

**CHILD PASSENGER SAFETY IN MICHIGAN:
A PLAN FOR 2010**

*Michigan Department
of Community Health*



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STATEWIDE CHILD PASSENGER SAFETY STRATEGIC PLAN

EXECUTIVE SUMMARY

The Michigan Department of Community Health (MDCH) Injury and Violence Prevention Section (IVPS) receives federal grant funds from the Michigan Office of Highway Safety Planning (OHSP). As part of a grant award requirement, Michigan agreed to prepare a five-year strategic plan with recommendations for improving child passenger safety (CPS) statewide. The goal of the plan is to guide Michigan's efforts in reducing deaths and disabilities to children.

The plan is based on recommendations of the June 2005 statewide Occupant Protection for Children (OPC) Assessment. To guide Michigan's effort in protecting the 0-to-8 population in motor vehicles, a strategic planning process was conducted in August 2005. A 30-member CPS Planning Team was formed to help prioritize the sixteen major recommendations of the OPC Assessment. Members of the team represented state and local agencies, private and non-profit groups, law enforcement, public health, CPS grantees, the automobile industry, insurers, health care, and Safe Kids coalitions.

Despite technological improvements in crash worthiness of vehicles, effectiveness of restraint systems, and mandatory CPS laws, motor vehicle crashes remain a major cause of death and injury to children. Motor vehicle crashes are the leading cause of unintentional injury-related death among children ages 14 and younger.

It is a fact that child restraints and safety belts, when used correctly can prevent injuries and save lives. Unrestrained children are more likely to be injured, to suffer more severe injuries, and to die in motor vehicle crashes than those children who are restrained.

Over the last decade, MDCH has worked to build a statewide CPS training and education program. With federal funding from OHSP and the Centers for Disease Control and Prevention (CDC), the Injury and Violence Prevention Section at MDCH provides leadership, funding, implementation, and evaluation of community-based programs and surveillance related to the public health issue of motor vehicle injuries and fatalities to children. These programs focus on training of the correct installation and use of child restraints and improved access to seats by high-risk groups (i.e. minority, non-English speaking, rural, and low-income populations).

Over the past five years, the number of trained technicians, requests for assistance, and amount of resources has grown tremendously. To better meet the needs and demands of the growing program, a strategic planning process that builds on the initial strategic plan (2002-2005) is necessary to provide guidance for future efforts.

The goal of the current assessment process was to determine the scope and resources of CPS programs in Michigan, and identify strengths, weaknesses, and gaps in programming and services. The 2006-2010 strategic plan provides recommendations for improving CPS in

seven critical areas: education and awareness, legislation, law enforcement, hospital programs, public information, research, and funding.

INTRODUCTION

Motor vehicle crashes remain the major cause of death and injury to children under 14 years of age despite technological improvements in crash worthiness of vehicles, effectiveness of restraint systems, and mandatory child passenger safety (CPS) occupant protection laws.

In the past decade, the need for CPS training and education has grown tremendously. The Michigan Department of Community Health (MDCH) took the lead for CPS coordination and with funding assistance from OHSP and CDC, built a statewide CPS training and education program to meet these growing needs.

The Injury and Violence Prevention Section at MDCH provides leadership, funding, training, public education, and technical assistance for the development, implementation and evaluation of community-based programs and surveillance related to the public health issue of motor vehicle injuries and fatalities to children. Organizations throughout Michigan also support and conduct CPS education programs.

To guide Michigan's effort in protecting the 0-to-8 population in motor vehicles, a strategic planning process was conducted in August 2005. A 30-member planning team developed a 4-year CPS strategic plan that includes recommendations for improving CPS in Michigan from 2006-2010. Details on the process and recommendations will be presented in this report.

BACKGROUND

Motor vehicle crashes (MVC) are the leading cause of unintentional injury-related deaths to children. In 2005, over 2,300 Michigan children age 8 and under were injured in motor vehicle crashes and 16 children died.

