of the University of Tennessee Transportation Center's three year grant program to evaluate the law and provide public information and education.

At the Region IV, Atlanta workshop, Ms. Christy Hughes, Research Assistant at the University of Tennessee Transportation Center presented the material on the grant program and the effectiveness of the law for Dr. Sanders.

In Philadelphia at the Region III, Mr. Ben Kelley, senior Vice President, Insurance Institute for Highway Safety narrated the Institute's new film entitled, "Children and Infants in Car Crashes: Restrained and Unrestrained." In perhaps the most vivid crash test footage now available, the film shows how unrestrained infants and children are injured in motor vehicle crashes, and how children restrained by seat belts are protected.

Dr. Seymour Charles, President, Physicians for Automotive Safety made a presentation at the Region II, Newark workshop. Dr. Charles discussed the problems of trying to educate parents of the size of the problem and of the solution that could significantly reduce the chance of death of children while riding in automobiles.

NHTSA was represented by Ms. Elaine Weinstein at each of the ten workshops. James L. Nichols represented NHTSA at the Region IV workshop in Atlanta and W. Burleigh Seaver represented NHTSA at the Region V workshop in Chicago. Ms. Weinstein, Dr. Nichols and Dr. Seaver provided the participants with information about the national child restraint conference, provided inputs from NHTSA on workshop topics, and offered NHTSA assistance to participants with their child restraint programs.

Workshop Topics and Discussion Periods

While each workshop was unique, HSRC generally followed a basic program outline as shown in Appendix F. As the series progressed, some topics were eliminated while other areas were broadened in scope. This was a result of both the increasing knowledge of the instructors and on the early determinations of

what areas the participants were most interested in and what information they wanted and needed to learn.

The following pages provide the program highlights in outline form. All the major topics are addressed. Key points covered under each topic are provided to give an overview of the program content.

Throughout the workshop series, the instructors tried to keep the outline flexible and adjust the level of their presentations to accommodate the level of knowledge of the majority of the participants. In some workshops there was more lecture than in others, but HSRC's goal was to involve the students as much as possible.

CHILD RESTRAINT WORKSHOP

Program Highlights

INTRODUCTION

Purpose of Workshop

Overall: Facilitate increase in usage rates (proper use) of child restraints by:

- Exchange of information on facets of the problem and solution
- Demonstration sessions to discuss restraint types and proper utilization
- Discussion of program strategies
- Distribution of materials and identification of resources
- Identification of target groups who could promote child restraint usage

NHTSA Role and Introductory Remarks

Regional Administrator or his designee discussed

- Link between this Child Restraint Workshop and the Seat Belt Usage Workshop conducted by the National Safety Council
- Why NHTSA is addressing active restraints when automatic restraints have been mandated for the future

PROBLEM STATEMENT

Child Death Rate and Causes

- Children are a healthy group - so overall death rates are not the highest (National Safety Council, 1978)
- Children 0-4 years old represent only 3% of the total motor vehicle death rate and 4% of the total motor vehicle injuries (National Safety Council, 1978)
- Children 5-14 years old represent only 7% of the total motor vehicle death rate and 9% of the total motor vehicle injuries (National Safety Council, 1978)
- But when examining the health of the group, the leading cause of death for children age 1-4 (actually 1-35) is motor vehicle accidents (National Safety Council, 1978)
- Children are 40-50 times more likely to die by motor vehicle accident than by preventable diseases (Hall et al., 1978)

Usage Rates for Child Restraints

- Adult seat belt usage rates are 14%-40% in crashes (Campbell, 1969; Council & Hunter, 1974; Reinfurt, Silva, & Seila, 1976)
- Restraint usage rate for children in crashes - 5%-10% (Hall et al., 1978; Philpot et al., 1978)

- N.C. observation data indicate 19.3% of children less than six were riding in child restraint devices; however, inadequate and/or improperly used devices reduced protection level to 5.7% (Emphasized again in later Step 1, Step 2 proper usage discussion)
- Insurance Institute for Highway Safety (IIHS) survey and N.C. survey indicated that only one in four restraints were properly used
- Data show a "follow the leader effect" in North Carolina:

	<u>% of children restrained</u>	
	<u>1974</u>	<u>1975</u>
Driver not restrained	1.8	1.9
Driver restrained	30.5	28.6

- An adult cannot hold on to a baby in the event of a crash; the child is torn from a mother's arms and many times crushed by the mother's body
- "Weight" of child in a crash = speed x weight
 - 30 mph x 15 lbs = 450 lbs
 - 20 mph x 15 lbs = 300 lbs
- 90% of the babies coming home from the hospital are "in mom's arms"
- Research at Michigan's Highway Safety Research Institute (HSRI) indicates that 1 out of every 5 serious injuries to passengers result from occupant to occupant injury

THE PREVENTIVE MEDICINE: CHILD RESTRAINTS

Levels of Effectiveness

- Adult seat belt effectiveness given use in a crash
 - 60%-80% reduction in fatalities
 - 50%-60% reduction in serious injury
- Child restraint effectiveness levels given use in a crash
 - Fatality reduction 70%-90%
 - Serious injury reduction 60%-78%
- Of every 100 children who died in motor vehicle crashes, 80 will still be alive if their parents had buckled them up

The Physics of Child Restraints: How They Work

- *Segments of the Insurance Institute for Highway Safety's film entitled "Crashes That Need Not Kill" were shown to show the forces involved in a crash*
- A severe crash is over in less than 1/10 of a second with tremendous energy which must be released

- The key to occupant survival is how to absorb (get rid of) this energy
- If a person is not "attached" to the car in a crash, the person does not "ride down" with the car and his body must absorb all the stopping forces
- Force is determined by the time it takes a person in a crash to stop--the shorter the time, the greater the forces
- When a child in a restraint is in a crash, the forces are absorbed in two phases:
 - Phase 1. Child restraint moves forward, stretching car lap belt, loading the seat - gives up some energy, absorbs some forces
 - Phase 2. Child moves forward into harness system or shield - loading the seat - child absorbs forces
- Child restraints should be slightly better than adult belts in that the adult absorbs forces through the belt system - does not have the child seat to absorb some of the forces first (i.e. - no Phase 1)
- *IIHS' film was shown entitled, - "Children and Infants in Car Crashes: Restrained and Unrestrained" depicting what happens to unrestrained children in various crashes*
- Requirements under proposed standard 213-80 (effective May, 1980)
 - Dynamic testing - frontal 20 mph - no tether used
30 mph - with tether
 - Max forces to head (Head Injury Criteria (HIC) = 1000)
 - Max forces to chest (60 G's)
 - Max forward displacement of head & knee (30 in.)
 - 5 point harness system
 - No arm rest
 - Less than 60 degree maximum tilt (for rearward facing)
 - System integrity (seat shouldn't fall apart)
- *NHTSA crash test films were shown of various makes and models of restraints with discussion of test results*

TYPES AND UTILIZATION OF AVAILABLE RESTRAINTS

Three Main Types of Restraints

1. Infant car carrier

- Infants require a carrier that cradles them in a semi-erect position
- Designed to face rearward so the force of the crash can be absorbed across the back of the infant
- Designed for infants from birth to approximately 20 lbs (approximately 9 mos. old)

2. Child safety seat

- For children who weigh more than 15 pounds and can sit up by themselves, there are two types of child safety seats
 - a. shield type
 - designed to face forward
 - has a padded, somewhat flexible, "c" shaped shield
 - child's body folds around shield in the event of a crash
 - b. harness type
 - designed to face forward
 - secures the child to the restraint by a five point harness system
 - some harness types require the use of a tether strap that must be secured to the car at some point behind the child safety seat
 - c. safety harness
 - child must be capable of sitting up on his own
 - provides less side protection than others in that it is basically a 5-point harness system without the protective seat
 - top tether required to prevent upper torso from pitching forward in a crash

3. Convertible models

- Designed to face rearward in infant mode and forward in toddler mode
- The advantage of convertible models is that they may be used from birth to approximately four years of age
- Some require the use of a top tether in the toddler mode

What Must Parents Consider Before Selecting a Child Restraint?

- A child restraint should be selected that suits the parent's needs, fits the child and fits in the family car(s)
- Points to be considered
 - How large is the child using the child restraint
 - How often do you want to move the restraint from car to car
 - Is out of the car vision important for your child
 - Will the child restraint fit in your car(s)
 - Does your car have seat belts where you want to place the restraint
 - If a tether is required - can one be installed in your car
 - How much money are you willing to spend

Two Step Process Leading to Maximum Benefit

- People working towards increased seat belt usage must go beyond just stimulating parents to purchase a child restraint--they must further educate parents concerning the two step process

Step 1 - properly attaching the child to the restraint

Step 2 - properly attaching the restraint to the car

1. "Attaching" child to restraint (demonstration and discussion)

- *Participants were divided into two groups*
- *Each group participated in the demonstration of how to properly attach an infant and child in demonstrator models of the basic types of restraints; infant & toddler dolls were utilized and volunteers from the group were given an opportunity for some "hands on" experience while other members of the group watched and discussed the points covered by the instructor*
- Procedures and main points covered

Using infant car carrier

- Discussion of type and brand used in demo
- Volunteer places infant in restraint
- Points covered:
 - Harness adjustment
 - Adjustment points
 - Allow no more than 1" or 2 finger breadths clearance between chest and harness
 - Proper threading of single buckles on harness - must be relooped

- Placement of shoulder strap retainer
 - Don't bundle up infant
 - Roll up receiving blanket to support head and body
 - Follow manufacturer's instructions precisely
 - Make sure CR in correct infant position for riding in cars
- Additional points covered when demonstrating

Using child safety seat

- Discussion of type and brand used in demo (including use of tether if applicable); advantages and disadvantages
 - If arm rest present - only comestic - should be removed, if not, properly secure to prevent it from flying upward
- Discussion of when to go from infant car carrier to child safety seat
- Volunteer (different person) places child in restraint
 - Volunteer tries to adjust harness system

Using convertible model

- Discussion of type and brand used in demo; advantages and disadvantages
- Discussion of when to change from infant to child mode
- Volunteer (different person) converts restraint to child mode (including placing child in CR, adjusting harness and adjusting for proper recline position)
- Discussion of use of tether strap if applicable in child mode

Using shield

- Discussion of type and brand used in demo; advantages and disadvantages
- Discussion of use of booster seat (if applicable)
 - Vehicle seat must not be less than 3" below child's top of head
- Special problems
 - Child keeps slipping out - use bathroom tub decals

2. "Attaching" restraint to vehicle (discussion and demonstration)

- *Participants remained in two groups and proceeded outside where two demonstration vehicles were parked - one vehicle was the NHTSA air bag demonstration car*

- Each group participated in the demonstration of how to properly attach the child restraint to the automobile using the infant and child demonstrator models
- Volunteers were given the opportunity for some "hands on" experience while other members of the group watched and discussed the points covered by the instructor
- Procedures and main points covered
 - Discussion of critical 2nd step of 2 step process
 - Placement of demonstrator child restraints in various seating positions in each automobile
 - Discussion of problems volunteers had in attaching child restraints to car
 - Points covered
 - Importance of looking at what a child is going to hit in the event of a crash
 - Look for available lap belts
 - Discussion of the need for a "fixed length" belt
 - Explanation of the continuous belt system
 - How to use a locking clip
 - Discussion of tether strap installation
 - Where can tether be installed
 - How to install tether
 - To back seat lap belt
 - To rear shelf
 - To cargo area in hatchbacks and station wagons
- Upon completion of Step 2 demonstration, a NHTSA representative presented an air bag demonstration

Upon completion of the air bag demonstration participants returned to the meeting room where a more in-depth presentation was given on the problems of tether strap installation. Slides of various make and model cars were shown to illustrate what types of problems parents are often confronted with when installing a tether strap in their cars and how some of these problems can be resolved.

Moving Up to Adult Belts

- Children outgrow child restraints
- How does a parent know when to move a child up to an adult belt
 - When child weighs more than 40 lbs
 - Head, when in child restraint, is 3" above back of car seat

- How do you use an adult belt for a child whose body is not quite ready for one
 - In order to keep the lap belt low across the child's hips, place 2-inch firm cushion underneath the child
 - Use lap belt plus cushion and auto shoulder belt if it does not cross the child's face or neck
 - If shoulder belt cuts across face or neck, place shoulder belt behind child
- No booster seats presently available on the American market that were specifically designed for use in automobiles
- New booster seat developed in Australia called the Hi-Rider
 - Designed so that the shoulder belt pulls lap belt tight around child's thighs instead of across the abdomen

PROGRAMS AIMED AT INCREASING USAGE

Educational Programs

1. Public Information and Education

- Examples of media outlets which could be utilized - TV, radio, billboards, fair booths, press, etc.
- *Examples of TV spots and films shown*
 - *General Motors' - Mr. Goodwrench*
 - *3 from Tennessee's Child Passenger Safety Program*
 - *Physicians for Automotive Safety's film shown entitled, "Don't Risk Your Child's Life"*
- Current PI & E programs and mass scale cannot be expected to change behavior but in terms of providing information they can be important part of overall program
- If used correctly, large scale PI & E programs will draw attention to your programs, but the program will have to modify behavior
- In order to make a difference PI & E must be combined with one to one contact education or small group contact education

2. Small - Group Education Programs

- Small group education can be an effective means of modifying behavior
- Workshop participants identified target groups (medical and non-medical) who could have direct contact with parents

- Examples

Non-medical - Jaycettes, highway patrol, church groups, extension homemakers, driver education teachers

Medical - pediatricians, OB GYN nurses, midwives, Lamaze classes, prenatal and postnatal class instructors

- Key to success for medical education group

1. One to one contact early
 - Parents most vulnerable right before birth or just after birth of their child
2. Needs to be someone whom parents feel is a medical expert - nurse, doctor; not the receptionist
3. Needs reinforcement
 - Questions and discussion of use of child restraints should be part of regular checkup list when parents visit the doctor's office with their child

- **Each participant involved in an education program was given the opportunity to discuss his/her program*

Equipment Distribution Programs

1. The concept and program ingredients

- Why a restraint program
 - Majority of people won't use seat belts already available, how then do you get them to use child restraints that they have to buy
 - Give them a bargain - loan them one for a small charge
 - Convince parents through education that they need a child restraint, then if they lack the funds, loan them one for a small fee
- Loan programs are effective in many ways
 - Immediate benefit for babies
 - Safety habit created - for child and family
 - Publicity about the program creates greater community awareness of the benefits of child restraints
- Five key points of a loaner program
 1. Defining the target group
 2. Identifying where the parents of the target group can be reached
 3. Determining how to obtain a supply of child restraints

4. Setting up procedures for running the program
5. Obtaining community awareness and support

2. Financing the program

- Need initial sum of money to establish the program
 - Obtain grants from other agencies
 - Commercial loan through organization or club
 - Community drive for new and used seats
- Need funding to maintain the program
 - Establish rental fee
 - Private donations
 - Fund raisers

3. Obtaining the child restraints

- Determine what restraints you want to handle
 - Infant only
 - Convertibles
 - Child safety seats
 - Combination of different types
- Most groups prefer to loan just infant carriers
 - Good turnover
 - Infant carriers fit in all cars
 - Low cost per seat
- Purchase child restraints
 - At local retailer at a discount price
 - At retailer for wholesale in return for publicity
 - Direct from manufacturers
- Other mechanisms
 - Get private organizations to donate (acknowledge with a decal)
 - Swap parties
 - Use civic group to collect seats from attics and at garage sales
- Purchase an inventory of spare parts--locking clips, pads, harnesses

4. Locating babies who need child restraints

- Health clinics--especially prenatal clinics through County Health Department
- Monitor birth certificates
- Pediatricians, obstetricians
- Prenatal education clinics/classes
- Maternity shops or departments

- How to locate minority groups, less affluent
 - Churches
 - Aid to Dependent Children (ADC)
 - Indigent care hospital

5. Getting the seats to the parents

- NHTSA has detailed procedures for establishing and operating a loaner program in its Early Rider Program brochure
 - How many people do you need
 - What supplies and equipment are needed
 - What rental fee to charge
 - How to set up files
 - How to publicize the program
 - What training is needed
 - Liability questions
 - How to evaluate the program

6. Procedures to insure proper, regular use

- Train members who distribute seats
- Develop and distribute brochures
- Demonstrate how restraint works for parents
- Develop follow-up mechanism to insure regular use of restraints

7. Getting child restraints back

- Charge deposit fee - monetary incentive to return seat
- Set up "call back" procedure when baby about to outgrow infant carrier
- Michigan's experience has been good regarding getting seats back
- Jaycettes have reported no problem in getting seats back

8. Inspecting and reissuing or discarding child restraints

- Ask parents if they have been involved in an accident when the child restraint was utilized
- Some manufacturers want restraints sent back to the factory if they were utilized during a crash
- Have parents critique seat regarding how well it works, convenience aspects, etc. in order to develop list seat characteristics
- Ask parents to bring back a cleaned-up seat
- Inspect seat thoroughly for cracks, worn pads and harnesses

9. Getting public support for the program, and your organization

- Make contact with media - press, TV, radio
- Appear at civic clubs
- Work with police to get accident cases that show use and nonuse
- Seek support and cooperation of government agencies

10. Getting evidence that the program works

- No need for complex research, but need to show program effect in order to gain support
- When seat returned interview parents about use patterns
- Conduct roadside observations
- Collect accident data
- Check for increased sales at local stores
- Keep track of presentations made
- How many new loaner programs established

11. Spawning programs in businesses, government agencies, etc. Who should do it?

- Once loaner program has been firmly established - go one step further - be a catalyst
 - Encourage large business in your city to distribute child restraints to their employees as part of their benefits program
 - Encourage governmental agencies to require use of child restraints and seat belts in city or state owned vehicles
- **Throughout this session, workshop participants were given the opportunity to discuss his/her loaner program*

LEGISLATIVE AND REGULATORY PROGRAMS

Restraint Laws and Their Effectiveness

1. Foreign countries

- 23 foreign countries have safety belt usage laws
 - Most exempt children
 - Some require children to ride in the rear seat where no belts are available
- Results of these laws (where measured)
 - Before 20-25% usage
 - After 60-80% usage
 - Fatalities down 20-30% - all vehicles
 - low because
 - not 100% usage rate
 - some motor vehicles exempt
 - people who don't wear belts are more likely to be in crashes

2. U.S.A.

- Only two mandatory laws in the U.S.
 - Community of Brooklyn, Ohio
 - Tennessee's child restraint law

3. The Tennessee case - as presented by Dr. Robert Sanders - a sequential recording of events leading up to the passage of the bill and advice on how to work effectively for a mandatory law
 - Best educational tool for potentially reaching children is by state law
 - Idea of law came out of 1974 task force consisting of educators, physicians, and highway safety officials
 - Task force knew that full mandatory law for all would be too much, so they targeted children
 - Received endorsement of medical groups and department of safety
 - Department of safety testified that they could handle new law without any additional cost, therefore, it became a "no money" bill
 - Points to drive home as you work towards broadening grass roots support
 - Motor vehicle accidents are the number 1 killer of children
 - Talk in terms of immunizing against a highway epidemic
 - Over 90% of children ride unprotected, therefore there is a need
 - Restraints are widely available and relatively inexpensive
 - Mention endorsing agencies in support of the bill
 - Potential savings for health cost maintenance--will save public tax dollars
 - First attempt to get bill through failed - why
 - Bill was a four page document - too long
 - (Some felt that law for children should be short)
 - Bill covered every driver in every car--too broad
 - Approach for 1977 law
 - Must have grass roots support across the state, not just at capitol
 - Tennessee already had a state law which required that seat belts be in cars (since 1968)
 - Above existing law was amended to include mandatory requirement to restrain children

- Contents pertaining to child restraints honed down--only covered parents or guardian, four year olds and under in a federally approved child restraint, parents in private cars on Tennessee highways
- Got chairman of budget committee to sponsor bill
- When addressing legislators
 - Get something to legislators before they go into working session, reach them at home when they have more time to read material
 - Get phone numbers and addresses of members of the committee members so supporters can bombard them with letters in support of the bill just prior to committee meeting
 - Need to show visual aids--recommendation of "Where Have All the People Gone"; " Don't Risk Your Child's Life" and "Infants and Children in Car Crashes: Restrained and Unrestrained"
 - Need to show slides of jurisdictions requiring seat belt use; fatality and injury reductions and potential savings to the state; usage rate data
 - Make handout material brief--provide summary fact sheet
 - Bring restraints to committee - give demonstration and answer questions
 - Have parent(s) give personal testimony of how a child restraint saved their baby's life
 - Don't be alone - get legislators constituents in meeting room to show force and support
- Contact radio, TV and newspaper media for maximum coverage and positive support
- Bill passed through all the committees and once on the floor of the house, three amendments were attached
 - Babes in Arms (last minute attempt to defeat the bill)
 - Trucks with one ton rating exempt
 - Leisure vehicles exempt
- Once law passed letters of appreciation went out to all legislators who voted for the bill
- Since the law passed the University of Tennessee Transportation Center received a \$650,000 grant for a three year program of public information and education and evaluation of the law
 - Two plans

- Basic plan - brochures, posters to all county health departments, hospitals and pediatricians
- Comprehensive plan - specific communities received brochures, posters, exhibits, newspaper, radio and TV coverage, billboards, presentations, etc.
- Given at different time schedules
- Effectiveness of the law on a statewide basis
 - Usage rate increased from 9.2% before the law to an average usage rate of 14.4% (1978 annual rate)
- Problems in Tennessee
 - Original enforcement effort very poor
 - From January 1, 1978 for six months law eased in - no tickets issued
 - From June, 1978 on for an additional six months only 32 tickets were issued statewide with 80% still not in compliance
- New horizons
 - New Commissioner Gene Roberts
 - Will help in reporting efforts
 - Will include child restraint information in in-service training for highway patrolmen
 - Has received grant to purchase child restraints for each state trooper's car--trooper will loan a child restraint to driver who received citation - driver must return restraint when he comes to court and if he can show that a child restraint was purchased, the fine and court costs are hopefully dropped
- **During this session each workshop participant was given the opportunity to discuss his/her state's efforts towards obtaining a child restraint law. In some workshops participants were asked to design their own legislation and present to group for discussion.*

**See Ongoing and Planned Programs segment for further details.*

PARTICIPANT DESIGNED PROGRAM IDEAS: DISCUSSION OF NEEDS AND PROBLEMS

- In this segment of the program, participants were grouped by state. Each group was assigned to discuss their present programs and future plans and to identify their needs and problems, particularly needs which had not been met in the workshop but which could possibly be met by NHTSA, the research community, or manufacturers of the restraints. A recorder was assigned in each group. At the conclusion of the group session the recorder reported their state's listing of needs and preliminary plans to the full workshop group for discussion and inputs.

The underlying purpose of this session was to give the participants an opportunity to get to know the others in their state and region who were also working on child restraint programs. By reporting to the other states' participants, the first step toward regional communication and cooperation was taken. However, as indicated by comments on the critique forms, the reason that this session was ranked very high by the participants was because a coordinated effort could now be initiated since others had been identified within their own state who were working for similar goals.

Many of these participant inputs are the basis for HSRC's recommendations to NHTSA. Many of the needs and problems had been addressed throughout the two-day workshop and this wrap-up session prioritized the participants' concerns and reaffirmed their commitment to develop innovative programs which meet their needs.

Ongoing and Planned Programs

During the course of the workshops each participant was given an opportunity to discuss any child restraint program in which she/he was involved. This included both ongoing and planned educational programs, distribution programs, and programs in the legislative or regulatory areas. Participants discussed the working details of their program as well as any needs and problems that had occurred.

As a follow-up to the workshops, each workshop participant was contacted by telephone and asked to provide information about her/his involvement in current or planned programs--educational, distribution, legislation. They were asked a series of questions depending on which type of program they were involved in.

(Guide Forms for follow-up Contacts with Participants can be found in Appendix G.). Because of time and cost considerations, workshop attendees from outside the continental United States were not telephoned but were mailed forms to be completed and returned to HSRC.

The workshop participants were contacted by student assistants at HSRC in late July and early August. While the student assistants were instructed as to how to ask the questions and record the information given to them, in most cases the students were not familiar with the subject matter.

