

## SPECIFIC PROGRAM INFORMATION QUESTIONNAIRE FOR PARTNERS/COLLABORATORS

### OCCUPANT PROTECTION PROGRAM ASSESSMENT

Please take a few minutes to fill out this questionnaire for the Occupant Protection Program Assessment taking place in your state. This information will be used to help identify the strengths and weaknesses of your local occupant protection program. If you need more space to answer the questions than provided, please feel free to attach additional pages (see staff for additional paper) and please reference the questions you are addressing by repeating the question at the start of each page.

1. Please indicate which area you represent:

- Law enforcement     
  Business/private sector     
  Health care  
 Media     
  School-based  
 Other \_\_\_\_\_

2. Which community are you affiliated with? *Jackson County*

3. Do you help promote traffic safety/occupant protection issues in your line of work and/or to the community at large? If so, how? *Yes as a LED*

4. How long have you been involved with the occupant protection/traffic safety program?  
*Actively since 2011*

5. Please describe your relationship with the Occupant Protection Program and the activities and programs in which you are involved or have participated.  
*Grant writer*

6. Are you involved in setting program goals, objectives, priorities and strategies with the Occupant Protection Program? If so, how? *Yes Grant writer*

7. Is your agency/organizational leadership supportive of your involvement with the Occupant Protection Program? In what ways do they promote or encourage this involvement?  
*Yes, any realistic ideas are supported*

8. Please describe any benefits and/or opportunities that have arisen for your agency/organization as a result of your collaboration with the Occupant Protection Program:

Awareness in Community

9. Have you encountered any barriers or challenges in your collaboration with the Occupant Protection Program? No

10. Do you anticipate continuing your involvement with the Occupant Protection Program? If so, to what extent?

Yes, as a grant writer, promoting new ideas & programs

11. What resources and/or support will you need from the Occupant Protection Program to maintain collaboration over the short and long term?

funding

12. Please describe any changes you have noted in the community as a result of the program:

A) Behavioral changes (for example, changes in seat belt/child safety seat use, changes in enforcement efforts, etc.):

none observed

B) Changes in community attitudes or community norms:

none observed

C) Changes in your definition of the community's occupant protection problem:

- fine is too low      • no seat belt required in back seat  
• not a # of occupant number restriction until 2 year driving exp or 18 yoa

13. Please provide suggestions or recommendations to the Assessment Team below:

See 12C

Thank you!

**SPECIFIC PROGRAM INFORMATION QUESTIONNAIRE FOR PARTNERS/COLLABORATORS**  
**OCCUPANT PROTECTION PROGRAM ASSESSMENT**

Please take a few minutes to fill out this questionnaire for the Occupant Protection Program Assessment taking place in your state. This information will be used to help identify the strengths and weaknesses of your local occupant protection program. If you need more space to answer the questions than provided, please feel free to attach additional pages (see staff for additional paper) and please reference the questions you are addressing by repeating the question at the start of each page.

1. Please indicate which area you represent:

- Law enforcement      \_\_\_ Business/private sector      \_\_\_ Health care  
\_\_\_ Media      \_\_\_ School-based  
\_\_\_ Other \_\_\_\_\_

2. Which community are you affiliated with? *Greenwood - LeFlore*

3. Do you help promote traffic safety/occupant protection issues in your line of work and/or to the community at large? If so, how? *no*

4. How long have you been involved with the occupant protection/traffic safety program? *no time*

5. Please describe your relationship with the Occupant Protection Program and the activities and programs in which you are involved or have participated. *Enforcement, outreach -*

6. Are you involved in setting program goals, objectives, priorities and strategies with the Occupant Protection Program? If so, how? *yes I write the ~~grant~~ Grant*

7. Is your agency/organizational leadership supportive of your involvement with the Occupant Protection Program? In what ways do they promote or encourage this involvement? *yes*

8. Please describe any benefits and/or opportunities that have arisen for your agency/organization as a result of your collaboration with the Occupant Protection Program:
  
9. Have you encountered any barriers or challenges in your collaboration with the Occupant Protection Program?
  
10. Do you anticipate continuing your involvement with the Occupant Protection Program? If so, to what extent?
  
11. What resources and/or support will you need from the Occupant Protection Program to maintain collaboration over the short and long term?
  
