

Priorities for Reducing Alcohol-Related Driving Among Latino Communities



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I. Background

Research and data show that Latinos in the United States are at particular risk of death and injury from alcohol-related crashes. In 2006, 42,708 people were killed in motor vehicle traffic crashes. Of those fatalities, 42 percent occurred in alcohol-related crashes. During that same year, 5,405 Latinos were fatally injured in motor vehicle traffic crashes in the United States. Of these fatalities 49 percent were in alcohol-related crashes. In 2002, motor vehicle traffic crashes were the leading cause of death for Latinos age 3 to 8, 11, 14 to 34, and 37. In 2005, motor vehicle traffic crashes were the leading cause of death for every age 3 to 6 and 8 to 34 for the general population.

Although the number of fatalities among Latinos in the United States in alcohol-related crashes has decreased from 2,685 in 2005 to 2,645 in 2006, this remains a huge problem and of particular concern to the National Highway Traffic Safety Administration (NHTSA) and the National Latino Council on Alcohol and Tobacco Prevention (LCAT). Accordingly, in February 2007, NHTSA and LCAT, with assistance from the Pacific Institute for Research and Evaluation (PIRE), hosted a meeting as part of an effort to identify and promote effective strategies for reducing impaired driving traffic fatalities and injuries among Latino populations.

The meeting was designed to discuss a national strategy to prevent impaired driving in the Latino community, and included national leaders in the fields of driving under the influence (DUI) and alcohol, tobacco, and other drugs (ATOD) prevention, as well as influential members of the Latino community. A Statement of Purpose, developed for the summit, is attached as Appendix A.

The one-day summit brought together 50 participants who shared the latest data on drinking and driving in the Latino community, research findings on strategies for reducing impaired driving, and results from demonstration projects that adapted and applied proven strategies for the general population to prevent DUI in Latino communities. Presenters shared the latest data, research, and promising strategies for reducing impaired driving, and participants had the opportunity to discuss issues, exchange ideas, identify additional strategies, and make recommendations for further progress. This report features highlights from the meeting.

II. Meeting Structure

Participants at the summit included a cross-section of representatives of national, State and local organizations; Federal and State government agencies; and academia. These individuals also represented various fields of interest, including traffic safety, public health, medicine, substance misuse, law enforcement, and criminal justice. In addition, national organizations representing various segments of the Latino population in the United States were represented. Some of the participants included the Pan American Health Organization, the National Hispanic Medical Association, the Cuban American National Council, Meharry Medical College, Mothers Against Drunk Driving (MADD), the Governors Highway Safety Association, Community Anti-Drug

Coalitions of America, AAA National Office, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), Office of Minority Health, Bureau of Justice Assistance, Centers for Disease Control and Prevention (CDC), and others. A complete list of attendees at the conference is attached as Appendix B.

Presenters at the summit included leaders from various national and governmental organizations, including the National Hispanic Medical Association, MADD, the University of Texas School of Public Health, NHTSA, LCAT, and PIRE. The meeting agenda, which lists all the speakers who have presentations, is attached as Appendix C.

Presentations given during the summit included:

- An overview of the impaired driving problem among Latino populations and countermeasures that have proven to be effective for the general population;
- A more in-depth discussion by Dr. Raul Caetano of the over-involvement of Latinos in impaired-driving crashes and a discussion of what the research reveals about applying these countermeasures among Latinos, based on a multi-million-dollar study supported by NIAAA titled the Hispanic American Baseline Alcohol Survey (HABLAS);
- Remarks by MADD National President Glynn Birch, with his personal story of losing his son Courtney and how impaired driving tragedies affect Americans of all races and ethnic backgrounds;
- A discussion of the importance of applying proven strategies in a way that will resonate appropriately in individual communities; and
- A panel of presenters who shared promising practices, lessons learned, and tools developed in recent demonstrations and projects designed specifically to reduce impaired driving in Latino communities.

During the summit, two sets of breakout discussions were held. The first set of breakout sessions was focused on the magnitude of the impaired-driving problem among Latinos, the strategies determined to be most effective at addressing the problem, the challenges and opportunities presented when implementing these strategies, and other special issues and concerns. The second set of breakout sessions focused on promising practices, lessons learned, and tools recently developed specifically to reduce impaired driving in Latino communities; the opportunities, challenges, and barriers to implementation; and other strategies participants may have developed independently or were aware of.

The presentations were intended to provide a strong and common foundation of current information to help inform the summit participants. The breakout discussions let participants share information and ideas. Each breakout group, by design, included participants from a variety of disciplines and locales.

III. Information Presented

Leaders with expertise in impaired driving, highway safety, and U.S. Latino populations from Federal agencies, national organizations, and academia gave presentations. Some of the individual presentations are attached in Appendix D. Included below are highlights from all the remarks presented during the summit.

The Impaired Driving Problem in the United States

- More than 42,000 people die in traffic fatalities each year.
- Nearly 3 million people are injured.
- The cost in the United States is about \$230 billion each year.
- While alcohol-related traffic fatalities decreased significantly in the United States during the 1980s and early 1990s, they have remained constant over the last decade.
- Of drivers involved in fatal crashes with alcohol in their systems, 84 percent had blood alcohol concentrations (BACs) of .08 grams per deciliter (g/dL) or higher, which is illegal in every State.

Among Latinos

- Latino traffic fatalities are increasing at an alarming rate, much higher than the National average, and those fatalities involving alcohol are rising as well.
- In 2002, motor vehicle traffic crashes were the leading cause of death among Latinos age 3 to 8, 11, 14, 14 to 34, and 37. In 2005, motor vehicle traffic crashes were the leading cause of death for every age 3 to 6 and 8 to 34 for the general population.
- Almost half (49%) of all Latino traffic fatalities involve alcohol (42% among the general population).
- Of Latino drivers who died, 45 percent had been drinking (37% in the general U.S. population); of Latino non drivers who died, 49 percent had been drinking (40% in the general U.S. population).
- Hispanics are also more likely than other groups to ride in vehicles operated by drivers who have been drinking.
- Next to Native Americans, Latinos have the highest rate of drinking-and-driving incidents.
- In 2006, the 11 jurisdictions with the highest number of Latino alcohol-related traffic fatalities were California, Texas, Florida, Puerto Rico, Arizona, New Mexico, Illinois, North Carolina, Georgia, Colorado, and South Carolina.

Characteristics of Latino Populations

- The Latino community considers alcohol use and abuse as a serious public health issue.
- Consumption of alcohol by young people tends to be accepted in Latin American countries, especially among males.
- This tendency may be exaggerated among Latinos in the United States (especially among young males), since many of these individuals are away from their families.
- Of those Latinos who drink and drive, they usually know that drinking and driving is wrong, but they do it anyway.
- Second-generation Latinos tend to be at higher risk, perhaps because they do not fear being returned to their home countries, may be more likely to own or have access to vehicles, and they may have more disposable income.
- Second-generation Mexican-Americans constitute the population with the highest incidence of DUI.

Effective Strategies for the General Population

Several efforts have been undertaken to identify strategies shown to be effective for the general population. Several of these strategies include:

- The Community Guide (Centers for Disease Control and Prevention; see <http://www.thecommunityguide.org/mvoi/default.htm>);
 - Laws (including .08 g/dL *per se* laws, minimum-drinking-age laws, and zero-tolerance laws);
 - Enforcement (including use of sobriety checkpoints);
 - Mass media campaigns;
 - Responsible beverage service training; and
 - School-based programs (focused on passengers).

- Countermeasures That Work (Governors Highway Safety Association; see <http://www.nhtsa.gov/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/HS810891.pdf>);
 - Laws (administrative license revocation, BAC test refusal penalties, high-BAC sanctions);
 - Enforcement (including use of sobriety checkpoints and saturation patrols);
 - Prosecution and adjudication (including DWI courts);
 - Offender treatment, monitoring and control (including ignition interlocks, alcohols misuse assessments, and referrals to treatment);
 - Prevention, intervention, communications and outreach (including responsible beverage service, screening and brief intervention, and mass media campaigns); and
 - Underage drinking and underage drinking and driving (including age 21 and zero-tolerance enforcement).

- Priority Strategies for Reducing Impaired Driving (NHTSA) <http://www.nhtsa.dot.gov/portal/site/nhtsa>);
 - High Visibility Enforcement (including sobriety checkpoints, saturation patrols and publicity using paid and earned media)
 - Support for the Criminal Justice System (including traffic safety resource prosecutors and DWI courts)
 - Screening and Brief Intervention
 - Primary Seat Belt Laws

- Campaign to Eliminate Drunk Driving (MADD and others; see www.MADD.org).
 - High Visibility Enforcement (focusing especially on use of sobriety checkpoints);
 - Full use of ignition interlocks (for all DWI offenders, including first offenders);
 - Development of advanced in-car alcohol detection technology; and
 - Grassroots support.

Application of Strategies to Latino Populations

- The strategies that have shown to be effective with the general U.S. population may be as (or even more) effective with Latino populations in the United States.
- However, these strategies may need to be tailored to suit the culture in individual communities.
- They also may need to be introduced carefully to avoid raising potentially sensitive topics such as racial profiling that can create distrust and undermine the strategy's effectiveness.
- Some of the strategies that have been tested with diverse cultures and have been shown to be either moderately effective or effective to a high degree include:
 - Sobriety checkpoints;
 - Random breath-testing;
 - Lowered BAC limits;
 - Administrative license revocation laws;
 - Zero tolerance for young drivers; and
 - Graduated licensing for young drivers.

*See presentation by Raul Caetano in Appendix D.

Promising Practices and Lessons Learned

- A panel of speakers discussed promising practices and lessons learned from projects and activities they have conducted that focused specifically on reducing impaired driving among Latino populations.
- The projects and activities included:
 - “*You Drink & Drive. You Lose*” – a program conducted by LCAT and PIRE that focused on enforcement and outreach activities in Santa Ana, New Mexico, San Antonio, Texas, and Durham, North Carolina;
 - “*Pasa Las Llaves*” (*Pass the Keys*) – a high-visibility enforcement program conducted by the Arizona Highway Safety Office combined with a media campaign that included both enforcement and social responsibility messages that focused on family in Tucson and South Tucson;
 - “*Antes de Manejar Borracho*” (*Before You Drive Drunk*) – a study conducted by El Pueblo that compared the effectiveness of a high-visibility enforcement program combined with an enforcement-based media campaign with a program that focused primarily on a social-responsibility-based media campaign that used a family-oriented theme in Raleigh and Durham, North Carolina; and
 - Screening and Brief Intervention Tool – developed by the National Hispanic Medical Association (NHMA) for doctors who treat Spanish-speaking patients.
- Some of the lessons learned from these projects included:
 - Generally, education alone is insufficient to change behavior;
 - Specific policy changes or enforcement are generally required as well;
 - Enforcement strategies must be used, but must be introduced carefully. For example, build a relationship with local law enforcement, tell the community about the operations before they begin, let the community know the operation's purpose is to protect their safety, target licensed alcohol establishments that have been a problem in the past, conduct impaired driving enforcement operations (saturation patrols, sobriety checkpoints) in high-risk locations;

- Educate the community using culturally appropriate and appealing outreach material such as “fotonovelas” that tell a story primarily with pictures and few words, and use culturally appropriate radio public service announcements, with content that will resonate within the community);
- Increase public awareness also through street-level outreach, including “promotoras” (well-known community members), community and health centers, soccer/recreational leagues, health fairs, housing and worksites, churches, bars and other retail outlets frequented by Latinos; and
- Changes to social norms require time; they cannot be expected to take place too quickly.

IV. Information Shared in Breakout Discussions

The summit included two sets of breakout sessions: one in the morning and one in the afternoon. Each breakout lasted for 75 minutes and included three groups of summit participants. The discussion guides for the breakout sessions are attached as Appendix E.

The first set of breakout sessions focused especially on the magnitude of the impaired driving problem among Latinos, the strategies that have been determined to be most effective at addressing the problem, the unique challenges and opportunities presented when seeking to implement these strategies, and other special issues and concerns.

Here are highlights from these discussions:

- More data and research are needed;
- There is a high prevalence of alcohol use. Efforts must extend beyond the immediate, to changing the social norm long- term;
- Programs should be comprehensive;
- Champions from within the community are essential. Some potential include States, community groups, medical and health care professionals, employers, local celebrities, and elected officials;
- Latino neighborhoods are often tight-knit communities. Many stakeholders in the community, including promotoras, faith-based organizations, bars, and retail outlets, can increase public awareness efforts.
- Programs and messages need to be culturally sensitive and relevant. Reach out to the Latino media to help reach this audience. Consider focusing on “the why,” such as health risks, tragedies, and impact on the family, which may resonate among Latinos;
- Public awareness efforts should focus especially on young males. They tend to be alone, far from home, and away from their families. Increase activities during popular celebrations such as Cinco de Mayo to help counteract the alcohol advertisements that occur at these times;
- Don’t rely on messages alone. Examine local policies that can have an impact, such as taxes, zoning, enforcement, etc.