Because of time limitations it was not possible to survey each workshop participant. In cases where it was known that more than one person was involved in the same program, only one person was called. Others were not contacted because HSRC was unable to obtain a telephone number or they were not available when called. Because the phone calls were made during office hours (Eastern Daylight Time), HSRC was unable to reach as many people on the west coast as in the east, central and mid-west portions of the United States.

Many of the workshop participants who were contacted were not involved in or familiar with the legislative efforts in their state. To supplement the information obtained from the workshop participants, HSRC contacted each NHTSA regional office to get an update on the status of legislation in each state. Figure 2 provides the status of child restraint legislation in each state as of September 1, 1979. (A survey is being conducted by ACTS, and the results could provide the interested reader with more current information.)

The information obtained from the subsequent follow up of participants, workshops, and other sources were compiled to provide a brief description of as many ongoing and planned educational and distribution programs as possible. It was necessary to take several special situations into account in compiling the information. For example, in some cases the same program may have been described by more than one person. In matching the same programs we often found

Figure 2. Mandatory Child Restraint Laws: Status of State Legislation as of September 1, 1979

<u>State</u>	<u>CR Bill Filed</u>	<u>Comments</u>
Alabama	None	
Alaska	None	
Arizona	Filed	Defeated in committee
Arkansas	None	
California	Expected	Scheduled for hearing in January 1980
Colorado	Filed	Defeated
Connecticut	Filed	Back in committee
Delaware	Filed	
District of Columbia	None	
Florida	Expected	
Georgia	None	
Hawaii	Study bill passed	
Idaho	None	
Illinois	None	
Indiana	None	Planned for introduction for 1980
Iowa	None	
Kansas	None	
Kentucky	None	
Louisiana	None	
Maine	None	
Maryland	Filed	Defeated in committee
Massachusetts	Filed	In committee
Michigan	Filed	Pending; bill would cover <u>all</u> ages
Minnesota	Filed	Pending
Mississippi	None	
Missouri	None	Plan to introduce bill in 1980
Montana	None	
Nebraska	Filed	Defeated in committee, will be introduced again this season
Nevada	None	
New Hampshire	Filed	In committee until 1981
New Jersey	Filed	In committee

<u>State</u>	<u>CR Bill Filed</u>	<u>Comments</u>
New Mexico	None	
New York	Filed	
North Carolina	Filed	Modified to study commission. Defeated on house floor
North Dakota	Filed	Defeated in committee
Ohio	Filed	
Oklahoma	None	
Oregon	Filed	Defeated in House
Pennsylvania	None	
Rhode Island	Filed	Referred back to committee
South Carolina	None	
South Dakota	Filed	Defeated in committee
Tennessee	Passed	
Texas	None	
Utah	None	
Vermont	None	
Virginia	None	
Washington	Filed	Defeated in committee, informal meeting before joint transportation committee held in August, expect to introduce bill again
West Virginia	Filed	No committee action
Wisconsin	Filed	Possible public hearing in September 1979
Wyoming	Filed	No committee action

conflicting answers. HSRC either eliminated both answers or made a judgment as to which answer was accurate by reviewing answers to other questions. In other cases, one person may have been involved in more than one program. Some of the information obtained was incomplete and was, therefore, not included in the program descriptions. This happened most often when the student assistants asked participants about their planned programs. The answers in some cases were extremely vague. HSRC concluded that these programs were only in the "hopefully we'll have a program stage" and not far enough along in their planning and implementing for HSRC to provide any definitive information in planned program descriptions. The information obtained was reviewed and interpreted to provide as accurate an account as possible of the programs.

Table 1 provides an overall picture of the number of educational and distribution programs in each state and region. The number of programs listed in the table is based on the workshop follow up, workshop interaction, and other sources. Programs that are just in the preliminary planning stages as well as programs for which incomplete information was obtained are included.

A brief description of each educational and distribution program on which information was gathered is included in Volume II. The programs are arranged by program area and regions. The program information provided in this section gives only an initial overview of the programs. More detailed information can be obtained from the contact person listed for each program.

Workshop Trends

In reviewing the ten regional workshops, the feeling is that all the workshops were similar but very different from one another. Participants attending the workshops were all highly motivated and interested in the subject

	Ongoing Education Programs	Planned Education Programs	Ongoing Distribution Programs	Planned Distribution Programs	Number of People Contacted	Number of People Attending the Workshop*
<u>Region I</u>						
Connecticut	2	1	2	1	6	7
Maine	-	1	-	2	3	3
Massachusetts	3	1	3	-	9	12
New Hampshire	2	1	2	-	5	7
Rhode Island	-	-	-	-	2	3
Vermont	-	1	-	1	3	4
Total	7	5	7	4	28	36
<u>Region II</u>						
New Jersey	3	-	-	-	5	10
New York	2	-	-	1	7	11
Puerto Rico	-	-	-	1	1	2
Virgin Islands	-	-	-	-	1	1
Other	-	-	-	-	0	1
Total	5	-	-	2	14	25
<u>Region III</u>						
Delaware	2	1	-	-	5	5
District of Columbia	1	2	-	-	3	4
Maryland	-	2	-	-	3	3
Pennsylvania	1	3	-	-	8	9
Virginia	1	-	-	-	3	4
West Virginia	1	-	-	-	2	3
Indian State	-	-	-	-	0	0
Other	1	-	-	-	1	1
Total	7	8	-	-	25	29
<u>Region IV</u>						
Alabama	1	-	-	-	2	3
Florida	1	-	-	-	1	3
Georgia	2	1	-	-	3	4
Kentucky	1	-	-	-	4	5
Mississippi	-	1	-	-	3	3

*Excluding representatives from the NHTSA regional offices

Table 1. Child restraint programs by region and state (cont.)

	Ongoing Education Programs	Planned Education Programs	Ongoing Distribution Programs	Planned Distribution Programs	Number of People Contacted	Number of People Attending the Workshop*
<u>Region IV (cont'd)</u>						
North Carolina	1	-	-	2	3	5
South Carolina	-	1	-	-	2	4
Tennessee	2	-	2	1	3	5
Total	8	3	2	3	21	32
<u>Region V</u>						
Illinois	-	1	-	-	5	11
Indiana	-	1	-	-	1	3
Michigan	3	1	2	-	3	6
Minnesota	1	-	1	-	2	2
Ohio	-	2	-	1	4	6
Wisconsin	-	1	-	-	4	6
Total	4	6	3	1	19	34
<u>Region VI</u>						
Arkansas	-	1	-	-	1	2
Louisiana	3	-	-	-	4	5
New Mexico	-	1	-	-	1	2
Oklahoma	1	1	-	-	4	5
Texas	3	1	-	-	6	10
Total	7	4	-	-	16	24
<u>Region VII</u>						
Iowa	-	-	-	1	3	3
Kansas	-	1	-	-	3	6
Missouri	2	2	-	-	6	8
Nebraska	4	-	2	-	5	7
Total	6	3	2	1	17	24

	Ongoing Education Programs	Planned Education Programs	Ongoing Distribution Programs	Planned Distribution Programs	Number of People Contacted	Number of People Attending the Workshop*
<u>Region VIII</u>						
Colorado	2	-	-	-	4	10
Montana	1	-	-	-	1	2
North Dakota	1	-	1	-	2	4
South Dakota	2	-	-	-	3	5
Utah	1	-	-	-	3	4
Wyoming	1	-	-	1	4	5
Other	-	-	-	-	1	2
Total	8	-	1	1	18	32
<u>Region IX</u>						
Arizona	-	1	-	-	1	3
California	2	3	3	-	14	33
Hawaii	-	2	-	1	2	4
Nevada	-	-	-	-	2	5
American Samoa	-	-	-	-	0	0
Guam	1	1	-	-	2	2
Northern Mariana Islands	-	-	-	-	0	2
Total	3	7	3	1	21	49
<u>Region X</u>						
Alaska	-	1	-	-	1	2
Idaho	1	1	-	-	4	5
Oregon	1	1	-	1	3	7
Washington	3	2	1	-	6	11
Total	5	5	1	1	14	25
Overall Total	60	41	19	14	193	310

*Excluding representatives from NHTSA regional offices

matter. This characteristic made the workshop series stand out from other safety meetings.

Participants brought a wide range of knowledge and experience to the workshops. The participants' extent of knowledge and the nature of their experience dictated the thrust of each workshop. Another factor setting each workshop apart was the influence of the participants' political philosophies which varied from region to region.

As the workshop series started in Region IV it was clear that the Southeast was very interested in education and legislation programs. However, as participants discussed their ongoing programs, few indicated current activities in these two program areas. Many were perhaps stimulated by the excellent presentations of Dr. Robert Sanders as he explained how the Tennessee child restraint law was passed and Ms. Christy Hughes as she discussed Tennessee's public education efforts.

In the Region III, Philadelphia and Region II, Newark workshops education programs seemed to be the major area of discussion, particularly as related to the difficulties in educating the public. In Philadelphia attention centered around the problems of (1) reaching the lower socioeconomic class and (2) knowing how much to educate the parents. In regard to the latter, for example, participants were concerned with the problem of educating parents about tether straps without negatively influencing them.

The Newark workshop discussion of education programs was centered around the medical viewpoint. Dr. Seymour Charles, President of the Physicians for Automotive Safety expressed in his presentation the frustrations of teaching parents to buckle up their children, when on the other hand, there has never been a need to teach parents to protect a fragile item (like an expensive vase) placed on the seat of their car -- common sense has always been the teacher.

Dr. Arnold Constad, a well-known pediatrician and co-founder of the Physicians for Automotive Safety, indicated that a one time, one to one educational effort by a physician or nurse is still not enough to convince some parents. Reinforcement by follow-up discussions in subsequent patient checkup visits at the doctor's office, hospital or clinic is essential.

The Region I, Boston workshop had the greatest proportion of representatives actively involved in child restraint programs of all regions. A great deal of attention was focused on loaner programs, probably due to the fact that many participants were involved in some of the largest and most successful loaner programs in the country.

Reflecting the region's political philosophy, participants were more interested in considering governmental administration (for example in loaner programs) as opposed to private volunteer organizations and were more interested in legislation.

In contrast with other, more liberal regions, the Region VI, San Antonio workshop was much more interested in doing what needed to be done by voluntary measures rather than government administration or legislation. Although there were only a few ongoing programs in this region, participants showed great potential for working towards greater child restraint usage and many programs were being planned to meet that goal.

In the Region VII, Kansas City workshop and the Region VIII, Denver workshop, interest and discussion evolved around expanding efforts into the school systems and law enforcement.

In the Kansas City workshop, initial polling of participants indicated very few ongoing programs. However, interest in beginning programs appeared to be particularly high by the end of the session. Follow-up telephone calls from two of the states in the regions have indicated that legislative activities are

beginning to take place in Missouri and that in Iowa, a pediatrician who attended the workshop has now begun to organize hospitals in his section of the state to collect child injury data as related to the automobile collisions. Between and post-session meetings indicated a great deal of interest in attempting to develop a coordinated statewide program.

The Denver workshop was characterized to some extent by a health care professional flavor in that this region produced more health care professionals as participants than did most of the other regions. Many of these doctors, nurses, and public health people had begun small programs in their own practices. All appeared to be interested in expanding their own programs and in ways that their states could expand into other areas. In addition, a great deal of discussion centered around incorporating the child restraint activities into existing school curriculums, including both K-6 programs and driver education programs for older students. Finally, a very lively discussion of legislation possibilities arose primarily due to the presence of a state legislator who did not feel such legislation was politically feasible and a physician who felt that such a move was the only avenue to large changes in usage rates. Both sides of the issue were presented quite well.

The Region V, Chicago, workshop was comprised of some of the most highly experienced, well known leaders in this field. Michigan, one of the five states in the region, through the efforts of its Motor Vehicle Occupant Protection Program has been a model for many states as they begin program efforts.

Due to the experience of the group, discussion centered around new research findings, new education approaches, and the need for innovative ideas. Mr. Dave Shinn, Public Information Executive, Michigan Department of State, provided participants with information about the ever expanding program efforts of the Michigan Motor Vehicle Occupant Protection Program. One of the most interesting

and innovative approaches to educating parents was described by Dr. John Lutzker of Southern Illinois University who is presently working with Dr. Edward Christophersen of the Department of Pediatrics of Kansas University and Mr. Shinn in developing a protocol for pediatricians to use on behavior control of children riding in automobiles.

Mr. Jim Edwards of League General Insurance Company described his company's new program of giving car seats to policyholder families who have new babies.

Some of the more experienced participants discussed in detail problems with specific makes and models of child restraints and shared information received through their contacts with the manufacturers.

The Northwest Region X workshop conducted in Seattle reflected a similar political philosophy to the Northeast region. Participants were interested in considering governmental administration and the region as a whole was very active in legislative efforts to require mandatory use of child restraints. Research findings such as those discussed by Dr. Robert Scherz, Chairman of the Accident Prevention Committee, Washington Chapter of the American Academy of Pediatrics, substantiated the participants belief that they need to continue their legislative program efforts.

A large portion of the participants at the Region IX, Berkeley workshop were representatives of groups and organizations from the state of California. Although most programs were in the planning stage, participants showed great enthusiasm to set up task groups and establish a coordinated plan of action.

As stated earlier and briefly described in the above text, each workshop proved to be in some ways very different from the others. However, perhaps the one constant characteristic of all the workshops was the participants' desire to learn more about the subject matter and to communicate with others. These participants came to the workshops with two purposes in mind: (1) to obtain an

update of technical information, and (2) to meet other people in their region and to share ideas and information with them.

As shown in the workshop critiques, participants most enjoyed workshop breakout session by states. Participants felt it was extremely beneficial to meet with people in their own state and within the region and jointly identify their needs and future plans. The need to further communicate was apparent. Participants did not want to return home and lose contact and the momentum which the workshop initiated. As a result, all participants enthusiastically endorsed the formation of regional divisions of the National Child Passenger Safety Association. Each participant would be a member of the Association, with the major objective being to keep the lines of communication open by sharing information. A group or agency in each region was asked to volunteer to be the distribution point for exchange of materials. The volunteer agency would duplicate information sent in by a member and distribute the materials to all of the Association members. The following is a list of the volunteer groups:

- Region I NHTSA Regional Office
- II NHTSA Regional Office
- III NHTSA Regional Office
- IV NHTSA Regional Office
- V American Association for Automotive Medicine
- VI NHTSA Regional Office
- VII Central Missouri State University
- VIII NHTSA Regional Office
- IX Sacramento Safety Council, Inc.
- X NHTSA Regional Office

RECOMMENDATIONS

Based on review of the activities, the problems, and the successes that occurred in the planning and implementing stages of this series of workshops,

based on inputs received from participants, both at the workshops and in follow-up conversations, and based on continued conversations with the NHTSA CTM, the following recommendations are made. These are not prioritized since the most important recommendation is placed at the end of the list.

1. NHTSA should attempt to determine the effectiveness of the Child Restraint Workshop series with some evaluation mechanism.

While it will be very difficult to do any kind of formalized evaluation of the effectiveness of this initial series of workshops, one possibility would be to survey each participant in each workshop to determine whether new programs had been either planned or initiated since their attendance at the series of workshops. This could be a fairly low cost telephone or questionnaire survey effort which could give some indication of the success of the series (among other factors) in generating new programs.

2. NHTSA should conduct a follow-up series of workshops on a state or local basis.

These ten regional workshops could be viewed as an experimental series of workshops to determine the interest of grass roots people in communicating with each other concerning their efforts in the safety area and in attempting to coordinate their activities. The interest, enthusiasm and work that characterized this series indicate that there should be some follow-up of these efforts on a more local basis (i.e., perhaps in each state or pair of states). Because the regional workshops had to be limited to 35 participants, and because of the expense of travelling to the regional location, many nominees were not able to attend. NHTSA is in the position of being able to coordinate activities on the national basis, it is suggested that this agency attempt to expand the

initial series of workshops into a series of "mini workshops" on a state or local basis. These "mini workshops" will continue NHTSA's goal of increasing the effectiveness of grass roots organizations in conducting child restraint parent education programs and increasing the number of organizations and the breadth of efforts to educate parents about child restraints.

Obviously two possibilities exist for the format of such workshops. The workshops could be oriented either toward child restraints only or toward the overall occupant restraint area. The major advantage to the second approach would be that child restraints could be discussed as an integral and important component of overall occupant restraints. However, perhaps due to their own bias rather than any scientific evidence, the authors feel that the most successful workshop in terms of the realistic probabilities of subsequent program implementation, could well be in the child restraint area. Currently, there appears to be much local child restraint effort which is being facilitated (and perhaps initiated) because of the national series of workshops. Whether or not this is also the case in the overall restraint area is not known. Child restraints are currently a "hot" safety issue, and it appears to the authors that perhaps the biggest payoff for the expenditure of workshop funds might be to limit the workshops to the child restraint area, or to at least place heavy emphasis on this subject.

In terms of a specific agenda for such a series of workshops, it is recommended that the agenda again include all possible methods of increasing usage--education, distribution and legislation/regulatory. This format was used in this original series of national workshops and appeared well received. By providing the participants with a range of possible programs without strongly advocating any one of the three, people with different philosophies in different parts of the nation were all given the opportunity to look at what could be done

and then to choose the avenue they wish to pursue. This advocacy of increasing usage through any methodology rather than an advocacy of a specific method appeared to be much more acceptable to the workshop participants.

3. In similar "limited participation" workshop series, the contractor and NHTSA should carefully specify the ground rules to the state highway safety offices in advance.

As noted earlier, the nomination/selection procedure in this series was not standard procedure in the safety area. To eliminate potential problems, guidelines for how the final selectees are being both nominated and selected must be specified well in advance to all agencies and individuals providing lists of nominees. While explanations for choosing one nominee over another will continue to have to be made, this emphasis on the ground rules ahead of time should help solve some potential misunderstandings.

4. NHTSA should continue to provide direct support to grass roots attendees of any future child restraint workshops.

As explained in the final recommendation, it is very important that workshops involving "non-bureaucracy" grass roots support be continued. To insure such support from key individuals it will continue to be necessary to fund travel expenses. While the partial reimbursement provided for participants by NHTSA in this particular case was very helpful, the agency might consider full funding for participants of future "limited participation" workshops to guarantee the right mix of participants.

5. In planning future workshop series, NHTSA and the contractor should anticipate problems in finding suitable locations and dates.

Based on HSRC experience in conducting this series of workshops, it is recommended that a longer lead time be given for the planning stages of a future series of workshops to allow adequate time for (1) preparation and distribution

of introductory material to potential participants, (2) nomination inputs, (3) the final selection process and mail out of invitations, and (4) selecting and confirming hotel facilities and dates.

While the implementation of the workshops is perhaps the most important phase of the project, poor planning could undermine the entire effort. In addition, the potential future contractors of such a project should continue to consider to use centrally located and desirable cities as locations for the workshops. However, based on the experience of this current workshop series, the contractors might consider the possibility of using hotels in suburban areas surrounding large cities rather than in the city center itself for economic reasons.

6. NHTSA should formalize a communications network to the workshop participants and other interested groups and individuals.

As pointed out in a number of the workshops, there appears to be a need for some sort of national child passenger safety newsletter (in addition to or in combination with the ACTS newsletter and the Tennessee newsletter) which would present updated and ongoing information concerning major topics of interest and new program ideas. Because this will need to be done on a national basis, and because the mailing cost will be fairly high (e.g., at least 3,000 potential nominees were recommended for this series of workshops) NHTSA appears to be the most logical source of funding and implementation. The initial mailing of information could include copies of this final report and appropriate appendices to those agencies and individuals represented at the workshops.

7. NHTSA (and particularly its regional offices) should strive to keep the developed communications network alive and functioning.

At each of the regional workshops, the participants decided to form regional associations of the National Child Passenger Safety Association. In

seven of the ten regions, the NHTSA regional office volunteered to be the central agency that would collect and distribute information and facilitate communications between the members in that region. Because of the importance of this continued communication in allowing NHTSA to coordinate activities on a regional basis, it is recommended that the regional offices place some emphasis on keeping this network and thus these regional associations alive. This may require that the regional office not only wait for information to come in, but request information about new programs in their day to day contacts with state agencies and individuals in the various states of their region in order to insure that the process of regular and systematic mailouts to members of the association continue.

8. NHTSA should conduct a national conference concerning child passenger safety.

Based on the interest shown at this series of workshops, it is important that there be a continuing national focus on the area of child safety. It is recommended (and the recommendation is currently being implemented) that a national conference on child safety be conducted as a logical follow-up to these workshops and to the initial child passenger safety conference held in Tennessee. NHTSA is applauded for its effort on this current national conference. The agency should review the effects of the conference and should at least examine the possibility of continuing these on a yearly basis.

9. NHTSA should develop a consumer brochure concerning tether strap installation.

One of the major topics of discussion in the series of workshops concerned the difficulties of installing tether straps. The need raised in a number of workshops was related to the fact that while some instruction books (particularly the General Motors book) notes location points for various make

models, most tether strap installation instructions did not concern alternate placement of the strap in station wagons or hatchbacks.

Because of the fact that most of the safe seats now on the market require the use of a tether strap and because of the need to use the tether strap to maximize protection afforded to the child occupant, a step-by-step how-to-do-it manual should be developed which would cover proper tether installation procedures for all of the seats within different vehicle makes and models. This would require that a contractor with knowledge of the requirements for tether installation as they apply to each of the child safety seats conduct a survey of vehicle manufacturers to determine optimum locations for the tether strap anchors.

10. NHTSA should attempt to improve the current child passenger safety data collection and analysis system.

One of the primary needs identified at this series of workshops was for better data related to the effectiveness of programs and for more consumer-usable data related to the effectiveness of various child restraint devices. While there are individual NHTSA project efforts (e.g., the HSRI study of crashes) and a limited number of effectiveness evaluations (e.g., the North Carolina and Tennessee program evaluation efforts) now being conducted, there is an increasing need to not only try ideas in the child safety area, but to carefully evaluate them to determine their effectiveness. Such evaluation will not be automatic, particularly if groups conducting the programs are non-research oriented, consumer or volunteer groups. The upgrading of the data collection and analysis system could be facilitated to some extent through increased "pressure" from the Washington and regional NHTSA offices to include sound program evaluations when the states implement pilot projects in the child restraint area. While it will not be possible or feasible to evaluate every

individual program idea that is tried, if a new idea is to be tried in a state and if the idea is to receive 402 funding, NHTSA could facilitate better evaluation by requiring evaluation and by increasing the amount of available funding to ensure that such evaluation is carried out and reported. The results of these evaluations should then be expressed in terms that are usable by consumers and should be distributed to interested individuals and groups (perhaps through the above described newsletter).

11. NHTSA should continue to distribute highly effective (and sometimes expensive) teaching aids to future workshop participants running volunteer programs.

The distribution of the film, "Don't Risk Your Child's Life" to each of the workshop participants was the highlight of many of the workshops in terms of the feedback received from the participants. NHTSA had very seldom provided such an expensive "handout" to workshop participants in the past. Because of the nature of the response received, it is felt that this practice should continue. It was an overwhelming success. Obviously, the choice of such expensive aids will have to be very carefully done. However, when such an aid exists, it is strongly recommended that the practice continue.

While expensive, this particular project expenditure may turn out to be one of the most worthwhile made in terms of subsequent usage by the participants themselves, and in terms of positive feelings about federal and state "intervention" in volunteer programs. The idea was particularly effective since the gift came from NHTSA to the grass roots people which represented a direct tangible response to the need for help in their small, low budgeted programs.

12. NHTSA and other research agencies and individuals should attempt to better identify methods of reaching parents in the lower socioeconomic groups.

At present, the child restraint efforts are very much a white middle-class phenomenon. As is indicated by the list of nominees and attendees at the

workshops, very few of the attendees represented minority groups. While there appears to be a great deal of enthusiasm and individual efforts occurring on the national level among the types of people represented at the workshops, there is very little evidence of ongoing programs specifically aimed at the lower socioeconomic groups.

As pointed out by various workshop participants, this is a particularly important problem in that while these groups are likely to be transporting their children, they are less likely to be confirmed belt users (as supported by other data) and less likely to have the funds or knowledge required to purchase and properly use a child restraint device. Thus, there is a continuing need to emphasize program areas for these groups. The program in the lower socioeconomic groups will be somewhat different in that traditionally, volunteers have usually been of the more affluent sectors of society who have time to work in such programs and who would be expected to work primarily with their peers. It is also noted, however, that because of the low usage levels of restraint in all groups across the nation, this does not necessarily mean that emphasis should be taken away from other groups. There is a great deal of room for improvement among all groups in the nation and the current workshops may have reached those groups of people where the greatest benefit for this initial expenditure of funds might be expected.