12. Please describe any changes you have noted in the community as a result of the program:
  - A) Behavioral changes (for example, changes in seat belt/child safety seat use, changes in enforcement efforts, etc.):
  
  - B) Changes in community attitudes or community norms:
  
  - C) Changes in your definition of the community's occupant protection problem:
  
13. Please provide suggestions or recommendations to the Assessment Team below:

**Thank you!**

## SPECIFIC PROGRAM INFORMATION QUESTIONNAIRE FOR PARTNERS/COLLABORATORS

### OCCUPANT PROTECTION PROGRAM ASSESSMENT

Please take a few minutes to fill out this questionnaire for the Occupant Protection Program Assessment taking place in your state. This information will be used to help identify the strengths and weaknesses of your local occupant protection program. If you need more space to answer the questions than provided, please feel free to attach additional pages (see staff for additional paper) and please reference the questions you are addressing by repeating the question at the start of each page.

1. Please indicate which area you represent:

- Law enforcement      \_\_\_ Business/private sector      \_\_\_ Health care  
\_\_\_ Media      \_\_\_ School-based  
\_\_\_ Other \_\_\_\_\_

2. Which community are you affiliated with?

LONG BEACH

3. Do you help promote traffic safety/occupant protection issues in your line of work and/or to the community at large? If so, how?

YES. WE PARTICIPATE IN BLITZ CAMPAIGNS. USE CHECKPOINTS, SATURATION PATROLS, GIVE PRESENTATIONS.

4. How long have you been involved with the occupant protection/traffic safety program?

LONG BEACH HAS BEEN PART OF THE O.P. GRANT FOR SEVERAL YEARS NOT SURE HOW MANY.

5. Please describe your relationship with the Occupant Protection Program and the activities and programs in which you are involved or have participated.

I WRITE THE GRANTS, SUBMIT REQUIRED PAPERWORK AND ENSURE ALL ACTIVITIES ARE COMPLETED.

6. Are you involved in setting program goals, objectives, priorities and strategies with the Occupant Protection Program? If so, how?

YES. I PLAN THE TASKS BY QUARTER

7. Is your agency/organizational leadership supportive of your involvement with the Occupant Protection Program? In what ways do they promote or encourage this involvement?

YES. I GET MANPOWER AND EQUIPMENT NEEDED TO COMPLETE TASKS BY QUARTER

8. Please describe any benefits and/or opportunities that have arisen for your agency/organization as a result of your collaboration with the Occupant Protection Program:

I FEEL WE HAVE INCREASED SEATBELT/CHILD RESTRAINT USE AND REDUCED INJURY/FATALITY ACCIDENTS.

9. Have you encountered any barriers or challenges in your collaboration with the Occupant Protection Program?

THE PAPERWORK IS COMPLICATED AND REDUNDANT. THE FORMS SHOULD BE IN ELECTRONIC FORMAT WITH CALCULATIONS BUILT INTO IT.

10. Do you anticipate continuing your involvement with the Occupant Protection Program? If so, to what extent?

YES. WE PARTICIPATE IN THE OP GRANT EACH YEAR.

11. What resources and/or support will you need from the Occupant Protection Program to maintain collaboration over the short and long term?

BE MORE ACCESSIBLE. MANY TIMES NOBODY ANSWERS THE PHONE. HAVE REGIONAL MEETINGS INSTEAD OF MAKING EVERYONE DRIVE TO JACKSON.