The second set of breakout sessions focused especially on promising practices; lessons learned; tools recently developed specifically to reduce impaired driving in Latino communities; the

opportunities, challenges, and barriers to implementation; and other strategies that participants may have developed or were aware of.

Highlights from these discussions include:

- Alcohol screening and brief intervention (SBI) should be further promoted, especially in Latino communities;
- Enforcement activities can be very effective, especially when the community is informed about them and understand their purpose before they begin;
- Law enforcement should invite community advocates to join them at checkpoints, which would help sensitize law enforcement officers during enforcement operations and reduce fear and distrust among local residents;
- Participants supported the use of ignition interlocks and other technology;
- Many undocumented Latinos do not have driver's licenses and therefore are already operating outside the driver license system;
- Providing education about social host laws could be very powerful;
- There is a shift in English and reading proficiency from generation to generation. Fotonovelas are useful for the first generation. Ads should be developed in English for second and third generations. Radio tends to be underused;
- Programs and messages must reflect the unique culture in each Latino community across the Nation, based on age, length of time in the United States, countries of origin, education levels, etc.;
- Many young Latino males think it is "unmanly" to admit they're too impaired to drive. This "machismo" attitude must be changed. Perhaps children can best convey this message to their fathers, uncles, or other relatives;
- Increased use of mass transit and safe ride alternatives should be explored;
- There is no single best practice, but building coalitions and partnerships locally is essential; and
- When programs are implemented, they should be evaluated, so results can be measured.

V. Summit Recommendations

1. Community-Based Programs

Because traffic behaviors and alcohol-related problems and consequences are community specific, strategies and implementation should be tailored to the community. Government should provide sustainability in Latino communities by supporting the development of well-rounded community leaders and local coalitions targeting alcohol-related problems. An effective approach with Latino communities in preventing impaired driving is to identify and collaborate with local leadership, including faith-based institutions among others; to involve community opinion leaders; and to provide technical assistance in problem identification and strategy selection, as well as in program adaptation and evaluation. To be effective, cultural competency should be embedded at each step along the way.

2. High-Visibility Enforcement Coupled With Targeted Communication Strategy

Sustained high-visibility enforcement, coupled with a targeted communication strategy, has proven effective in deterring impaired driving. Such a strategy alerts citizens of impending enforcement, such as saturation patrols and sobriety checkpoints that increase the perception among drivers that legal consequences are most likely if they drink and drive.

Demonstration projects such as the one spearheaded by NHTSA, LCAT, and PIRE have shown the effectiveness of a combined strategy that includes high-visibility enforcement coupled with a positive relationship between law enforcement and the community, as well as community involvement in alcohol beverage servers' education and training.

Culturally appropriate outreach material does reach the Latino community. Cultural appropriateness includes language. According to the project "Pasa las Llaves," the primary language among Latinos varies by generation: first generation—Spanish; second generation—50 percent Spanish, 50 percent English; third generation—78 percent English. Effective communication methods include radio PSAs and "fotonovelas" (soap opera stories told primarily through pictures); content should focus on the family, with information that effectively describes the risks and consequences of drinking and driving.

3. Education and Outreach

To increase awareness of the gravity of impaired driving in the Latino community, effective community outreach and educational efforts should be centered on a personal approach and combine local and national efforts. The barrier of distrust between Latinos and law enforcement must be surpassed. Strategies to reduce negative perceptions of law enforcement include the creation of DWI courts that focus on alcohol-related incidents and don't get involved with other sensitive issues, such as illegal immigration; using faith-based support and community health care providers to educate the community on alcohol misuse, and related consequences, including impaired driving; providing training on cultural competency to all concerned individuals; and increasing enforcement and accountability for bar and restaurant owners. In addition, education and outreach should include campaigns targeted at individuals younger than 18 that increase awareness; and local and national efforts to control alcohol advertising should be strengthened.

Challenges were identified concerning efforts designed to raise awareness. Prevention information is often eclipsed by alcohol advertisements. Latinos are targeted twice as much by alcohol advertisers, since they are exposed to ads in both Spanish and English. Latinos are exposed to five times more alcohol advertisements than the general population. Latinos also have easier access to alcohol, due to the concentration of bars and liquor stores in their neighborhoods.

To address awareness issues, local awareness campaigns should involve local community leaders and seek support from national organizations that can provide technical assistance.

In addition, there is a need to educate the community about their perceptions concerning law enforcement. Local residents should be persuaded that law enforcement is there to help communities, not hurt community members. To this end, relationships should be fostered between community leaders and law enforcement.

4. Alcohol Screening and Brief Intervention

Alcohol screening and brief intervention (SBI) is increasingly being used at health care settings to identify patients that may have alcohol misuse problems and motivate them to change their behavior. Studies have shown that use of SBI in these settings, including trauma centers, emergency departments, and primary care facilities, leads to reductions in alcohol consumption, morbidity, and mortality among the general population in the United States (see www.nhtsa.dot.gov/people/injury/alcohol/impaired_driving).

Will similar results be found among Latino patients? In some areas of safety and health care, research has shown that conventional methods of sharing information through the health care system, particularly if they were designed to target mainstream populations, may not be as effective with Latinos because they lack cultural appropriateness, including language barriers and reading difficulty. These challenges have been faced regarding a variety of topics, including seat belt use, child safety, older drivers, and other traffic safety and public health issues.

However, SBI involves more than simply sharing information. Rather, it represents a protocol that uses scientifically validated screening tools for identifying alcohol misuse problems, and research-based interviewing techniques to motivate patients to change their behavior. Moreover, the National Hispanic Medical Association (NHMA), under a cooperative agreement with NHTSA, has developed a toolkit to assist doctors and other health care professionals to implement SBI with Spanish-speaking patients in a culturally sensitive and appropriate way. The publication can be ordered from the NHTSA Web site at www.dot.gov, or through NHMA at 202-628-5895.

Accordingly, it appears that SBI could be an effective tool for identifying alcohol misuse and motivating behavior change for Latinos. Moreover, preliminary findings from general population samples show effectiveness across genders, ethnicities, and service usage groups.

Increased effort, including services and resources, should be dedicated to implementing SBI and referral to treatment in communities with large numbers of Latino patients. The Latino community places great emphasis on sensitive and trustworthy resources. It is expected that this approach will increase the percentage of Latino patients who follow up on referrals and resources provided.

More research on the application of SBI on Latinos in particular is recommended, including a focus on bilingual and bicultural resources to health care providers and treatment centers.

5. Research, Evaluation, and Data Collection

Research conducted to date has already led to useful information. Data collection and analysis have demonstrated elevated levels of alcohol misuse, driving after drinking, impaired driving arrests, involvement as (drivers, passengers, and pedestrians) in impaired driving fatalities, and other measures, compared with the general population in the United States. Research has also helped to identify the sub-populations of Latinos in the United States who are at greatest risk (Mexicans and Mexican-Americans, compared with Cuban-Americans).

Demonstration projects, surveys, focus groups and other Federally supported activities have led to useful findings and lessons learned. For example, surveys of Latino perceptions showed that the dangers and consequences of drinking and driving can be learned only “through experience.” Focus groups of Latino males reveal that pride among Latino males is strong. They, therefore, would prefer to drive their own cars while drunk than admit that they are too intoxicated to drive, and only a small percentage believe that an impaired driving offender will be jailed for an offense upon arrest.

Clearly, more research is needed to increase our understanding about those at greatest risk of involvement in impaired driving crashes, injuries, and fatalities, and to further develop effective strategies focused specifically on those Latinos who are at greatest risk. Federal, State and local governments, as well as foundations, national organizations, and the private sector, should continue to support research in this area. Focus groups and other information-gathering techniques that incorporate a personal approach (such as surveys conducted during community events) have been shown to be successful research methodologies and should continue to be used.

Offender-based technology should continue to be researched, developed, and used. Examples include ignition interlock technology, which can already be used with impaired driving offenders, and advanced in-vehicle alcohol detection technologies (such use ocular devices or instrumentation that can document previous driving performance and detect differences when the operator may be impaired) require further development.

6. Promoting Implementation

A collective effort will be required to take these data, findings, lessons learned, and recommendations, and convert them toward implementation. Clearly, the Federal Government has an important role to play, by helping to support research, development, and demonstration; building capacity; encouraging sustainability; and fostering collaboration. However, it cannot accomplish this task alone. Rather, everyone must play a part – Federal, State and local government; national organizations; the medical and public health communities; law enforcement and the criminal justice system; licensed establishments; the faith-based community; employers and other private sector organizations; academia; and others. Since cultural differences are so critical in developing effective strategies, local communities and coalitions may have the most important role to play.

States and communities could use more guidance on how best to plan, develop and deliver evidence-based programs that are effective in reaching Latino communities. Guidance is also needed on effective means of building community coalitions. Planners and other material that can be adapted for use to suit local and regional differences would be extremely helpful. Many States and communities can’t afford the expense of developing advertising or public service announcements. Such ads must be professional and culturally appropriate. National ads would be useful, but of necessity would need to be more generic to Latinos in the United States as a whole, or perhaps could feature a variety of U.S. Latino cultures.

When research, demonstrations, or other activities are conducted, the findings, promising practices and lessons learned should be published. A compilation or centralized clearinghouse of such information would be especially useful. Summits, such as this one, should continue to be sponsored in that they create an opportunity to share information, generate new directions and energize commitment. Larger conferences that would enable teams representing State or community coalitions should be considered.

VI. Conclusion

The data clearly shows that Latinos are over-represented in impaired driving traffic fatalities. Latinos also are at high risk of other problems that involve the use of alcohol.

At the February 2007 meeting, the sponsors, NHTSA and LCAT, sought to focus specifically on effective strategies to reduce impaired driving among Latino populations. NHTSA and LCAT hoped to bring together all the right people – national organizations focused on traffic safety and with strong ties to the various Latino communities in the United States; other interested Federal agencies; representatives of States and local communities with large Latino populations; and leaders and experts in research and various related fields.

The sponsors wanted to accomplish several objectives – to provide the participants with the latest research and information; provide an opportunity to hear about the issues; to hear about promising and innovative practices from people across the country; and to give participants the chance to share ideas and suggestions. The sponsors also hoped to energize ongoing efforts or to inspire new efforts, and share information, tools, and ideas that participants could take home.

Impaired driving is not a simple problem. There is not a simple solution. The research is clear. There are strategies that have been proven to work in the general population. These strategies can be effective also among Latino populations in the United States, but they must be tailored to implement them effectively in individual communities.

At the meeting, participants heard about and discussed some very important issues. Participants emphasized the importance of “understanding the why” and the need for more data and research to help us better understand the unique characteristics and patterns of this population. For example, drinking alcohol typically begins at earlier ages in Latin countries and these patterns are further exacerbated in the United States, with many Latino men on their own, away from their families, and are culturally encouraged to value “machismo.” They are also highly exposed to alcohol advertisements.

It is important to address impaired driving at the State and local level to reflect individual community differences. There is power in comprehensive programs that educate, and include enforcement, alcohol misuse issues, and other strategies. But there must be “buy-in” at the local level and policy considerations must be considered. There are, of course, many challenges, including unintended consequences and misperceptions, such as suspicion of racial profiling, fear among those who are undocumented, and drinking patterns of young Latino males.

There is a need to collaborate with stakeholders and to identify champions, such as those who were in attendance at the meeting, their members, and their contacts in community groups, law enforcement, the medical and health care profession, the faith-based community, elected officials, employers, family, and friends.

At the February 2007 meeting, speakers presented information about some promising and innovative practices and some tools that have been developed, including:

- LCAT's *You Drink & Drive. You Lose* demonstration;
- Arizona's *Pasa las Llaves* or "Pass the Keys" campaign;
- El Pueblo's *Antes de Manejar Borracho* or *Before You Drive Drunk* project;
- National Hispanic Medical Association's SBI tool for treating Latino patients;
- San Antonio's *Madrinas and Padrinos* Project; and
- *Promoturas* – a credible voice in the community.

Speakers also identified some useful resources that identify evidence-based strategies to reduce impaired driving, including:

- CDC "The Community Guide (<http://www.thecommunityguide.org/mvoi/default.htm>);
- GHSA Countermeasures that Work (<http://www.nhtsa.gov/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/HS810891.pdf>); and
- NHTSA Web sites, which contain national advertisements and media planners that include material designed specifically for Latino audiences during high-risk times of year (www.stopimpaireddriving.org , www.trafficsafetymarketing.gov and www.nhtsa.gov).

LCAT and NHTSA were pleased to observe the exchange of information, the generation of new ideas and the collaborative spirit that emerged during the course of the meeting. It is the hope of both organizations that this meeting represents not an end, but just a beginning of an ongoing effort, involving the contributions of many, who have so much to offer in helping to reduce impaired driving incidents, crashes, injuries, and fatalities involving Latinos in the United States.