13. NHTSA should continue to finance and support future programs involving grass roots volunteers.

The above recommendations address specific concerns and needs and are components of this final recommendation. HSRC feels that the total concept is important enough to be reemphasized.

The response to the workshops indicates that NHTSA should continue to work outside the existing "safety bureaucracy" in expanding the network of local support groups for safety programs. While this is particularly true in the area of child safety, such efforts could also be expanded into other areas. Such efforts will possibly cause some problems in that, by their nature, state safety agencies will desire to control and coordinate all activities within the safety area, primarily based on the very sound and proper rationale that central coordination of safety programs will ultimately result in the highest payoff. However, there are ongoing efforts in safety areas which the state agencies themselves did not initiate or, in many cases, follow up with large state efforts. The child restraint area is perhaps the most pertinent example. Child safety programs are initiated by private consumer and medical groups and have been primarily funded and implemented by these consumer and health care groups with very little or no state aid or state control. Enthusiasm for such programs is currently running very high, and NHTSA and the states should take advantage of this by working with and supporting as many of these volunteer agencies as they can rather than by attempting to gain control over the complete network. The consumer reaction to state and federal intervention could, in many cases, destroy what currently is felt to be one of the most important aspects of the nation's program in child safety. The volunteer agencies and individuals want to do the work and will continue to do the work. There is a continuing need for coordination by the state agencies without over-bearing degrees of control.

Finally this series has indicated that the state highway safety agencies are not necessarily currently aware of all of the safety activities going on in their particular jurisdictions (nor should they be). This series of workshops has provided a point of contact between the state agencies who can help coordinate and support activities by individuals in local areas and the

individuals themselves. By continuing similar type project activities in this and other areas, increased numbers of contacts and thus increased coordination and cooperation between groups could result.

SUMMARY

The major objectives of the Child Restraint Workshop series have been met.

Objective 1: To improve the effectiveness of grass roots organizations in ongoing child restraint programs

This was accomplished by providing participants with up-to-date technical information, access to audio visual and print materials and the opportunity to share information about effective approaches.

Objective 2: To begin coordination efforts within the states

The workshop series has resulted in the establishment of a nationwide network of communication. For the first time, many people were able to get acquainted with others within their own state and region who were also working on child restraint programs. The establishment of the regional divisions of the National Child Passenger Safety Association will facilitate communication and cooperation among concerned individuals and organizations; encourage new programs and help improve existing efforts.

Objective 3: To expand grass root support

By selecting some participants who were not presently involved in any ongoing program effort, the number of organizations educating parents has increased. Many planned to return home and initiate efforts in one or more of the three program areas - legislation, distribution and education. All participants planned to encourage other individuals and groups to support and become actively involved in program efforts.

On a national basis, there is now a larger, stronger, and more influential voice in support of raising child transportation safety to a high level of public awareness and priority.

It is important to mention that the interest, concern and development of programs to protect children while riding in automobiles is at an infancy stage. Those people who initiated the first child restraint programs (many of whom attended one of the workshops) are highly motivated people. They had to be in order to get these programs off the ground. However, as more and more people become involved, we can't expect the same level of motivation to continue. Even though the ground has been broken, the road ahead is still a rocky one. The key is working together in a cooperative and coordinated effort. The leaders in this field took up the ball, the workshop series helped carry it along, and the workshop participants will have to run with it.

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APPENDIX A

Child Restraint Workshop Planning Committee

CHILD RESTRAINT WORKSHOP PLANNING COMMITTEE MEMBERS

Ms. Vivian Giles
Project Manager and
Secretary-Treasurer
Virginia Association of Women
Highway Safety Leaders, Inc.
P.O. Box 31
Danville, VA 24541

Business Phone
(804) 792-0640 or
(804) 792-0605

Ms. Christy Hughes
Research Assistant
Transportation Center
The University of Tennessee
Knoxville, TN 37916

Business Phone
(615) 974-5255

Ms. Mary Longe
American Hospital Association
840 North Lake Shore Drive
Chicago, IL 60611

Business Phone
(312) 280-6048

Mrs. Cosmo D. Mirando
General Federation of Women's Clubs
Safety Division
25 Pamden Lane
Seekonk, MA 02771

Business Phone
(617) 336-8411

Ms. Ruth Reynolds
Wyoming Association of Women
Highway Safety Leaders
720 W. 18th Street
Cheyenne, WY 82201

Business Phone
(307) 777-7497

Ms. Deborah D. Richards
2559 NE 83 Street
Seattle, WA 98115

Business Phone
(206) 522-4766

Dr. Robert Sanders
Department of Public Health
303 N. Church Street
P.O. Box 576
Murfreesboro, TN 37130

Business Phone
(615) 893-4444

Ms. Annemarie Shelness
Physicians For Automotive Safety
Communications Department
P.O. Box 208
Rye, NY 10580

Business Phone
(914) 967-8448

Mr. David Shinn
Public Information Executive
Michigan Department of State
Secondary Complex
Lansing, MI 48918

Business Phone
(517) 322-1523

Dr. Robert Vinetz
13756 Bayliss Road
Los Angeles, CA 90049

Business Phone (213) 671-7501
Home Phone (213) 476-2377

APPENDIX B

Workshop Invitation Samples

Sample Invitation to Nominee



**U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
WASHINGTON, D.C. 20590**

IN REPLY REFER TO:

Dear

This letter is to invite you to participate in a workshop aimed at increasing grass roots support of child restraint usage. The workshop will be held at the Holiday Inn - Downtown, Denver Colorado, June 4 and 5, 1979. As you may know, the United Nations General Assembly has designated 1979 as the International Year of the Child. Because automobile accidents are the single largest health threat to young children in this country, we think that this year is an especially appropriate time for the workshop.

During this spring, the National Highway Traffic Safety Administration will sponsor a workshop conducted by the University of North Carolina Highway Safety Research Center in each of the ten NHTSA regions. The goal of these workshops is to bring together key representatives from organizations that are actively involved in promoting child restraint usage and individuals who are not yet involved, but who are in a position to exert a positive influence in their state.

Because attendance at each workshop is limited to 35 participants, HSRC and NHTSA initiated a very thorough selection process to identify those individuals who would be in a position to make effective use of the knowledge and material obtained at the workshops and be willing to make a commitment to encourage, stimulate and train others as child restraint advocates. After receiving inputs from leaders of national organizations concerned with child advocacy and safety, and from the NHTSA regional offices, the states' Governor's Highway Safety Program Offices, and national service and professional organizations, we have made the final selections for each region. You have been identified as one of the key individuals we would most like to have participate in the Region VIII workshop.

We believe that you can make a difference in helping achieve the ultimate goal of reaching as many parents as possible with information about the benefits of securing young children in crash-tested child

age 2

straints. We are very much aware, however, that for some participants, funding for attending the workshops may not be readily available. To help alleviate this problem, each participant who has no travel funds available, will be able to receive according to North Carolina travel regulations, up to \$100 for actual expenses incurred while attending the workshop. Because we are limited to this \$100 ceiling, you will have to provide any necessary additional funding. We urge you to seek this additional funding from your own organization and from other organizations or agencies within your state who support child restraint or other safety programs.

In order for the workshop to be as successful as possible, we need to request your cooperation and assistance. With only a select number of individuals receiving invitations to attend the workshop, it is imperative that you let us know before May 3 whether or not you will be able to attend the workshop. As of that date, we will be mailing out the invitations to the alternates. Please call Phyllis Alston at (919) 933-2202 or fill out the enclosed registration slip and return it to HSRC. If you plan to attend and need hotel accommodations, please contact the hotel directly. The enclosed reservation card must be received by the Holiday Inn - Downtown no later than May 20 to ensure you lodging at the special group rate.

Dr. B. J. Campbell, Director of UNC's HSRC and I both sincerely hope that you will be able to participate in what we feel will be a very valuable workshop.

Sincerely,

Charles F. Livingston
Deputy Associate Administrator

CFL:pj

P.S. Please find enclosed a listing of workshop topics and handout material that each participant will receive. We hope this will help you justify and obtain any financial assistance you may need to attend the workshop.

REGISTRATION

REGION VIII
CHILD RESTRAINT WORKSHOP
June 4 and 5, 1979
Holiday Inn - Downtown
Denver, Colorado

REGISTRATION DE

May 3, 197

NAME _____

TITLE _____

ORGANIZATION/AGENCY _____

ADDRESS _____

(City)

(State)

(Zip)

Home Phone Number _____ Business Phone Number _____

Please call Phyllis Alston at (919) 933-2202 or return this registration
form by May 3 to the address below to assure a position at the workshop.

University of North Carolina
Highway Safety Research Center
197A - CTP

Chapel Hill, NC 27514

Attention: Ms. Linda Despe

I plan to attend the workshop ____ yes ____ no

I have or plan to make reservations at the Holiday Inn - Downtown ____ yes

FIRST CLASS
PERMIT NO. 119
Denver, Colo.

BUSINESS REPLY MAIL
No Postage Necessary if Mailed in the United States

Postage will be paid by



15TH AND GLENARM PLACE
DENVER, COLORADO 80202

In order to make your reservation, we require either an advance payment of \$40 or a valid credit card number and expiration date of one of the following credit card companies: Visa, Master Charge, Carte Blanche, American Express, Diners Club, and Gulf Oil. Should your plans change, please notify us. A reservation that is not cancelled 72 hours prior to scheduled arrival date will be billed.

UNIVERSITY OF NORTH CAROLINA
Child Restraint Workshop
June 4 & 5, 1979

\$32 Single \$40 Double

Add 7 1/2% Colorado State Tax to all rates.

Book up until 2 weeks prior to arrival, up until cut off date, or until room block is filled. Beyond that date, room space available basis.

Check in time is 1 PM: ROOMS MAY NOT BE READY FOR YOUR OCCUPANCY UNTIL 3 PM.

Credit Card _____
Card Number _____
Exp. Date _____
Day of Arrival: _____
Date of Arrival: _____
Day of Departure: _____
Date of Departure: _____
Phone Number _____
Name _____
(First) (Initial)
(Last)
Street _____
City _____
State _____ Zip _____
Other persons sharing accommodations _____

CHILD RESTRAINT
WORKSHOP TOPICS

- o Death and injury rates for children - the basic problem
- o Low child restraint usage rates and high effectiveness levels
- o How devices restrain children in crashes
- o Types of restraints available -- recent crash testing information
- o Utilization of restraints
 - Crash tested restraints - new standard vs the old standard
 - Proper "attachment" of child to restraint and the proper "attachment" of restraint to car
- o The air bag - its interaction with child restraints
- o When to move a child up to adult belts and problems with belt systems
- o Programs aimed at increasing usage:
 - Educational - who's involved, program contents, success indications
 - Equipment distribution programs
 - Legislation and regulatory avenues
- o Needs and problems within each state
- o A statewide coordination scheme

Note: The two-day workshop will run from 8:00 a.m. to 5:00 p.m. each day.)

Workshop Handout Material
(Partial Listing)

- technical brochure containing background knowledge about what happens in a crash, benefits of restraints, how child restraints are tested, proper use, selection and problems of child restraints
- facts and figures on child restraint usage
- descriptions of on-going child restraint programs
- specific program guides - loaner, educational and legislative/regulatory

- information on effectiveness of mandatory child restraint laws
- Motor Vehicle Safety Standard 213-80 (proposed new federal standard for performance testing of child restraints)
- listing of available materials on child restraints - pamphlets, slides, films (including prices and acquisition procedures)
- reference list of resources and contacts
- Physicians for Automotive Safety's - 16 mm. movie entitled, "Don't Risk Your Child's Life"

Sample Invitation to Governor's Representative



U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
WASHINGTON, D.C. 20590

IN REPLY REFER TO:

April 11, 1979

Ø

Dear Ø:

As you are aware through earlier correspondence, the National Highway Traffic Safety Administration (NHTSA) is sponsoring a workshop conducted by the University of North Carolina Highway Safety Research Center (HSRC) in each of the ten regions. The Region VIII workshop will be held at the Holiday Inn - Downtown, Denver, Colorado, June 4 and 5, 1979.

Please designate a representative from your office to attend the workshop. HSRC has been in contact with your office during the planning process and was given the name of Ø as the person in your office who would be in a position to make the most effective use of the workshop proceedings. Please make sure the person you designate receives the enclosed letter of invitation, which provides needed information about the workshop and the registration process.

As you will note in the invitation letter, NHTSA will help each participant with the first \$100 in expenses for attending the workshop. For most of them, this will not be enough to cover all expenses. Should you have funds available, we would urge you to offer additional support to participants from your state. As you know, funds spent in support of child restraint programs can be charged against the 2 percent safety belt allocation. Enclosed for your information is a list of the initial workshop invitees from your state.

If you have any questions regarding the workshop, contact Ms. Linda Desper at HSRC (919) 933-2202.

We very much appreciate your help in the recommendation of potential attendees, the arrangements for the workshop, and, where possible, the

Page 2
April 11, 1979

funding of attendees. We are sincerely hoping that your participation in this workshop will further strengthen the ties between your office and the local citizens who have a demonstrated interest in highway safety.

Sincerely,

Charles F. Livingston
Deputy Associate Administrator
Traffic Safety Programs

CFL:pj

Enclosure

Enclosures not included.



U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
WASHINGTON, D.C. 20590

Sample Invitation to Committee Member

IN REPLY REFER TO:

April 13, 1979

Mrs. Ruth Reynolds
Wyoming Association of Women Highway
Safety Leaders
720 West 18th. Street
Cheyenne, Wyoming 82201

Dear Mrs. Reynolds:

This letter is a formal invitation for you to attend the Child Restraint Workshop for Region VIII to be held at the Holiday Inn - Downtown, Denver, Colorado, June 4 and 5, 1979.

Enclosed is the letter of invitation that was sent to the grassroots invitees. It should provide whatever information you may need about workshop registration and hotel accommodations.

If you have any questions regarding the workshop, contact Ms. Linda Desper at HSRC (919) 933-2202.

Let me extend my sincere thanks for your assistance and cooperation in the planning of the workshop and in the selection of potential attendees.

Sincerely,

Charles F. Livingston
Deputy Associate Administrator

CFL:pj

Enclosure

Enclosures not included.

UNITED STATES GOVERNMENT

U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION*Memorandum*

SUBJECT: Occupant Protection Workshops

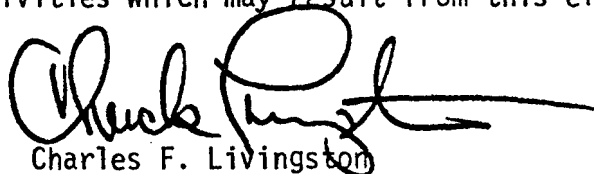
DATE: 10 JAN 1979

FROM : Acting Associate Administrator
Traffic Safety ProgramsIn reply refer to:
NTS-14TO : Regional Administrators, NHTSA
Regions I thru X

Two separate occupant protection workshops will be held in each region during calendar year 1979. One of these will deal specifically with the protection of young children and will be conducted (under contract to the NHTSA) by the Highway Safety Research Center of the University of North Carolina. The purpose of this series of workshops is to stimulate and enhance the child passenger protection programs being conducted by volunteer private sector organizations.

The other series of workshops, which is being conducted for the NHTSA by the National Safety Council, will deal with the protection of the general vehicle occupant population. It will include discussions of both active and passive protection devices and will emphasize the desirability of increased safety belt usage in the years before which the majority of cars will be equipped with passive devices. This workshop effort will use the NHTSA safety belt usage manual for State and local officials as a basis for determining which activities outlined in the manual can be used by the States to increase active belt usage.

The attached summary sheet provides specific information for the two workshops. The attached fact sheets provide more detailed descriptions of each of the workshop series. We would like one person in each region to be designated as a contact for this effort as the contractors will undoubtedly be in frequent contact with your office during the following months. We hope that you will be able to aid the contractors in making arrangements for these meetings, that a representative of the region will attend each of the two workshops and that your office will follow-up on any State and local activities which may result from this effort.


Charles F. Livingston

Attachments



BUY U.S. SAVINGS BONDS REGULARLY ON THE PAYROLL SAVINGS PLAN

APPENDIX C

Attendance Rosters

Attendance Roster
Child Restraint Workshop
Atlanta, Georgia
March 21-22, 1979

Mr. James Ables
Mississippi Highway Safety Patrol
Interstate 55N
Jackson, Mississippi 39211
Business Phone:
Home Phone:

Mr. Floyd Bass
Chief of State Programs Unit
Governor's Highway Safety Program
1100 New Bern Avenue
Raleigh, North Carolina 27611
Business Phone: (919) 733-3083
Home Phone:

Mrs. Kay Breen
Kentucky Jaycettes
1893 Princeton Drive
Louisville, Kentucky 40205
Business Phone:
Home Phone: (502) 459-4624

Mrs. Martha Chapman
Chairman, Women's Division
Central Florida Safety Council
2607 Elizabeth Street
Orlando, Florida 32804
Business Phone:
Home Phone:

Ms. Irene Dole
Florida Association of Women
Highway Safety Leaders
1627 Gristwood Drive
Orlando, Florida 32804
Business Phone:
Home Phone:

Mr. Thomas J. Enright
National Highway Traffic
Safety Administration
Suite 501, 1720 Peachtree Road, N.W.
Atlanta, Georgia 30309
Business Phone: (404) 881-4537
Home Phone:

Mrs. Michael J. Foley
State Chairman, Health Projects
Florida Medical Association
Auxiliary, Inc.
1250 Cedar Lane
India Lantic, Florida 32903
Business Phone:
Home Phone: (305) 723-6634

Dr. Harvey Garrison, Jr.
748 Gillespie Street
Jackson, Mississippi 39202
Business Phone:
Home Phone:

Edward L. Goldblatt, M.D.
2045 Brookwood Medical Center Drive
Birmingham, Alabama 35209
Business Phone: (205) 870-7470
Home Phone:

Ms. Frances M. Harrison
Governor's Highway Safety Program
510 George Street, Suite 240
Jackson, Mississippi 39201
Business Phone: (601) 354-6892
Home Phone:

Ms. Sheri Harvey
Office of Urban and Federal Affairs
Highway Safety Planning Division
Suite 950 Capitol Hill Building
301 Seventh Avenue, North
Nashville, Tennessee 37219
Business Phone: (615) 741-2580
Home Phone:

Cpt. John Henderson
Department of Public Safety
500 Dexter Avenue
Montgomery, Alabama 36130
Business Phone:
Home Phone:

Ms. Jan Hoffman, Project Director
Nashville Urban Observatory
320 Metro Howard Office Building
25 Middleton Street
Nashville, Tennessee 37210
Business Phone:
Home Phone:

Ms. Christy Hughes
Research Assistant
Transportation Center
The University of Tennessee
Knoxville, Tennessee 37916
Business Phone: (615) 974-5255
Home Phone:

Stanley M. Keesling
Regional Administrator
National Highway Traffic
Safety Administration
Suite 501, 1720 Peachtree Road, N.W.
Atlanta, Georgia 30309
Business Phone: (404) 881-4537
Home Phone:

Mrs. Lydia Kennedy
Kentucky Jaycettes
1909 S. Griffiths Street
Owensboro, Kentucky 42301
Business Phone:
Home Phone:

Ms. Brenda Kilgole
Memphis-Shelby County Health Dept.
814 Jefferson Street
Memphis, Tennessee 38105
Business Phone: (901) 528-3901
Home Phone:

Michael R. Lawless, M.D.
Bowman Gray School of Medicine
300 S. Hawthorn Road
Winston-Salem, North Carolina 27103
Business Phone:
Home Phone:

Peter Lee
Division of Health Education
Dept. of Health & Environmental Control
2600 Bull Street
Columbia, South Carolina 29201
Business Phone: (803) 758-5654
Home Phone:

Robin McBride
Traffic Safety Institute
Eastern Kentucky University
Richmond, Kentucky 40475
Business Phone: (606) 622-2236
Home Phone:

Mrs. J. Mills (Agnes)
Alabama Association of WHSL
State Safety Coordinating Committee
660 Adams Avenue, Suite 339
Montgomery, Alabama 36104
Business Phone: (205) 832-3389
Home Phone: (205) 264-3690

Jim Nichols
Driver and Pedestrian Education Div.
National Highway Traffic
Safety Administration
Washington, D. C. 20590
Business Phone: (202) 426-9744
Home Phone:

Anne Orr
Office of Highway Safety
2175 Northlake Parkway
Building 4, Suite 144
Tucker, Georgia 30084
Business Phone: (404) 393-7480
Home Phone:

Dennis O'Sullivan
Communications Director
Governor's Highway Safety Program
1100 New Bern Avenue
Raleigh, North Carolina
Business Phone:
Home Phone:

Ms. Frances S. Owen
Division of Health Education
Dept. of Health & Environmental Control
2600 Bull Street
Columbia, South Carolina 29201
Business Phone: (803) 758-5654
Home Phone:

Mrs. Joyce W. Rush
Georgia Hospital Auxiliary
4638 Savage Hills Drive
Macon, Georgia 31210
Business Phone:
Home Phone:

Marvin L. Rhodes
National Highway Traffic
Safety Administration
Suite 501, 1720 Peachtree Road, N.W.
Atlanta, Georgia 30309
Business Phone: (404) 881-4537
Home Phone:

Dr. Robert Sanders
Department of Public Health
303 N. Church Street
Post Office Box 576
Murfreesboro, Tennessee 37130
Business Phone: (615) 893-4444
Home Phone:

Dr. Minta Saunders
Assistant Secretary for Children
Department of Human Resources
Room 513, Albemarle Building
325 N. Salisbury Street
Raleigh, North Carolina 27611
Business Phone:
Home Phone:

Dr. John Slick
East Carolina University
Driver Traffic Safety Program
Greenville, North Carolina 27834
Business Phone: (919) 757-6154
Home Phone:

Mary Ashbrook Smith, M.D.
1306 Abbeywood
Louisville, Kentucky 40222
Business Phone:
Home Phone:

Mr. R. Preston Smith, Jr.
Director, Highway Safety Division
Department of Highways and
Public Transportation
Post Office Box 191
Columbia, South Carolina 29202
Business Phone:
Home Phone:

Lance D. Thomas
National Highway Traffic
Safety Administration
Suite 501, 1720 Peachtree Road, N.W.
Atlanta, Georgia 30309
Business Phone: (404) 881-4537
Home Phone:

D. B. Triplett
Division of Public Support
Highway Safety Program
Room 477, Edgar Brown Building
1205 Pendleton Street
Columbia, South Carolina 29206
Business Phone: (803) 758-2237
Home Phone:

Mrs. Lib Greene Umhau, Chairman
Georgia Association of Women
Highway Safety Leaders, Inc.
1796 Meadowdale Avenue, N.E.
Atlanta, Georgia 30306
Business Phone: (404) 872-4067
Home Phone:

Lillian Warnick, M.D.
Georgia Department of Human Resources
47 Trinity Avenue
Atlanta, Georgia 30334
Business Phone: (404) 656-4830
Home Phone: (404) 255-4289

Roy Weeks
Office of Highway Safety Programs
Department of Transportation
Frankfort, Kentucky 40601
Business Phone:
Home Phone:

Elaine Weinstein
National Highway Traffic
Safety Administration
400 7th Street, S.W.
Washington, D. C. 20590
Business Phone: (202) 426-2180
Home Phone:

Attendance Roster
Child Restraint Workshop
Philadelphia, Pennsylvania
April 23-24, 1979

Mrs. Eleanor Acri
Director, Auxiliary & Volunteer
Services
Hospital Association of Pennsylvania
P.O. Box 608
Camp Hill, PA 17011
Business Phone: (717) 763-7053
Home Phone: (717) 234-9697

James C. Andrews, M.D.
President-Elect
American Association for Automotive
Medicine
801 East High School
Charlottesville, VA 22901
Business Phone:
Home Phone:

Andrea Meredith Barnett
Pennsylvania Medical Society
20 Erford Road
Lemoyne, PA 17043
Business Phone:
Home Phone:

Constance Urciolo Battle, M.D.
Medical Director and CEO
Hospital for Sick Children
1731 Bunker Hill Road, N.E.
Washington, D.C. 20011
Business Phone:
Home Phone:

Mrs. Mary Bright
Chairman, West Virginia Assoc.
of Women Highway Safety Leaders
1550 Fourth Avenue
Charleston, WV 25312
Business Phone: (304) 343-3171
Home Phone: (304) 744-2463

Collier Burns
Emergency Health Services
Division of Public Health
120 W. 19th. Street
Wilmington, DE 19802
Business Phone: (302) 678-4710
Home Phone:

Austin C. Chidester
Assistant Manager
Delaware Safety Council
300 Foulk Road
Wilmington, DE 19803
Business Phone: (302) 654-7786
Home Phone: (302) 834-1879

Mr. John E. Crocenzi
Director of Education
Hospital Association of
Pennsylvania
P.O. Box 608
Camp Hill, PA 17011
Business Phone: (717) 763-7053
Home Phone: (717) 938-4209

Mr. Philip M. Deemer
Highway Safety Group
1214 Transportation Bldg.
Harrisburg, PA 17120
Business Phone:
Home Phone:

L. K. Garrettson, M.D.
Box 666, MCV Station
Virginia Commonwealth University
Richmond, VA 23298
Business Phone:
Home Phone:

Vivian Giles
Project Manager & Secretary-
Treasurer
Virginia Association of Women
Highway Safety Leaders
P.O. Box 31
Danville, VA 24541
Business Phone: (804) 792-0640 or
(804) 792-0605

Carol J. Goon
 Childbirth Educator
 Childbirth & Parent Education
 Association
 158 Collins Avenue
 Smyrna, DE 19977
 Business Phone:
 Home Phone: (302) 653-6823

Mrs. Pat Herceg
 Pennsylvania Medical Society
 Auxiliary
 674 St. Johns Drive
 Camp Hill, PA 17011
 Business Phone:
 Home Phone: (717) 737-2362

Michael Impellizzeri
 National Highway Traffic Safety
 Administration
 793 Elkridge Landing Road
 Room D-203
 Linthicum, MD 21090
 Business Phone: (301) 796-3117
 Home Phone:

Mr. Paul Isakoff
 Director of Accident & Loss
 Prevention
 Philadelphia Board of Education
 Parkway at 21st. Street
 Philadelphia, PA 19103
 Business Phone: (215) 299-7780
 Home Phone:

Ben Kelly
 Insurance Institute for Highway
 Safety
 Watergate 600
 Washington, D.C. 20037
 Business Phone:
 Home Phone:

Mrs. Madeline Kerrigan
 President-Elect
 Pennsylvania Association of
 Hospital Auxiliaries
 Box 608
 Camp Hill, PA 17011
 Business Phone: (717) 763-7053
 Home Phone: (717) 874-0572

J. W. Lanum
 Highway Safety Management
 Specialist
 D.C. Department of Transportation
 415 12th. Street, N.W.
 Room 604
 Washington, D.C. 20009
 Business Phone:
 Home Phone:

Thomas Marchese
 Philadelphia Board of Education
 Parkway at 21st. Street
 Philadelphia, PA 19103
 Business Phone:
 Home Phone:

Mrs. Diane A. McGowan, President
 Maryland Association of Women
 Highway Safety Leaders
 1010 Rockville Pike
 Suite 605
 Rockville, MD 20852
 Business Phone:
 Home Phone:

Dr. Richard J. Mier
 3300 Pennsylvania Avenue, S.E.
 Washington, D.C. 20021
 Business Phone:
 Home Phone:

Charles L. Minor, M.D.
 2323 Pennsylvania Avenue
 Wilmington, DE 19806
 Business Phone: (302) 658-4339
 Home Phone: (302) 656-4912

Mrs. Rita Miranda
 Chairman, General Foundation
 of Women's Clubs
 25 Pamden Lane
 Seekonk, MA 02771
 Business Phone: (617) 336-8411
 Home Phone:

Vaughn G. Pepper
National Highway Traffic Safety
Administration
793 Elkridge Landing Road
Room D-203
Linthicum, MD 21090
Business Phone:
Home Phone:

Gilbert A. Ratcliff, M.D.
1611 13th. Avenue
Huntington, WV 25701
Business Phone: (304) 525-5281
Home Phone: (304) 529-3552

Kenneth Roberts, M.D.
Maryland American Academy of
Pediatrics
Sinai Hospital of Baltimore
Baltimore, MD 21215
Business Phone:
Home Phone:

Mrs. W. G. Robinson
Chairman of the Virginia Assoc.
of Women Highway Safety Leaders
10500 Timber Lake Road
Lynchburg, VA 24502
Business Phone:
Home Phone:

Martha Shipe, Director
Women in Traffic Safety of
Delaware
19 Prince Avenue
Swanwyck
New Castle, DE 19720
Business Phone:
Home Phone:

Alice H. (Pat) Smolens
DISCUS
425 13th. Street, N.W.
Washington, D.C. 20003
Business Phone:
Home Phone:

Anne Taylor
Pennsylvania Jaycettes
208 Norris Avenue
Phoenixville, PA 19460
Business Phone:
Home Phone:

Janet Walker
West Virginia Safety Council
1550 4th. Avenue
Charleston, WV 25301
Business Phone: (304) 343-3171
Home Phone: (304) 755-2008

Ms. Elaine Weinstein
National Highway Traffic Safety
Administration
400 7th. Street, S.W.
Washington, D.C. 20590
Business Phone: (202) 426-2180
Home Phone:

Joan Wolle, Chief
Health Education Center
MD Dept. of Health & Mental
Hygiene
201 West Preston, Room 5511
Baltimore, MD 21204
Business Phone: (301) 383-2636 or
(301) 383-2633
Home Phone:

Attendance Roster
Child Restraint Workshop
Newark, New Jersey
April 26-27, 1979

Sudheer Baba
c/o W. J. McGrath
Engineering Manager
Casual & Surety Division
Aetna Life & Casualty
151 Williams Street
New York City, NY 00038
Business Phone: (212) 766-2370
Home Phone: (914) 761-6396

Ms. Bobbie Belson, R.N.
Maternal Child Health Coordinator
N.J. State Department of Health
Route 701, John Fitch Plaza
Box 1540
Trenton, NJ 08625
Business Phone:
Home Phone:

Eduardo F. Carlo, Director
Planning and Operations Division
Traffic Safety Commission
P.O. Box 41289, Minillas Station
Santurce, Puerto Rico 00940
Business Phone:
Home Phone:

Seymour Charles, M.D., President
Physicians for Automotive Safety
50 Union Avenue
Irvington, NJ 07111
Business Phone:
Home Phone:

Dr. Arnold N. Constad, M.D.
Project Director
Physicians for Automotive Safety
16 Hobart Gap Road
Short Hills, NJ 07078
Business Phone:
Home Phone:

John DelGiudice
N.Y. State Police
Building #22, State Office Campus
Albany, NY 12226
Business Phone: (518) 457-3258
Home Phone:

Sam Haiman
Highway Safety Management
Specialist
National Highway Traffic Safety
Admin.
222 Mamaroneck Avenue, Suite 204
White Plains, NY 10605
Business Phone:
Home Phone:

Charlene M. Hess, R.N.
Center for Health Affairs
760 Alexander Road
Princeton, NJ 08540
Business Phone:
Home Phone:

Dr. Richard Judelson
77 Sundown Trail
Williamsville, NY 14221
Business Phone: (716) 634-0744
Home Phone: (716) 688-5579

Dr. Ira Kuperstein
New Jersey Institute of
Technology
Department of Civil Engineering
323 High Street
Newark, NJ 07102
Business Phone:
Home Phone:

Ms. Joan Landers, Coordinator
Governor's Council of NYS Women
in Traffic Safety
5 Bittersweet Lane
Fayetteville, NY 13066
Business Phone:
Home Phone:

Mrs. Irma V. Lopez
Puerto Rico Association of Women
Highway Safety Leaders
412 Dr. Sein Street, Floral Park
Habo Rey, Puerto, Rico 00917
Business Phone:
Home Phone:

Thomas M. Louizou
 Highway Safety Management Specialist
 National Highway Traffic Safety
 Administration
 222 Mamaroneck Avenue, Suite 204
 White Plains, NY 10605
 Business Phone: (914) 761-4250
 Home Phone:

Kathryn Magdar
 Childbirth & Parent Education of
 Northern New Jersey
 70 White Meadow Road
 Rockaway, NJ 07866
 Business Phone: (201) 335-5883
 Home Phone: (201) 625-5849

Mr. Anthony Mingone
 N.Y. State DMV
 Office of Driver Safety
 Empire State Plaza
 Albany, NY 12228
 Business Phone:
 Home Phone:

Harry B. Nelson
 Acting Regional Administrator
 National Highway Traffic Safety
 Administration
 222 Mamaroneck Avenue, Suite 204
 White Plains, NY 10605
 Business Phone: (914) 761-4250
 Home Phone:

Mrs. Sharane Orendas
 Safety Specialist
 New Jersey Office of Highway
 Safety
 4 Scotch Road
 Trenton, NJ 08628
 Business Phone:
 Home Phone:

Jerome A. Palisi
 Highway Safety Management Specialist
 National Highway Traffic Safety
 Admin.
 222 Mamaroneck Avenue, Suite 204
 White Plains, NY 10605
 Business Phone: (914) 761-4250
 Home Phone:

Mr. Larry Preston
 State University of New York
 at Albany
 1400 Washington Avenue
 Albany, NY 12222
 Business Phone:
 Home Phone:

I. Rodness
 National Highway Traffic Safety
 Admin.
 222 Mamaroneck Avenue, Room 204
 White Plains, NY 10605
 Business Phone: (914) 761-4250 Ext. 312
 Home Phone:

Ellen Ryan
 Public Information Specialist
 Governor's Traffic Safety
 Committee
 Empire State Plaza
 Albany, NY 12228
 Business Phone:
 Home Phone:

J. A. San Filippo, M.D.
 New York Medical College
 Department of Surgery
 Valhalla, NY 10595
 Business Phone: (914) 347-7620
 Home Phone:

Marlene Schmidt
 New Jersey State Safety Council
 50 Park Place
 Newark, NY 07102
 Business Phone:
 Home Phone:

Annemarie Shelness
 Executive Director
 Physicians for Automotive Safety
 P.O. Box 208
 Rye, NY 10580
 Business Phone:
 Home Phone:

Mrs. Joan Sheppard
 Box 340, Chincoppee Road
 Lk. Hopatcong, NJ 07849
 Business Phone:
 Home Phone:

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Visucom Productions
P.O. Box 5472
Redwood City, CA 94063
Business Phone:
Home Phone:

Mrs. Katherine Triepel, Director
NAWHSL - Region II
S4601 Kennison Parkway
Hamburg, NY 14075
Business Phone:
Home Phone:

Suzanne M. Tye
Traffic Safety Education Sup.
Department of Education
Box 630
St. Thomas, Virgin Islands 00801
Business Phone: (809) 774-5191
Home Phone: (809) 774-1709

Gene Van Benthysen
Field Representative
N.J. State Dept. of Health
Route 701, John Fitch Plaza
Box 1540
Trenton, NJ 08625
Business Phone:
Home Phone:

Elaine Weinstein
National Highway Traffic Safety
Administration
400 7th. Street, S.W.
Washington, D.C. 20590
Business Phone: (202) 426-2180
Home Phone:

Kurt Winston, Coordinator
New Jersey Office of Highway Safety
4 Scotch Road
Trenton, NJ 08628
Business Phone:
Home Phone:

Clare Worthing
N.Y.S. Congress of Parents &
Teachers, Inc.
75 Weaving Lane
Wantagh, NY 11793
Business Phone:
Home Phone:

Attendance Roster
Child Restraint Workshop
Boston, Massachusetts
May 3-4, 1979

Sally Barnett, Coordinator
Massachusetts Chapter
Action for Child Trans. Safety
34 Westminister Road
New Center, MA 02159
Business Phone:
Home Phone:

Patricia A. Bartoshesky
Secretary
Massachusetts ACTS
25 Margaret Road
Newton Highlands, MA 02161
Business Phone:
Home Phone:

Ms. Barbara Batten
Public Information & Education Spec.
Highway Safety Program
Room 318
133 State Street
Montpelier, VT 05602
Business Phone: (802) 828-2666
Home Phone: (802) 472-6066

Steven Beeman
Connecticut Dept. of Public
Safety
79 Elm Street
P.O. Box 780
Hartford, CT 06101
Business Phone:
Home Phone:

John H. Belding
Health Planner
Central Massachusetts Health
Systems Agency
415 Boston Turnpike
Shrewsbury, MA 01545
Business Phone: (617) 845-1066
Home Phone: (617) 832-9304

Carol Booth
ACTS
46 Wentthrop Street
Hallowell, Maine 04347
Business Phone:
Home Phone: (207) 623-8383

William E. Boyle, Jr., M.D.
Director
N. H. Pediatric Accident & Poison
Prevention Committee
Hitchcock Clinic
Hanover, NH 03755
Business Phone: (603) 643-4000
Home Phone:

Joy Bricker
Pupil Transportation Safety Officer
N. H. Department of Safety
J. H. Hayes Building
Hazen Drive
Concord, NH 03301
Business Phone: (603) 271-3484
Home Phone: (603) 963-3325

Christine B. Butler
Pediatric Nurse Practitioner
Rhode Island Hospital Ambulatory
Pediatrics
5th APC Building
573 Eddy Street
Providence, RI 02902
Business Phone: (401) 277-5106
Home Phone: (401) 943-4662

Richard B. Colletti, M.D.
University of Vermont
1 South Prospect Street
Burlington, VT 05401
Business Phone: (802) 862-5744
Home Phone: (802) 862-5314

Lorraine Cook
347 Essex Street
Lynnfield, MA 01940
Business Phone: (617) 334-5017
Home Phone:

Mrs. Jean Devereux
Maine Hospital Auxiliary
R.F.D. 1, Box 126
Penobscot, ME 04476
Business Phone:
Home Phone:

Bruce W. Donahue
Peoples Design
27 Loveday Street
Providence, RI 02908
Business Phone: (401) 274-1296
Home Phone: (401) 274-1296

Steven Finer, M.A.
Agency Planner
Franklin County Home Health
Care, Inc.
130 Federal Street
Greenfield, MA 01301
Business Phone: (413) 774-2841
Home Phone: (413) 863-2375

Art Fletcher
National Highway Traffic Safety
Administration
Transportation Systems Center
Kendall Square - Code 903
Cambridge, MA 02142
Business Phone: (617) 494-2680
Home Phone:

Al Francoeur
Allyn Associates
P.O. Box 892
Manchester, NH 03101
Business Phone: (603) 669-5144
Home Phone: (603) 622-7209

Doris Geller
Cheshire Hospital Aid Society
580 Court Street
Keene, NH 03431
Business Phone: (603) 352-4111 Ext. 325
Home Phone:

Mrs. Joan Guidon
Connecticut Jaycee Women
1216 Whirlwind Hill Road
Wallingford, CT 06492
Business Phone:
Home Phone: (203) 269-4927

Mrs. Betsy Harris
Connecticut Hospital Auxiliary
Acord Ridge Road
Wilton, CT 06897
Business Phone:
Home Phone: (203) 762-5140

Carolyn Iacovone
Health Educator
Child Auto Restraint Project
Central Massachusetts Chapter
National Safety Council
25 Quinsigamond Avenue
Worcester, MA 01608
Business Phone: (617) 791-9366
Home Phone:

Dr. Leonard Krassner
116 Sherman Avenue
New Haven, CT 06510
Business Phone: (203) 789-3737
Home Phone:

Margaret Lang
Program Coordinator
Office of Community Health
Affiliated Hospitals Center
721 Huntington Avenue
Boston, MA 02115
Business Phone: (617) 732-5940
Home Phone: (617) 327-5634

Leslie Loehman
Connecticut State Federation of
Women's Clubs
269 West Rock Avenue
New Haven, CT 06515
Business Phone:
Home Phone: (203) 389-6110

Dr. James R. MacMahon
Medical Arts Building
Wilton Road
Farmington, ME 04938
Business Phone:
Home Phone:

Mary Mongan, Chairman
N. H. Brotherhood Council
735 Chestnut Street
Manchester, NH 03101
Business Phone: (603) 668-8660
Home Phone: (603) 627-7083

Burton Nichols
 Program Manager
 New Hampshire Highway Safety Agency
 Pine Inn Plaza
 117 Manchester Street
 Concord, NH 03301
 Business Phone: (603) 271-2131
 Home Phone: (603) 224-7991

Susan Orant
 Governor's Highway Safety Bureau
 50 Staniford Street
 Boston, MA 01608
 Business Phone: (617) 727-5074
 Home Phone:

John S. O'Shea, M.D.
 Director, Division of Ambulatory
 Pediatrics
 Assistant Professor of Pediatrics
 Rhode Island Hospital
 Providence, RI 02902
 Business Phone: (401) 477-5106
 Home Phone: (401) 885-2744

James J. Paugh
 Program Director
 Central Massachusetts Chapter
 National Safety Council
 25 Quinsigamond Avenue
 Worcester, MA 01608
 Business Phone: (617) 791-9366
 Home Phone:

Mrs. Manuel Perry
 321 Sudbury Street
 Marlborough, MA 01752
 Business Phone:
 Home Phone:

Joan Rice
 ACTS
 54 Lexington Road
 Concord, MA 01742
 Business Phone: (617) 369-6718
 Home Phone:

Jim Ryan
 National Highway Traffic Safety
 Administration
 Transportation Systems Center
 Code 903
 Cambridge, MA 02142
 Business Phone: (617) 494-2680
 Home Phone:

Paul C. Schreiber, M.D.
 Chairman, Committee on Accident
 Prevention
 American Academy of Pediatrics
 28 Baltic Avenue
 No. East, MA 02356
 Business Phone: (617) 586-3600
 Home Phone: (617) 238-0033

Mrs. Finley J. Shepard, President
 Vermont Automobile Club
 97 State Street, Box 458
 Montpelier, VT 05602
 Business Phone: (802) 229-0505
 Home Phone: (802) 468-2226

Dr. Carole A. Stashwick
 Yale University
 Department of Pediatrics
 333 Cedar Street
 New Haven, CT 06510
 Business Phone: (203) 436-1619
 Home Phone: (203) 453-6962

Carl F. Thelin
 Auto Safety Engineer
 Consumers Union of U.S., Inc.
 367 Boston Post Road
 Orange, CT 06477
 Business Phone: (203) 795-3508
 Home Phone: (203) 484-0703

Paula Trombley
 CHILDSAFE Chairwoman
 Cheshire Hospital Aid Society
 580 Court Street
 Keene, NH 03431
 Business Phone:
 Home Phone: (603) 352-8565

Mary E. Walker, RN
 The Country Cradle, Inc.
 Route 2
 Shelburne Road
 Shelburne, VT 05482
 Business Phone: (802) 985-3251
 Home Phone: (802) 425-2881

Elaine Weinstein
 National Highway Traffic Safety
 Administration
 400 7th. Street, S.W.
 Washington, D.C. 20590
 Business Phone: (202) 426-2180
 Home Phone:

James F. Williamson
National Highway Traffic Safety
Administration
Transportation Systems Center
Kendall Square - Code 903
Cambridge, MA 02142
Business Phone: (617) 494-2680
Home Phone:

Attendance Roster
Child Restraint Workshop
San Antonio, Texas
May 14-15, 1979

Ms. Karen Almgren, President
Oklahoma Jaycettes
614 Sherman
Alva, OK 73717
Business Phone: (405) 327-2444
Home Phone: (405) 327-0646

E. Robert Anderson
Regional Administrator
National Highway Traffic Safety
Administration
819 Taylor Street
Fort Worth, TX 76102
Business Phone: (817) 334-3653
Home Phone:

Kathy Bearden
Highway Safety Program Manager
Arkansas Highway Safety Program
705 South Pulaski Street
Little Rock, AR 72201
Business Phone: (501) 371-1101
Home Phone: (501) 664-5824

Earle P. Brown
United Services Automobile Assoc.
USAA Bldg.
San Antonio, TX 78288
Business Phone: (512) 690-4299
Home Phone:

Susan N. Bryant, Manager
Public Information and Education
Office of Traffic Safety
State Dept. of Hwys. & Public
Transp.
Austin, TX 78701
Business Phone: (512) 928-1170
Home Phone: (512) 837-5257

Angela J. Burke
Center for Safety & Accident
Prevention Research
North Texas State University
Box 13587
Denton, TX 76203
Business Phone: (817) 788-2671
Home Phone: (214) 247-6880

Alex M. Calaluca
National Highway Traffic Safety
Administration
819 Taylor Street
Fort Worth, TX 76102
Business Phone: (817) 334-3653
Home Phone:

Mrs. Elwyn Cavin
Louisiana Medical Auxiliary
2206 Barbe Street
Lake Charles, LA 70601
Business Phone:
Home Phone: (318) 433-5638

Mrs. Philip K. Clifton, President
Texas Association of Hospital
Auxiliaries, Inc.
5620 Holly Springs
Houston, TX 77056
Business Phone: (713) 621-2638
Home Phone: (713) 621-5729

Dr. Henry E. Draper, Ph.D.
Chairman, Child Development Div.
State Health Dept.
NE 10th. & Stonewall
Oklahoma City, OK 73105
Business Phone:
Home Phone:

Mrs. Glenn Estill
Carrier
Oklahoma 73727
Business Phone:
Home Phone:

Lindsay Griffin
Manager, Accident Research
Investigation Program
3810 Medical Parkway
Suite 219
Austin, TX 78756
Business Phone:
Home Phone:

Jimmie Knowles
Louisiana PTA
2602 Jersey
West Monroe, LA 71291
Business Phone:
Home Phone: 396-3898

M. L. Levy, M.D.
7855 Jefferson
Baton Rouge, LA 70809
Business Phone:
Home Phone:

Mrs. Jean Martin
Director of Development &
Public Affairs
Texas Safety Association
P.O. Box 9345
Austin, TX 78766
Business Phone: (512) 451-7421
Home Phone: (512) 453-8975

Mrs. Billie McCraw
Vice President, Womens Activities
Texas Safety Association
Route 2, Box 303
Raymondville, TX 78580
Business Phone:
Home Phone: (512) 689-3130

Frank Minyard, M.D.
Coroner, Parish of Orleans
2700 Tulane Avenue
New Orleans, LA 70119
Business Phone: (504) 586-4061
Home Phone:

Allen J. Monroe
Traffic Safety Coordinator
Amarillo College
P.O. Box 447
Amarillo, TX 79178
Business Phone: (806) 376-5111 Ext.421
Home Phone: (806) 372-9993

Ms. Liz Negron
Public Information
Office of Traffic Safety
318 E. Van Buren, Suite 201
Harlingen, TX 78550
Business Phone:
Home Phone:

Debby Newell
1907 Buena Vista, SE
Space 45
Albuquerque, NM 87106
Business Phone:
Home Phone:

Scott Obenshain, M.D.
Assistant Dean for Undergraduate
Medical Education
Assoc. Professor of Pediatrics, Fa
Community & Emergency Medicine
The University of New Mexico
School of Medicine
P.O. Box 276
Health Sciences Center
Albuquerque, NM 87131
Business Phone: (505) 277-4823
Home Phone: (505) 877-1352

Mrs. Sherry E. Quiring
Public Information Assistant
Highway Safety Program
G-80 Jim Thorpe Building
2101 N. Lincoln
Oklahoma City, OK 73105
Business Phone: (405) 521-3314
Home Phone: (405) 943-1792

James Taylor Rhyne, M.D.
Children's Clinic
1420 W. 43rd
Pine Bluff, AR 71603
Business Phone: (501) 534-6210
Home Phone:

Dr. Robert Sanders
Dept. of Public Health
303 N. Church Street
P.O. Box 576
Murfreesboro, TN 37130
Business Phone: (615) 893-4444
Home Phone:

Mrs. Phyllis Stewart
Programming Vice President
U.S. Jaycettes
1705 Dublin Road
Oklahoma City, OK 73120
Business Phone: (405) 848-6871
Home Phone: (405) 751-6368

Henry H. Syrkin, Coordinator
Office of Traffic Safety Education
McLennan Community College
Waco, TX 76780
Business Phone: (817) 756-6551
Home Phone:

Mrs. Bette Theis
Assistant Director
Louisiana Highway Safety Commission
P.O. Box 44061
Baton Rouge, LA 70804
Business Phone:
Home Phone:

Elaine Weinstein
National Highway Traffic Safety
Administration
400 7th. Street, S.W.
Washington, D.C. 20590
Business Phone: (202) 426-2180
Home Phone:

Harriette Williford-Whatley
P.O. Drawer 877
Fairfield, TX 75840
Business Phone: (214) 389-2341
Home Phone: (214) 389-3113

Attendance Roster
Child Restraint Workshop
Kansas City, Missouri
May 17-18, 1979

Robert L. Baldwin
Missouri Safety Center
Central Missouri State University
Warrensburg, MO 64093
Business Phone: (816) 429-4830
(816) 747-8832
Home Phone:

Karen Brockmeyer
Independence Examiner
312 W. Lexington
Independence, MO.
Business Phone: () 254-8600
Home Phone:

Lt. Robert L. Buchholz
Nebraska State Patrol Safety
Education Division
3510 North West 36th. Street
State Patrol Training Center
Lincoln, NE 68524
Business Phone: (402) 470-2404
Home Phone: (402) 467-1911

Dr. Ronald L. Budig
Supervisor, Driver & Safety
Education
Missouri Department of Elementary
& Secondary Education
P.O. Box 480
Jefferson City, MO 65102
Business Phone: (314) 751-4520
Home Phone: (314) 635-6690

Dr. Tom Calvert
Accident Prevention Committee
American Academy of Pediatrics
Lincoln, NE 68501
Business Phone:
Home Phone:

Ben Castellano
U.S. Dept. of Transportation
601 East 12th. Street
Kansas City, MO 64100
Business Phone: (816) 384-5801
Home Phone:

Ron Cline
Missouri Division of Highway Safety
2634 Industrial Drive
Jefferson City, MO 64093
Business Phone:
Home Phone:

Thomas P. Cox, Jr.
Executive Vice President
Greater Kansas City Area
Safety Council
714 East 12th. Street
Kansas City, MO 64106
Business Phone: (816) 842-5223
Home Phone: (816) 333-9262

John Fusselman, M.D.
Muscatine Health Center
1514 Mulberry Avenue
Muscatine, IA 52761
Business Phone: (319) 263-3212
Home Phone:

Mrs. Shirley Herberger
President, Hospital Auxiliary
of Kansas
3000 Northridge Court
Kayes, KS 67601
Business Phone: (913) 625-9411
Home Phone: (913) 625-9557

Shirley Jo Jannsen
Nebraska Highway Safety Program
301 Centennial Mall So.
Lincoln, Nebraska 68509
Business Phone: (402) 471-2515
Home Phone:

Sandra Kampschroeder
Kansas Dept. of Transportation
10th. Floor, State Office Bldg.
Topeka, Kansas 66612
Business Phone: (913) 296-3551
Home Phone:

Charlie Keller
Kansas City Mo. Police Dept.
Safety Education
#15 East 28th.
Kansas City, MO 64108
(816) 242-6525

Steve Larson
Public Information Officer
Nebraska Highway Safety Program
P.O. Box 94612
Lincoln, NE 68509
Business Phone:
Home Phone:

Mark Martinez
Safety DOT Kansas
State Office Building
Topeka, Kansas 66612
Business Phone: (913) 296-3551
Home Phone:

Everett L. McBride
Regional Administrator
National Highway Traffic Safety
Administration
P.O. Box 19515
Kansas City, MO 64141
Business Phone: (816) 926-7887
Home Phone:

Dave McLaughlin
Nebraska Highway Safety
737 Eastridge Drive
Lincoln, Nebraska 68500
Business Phone: (402) 471-2281
488-2453
Home Phone:

Mrs. Otis Reinmiller
President, Nebraska Women for
Highway Safety, Inc.
Staplehurst, NE 68439
Business Phone:
Home Phone: (402) 535-2206

Mrs. George Robertson
Nebraska Medical Auxiliary
3904 Harvey
Omaha, NE 68131
Business Phone:
Home Phone:

Becky Robinson
Kansas Dept. of Transportation
Safety Dept.
10th. Floor, State Office Bldg.
Topeka, KS 66612
Business Phone: (913) 296-3551
273-0571
Home Phone:

Dr. Robert Sanders
Dept. of Public Health
303 N. Church Street
P.O. Box 576
Murfreesboro, TN 37130
Business Phone: (615) 893-4444
Home Phone:

Betty L. Sharp
President, Kansas Women for
Highway Safety
138 Court Street
Clay Center, Kansas 67433
Business Phone:
Home Phone: (913) 632-6413

Nancy K. Simmons
Central Missouri State University
Warrensburg, MO 64093
Business Phone: (816) 429-4626
Home Phone:

Paul Simons, M.D.
4570 Audobon
St. Louis, MO 63110
Business Phone:
Home Phone:

Paul G. Specht
Central Missouri State University
HB 213
Warrensburg, MO 64093
Business Phone: (816) 429-4626
Home Phone:

Mrs. Ray Stackhouse
President, Iowa Women's Traffic
Safety Council
233 7th. NW
Mason City, IA 50401
Business Phone:
Home Phone: (515) 423-2997

James Stevens
National Highway Traffic Safety
Administration
6301 Rock Hill Road
Room 106
Kansas City, MO 64141
Business Phone: (816) 926-5044
Home Phone:

Elaine Weinstein
National Highway Traffic Safety
Administration
400 7th. Street, S.W.
Washington, D.C. 20590
Business Phone: (202) 426-2180
Home Phone:

Bob Wellborne
Bureau of Maternal and Child Health
Care
Department of Health & Environment
Forbes Field
Buidling 740
Topeka, KS 66620
Business Phone:
Home Phone:

Carl Wells
Governor's Highway Safety Office
523 East 12th. Street
Des Moines, IA 50319
Business Phone:
Home Phone:

George W. Wise, M.D.
Director of Poison Control
Associate Director of Clinics
The Children's Mercy Hospital
24th. at Gillham Road
Kansas City, MO 64108
Business Phone: (816) 471-0626
Home Phone: (913) 262-9419

Attendance Roster
Child Restraint Workshop
Denver, Colorado

June 4-5, 1979

Mr. George Berke
Logistical Technical Systems
11 Maple Avenue W.
Menna, VA 22180
Business phone: 703/281-0808

Esse Blatt
Applied Science Associate
714A E. Cedar
Denver, CO 80224
Business phone: 303/388-4254
Home phone: 303/753-1370

Mr. Donald Bross
National Center for the Prevention
of Child Abuse & Neglect
205 Oneida
Denver, CO 80220
Business phone: 303/321-3963
Home phone: 303/499-8797

Mr. William F. Burnett
National Highway Traffic Safety
Administration
100 South Garrison Street
Lakewood, CO 80226
Business phone: 303/234-3253
Home phone:

Ms. Sylvia C. Casey
Director Region VIII
National Association of Women
Highway Safety Leaders
115 West Shore Drive
Mena, MT 59601
Business phone: 406/449-3412
Home phone: 406/475-3456

Ms. Doris Condon
President, S.D.A.H.A.
5 Yucca Drive
Berre, SC 57501
Business phone:
Home phone: 605/224-7579

Paul R. Crellin, M.D.
Secretary-Treasurer, Montana
Medical Association
Montana Chapter, American Academy
of Pediatrics
The Children's Clinic, P.S.C.
P. O. Box 2000
Billings, MT 59103
Business phone: 406/252-6601
Home phone: 406/259-9510

Mr. John Dame
Program Specialist
Utah Highway Safety
455 East 4th South #314
Salt Lake City, UT 84111
Business phone: 801/533-5286
Home phone: 801/561-8048

Ms. Barbara DeHart-Reed
Division of Highway Safety
4201 E. Arkansas
Denver, CO 80220
Business phone: 303/757-9481

Michael Florentine, M.D.
Medical Officer
Department of Health, Education and
Welfare
Public Health Service
Health Services Administration
PHS Indian Health Center
Fort Washakie, WY 82514
Business phone:
Home phone:

Ms. Marge Fritch, President
Colorado Association of Hospital
Auxiliaries
2105 Miller Street
Lakewood, CO 80215
Business phone:
Home phone: 303/234-1991

Ms. Judy L. Froseth
Traffic Records Coordinator
North Dakota Highway Department
Capitol Grounds
Bismarck, ND 58505
Business phone: 701/224-2453
Home phone: 701/258-4509

Mrs. Elizabeth Glass, R.N.
 Supervisor
 Child Health Nursing Conferences
 Community Health Center
 401 Third Avenue North
 P. O. Box 728
 Fargo, ND 58107
 Business phone: 701/235-7561
 Home phone: 701/235-1759

E. H. Heinrichs, M.D.
 Associate Professor of Pediatrics
 University of South Dakota
 848 Valley View Drive
 Vermillion, SD 57069
 Business phone: 605/677-5292
 Home phone: 605/624-9282

Ms. Carol Heiser
 Colorado Association of Hospital
 Auxiliaries
 2105 Miller Street
 Lakewood, CO 80215
 Business phone:
 Home phone: 303/234-1991

Mr. Bill Hendrix, Director
 Public Relations
 Utah Hospital Association
 515 South 7th East, Suite 2F
 Salt Lake City, UT 84102
 Business phone:
 Home phone:

Ms. Carol Holzer, Secretary
 Division of Maternal and Child Health
 ND Department of Health
 Capitol Building
 Bismarck, ND 58505
 Business phone: 701/224-2493
 Home phone: 701/255-4207

Ms. Julie M. Jordan
 Administrative Officer
 Colorado Division of Highway Safety
 4201 East Arkansas Avenue
 Denver, CO 80222
 Business phone: 303/757-9481
 Home phone: 303/861-9227

Ms. Barbara Lewis
 Health Educator
 Tri-County District Health Dept.
 15400 East 14th Pl.
 Aurora, CO 80011
 Business phone:
 Home phone:

Ms. Cynthia Lummis
 State Representative
 Campstool Rt., Box 73
 Cheyenne, WY 82001
 Business phone:
 Home phone:

Thomas J. Metcalf, M.D.
 Director, Ambulatory Pediatrics
 University of Utah Medical Center
 Salt Lake City, UT 84132
 Business phone: 801/581-2205
 Home phone: 801/272-5927

Ms. Janice Orr, President
 Utah Jaycee Auxiliary
 974 East Flonette Drive
 Spanish Fork, UT 84660
 Business phone:
 Home phone:

Mr. Ted Prochnick
 Traffic Safety Program Coordinator
 South Dakota Safety Council
 123 South Main
 Sioux Falls, SD 57102
 Business phone: 605/338-0472
 Home phone: 605/332-7395

Ms. Ruth Reynolds
 Wyoming Association of Women
 Highway Safety Leaders
 720 West 18th Street
 Cheyenne, WY 82201
 Business phone: 307/777-7497
 Home phone: 307/634-6453

Mr. Roger Rollins
 Youth Traffic Safety Coordinator
 2322 Reed Avenue
 Cheyenne, WY 82001
 Business phone:
 Home phone:

Dr. Robert Sanders
 Department of Public Health
 303 North Church Street
 P. O. Box 576
 Murfreesboro, TN 37130
 Business phone: 615/893-4444
 Home phone:

Myrna Loy Smith
 Director District VI
 SDAWHS
 2209 Michigan Avenue
 Rapid City, SD 57701
 Business phone:
 Home phone: 605/342-0479

. Diana Steinmetz
 Parent Education Coordinator
 Chelan Medical Center
 300 West 38th Avenue
 Bristle Ridge, CO 80033
 Business phone: 303/425-8558
 Home phone: 303/422-8503

Mr. Douglas P. Woolf
 K-6 Traffic Safety Education
 State Department of Education
 Hathaway Building
 Cheyenne, WY 82002
 Business phone:
 Home phone:

. Jeanne Thomas
 North Dakota Jaycettes
 Hall, ND 58761
 Business phone:
 Home phone: 701/756-6873

. Willis Tullos
 Tommy Drive
 Philadelphia, MS 39350
 Business phone: 601/656-5251

. George E. Turner
 Colorado State Police
 101 E. Arkansas
 Denver, CO 80222
 Business phone: 303/757-9412

. Carole Vandekoppel
 Health Educator
 El Paso County District Health Dept.
 400 East 14th Pl.
 El Paso, CO 80011
 Business phone:
 Home phone:

. Susan Volf
 Administrative Assistant
 Division of Highway Safety
 Department of Public Safety
 18 West Capital Avenue
 Pierre, SD 57501
 Business phone: 605/773-3546
 Home phone:

. Elaine Weinstein
 National Highway Traffic Safety
 Administration
 1200 7th Street, S.W.
 Washington, DC 20590
 Business phone: 202/426-2180
 Home phone:

. Olin Williams
 Route 7, Box 21
 Philadelphia, MS 39350
 Business phone: 601/656-5251
 Home phone:

Attendance Roster
Child Restraint Workshop
Chicago, Illinois
June 7-8, 1979

Mrs. Charlotte Bennett
Indiana Medical Auxiliary
Business Phone: (812) 476-3362
Home Phone:

Ronald L. Bos
Deputy Director
Michigan Dept. of State Police
Office of Highway Safety Planning
7150 Harris Drive
General Office Building
Lansing, MI 48913
Business Phone: (517) 674-8446
Home Phone: (517) 787-3409

Samuel Burch, Director
Dept. of Traffic Safety &
Vehicle Inspection
215 North Senate Avenue
Indianapolis, IN 46204
Business Phone: (317) 633-5870
Home Phone: (317) 844-5901

Mrs. Cheri Calvelo, Chairperson
Infant-Child Auto Safety Project
Michigan State Medical Society
Auxiliary
1727 Probert Road
Jackson, MI 49203
Business Phone:
Home Phone: (517) 787-3409

C. Ernest Cooney
Prevention Specialist
Wisconsin Department
Public Instruction
126 Langdon Street
Madison, WI 53711
Business Phone: (608) 266-1723
Home Phone: (608) 256-8639

A. Todd Davis, M.D.
Director of Ambulatory Services
Children's Memorial Hospital
2300 Children's Plaza
Chicago, IL 60614
Business Phone: (312) 649-4187
Home Phone: (312) 679-4268

Mrs. Wilbur Dolezal
Illinois Hospital Auxiliary
200 Briar Lane
Morris, IL 60450
Business Phone:
Home Phone:

Jim Downey
National Highway Traffic Safety
Administration
Suite 214, Executive Plaza
1010 Dixie Highway
Chicago Heights, IL 60411
Business Phone:
Home Phone:

Karen Dyson
National Highway Traffic Safety
Administration
400 7th. Street, S.W.
Washington, D.C. 20590
Business Phone:
Home Phone:

Jim Edwards
League General Insurance Co.
15600 Providence Drive
Southfield, MI 48075
Business Phone:
Home Phone:

Joan Fernan
Public Information Officer
Wisconsin Governor's Office of
Highway Safety
131 Wilson Street, Suite 803
Madison, WI 53702
Business Phone: (608) 266-1972
Home Phone: (608) 271-5389

Mrs. Jacob Fessler (Lucille)
National Association of Women
Highway Safety Leaders
4925 Dennwood Drive
Sheboygan, WI 53081
Business Phone: (414) 457-7649
Home Phone:

Lee N. Hames, Director
 Safety Education
 American Medical Association
 535 North Dearborn Street
 Chicago, IL 60610
 Business Phone: (312) 751-6585
 Home Phone: (312) 945-2046

Robert E. Hannemann, M.D.
 Chairman
 Indiana Chapter, American Academy
 of Pediatrics
 2600 Greenbush
 Lafayette, IN 47904
 Business Phone: (317) 447-4171
 Home Phone: (317) 463-5055

John C. Heffelfinger, M.D.
 700 Hoffman Drive
 Watertown, WI 53094
 Business Phone: (414) 261-3050
 Home Phone: (414) 261-8206

Jana Hletko
 ACTS - Kalamazoo Chapter
 Borgess Hospital
 9623 Sterling Drive
 Richland, MI 49083
 Business Phone: (616) 383-7333
 Home Phone: (616) 629-4608

Mrs. LaVene Hoerig
 President, WAWHSL
 1321 Clara Avenue
 Sheboygan, WI 53081
 Business Phone:
 Home Phone: (414) 452-0905

Jacqueline Iavarone
 2312 Birchwood Avenue
 Wilmette, IL 60091
 Business Phone:
 Home Phone:

Diane Imhulse
 Manager, School and College
 Department
 National Safety Council
 444 North Michigan Avenue
 Chicago, IL 60611
 Business Phone:
 Home Phone: (312) 527-4800, Ext.268

Jean Jewett
 Safety Restraint Consultant
 Michigan Office of Highway
 Safety Planning
 7150 Harris Drive
 Lansing, MI 48913
 Business Phone:
 Home Phone:

Georgia S. Jupinko
 Federal Projects Director
 Ohio Dept. of Highway Safety
 240 Parsons Avenue
 Columbus, OH 43205
 Business Phone: (614) 466-5181
 Home Phone: (614) 237-0927

Mary Beth Libbey
 Assistant Editor
 Journal of American Insurance
 Alliance of American Insurers
 20 North Wacker Drive
 Chicago, IL 60606
 Business Phone: (312) 558-3700
 Home Phone:

Ms. Liz Lindahl
 National Highway Traffic Safety
 Administration
 Suite 214, Executive Plaza
 1010 Dixie Highway
 Chicago Heights, IL 60411
 Business Phone: (312) 756-1950
 Home Phone:

Gordon Lindquist
 Regional Administrator
 National Highway Traffic Safety
 Administration
 Suite 214, Executive Plaza
 1010 Dixie Highway
 Chicago Heights, IL 60411
 Business Phone: (312) 756-1950
 Home Phone:

Ms. Mary Longe
 Staff Specialist
 American Hospital Association
 840 North Lakeshore Drive
 Chicago, IL 60611
 Business Phone: (312) 280-6048
 Home Phone: (312) 528-7007

Dr. John R. Lutzker
Associate Professor and Coordinator
Behavior Modification Program
Rehabilitation Institute
Southern Illinois University
Carbondale, IL 62901
Business Phone: (618) 536-7704
Home Phone: (618) 985-6071

Ron Marcus
National Committee for Automobile Crash
Protection
1220 19th. Street
Suite 201
Washington, DC 20036
Business Phone: (202) 466-6682
Home Phone:

Mary Meland, M.D.
Group Health Plan, Inc.
1326 West 47 Street
Minneapolis, MN 55409
Business Phone: (612) 884-1150
Home Phone: (612) 823-3849

Kathryn P. Nichol, M.D.
Chairperson, Committee for Accident
and Poison Prevention
Wisconsin Chapter, American Academy
of Pediatrics
2753 Marshall Parkway
Madison, WI 53713
Business Phone: (608) 252-8071
Home Phone: (608) 255-9854

Judith Nyberg
Michigan Association for Traffic Safety
122 S. Grand Avenue
Lansing, MI 48933
Business Phone: (517) 487-8811
Home Phone:

Jerome A. Paulson, M.D.
Rainbow Babies & Children's Hospital
2101 Adelbert Road
Cleveland, OH 44106
Business Phone: (216) 444-3657
Home Phone: (216) 932-8197

Elaine Petrucelli
Executive Secretary
American Association for Automotive
Medicine
P.O. Box 222
Morton Grove, IL 60053
Business Phone: (312) 751-6581
Home Phone: (312) 297-7419

Susan C. Reinhard
6309 Stirrup Road
Cincinnati, OH 45244
Business Phone:
Home Phone:

David Ritzman
Rehabilitation Institute
Behavior Modification
Southern Illinois University
Carbondale, IL 62901
Business Phone: (618) 536-7704 Ext.3

Judy Runyan, President
Ohio Women in Traffic Safety
2640 Vernon Ashbury
South Vienna, OH 45369
Business Phone:
Home Phone:

Dr. Robert Sanders
Department of Public Health
303 North Church Street
P.O. Box 576
Murfreesboro, TN 37130
Business Phone:
Home Phone:

Mrs. Daniel Santos
Auxiliary to Academy of Medicine
of Cincinnati
Business Phone: (513) 891-4842
Home Phone:

Louis Schwab
Director of Medical Affairs
Children's Medical Center
1735 Chapel Street
Dayton, OH 45404
Business Phone: (513) 226-8448
Home Phone: (513) 767-1466

Leigh Seaver
 National Highway Traffic Safety
 Administration
 400 7th. Street, S.W.
 Washington, DC 20590
 Business Phone: (202) 426-2180
 Home Phone:

John H. Shaffer
 Coordinator - Childsafe
 Minnesota Safety Council, Inc.
 Department of Public Safety
 145 Hamm Building
 St. Paul, MN 55102
 Business Phone: (612) 291-9150
 Home Phone: (612) 437-2097

Mr. David Shinn
 Public Information Executive
 Michigan Dept. of State
 Secondary Complex
 Lansing, MI 48918
 Business Phone: (517) 322-1523
 Home Phone: (517) 339-2896

Kathleen Watson
 Program Manager
 Division of Traffic Safety
 Illinois Dept. of Transportation
 2300 Dirksen Parkway
 Springfield, IL 62764
 Business Phone: (217) 785-3031
 Home Phone:

Elaine Weinstein
 National Highway Traffic Safety
 Administration
 400 7th. Street, S.W.
 Washington, D.C. 20590
 Business Phone: (202) 426-2180
 Home Phone:

Don Williamson
 National Highway Traffic Safety
 Administration
 Suite 214, Executive Plaza
 1010 Dixie Highway
 Chicago Heights, IL 60411
 Business Phone: (312) 756-1950
 Home Phone:

Ms. Darlene Wilshek
 Governor's Representative to the
 National Association of
 Women Highway Safety Leaders
 4120 White Ash Road
 Chrystal Lake, IL 60014
 Business Phone:
 Home Phone: (815) 455-2349

Tom Wolf
 National Highway Traffic Safety
 Administration
 Suite 214, Executive Plaza
 1010 Dixie Highway
 Chicago Heights, IL 60411
 Business Phone: (312) 756-1950
 Home Phone:

Attendance Roster
Child Restraint Workshop
Seattle, Washington
June 21-22

Mrs. Pat Bristow
Pediatric Nurse Practitioner
4050 Lake Otis Parkway
Anchorage, AL 99504
Business phone: 907/276-1170
Home phone: 907/333-1064

Jean Butler
Bremerton Kitsap Co. Health
Department
109 Austin Drive
Bremerton, WA 98310
Business phone: 206/475-5240

Lauretta Carlson
National Highway Traffic Safety
Administration
3140 Federal Building
915 Second Avenue
Seattle, WA 98174
Business phone: 206/442-5935

Joyce Chapman
National Highway Traffic Safety
Administration
3140 Federal Building
915 Second Avenue
Seattle, WA 98174
Business phone: 206/442-5935

Mrs. Betsy Dale, Supervisor
Preparation for Parenthood Course
American Red Cross
P.O. Box 24286
Seattle, WA 98124
Business phone:
Home phone: 206/747-5822

Ms. Guerald C. Day
2334 N.E. 19th Avenue
Portland, OR 97212
Business phone:
Home phone:

Dr. John H. Diliberti
2801 North Gantenbenin
Portland, OR 97227
Business phone:
Home phone:

Ms. Margaret Dowling, President
Governor's Representative
Washington Association of Women
Highway Safety Leaders
E. 3811 Cleveland Avenue
Spokane, WA 99207
Business phone:
Home phone: 509/483-4255

Mr. Bob Gabaldon
Highway Safety Specialist
Bureau of Indian Affairs
Division of Management
P.O. Box 2006
Albuquerque, NM 87103
Business phone: 505/766-2863
Home phone:

Parke Garrard
Office of Highway Safety
Idaho Transportation Department
3311 West State Street
P.O. Box 7129
Boise, ID 83707
Business phone: 208/384-3533
Home phone: 208/375-3174

Mr. Tom Gullickson
Information Specialist
Washington Traffic Safety
Commission
P.O. Box 1399
Olympia, WA 98504
Business phone:
Home phone:

Mrs. Donna Harwood
Idaho Hospital Auxiliary
10408 Shadybrook Street
Boise, ID 83704
Business phone:
Home phone:

Jim Hilmar
National Highway Traffic
Safety Administration
3140 Federal Building
915 Second Avenue
Seattle, WA 98174
Business phone: 206/442-5935

