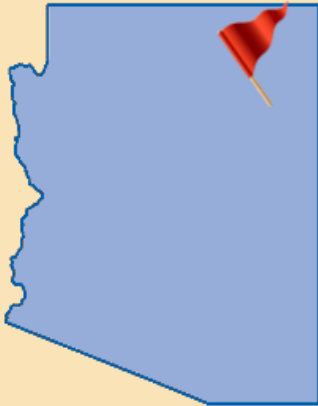


Tightening the Belt: Increasing Occupant Restraint Use on the Hopi Reservation



“The recommendations helped us try to mimic in our own way what has worked for other people.”

Gregory Sehongva
Hopi Tribal Motor Vehicle
Injury Prevention Program
Coordinator
Hopi Health Care Center

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**The Community Guide:
Task Force Findings on
Motor Vehicle Injury
Prevention**

www.thecommunityguide.org/mvoi/index.html

**What Works: Motor
Vehicle-Related Injury
Prevention Fact Sheet**

www.thecommunityguide.org/about/What-Works-Motor-Vehicle-factsheet.pdf

The Hopi Tribe
www.hopi-nsn.gov

Safety belt and child safety seat use increased on the Hopi Tribe Reservation in northeast Arizona thanks to the creation of the Hopi Tribal Motor Vehicle Injury Prevention Program (TMVIPP).

The program, begun in 2011, was funded through a four-year grant from the Centers for Disease Control and Prevention’s (CDC) Division of Unintentional Injury Prevention. The grant required the program to use at least two motor vehicle injury prevention strategies recommended by the Community Preventive Services Task Force (Task Force).

A CDC handbook compiled the recommendations from the Guide to Community Preventive Services (The Community Guide) website. Gregory Sehongva, Program Coordinator, found it helpful to have the interventions provided in that form.

“The recommendations helped us try to mimic in our own way what has worked for other people,” Sehongva says. Sehongva is the sole employee for the program, but the “us” he is referring to are the numerous volunteers who helped carry out the program’s activities.

Protecting Adults and Adolescents

The Hopi Tribe had already adopted an Arizona law that required secondary safety belt use, but had no primary safety belt law.

Primary safety belt laws allow police to stop motorists solely for being unbelted. Secondary safety belt laws allow police to ticket unbelted motorists only if they are stopped for other reasons, such as speeding. The Task Force recommends primary safety belt laws over secondary safety belt laws because they are more effective in reducing motor vehicle-related injuries and deaths.

The Hopi TMVIPP started by partnering with local police officers who held safety belt checkpoints to collect data on safety belt use. After a revised safety belt law was established in 2012, they collected data again. The Hopi TMVIPP influenced the revision of the law, which was supposed to make safety belt use a requirement. However, Sehongva said it remained unclear whether the revised safety belt law required primary or secondary safety belt use.

The program did not want to limit its efforts to increase passenger safety to just adult drivers. Sehongva gave presentations on the importance of safety belts to teenagers at Hopi High School. Safety belt use on the reservation increased from 39 percent in 2011 to 56 percent in 2015.

Protecting Children

Child safety seat use was also a problem on the reservation. The Hopi TMVIPP partnered with Hopi Health Care Center to hold clinics where they distributed child safety seats and talked about proper installation. Then enforcement checkpoints were set up to see if parents and caregivers were using them.



www.thecommunityguide.org

What is The Community Guide?

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based recommendations about public health interventions and policies to improve health and promote safety.

The Community Preventive Services Task Force (Task Force)—an independent, nonfederal, unpaid panel of public health and prevention experts—bases its recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, scientists and subject-matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.



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The clinics fit the Task Force's recommendation for distribution and education programs to increase child safety seat use. Hopi's TMVIP also used the Task Force's recommendations for community-wide information and enhanced enforcement campaigns by increasing public awareness about the clinics.

Sehongva was a guest speaker on Hopi's radio station, KUYI. The station promoted the clinics by airing public service announcements, discussing the clinics on House Calls—a local, weekly, health-related radio show—and adding the clinics to the community events calendar. The radio spots were sometimes presented in the Hopi language. The local newspaper, Hopi Tutuveni, also advertised the clinics by featuring announcement and event posters.

The clinics went from being held monthly to every other week because there was such a high demand for education and distribution. More than 800 child safety seats (including booster seats) have been given away. Within three years, child safety seat use increased from 22 percent to 29 percent.

Also, 20 Hopi residents have been certified as child passenger safety (CPS) technicians thanks to the program. This certification allows those residents to be community advocates who educate parents on the proper use of child safety seats and the importance of child passenger safety. Sehongva obtained his CPS instructor certification in January of 2015, so he can now teach the CPS technician certification class.

Work that can Save Lives

For 10 years (1999-2009) unintentional injury was the leading cause of death among American Indians and Alaska Natives of all ages in Arizona.¹ Motor vehicle traffic-related injury was the leading cause of injury death on the Hopi Reservation from 2004 to 2008.² Sehongva hopes the TMVIP will continue to increase occupant restraint use and reduce motor vehicle crash injuries and deaths.

Sehongva says the program wants to enhance the way it collects restraint use data from law enforcement and elsewhere, and to develop strategies to better track motor vehicle crashes on the Hopi Tribe Reservation. He says he has developed a passion for injury prevention after working with the program and that the work is more worthwhile than some people may realize.

"Some people look at what we're doing and just see seatbelts or car seats," Sehongva says. "But it's so much more than that because our program has the potential to save lives."

Consider These Lessons Learned

- **Build and maintain relationships.** Gregory Sehongva was the sole person managing the tribe's MVIP program but he does not take full credit for its success. Sehongva said the program would not have been possible without local partners who helped carry out program activities and collect data.
- **Acknowledge your partnerships.** Volunteers can help out at a variety of places. A "thank you" can go a long way in terms of expressing gratitude to volunteers for choosing your organization when they could have gone elsewhere.
- **The work is never done.** The Hopi TMVIP has seen great improvements over its five year life. But, Sehongva says what has been done so far is not enough. He and the program's partners must continuously look for ways to improve.

¹Web-based Injury Statistics Query and Reporting System, Centers for Disease Control and Prevention. Leading causes of death, Arizona, 1999-2009, AI/AN. Atlanta, GA. Available from: <http://www.cdc.gov/injury/wisqars/index.html>.

²Shacter, A. Injuries among residents of the Hopi Reservation, Arizona 2004-2008. 2010. [Forthcoming].