From: SafetyBeltSafe U.S.A. concerning Uniform Procedures for State Highway Safety Grant Programs: NHTSA-2022-0036

The Safe System Approach, in our reading, is mobilizing the community—including professionals in touch with families who can carry our messages--as well as making sure that the environment and emergency care are intertwined to avoid fallible humans being injured or worse. It is a comprehensive approach to communities, as well, since the goal is to protect everyone and to stop accepting motor-vehicle-related deaths and injuries as acceptable. To reach out equitably, one wants to invite participation. For instance, we will be presenting at the Black Infant Health Pavilion at a large Women's Health Expo this month, engaging many attendees in *sharing* what they know and learn about protecting themselves and their children in their social networks.

Five issues stand out to us as child passenger safety advocates, exemplifying components affecting the agency mandates:

1) **Move the goals as the available products have improved**. When most state laws in our arena were first passed, safety seats with harnesses were only available for children weighing up to 40 lbs. Few boosters accommodated children more than 80 lbs. When the 5-Step Test that we devised was developed in 2001 to easily predict if children fit in belts correctly, most children had to move to boosters at age 4. Today, most harness-style seats cover youngsters to 65 lbs., and boosters are certified to 100-120 lbs. Thus, it makes sense to focus on moving children into boosters later and then to expect them to stay until ages 10-12 when research shows children begin to fit in safety belts correctly. That means focusing on this goal in publicity but also educating legislators about improving state laws, as Louisiana has done, by incorporating the 5-Step Test into their child passenger safety law.

   We know that laws are very important in determining public perception of safe travel practices. And it is critical to start where our communities are—many families and even professionals focus on age 8 for belt use only because the law mentions that age. To galvanize legislators to pass the original laws in child passenger safety, we showed video in public so families saw what happens to an unrestrained child at low speeds (20-25 mph) and concurrently could acquire tested safety restraints at reasonable costs. The visual led the public to support the initiation of child passenger safety laws nationwide in short order. We need to move families to look toward ages 10-12 for booster use and to use the 5-Step Test as it has been incorporated in basic education in Australia. In many cases, instead of needing to buy new product, this will mean going out to the garage or indeed, as has been seen frequently according to child passenger safety program leadership in Georgia, for example, simply opening the trunk where the abandoned booster is riding.

2) **Avoid silo-ing of related issues through administrative procedures**. About 20% of the children killed on the road are lost in impaired-driver motor vehicle crashes; the majority of these children are riding WITH the impaired driver. Studies show that as BAC rises, restraint

use by the children in the car goes down and as the child's age increases, the restrained rate goes down even more. This is an occupant protection issue because our interactions with professionals from multiple fields who work with families indicate that they are unaware of this risk. We have managed to bring this issue to the attention of professionals who are strongly involved with impaired driving but so far, some in occupant protection do not see this as a child passenger safety problem.

It is. Seventy-one percent (71%) of the drivers live when the children in their car die—so these crashes are survivable. This is an example of how two silos in traffic safety can be encouraged to share their expertise with one another to allow cross-fertilization of approaches and collaboration, all in the effort to relieve these children from the agony—lifelong, in my experience with adult survivors of it—that these experiences engender, even when the children are not physically injured. We believe that this issue should not be divided by administrative rules. If administrators of 402 grants, for instance, were to encourage this focus to be included in occupant protection grants and those working in the impaired driving arena were to be encouraged to turn to Child Passenger Safety Technicians for help in protecting the children of the impaired drivers by **at least** alerting professionals providing treatment, the work on the issue would be amplified.

Another example of how it helps to bring various segments of the traffic safety community together is the series of public meetings online held May 2, 4, and 5 to address this area in which NHTSA is requesting public comment. Because there were representatives of various parts of the traffic safety community, there was the opportunity for cross-fertilization in the meeting itself. The dramatic data on deaths and injuries of those associated with disabled vehicles on the roadway stimulated concerns for children whose parents are dealing with a vehicle suddenly not functioning and the risks to them if the parent exits the vehicle to try to correct the problem and is struck by an oncoming vehicle that did not see the problem in time. Collaboration and sharing of data that might be missed with a constrained focus can lead to more comprehensive education and consideration of resources needed to reduce those risks.

3) **Start where the public is and lead them to new understanding**. Incorrect transport of children is rampant despite industry and advocacy efforts. It is of concern that NHTSA states 46% as the rate of misuse when most trained child passenger safety advocates find 90% of the families with whom they interact—at checkups, educational sessions, and on Helplines—are making *inadvertent* errors, not counting flagrant incorrect use observed in the community. Research shows that 80% of caregivers believe they are transporting their children correctly so hearing that only 46% make errors is unlikely to lead most users to question what they are doing. We need to make it clear that the large majority are not buckling up their children correctly, leading to 9 out of 10 children riding at risk. In addition, there is a plethora of fake and dangerous products sold on the Internet as child restraints or products to be installed for "child safety" in vehicles, risking children whose families may have limited means or are uninformed.

4) **Consider additional categories within areas of concern**. Pregnant women are often left out of education directed toward vehicle occupants. It is estimated that more fetuses are lost than children in the first year of life; in any case, car crashes are behind many fetal losses. One study in 2017 indicated that only 3.5% of pregnant women in North America wore their safety belts correctly. This is an area that lies between adult belt education and child passenger safety but needs to be addressed on both levels.

5) **Finally, to engage more partners from the community, diversify the sectors recommended as target partners.** We still have the excellent and diverse listing of target agencies, sectors, and organizations NHTSA developed in the 1980's. It might be resurrected and expanded as a start to spreading the word with the help of the community segments that have built-in community trust already.

   Although we developed the safety seat checkup in the 1980's at the suggestion of a founding member, a dad involved in a parenting group, it is incumbent on all of us to broaden the focus from one-on-one checkups. We need to engage more of our community partners in learning the key points and sharing those with their members/clients/adherents. The number of specialists in any area of traffic safety is too small to reach everyone personally so encourage natural allies to learn enough to energize their own communities.

   One practical step which might allow more opportunity to engage new segments of the community is to return to the 2-year grant under 402. Community-based efforts often take time to get new segments of the target groups ready to engage; meanwhile, program leaders may find new avenues and need more time to consolidate the partnerships. The 2-year grant period reduced time spent on administrative applications and offered more time for new adherents to acquire the knowledge and experience helpful for becoming effective community communicators of accurate traffic safety messages and for experienced traffic safety team members to learn more about issues and good approaches to take from newly incorporated, community-based team members. Using our Child Passenger Safety Technicians to provide basic education to be shared by those already trusted by the communities they serve can help us to get to ZERO, our mutual goal.