Child restraints and safety belts, when used correctly can prevent injuries and save lives. The effectiveness of safety belts and child restraints for reducing injury severity and preventing death has been well documented.ⁱ Unrestrained children are more likely to be injured, suffer more severe injuries, and die in motor vehicle crashes as compared to restrained children.ⁱⁱ

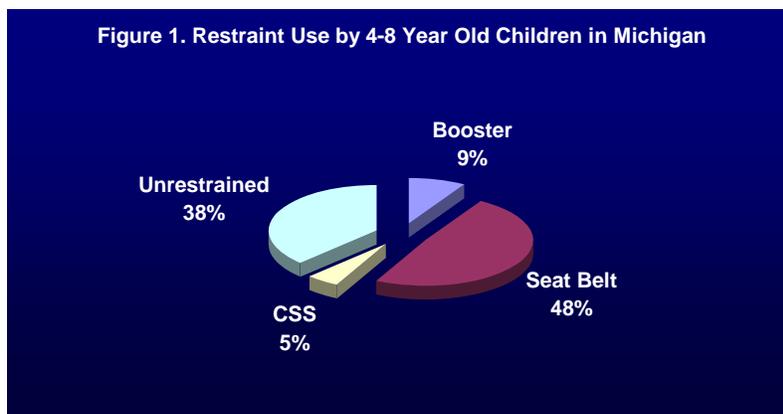
Research on the effectiveness of child restraints has found them to reduce the risk of fatal injury by 71 percent for infants (less than 1 year old) and by 54 percent for toddlers (1-4 years old) in passenger cars. Furthermore, children ages 4-8 restrained in booster seats are 59 percent safer than in a seat belt alone.ⁱⁱⁱ

Child Restraint Use in Michigan

A Wayne State University observational survey conducted in 2005 indicated a 79.7% child restraint use rate for Michigan children under the age of 4 years.^{iv} The survey used a sampling design that targeted locations frequented by children in motor vehicles in non-school and school sites. Child restraint use for the 0-to-3 age group is consistently higher than older age groups.

Results from a study conducted by the University of Michigan Transportation Research Institute in 2004 that looked specifically at restraint use for children ages 4-8 revealed a much lower use rate of 62.5 percent.^v

Safety belts alone generally do not fit young children properly. Due to children's small stature, the lap belt tends to ride up over the pelvis and across their soft abdomen, and the shoulder belt may cross the face or neck. Children may place the shoulder strap behind their back, or under their arm, which in itself can cause injury. The optimal restraint for children ages 4-8 is a booster seat to help the adult lap and shoulder belt fit properly; however, only a small percentage of Michigan children use one.



Source: University of Michigan Transportation Research Institute, March 2005.

Results from the 2004 statewide observation survey of restraint use by 4-8 year-old children can be seen in Figure 2. Only 8.6 percent of Michigan children ages 4-8 were riding in a booster seat. Almost half of the children ($n = 48.8$) were in a safety belt. A small percentage ($n = 5.1$) was in a child safety seat (CSS). More alarmingly, results indicated that 38 percent of the children were riding unrestrained.

An important finding is that restraint use for children was high when the driver was belted, and low when the driver was not belted. Clearly, further educational efforts are needed to ensure that important information on the proper use of safety belts for all occupants is communicated to the public.

In addition, research has shown that people who do not regularly buckle up are most likely to become involved in a crash due to their general pattern of risk-taking, of which safety belt non-use is just one symptom.^{vi}

Michigan Law

The Michigan Legislature has taken steps to protect children by passing legislation that recognizes the importance of child restraints and safety belts. Michigan law states that children under age four must be properly restrained in a federally approved child restraint regardless of where they ride in a vehicle. Children between the ages of four and 16 must wear a safety belt no matter where they ride in a vehicle. The driver of the vehicle may be cited for any child not restrained. This is a primary offense, meaning that a person can be stopped for this violation alone.