APPENDICES

- A. Statement of Purpose
- B. List of Attendees
- C. Agenda
- D. Selected Presentations
- E. Discussion Guides for Breakout Sessions



U.S. Department of Transportation
National Highway Traffic Safety Administration



STATEMENT OF PURPOSE
Priorities to Reduce Impaired Driving Among Latinos

Research and data show that Latinos in the United States are at particular risk of death and injury from alcohol-related traffic crashes. In 2004 (the most recent final data), 42,836 people were killed in motor vehicle crashes. Of those fatalities, 39 percent occurred in an alcohol-related crash. During that same period, 5,169 people of Hispanic origin were fatally injured in traffic crashes in the United States, 47 percent of which occurred in an alcohol-related crash. (An alcohol-related crash is a crash involving a driver, motorcycle operator, or non-occupant with a blood alcohol concentration of .01 g/dL or above.)

This problem is of particular concern to the **National Highway Traffic Safety Administration (NHTSA)** and the **National Latino Council on Alcohol and Tobacco Prevention (LCAT)**. NHTSA and LCAT, with assistance from the **Pacific Institute for Research and Evaluation (PIRE)**, are hosting this meeting as part of an effort to identify and promote effective strategies for reducing impaired driving traffic fatalities and injuries among Latino populations.

At this meeting, presenters will share the latest data, research, and promising strategies for reducing impaired driving. Participants will have the opportunity to discuss the issues, exchange ideas, identify additional strategies, and make recommendations for further progress. A report will be published featuring highlights from the meeting.

About the National Highway Traffic Safety Administration:

NHTSA's mission is to save lives, prevent injuries, and reduce economic costs due to traffic crashes through education, enforcement, research, and other activities.

About the National Latino Council on Alcohol and Tobacco Prevention:

LCAT is the only national Latino organization dedicated solely to reducing harm caused by alcohol and tobacco problems and their underlying causes in Latino communities, employing research, advocacy, policy analysis, community education, training, and the dissemination of information.

About the Pacific Institute for Research and Evaluation:

PIRE is dedicated to merging scientific knowledge and proven practice to improve the health and safety of individuals and communities, focusing on a range of areas including traffic safety, alcohol misuse, and underage drinking.



U.S. Department of Transportation
National Highway Traffic Safety Administration



Priorities for Reducing Impaired Driving Among Latino Communities February 21, 2007

Participant List

Carlos Alcazar

President
Hispanic Communications Network
1126 16th Street, NW, Suite 350
Washington, DC 20036
202-637-8800
corinne@hcnmedia.com

Pete Almanza

National Director of Diversity Initiatives
MADD
511 E. John Carpenter Frwy., #700
Irving, Texas 75062
469-420-4593
pete.almanza@madd.org

Edison Aponte

Bureau of Justice Assistance
810 7th Street NW.
Washington, DC 20531
202-307-5910
202-307-0036 (fax)
ediaon.aponte@usdoj.gov

Alejandro A. Arias, Ed.D, M.A., C.P.S.

Lead Public Health Advisor
Center for Substance Abuse Treatment
SAMHSA
1 Choke Cherry Rd
Suite 5-1059
Rockville, MD 20874
240-276-2569
alejandro.arias@samhsa.hhs.gov

Judith Arroyo

National Institute on Alcohol Abuse and
Alcoholism (NIAAA)
5635 Fishers Lane, MSC 9304
Bethesda, Maryland 20892-9304
301-443-0800
jarrovo@mail.nih.gov

Tony Asion

Executive Director
El Pueblo, Inc.
4 N. Blount St.
Raleigh, NC 27601
919-835-1525
919-835-1526
tony@elpueblo.org
www.elpueblo.org

Jeanette Beltran

National Latina Health Network
2201 Wisconsin Avenue NW.
Suite 340
Washington, DC 20007

Info@nlhn.net

Jeanette.beltran@nlhn.net

Raul Caetano, M.D., Ph.D., M.P.H.

School of Public Health
University of Texas (Dallas)
5323 Harry Hind Blvd., V8.112
Dallas, TX 75235-9128
214-648-1505
214-648-1081 (fax)

raul.caetano@utsouthwestern.edu

Richard Fimbres

Director
Arizona Governor's Office
of Highway Safety
310 S. Williams Blvd., Suite 310
Tucson, AZ 85711
520-790-5124
520-790-5245 (fax)

azhighway@cox.net

Sean Hammond

Arizona Governor's Office
of Highway Safety
310 S. Williams Blvd., Suite 310
Tucson, AZ 85711
520-790-5124
520-790-5245 (fax)

shammond@azgohs.gov

Glynn Birch

Past President
MADD
511 E. John Carpenter Frwy. #700
Irving, TX 75062

Hilda Crespo

Vice President for Public Policy
and Federal Relations
ASPIRA National Office
1444 I Street. NW., Suite 800
Washington, DC
202-835-3600 x 114
202-835-3613 (fax)

h Crespo@aspira.org

Dary Fiorentino

Southern California Research Institute
11914 West Washington Blvd.
Los Angeles, CA 90066
310-390-8481

dary.fiorentino@gmail.com

www.scri.org

Eduardo Hernández-Alarcón, Ph.D.

Deputy Director,
National Coalition Institute
Director, International Programs
Community Anti-Drug Coalitions
of America
625 Slaters Lane • Suite 300
Alexandria, VA 22314
800-54-CADCA
703-706-0565 (fax)

ehernandez@cadca.org

Lynn B. Jones, LPC, LCAS
DWI Services Program Manager
NC Dept. MH/DD/SA
Justice Systems Innovations Team
919-733-0566
<http://www.ncdwiservices.org>

Violet Marrero
Division of Highway Traffic Safety
225 East State Street, PO Box 048
Trenton, NJ 08626
609-633-9300
609-633-9020 (fax)
violet.marrero@lps.state.nj.us

Mark Neil
W. Va. Prosecuting Attorneys Institute
The Cambridge Center
90 MacCorkle Avenue SW., Suite 202
S. Charleston, WV 25303
304.558.3348
304.558-3360 (fax)
mneil@wvpai.com

Irene Rodriguez
Director, Middle Tennessee
Child Passenger Safety Center
Meharry Medical College
National Center for Optimal Health
1005 Dr. D.B. Todd Jr. Blvd.
Nashville, TN 37208-3599
615-327-6846
irodriguez@mmc.edu

Kurt Sackerman
National Hispanic Medical Association
1411 K Street, Suite 1100
Washington, DC 20005
202-628-5895
202-628-5898 (fax)
ksackerman@nhmamd.org
www.nhmamd.org

Ted Mahony
Chief Investigator
Massachusetts Alcoholic Beverages
Control Commission
617-727-3040 ext 14 (office)
617-908-8004 (cell)
617-727-1510 (fax)
Frederick.Mahony@state.ma.us

Maristela Monteiro, M.D., Ph.D.
Regional Adviser On Alcohol and
Substance Abuse
Pan American Health Organization
525 23rd Street NW.,
Washington, DC 20037
Phone: 202-974-3108
monteirm@paho.org

Judge Rose Guerra Reyna
100 N Closner, 2nd Floor
206 District Court
Edinburg, TX 78539
956-318-2265
Rgr206@aol.com

Crystal Rodriguez
Office of Minority Health
Office of Public Health and Science
1101 Wooten Parkway
6th Floor, #600
Rockville, Maryland 20852
240-453-6174
240-453-2883
crodriguez@osophs.dhhs.gov

Paul Savery
11 Beverly Drive
Durham, NC 27707
919-493-3875
psavery@nc.rr.com

Dannielle Sherrets, M.P.H.
Research Analyst
Traffic Safety Policy
AAA National Office
Government Relations/Traffic Safety
Advocacy
607 14 Street NW., Suite 200
Washington, DC 20005
202-942-2063
dsherrets@national.aaa.com

Lourdes Tinajero
Legislative Policy and
Government Relations
Cuban American National Council, Inc.
1444 I Street NW., Suite 800
Washington, DC 20005
202-898-4880
LT@cnc.org

**Federico E. Vaca, M.D.,
M.P.H., FACEP**
Associate Professor of Emergency
Medicine
Director, Center for Trauma and Injury
Prevention Research
University of California, Irvine Medical
Center
Department of Emergency Medicine
101 The City Drive Route 128-01
Orange, CA 92868
714-456-6986
714-456-3714 (fax)
fevaca@uci.edu

Ruth Shults, Ph.D., M.P.H.
Captain, U. S. Public Health Service
Injury Center
Centers for Disease Control and Prevention
4770 Buford Highway, NE, Mailstop K-63
Atlanta, GA 30341
770 488-4638
rshults@cdc.gov
rasl@cdc.gov

Linda S. Tomasini
Transportation Funding/Safety
Administrator
Texas Department of Transportation
3500 NW Loop 410
Austin, TX 78229
210-731-5214
lstomas@dot.state.tx.us

Brent Wilkes
Executive Director
League of United Latin American Citizens
2000 L Street NW., Suite 610
Washington, DC 20036
202-833-6130
877-LULAC-01 (TF)
202-833-6135 (fax)
Bwilkes@LULAC.org

NHTSA Participants

Nicole Nason
[Former] NHTSA Administrator
National Highway Traffic
Safety Administration
1200 New Jersey Avenue SE.
Washington, DC 20590

Marilena Amoni
Associate Administrator
Center for Statistics and Analysis
National Highway Traffic
Safety Administration
1200 New Jersey Avenue SE.
Washington, DC 20590
202-366-4290
Marilena.amoni@dot.gov

Jeff Michael

Associate Administrator
Research and Program Development
National Highway Traffic
Safety Administration
1200 New Jersey Avenue SE.
Washington, DC 20590
202-366-4913

Jeff.michael@dot.gov

Evelyn A. Avant

Highway Safety Specialist
Impaired Driving Division
National Highway Traffic
Safety Administration
1200 New Jersey Avenue SE.
Washington, DC 20590
202-366-2679

evelyn.avant@dot.gov

Ann Burton

National Highway Traffic
Safety Administration
1200 New Jersey Avenue SE.
Rm. 5125
Washington, DC 20590
202-366-2685
202-366-7394 (fax)

ann.burton@dot.gov

Pilar Martinez

Project Manager
The Media Network
8720 Georgia Avenue, Suite 606
Silver Spring, MD 20910
310-565 0770
202-493-0132

pmartinez@themedianetwork.com

pilar.martinez@nhtsa.dot.gov

www.themedianetwork.com

Heidi L. Coleman

Chief, Impaired Driving Division
Office of Office of Occupant Protection
and Impaired Driving
National Highway Traffic
Safety Administration
1200 New Jersey Avenue SE.
Washington, DC 20590
202-366-2568

Heidi.coleman@dot.gov

Kathryn Henry

Media and Marketing Specialist
Office of Communications and
Consumer Information
National Highway Traffic
Safety Administration
1200 New Jersey Avenue SE.
Washington, DC 20590
202-366-6918

Kathryn.henry@dot.gov

Jennifer Percer

National Highway Traffic
Safety Administration
1200 New Jersey Avenue SE.
Washington, DC 20590
202-366-9785

Jennifer.percer@dot.gov

Jose Alberto Ucles

Hispanic Public Affairs Specialist
Media & Consumer Relations
Office of Communications
& Consumer Information
1200 New Jersey Avenue SE.
Washington, DC 20590
202-493-2977

Jose.ucles@nhtsa.dot.gov

LCAT Participants

Marilyn Aguirre-Molina, Ed. D.

