



FISCAL YEAR 2002 ANNUAL REPORT



Interagency Agreement DTNH22-XO5252 Indian Health Service and National Highway Traffic Safety Administration

Background

The Indian Health Service (IHS) and the National Highway Traffic Safety Administration (NHTSA) have worked collaboratively over the last eight years to reduce the extraordinarily high injury and deaths rates associated with motor vehicle collisions among American Indian and Alaska Native (AI/AN) people. This summary report highlights the activities and progress made over the past year to by IHS staff, working in collaboration with tribes, to reduce the burden of AI/AN motor vehicle related injury and death.

Traffic Safety Activities in Indian Country

CPS Training

To combat the extraordinarily high rate of motor vehicle fatalities among AI/AN children, child passenger safety training and car seat distribution programs are occurring throughout Indian Country. This year, eight IHS Areas coordinated child passenger safety training: Aberdeen, Alaska, Albuquerque, Bemidji, California, Oklahoma, Phoenix, and Tucson. These trainings ranged from one day to one week in duration, and trained 455 IHS and Tribal employees (see table below). Many of these training sessions involved collaboration between IHS and Tribal staff and Highway Safety Departments, SAFE KIDS, EMS programs, Headstart programs, and local injury prevention coalitions. The Phoenix and Aberdeen Areas have been particularly active in providing child passenger safety training. The following is a summary of their activities.



The photo at left shows the hands-on training received by the 13 students that participated in the California Area's NHTSA-certified child passenger safety technician's course. The course was taught by Buckle up Baby and was sponsored by the State of California Office of Traffic Safety, Boost America, and the California Area IHS.

A broad range of CPS training opportunities were extended to tribal communities in the **Phoenix Area**. Seven tribal communities in the Phoenix Area offered the eight-hour CPS training course. Overall, 113 participants attended these seven courses. Course participants learned the basics of CPS, including: how to identify and correct child restraint misuse, explain tribal and state CPS

laws, and educate parents on correct child restraint installation. Of the participants who attended an 8-hour course in Nevada, 25 were certified as CPS Inspectors. Another 35 people serving tribal communities in the Phoenix Area attended 40-Hour CPS Training courses. Most attended courses that were sponsored by state or non-profit highway safety organizations. Course participants learned how to explain and demonstrate safe and correct child passenger seat installation to the public. Upon passing a written and practical exam, each attendee was certified as a NHTSA Child Passenger Safety Technician.

One hundred and seven IHS and Tribal personnel in the **Aberdeen Area** completed one of the NHTSA CPS courses. In conjunction with the States of North and South Dakota, the Aberdeen Areas sponsored six of the four-day CPS courses. The Aberdeen Area also sponsored two of the one-day courses. Participants at these courses included Tribal Community Health Nurses, Safe Community Coordinators, law enforcement, and Head Start personnel.

**Table 1: NHTSA Child Passenger Safety Training by Type and IHS Area
FY 2002**

IHS Area	Training Type	# Trained	# Technicians
Aberdeen	(2) 8-hour & (6) 4-day	107	74
Alaska	(1) 2-day & (2) 4-day	16	8
Albuquerque	(1) 4-day	51	29
Bemidji	(4) 2-day & (2) 4-day	68	75
California	(1) 4-day	13	33
Oklahoma	(1) 8-hour & (1) 4-day	47	20
Phoenix	(7) 8-hour & (1) 4-day	148	
Tucson	(1) 4-day	18	18
All Areas	(9) 8-hour, (5) 2-day & (15) 4-day	455	249

* Data in this table includes only those IHS Areas that have reported CPS training classes in which IHS/Tribal personnel have received training. It does not include CPS training that may have taken place in these Areas, but was sponsored/coordinated by other agencies.

Car Seat Distribution Programs

All of the IHS Areas offer some type of child safety seat program. Most of these programs are Tribally operated and are one of three types: give-away, sales, or loaner programs. Many of the programs are coordinated by Community Health Representatives (CHRs), hospital-based health education programs, Women and Infant Children (WIC) programs, local Head Start programs, nursing staff, and others. Table two (below) highlights the type of programs that exist as well as the number of child safety seats distributed during FY 2002.