While Michigan's Legislature has been supportive of CPS laws, there are exemptions that could be addressed to strengthen the law. Even with a primary enforcement law in place, close to 20% of children aged 0-15 ride unrestrained.^{vii}

In 2001, the National Safe Kids Campaign gave Michigan a failing grade of "F" on its child passenger safety law after an analysis of child occupant protection laws in all 50 states and the District of Columbia. The report stated, "Michigan's child occupant protection law does not do a good job of protecting its children."^{viii}

In its report, "A National Rating of Child Occupant Protection Laws," Safe Kids suggested that the Michigan Legislature should:

- Require children 4-8 and weighing 40 to 80 pounds to use booster seats.
- Establish a child occupant protection public education program and supply sufficient funds to implement it.
- Increase its fine for violations of the child occupant protection law (currently \$10 maximum fine) to more effectively deter non-compliance.
- Eliminate its "nursing mother" and "personal needs" exemptions.
- Consider creating a child safety seat loaner/giveaway program for families in need.
- Eliminate its "proof of child safety seat purchase waiver."
- Consider adding a well-crafted back seat mandate for its child passengers.

The state is working toward these recommendations. As of June 2007, there are several bills pending in the Michigan Legislature that would address some of the recommendations noted by Safe Kids. A summary of the bills' intent follows:

- Children under the age of 8 and under 4'9" in height must be properly restrained in a children restraint or booster seat.
- Provide for the waiver of fines for certain child restraint violations if a seat is purchased.
- Fines collected will be used to establish a Child Safety Seat Education fund. MDCH shall administer the CPS grant program.
- Remove the nursing mother exemption and require children under the age of 4 to be restrained in the back seat.

CHILD PASSENGER SAFETY PROGRAMS IN MICHIGAN

A number of programs exist statewide to educate the public about safety belt and child passenger laws, the benefits of proper restraint use for children, and the dangers that air bags pose to unrestrained occupants and infants in rear-facing car seats.

Programs focus on the needs of at-risk populations including minority, non-English speaking, and low-income groups. A description of CPS programs in Michigan is presented below.

Safe Kids Michigan

Safe Kids USA (formerly known as the National SAFE KIDS Campaign) is a national initiative to prevent childhood injury. There are local coalitions and chapters in every state. MDCH is the lead agency for the Safe Kids Michigan Coalition (formerly known as Michigan Safe Kids). Local firefighters, medical and health professionals, law enforcement officers, educators, parents and other child safety advocates conduct activities designed to teach parents, caregivers, and children how to prevent unintentional injuries.

Currently, Safe Kids coalitions and chapters are located in counties that cover a majority of the state's population. These groups provide CPS information to the public through personal contact with parents at child safety seat check-up events, health fairs, and personal appointments. In 2006, Safe Kids Chapters and Coalitions in Michigan distributed over 3,800 car seats and checked approximately 9,000 car seats.

Child Restraint Inspections for the General Public

The increasing number/types of vehicles in combination with the growing number of available child restraints makes installing them challenging. Additionally, instructions are often complex and written at a reading level higher than that of the general reading public (8th grade).

Child restraint check-up events are one method of educating parents. Many agencies statewide have conducted child restraint check-up events for over a decade. During check-up events, community members are invited to have a child restraint inspected for correct use, recalls, and structural integrity. At many events, child restraints are given to those families that cannot afford one or to replace those found to be unsafe.

Data are collected for each inspection. Inspections around Michigan have shown the misuse rate to be consistently high. Common errors include: the restraint not tightly secured in the vehicle, harness improperly used, wrong restraint type used, and improper or lack of locking clip use. In 2006, Safe Kids USA reported that Michigan's misuse rate, based on submitted data from buckle up check-up events was 87 percent.

Training

The Nationally Standardized Child Passenger Safety (CPS) Technician Training is the curriculum used to qualify people to conduct and participate in child restraint check-up

events and other CPS activities. The course was developed in response to a need for quality control in course content, materials, and instruction. The class ensures that both the information being taught and the materials being disseminated are accurate, current, and consistent. Graduates of the course become certified as a CPS Technician for two years. Safe Kids USA maintains a database of all CPS technicians. Currently, there are over 900 technicians and 45 instructors in Michigan.