Chair, Board of Directors
National Latino Council on
Alcohol and Tobacco Prevention
250 Fifth Avenue, Suite 403
New York, NY 10001
<http://www.nlcatp.org>

Tina Smith

Board Member
National Latino Council on
Alcohol and Tobacco Prevention
250 Fifth Avenue, Suite 403
New York, NY 10001
<http://www.nlcatp.org>

Alejandro Garcia Barbone

(Past) Executive Vice President
National Latino Council on
Alcohol and Tobacco Prevention
250 Fifth Avenue, Suite 403
New York, NY 10001
<http://www.nlcatp.org>

J. Eric Siervo, M.Ed.

(Past) Program Director
National Latino Council on
Alcohol and Tobacco Prevention
250 Fifth Avenue, Suite 403
New York, NY 10001
<http://www.nlcatp.org>

PIRE Participants

Johnnetta Davis-Joyce

Director
Center for Public Health Improvement
and Innovation (CPHII – PIRE)
301-755-2778
davis@pire.org

Mary Jo Vazquez

Deputy Director
CPHII-PIRE
301-755-2743
vazquez@pire.org

Anthony Ramirez

Senior Program Manager
Alcohol, Policy, and Safety Research
Center - (ALPS – PIRE)
301-755-2742
ramirez@pire.org

Jessica Gibson

Executive Associate
CPHII-PIRE
301-755-2778
jgibson@pire.org

Toya Lamb

Executive Associate
CPHII-PIRE
tlamb@pire.org

Serefina Mesa

Program Coordinator
CPHII-PIRE
301-755-2765
mesa@pire.org

APPENDIX C

AGENDA
 Priorities for Reducing Impaired Driving Among Latino Communities
Doubletree Hotel
1515 Rhode Island Avenue NW., Washington, DC
February 21, 2007

Time	Topic	Speaker
7:30 – 8:30 a.m.	Registration	
8:30 – 9 a.m.	Welcome and Introductions <ul style="list-style-type: none"> • Welcome • Opening remarks • What we hope to accomplish 	<ul style="list-style-type: none"> • Alejandro Garcia-Barbone, Director, LCAT • Nicole Nason, Administrator, NHTSA
9 –9:40 a.m.	Overview of Problem and Effective Countermeasures <ul style="list-style-type: none"> • Data on alcohol-related fatalities and injuries • Proven countermeasures for the general Population 	<ul style="list-style-type: none"> • Heidi Coleman, Chief, Impaired Driving Division, NHTSA
9:40 – 10:20 a.m.	Application to Latino Populations <ul style="list-style-type: none"> • Over-involvement in alcohol-related crashes • What the research tells us about addressing this problem and applying these strategies Latinos 	<ul style="list-style-type: none"> • Raul Caetano, School of Public Health, University of Texas
10:20 – 10:30 a.m.	Break	
10:30 – 11:45 p.m.	Breakout Sessions <ul style="list-style-type: none"> • Unique challenges and opportunities when implementing these initiatives among Latinos • Special issues and concerns 	
11:45 – 1:15 p.m.	Working Lunch <ul style="list-style-type: none"> • Report out • Speaker 	<ul style="list-style-type: none"> • Glynn Birch, National President, MADD
1:15 – 1:45 p.m.	Community Approach to Reduce Impaired Driving Among Latinos	<ul style="list-style-type: none"> • Jeff Michael, Director, Impaired Driving and Occupant Protection, NHTSA

1:45 p.m. – 3:15 p.m.	Promising Practices and Lessons Learned in Recent Demonstrations <ul style="list-style-type: none"> • “You Drink & Drive. You Lose” - LCAT • “Pass the Keys” - Arizona • “Antes de Manejar Borracho ...” - El Pueblo • Screening and brief intervention tool - NHMA 	<ul style="list-style-type: none"> • Anthony Ramirez, PIRE • Sean Hammond, Arizona • Tony Asion, El Pueblo • Kurt Sackerman, NHMA
3:15 p.m. – 3:30	Break	
3:30 – 4:45 p.m.	Breakout Sessions <ul style="list-style-type: none"> • Opportunities, challenges, and barriers to implementation • Other promising practices and lessons learned 	
4:45 – 5:30 p.m.	Conclusion <ul style="list-style-type: none"> • Report out • Summary and closing remarks 	<ul style="list-style-type: none"> • Alejandro Garcia-Barbone, LCAT • Heidi Coleman, NHTSA

APPENDIX D

PRESENTATIONS

Heidi L. Coleman, NHTSA

Raul Caetano, M.D., Ph.D.

Jeff Michael, NHTSA

Anthony Ramirez, Pacific Institute for Research and Evaluation

Sean Hammond, Arizona Governor's Office of Highway Safety (not included)

Kurt Sackerman, National Hispanic Medical Association

Reducing Impaired Driving In Latino Communities

Washington, D.C.

February 2007

Heidi L. Coleman

Chief, Impaired Driving Division
NHTSA



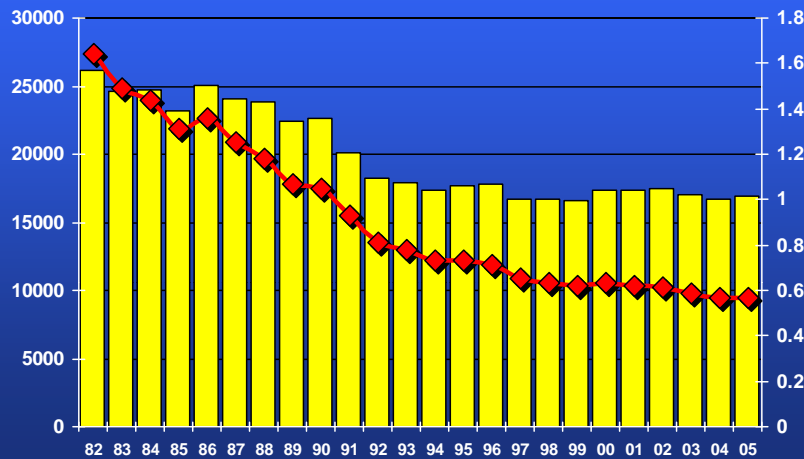
MISSION:

Save Lives, Prevent Injuries and
Reduce Traffic-Related Crashes and
Associated Costs

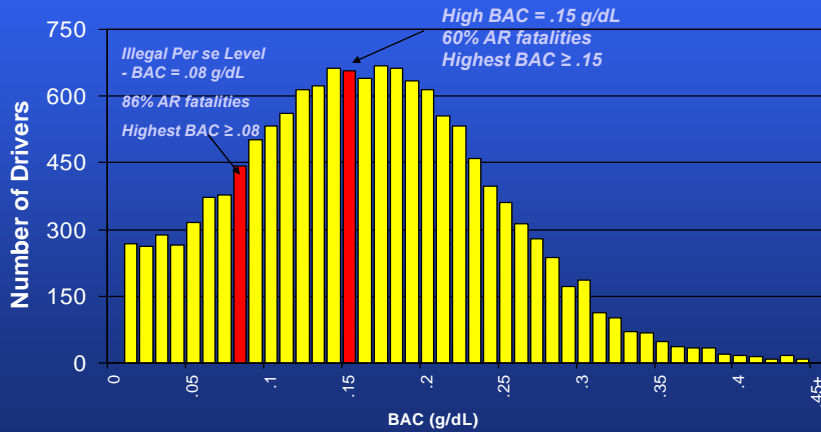
Top 10 Leading Causes of Death in the United States for 2001, by Age Group

RANK	Cause and Number of Deaths											Years of Life Lost
	Infants Under 1	Toddlers 1-3	Young Children 4-7	Children 8-15	Youth 16-20	Young Adults 21-24	Other Adults			Elderly 65+	All Ages	
							25-34	35-44	45-64			
1	Perinatal Period 13,734	Congenital Anomalies 496	MV Traffic Crashes 533	MV Traffic Crashes 1,546	MV Traffic Crashes 5,979	MV Traffic Crashes 4,136	MV Traffic Crashes 6,759	Malignant Neoplasms 16,569	Malignant Neoplasms 139,785	Heart Disease 582,730	Heart Disease 700,142	Malignant Neoplasms 23% (8,614,131)
2	Congenital Anomalies 5,513	MV Traffic Crashes 424	Malignant Neoplasms 400	Malignant Neoplasms 829	Homicide 2,414	Homicide 2,738	Homicide 5,204	Heart Disease 13,326	Heart Disease 98,885	Malignant Neoplasms 390,214	Malignant Neoplasms 553,768	Heart Disease 22% (8,110,571)
3	Heart Disease 479	Accidental Drowning 393	Exposure to Smoke/Fire 178	Suicide 447	Suicide 1,879	Suicide 1,924	Suicide 5,070	MV Traffic Crashes 6,891	Stroke 15,518	Stroke 144,486	Stroke 163,638	MV Traffic Crashes 5% (1,700,952)
4	Homicide 332	Homicide 362	Congenital Anomalies 168	Homicide 391	Malignant Neoplasms 814	Accidental Poisoning 771	Malignant Neoplasms 3,994	Suicide 6,635	Diabetes 14,913	Chronic Lwr. Resp. Dis. 106,904	Chronic Lwr. Resp. Dis. 123,013	Stroke 6% (1,687,683)
5	Septicemia 312	Malignant Neoplasms 321	Accidental Drowning 164	Congenital Anomalies 324	Accidental Poisoning 566	Malignant Neoplasms 768	Heart Disease 3,160	HIV 5,867	Chronic Lwr. Resp. Dis. 14,490	Influenza/Pneumonia 55,518	Diabetes 71,372	Chronic Lwr. Resp. Dis. 4% (1,444,745)
6	Influenza/Pneumonia 299	Heart Disease 200	Homicide 133	Accidental Drowning 293	Heart Disease 398	Heart Disease 543	Accidental Poisoning 2,507	Accidental Poisoning 5,036	Chronic Liver Disease 13,009	Diabetes 53,707	Influenza/Pneumonia 62,034	Suicide 3% (1,079,822)
7	MV Traffic Crashes 139	Exposure to Smoke/Fire 170	Heart Disease 82	Heart Disease 273	Accidental Drowning 326	Accidental Drowning 211	HIV 2,101	Homicide 4,268	Suicide 9,259	Alzheimer's 53,245	Alzheimer's 53,852	Perinatal Period 3% (1,070,154)
8	Nephritis/Nephrosis 133	Septicemia 96	MV NonTraffic Crashes 51	Exposure to Smoke/Fire 140	Congenital Anomalies 244	Congenital Anomalies 206	Stroke 601	Chronic Liver Disease 3,336	MV Traffic Crashes 8,750	Nephritis/Nephrosis 33,121	MV Traffic Crashes 42,443	Diabetes 3% (1,014,201)
9	Stroke 168	Influenza/Pneumonia 92	Benign Neoplasms 46	MV NonTraffic Crashes 129	Accidental Falls 114	HIV 167	Diabetes 995	Stroke 2,491	HIV 5,437	Septicemia 25,418	Nephritis/Nephrosis 39,480	Homicide 3% (924,263)
10	Meningitis 78	Perinatal Period 63	Septicemia 33	Chr. Lwr. Resp. Dis. 102	Acc. Dischg. of Firearms 114	Accidental Falls 134	Congenital Anomalies 458	Diabetes 1,958	Nephritis/Nephrosis 5,106	Hypertension Renal Dis. 16,397	Septicemia 32,238	Chronic Liver Disease 2% (623,986)
A L L	27,568	4,288	2,703	6,672	15,851	14,940	41,683	91,674	412,204	1,798,420	2,416,425	All Causes 100% (36,866,317)

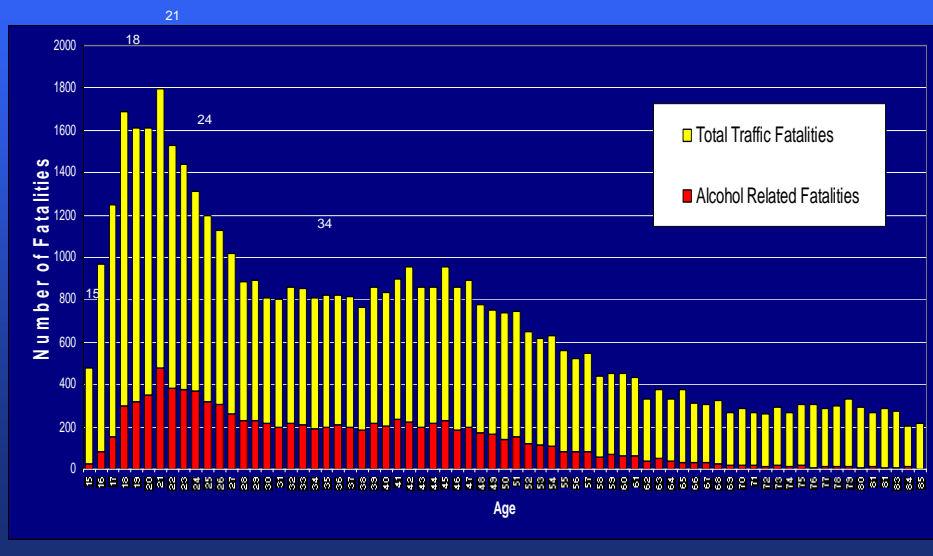
Alcohol-Related Fatalities and Rates, 1982 - 2005



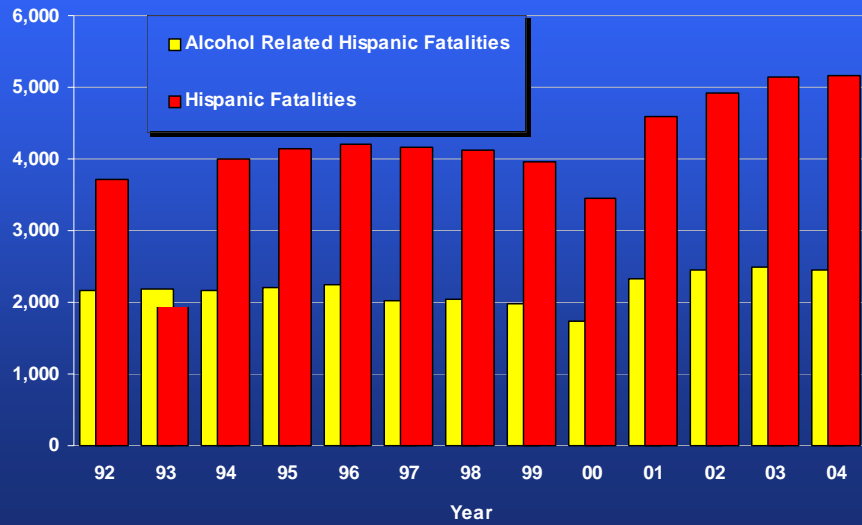
Alcohol-Involved Drivers and Motorcycle Operators In Fatal Crashes With Positive BACs - 2005