12. Please describe any changes you have noted in the community as a result of the program:

A) Behavioral changes (for example, changes in seat belt/child safety seat use, changes in enforcement efforts, etc.):

HARDER TO FIND O.P. VIOLATIONS. MAY INDICATE HIGHER USAGE

B) Changes in community attitudes or community norms:

N/A

C) Changes in your definition of the community's occupant protection problem:

N/A

13. Please provide suggestions or recommendations to the Assessment Team below:

SEE Q9 + Q11

Thank you!

## SPECIFIC PROGRAM INFORMATION QUESTIONNAIRE FOR PARTNERS/COLLABORATORS

### OCCUPANT PROTECTION PROGRAM ASSESSMENT

Please take a few minutes to fill out this questionnaire for the Occupant Protection Program Assessment taking place in your state. This information will be used to help identify the strengths and weaknesses of your local occupant protection program. If you need more space to answer the questions than provided, please feel free to attach additional pages (see staff for additional paper) and please reference the questions you are addressing by repeating the question at the start of each page.

1. Please indicate which area you represent:

- Law enforcement       Business/private sector       Health care  
 Media       School-based  
 Other community-based

2. Which community are you affiliated with? Statewide

3. Do you help promote traffic safety/occupant protection issues in your line of work and/or to the community at large? If so, how?

The Mississippi Youth Highway Safety Program provides statewide youth services for ages 11-20.

4. How long have you been involved with the occupant protection/traffic safety program?

Dream, Inc. received the youth program grant in October 2012.

5. Please describe your relationship with the Occupant Protection Program and the activities and programs in which you are involved or have participated.

We are a grantee with Motts. We coordinate two statewide youth conferences, coordinate the Mississippi Student Advisory Board (SAB), provide seat belt presentations & summer camps. Collaborate with other partners & funders to leverage resources & provide services to youth.

6. Are you involved in setting program goals, objectives, priorities and strategies with the Occupant Protection Program? If so, how?

Yes. With my grant with Motts. We base our program goals from the statewide data & goals.

7. Is your agency/organizational leadership supportive of your involvement with the Occupant Protection Program? In what ways do they promote or encourage this involvement?

Yes! Dream is a non-profit organization that focuses on youth & decreasing their risk factors. Highway safety is an important piece of adolescent state development!

8. Please describe any benefits and/or opportunities that have arisen for your agency/organization as a result of your collaboration with the Occupant Protection Program:

The MS Youth Highway Safety Program has benefited greatly from being a part of MOHS. We have networked, collaborated & implemented youth highway initiatives state wide.

9. Have you encountered any barriers or challenges in your collaboration with the Occupant Protection Program?

The MS laws need improving. We would love to help educate legislators + the public on the importance for all people in motor vehicles to be buckled up correctly, every trip. We also need to strengthen the GDL laws.

10. Do you anticipate continuing your involvement with the Occupant Protection Program? If so, to what extent?

Yes. We would be honored to continue to grow the capacity of the youth highway safety program for years to come.

11. What resources and/or support will you need from the Occupant Protection Program to maintain collaboration over the short and long term?

MOHS provides for us. Resources we need to continue youth programs are: staff development opportunities focused on youth development & youth highway focused programming. We also need incentives to provide as a reminder of highway safety messages.

12. Please describe any changes you have noted in the community as a result of the program:

A) Behavioral changes (for example, changes in seat belt/child safety seat use, changes in enforcement efforts, etc.):

We are just now in our second quarter of our second year with MOHS. It will be another year or two before we see a decrease in our youth fatalities based on our programming & efforts.

B) Changes in community attitudes or community norms:

As we present across the state we are finding we are reaching audiences of youth + adults who did not value seat belt usage.

C) Changes in your definition of the community's occupant protection problem:

As our assessment countries changed, our seat belt usage rate decreased. Also, of the surveyed youth fatalities for 10-20 (age) the seat belt usage rate is very low.

13. Please provide suggestions or recommendations to the Assessment Team below:

If there is anything you need please let us know!