Four-hour, 8-hour, and 16-hour CPS training workshops provide other opportunities for conveying basic child restraint knowledge. The workshops provide varying degrees of CPS information including the state's CPS law and basic child restraint use. There are three specialized curricula available for law enforcement, medical staff, and childcare providers: Operation Law Enforcement, Operation RN, and Moving Kids Safely in Childcare, respectively.

Retraining

The field of child passenger safety is constantly changing and evolving. Safe Kids USA developed a CPS Update Course for certified CPS technicians to provide the most current information on CPS issues.

The Certification Renewal Course (CRC) is another course that was developed for people whose certification has lapsed. The student can take the one-day CRC to re-certify instead of taking the entire 4-Day Certification class again.

Fitting Stations

The National Highway Traffic Safety Administration (NHTSA) has defined a child safety seat fitting station as a permanent site where people can obtain educational information and assistance on the proper use and installation of child restraints and seat belts. Permanent sites can include a mobile unit that travels to specific locations on a scheduled basis. According to NHTSA (www.nhtsa.dot.gov), there are over 130 fitting stations in Michigan.

At Risk Populations/Seat Giveaways

For the past several years, MDCH and other agencies have targeted at-risk, low income, and minority populations for traffic safety initiatives. Over 100 agencies statewide work directly with these populations including the Department of Human Services, Telamon (migrant), and ACCESS (Arab-Americans). CPS technician classes, educational materials, and free child restraints have been provided in cooperation with these agencies.

CHILD PASSENGER SAFETY STRATEGIC PLAN 2006-2010 Moving Ahead

In June 2005, an Occupant Protection for Children (OPC) Assessment was conducted in Michigan using the National Highway Traffic Safety Administration's Assessment Tool and expert child passenger safety (CPS) panel members from around the country. A copy of the final assessment report can be found in Appendix B.

In August 2005, the Injury and Violence Prevention Section (IVPS) within the Michigan Department of Community Health (MDCH) conducted a strategic planning process to prioritize the priority recommendations from the assessment.

MDCH developed a survey (Appendix C) from the OPC Assessment results to:

- Prioritize the 16 major recommendations. Members were asked to rank each recommendation as a high, medium, or low priority for Michigan to address in a five-year strategic plan.
- Determine if and how the respondent's CPS program has addressed any of the recommendations from the 2002-2005 strategic plan.
- Identify and address CPS gaps in Michigan.
- Identify programs, priorities, or collaborative relationships that will increase child restraint use for the 0-3 and 4-8 year-old age groups.
- Determine types of CPS courses that should be offered in Michigan.
- Determine other recommendations for improving CPS in Michigan.

Surveys were sent to the CPS Planning Team and Michigan CPS Instructors. Thirty-one of 60 surveys were returned, resulting in a 52% response rate. Results were analyzed to determine the top CPS priorities to further refine during the strategic planning session. Survey respondents identified eight priority areas. They also identified two additional priority areas that were not noted in the OPC Assessment. Recommendations are listed below and not in any particular order.

Priority Areas:

1. Conduct CPS Training.
2. Develop and deliver CPS awareness training for law enforcement.
3. Assist hospitals with adopting a discharge policy and addressing liability concerns.
4. Develop a stand-alone, centralized, easy to remember, occupant protection/CPS website where the public can access timely, accurate, and consistent information on restraint laws and correct use of restraint systems, technical information and training opportunities, and downloadable educational materials.

5. Increase enforcement of occupant protection laws-not just during campaigns.
6. Develop methods to assist low-income families with restraints.
7. In conjunction with the website, coordinate a statewide toll-free telephone number for the public to request educational materials and receive personal assistance.
8. Conduct annual or bi-annual observational studies to monitor restraint use of children.
9. Pass booster seat legislation.
10. Provide community education.