Car Seat Checkpoints

Car seat checkpoints increase community awareness of CPS issues, build momentum among CPS advocacy groups, and correct the installation of or replace damaged and recalled child

**Table 2: Examples of Child Safety Seat Distribution Programs in Indian Country by IHS Area
FY 2002**

IHS Area	Comments	# of Programs	# Seats Distributed
Aberdeen	IHS and Tribal maintained	19	2500
Alaska	The Alaska Area offers give-away and loaner programs. Funds for these programs come from regional Alaska Native Corporations and the Ford's Boost America program	4	700
Albuquerque	These Tribally operated occupant restraint programs received funding from the Albuquerque Area Injury Prevention program and Ford's Boost America program.	15	700
Bemidji	Tribally coordinated programs include give-away, low-cost sales and loaner programs. Nearly \$150,000 in funding for these programs were awarded during by the Bemidji Area Injury Prevention program, the BIA, the state of Minnesota, Ford's Boost America program, and the IHS capacity-building grants program.	27	unk
California	With this year's distribution, the total number of car seats distributed in the California Area totaled more than 12,000 since FY 1990.	30	1630
Oklahoma	Each of these Tribal programs gives away car seats. The seats are distributed through car seat classes or one-on-one training sessions. Most of these programs were involved in the Boost America Campaign.	20	1945
Phoenix	Permanent distribution centers distributed 1,500 free infant and convertible child safety seats to parents of newborn children. Child passenger safety campaigns distributed another 400 seats.	22	1900
Portland	A combination of infant, convertible, and booster seats are distributed.	14	unk
Tucson	These are clinic-based programs.	3	1201

safety seats. Not all IHS Areas conduct regular car seat checkpoints. Of those that do, most are conducted by Tribal programs on a quarterly or semi-annual basis. Typically, checkpoints are conducted as a result of collaboration between local injury prevention coalitions, tribal police, IHS staff, SAFE KIDS, and/or state agencies.

- The **Portland Area** coordinated with a State health agency and an early childhood center to conduct eight car seat checks. Thirty child safety seats were replaced at one of these checkpoints (Nez Perce Tribe).
- In the **Oklahoma Area**, 85 car seats were checked during the seven Tribally sponsored car seat checkpoints.
- In the **Phoenix Area**, CPS checkpoints were conducted in 17 tribal communities. For the 11 sites in which data were reported, 345 seats were inspected and 388 new seats were distributed.
- The **Alaska Area** conducted car seat checks in its most urban area (Anchorage) as well as in the more rural areas (Sitka, Dillingham, and Kodiak).

- In the **Navajo Area**, the Navajo Department of Highway Safety received one of the 30 new Chevy Express Cargo Vans from the National Safe Kids Campaign (see similar van in photo below). This mobile car seat check up van inspected more than 500 child safety seats on the Navajo Nation.

Occupant Restraint

All of the IHS Areas with active child safety seat/seat belt programs are conducting occupant restraint usage surveys. In most cases these surveys are required by the funding agency on a semi-



annual or annual basis. Some Areas conduct occupant restraint surveys on a more frequent basis. The Phoenix and Bemidji Areas have developed a protocol for conducting these surveys.

Results from these surveys vary considerable. Generally, in those locations where primary child safety seat/seat belt laws exist, usage is higher (see Phoenix Area example below). Most Areas report using survey results to influence Tribal ordinances, to increase support for local occupant protection programs, and when applying for external funding.

In the **Phoenix Area**, observational surveys were conducted in 10 communities to measure occupant restraint use during the year. The mean usage rates were found to be 37% for driver seat belt use and 38% for child restraint use. Communities in the Reno District, where a targeted CPS program was implemented (see *Other Traffic Safety Projects* section below) and the average child restraint rate was 54%, greatly influenced the mean. Child restraint use in non-Reno District communities averaged only 13%.