Mrs. Warren Hultman
Washington Hospital Auxiliary
626 Wetmore
Everett, WA 98201
Business phone:
Home phone: 206/252-5426

Clarence A. Jenike, M.D., Chief
Community Health Services
Oregon State Health Division
P.O. Box 231
Portland, OR 97204
Business phone:
Home phone:

Dr. Zsolt H. Koppanyi, Chief
Bureau of Child Health
Idaho Department of Health & Welfare
Boise, ID 83720
Business phone:
Home phone:

Marianne Lippincott
Seattle Jaycee Women
724 N. 70th
Seattle, WA 98103
Home phone: 206/782-4373

Susan Mann
2505 S.E. 11th
Portland, OR 97202
Business phone:
Home phone:

Marilee Mielke
ACTS
6409 Highland Drive
Vancouver, WA 98661
Business phone:
Home phone: 206/694-9841

Steve Millard
Idaho Hospital Association
6420 Norwood
Boise, ID 83702
Business phone:
Home phone:

Paul H. Orris
NHTSA, 3140 Federal Building
915 Second Avenue
Seattle, WA 98114
Business phone: 206/442-5935
Home phone:

Phyllis Jo Overholtzer
Accident Injury Specialist
Cook Inlet Native Association
1057 West Fireweed Lane
Anchorage, AL 99504
Business phone: 907/278-4641 Ext. 309
Home phone: 907/337-6823

Geri Parker
Administrative Assistant
Oregon Traffic Safety Commission
895 Summer Street, N.E.
Salem, OR 97310
Business phone: 503/378-3669
Home phone: 503/378-1958

Wade Patterson
Health Educator
Oregon State Health Division
P.O. Box 231
Portland, OR 97207
Business phone: 503/229-5593
Home phone: 503/234-3425

Tami Price
NHTSA, 3140 Federal Building
915 Second Avenue
Seattle, WA 98174
Business phone:
Home phone:

Debbie Richards
Chairman, Action for Child
Transportation Safety
2559 NE 83rd. Street
Seattle, WA 98115
Business phone:
Home phone: 206/522-4766

Marilyn Saxvik
Governor's Representative
National Association of Women
Highway Safety Leaders
1319 West Koth
Burley, ID 83318
Business phone: 208/678-7575
Home phone: 208/678-7378

Robert G. Scherz, M.D.
Chairman, Accident Prevention
Committee
Washington Chapter - American
Academy of Pediatrics
311 L. Street
Tacoma, WA 98405
Business phone: 206/272-1281
Home phone: 206/588-9341

Donald Shifrin, M.D.
Pediatric Associates
1545 116th Avenue, NE
Bellevue, WA 98004
Business phone:
Home phone:

Mrs. Vaughn Smith
President, Washington State Medical
Association Auxiliary
941 Idaho Street
Wenatchee, WA 98801
Business phone:
Home phone: 509/663-6722

Peggy Lou Stolte
Health Educator, Multnomah County
2505 S.E. 11th
Portland, OR 97202
Business phone:
Home phone:

Attendance Roster
Child Restraint Workshop
Berkeley, California
June 25-26

Larry Agran
Children's Lobby
18071 Mann Street
Irvine, CA 92715
Business phone:
Home phone:

Phyllis Friedman Agran, M.D., MPH
18071 Mann Street
Irvine, CA 92715
Business phone:
Home phone:

Mr. James L. Bailey
Community Program Analyst
Area 1
Developmental Disabilities Bd.
215 West Standley Avenue
Ukiah, CA 95482
Business phone: 707/462-0516
Home phone: 707/462-6485

Barbara Bania
California Office of Traffic Safety
7000 Franklin Boulevard, Suite 330
Sacramento, CA 95823
Business phone: 916/445-0527
Home phone:

G. Vern Beckett
Chairman, Research and Prevention
Committee
California Association for the Retarded
1225 Eighth Street, Suite 312
Sacramento, CA 95814

Ray Biancalana
Program Planning & Evaluation Manager
California Office of Traffic Safety
7000 Franklin Boulevard, Suite 330
Sacramento, CA 95823
Business phone:
Home phone:

Don Brecker, Director
CAP-DD Project
Program Development Center
5a County Center Drive
Oroville, CA 95965
Business phone: 916/534-4437

Kenneth B. Brown
President, Sacramento Safety Center
3909 Bradshaw Road
Sacramento, CA 95827
Business phone: 916/366-SAFE
Home phone: 916/487-6188

Calvin Burkhardt
Regional Administrator
National Highway Traffic Safety
Administration
Two Embacardero Center, Suite 610
San Francisco, CA 94111
Business phone: 415/556-6415

Albert Chang, M.D.
Assistant Professor of Public Health
Earl Warren Hall 312
Berkeley, CA 94720
Business phone: 415/642-4348
Home phone: 415/524-9687

Reba L. Chappell
Chief of Emergency Services
Nevada Division of Health
505 East King Street
Carson, City, NV 89710
Business phone:
Home phone:

Lorraine Clark
State Chairman, TRAGYC
14408 N. 52 Avenue
Glendale, AZ 85306
Business phone: 602/261-7692
Home phone: 602/938-0219

Leon L. Concepcion, M.D.
President, Guam Medical Society
626 Western Boulevard, Jonestown
Tamuning, Guam 96911
Business phone: 646-5266 or
646-6286
Home phone: 646-8555

Sgt. James B. Elliott
California Highway Patrol
2555 First Avenue
Sacramento, CA 95818
Business phone: 916/445-3908
Home phone:

Mary Emrick, Chairman
 California Association of Women
 Highway Safety Leaders
 555 Market, Room 302
 San Francisco, CA 94105
 Business phone: 415/894-4609
 Home phone: 415/588-6214

Mary Lynne Evans
 Community Services Coordinator
 Office of Traffic Safety
 1923 North Carson Street, #209
 Carson City, NV 89710
 Business phone: 702/885-5720
 Home phone:

Mrs. Tom Farrell
 13226 Otsego Street
 Sherman Oaks, CA 91423
 Business phone:
 Home phone:

Kathleen Goddard
 Safety Chairman
 California Federation of Junior
 Women's Clubs
 13180 Casa Linda #13
 Garden Grove, CA 92644
 Business phone: 714/558-5846
 Home phone: 714/636-1072

Bill Hanna
 Comm., N. Maricina Is.
 Department of Public Safety
 Sapien, CM 96950

Laura Hudson
 Coordinator, Ukiah Valley Car
 Safety Project
 7600 Uva Drive
 Redwood Valley, CA 95470
 Home phone: 707/485-8512

Catherine N. Illarmo
 Administrator, Division of Social
 Services
 Department of Public Health &
 Social Services
 P.O. Box 2816
 Agana, Guam 96910
 Business phone: 734-2941
 Home Phone:

Harvey S. Kaplan, M.D.
 Academy of Pediatrics
 222 Harvard Road
 San Mateo, CA 94402
 Business phone: 415/573-3786

Thomas A. Lankard, Director
 Office of Traffic Safety
 State of California
 Business and Transportation Agency
 P.O. Box 865
 Sacramento, CA 95804
 Business phone: 916/445-9718

Kay Lockhart
 Office of Traffic Safety
 P.O. Box 6
 Reno, NV 89504

Mr. John Lovstedt
 Highway Safety Specialist
 Office of Motor Vehicle Safety
 State Department of Transportation
 79 South Nimitz Highway
 Honolulu, HI 96813
 Business phone:
 Home phone:

Ms. Margaret Mack, President
 California State Parents Association
 1540 West 126th Street
 Los Angeles, CA 90047
 Business phone:
 Home phone: 213/757-6661 or
 213/754-5408

Diane Marcus
 Health Educator
 Coordinating Council Developmental
 Disabilities
 San Mateo County Dept. of Public
 Health
 801 Parrott Drive
 San Mateo, CA 94402
 Business phone:
 Home phone: 415/347-0452

Ms. Laurie J. McIntosh
 Research and Planning Analyst
 Automobile Club of Southern
 California
 2601 South Figueroa Street
 Los Angeles, CA 90007
 Business phone: 213/741-4480
 Home phone:

Raymond Meister, Ed.D., M.P.H.
Dept. of Health & Safety Studies
California State University
6000 J. Street
Sacramento, CA 95819
Business phone: 916/454-6107
Home phone: 916/383-0122

Craig Miller
Highway Safety Management Specialist
National Highway Traffic Safety
Administration
Two Embarcadero Center, Suite 610
San Francisco, CA 94111
Business phone: 415/556-6415
Home phone:

Mary Lou Moser
PTA, Office of Traffic Safety
108 O Street
Sparfs, NV 89431
Business phone: 702/784-4036
Home phone: 702/358-3034

Antonio H. Naputi
Department of Public Safety
Saipan, CM 96950
Business phone:
Home phone:

Mrs. Ernie Oliphant
Region IX Director
National Association of Women
Highway Safety Leaders
3008 N. 16 Drive
Phoenix, AZ 85015
Business phone: 602/261-7692
Home phone: 602/263-0154

Mr. Richard Pancost, Executive Director
Children's Home Society of California
5429 McConnell Avenue
Los Angeles, CA 90066
Business phone: 213/391-3113 or
213/390-8954
Home phone: 213/478-1821

Madoline A. Porter
California Federation of Women's
Clubs
2321 Hastings Drive
Belmont, CA 94002
Business phone:
Home phone: 415/592-7409

Richard G. Pugh, CAE
Executive Director
Nevada State Medical Society
3660 Baker Lane
Reno, NV 89509
Business phone:
Home phone: 702/825-6788

Terry Pullan
4644 Maytime Lane
Culver City, CA 90230
Business phone:
Home phone: 213/559-7168

Mrs. Kate Riggins
California Medical Society
Auxiliary
1112 Bucknell Drive
Davis, CA 95616
Business phone:
Home phone:

Stephanie Tombrello
2938 Santa Rosa
Altadena, CA 91001
Business phone:
Home phone:

Delfi Mondragon Shakra, M.S., R.N.
Family Nurse Practitioner
744 Borchard Court
Woodland, CA 95695
Business phone:
Home phone:

Nancy Shephard
Action for Child Transportation
Safety
4447 Shippee Lane
Stockton, CA 95212
Business phone: 209/944-4241
Home phone: 209/931-3693

Dr. Roy Smith
University of Hawaii
School of Health
1960 East West Road
Biomed. C. 105 M
Honolulu, Hawaii 96822
Business phone:
Home phone:

Ms. Dorothy Snyder
 Field Administrator
 Office of Child Development
 Department of Education
 State of California
 1500 5th. Street
 Sacramento, CA 95814
 Business phone:
 Home phone:

Connie Sousa
 Highway Safety Specialist
 Governor's Office of Highway Safety
 1655 West Jackson
 Phoenix, AR 85007
 Business phone: 602/261-7692
 Home phone: 602/276-8461

David J. Stone, M.D.
 American Academy of Pediatrics
 District IX, Chapter 3
 420 Spruce Street
 San Diego, CA 92103
 Business phone: 714/296-6141
 Home phone:

Elise Stone, Health Educator
 Child Health & Disability
 Prevention Program
 274 West 20th. Avenue, Room 17
 San Mateo, CA 94403
 Business phone: 415/573-2877
 Home phone: 415/348-4220

Mr. Jon Stout
 California State Automobile Assoc.
 150 Van Ness Avenue
 San Francisco, CA 94101
 Business phone:
 Home phone:

Susan Ulrich
 San Mateo County Public Health
 Nursing Department
 274 W. 20th. Avenue
 San Mateo, CA 90731
 Business phone: 415/573-2501
 Home phone: 415/323-7814

Robert S. Vinetz, M.D.
 Co-Chairman, Transportation
 Hazards Committee
 American Academy of Pediatrics
 California Chapter 2
 13756 Bayliss Road
 Los Angeles, CA 90049
 Business phone: 213/671-7501
 Home phone: 213/476-2377

Karla Wheeler
 Imp. Bank Premium
 50 California Street
 San Francisco, CA 94111
 Business phone:
 Home phone:

Mr. Morgan White
 PSA Program Director
 KGMB TV
 P.O. Box 581
 Honolulu, HI 96809
 Business phone:
 Home phone:

Mrs. Charles K. Yamashiro
 Community Health Projects Chairman
 Auxiliary to the Honolulu County
 Medical Society
 22 Kaiholu Place
 Kailua, HI 96734
 Business phone: 808/261-3487
 Home phone: 808/261-6506

APPENDIX D
Pre-workshop Briefing

HSRC Conducts Child Restraint Workshops Sponsored by NHTSA

OBJECTIVE:

The United Nations General Assembly has designated 1979 as the International Year of the Child. It is especially fitting that during this year, when attention is being focused on the welfare of children, that we devote our energies to reducing one of the major threats to the children in our society—injury and death from car crashes.

During 1979, the University of North Carolina Highway Safety Research Center will conduct for the National Highway Traffic Safety Administration a series of 10 workshops—one in each NHTSA region—to encourage grassroots support that can be translated into increases in the child restraint usage rate. The strategy of the workshops is to bring together representatives from organizations that are actively involved in promoting child restraint usage and from groups of individuals who are not yet involved but who are in a position to exert a positive influence. The workshops will provide these representatives with information about child restraints and traffic accident data, and will draw upon the participants' experiences to help develop ways of effectively communicating the child restraint safety message to an even larger audience.

The eventual goal that the workshops will be trying to achieve is to have the representatives, either directly or indirectly, reach as many parents as possible with information

WORKSHOP SCHEDULE

1979

March 21, 22	Atlanta, GA
April 23, 24	Philadelphia, PA
April 26, 27	Newark, NJ
May 3, 4	Boston, MA
May 14, 15	San Antonio, TX
May 17, 18	Kansas City, MO
June 4, 5	Denver, CO
June 7, 8	Chicago, IL
June 21, 22	Seattle, WA
June 25, 26	Berkeley, CA

about the benefits of securing young children in crash-tested child restraints. After all, parents are ultimately the only ones who can really make a difference—only they can see that their children are safely restrained in cars.

Let's make one of this country's contributions to the International Year of the Child the formation of a stronger grass roots movement to protect children from one of the most serious threats to their health and safety—the car crash.

Child Restraint - facts and figures

THE PROBLEM:

Only Six Percent of the Children are Being Properly Protected Against the Biggest Threat to Their Health

National Safety Council data indicate that the leading cause of death for children between the ages of 1 and 4 is all types of accidents. By far the most common type of fatal accident for these young children is car crashes.

It is significant to note that many more children die because of automobile accidents than because of illnesses. One of the reasons for this is that parents have been conscientious about immunizing their children against dangerous childhood diseases but have not been so careful about protecting them against being injured in a car crash. A recent North Carolina survey indicated that only 13 percent of the child passengers in cars ride in child restraints. And not all of them are being effectively protected: only six percent of the children surveyed in the survey were **properly seated** in a **crash-tested** child restraint that had been **properly installed**.

THE SOLUTION:

Immunize Children Against This "Disease"

Many childhood illnesses that were common a generation ago are almost unheard of today. Effective methods of immunizing against these diseases were developed, and parents saw to it that their children received this protection. A similar "immunization" program can also help reduce car crashes as a serious childhood health problem. The only significant difference is that a car crash "immunization" program would involve persuading parents to protect their children with effective automobile child restraints instead of with vaccines. However, car crash "immunization" is not as simple because the "vaccine" has to be given each time a child is in a car. Nevertheless, estimates indicate that widespread use of child restraints can save the lives of 60 to 80 of every 100 young children who are presently being killed in car crashes, and reduce many of the serious injuries that children now suffer both in crash and in non-crash situations.

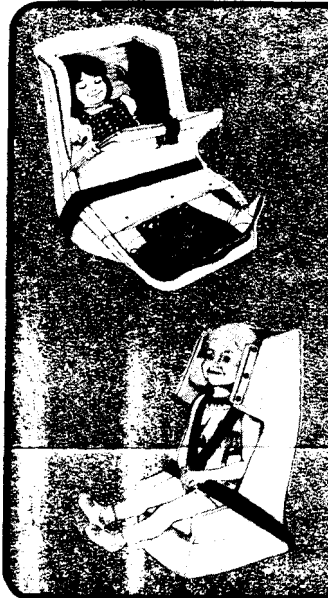
Types of Restraints

Infant Car Carrier



Infants (less than about 15 pounds) require a carrier which is a tub-shaped bed that cradles the child in a semi-erect position. Infant carriers are designed to face the rear of the car and must be secured to the seat by the adult belts already in the car. For very small infants, it may be more comfortable to roll up small blankets or towels and place them inside the carrier at the sides of the infant's body.

Child Safety Seats



For children who weigh more than 15 pounds and can sit up by themselves, there are two types of child seats. The shield type consists of a seat with an impact shield (a padded and slightly flexible surface) that comes up close to the child's stomach and then bends away from his face and chest. The harness type secures the child to the restraint with several harnesses. Both the shield and harness restraints must be secured to the car seat with the seat belts already in the car. Some child seats also include a top tether strap that must be secured to a rear seat belt or the window shelf behind the rear seat.

Safety Harness



This type of restraint, also for the larger child, uses a harness without the protective car seat. It must be installed in the center of the rear seat and is anchored to the rear seat belt and window shelf behind the rear seat. This type of restraint provides less protection in a crash than the child seats but is preferable to no restraint at all for a child who refuses to sit in a child seat.

ON-GOING PROGRAMS

The three different general approaches that are currently being employed to increase the child restraint usage are (1) education—making the public aware of the benefits of using child restraints; (2) distribution—making sure that effective child restraints are available inexpensively; and (3) legislation/regulation—passing laws or imposing regulations that require children to ride in child restraints.

EDUCATION

Project Childsafe is a good example of an educational program. The project's target group is the mothers of newborn children. While they are still in the hospital, the mothers are shown a slide tape presentation and given a brochure, both of which explain the need for properly protecting young children in cars. The program, which was first developed for in-state use by the Wisconsin Hospital Association, is currently being revised for nationwide use by the National Safety Council.



In 1982, passive restraints will become standard equipment in cars. However, even though the safety belt systems and the air bags have been designed to protect adults and older children, they provide adequate protection to small children in crashes. Young children have different bodies than adults, and they need different types of restraints to protect them in a car.

Even if by 1982 passive restraints have been developed that can protect small children, it will be several years before the cars that are equipped with these devices become the majority of personal vehicles on the roadway. Meanwhile, many children will continue to be riding without the protection they need.

DISTRIBUTION

Since 1975, the Virginia Association of Women Highway Safety Leaders has been coordinating a statewide "Mother Knows Best - Buckle Up!" campaign to increase child restraint usage in that state. The program communicates information about child restraints to parents through distribution of promotional material, releases to the print and broadcast media and billboard advertising.



We ask participants to come to the workshop with the following:

- a list of key state contacts
- individuals already involved in on-going child restraint programs
- individuals or organizations not presently involved, but who could be effective child restraint advocates
- information about on-going state programs
- list of sources for child restraint literature, pamphlets, films, etc. (including acquisition procedures)
- information on local distribution outlets (i.e., types of retail outlets)

LEGISLATION/REGULATION

Because the U.S. public sees laws that require the use of occupant restraints as an unnecessary infringement on personal freedom, this approach has been much more limited than the previous two programs—a striking difference from the situation in other "advanced" nations. So far, Tennessee has been the only state to pass a mandatory child restraint use law. Preliminary

studies indicate that the Child Passenger Protection Act has helped increase child restraint usage in Tennessee, but that many children are still not getting the protection they need. Non-legislative regulations (applied to child-care providers, for example) have only been used to a very limited degree, and represent a potentially powerful mechanism for increasing usage levels.



input

1977

Occupant Fatalities

Ages 0 Through 5 By State

Extracted from NHTSA's Fatal Accident Reporting System

IDENT STATE			
ALABAMA	24	MISSOURI	20
ALASKA	—	MONTANA	7
ARIZONA	19	NEBRASKA	12
KANSAS	5	NEVADA	6
CALIFORNIA	74	NEW JERSEY	12
COLORADO	7	NEW MEXICO	17
CONNECTICUT	4	NEW YORK	17
DELAWARE	2	NORTH CAROLINA	25
DISTRICT OF COLUMBIA	2	NORTH DAKOTA	4
FLORIDA	19	OHIO	32
GEORGIA	19	OKLAHOMA	19
HAWAII	2	OREGON	12
ILLINOIS	10	PENNSYLVANIA	20
INDIANA	18	RHODE ISLAND	1
IOWA	28	SOUTH CAROLINA	21
KENTUCKY	7	SOUTH DAKOTA	7
LOUISIANA	10	TENNESSEE	20
MAINE	16	TEXAS	62
MARYLAND	14	UTAH	13
MASSACHUSETTS	3	VERMONT	1
MICHIGAN	9	VIRGINIA	15
MINNESOTA	1	WASHINGTON	18
MISSISSIPPI	26	WEST VIRGINIA	3
	12	WISCONSIN	12
	14	WYOMING	7

-- DATA NOT AVAILABLE --

UNIVERSITY OF NORTH CAROLINA
 Highway Safety Research Center
 Large Trailer Park 197-A, South Campus
 Chapel Hill, N.C. 27514

HIGHWAY SAFETY
 HIGHLIGHTS

QUESTIONNAIRE

Please fill out and bring to the workshop

Name _____

Yes No

1. Are you presently involved in a child restraint program? ☐ Yes ☐ No

If Yes:

- ☐ Educational
☐ Restraint Distribution
☐ Legislative or Regulation

2. Did you develop your own materials for your program? ☐ Yes ☐ No

3. Do you have a thorough understanding of the types of child restraints and how each is correctly used? ☐ Yes ☐ No

4. Are you or your group currently involved in a **cooperative** program with another state, federal, or private group? ☐ Yes ☐ No

5. Is there a current movement toward legislation in your state? ☐ Yes ☐ No

"Highway Safety Highlights" is a publication of The University of North Carolina Highway Safety Research Center, Chapel Hill, North Carolina.

Inquiries should be addressed to:

*The University of North Carolina
 Highway Safety Research Center
 South Campus
 CTP 197-A
 Chapel Hill, North Carolina 27514
 Phone (919) 933-2202*

*Bill Pope, Editor
 Cranine Brinkhous, Artist*

BULK RATE
 U. S. POSTAGE
 PAID
 PERMIT NO. 131
 CHAPEL HILL, N. C.