Strategic Planning Process

Thirty members were recruited to serve on the statewide CPS Strategic Planning Team. Members represented law enforcement, the automobile industry, Safe Kids, local public health, hospitals, insurers, CPS grantees, CPS Instructors, members of the CPS Coalition, other partners, and organizations concerned about CPS.

The CPS Strategic Planning Team was charged with providing input into the development of a five-year strategic plan. In an effort to encompass most CPS issues and to ensure a productive discussion, the strategic planning session focused small group work around the ten priority areas. The meeting agenda allowed time for presentation of the small group work and maximum time for group discussion. The workgroups had 3-4 people representing different disciplines. Each workgroup was assigned three of the priority areas to evaluate. The groups were asked to determine the following for each:

- Lead Agency
- Collaborative Partners
- Long-term goal (five years)
- Medium-term goal (three years)
- Short-term goal (one year)
- Specific action steps and activities with a timeline

SUMMARY RECOMMENDATIONS

As a result of the planning meeting, the CPS Strategic Planning Team provided the following strategic recommendations to improve child passenger safety in Michigan. The purpose of the Michigan CPS Strategic Plan 2006-2010 is to reduce deaths, injuries, and disabilities to children from motor vehicle crashes.

Legislation

- State and local agencies and appropriate professional or advocacy organizations such as the Safe Kids Michigan Coalition should work to strengthen existing legislation to include a booster seat requirement for children under 4'9" and remove exemptions that compromise child passenger safety such as the nursing mother exemption.

Law Enforcement

- The Michigan Department of Community Health (MDCH), the Michigan Office of Highway Safety Planning (OHSP), and organizations that represent law enforcement agencies should develop and deliver CPS training to law enforcement.
- Michigan law enforcement agencies should increase enforcement of occupant protection laws, not just during special campaigns.

Education and Training

- MDCH, partnering with state and local agencies should coordinate development and facilitate implementation of targeted educational programs for the community.
- MDCH, partnering with state and local agencies should coordinate development and facilitate implementation of CPS training including the Standardized CPS Technician Certification Course in addition to the various specialty curricula.

Public Information and Education

- OHSP, partnering with state and local agencies, should develop a stand-alone, centralized, easy to remember, occupant protection/CPS website where the public can access timely, accurate, and consistent information on restraint laws and correct use of restraint systems, technical information and training opportunities, and downloadable educational materials.
- In conjunction with the CPS website, coordinate a statewide toll-free telephone number the public can call to request educational materials and receive personal assistance.

Health Care and Family Service Providers

- MDCH in cooperation with appropriate hospital, family service, and health care provider organizations, should develop and disseminate a model hospital car seat discharge policy and educational programs for parents.

Research

- OHSP should facilitate a research contract to conduct annual or bi-annual statewide observational studies to monitor the restraint use of children.

Funding

- MDCH and OHSP should be active in seeking funds for child restraint distribution programs for low-income families.

Recommendation #1

Increase and strengthen the capacity of the CPS network to conduct training.

Lead Agency: MDCH

MDCH in collaboration with OHSP, childcare networks, Safe Kids, law enforcement associations, vehicle manufacturers, insurance companies, CPS instructors, hospitals, and hospital associations, will increase and retain the number of people trained in CPS through standardized curriculums (National Standardized CPS Technician Training, Operation Kids Law Enforcement, Operation Kids RN, Operation Kids Moving Kids Safely in Childcare, Safe Travel for All Children Transporting Children with Special Health Care Needs, and Child Passenger Safety Training for School Buses).

Short-term

Objective: By December 2006, a Technician Retention Committee will be formed and will meet monthly to implement a process and set targets to maintain current technicians.

Action Steps

Committee will:

1. Compile information on current technician levels
2. Identify geographic areas where the numbers of technicians are low
3. Identify technician retention issues
4. Identify ways to address technician retention issues (i.e. encourage current technician corps to be proactive in recruiting new technicians).

Medium term

Objective: By December 2008, there will be over 1000 certified technicians in Michigan.