Traffic Safety Conferences

In many of the IHS Areas conferences are used as a way to draw attention to important injury issues, provide information to colleagues and community members, and develop community-based coalitions focused on an injury problem. Two of the IHS Areas report having been involved with a local conference that discussed traffic safety issues.

The **Tucson Area** sponsored the Indian Highway Safety Program Traffic Records Workshop in Albuquerque, NM. This workshop brought together Tribal traffic records personnel (see description in *Improving Traffic Safety Records Management* below).

In the **Phoenix Area** two tribal injury prevention coalitions hosted traffic safety conferences in their community. Occupant protection, drinking and driving, and bicycle safety were among the topics presented to approximately 200 people attending the Hopi Injury Prevention Conference. This was the second consecutive year that the Hopi have hosted a motor vehicle safety conference on their reservation. The Colorado River Indian Tribes hosted a conference titled

“Protecting Our Spiritual Circles Through Injury Prevention”. The conference included an 8-hour CPS Course and child restraint checkpoint.

Motor Vehicle Studies in Indian Country

One motor vehicle-related study is described in the section below titled “IHS Injury Prevention Specialist Fellowship”. In addition to this study, there have been other motor vehicle projects worthy of mention.

During the past two years, the **Bemidji Area** Injury Prevention program has been very active in assisting Tribes with the development of motor vehicle crash surveillance systems. During FY 2001, we reported that the Menominee Tribal Police were mapping crash sites in their region to identify any crash cluster sites. This year, the **Menominee** Tribe continued this crash cluster-mapping project using GIS and GPS units to computerize their crash mapping system. More than \$1,000 in funding for this project was provided by the Bemidji Area IHS. The **Fond du Lac** and **Lac Courte Oreilles** Tribes are also using GIS and GPS technology to plot motor vehicle crashes. During FY 2002, the Fond du Lac received \$8,000 from the state of Minnesota to implement their project. The Lac Courte Oreilles were able to link their motor vehicle crash reports to GPS with the assistance of this year’s IHS Injury Prevention Specialist Fellowship class. The goal for each of these projects is to collaborate with local law enforcement to improve the quality of data collected at crash sites, to identify any motor vehicle crash cluster sites and, if appropriate, work towards making roadway improvements.

The **Phoenix Area** has been actively involved in studying motor vehicle crashes and implementing appropriate interventions. The Phoenix Area Injury Prevention program contributed to two traffic safety studies. The first, “Motor Vehicle Crash Fatalities by Race/Ethnicity in Arizona” was recently published in *Emergency Medicine*. The second study was titled, “Pedestrian Fatalities by Race/Ethnicity in Arizona”. Both studies utilized FARS and NCHS data for 1990-1996. The design of one additional study, “A Descriptive Study of Motor Vehicle Crashes on the Fort Apache Indian Reservation,” was also initiated. That study is planned for completion during the summer of 2003. Finally, last year we reported that IHS Environmental Health staff were studying livestock-related motor vehicle injuries on US Highway 70. The recommendations from this study have lead to the installation of cattle guards and fencing on the sections of road experiencing high livestock-related MVCs (see picture at right).



The San Carlos Apache Tribe received \$50,000 to replace/repair defective cattle guards in an attempt to reduce livestock related crashes.

Improving Traffic Safety Records Management

Three of the IHS Areas report working to improve traffic safety records. The **Tucson Area**

sponsored the Indian Highway Safety Program Traffic Records Workshop in Albuquerque, NM. This workshop was funded by NHTSA and administered by the BIA. Representatives from the Tucson Area's **Tohono O'odham Nation** (TO Nation) attended this workshop. The TO Nation received a Data Improvement Assessment from NHTSA in October of 2001, and has used this assessment to create a database of traffic-related injuries on their reservation. The **Menominee** Tribe (Bemidji Area) received a grant from the BIA for \$20,000 to improve traffic records management and to link these records with injury data. The Albuquerque Area reports that two of its Tribes, the **Zuni Pueblo** and **Southern Ute**, are working to enhance their records management by working with Tribal EMS and Police.