**Thank you!**

## SPECIFIC PROGRAM INFORMATION QUESTIONNAIRE FOR PARTNERS/COLLABORATORS

### OCCUPANT PROTECTION PROGRAM ASSESSMENT

Please take a few minutes to fill out this questionnaire for the Occupant Protection Program Assessment taking place in your state. This information will be used to help identify the strengths and weaknesses of your local occupant protection program. If you need more space to answer the questions than provided, please feel free to attach additional pages (see staff for additional paper) and please reference the questions you are addressing by repeating the question at the start of each page.

1. Please indicate which area you represent:

- Law enforcement      \_\_\_ Business/private sector      \_\_\_ Health care  
\_\_\_ Media      \_\_\_ School-based  
\_\_\_ Other \_\_\_\_\_

2. Which community are you affiliated with? *Florence*

3. Do you help promote traffic safety/occupant protection issues in your line of work and/or to the community at large? If so, how? *Yes - Enforcement and education through use of printed material and speaking engagements*

4. How long have you been involved with the occupant protection/traffic safety program? *3yrs*

5. Please describe your relationship with the Occupant Protection Program and the activities and programs in which you are involved or have participated. *We have worked with the schools in Florence by putting on demonstrations of importance of seat belt usage.*

6. Are you involved in setting program goals, objectives, priorities and strategies with the Occupant Protection Program? If so, how? *Yes, I oversee the police department.*

7. Is your agency/organizational leadership supportive of your involvement with the Occupant Protection Program? In what ways do they promote or encourage this involvement? *Yes - They approve submission of grant application and activities of the department for this grant, such as enforcement.*

8. Please describe any benefits and/or opportunities that have arisen for your agency/organization as a result of your collaboration with the Occupant Protection Program: *Has given another area to work with the youth in our community*
9. Have you encountered any barriers or challenges in your collaboration with the Occupant Protection Program? *Stressing the importance of seatbelt usage - most people want to say it should be a choice.*
10. Do you anticipate continuing your involvement with the Occupant Protection Program? If so, to what extent? *yes - continued enforcement for 100% usage*
11. What resources and/or support will you need from the Occupant Protection Program to maintain collaboration over the short and long term? *Funding to continue extra enforcement efforts*
12. Please describe any changes you have noted in the community as a result of the program:
- A) Behavioral changes (for example, changes in seat belt/child safety seat use, changes in enforcement efforts, etc.): *Seatbelt usage has increased*
- B) Changes in community attitudes or community norms: *Use of seatbelts has increased and we receive less complaints of police activities toward seatbelt enforcement*
- C) Changes in your definition of the community's occupant protection problem: *Seatbelt usage has increased*
13. Please provide suggestions or recommendations to the Assessment Team below:

**Thank you!**

# SPECIFIC PROGRAM INFORMATION QUESTIONNAIRE FOR PARTNERS/COLLABORATORS

## OCCUPANT PROTECTION PROGRAM ASSESSMENT

Please take a few minutes to fill out this questionnaire for the Occupant Protection Program Assessment taking place in your state. This information will be used to help identify the strengths and weaknesses of your local occupant protection program. If you need more space to answer the questions than provided, please feel free to attach additional pages (see staff for additional paper) and please reference the questions you are addressing by repeating the question at the start of each page.

1. Please indicate which area you represent:

- Law enforcement       Business/private sector       Health care  
 Media       School-based  
 Other \_\_\_\_\_

2. Which community are you affiliated with? *Starkville Police Dept.*

3. Do you help promote traffic safety/occupant protection issues in your line of work and/or to the community at large? If so, how? *YES. through Enforcement, I am a Supervisor & try to motivate younger officers on message & other depts. through LET duties. Also I speak to groups every month where I emphasize the message.*

4. How long have you been involved with the occupant protection/traffic safety program?  
*10 years*

5. Please describe your relationship with the Occupant Protection Program and the activities and programs in which you are involved or have participated. *Sub-grantee*

- grant writer
- grant manager
- work the details
- BELIEVE IN THE MESSAGE!