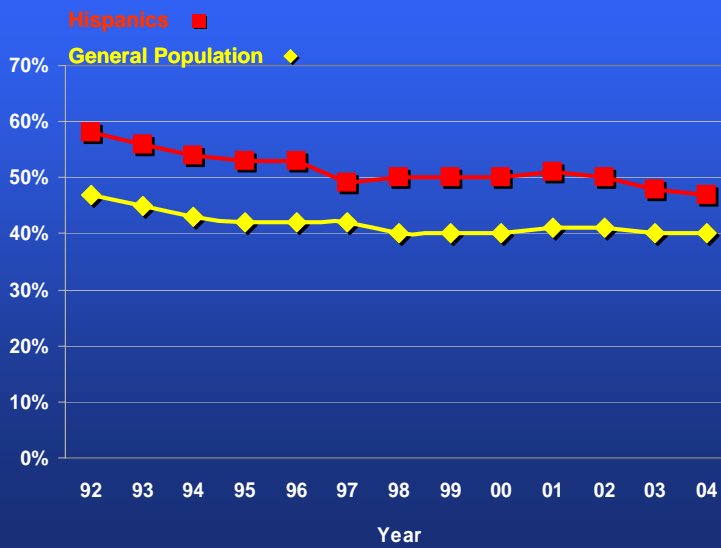
2004 Traffic Fatalities By Age Comparison



Numbers of Alcohol-Related Motor Vehicle Fatalities in Hispanics 1992 - 2004

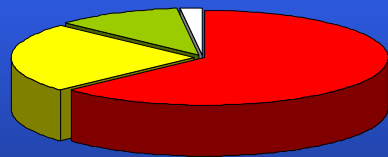


Percentage of Alcohol-Related Fatalities for Hispanics and the General Population 1992 - 2004



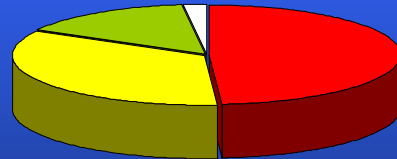
Percentages of All Motor Vehicle Fatalities

Total Population



Drivers: 63%
Passengers: 24%
Pedestrians: 11%
Others: 2%

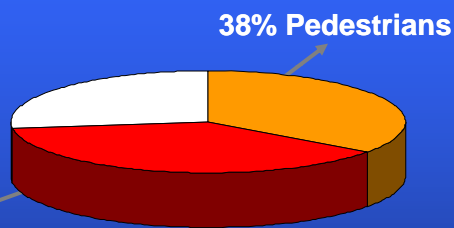
Hispanic Origin



Drivers: 49%
Passengers: 34%
Pedestrians: 15%
Others: 2%

Percentages of Alcohol-Related Motor Vehicle Fatalities of Drivers and Pedestrians

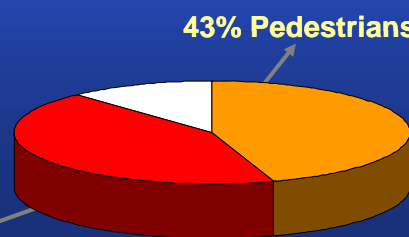
Total Population



35% Drivers

38% Pedestrians

Hispanic Origin



45% Drivers

43% Pedestrians

States With Highest Number of Hispanic Alcohol-Related (A/R)* Fatalities and Rates In Motor Vehicle Traffic Crashes

Rank/State		Population	Total Fatalities	A/R Fatalities*		A/R Fatality Rate**
		Number	Number	Number	Percent	Number
1	California	12,425,247	1,361	650	48%	5.23
2	Texas	7,777,634	1,178	625	53%	8.04
3	Puerto Rico		495	250	50%	
4	Florida	3,305,593	660	239	36%	7.23
5	Arizona	1,607,327	313	134	43%	8.34
6	New Mexico	823,320	200	95	48%	11.54
7	Colorado	878,974	157	78	50%	8.87
8	Illinois	1,776,307	131	72	55%	4.05
9	North Carolina	518,596	172	70	41%	13.5
10	Georgia	605,207	133	64	48%	10.57

*Alcohol-related (A/R) fatalities are ALL fatalities in a crash involving a driver, motorcycle operator, or nonoccupant (pedestrian, pedalcyclist) with a BAC of .01 g/dl or greater.
 **Rates are per 100,000 population.

What Strategies Are Effective?

- CDC's The Community Guide
- Countermeasures That Work
- NHTSA's Priority Strategies
- Campaign to Eliminate Drunk Driving

CDC's The Community Guide

Effective:

- .08, Age 21, Lower BAC Laws
- Sobriety Checkpoints
- Mass Media Campaigns
- Responsible Beverage Service Training
- School-Based Programs
(for Passengers)

CDC's The Community Guide

Insufficient Evidence:

- School-Based Peer Education
- Social Norming Programs
- Designated Driver Programs
- Population-Based Education Programs

Countermeasures That Work

- Laws
- Enforcement
- Prosecution and Adjudication
- Offender Treatment, Monitoring, and Control
- Prevention, Intervention, Communications, and Outreach
- Underage Drinking and Driving

NHTSA Priority Strategies for Reducing Impaired Driving



High-
Visibility
Enforcement

DWI Courts
& Special
Prosecutors

Screening
& Brief
Intervention

Primary
Seat Belt
Laws

High-Visibility Enforcement



- General Deterrence
- National Crackdown
- Sustained High-Visibility Enforcement
- Communications Strategy

Support for Criminal Justice System



- Traffic Safety Resource Prosecutors
- DWI/Drug Courts

Screening and Brief Intervention



- Alcohol Abuse and Dependency
- Medical & Health Care Community
- Questions to Identify Problem
- Brief Intervention

Primary Seat Belt Use Laws



- Increases Seat Belt Use
- Best Defense Against Drunk Drivers

Campaign to Eliminate Drunk Driving

Goal – to eliminate drunk driving

Four Elements:


- High visibility enforcement
- Full use of ignition interlocks
- Research on advanced interlock technology
- Grassroots support

Will These Strategies Work in Latino Communities?

- What does the research say?
- What modifications are required?
- What particular issues must be considered?
- What champions are available to help make them work?

Stop **IMPAIRED** driving [Home](#) [Contact Us](#) [About Us](#)

New!
New NEL PSAs!...

- Success Stories
- Program Toolkits
- Getting Started
 - First Steps
 - Success Stories
 - Artwork/Logos

Program Toolkits



- Research
- Funding
- Legislation
- Calendar
- Press Room
- Partners

What is Impaired Driving?

Impaired driving can be defined as a reduction in the performance of critical driving tasks due to the effects of alcohol or other drugs. It is a serious crime that kills every 30 minutes.

Despite the tireless efforts of thousands of advocates, impaired drivers continue to kill someone every 30 minutes, nearly 50 people a day, and almost 18,000 citizens a year. NHTSA and its partners are working together to put a stop to these deadly statistics.

By Campaign:

-  **You Drink & Drive, You Lose. National Enforcement Crackdown**
-  **Zero Tolerance Means Zero Chances**
-  **Friends Don't Let Friends Drive Drunk**

By Audience

- Community
- Criminal Justice
- Hospitality
- Educators
- Medical and Healthcare
- Military
- Motorcycle
- Sports
- Youth
- Employers

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Welcome to the National Highway Traffic Safety Administration
Our mission: Save lives, prevent injuries, reduce vehicle-related crashes

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Traffic Safety

- ▶ **National Center for Statistics and Analysis (NCSA) Home Page**
- ▶ Crashes Are Top Cause of '01 Deaths in U.S. for Ages 4-33

Vehicles & Equipment

- ▶ **Recalls Search From Office of Defects Investigation (ODI)**
- ▶ Consumer Advisory on Risks of 15-Passenger Vans

Research

- ▶ **Research and Development Program Home Page**
- ▶ Summaries of On-Going R&D Projects

www.nhtsa.gov

Questions?

Heidi L. Coleman
Chief, Impaired Driving Division
202-366-2568
heidi.coleman@dot.gov

Hispanic Americans Baseline Alcohol Survey (HABLAS): Drinking and Driving Among Hispanic National Groups



Raul Caetano, MD, PhD

Susie Ramisetty-Mikler, PhD, MPH

Lori Rodriguez, BS

Supported by a grant (RO1) from the National Institute on Alcohol Abuse and Alcoholism to the University of Texas School of Public Health.



Limitation in Knowledge

- Most of our knowledge about alcohol-related problems among U.S. Hispanics applies to Hispanics as a whole.
- We lack information about levels of alcohol consumption and related problems among specific Hispanic national groups.
- DUI is not an exception. Thus, this presentation will focus on DUI and its characteristics and predictors across Hispanic national groups.

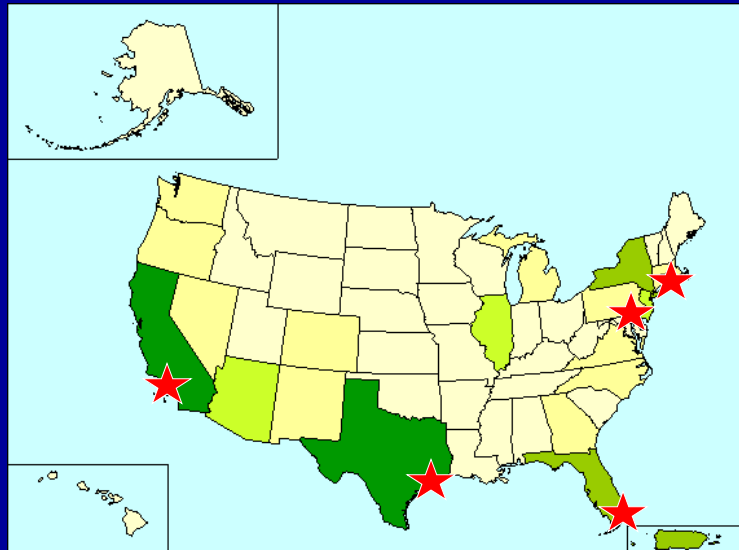


Sample and Data Collection

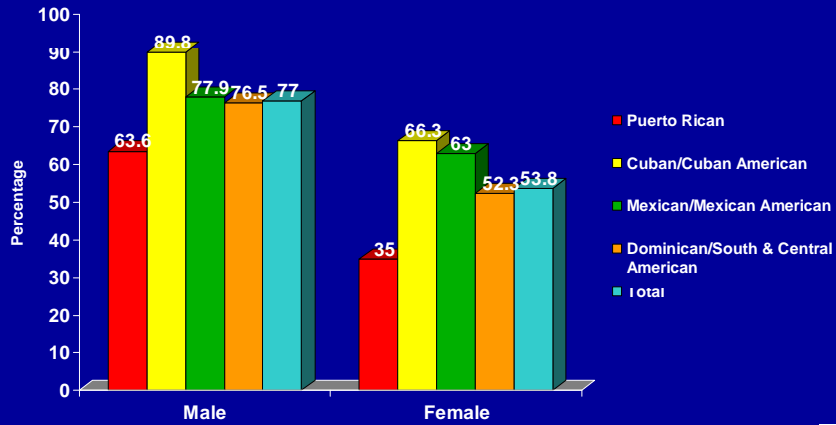
- Participants (N=5,234) were selected at random from the household population in Miami, New York, Philadelphia, Houston and Los Angeles using probability methods.
- Face to face one-hour CAPI were conducted in respondents homes by trained interviewers.
- Subjects were at least 18 years of age.