Legislation

A number of legislative changes have occurred that may influence traffic-related injuries in Indian Country. The Portland, California, Bemidji, and Phoenix Areas have all been actively involved in either changing Tribal and/or State laws, or promoting the legislative changes among their service population.

The Portland Area reports an increase in restraint use after a primary seat belt law was passed in Washington State and on two Area reservations. Observational surveys on the **Warm Springs Reservation** indicate that restraint use increased from 16% to 46% among drivers and from 12% to 36% among passengers after the legislation change. Further, we reported last year that the **Yakima Nation** passed a primary law. Observational surveys indicate that restraint use continues to increase since this law went to effect. Restraint use is now reported at 62% overall on the Yakima Reservation.

As of January 2002, all children that are less than six years of age or less than 60 pounds are required to be in booster seats by the State of California. With this new requirement, the **California Area** IHS initiated a campaign to provide California Indian health programs with resources to enable Indian families to comply with this new law. As part of the campaign a poster was designed and distributed out to communities to let parents know about the campaign (see attached).

Two Tribes in the Bemidji Area passed primary restraint laws. In April of 2002, the **Hannahville Tribal Council** (Wilson, Michigan) passed a resolution adopting restraint use for all ages. Similarly, in July of 2002 the **Menominee Tribe** (Keshena, Wisconsin) passed a primary restraint use law in a state with a secondary law. Enforcement of the new law is strong. One month after the law had passed, Tribal Police had issued 70 verbal warnings to road users, with plans to begin issuing citations.

Last year we reported that the **Reno/Sparks Indian Colony** (in the Phoenix Area) was working to strengthening local ordinances in the area of occupant restraint. During this fiscal year, the Reno-Sparks Indian Colony (RSIC) Injury Prevention Coalition successfully advocated for the passage of a comprehensive tribal traffic safety law. The law, passed by the Tribal Council on November 14, 2001, included:

- Primary Child Restraint Law requiring children 5 years of age or younger, or less than 60 pounds; and

children 6 years of age or older, or 60 pounds be properly secured in a child passenger restraint device. Penalties range from \$100 to \$300.

- Primary Seat Belt Law requiring any person driving a vehicle and any person 5 years of age or older or over 60 pounds wear a safety belt. Penalties range from \$35 to \$100.
- DUI Law lowering the blood alcohol content (BAC) to .08 and for underage drinkers to .02 BAC.
- Primary Helmet Law requiring bicyclists and riders of non-motorized scooters and skateboards wear a safety helmet.
- Pedestrian Law requiring the use of an existing overhead crosswalk.

Each component of the RSIC Traffic Safety Law became effective on March 1, 2002.

Collaboration/Information Sharing

All of the IHS Area Injury Prevention programs collaborate with other local, State, and Federal agencies. Information is shared with these partners as well as other injury prevention partners. Most of the Areas utilize email, newsletters, community meetings, and reports to disseminate information to other IHS/Tribal personnel.

The **Oklahoma Area** shares traffic safety information such as data, product recalls, special initiatives, and other Tribal activities with Tribal Injury Prevention Coordinators, IHS Injury Prevention advocates, and State injury prevention organizations. Typically this information is shared through email, monthly meetings, and telephone calls. The **Cheyenne** and **Arapaho** Tribes of Oklahoma have developed a Safe Communities Coalition to address traffic safety issues on their roadways. The **Bemidji**, **California**, **Phoenix**, and **Tucson** Areas all share information with interested parties through injury prevention newsletters.

The **Phoenix Area**, like many of the other IHS Areas, encourages the development of community injury prevention coalitions. In the Phoenix Area, for example, 80% of all Service Units have active injury prevention coalitions. Traffic safety is a high priority for each of these coalitions. Coalitions encourage collaboration and information sharing by hosting traffic safety conferences, attending traffic safety training, participating in CPS checkpoints, assisting with CPS distribution efforts, and advocating for improved traffic safety laws.