6. Are you involved in setting program goals, objectives, priorities and strategies with the Occupant Protection Program? If so, how? *I am, within my own dept.*

7. Is your agency/organizational leadership supportive of your involvement with the Occupant Protection Program? In what ways do they promote or encourage this involvement?  
*yes - talk about the message on a Command level, Allow full involvement w/ grant manager's times needed for the program*

8. Please describe any benefits and/or opportunities that have arisen for your agency/organization as a result of your collaboration with the Occupant Protection Program:

Media message has gotten out. (some) citizens do believe in the message. Overtime for officers

9. Have you encountered any barriers or challenges in your collaboration with the Occupant Protection Program?

none - just a constant motivation - officers not motivated to write unless on OT. Past Administrators were not fully on board with the message

10. Do you anticipate continuing your involvement with the Occupant Protection Program? If so, to what extent?

yes - whatever is asked - 100% committed

11. What resources and/or support will you need from the Occupant Protection Program to maintain collaboration over the short and long term?

need more motivation for other (younger) officers involvement

12. Please describe any changes you have noted in the community as a result of the program:

A) Behavioral changes (for example, changes in seat belt/child safety seat use, changes in enforcement efforts, etc.):

we believe that more are using restraints.

B) Changes in community attitudes or community norms:

those in the community do not argue when stopped for seatbelt & given a citation

C) Changes in your definition of the community's occupant protection problem:

13. Please provide suggestions or recommendations to the Assessment Team below:

need some more incentive items (even if managed by OHS) for officers that are fully involved in the message.

Thank you!

## SPECIFIC PROGRAM INFORMATION QUESTIONNAIRE FOR PARTNERS/COLLABORATORS

### OCCUPANT PROTECTION PROGRAM ASSESSMENT

Please take a few minutes to fill out this questionnaire for the Occupant Protection Program Assessment taking place in your state. This information will be used to help identify the strengths and weaknesses of your local occupant protection program. If you need more space to answer the questions than provided, please feel free to attach additional pages (see staff for additional paper) and please reference the questions you are addressing by repeating the question at the start of each page.

1. Please indicate which area you represent:

- Law enforcement      \_\_\_ Business/private sector      \_\_\_ Health care  
\_\_\_ Media      \_\_\_ School-based  
\_\_\_ Other \_\_\_\_\_

2. Which community are you affiliated with?

City of Vicksburg, MS, Warren County

3. Do you help promote traffic safety/occupant protection issues in your line of work and/or to the community at large? If so, how?

Yes, we conduct PSA, Occupant Safety Checkpoints

4. How long have you been involved with the occupant protection/traffic safety program?

since July 2013

5. Please describe your relationship with the Occupant Protection Program and the activities and programs in which you are involved or have participated.

My involvement with the OPP is to oversee the grant-requirements, placing people in place to make it happen and getting all the information to the grant writers, so they can turn the information in to MOHBL

6. Are you involved in setting program goals, objectives, priorities and strategies with the Occupant Protection Program? If so, how?

I meet with my grant writers and use the grant requirements as a source of how to address the needs and objectives of continued OP safety

7. Is your agency/organizational leadership supportive of your involvement with the Occupant Protection Program? In what ways do they promote or encourage this involvement?

Yes, they are willing to give us manpower to conduct the grant requirements. Also they allow members of the department to attend the different OP and liaison meetings.

8. Please describe any benefits and/or opportunities that have arisen for your agency/organization as a result of your collaboration with the Occupant Protection Program:

Yes, some of the benefits is that Grant funded programs allows members of the department to work overtime and the department don't have to pay that overtime

9. Have you encountered any barriers or challenges in your collaboration with the Occupant Protection Program?

Well some of the issues is the demands for grants in our area, some of requirements are demanding. Also, getting officers to work the many details

10. Do you anticipate continuing your involvement with the Occupant Protection Program? If so, to what extent?

I think we will continue our involvement, because it brings awareness to occupant safety. long term.

11. What resources and/or support will you need from the Occupant Protection Program to maintain collaboration over the short and long term?