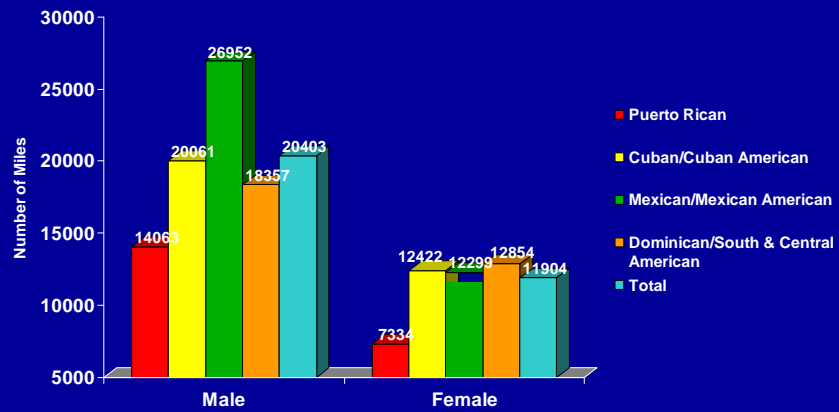
US Census 2000: Hispanics



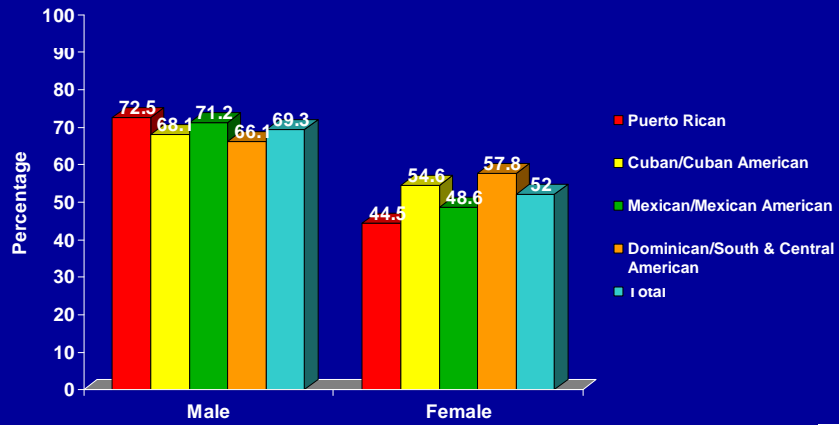
Proportion of Respondents Who Drove a Car (Past 12 Months)



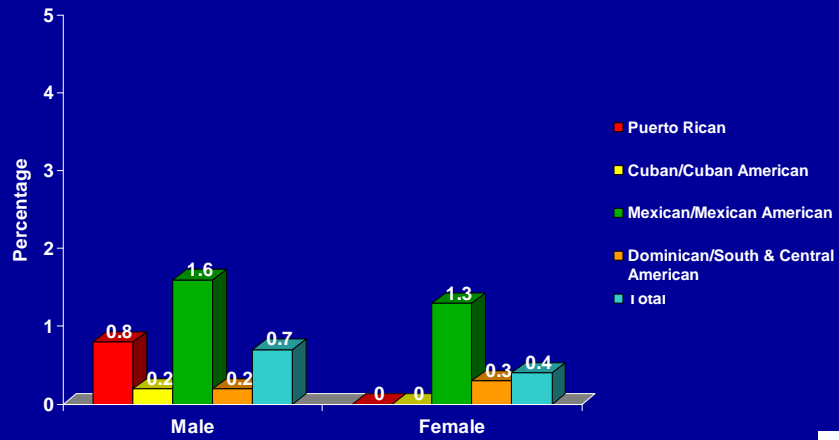
Average Number of Miles Driven (Past 12 Months)



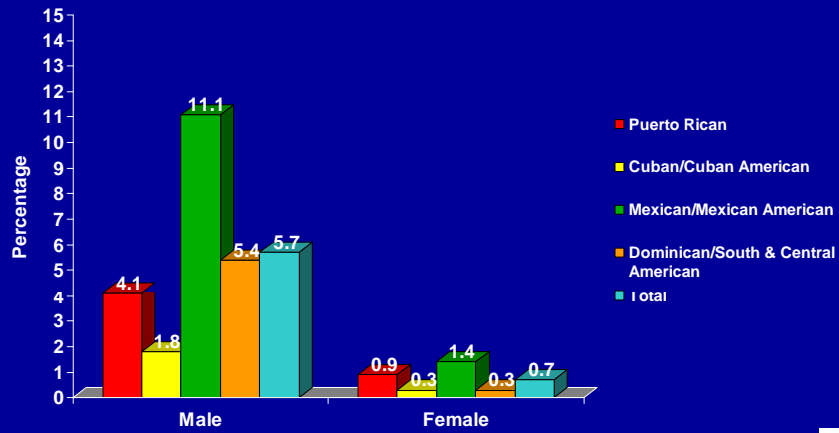
Proportion of Drivers Who Are Current Drinkers



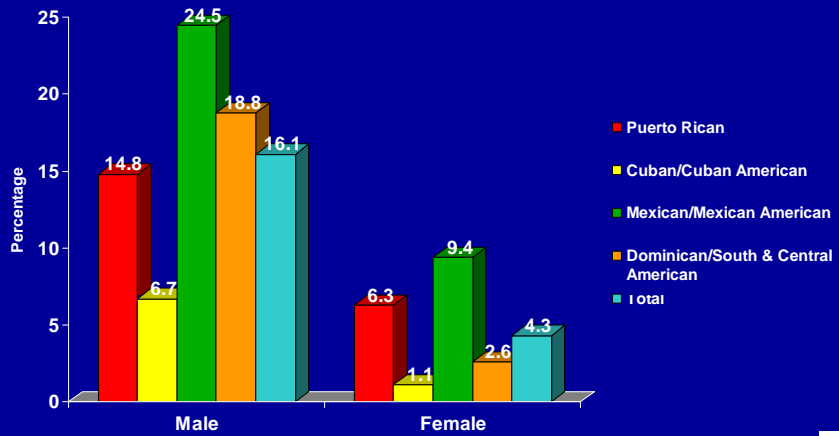
Proportion of Current Drinkers Arrested for DUI in Past 12 Months



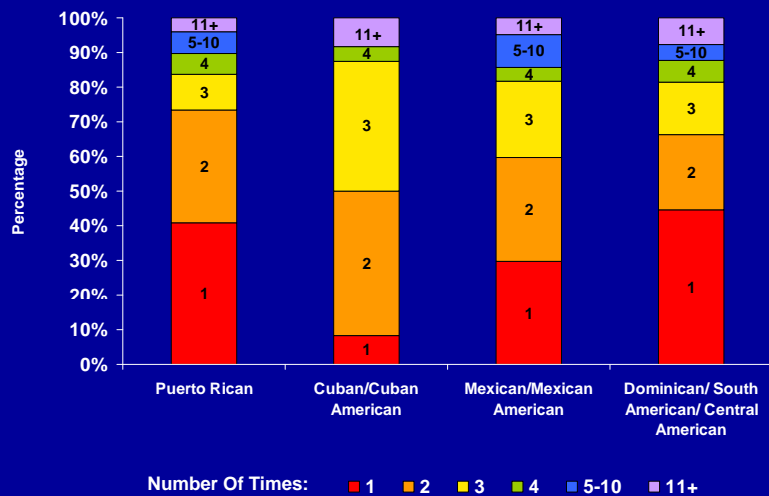
Proportion of Current and Ex-Drinkers Ever Arrested for DUI



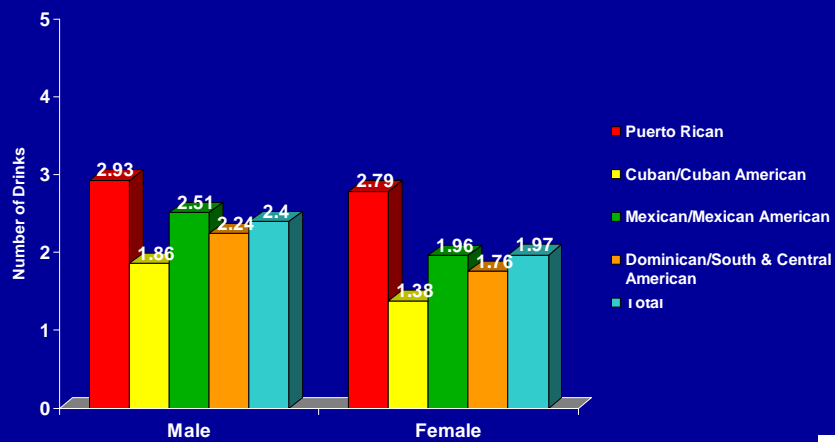
Proportion of Current Drinkers Who Drove Drunk Enough to Be In Trouble (Past 12 Months)



Number of Times Driven a Car When Drunk Enough to be in Trouble (Current Drinkers/Driven Past 12 Months)



Number of Drinks that Can Be Safely Drank in a 2-Hour Period Before Driving Impaired



**Males - Number of Drinks Consumed on Most Recent Occasion
When Drunk Enough to be in Trouble (%)**

	Puerto Rican	Cuban/ Cuban American	Mexican/ Mexican American	Dominican/ South/ Central American	Total
12 or More Drinks	22.7	18.4	19.7	18.5	20.0
8-11 Drinks	16.8	8.2	33.1	16.0	20.5
5-7 Drinks	21.8	32.7	25.2	25.2	25.1
4 Drinks	11.8	26.6	5.5	14.3	12.6
3 Drinks	15.1	0.0	3.9	5.9	7.2
2 Drinks	5.9	4.1	7.1	5.0	5.8
1 Drink	5.9	8.2	5.5	15.1	8.7



**Females - Number of Drinks Consumed on Most Recent Occasion
When Drunk Enough to be in Trouble (%)**

	Puerto Rican	Cuban/ Cuban American	Mexican/ Mexican American	Dominican/ South/ Central American	Total
12 or More Drinks	7.5	23.5	14.0	16.3	12.0
8-11 Drinks	11.2	17.6	11.6	26.5	15.3
5-7 Drinks	26.2	23.5	18.6	6.1	19.9
4 Drinks	10.3	0.0	7.0	8.2	8.3
3 Drinks	15.0	0.0	14.0	8.2	12.0
2 Drinks	9.3	5.9	4.7	8.2	7.9
1 Drink	20.6	29.4	30.2	26.5	24.5



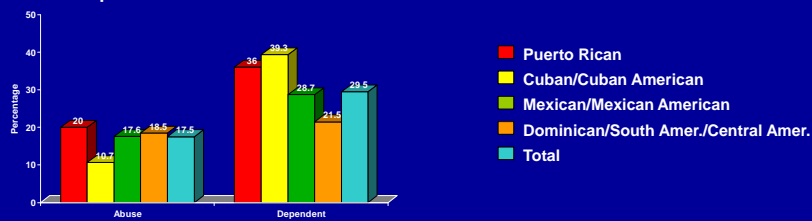
Locations Where Drinking Occurred before Driving Having Drunk Enough to be in Trouble (%)

	Puerto Rican	Cuban/ Cuban American	Mexican/ Mexican American	Dominican/ South/ Central American	Total
Bar/Restaurant/Hotel	36.4	30.8	26.8	20.1	29.1
Party/Wedding	22.3	15.4	18.3	28.9	22.1
Own/Friends/Relatives Home	30.0	43.1	47.0	43.0	39.3
Bowling alley/ Sporting Events	5.0	7.7	4.3	5.4	5.2
In car	1.4	0	0.6	0.7	0.8
At work	0.9	0	1.8	0	0.8
Other	4.1	3.1	1.2	2.0	2.7

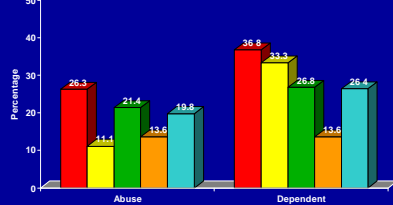


Alcohol Abuse and Dependence*

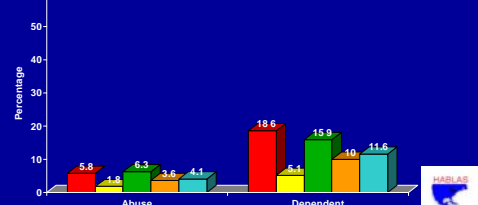
Reported Potential Police Trouble



Ever Arrested for DUI



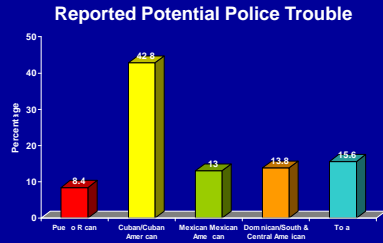
Current Drinker/Driver/No DUI



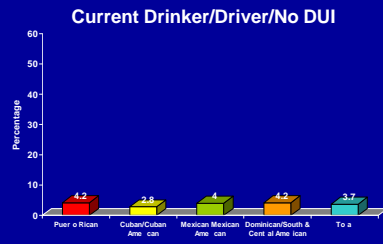
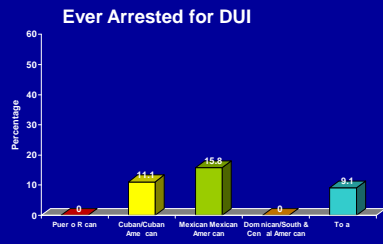
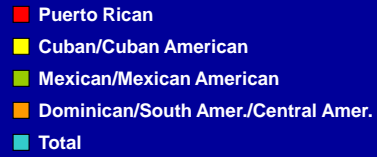
*Male & Female Combined



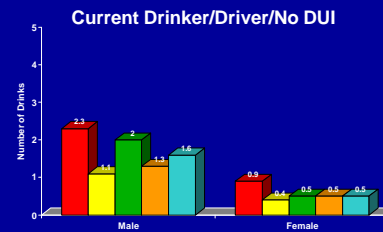
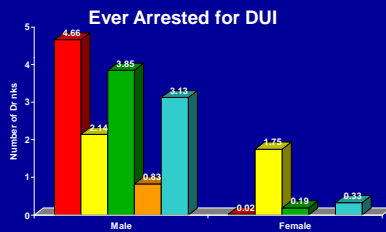
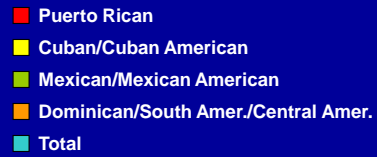
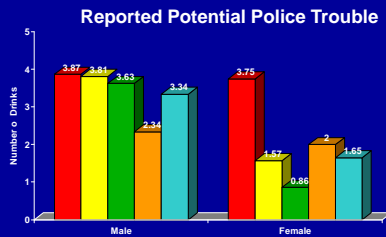
Binged At Least Once A Month