NHTSA Materials

IHS Injury Prevention Specialists throughout Indian Country utilize NHTSA materials in a variety of ways. These planners are commonly distributed among those actively involved in injury prevention. In the **Oklahoma Area**, NHTSA planners are shared with Tribal Injury Prevention Coordinators. In the **Phoenix Area**, the Reno District Injury Prevention staff has incorporated NHTSA materials into a quarterly injury newsletter. NHTSA materials (including camera-ready logos) are also used by some of the Phoenix Area Tribes in newsletters and newspapers. In the **Aberdeen**, **Albuquerque** and **Billings** Areas, Service Unit Environmental Health Staff distribute the NHTSA planners to injury prevention coalitions in their communities. The **Navajo Area** utilizes materials available on the NHTSA website, and through email announcements received from NHTSA employees (such as Ann Mitchell). Feedback is positive in the use and content of these materials.

Other Traffic Safety Activities

While most of the projects described below are not funded by NHTSA, these projects demonstrate the degree to which the IHS Injury Prevention program is dedicated to reducing motor vehicle injuries in Indian Country.

IHS Injury Prevention Grants – Status Report

During FY 2000, the IHS made available over \$1,400,000 in federal funding to increase the capacity of tribes to address the problem of injury in their communities. Three types of grants were available through this RFP (capacity-building, intervention, and conference). All together, 40 grants were awarded. These grants represent the first time that the IHS injury prevention program has been able to provide this much funding to tribes to address the problem of injury at the local level.

The grantees are all working on different injury issues relevant to their communities. As expected, many of these grants have focused their energy on the problem of motor vehicle injuries. Most conduct seat belt surveys, car seat distribution programs, conduct public information and education campaigns concerning drinking and driving and occupant protection, and if no occupant protection laws are present, advocate for primary seat belt and car seat laws.

IHS Injury Prevention Specialist Fellowship

In May of 2002, the IHS Injury Prevention Epidemiology Fellowship program began with nine students. Each of these students is working on a project addressing an injury problem of significance in the Native American community in which they work. This year, one of these projects is motor vehicle related. While this project was not funded by NHTSA, the project is an example of how the IHS Injury Prevention program is working to prevent motor vehicle injuries. A brief summary of the project is provided below.

Ride Safe and Tribal Head Start Programs

The IHS Injury Prevention Fellow from the Bemidji Area, Chris Allen, is developing an educational curriculum to guide Head Start Centers in implementing child car seat distribution programs. He has used formative evaluation to develop the curriculum and will be pilot-testing the materials with five BAIHS Tribes. Chris received \$65,000 from the IHS Maternal and Child Health program to test and evaluate this project. Results from this fellowship project will be presented in Seattle in May of 2003.

Other Traffic Safety Projects

In addition to the mapping of crash sites, the Bemidji Area has been very active this year in making roadway modifications to reduce motor vehicle related injuries. During FY 2001, the **Bad River Band** and **St. Croix Injury Prevention Coalitions** worked with the State of Wisconsin to study several dangerous intersections to determine if it was feasible to construct turn lanes. As a direct result of these efforts, the Bad River Band has been awarded \$35,000 for the installation of a turning lane on Highway 2 (a busy state highway). The St. Croix coalition has reduced the speed limit near the Tribal casino and worked with the DOT to construct a



turning lane in a section of roadway identified through their study (see photo at left). The turning lane was constructed in September of 2002 at an intersection of Highway 70. The coalition accomplished this project by networking with the St. Croix Roads Department, Tribal Government, Burnett County, Lafollette Township, and the Wisconsin Department of Transportation. The **Grand Portage Band** has taken the lead in the construction of a pedestrian crosswalk and traffic barrier project adjacent to the elementary school,

day care, community center, head start and the Tribal health clinic. Finally, the **Red Cliff Injury Prevention Coalition** has been approved to coordinate the construction of a pedestrian pathway on their reservation.

In the Phoenix Area, **Reno District** staff implemented a Head Start and Day Care Child Passenger Safety project designed to increase the use of child passenger safety restraints to 50%. Six head start programs and one daycare center participated in the project. Project components were: child safety seat use observations, occupant restraint training, and the distribution of appropriate child safety seats. Four of the seven facilities met the 50% usage rate objective and all experienced increased use.