We use child restraints a lot in our program, so if we can continue to get those as well as literature to support the program

12. Please describe any changes you have noted in the community as a result of the program:

A) Behavioral changes (for example, changes in seat belt/child safety seat use, changes in enforcement efforts, etc.):

we are a city of about 26,000 and when we start conducting safety checkpoints the word gets around fast

B) Changes in community attitudes or community norms:

I think when the citizens see one of our mark units you can or I have noticed people buckling up

C) Changes in your definition of the community's occupant protection problem:

with the attention of occupant safety, my observation is very positive in our community

13. Please provide suggestions or recommendations to the Assessment Team below:

**Thank you!**

## SPECIFIC PROGRAM INFORMATION QUESTIONNAIRE FOR PARTNERS/COLLABORATORS

### OCCUPANT PROTECTION PROGRAM ASSESSMENT

Please take a few minutes to fill out this questionnaire for the Occupant Protection Program Assessment taking place in your state. This information will be used to help identify the strengths and weaknesses of your local occupant protection program. If you need more space to answer the questions than provided, please feel free to attach additional pages (see staff for additional paper) and please reference the questions you are addressing by repeating the question at the start of each page.

1. Please indicate which area you represent:

- Law enforcement      \_\_\_ Business/private sector      \_\_\_ Health care  
\_\_\_ Media      \_\_\_ School-based  
\_\_\_ Other \_\_\_\_\_

2. Which community are you affiliated with?

Vicksburg, MS

3. Do you help promote traffic safety/occupant protection issues in your line of work and/or to the community at large? If so, how? Yes, I help promote traffic safety/

occupant protection by scheduling checkpoints to check car seats at area daycares

4. How long have you been involved with the occupant protection/traffic safety program?

At least 10 years.

5. Please describe your relationship with the Occupant Protection Program and the activities and programs in which you are involved or have participated. I am the grant coordinator

for the occupant protection program. I schedule checkpoints at daycares, schools, health department and any other place that I can go to demonstrate the proper installation of car seats.

6. Are you involved in setting program goals, objectives, priorities and strategies with the Occupant Protection Program? If so, how? Not currently.

7. Is your agency/organizational leadership supportive of your involvement with the Occupant Protection Program? In what ways do they promote or encourage this involvement? Yes, the grant

requires roadblocks and checkpoints throughout the grant period. Leadership is very supportive in making sure that we have the manpower needed to reach our goal of buckling in our community.



# SPECIFIC PROGRAM INFORMATION QUESTIONNAIRE FOR PARTNERS/COLLABORATORS

## OCCUPANT PROTECTION PROGRAM ASSESSMENT

Please take a few minutes to fill out this questionnaire for the Occupant Protection Program Assessment taking place in your state. This information will be used to help identify the strengths and weaknesses of your local occupant protection program. If you need more space to answer the questions than provided, please feel free to attach additional pages (see staff for additional paper) and please reference the questions you are addressing by repeating the question at the start of each page.

1. Please indicate which area you represent:

- Law enforcement                       Business/private sector                       Health care  
 Media     School-based  
 Other \_\_\_\_\_

2. Which community are you affiliated with? statewide

3. Do you help promote traffic safety/occupant protection issues in your line of work and/or to the community at large? If so, how?

Earned and placed state media campaigns

4. How long have you been involved with the occupant protection/traffic safety program?

since 1993

5. Please describe your relationship with the Occupant Protection Program and the activities and programs in which you are involved or have participated.

Planning and implementing statewide paid and earned media campaigns, creating broadcast, online and print ads, annual reports, assisting with outreach and education

6. Are you involved in setting program goals, objectives, priorities and strategies with the Occupant Protection Program? If so, how?

Yes, we research the latest findings and goals from the NHTSA, and try to correlate our campaign strategies to achieve these core goals.

7. Is your agency/organizational leadership supportive of your involvement with the Occupant Protection Program?

Yes.

In what ways do they promote or encourage this involvement?

We participate in all meetings and events upon request.