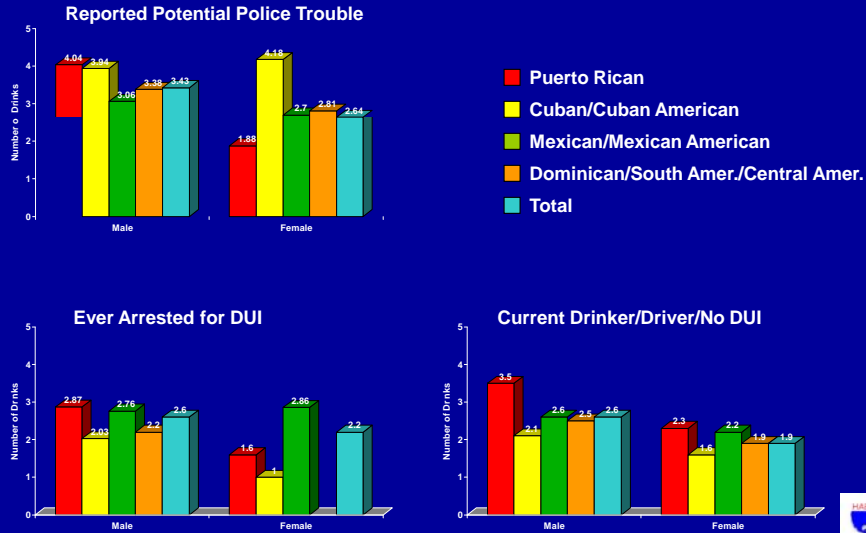
(Male & Female Combined)



Number of Drinks Drink Per Day



Number of Drinks Safely Drank Before Driving is Impaired



Logistic Regression

Demographic Predictors §	Drank Enough to be in Trouble (12 Months) (Current Drinkers + Drivers)	Ever Arrested for DUI
Male (Ref: Female)	3.2 (1.8 - 5.6) ***	7.0 (2.9 - 16.1)***
Age (Ref: 60+)		
18-29	6.7 (1.7 - 26.0) **	0.3 (0.07 - 0.94) *
30-39	5.6 (1.5 - 21.8) **	-
Household Income (Ref: 60,000+)		
<= 10,000/year	0.4 (0.2 - 0.9) *	-
Hispanic (Ref: Cuban American)		
Mexican American	3.2 (1.7 - 6.0) ***	6.0 (2.7 - 13.5) ***
Dominican/South/Central American	2.3 (1.3 - 4.2) ***	-
Average Number of Drinks Per Week (5 Drinks)	1.10 (1.05 - 1.15) ***	1.10 (1.04 - 1.16) ***
Frequency of Binge Drinking (Ref: Not in the past 12m)		
At least once a month	3.8 (1.6 - 9.0) **	-
6-11 times a year	3.5 (1.6 - 7.7) **	-
5 times a year	3.7 (1.3 - 10.4) **	-

§ Only significant variables shown in the table; * p < .05, ** p < .01, *** p < .001

**Attitudes About Drinking and Driving
Males Who Agree (in %)**

	Puerto Rican	Cuban/ Cuban American	Mexican/ Mexican American	Dominican/ South/ Central American	Total
DUI is a threat	97.4	97.3	94.6	95.3	96.1
DUI are alcoholics/problem drinkers	86.2	87.4	88.0	86.5	87.1
Ok to drive when feel effects	17.0	11.5	16.8	14.9	15.1
Certain to get stopped by police after drinking too much	83.7	86.6	88.5	86.5	86.4
Drinking and driving Hispanic problem	44.5	48.9	67.8	57.8	55.3
Police stop Hispanics more often	51.1	51.0	71.4	65.0	60.2

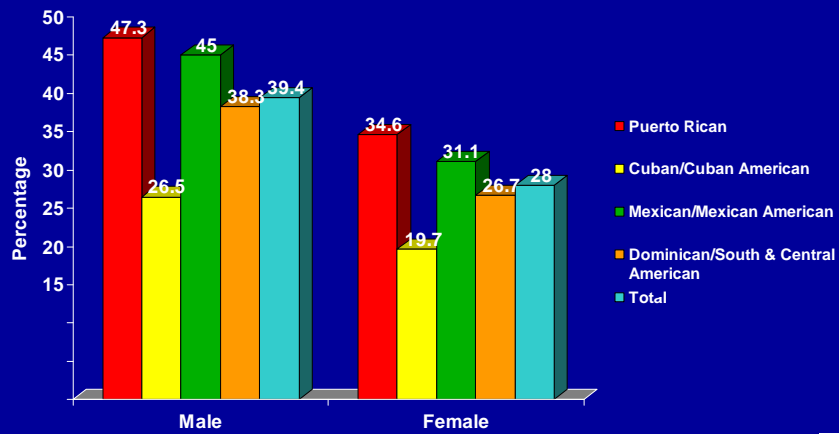


**Attitudes About Drinking and Driving
Females Who Agree (in %)**

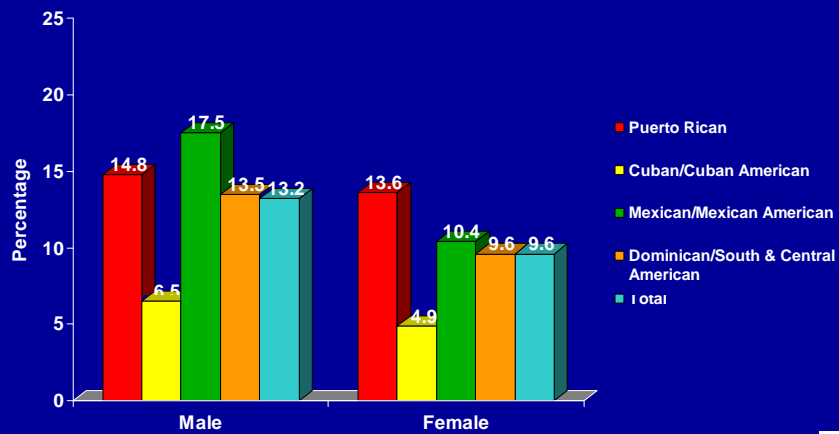
	Puerto Rican	Cuban/ Cuban American	Mexican/ Mexican American	Dominican/ South/ Central American	Total
DUI is a threat	94.4	98.7	97.1	96.3	96.6
DUI are alcoholics/problem drinkers	88.9	92.2	88.5	88.2	89.5
Ok to drive when feel effects	13.4	8.6	20.3	11.1	13.1
Certain to get stopped by police after drinking too much	85.3	90.6	86.0	88.3	87.6
Drinking and driving Hispanic problem	54.2	54.6	65.6	55.5	57.3
Police stop Hispanics more often	59.1	50.5	76.4	65.4	62.7



Proportion Who Have Ever Been a Passenger in Vehicle With a Driver Who Had Too Much to Drink



Proportion Who Have Been a Passenger in Vehicle With a Driver Who Had Too Much to Drink in Past 12 Months



Drinking-Driving Countermeasures

Strategy or Intervention	Effective-ness	Research Support	X-Cultural Testing	Cost	Target Group
Sobriety check points	++	+++	+++	Moderate	General Population
Random breath testing (RBT)	+++	++	+	Moderate	General Population
Lowered BAC Limits	+++	+++	++	Low	General Population
Administrative license suspension	++	++	++	Moderate	Harmful Drinkers
Low BAC for young drivers (“zero tolerance”)	+++	++	+	Low	High Risk Group
Graduated licensing for novice drivers	++	++	++	Low	High Risk Group
Designated drivers and ride services	O	+	+	Moderate	High Risk Group



Drinking-Driving Countermeasures

- Produce long-term problem reductions of 5% to 30%.
- Deterrence-based approaches, such as Random Breath Testing, yield few arrests but substantial accident reductions.
- Enforcement of laws lowering the legal limit of the driver’s blood alcohol concentration (BAC) are successful in reducing DUI and alcohol-related driving fatalities.
- For young drivers graduated licensing, which limits the time and other conditions of driving during the first few years of licensing, is effective.



Evaluation Standards

Evidence of Effectiveness:

- 0 Evidence indicates a lack of effectiveness
- + Evidence for limited effectiveness
- ++ Evidence for moderate effectiveness
- +++ Evidence of a high degree of effectiveness
- ? No studies have been undertaken or there is insufficient evidence upon which to make a judgment.



Evaluation Standards

Breadth of Support

- 0 No studies of effectiveness have been undertaken
- + Only one well designed study of effectiveness completed.
- ++ From 2 to 4 studies of effectiveness have been completed.
- +++ 5 or more studies of effecti have been completed.
- ? There is insufficient evidence on which to make a judgment.



Evaluation Standards

Tested Across Cultures:

- 0 The strategy has not been tested adequately.
- + The strategy has been studied in only one country
- ++ The strategy has been studied in 2 to 4 countries
- +++ The strategy has been studied in 5 or more countries
- ? There is inadequate information on which to make a judgment



Evaluation Standards

Cost to Implement and Sustain:

- High Relatively high cost to implement and sustain.
- Moderate Moderate cost to implement and sustain.
- Low Low cost to implement and sustain.
- ? There is no information about cost or cost is impossible to estimate.



Community-Based Programs: Process & Roles

Jeff Michael
Impaired Driving and Occupant Protection



Traffic Safety

Traffic behaviors are local



Successful change strategies
are local

Reaching the Community

**Balance efficiency of central
development**



**with effectiveness of local
development**

Community-Based Programs



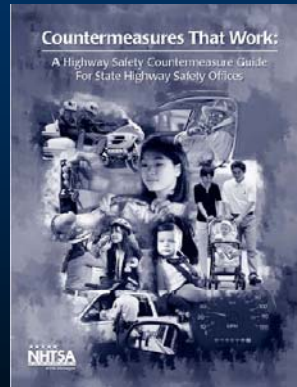
NOT a New Idea...

- Alcohol Safety Action Programs**
- Targets of Opportunity**
- Community Traffic Safety Programs**
- Safe Communities**

Evidence-Based Programs



www.nhtsa.dot.gov



www.thecommunityguide.org

Next Generation Diversity Programs...

Community Role:

- Problem Identification
- Intervention Selection
- Program Adaptation
- Evaluation

Next Generation Diversity Programs...

Federal & State Role:

- Tools & Guidance
- Demonstration & Evaluation
- Resources

National Organization Role:

- National Leadership
- Local Partnerships
- Local Leadership

Community Role:

- Problem Identification
- Intervention Selection
- Program Adaptation
- Evaluation

Help?

Best ways to assist communities:

- Identify local leadership?
- Facilitate problem identification?
- Assist in program adaptation?

www.nhtsa.dot.gov

- **Countermeasures That Work**
- **Multi-Cultural Outreach Program**
- **Safe Communities Service Center**
- **National Center for Statistics and Analysis**
 - Race and Ethnicity in Fatal Crashes, May 2006

**Promising Practices for Addressing
Alcohol-Impaired Driving
Within Latino Populations:
A NHTSA Demonstration Project**

**Presented by
Anthony Ramirez
PIRE
February 21, 2007**

Training and TA

- **Initial 2-day site visit conducted by 2-person team**
- **TA in developing linkages to strengthen coalitions**
- **Specialized media advocacy training**
- **TA in development of action plans**
- **Ongoing TA in preparation for and during the intervention period**

Evaluation

Process evaluation

Program documentation

Data on enforcement actions

Tracking of media coverage

Survey on knowledge, attitudes, behavior

Intervention Sites

- San Antonio, TX
- Dona Ana County, NM
- Durham, NC

Intervention

All three sites:

- **Engage in DWI law enforcement**
- **Recognize a need to:**
 - **Increase coordination/collaboration**
 - **Tell the full “story” of DWI**
 - **Make greater use of media**

Promising Practices

- **Enforcement Strategies**
 - Building relationship with LE
 - Targeted alcohol beverage server education and training
 - Impaired driving enforcement operations (saturation patrols, sobriety checkpoints)

Promising Practices

- Education Strategies
 - Outreach materials – culturally appropriate and resonating
 - Fotonovelas
 - Radio PSAs
 - Content

Street Level Outreach

- Promotoras
- Community centers
- Soccer/recreational leagues
- Health centers and health fairs
- Housing and worksites
- Churches
- Bars frequented by Latinos and other retail outlets

Lessons Learned

- Socioeconomic conditions
- Language/literacy levels
- Cross-border communications
- Driver's license/law/immigration status
- Resources

Surveys

- Increase in hearing/seeing impaired driving messages
- However, the evaluation did not show any statistically significant changes in behavior especially in impaired driving.