Action Steps

1. Market information on how and where to find available training classes to Safe Kids Chapter/Coalition Coordinators, CPS Coalition, and Michigan CPS Instructors
2. Identify and obtain funding to offer low-cost or free CPS training courses
3. Target training toward bi-lingual people, retailers, law enforcement, hospital staff, and counties with a low level of certified technicians
4. OHSP will promote CPS training to law enforcement agencies and other traffic safety partners.

Long-term

Objective: By December 2010, 42 of Michigan counties will have at least 6 technicians from a baseline of 33 counties.

Objective: By December 2010, 28 of Michigan counties will have at least 1 instructor from a baseline of 21 counties.

Action Steps:

1. Conduct certification courses that target counties which do not have at least 10 technicians
2. Recruit potential instructors from certified technicians in under-served counties

Recommendation #2

Develop and deliver CPS training for law enforcement.

Lead Agency: MDCH

MDCH in collaboration with OHSP, Michigan Commission on Law Enforcement Standards (MCOLES), Safe Kids Michigan, and law enforcement associations will incorporate LE-specific CPS training within their departments.

Short-term

Objective: By December 2006, a Law Enforcement (LE) Curriculum Committee will be formed and will meet quarterly to develop a Michigan-specific curriculum with an evaluation component.

Action Step

Committee will:

1. Meet quarterly to discuss progress of curriculum development
2. Review available National CPS training for LE to determine most appropriate curriculum based on current best practice recommendations
3. Define essential LE CPS information
4. Develop and disseminate survey through the Law Enforcement Information Network (LEIN) to establish current CPS knowledge baseline of LE

Objective: By December 2006, a CPS video and talking points card specific to LE will be developed and disseminated to all LE agencies statewide.

Action Steps

1. In collaboration with LE officers, determine what material should be included in a LE video and talking points card
2. Develop video and talking points card
3. Disseminate materials statewide

Medium term

Objective: By December 2008, a plan for delivering CPS training to LE will be developed.

Action Steps:

1. Specify target population for training (patrol, administration, management, etc.)
2. Define obstacles to LE attendance at trainings
3. Identify funding to host classes and to pay LE certification/recertification fees
4. Contact MCOLES about LE training at academies
5. Garner support of administrators at LE agencies

Long-term

Objective: By December 2010, 25% of the 608 LE agencies will have at least one person who has received general CPS training.

Action Steps:

1. Conduct a minimum of six general LE training classes per year
2. Encourage administrative re-investment for continued success
3. Provide incentives for continued training

Recommendation #3

Increase enforcement of occupant protection laws, not just during campaigns.

Lead Agency: OHSP

State, county, and local law enforcement agencies and associations will increase enforcement of CPS laws.

Short-term

Objective: By December 2007, enforcement baseline data will be gathered from OHSP grant-funded law enforcement agencies.

Action Steps:

1. Identify and determine methods to overcome barriers to enforcement of CPS laws
2. Determine method and identify baseline measure for current enforcement
3. Collect baseline data

Medium term

Objective: By December 2008, monitor change of grant-funded LE agencies' CPS citations.

Action Steps:

1. Identify and provide resources and incentives to encourage enforcement
2. Measure enforcement level to determine an increase in citations

Long-term

Objective: By December 2010, CPS enforcement citations will increase by 15% from 2008 baseline data, in agencies whose officers have received LE training.

Action Steps:

1. Overcome barriers to enforcement
2. Continue to provide resources and incentives to encourage enforcement
3. Measure enforcement level to determine an increase in citations

Recommendation #4

Assist hospitals with adopting a discharge policy and address liability concerns.

Lead Agency: MDCH

MDCH, in collaboration with OHSP, medical associations, hospitals, CPS Technicians, CPS Instructors, and Safe Kids Chapters/Coalitions will develop or strengthen CPS hospital discharge policies at 35% of 101 Michigan hospitals that have Obstetrics (OB) Units.

Short-term

Objective: By December 2007, a Hospital Discharge Policy Committee will be convened to develop a Discharge Policy Strategy.