In the Oklahoma Area, the **Ottawa Tribe** sponsored a Traffic Safety Awareness day for 350 students at the Quapaw, Commerce, and Pitcher High Schools. This event represents the collaborative efforts of several local injury prevention and law enforcement organizations. Media coverage for the event was provided from the Joplin, Missouri television stations, newspaper and radio, along with the Miami, Oklahoma, newspaper.

The **Tucson Area** Indian Health Service has passed a proclamation making December the Drunk and Drugged Driving Prevention Month for the Tohono O'odham Nation. Two years ago in December, a tree was planted and a plaque placed on the Sells Hospital grounds in memory of DUI victims. This event was coordinated by the Health Affairs Subcommittee of the TO Legislative Council. In December of 2001, the Tucson Area Injury Prevention program showed the council the Cry the Eagle video. As a result, the council intends on producing a similar video based on their reservation. This year, activities planned include a march through Sells with lit candles and then a meeting in the TO Nation's Council Chambers. Speakers will include victim families and advocates from SADD and MADD. A Christmas tree will be identified so that families can place a personalized ornament on the tree in memory of a loved one lost to an impaired driver.

Tribal Law Enforcement Initiative

Last year we reported that LT Jeffrey Hepting of the Acoma Tribal Police Department had been selected for the NHTSA Tribal Law Enforcement Leadership/Fellowship program. LT Hepting began this program in August of 2001. During the past year, LT Hepting spent 3.5 months detailed to NHTSA headquarters in Washington DC where he worked closely with Ann Mitchell and Chuck Peltier on rural law enforcement activities. During this time, LT Hepting also traveled to Toronto to attend the International Association of Chiefs of Police conference where he gave a presentation on the fellowship program. LT Hepting has also given presentations describing this fellowship program at the National Congress of American Indians (November 2001), the National Lifesavers Conference (June 2002), and the annual meeting of the International Traffic Forum on Records and Highway Information Systems (August 2002). Finally, LT Hepting has completed an assessment of the Acoma Tribal Police Department and shared the results with other Tribal Police Departments.

United Tribes Technical College

The United Tribes Technical College Injury Prevention Program (UTTC-IPP) is a vocational program located at the United Tribes Technical College in Bismarck, North Dakota. Funded in part by the IHS Injury Prevention program, the UTTC offers an Associate of Applied Science degree in injury prevention for Native American students. In April 2001, the UTTC Injury Prevention program received a 10-year accreditation by North Central Accreditation. To date, 16 students have graduated with an Associate's Degree in Injury Prevention. The school expects 10 students to return for the fall 2002 semester.

Below is a summary of the motor vehicle safety activities that the UTTC has been involved with during FY 2002:

- Sponsored the Second Annual Injury Prevention Awareness day at UTTC.
- Facilitated the development of a Native American Child Passenger Safety video as a class project by the IPP students, NDDOT, and KAT Video Productions.
- Conducted the second annual child passenger safety car seat checkpoint at the UTTC Pow-Wow that was attended by nearly 25,000.
- Co-sponsored the Sixth Annual Native American Lifesavers conference.
- Sponsored ten students to attend the four-day EMS-C National Congress conference in Dallas, TX.
- Participated in "Youth Awareness in Injury Prevention Day" where UTTC injury prevention students talked about drinking and driving.
- Developed and offered online injury prevention courses.
- Developed UTTC Injury Prevention program website at www.injuryprevention.cc

IHS Injury Prevention website

www.dehs.ihs.gov/noinjuries

The IHS injury prevention program maintains a website that is linked with the IHS Homepage. This site describes the mission of the IHS Injury Prevention program and provides links to the

injury prevention programs and personnel that work to reduce these injuries. The website also provides a description and schedule for IHS-sponsored injury prevention training opportunities. At this website, there are also links to resources that may assist injury prevention practitioners.

These resources include links to:

- Agencies working to control injury, such as NHTSA and the CDC;
- Online databases such as NHTSA's FARS database, CDC's Wonder and WISQARS databases, and the Native Health Research database;
- Other regional and national organizations and centers working to prevent injury; and
- Publications and materials that an injury prevention practitioner may find useful.