NON-PROFIT
 ORGANIZATION

APPENDIX E

Medical and Non-medical Target Groups

TARGET GROUPS

Medical - Health Care Professionals

Pediatricians (and their office personnel)

Obstetricians (and their office personnel)

Family practice doctors

OBGYN nurses

Pediatric nurses

Prenatal and post natal class instructors

Public health nurses

Midwives

State or local chapters of large medical associations (or rep. of)

- American Academy of Pediatrics
- American Association for Maternal and Child Health, Inc.
- American Association of Public Health Physicians
- American College of Obstetricians and Gynecologists
- American Medical Association
- American Pediatric Society
- American Public Health Association, including Health Education Division
- American Society of Childbirth Educators, Inc.
- Association of State and Territorial Maternal and Child Health and Crippled Children's Directors
- National Association of Children's Hospitals and Related Institutions
- Epilepsy Foundation of America
- American Association of Oral and Maxillofacial Surgery
- American Hospital Association
- Nurses Associations

Rural Outreach program

Visiting nurses

Public health clinics

Lamaze classes

Children's Medical Services

WIC - Women, Infants, Children Nutrition Program

Medical and nursing students

Pharmacists

TARGET GROUPS

Non-medical (public, private)

Safety related private groups (ACTS)

PTA's

Civic groups

Mothers' groups

Childbirth classes

Daycare centers, nursery schools

Adoption agencies (private)

Classes of older children -- taught by

- Highway Patrol Information Unit
- Dept. of Motor Vehicle Education Representatives
- Home economics teachers
- Driver education teachers

Private company safety meetings

e.g., Dupont, GM

State or local chapters of large associations

- American Institute of Family Relations
- American Parents Committee, Inc.
- American Safety Belt Council
- Child Welfare League of America, Inc.
- Coalition for Children and Youth
- Day Care and Child Development Council of America
- Girl Scouts of the U.S.A.
- International Association of Chiefs of Police
- National Center on Child Abuse and Neglect
- National Child Safety Council
- National Committee for Prevention of Child Abuse
- National Congress of Parents and Teachers
- National Council of Boy Scouts of America
- National 4-H Council
- National Safety Council
- Play School Association
- Young Mother Council Services
- Federation of Women's Club
- State Medical Society Auxiliary
- Social Workers Association
- Department of Social Services
- Future Homemakers of America
- American Home Economics Association
- National Council on Family Relationships
- Department of Education
- Hospital Auxiliary
- Women Highway Safety Leaders
- Planned Parenthood
- American Association of University Women
- Dental Auxiliary
- American Association of Retired Persons

Highway patrol, municipal police departments

Retail merchants

Gasoline associations - car dealers, gas stations

Travellers Protective Association

Insurance agencies

Church groups

TARGET GROUPS

Non-medical (public, private)

Junior women's clubs
Extension Homemaker's Clubs
Professor of Research Methods in Sociology, Community, or
Social Psychology, and Health
Defensive driving classes
Grandmother's Clubs
Babysitters groups
Traffic safety planners
Fast food chains - McDonald's, Wendy's, Sambo's, etc.
Colleges
Military traffic safety programs
Head Start
Hospital gift shops
Politicians
Home demonstration groups
Mail carriers
Fitness groups
Minority association (NAACP, etc.)
Welcome wagon
Military wives clubs

APPENDIX F

Program Agenda, Outline, and Critique Form

CHILD RESTRAINT WORKSHOP

Program Agenda

First Day

- 8:00 - 8:30 Registration, Coffee
- 8:30 - 9:25 Introduction
- 9:25 - 9:55 Problem Statement
- 9:55 - 10:05 Break
- 10:05 - 10:40 The "Preventive Medicine" - The Child Restraint
- 10:40 - 12:00 Types and Utilization of Available Restraints
- Types of Restraints
 - Attaching the Child to the Restraint
 - Attaching the Restraint to the Car
 - including air bag demonstration
- 12:00 - 1:30 Lunch
- 1:30 - 2:30 Types and Utilization of Available Restraints - continued
- Problems with Child Restraint Installation
 - Considerations Before Purchasing
 - Moving to Adult Belts
 - Restraints for Special Populations
- 2:30 - 2:50 Break
- 2:50 - 5:00 Programs Aimed at Increasing Usage
- Introduction to Basic Areas
 - Educational Programs
 - discussion of target groups

Second Day

8:00 - 8:30 Coffee

8:30 - 8:40 Recap of Material Covered in First Day of Workshop and
Overview of Second Day's Agenda

8:40 - 9:40 Programs Aimed at Increasing Usage - continued

Equipment Distribution Programs

9:40 - 10:00 Break

10:00 - 12:00 Programs Aimed at Increasing Usage - continued

Legislative Programs

- effectiveness of restraint laws
- how to work for a mandatory child restraint law
- the existing situation
- other regulatory programs

12:00 - 1:30 Lunch

1:30 - 2:30 Participant Designed Program Ideas: Discussion of Needs and
Problems

2:30 - 3:15 Level of Knowledge: Team Competition

3:15 - 3:30 Break

3:30 - 3:45 Summary

Review of Workshop Topics
Scheme of Statewide Coordination of Efforts
Regional Associations

3:45 - 4:00 Critique

CHILD RESTRAINT WORKSHOP
Program Outline

I. INTRODUCTION

A. University of North Carolina Highway Safety Research Center - Staff Introductions

Dr. B. J. Campbell, Director
Forrest M. Council, Deputy Director
Beverly T. Orr, Program Manager, Public Service Activities
Linda P. Desper, Research Assistant

B. Purpose of Workshop

C. Discussion Format - Not Lectures

D. NHTSA Role and Introductory Remarks

E. Link Between the Child Restraint Workshop Series and the Seat Belt Usage Workshops. Plans for National Conference

F. Discussion of NHTSA's Overall Goal: A Combination of Active and Passive Systems

G. Contents of Handout Material

H. Introduction of Participants

II. PROBLEM STATEMENT

A. Child Death Rates and Causes

B. Usage Rates for Child Restraints

III. THE PREVENTIVE MEDICINE: CHILD RESTRAINTS

A. Levels of Effectiveness

B. The Physics of Child Restraints: How They Work

IV. TYPES AND UTILIZATION OF AVAILABLE RESTRAINTS

A. Four Types

1. Infant car carrier

2. Child safety seat

- a. shield type

- b. harnesss type

3. Convertible

4. Safety harness

B. Two Step Process - Introduction

C. Two Step Process - Demonstrations

1. Step one: attaching the child to the restraint

2. Step two: Attaching the restraint to the car (outside hotel)
(including air bag demonstration by NHTSA representative)

a. tether strap problems (in meeting room)

D. Considerations Before Purchasing

E. Moving Up to Adult Belts

F. Restraints for Special Populations

V. PROGRAMS AIMED AT INCREASING USAGE

A. Introduction to Three Basic Areas

B. Educational Programs

1. Public information and education

a. local examples

2. Target - group education programs

a. local examples

b. target groups (participant exercise and discussion)

C. Equipment Distribution Programs

1. The concept and program ingredients

2. Financing the program

3. Obtaining the child restraints

4. Locating babies who need child restraints

5. Getting the seats to the parents

6. Procedures to insure proper, regular use

7. Getting child restraints back

8. Inspecting and reissuing or discarding the child restraints

9. Getting public support for the program, and your organization

10. Getting evidence that the program works

11. Spawning programs in business, government agencies, etc.
Who should do it?

12. What have we left out?

D. Legislative and Regulatory Programs

1. Restraint laws and their effectiveness

a. foreign countries

b. U.S.A.

2. Working to obtain a restraint law

a. major components of legislation

b. the Tennessee case

c. discussion of proposed laws in this region and related problems

d. working with legislators - student exercise

3. Other regulatory programs - "mini-laws"

VIII. PARTICIPANT DESIGNED PROGRAM IDEAS: DISCUSSION OF NEEDS AND PROBLEMS

XI. LEVEL OF KNOWLEDGE: TEAM COMPETITION

X. SUMMARY

A. Review of Workshop Topics

B. Scheme for Statewide Coordination of Efforts

XI. CRITIQUE

	<u>Expand</u>	<u>Leave as is</u>	<u>Shorten</u>	<u>Delete</u>	<u>Comments</u>
II. PROBLEM STATEMENT					
A. Child Death Rates and Causes					
B. Usage Rates for Child Restraints					
III. THE PREVENTIVE MEDICINE: CHILD RESTRAINTS					
A. Level of Effectiveness					
B. The Physics of Child Restraints: How They Work					
IV. TYPES AND UTILIZATION OF AVAILABLE RESTRAINTS					
A. Four Types					
B. Two Step Process - Introduction					
C. Two Step Process - Demonstrations					
1. Step one: attaching the child to the restraint					
2. Step two: attaching the restraint to the car (including air bag demon- stration)					
D. Considerations Before Purchasing					
E. Moving Up to Adult Belts					

	<u>Expand</u>	<u>Leave as is</u>	<u>Shorten</u>	<u>Delete</u>	<u>Comments</u>
F. Restraints for Special Populations					
V. PROGRAMS AIMED AT INCREASING USAGE					
B. Educational Programs					
1. Public information and education					
2. Target - group education					
b. target groups (participant exercise and discussion)					
C. Equipment Distribution Programs					
1. The concept and program ingredients					
2. Financing the program					
3. Obtaining the child restraints					
4. Locating the babies who need child restraints					
5. Getting the seats to the parents					
6. Procedures to insure proper, regular use					
7. Getting child restraints back					
8. Inspecting and reissuing or discarding the child					

	<u>Expand</u>	<u>as is</u>	<u>Shorten</u>	<u>Delete</u>	<u>Comments</u>
9. Getting public support for the program, and your organization					
10. Getting evidence that the program works					
11. Spawning programs in businesses, government agencies, etc.					
D. Legislative and Regulatory Programs					
1. Restraint laws and their effectiveness					
a. foreign countries					
b. U.S.A.					
2. Working to obtain a restraint law					
a. major components of legislation					
b. the Tennessee case					
c. discussion of proposed laws in this region and related problems					
d. working with legislators - student exercise					
3. Other regulatory programs - "mini-laws"					

	<u>Expand</u>	<u>Leave as is</u>	<u>Shorten</u>	<u>Delete</u>	<u>Comments</u>
VIII. PARTICIPANT DESIGNED PROGRAM IDEAS: DISCUSSION OF NEEDS AND PROBLEMS					
IX. LEVEL OF KNOWLEDGE: TEAM COMPETITION					
X. SUMMARY					
A. Review of Workshop Topics					
B. Scheme of Statewide Coordination of Efforts					

Workshop Critique

(Overall Evaluation of Workshop)

APPENDIX G

Guides for Follow-up Contacts with Participants

Last Name

Existing Education Programs

1. When did your program begin? _____ (month) _____ (year)
2. If it started _____ (month) _____ (year) how long is it scheduled to last? (e.g., six months, one year, continual) _____
3. Is this effort part of a larger, more encompassing safety education program? (e.g., accident prevention program, automobile safety program)
☐ Yes ☐ No
 - 3a. If yes, explain _____

4. Is any organization or agency providing your program funding? ☐ Yes ☐ No
 - 4a. If yes, who? _____

 (Name of organization(s) only)
5. Are you trying to educate the general public? ☐ Yes ☐ No
6. Are you trying to educate a specific target group? ☐ Yes ☐ No
 - 6a. If yes, identify specific target group (check as many as needed)
 - ☐ health professionals
 - ☐ prospective parents and parents of newborns (in hospital clinic/setting)
 - ☐ parents in local community (for service groups)
 - ☐ prospective parents or parents of MY private practice
 - ☐ other (identify) _____
7. How do you reach the target group and by what method do you instruct?
 (e.g., via prenatal classes with one hour instruction and demonstration by registered nurse)
 (e.g., flyers posted in daycare centers, churches)
 (e.g., radio, T.V. public service announcements)

8. Have you developed any educational/instructional materials regarding child restraints? ☐ Yes ☐ No

8a. If yes, what form of materials? (e.g., pamphlet, fact sheet, flyer)

9. Are you using any material that was developed by another organization such as films, slide presentations, pamphlets? ☐ Yes ☐ No

9a. If yes, please identify the organization who developed the material and what the material is.

10. In your educational efforts, how much emphasis do you place on the proper installation and use of restraints?

11. Do you place more emphasis on the safety aspects of restraints or on the fact that they make children behave better?

12. Have you done any evaluation to see if your program has been a success? ☐ Yes ☐ No

12a. If yes, describe evaluation process (e.g., any control groups, etc.) and any results.

13. Any comments about your program? (problems, uniqueness, future plans)

14. Who is the overall program coordinator?

Name _____

Title _____

Organization/agency _____

Mailing Address _____

_____ (City) (State) (Zip)

Phone No. () _____

15. Could you provide HSRC with a copy of materials you have developed and any evaluation forms and written results?

Mail to: Ms. Linda Desper
University of North Carolina
Highway Safety Research Center
CTP 197A
Chapel Hill, N.C. 27514

Thank you very much for your time and cooperation.

Last Name

Planned Education Programs

1. When will your program begin? _____
(month) (year)
2. What is the expected duration of the program? (e.g., six months, one year continual) _____
3. Is this effort part of a larger, more encompassing safety education program? (e.g., accident prevention program, automobile safety program)
☐ Yes ☐ No
 - 3a. If yes, explain _____

4. Is any organization/agency providing your program funding? ☐ Yes ☐ No

 (Name of organization(s) only)
5. Will you be trying to educate the general public? ☐ Yes ☐ No
6. Will you be trying to educate a specific target group? ☐ Yes ☐ No
 - 6a. If yes, identify specific target group (check as many as needed)
 - ☐ health professionals
 - ☐ prospective parents and parents of newborns
(in hospital clinic/setting)
 - ☐ parents in local community (for service groups)
 - ☐ prospective parents or parents of MY private practice
 - ☐ other (identify) _____
7. How will you reach the target group and by what method will you instruct?
 (e.g., via prenatal classes with one hour instruction and demonstration
 by preregistered nurse)
 (e.g., flyers posted in daycare centers, churches)
 (e.g., radio, T.V. public service announcements)

8. Have you developed or are you developing instructional materials regarding child restraints? ☐ Yes ☐ No

8a. If yes, what form of materials? (e.g., pamphlet, fact sheet, flyer)

9. Will you be using any material that was developed by another organization such as films, slide presentations, pamphlets? ☐ Yes ☐ No

9a. If yes, please identify the organization who developed the material and what the material is.

10. In your educational efforts, how much emphasis do you plan to place on the proper installation and use of restraints?

11. Do you plan to place more emphasis on the safety aspects of restraints or on the fact that they make children behave better?

12. Do you plan to do any evaluation to see if your program has been a success? ☐ Yes ☐ No

12a. If yes, describe planned evaluation process (e.g., any control groups, etc.) and any results.

13. Any comments about your program? (problems, uniqueness, future plans)

14. Who is the overall program coordinator?

Name _____

Title _____

Organization/agency _____

Mailing Address _____

(City) (State) (Zip)

Phone No. () _____

15. Could you provide HSRC with a copy of materials you have developed and evaluation forms (if available)?

Mail to: Ms. Linda Desper
University of North Carolina
Highway Safety Research Center
CTP 197A
Chapel Hill, N.C. 27514

Thank you very much for your time and cooperation.

Last Name

Existing Distribution Program

1. When did your program begin? _____
(month) (year)
2. Where did you get funding for your initial purchase of seats? (or other mechanism such as donations or out of attics)

3. How much initial funding did you start with? \$ _____
4. How much did you budget for operation expenses for the first year other than the purchase of seats?
\$ _____
4a. Where did this money come from?

5. How many people are presently involved in the program? _____
How many are:

	Part time	Full time
Professionals (Paid)		
Volunteers		
6. What facility do you work out of? (home(s), hospital health clinic)

7. How many seats did you start with? _____
8. How were they obtained? (e.g., direct from manufacturer, local outlet at discount, donation from whom)

9. What type or types of seats do you loan? (infant carrier, child safety seat, convertible, shield)

10. Do you have a "try before you buy" option? ☐ Yes ☐ No
11. What specific brand(s) and model(s) do you loan out?
- Brand _____
- Model _____
- Brand _____
- Model _____
12. How many seats do you handle now? _____
13. Are all your seats presently loaned out? ☐ Yes ☐ No
- 13a. If yes, do you have a waiting list? ☐ Yes ☐ No
- How many on the waiting list? _____
- 13b. If no, how many seats are presently loaned out? _____
14. How do you locate parents whom you want to loan seats to?
- if service group (like Jaycettes)
- _____
- _____
- (e.g., advertise in local community, word of mouth, etc.)
- if medical group, hospital, health clinic, doctors' offices
- _____
- _____
- (e.g., via prenatal classes, post partum visits, doctor's office checkup)
15. Once parents inquire or are informed of the loaner program, how do you try to convince the parents of the need for a child restraint and how to properly use it?
- (check mark as many as needed)
- ☐ one to one contact - by whom _____
- ☐ written materials (pamphlets, fliers)
- ☐ audio visuals
- ☐ slide presentation
- ☐ movie
- ☐ other (explain) _____
16. Do you charge a rental fee? ☐ Yes ☐ No
- 16a. If yes, how much is the charge? \$ _____

17. Do you require a deposit? ____ Yes ____ No

17a. If yes, how much is the deposit? \$ _____

18. Have you done any evaluation to see if your program has been successful in increasing the use of child restraints in your community? (e.g., observational studies, surveys, etc.) ____ Yes ____ No

18a. If yes, describe evaluation process.

19. Any comments about your program? (problems, uniqueness, future plans)

20. Who is the overall program coordinator?

Name _____

Agency/organization _____

Address _____

(City) (State) (Zip)

Phone () _____

21. Would it be possible to send HSRC copies of materials used in your loaner program? [rental agreements, handout material, sample of advertisements, observation/survey forms, day to day operation information to volunteers/staff (i.e., record keeping details, followup letters)]

Mail to: Ms. Linda Desper
University of North Carolina
Highway Safety Research Center
CTP 197A
Chapel Hill, N.C. 27514

Thank you very much for your time and cooperation.

Last Name

Planned Distribution Program

1. When will your program begin? _____
(month) (year)
2. Where will you get funding for your initial purchase of seats? (or other mechanism such as donations or out of attics)

3. How much initial funding will you start with? \$ _____
4. How much do you expect to budget for operation expenses for the first year, other than the purchase of seats?
\$ _____
- 4a. Where will this money come from?

5. How many people will be involved in the program? _____
How many are:

	Part time	Full time
Professionals (Paid)		
Volunteers		
6. What facility will you work out of? (home(s), hospital health clinic)

7. How many seats will you start with? _____
8. How will they be obtained? (e.g., direct from manufacturer, local outlet at discount, donation from whom)

9. What type or types of seats will you loan? (infant carrier, child safety seat, convertible, shield)

10. Will you have a "try before you buy" option? ☐ Yes ☐ No

11. What specific brand(s) and model(s) will you loan out?

Brand _____

Model _____

Brand _____

Model _____

12. How will you locate parents whom you want to loan seats to?

if service group (like Jaycettes)

(e.g., advertise in local community, word of mouth, etc.)

if medical group, hospital, health clinic, doctors' offices

(e.g., via prenatal classes, post partum visits, doctor's office
checkup)

13. Once parents inquire or are informed of the loaner program, how will you try to convince the parents of the need for a child restraint and how to properly use it?

(check mark as many as needed)

☐ one to one contact

☐ written materials (pamphlets, fliers)

☐ audio visuals

☐ slide presentation

☐ movie

☐ other (explain) _____

14. Will you charge a rental fee? ☐ Yes ☐ No

14a. If yes, how much will the charge be? \$ _____

15. Will you require a deposit? ☐ Yes ☐ No

15a. If yes, how much? \$ _____

16. Do you plan to do any evaluation to see if your program has been successful in increasing the use of child restraints in your community? (e.g., observational studies, surveys, etc.) ☐ Yes ☐ No

16a. If yes, describe planned evaluation process.

17. Any comments about your program? (problems, uniqueness, future plans)

18. Who is the overall program coordinator?

Name

Agency/organization

Address

(City)

(State)

(Zip)

Phone ()

19. Would it be possible to send HSRC copies of materials that will be used in your loaner program? [rental agreements, handout material, sample of advertisements, observation/survey forms, day to day operation information to volunteers/staff (i.e., record keeping details, followup letters)]

Mail to: Ms. Linda Desper
University of North Carolina
Highway Safety Research Center
CTP 197A
Chapel Hill, N.C. 27514

Thank you very much for your time and cooperation.

Last Name

Legislative Programs

If involved in a legislative program or know what is happening in your state regarding CR legislation.

1. What is the status of legislation? (discuss here such things as bill introduced in 79 session, but died or sent to study committee; writing bill to be introduced in 80 session; no legislation introduced and no plans to introduce in next two years, etc.)

2. Is there a "group" effort working toward passing a CR law? (e.g., special task force)

____ Yes ____ No

- 2a. If yes, please identify group(s) involved and how group can be contacted.

Name of group	_____	_____
Contact	_____	_____
Address	_____	_____
	_____	_____
Phone no.	_____	_____

3. How are the group(s) building grassroots and legislative support? (e.g., letters to legislators, endorsement of medical community, etc.)

4. Can you send HSRC a copy of your State's CR bill? ____ Yes ____ No

Mail to: Ms. Linda Desper
University of North Carolina
Highway Safety Research Center
CTP 197A
Chapel Hill, N.C. 27514

Thank you very much for your time and cooperation.

APPENDIX H

Resources

Child Safety in Cars: ACTS' Resources

change

Available Packets, Kits, Pamphlets, Posters, Articles, Films		Price	Qty.	To
A. CHILD RESTRAINT INFORMATION PACKET:				
Research Findings, <i>Consumer Reports</i> Reprints, Accident Report Form, including Items 1-6, plus B below		\$3.50	_____	\$_____
<u>The Following Also Available Separately:</u>				
1. ACTS Facts I - <i>Protecting Child Passengers</i> . . . 1 Copy (Include SASE*)		.25	_____	_____
100 Copies (Bulk Rate).		6.00	_____	_____
2. <i>This Is the Way the Baby Rides</i> (Infants) . . . 1 Copy (Include SASE*)		.25	_____	_____
2-9 Copies.	Price Per Copy	.25	_____	_____
10-99 Copies.	Price Per Copy	.20	_____	_____
100-999 Copies.	Price Per Copy	.15	_____	_____
1000 or More.	Price Per Copy	.10	_____	_____
[Members: 10% Discount on 200 Annually]50	_____	_____
3. <i>Don't Risk Your Child's Life</i> (Children). . . 1 Copy (Include SASE*)		.35	_____	_____
2-9 Copies.	Price Per Copy	.35	_____	_____
[For 10 or more, contact: Physicians for Automotive Safety (PAS) 50 Union Ave., Irvington, N.J. 07111]				
[Members: 10% Discount on 200 Annually]				
4. <i>Car Pool Survival Tips</i> 1 Copy (Include SASE*)		.25	_____	_____
100 Copies (Bulk Rate).		6.00	_____	_____
5. ACTS Kids Are Fragile (Brief fact sheet for displays, conventions, etc.) 1 Free Copy (with SASE*)		--	_____	_____
100 Copies (Bulk Rate).		3.50	_____	_____
[Members: 50 Free Annually (Pay Postage and Handling)]		1.00	_____	_____
6. ACTS Poster: <i>Children Are One-of-a-Kind</i>				
1-4 Copies.	Price Per Copy	.25	_____	_____
5 or More Copies.	Price Per Copy	.15	_____	_____
B. "THE NEGLECTED MINORITY ON THE NATION'S HIGHWAYS" (Reprint from 8/75 <i>Pediatrics</i>; Detailed history of child restraints)				
		1.00	_____	_____
C. <i>Loan a Seat for Safety</i> (Complete guide on how to run a community restraint-loan program)				
		6.00	_____	_____
D. SAFETY DISPLAY KIT (Publicity and display tips, posters, 100 copies of <i>Kids Are Fragile</i>, background information, sample pamphlets). Date Needed: _____ (Allow 6 Weeks).				
		7.50	_____	_____
E. FILM: "Car Safety: Don't Risk Your Child's Life" (PAS 12-minute color film; illustrates safe restraints for children of all ages). Brochure with Prices. (Include SASE*)				
		--	_____	_____
F. FILM: "In the Crash" (Basics: Why adult/child restraints necessary) <u>Free</u> Date Needed: _____ (Allow 6 Weeks).				
	Postage/Handling	7.50	_____	_____
G. GENERAL INFORMATION ABOUT ACTS. (Free with SASE*)				
1. <i>Newsletter</i> , Chapter Information, Board of Directors		--	_____	_____
2. Publicity, Safety Displays, Letter-Writing Guide.		--	_____	_____
3. School Bus Literature and Film Order Form		--	_____	_____
*Self-Addressed Stamped Envelope (business size).				
		TOTAL DUE:		\$_____

PLEASE SEND PAYMENT WITH ORDER, OR OFFICIAL PURCHASE ORDER (FOR ORDERS OVER \$10 ONLY)
[Send SASE* With Order] [For Rush Order Add \$1.00 Per 100 Pieces]

Name _____ Address _____ Order Date: _____
City _____ State _____ Zip _____

Mail To: CHILD RESTRAINT COMMITTEE
ACTION FOR CHILD TRANSPORTATION SAFETY
P.O. Box 266
Bothell, WA. 98011

Send Membership Information
Check Here If ACTS Member



Action for Child Transportation Safety

Child Restraint Committee, P.O. Box 266, Bothell, WA. 98011 • (206) 488-8860, -8874

PREVENTION OF DEATH AND INJURY TO CHILD AUTO PASSENGERS

THE HEALTH PROFESSIONAL'S ROLE

This is a set of educational materials prepared for the National Highway Traffic Safety Administration (NHTSA) by Action for Child Transportation Safety November 1978. Although aimed at health professionals, much of it is also suitable for other individuals and organizations who counsel parents about child restraint use and misuse.

It is available directly from NHTSA, Docket Section, Room 5108,
400 Seventh Street SW, Washington, D.C. 20590. As part of the public
docket, it may be reprinted in quantity by anyone needing it.

The charges listed below are for printing. Please use this form and send
payment in advance.