8. Please describe any benefits and/or opportunities that have arisen for your agency/organization as a result of your collaboration with the Occupant Protection Program:

Increased seat belt usage, lower mortality

9. Have you encountered any barriers or challenges in your collaboration with the Occupant Protection Program?

Reaching the target audience in a relatively short period of time

10. Do you anticipate continuing your involvement with the Occupant Protection Program? If so, to what extent? Yes- we hope to be working with OPP now and in the coming years

11. What resources and/or support will you need from the Occupant Protection Program to maintain collaboration over the short and long term?

We will need local, state and national data to develop our plans in the coming months and also in the year ahead

12. Please describe any changes you have noted in the community as a result of the program:

A) Behavioral changes (for example, changes in seat belt/child safety seat use, changes in enforcement efforts, etc.):

Seat belt usage has steadily risen, motor vehicle mortality has steadily declined

B) Changes in community attitudes or community norms:

Less opposition to using seat belts than in the previous decade

C) Changes in your definition of the community's occupant protection problem:

Need to have a more localized approach and more local focus

## SPECIFIC PROGRAM INFORMATION QUESTIONNAIRE FOR PARTNERS/COLLABORATORS

### OCCUPANT PROTECTION PROGRAM ASSESSMENT

Please take a few minutes to fill out this questionnaire for the Occupant Protection Program Assessment taking place in your state. This information will be used to help identify the strengths and weaknesses of your local occupant protection program. If you need more space to answer the questions than provided, please feel free to attach additional pages (see staff for additional paper) and please reference the questions you are addressing by repeating the question at the start of each page.

1. Please indicate which area you represent:

- Law enforcement      \_\_\_ Business/private sector      \_\_\_ Health care  
\_\_\_ Media      \_\_\_ School-based  
\_\_\_ Other \_\_\_\_\_

2. Which community are you affiliated with?

@ City of Meridian

3. Do you help promote traffic safety/occupant protection issues in your line of work and/or to the community at large? If so, how?

yes, City of Meridian coordination/enforcement efforts. Work w/ local media to inform ~~area~~ of enforcement efforts.

4. How long have you been involved with the occupant protection/traffic safety program?

2 years

5. Please describe your relationship with the Occupant Protection Program and the activities and programs in which you are involved or have participated.

Project coordinator for the City of Meridian. Coordinate programs and opportunities within the city. Have worked with teen driving education programs for 8 years. ~~and~~

6. Are you involved in setting program goals, objectives, priorities and strategies with the Occupant Protection Program? If so, how?

yes, work with traffic enforcement to determine and formalize goals, objectives, priorities in to writing instead of just doing.

7. Is your agency/organizational leadership supportive of your involvement with the Occupant Protection Program? In what ways do they promote or encourage this involvement?

yes, support teen driving programs, child safety programs, require officers to perform enforcement efforts.

8. Please describe any benefits and/or opportunities that have arisen for your agency/organization as a result of your collaboration with the Occupant Protection Program:  
*Focused efforts towards sporting events. Working with driving programs for teens.*
9. Have you encountered any barriers or challenges in your collaboration with the Occupant Protection Program?  
*Lack of desire by officers to enforce*
10. Do you anticipate continuing your involvement with the Occupant Protection Program? If so, to what extent?  
*yes. working with teenagers and with officers to enforce laws.*
11. What resources and/or support will you need from the Occupant Protection Program to maintain collaboration over the short and long term?  
*Increased incentives for officers. New media programs.*
12. Please describe any changes you have noted in the community as a result of the program:
- A) Behavioral changes (for example, changes in seat belt/child safety seat use, changes in enforcement efforts, etc.):  
*as enforcement decreased, usage has as well*
- B) Changes in community attitudes or community norms:  
*Community does not see seatbelt enforcement as a positive use of law enforcement time.*
- C) Changes in your definition of the community's occupant protection problem:
13. Please provide suggestions or recommendations to the Assessment Team below:

**Thank you!**