Action Steps:**Committee will:**

1. Meet monthly via conference call
2. Determine barriers to policy implementation
3. Develop implementation strategy
4. Begin working directly with hospitals to increase interest in adopting a policy

Medium term

Objective: By December 2008, a discharge policy will be implemented in at least 15% of 101 Michigan hospitals that have OB Units.

Action Steps:

1. Distribute CPS educational information at hospitals, pediatricians' offices, and birthing classes
2. Provide education to hospital staff
3. Educate hospitals on ways to obtain funding for a comprehensive CPS program that supports policies

Long-term

Objective: By December 2010, a discharge policy will be implemented in at least 35% of 101 Michigan hospitals that have OB units.

Action Steps:

1. Continue to distribute CPS educational information at hospitals, pediatricians' offices, and birthing classes

2. Continue to educate hospital staff
3. Educate hospitals on ways to obtain funding for a comprehensive CPS program that supports policies

Recommendation #5

Develop a stand-alone, centralized, easy to remember, occupant protection/CPS website where the public can access timely, accurate, and consistent information on restraint laws and correct use of restraint systems, technical information and training opportunities, and downloadable educational materials.

In conjunction with the website, coordinate a statewide toll-free telephone number to request educational materials and receive personal assistance.

Lead Agency: OHSP

OHSP, in collaboration with MDCH and the Michigan CPS Coalition, shall increase access to timely, accurate, and consistent CPS information statewide.

Short-term

Objective: By December 2007, a Website Development Committee will be formed.

Action Steps

Committee will:

1. Meet quarterly
2. Identify website sponsor
3. Identify material (including extranet/message board for CPS technicians and instructors)
4. Research existing state sites for website modeling

Medium term

Objective: By December 2008, a website plan will be complete.

Action Steps

Committee will:

1. Identify website name and phone number
2. Secure domain name
3. Develop website design
4. Identify staffing needs (site/mailings/phone calls)

Long-term

Objective: By December 2010, a functional website and toll free number will be available to Michigan residents.

Action Steps

1. Complete website design
2. Develop advertising plan to promote website and telephone number (fliers, documents, include in professional email signatures, include link on organization websites)
3. Conduct media event announcing website and number

Recommendation #6

Integrate CPS education into local health department programs that will include information on obtaining child restraints for their clients.

Lead Agency: MDCH

MDCH, in collaboration with the Department of Human Services (DHS), Headstart, OHSP, United Way, private foundations, Safe Kids, car seat manufacturers, retailers, local health departments (LHD), churches, and community groups will work with local health departments to integrate CPS education/assistance into health department programs. MDCH has formed an internal workgroup to build capacity in local health departments to implement and sustain chronic disease and injury control programs in their jurisdictions.

Short-term

Objective: By December 2007, a LHD Committee will be formed to work with the MDCH Local Health Department Collaboration Initiative Workgroup.

Action Steps:

Committee will:

1. Determine needs of LHD
2. Establish current CPS knowledge baseline of LHD Staff
3. Develop and pilot a CPS program for LHD
4. Garner LHD administration support

Medium term

Objective: By December 2009, the CPS Program for LHD staff will be implemented in 15% of all LHD's (n=6).

Action Steps

1. Provide training for LHD staff
2. Obtain funding for purchase of child restraints

Long-term

Objective: By December 2010, the CPS Program for LHD staff will be implemented in 25% of all LHD's (n=11).

Action Steps

1. Continue to provide training for LHD staff
2. Continue to obtain funding for purchase of child restraints

Recommendation #7

Conduct annual or biennial observational studies to monitor restraint use of children.

Lead Agency: MDCH and OHSP

MDCH in collaboration with a transportation research institute will conduct biennial restraint use observation studies for children up to the age of 18. OHSP will work with NHTSA to secure funding for biennial studies.

Short-term

Objective: By December 2007, determine study goals and methodology.

Action Steps

1. Identify and apply for long-term federal funding
2. Determine goals of the study
3. Determine study methodology
4. Evaluate work to date

Medium term

Objective: By December 2008, conduct at least one statewide observation study.