Please send me the following portions of Docket #74-9-NPRM-N04-092:

	COST	QUANTITY	TOTAL \$
<u>General Section</u>	\$4.35	_____	_____
This contains the following parts which would be useful to anyone carrying out safety education, and which serve as a reference for the specialized sections.			
I. Introduction			
II. Training for Effective Safety Education			
III. Instructor's Manual (practical aids for teachers of restraint use)			
Errata - (Docket #74-9-NPRM-N04-092-A)			
<u>Specialized Sections</u>			
You may need one or more, depending on the types of situations in which you teach parents.			
IV. Prenatal Approaches to Safety Education	.55	_____	_____
V. In-Hospital Education for the New Parent	.80	_____	_____
VI. Auto Safety in the Obstetric or Family Practice	.45	_____	_____
VII. Pediatric Practitioners: Helping Parents Protect their Growing Children	.40	_____	_____
Additional Charge per Order			_____ .20

Date of Order _____ Total Amount Enclosed \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Action for Child Transportation Safety - Seattle Chapter

Child Restraint Resource Notebook

Notebook pages which include all of the manufacturers' instruction manuals for the crashworthy restraints on the Physician for Automotive Safety list.

Price: \$7.50

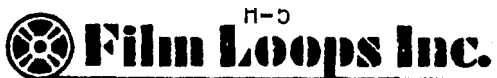
Contact: ACTS - Seattle Chapter
P.O. Box 266
Bothell, WA 98011

Action for Child Transportation Safety - Washington and Oregon

Automobile Safety Restraints for Infants and Small Children - pamphlet

Listing and description of crash tested child restraints.

Contact: Mrs. Marilee Mielke
6409 Highland Drive
Vancouver, WA 98661
(206) 694-9841



P.O. Box 2233 • Princeton, N.J. 08540
(609) 921-2020

1978 Price Schedule -- DO YOU CARE ENOUGH?

Program: DO YOU CARE ENOUGH?

Topic: Infant and Child Restraints

Target Population: Pre/post natal mothers

Content: 1 audio film strip
10 posters

**Quantity discounts (based on
complete program):**

1- 9 units	\$50.00
10- 24 units	\$45.00
25- 49 units	\$40.00
50- 99 units	\$35.00
100-249 units	\$30.00
250-499 units	\$25.00
500-999 units	\$22.00
1,000+ units	\$20.00

FOB Destination

Prices subject to change without notice



Film Loops Inc.

P. O. Box 2233
Princeton, N. J. 08540
(609) 921-2020

DIANE MENIE
Account Representative

DO YOU CARE ENOUGH?**-- An Infant Restraint Program for Pre and Post Natal Mothers**

This program presents the rationale for using an infant restraint while explaining why infant feeder seats, car beds, and even the mother's arms are not adequate in-car protection for a baby. The criteria for selecting a safe infant restraint are presented, and proper installation and use of both infant and child restraints are stressed. The program contains an audio film strip and 10 posters.

Components**1. DO YOU CARE ENOUGH? -- 7-minute color audio film strip**

The audio film strip is designed to:

- Establish the seriousness of the infant fatality and injury problem.
- Emphasize the strength of the forces in even a low-speed, but fast stop.
- Establish the erroneous use of infant feeder seats, car beds, and even a mother's arms as inadequate protection for the baby
- Present features to look for when buying an infant and/or child restraint.
- Instruct as to the proper adjustment and use of infant and child restraint systems.
- Provide a low-key presentation that will motivate new mothers to be interested in providing infant restraint systems for their babies.

2. 10 POSTERS (22" x 34", liquid laminated)

The posters are designed to:

- Stimulate interest in infant restraints
- Reinforce the visual experience of seeing the DO YOU CARE ENOUGH? film.
- Serve as long-term recall aids.
- Focus the viewer's attention on the purpose of the film -- using infant restraint systems.

Objectives of Component Materials

1. To provide infant restraint education for adults.
2. To introduce specific information and concepts critical to infant and toddler restraints, such as: 1) infant feeder seats, car beds, and even the mother's arms are not adequate in-car protection for the baby, 2) infant restraints keep the baby from hitting anything in a crash or sudden stop, 3) infant restraints should be semi-reclined, have wide straps that cross both shoulders and come up between the legs, have a head support, and have passed a dynamic test, 4) The baby should ride backwards in an infant restraint, 5) A toddler restraint is forward-facing and should have a 5-point harness or a shield instead of the 3-point harness for the infant restraint, 6) The toddler harness should come over both shoulders, cross both hips, and come up between the legs, 7) Both the infant restraint and the toddler restraint should hook into the lap belts in the car. 4) Factual reasons for using infant restraints. 5) Proper adjustment of the infant restraint.
3. To generate concern for the baby's in-car safety and enthusiasm for buying an infant restraint.
4. To begin the development of a habit pattern of buckling-up at the earliest age so that a life-long habit pattern of buckling-up may be more easily and surely established.
5. To provide a visual aid to promote the use of infant restraints.

1978 PRICE: \$50.00 per unit, FOB Destination
Quantity discounts available

prices subject to change without notice

11-0

MICHIGAN'S MOTOR VEHICLE OCCUPANT PROTECTION PROGRAM

Recommended Audio-Visual and Printed Materials

This document covers both the audio-visual and printed materials which are or will be available for use as part of Michigan's Motor Vehicle Occupant Protection Program.

The audio-visuals referenced here and in our program suggestions are being produced by Film Loops, Inc. We are recommending them as among the most accurate, interesting, and reasonably priced of all similar materials on the market. With the aid of the federal funding for this project, we intend to distribute without charge copies of these audio-visuals to many hospitals and schools, in addition to some community groups. We also will have a limited supply available for brief loans to any interested organization.

Since we are placing such a large order with Film Loops, they have agreed to offer to any one in the state the same bulk rate price we are paying, even if an organization wants only one copy. This offer will be good at least through 1978. Should you decide that you want your own copy of any of these items, just indicate on your order to Film Loops that it is to be part of the Michigan Motor Vehicle Occupant Protection Program.

The printed materials listed here will be available in modest quantities to the limit of the program's resources. Should your organization have extra funds and need large supplies, we will provide duplicate negatives for your use. These materials are not copyrighted, and you may make whatever use of the contents you wish. We ask only that you give appropriate credit to Michigan's Office of Highway Safety Planning and Traffic Safety Information Council

For more information on any of these materials, contact the:

Michigan Office of Highway Safety Planning

7150 Harris Drive

General Office Building

Lansing, MI 48913

517-322-1942

STATE OF MICHIGAN



WILLIAM G. MILLIKEN, GOVERNOR

DEPARTMENT OF STATE POLICE

OFFICE OF HIGHWAY SAFETY PLANNING

7155 HARRIS DRIVE, GENERAL OFFICE BLDG., LANSING, MICHIGAN 48913

A note about our materials:

The printed informational materials developed for Michigan's Motor Vehicle Occupant Protection Program are not copyrighted. Our only interest is in getting the information out to the public. Therefore, you are free to reproduce and distribute them in any way that meets your needs. You are also free to revise, re-formulate, or excerpt the information, as long as you do not change the meaning of the information.

Our safety restraint materials are not for sale. Samples of all printed materials are available free, in or out of Michigan. Small quantities for use in Michigan we can also supply free. If you need larger quantities in Michigan, we will try to supply you up to the limit of our modest resources. We encourage quantity users to duplicate or print their own materials whenever possible.

If you wish to print large quantities of our materials, we may be able to supply you with duplicate negatives. It may also be possible for you to save money by piggy-backing on our order from our printer. If you are interested in this possibility, let us know so we can tell you when we plan to place an order.

If you duplicate our materials, or borrow heavily from them, we would appreciate a credit line which best describes what you have done. For example:

- "Material prepared by the Michigan Office of Highway Safety Planning"; or
- "Adapted from materials prepared by the Michigan Office of Highway Safety Planning"; or
- "Prepared with assistance from the Michigan Office of Highway Safety Planning."

For more information, contact the Michigan Office of Highway Safety Planning, (517-322-1942).



AUDIO-VISUAL MATERIAL

I. DO YOU CARE ENOUGH?

Content:

This is a 6-minute filmstrip with silent-sync audio cassette aimed at expectant and new parents. In it a young couple tells why and how they selected an infant car seat for their new baby, how it saved the baby's life, and what they will need when the baby is older. This also is suitable for demonstrating to general audiences the importance of child restraints. Ten posters reinforcing the message come with each kit.

Several printed items have been designed for use with this filmstrip: Do You Care Enough About The Way Your Children Ride?, Shopping Guide, and Protect Them As They Ride.

Use and Availability:

1. Pre-natal and post-natal. One filmstrip kit (or LaBelle cartridge) will be distributed without charge through a series of workshops to each hospital and/or hospital auxiliary association in Michigan. Similar offers will be made to all pre-natal clinics and county health departments.
2. Child development classes, home economics classes, driver education classes. Copies will be made available through 24 regional education media centers in intermediate school districts around the state.
3. Doctor's offices. If a physician wishes to have a kit available for viewing by patients, single units may be purchased from Film Loops at their special bulk rate.
4. General audiences. Certain "umbrella" organizations, such as Michigan Women for Highway Safety, will have a limited supply of kits to loan to their memberships. Preview sets also may be borrowed from the Office of Highway Safety Planning.

Price:

Regular Single Unit Price	\$50.00
Special Bulk Price	\$25.00

SAFETY STEPS**Content:**

This is a safety education kit for ages 3 through 5. It suggests 18 lesson plans, with many additional possibilities. The concentration is on pedestrian safety, with a strong introduction to safety belt use. It contains a picture book, filmstrip, audio-cassettes, teacher's guide, a real automobile lap belt, and a variety of game materials.

Use and Availability:

1. Pre-school. A free kit will be offered to every pre-school, nursery school, and day care program in Michigan which sends a representative to one of a series of regional workshops.
2. Preview sets may be borrowed by any interested organization from the Office of Highway Safety Planning.

Price:

Regular Single Unit Price	\$80.00
Special Bulk Price	\$55.00

I. THE ADVENTURES OF BELTMAN FILMSTRIP (Passenger Safety)**Content:**

This is a filmstrip with silent-sync audio cassette designed for kindergarten and grade one. (Also available on LaBelle cartridge.) It teaches the use of safety belts and other important in-car behavior. Also included is an instructor's guide, Beltman stickers to put on safety belts, a real auto safety belt, and a tape measure.

Use and Availability:

1. A limited number of units will be available for brief loans through the Office of Highway Safety Planning.

Price:

Regular Single Unit Price	\$50.00
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IV. THE ADVENTURES OF BELTMAN PEDESTRIAN AND PASSENGER SAFETY PROGRAM

This package is a combination and modification of the previously described Safety Steps and Beltman filmstrip. It can be ordered with a very wide range of teaching materials suitable for children from 4 to 8 or 9 years.

Use and Availability:

1. Schools. Loan copies will be available to schools through the regional education media centers.
2. Police officers. State Police and local safety officers will be provided with copies to use with groups of young people.
3. A limited number of units will be available for brief loans through the Office of Highway Safety Planning.

Price:

Regular Single Unit Price \$105.00
Special Bulk Rate Price \$ 82.00

V. DO YOU BUCKLE UP?

Content:

Designed for grades 2 through 6, this is a very humorous presentation debunking all the excuses people have for not wearing safety belts. There is an 8-minute movie (16 mm), a filmstrip to review the movie's main points, and a teacher's guide.

Use and Availability:

1. Schools. These will be distributed to the regional educational media centers for loan to all schools.
2. Police officers. All State Police and local safety officers will have copies to use in their presentations to young groups.
3. General audiences. A limited number of copies will be available for brief loans to various groups through the Office of Highway Safety Planning.

Price:

Regular Single Unit Price \$85.00
Special Bulk Price \$60.00

VI. ARE YOU CONVINCED?

Content:

This is a 5-minute (16 mm) movie designed to teach high school and adult audiences the importance of safety belts. This is not a "blood and fear" film. Instead, it is a very positive presentation punctuated dramatically by people riding the safety belt convincer. It includes four posters and a teacher's guide.

Use and Availability:

1. Schools. These will be distributed to the regional educational media centers for loan to all schools.
2. Police officers. All State Police and local safety officers will have copies.
3. General audiences. This film will be available for loan through a number of "umbrella" organizations and through the Office of Highway Safety Planning.

Price:

Regular Single Unit Price	\$75.00
Special Bulk Price	\$45.00

ALL OF THESE ITEMS ARE AVAILABLE FOR PURCHASE

FROM:

FILM LOOPS, INC.
P.O. BOX 2233
PRINCETON, N.J. 08540

(609) 921-2020

n-14

VII. SAFETY BELTS -- FACT OR FICTION?

Content:

This is a slide program with silent-sync audio cassette. It takes about 12 minutes and offers a very low-key discussion of the myths surrounding safety belts. All the slides are illustrated. An instructor's guide is included showing all the slides with the accompanying script.

Use and Availability:

1. General audiences. This is best suited for adult audiences. A presenter would have the flexibility of running it "as is", substituting his or her own voice for the recorded script, or even lifting out certain slides and creating a shortened version with personal narration.

The package may be purchased by writing the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

A limited number of these sets are available for brief loan through the Office of Highway Safety Planning.

Price:

Approximately \$15.00.

PRINTED MATERIALS

I. Do You Care Enough About The Way Your Children Ride?

This is a comprehensive, 11-page pamphlet which describes how to safely transport children of all ages. It is for distribution in hospitals and other health-care environments where in-depth discussion and/or presentations of the child restraint filmstrip Do You Care Enough? are possible.

II. Instructor's Guide for the Do You Care Enough? Filmstrip Program

One of these detailed guides will accompany each Do You Care Enough? kit. The guide explains how to conduct the child restraint information program for maximum effect and how to evaluate the impact of the program.

III. Combination Shopping Guide and Do You Care Enough About The Way Your Children Ride: Summary Pamphlet

This pamphlet will cover the most important points of the 11-page pamphlet and gives an up-to-date listing of safely-constructed child restraint devices. It will be available for distribution by any organization. (This summary information is currently provided in a handout titled Protect Them As They Ride.)

IV. Loan A Seat For Safety

This is a complete "how to do it" manual for starting and running a child restraint loan program. It is available upon request to any group or industry.

V. For Pete's Sake (Planned)

This will be a story book for pre-primary and kindergarten children. It will stress the importance of protecting young creatures when they travel. The teacher will read the book and show the pictures.

VI. 'For Pete's Sake' Coloring Book (Planned)

Intended for pre-schoolers, it will include art work from the story book. Children will hear the story, color the pictures, and take the pamphlet home to their parents. The pamphlet also will contain restraint information for parents.

VII. How Many Of These Fairy Tales Have You Been Told?

For use in elementary programs with Beltman or Do You Buckle Up? This is a coloring book which reinforces the messages of those audio-visuals and can be taken home as gifts for parents. It also reinforces the message of Are You Convinced? and can be taken home by parents as presents for children.

VIII. Safety Belt Roulette

For use with the Do You Buckle Up? program for elementary students, and with the Are You Convinced? program for high school and adult audiences. This also is useful for pamphlet rack distribution.

IX. The Safety Restraint Message (Planned)

A programmed learning pamphlet based on the current quiz and discussion guide. For use in high school programs and in employee education programs.

X. The Automobile Safety Restraint Fact Book (Planned)

This comprehensive booklet presents very useful background information on safety belts and child restraints for informational program instructors.

XI. Protecting Your Assets: An Information Program on Safety Restraints for Employees of Government and Industry

This manual explains how to create and implement an informational program using materials available through the Motor Vehicle Occupant Protection Program and the federal government. It also provides a sample survey and extensive information on safety belt use policies.

XII. Child Activity Book

This is a reprint of an excellent booklet produced by the federal government giving elementary teachers a large variety of projects with which to teach children about the importance of safety belts.

XIII. Car Pool Survival Kit

This is a simple pamphlet giving important advice to parents who want to organize a car pool to transport their children. It is very appropriate for distribution through schools, day care centers, and nursery school programs.

XIV. In-Car Stickers ("Safety Belt Use Required In This Vehicle")

These three-inch x five-inch stickers are for installation in state-owned vehicles. They also will be available for limited distribution to businesses and local governmental units which adopt safety belt use policies.

XV. Also being planned are posters, additional limited-audience pamphlets, flyers, program folders, and special workshop materials.

XVI. Michigan's Motor Vehicle Occupant Protection Program

Every program needs a pamphlet to describe what it is all about, and this pamphlet serves that role. It provides the rationale for Michigan's effort, details the informational materials designed for the various target audiences, and suggests specific actions for individuals and organizations to undertake.

Physicians for Automotive Safety

Don't Risk Your Child's Life! - pamphlet

Contact:

PHYSICIANS FOR AUTOMOTIVE SAFETY
Communications Dept.
5 Eve Lane, Rye, NY 10580

PRICE LIST (Effective 9/5/78)

"Don't Risk Your Child's Life"
(12th revised edition, June 1978)

Single copy.....50¢ ea.
2 - 9 copies.....35¢ ea.
10 - 24 copies.....25¢ ea.
25 - 99 copies.....20¢ ea.
100 - 799 copies.....15¢ ea.
800 -1999 copies..... 12.5¢ ea.
2000 and over, request price quote.

20% discount to members of PAS on
200 copies a year.

Allow 3 weeks for delivery.

Check with order will be appreciated.

"Car Safety: Don't Risk Your Child's Life" - film

Physicians for Automotive Safety

914 / 967-8448

Communications Department, 5 Eve Lane, Rye, NY 10580

Clip and mail to

We wish to purchase "Car Safety:
Don't Risk Your Child's Life!"
in the following format:

☐ 16 mm reel\$160

☐ Super-8 Cassette\$165

☐ Videotape\$145
(Special order—specify make of
video player and width of tape used)

Physicians for Automotive Safety is a small,
non-profit organization, operating on a modest
budget. A check accompanying the order
would be greatly appreciated. (The film is not
subject to sales tax. Prices include shipping
charges.)

☐ We wish to rent the film for three days (one screening
16 mm only) \$30

☐ We are interested in purchasing _____ prints to be
shipped to the same address, and request a price
quotation on that number.

☐ Please send us samples and price list of handout
literature on child auto safety.

☐ Please send listing of other educational materials
obtainable from your organization and other sources.

Name _____

Address _____

Phone No. _____ Signed _____

Automobile Baby Care: For the First Ride Home and Every Ride Thereafter - pamphlet

Price: Ranges from \$8 for 100 copies to \$40 for 1000 copies.

Contact: Physicians for Automotive Safety
50 Union Avenue
Irvington, NJ 07111

Display - Series of 20" x 30" mounted photographs, bar graphs and diagrams of prototype crashworthy devices, 2 charts on highway mortality.

Price: \$20 Two week rental

Contact: Physicians for Automotive Safety
50 Union Avenue
Irvington, NJ 07111

University of North Carolina Highway Safety Research Center

It's Your Child's Life....But It's Your Decision -* pamphlet

Pamphlet includes a list of crash-tested child restraints and certain characteristics of each.

Wall posters*

Shopping Guides for thirty North Carolina cities

Illustrations of several different crash-tested child restraints.

*See the following page for a price list for these items. All material is free for North Carolina groups and individuals.

Contact: Bill Hall
UNC Highway Safety Research Center
CTP-197A
Chapel Hill, NC 27514
(919) 933-2202

**PRICE LIST FOR OUT-OF-STATE DISTRIBUTION OF HIGHWAY SAFETY RESEARCH
CENTER CHILD RESTRAINT MATERIALS. EFFECTIVE FEBRUARY 21, 1979.***

POSTERS

three complimentary copies of each of the four posters can be provided upon request.

small order prices:

each copy above complimentary limit(3).....\$.50 (plus postage)

bulk order prices:

250 of each of four posters (1000 total).....\$ 400.00

500 of each of four posters (2000 total).....\$ 600.00

1,200 of each of four posters (4800 total).....\$ 750.00

2,400 of each of four posters (9600 total).....\$1,200.00

(Plus postage and insurance, allow 6-8 weeks for printing and delivery.)

printing negatives:

negatives can be provided which will enable an organization to have their own printing plates made by a printer of their choice. The cost for negatives for each poster will be \$30.00 plus postage and insurance (allow 2-3 weeks for delivery).

note: Because of the long (6-8 weeks) printing period, HSRC recommends the purchase of negatives for use by the purchaser's printer. HSRC requests that the negatives be used to print posters in the optional printed format only or that any alterations or modifications be mutually agreed upon before printing.

BROCHURES

ten complimentary copies of the brochure can be provided upon request.

small order prices:

each copy above complimentary limit (10).....\$.20 (plus postage)

bulk order prices:

10,000 brochures.....\$1,600.00

20,000 brochures.....\$2,925.00

30,000 brochures.....\$4,250.00

(Plus postage and insurance, allow 10-12 weeks for printing and delivery.)

printing negatives:

negatives can be provided which will enable an organization to have their own printing plates made by a printer of their choice. The cost for negatives for the brochure will be \$100.00 plus postage and insurance (allow 2-3 weeks for delivery).

note: Because of the long (10-12 weeks) printing period, HSRC recommends the purchase of negatives for use by the purchaser's printer. HSRC requests that the negatives be used to print brochures in the original printed format only or that any alterations or modifications be mutually agreed upon before printing.

American Automobile Association

Protect Your Child - pamphlet

Revised brochure to help parents choose the best child restraint system.

Price: \$5.25/100 (Effective through May 30, 1979)

All orders must be placed through, and approved by, the local AAA club.

American Hospital Association

Have a Healthy Impact on Your Community - Consumer Health Information

Kit including suggested activities and programs for consumer health information. The section on model programs includes information on Childsafe.

Contact: American Hospital Association
Office of Public Affairs
840 North Lake Shore Drive
Chicago, IL 60611

Department of Health, Education, and Welfare

Auto Safety and Your Child - pamphlet

Contact: Department of Health, Education and Welfare
Office of Human Development
Administration for Children, Youth and Families
P.O. Box 1182
Washington, DC 20013

Georgia Office of Highway Safety

Child Restraint Systems for Your Automobile - pamphlet

Contact: Office of Highway Safety
2175 Northlake Parkway
Building 4, Suite 144
Tucker, GA 30084
(404) 393-7480

Multnomah County, Oregon
Department of Human Services

Use a Little Restraint - pamphlet

"A consumers guide to safe auto restraints for children ages 0-4."

Contact: Susan Mann, Project Director
Department of Human Services
Division of Direct Health Services
2505 S.E. 11th. Avenue
Portland, Oregon 97202
(503) 248-3704

New Jersey Infant Safety Car Seat Program

Do You Care Enough ... To Protect Your Baby in the Car - pamphlet

Infant Safety Car Seat Program Guidebook

Guide prepared for hospitals, health workers and auxiliaries involved in the program.

Contact: Judy Boyd
Health Research & Educational Trust of New Jersey
Infant Safety Car Seat Program
760 Alexander Road
Princeton, NJ 08540

Oklahoma Highway Safety Office

Fragile Handle With Care - How to Choose Your Child's Auto Restraint System - pamphlet

Fragile Handle With Care - Press Kit - Infant/Child Restraints

Contact: Oklahoma Highway Safety Office
Jim Thorpe Building
Oklahoma City, OK 73105
(405) 521-3314

Tennessee Child Passenger Safety Program

Protecting the Child Passenger: A Matter of Love - pamphlet

A Selection Guide for Child Restraint Devices

Contact: Transportation Center
The University of Tennessee
Knoxville, TN 37916
(615) 974-5255

Virginia Association of Women Highway Safety Leaders, Inc.

Fragile Cargo Pack Safely - pamphlet

Highway Safety A Family Affair - pamphlet

Other material include placemats, trashbags, and buttons

Contact: Virginia Association of Women Highway Safety
Leaders, Inc.
P.O. Box 31
Danville, VA 24541

National Safety Council

Childsafe

Childsafe Program Materials
Available by May 1, 1979

60 frame slide show with cassette and script - approximately \$45
Bulk orders - approximately \$40

8 page brochure - approximately 25¢ per copy - available in bulk -
price unknown until art work finished.

Contact: National Safety Council
Childsafe Program
Ms. Diane Imhulse
444 N. Michigan Avenue
Chicago, Illinois 60611
(312) 527-4800 Ext. 268

APPENDIX I

Child Restraint Bibliography

CHILD RESTRAINT BIBLIOGRAPHY

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