Success Stories

Two success stories are included on the CD-ROM.

1. White Earth Head Start program, Minnesota
2. Bois Forte Health Center, Minnesota

Bois Forte Health Center's Child Car Seat Program

Child Car Seats Prevent Injury & Saves Lives

Motor vehicle crashes (MVC's) are the leading cause of death for American Indian children, teens, and adults from 1 – 44 years old. Between 1989-1998, the MVC death rate for Minnesota American Indians was almost three times higher than the Minnesota All-Races rate. Use of child car seats reduces the risk of death riding in cars by 71% for infants and 54% for toddlers. Yet surveys show that car seat usage rates are very low in many Reservation communities.

A Success Story

The Bois Forte Health Center in Minnesota provides parent education and installation of free and reduced-cost child car seats. Child car seats are obtained from Bemidji Area Indian Health Service funds.



*Kathryn Thompson,
CHR Bois Forte
Health Center*



*Lacey Premo and her
son Eugene*

Lacey Premo and her son Eugene received a convertible child car seat from Kathryn Thompson, a Community Health Representative at the Bois Forte Health Center. In January 2002, Lacey and Eugene were in a car crash while driving on Highway 169 north towards Chisholm, Minnesota. Their car spun across the highway, rolled up onto the roof, then rested on the driver's side. Eugene was safely secured in his car seat in the middle of the back seat, the safest seating position for children. Eugene escaped serious injury due to the diligent efforts of his mother in correctly buckling him up before they departed.

White Earth Head Start and Parents Work Together to Prevent Injuries

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Buckled for Love!

The White Earth, Minnesota, Head Start began a booster seat distribution program in 2001. They provide parent education and booster seat installation for families enrolled in the Head Start program. Booster seats are obtained from Indian Health Service, the Ford Boost America! Program, and the State of Minnesota.



Kay Sunram, White Earth Health, Nutrition, and Safety Coordinator with a booster seat



Chantel Hanks, White Earth Head Start Student

Mrs. Ruby Hanks and her daughter, Chantel, received their car seat classroom instruction from the Head Start in November 2001. After the class, Kay Sunram, the Health, Nutrition, and Safety Coordinator selected a Ford Boost America! low back booster seat and showed Mrs. Hanks how to install it in her vehicle.

The time and effort taken by the car seat program were rewarded one month later when their vehicle was broad-sided by tow truck. During the collision, Mrs. Hanks and Chantel were both restrained and received minimal injuries. Another adult in the vehicle was not restrained and was knocked unconscious.

Due to the efforts of the White Earth Head Start and the diligence of Mrs. Hanks, Chantel was spared potentially serious injuries.



Boost America!



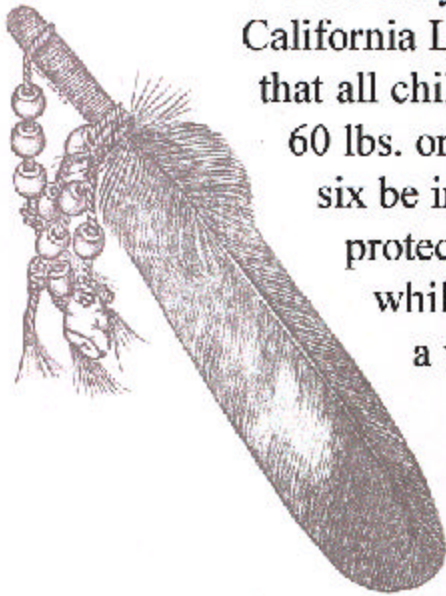
Child in Poorly Fitting Adult Seat Belt



Child Properly Protected in a Booster Seat

Protect Your Children through the proper use of Booster Seats

As of January 2002,
California Law requires
that all children under
60 lbs. or the age of
six be in a child
protection seat
while riding in
a vehicle.



Boost America is funded through a Partnership with your Indian Health Program



Ford Motor Company