Action Steps

1. Disseminate results through media releases and CPS partners
2. Disseminate current data in a rapid and targeted manner
3. Evaluate study for possible improvements

Long-term

Objective: By December 2010, at least one additional statewide observation study will be conducted.

Action Steps:

1. Sustain funding
2. Execute studies
3. Report findings

Recommendation #8

Strengthen CPS legislation.

Lead Organization: Boost MI Kids Coalition

Safe Kids Michigan in collaboration with the Boost MI Kids Coalition will work to strengthen CPS related legislation.

Short-term

Objective: By December 2008, legislation strengthening current CPS laws will be introduced and passed.

Action Steps:

1. Boost MI Kids will continue to build grass roots efforts
2. Safe Kids members will educate local legislators
3. Apply for and secure Federal 2011 incentive funding for booster seat programming

Medium term

Objective: By December 2009, new CPS laws will be publicized.

Action Steps

1. Implement a media campaign to announce new legislation
2. Develop and disseminate educational materials for the public
3. Publicize that low-cost/free booster seats are available for those in need

Long Term

Objective: By December 2010, evaluate media campaign.

Action Steps:

1. Conduct booster seat education/media campaign
2. Advertise sites that have low-cost or free booster seats

Recommendation #9

Provide community education/awareness.

Lead Agency: MDCH

MDCH in collaboration with Safe Kids Groups, OHSP, hospitals, DHS, schools, local health departments, childcare facilities, and faith-based organizations will work with local non-traditional partners and agencies that serve minorities to provide community education and awareness.

Short-term

Objective: By December 2007, a community partners CPS education program will be developed.

Action Steps:

1. Develop new partnerships
2. Identify CPS needs of partners
3. Develop specific programming for target groups
4. Develop dissemination plan

Medium term

Objective: By December 2008, implement dissemination plan for CPS education.

Action Steps:

1. Identify, support, and train agencies
2. Evaluate programs for improvement

Long-term

Objective: By December 2010, a comprehensive CPS education plan will be available that can be presented by CPS partners to parents/caregivers.

Action Steps:

1. Implement specific programming for target groups
2. Continue to identify, support, and train new agencies
3. Continue to support partners

SUMMARY

The five-year CPS Strategic Plan represents the collaborative planning efforts of CPS specialists from Michigan. The Planning Team recognizes that identification and recruitment of new CPS partners will be necessary to make progress in implementing the recommendations.

Accomplishing the goals related to the top ten recommendations will require a broad-based community effort of multidisciplinary and multi-agency providers in both public and private arenas.

The team members further acknowledge there is some overlap between the recommendations because CPS requires a combination of educational and behavioral change strategies working in concert with legislative and enforcement interventions.

The CPS Team made these recommendations to improve CPS in Michigan and ultimately, to reduce deaths, injuries, and disabilities to children from motor vehicle crashes.

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- ⁱ *Child Passenger Restraint Use and Motor-Vehicle Fatalities Among Children – United States, 1982-1990.* MMWR Vol. 40/No.34, August 30, 1991, pp 600-2.
- ⁱⁱ National Highway Traffic Safety Administration, 2005
- ⁱⁱⁱ Pediatrics. June 2000
- ^{iv} *Child Restraint Device Use and Misuse*, Wayne State University Transportation Research Group, September 2005.
- ^v Eby, D.W., Bingham, C.R., Vivoda, J.M., and Ragunathan, T. *Use of Booster Seats by Michigan Children 4-8 Years of Age.* University of Michigan Transportation Research Institute. March 2005
- ^{vi} National Highway Traffic Safety Administration. *Traffic Safety Facts.* 2000
- ^{vii} Eby, D.W., Kostyniuk, L.P., Vivoda, J.M., and Fordyce, T.A. *Patterns of Child Restraint Use in Michigan.* University of Michigan Transportation Research Institute. July 2000
- ^{viii} National SAFE KIDS. *A National Rating of Child Occupant Protection Laws.* February 2001