Research Limitations

- Surveys conducted at DMVs
 - Will not include unlicensed drivers
- For some communities, the reference group for comparing Latinos might well lie within the same Latino community

Alcohol Screening Toolkit



A Partnership Between:
 National Hispanic Medical Association
 Hispanic Physicians Advisory Committee
 NHTSA

Presentation Summary

Alcohol Screening Toolkit

- Slide 3: Project Vision
- Slide 4: Project Goals
- Slide 5: Strength of Toolkit
- Slide 6: Summary of Toolkit
- Slides(A1-A4) Toolkit Appendix
- Slide 7: Cultural Competence
- Slide 8: Dissemination Strategy
- Slide 9: Results & Future Potential
- Slide 10: Recommendations
- Slide 11: Follow Up and Contact Information



PROJECT VISION

Alcohol Screening Toolkit

- In 2003, 42,013 people were killed in motor vehicle crashes.
- These crashes are the leading cause of death and disability for Americans age 4-24.
- Studies have shown that rapid, accurate alcohol screening instruments can detect alcohol problems in primary care settings and can positively impact alcohol consumption, morbidity, and mortality.² Alcohol consumption plays a key role in a large percentage of trauma incidents, including motor vehicle crashes. It is important to find a screening tool that can be used specifically for Hispanics because although heavy drinking is as common in Hispanics as it is in African Americans and non-Hispanic whites, serious consequences of heavy drinking are more common in Hispanics than in other ethnic groups.³
- Motor vehicle injuries remain a major health care problem, and the leading cause of death for Hispanics from age 1-44. Alcohol use and abuse is recognized by the Latino community as a serious public health issue.
- Research has shown that conventional methods used with mainstream populations do not resonate with Latinos. Of note, the health care system lacks cultural and linguistic services and is in need of information on traffic safety, seat belt, child seats, older drivers and other public health issues in Spanish that is easy to read.



PROJECT GOALS

Alcohol Screening Toolkit

- 1) Increase the number of physicians using alcohol screening and brief intervention for Latino patients
- 2) provide on-line continuing education on alcohol screening and brief intervention to health care providers and medical students
- 3) Adapt current medical student education to include information specific to the Latino patient through on-line internet courses, and market course heavily to other national health professional organizations.



STRENGTH OF TOOLKIT

Alcohol Screening Toolkit

Strength 1:

The National Hispanic Medical Association (NHMA) and its physician members are highly credible members of the Latino community, and have been effective in delivering the traffic safety and other public health messages to Latinos. NHMA physician members have also been effective in encouraging their patients to seek treatment for alcohol misuse and abuse, while counseling patients to change unhealthy behaviors.

Strength 2:

Strong NHMA Networks including:
 Hispanic medical students
 Hispanic & non-Hispanic member physicians
 Partnership with major Hispanic Medical Societies in New York, California, Texas and other high Hispanic communities across our nation.

Strength 3:

Partnership and guidance from NHTSA



SUMMARY OF TOOLKIT

Alcohol Screening Toolkit

Main Concept:

- Screening and brief interventions (SBI) have been successful in communities that have taken steps to ensure cultural sensitivity in Minority populations, especially among Hispanics.
- Toolkit aimed to be simple, easy to read and practical to use.

Four Major Components:

- A1. Introduction To SBI
- A2. Communicating with Hispanic Patients
- A3. Quick Reference Guide (Pocket Guide)
- A4. Summary Report



APPENDIX 1

Introduction To Toolkit

Purpose

Provides the knowledge and evidence for health professionals about the effectiveness and potential of screening and brief intervention opportunities (SBI)

Main Concepts

- Brief intervention does work.
- The emergency room or trauma center visit is an opportunity for intervention
- The primary care setting is an effective opportunity for intervention as well
- Practical Screening Tools Are Available for Hispanic Patients

Format

PDF downloadable from www.nhmamd.org
Hard copies available soon as a supplement to existing kit



APPENDIX 2

Communicating with Hispanic Patients

Purpose

Evidence based from research and physician endorsements on best practices in communicating effectively with Hispanic Patients.

Main Concepts

- Cultural Competence
- Mistrust
- Family Interdependence
- Lifestyles
- Cultural/Religious Beliefs
- Not "User Friendly" or Accessible

Format

PDF downloadable from www.nhmamd.org
Hard copies available soon as a supplement to existing kit



APPENDIX 3

Pocket Guide-Quick Reference Card

Purpose

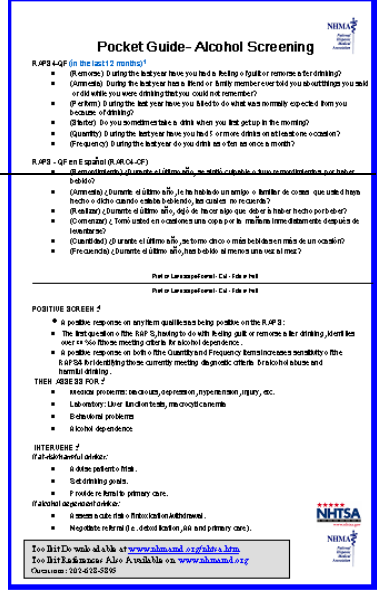
Practical tool for health professionals (physicians) to use as their guide while they are with a patient.

Main Concepts

- Screening Questions in English
- Screening Questions in Spanish
- Patient assessment guide
- Intervention/Referral Guide

Format

PDF downloadable from www.nhmamd.org
Printable on 8 1/2 x 11 and foldable into a 4x4 pocket guide-
Hard copies available soon as a supplement to existing kit



APPENDIX 4

Summary Report

Purpose

Provides a final linkage between all toolkit pieces and the endorsement of the evidence-based screening tool that is most culturally sensitive for Hispanics.

Main Concepts

- Background on Hispanic drinking patterns
- Logic of screening tool endorsed by advisory committee
- Endorsement of physicians of most appropriate tool for Hispanic patients

Format

PDF downloadable from www.nhmamd.org
Hard copies available soon as a supplement to existing kit



CULTURAL COMPETENCE

Alcohol Screening Toolkit

A significant reason why most patients don't follow through on "Doctors Orders" is because the Doctor did not make a lasting connection with them!

After careful review, RAPS4-QF seems to be the instrument of choice for Hispanic patients. A variety of screening tools are available. Their utility varies according to their availability, ease of administration, adverse consequences, and test characteristics. The utility of screening instruments is reduced with Hispanic patients since most tools are not translated or culturally relevant.

Since most Hispanics require higher levels of trust when looking for assistance or establishing new relationships, more effort should be placed on providing services and resources that purposefully connect and make Hispanic patients feel comfortable.

By taking extra steps to ensure sensitive and trustworthy resources, the percentages of Hispanic patients who follow up on referrals and resources provided to them will increase.



DISSEMINATION

Alcohol Screening Toolkit

- ✓ National Conference
- ✓ Emergency/Trauma Centers
- ✓ Clinics
- ✓ All speaking opportunities
- ✓ Medical Students
- ✓ Medical Schools
- ✓ AAMC
- ✓ Hispanic Physicians
- ✓ Hispanic Medical Societies
- ✓ Emergency Rooms
- ✓ Clinics
- ✓ NHMA Website
- ✓ HispanicHealth.Info Portal
- ✓ Minority Affairs Offices
- ✓ Possible on-line course



RESULTS & FUTURE POTENTIAL

Alcohol Screening Toolkit

If used, the toolkit should assist in preventing the number of Hispanic casualties and fatalities caused from Impaired Driving!

Health professionals will become more conscious in understanding the impact they can have in communities just by knowing about simple toolkits such as this one that take "5 minutes" to use.

Advisory Committee think that the toolkit is practical and "usable"

Medical students, at a young age, could become the ambassadors of toolkits such as this one!

Toolkits/resources such as these could be included in medical school curriculum

Would like to see the toolkit used regularly by health professionals and seen as a model for medical school curriculum!



RECOMMENDATIONS

Alcohol Screening Toolkit

Choose to develop "user friendly" & "practical" materials for health professionals-

Create information that will educate on the level of the "intended audience". The pocket guide is a good example!

Envision yourself in a typical day of the "intended audience"- (Patients and Physicians)

Toolkits such as this should be used as a stepping stone to future projects in preventing public health and/or safety issues.

To maximize the potential of a project such as this, it is important that you include components that address the (1) knowledge (2) skill (3) attitude.

Take the time to organize an advisory committee of appropriate experts and use them wisely!

Remember: What is the point of having a great tool that no one knows about? Dissemination strategy is important!

The RAPS4-QF appears to be more sensitive than the other tools for identifying alcohol dependence and alcohol abuse, respectively, across gender, ethnic, and service utilization groups in a general population sample, suggesting that these may be the instruments of choice in brief screening for alcohol use disorders, both in clinical populations and in the general population among Hispanics.



Toolkit Downloadable on NHMA Website:

WWW.NHMAMD.ORG

<http://www.nhmamd.org/nhtsa.htm>

Thank You!

Questions:

Kurt Sackerman

202-628-5895 Ext. 14

ksackerman@nhmamd.org



APPENDIX E

Breakout #1 Problem and Effective Countermeasures February 21, 2007 10:30 – 11:45 a.m.

Primary Focus:

This session should focus primarily on the problem of impaired driving among Latinos, countermeasures shown to be effective in addressing the problem, and their application in Latino communities.

General Discussion Questions for Break-out Session #1

- This morning's discussion presented facts about the over-involvement of Latinos in alcohol-related fatalities.
 - To what extent do you think Latinos in the United States are aware of these risks?
 - What do you think contributes to these numbers?
 - Which stakeholders are in a position to take steps to address this problem?
- Based on the research, CDC has identified effective countermeasures in "The Community Guide" and NHTSA has published "Countermeasures that Work". In addition, NHTSA has adopted three priority strategies for reducing impaired driving across the Nation:
 - High-visibility enforcement
 - Support for the criminal justice system
 - Screening and brief intervention
- Considering each of these strategies (combined or individually), what kind of impacts could these strategies have in Latino communities?
 - What opportunities could they present?
 - Which ones do you think have the greatest potential to make an impact?
 - What barriers, obstacles and/or challenges are likely to arise?
 - How could those barriers, obstacles and/or challenges be overcome?
 - In what ways would the strategies need to be modified or adapted to be effective?

If there's time, to generate additional discussion, here are some additional questions:

- High-visibility enforcement
 - How do Latinos view the role of law enforcement?
 - What would it take to generate community acceptance?
- Support for the criminal justice system
 - How do Latinos view the role of prosecutors, judges and other court officials?
 - What challenges are presented to the criminal justice system when offenders are unlicensed or undocumented?
- Screening and brief intervention
 - Where do most Latinos come in contact with medical and/or health care providers?
 - In what way would they likely respond to an intervention?
- Additional Issues
 - Would States, communities and other organizations use them? If so, when and under what circumstances?

- How could they be made more useful?
- In what ways must we consider language, acculturation, recent immigrants, etc. in the development of programs and materials?

Breakout #2
Promising Practices and Lessons Learned
February 21, 2007 3:30 – 4:45 p.m.

Primary Focus:

This session should focus primarily on promising practices and lessons learned when applying strategies in Latino communities.

General Discussion Questions for Breakout Session #2

- This afternoon’s panel presented promising practices and lessons learned in recent NHTSA projects and demonstrations, including:
 - “You Drink & Drive. You Lose” – LCAT
 - “Pass the Keys” – Arizona
 - “Antes de Manejar Borracho ...” – El Pueblo
 - Screening and brief intervention tool - NHMA
- What are your thoughts about these promising practices and lessons learned?
 - What aspects did you find especially instructive or promising?
 - How could they be improved or further adapted?
- Describe other promising practices or lessons learned, based on your own knowledge or experience.
- Jeff Michael’s presentation focused on a “Community Approach to Reduce Impaired Driving Among Latinos.”
 - In what ways do you agree or disagree with this approach?
 - What is the role of Federal Government, State or local government, national organizations or others in developing a community program and plan of action?
 - What tools would be helpful to a community that wishes to implement a program?
 - What were your thoughts about the television ads and other creative materials developed by NHTSA for Latino audiences?

If there’s time, to generate additional discussion, here are some additional questions:

- What is the right balance between “law enforcement” and “personal responsibility” messages, as far as reaching Latinos?
- What did you think about the SBI tool?
 - Is it likely to be used?
 - How and to whom should it be promoted?
 - How will Latino patients respond?
- Consider the various promising practices and lessons learned that have been discussed this afternoon.
 - Which seem the most promising?
 - What steps would need to be taken to adopt them?
 - Who would need to be involved?

- What barriers, obstacles and/or challenges are likely to arise?
- How could those barriers, obstacles and/or challenges be overcome?
- In what ways would these practices or lessons need to be modified or adapted to be most effective?

DOT HS 811 263
April 2010



U.S. Department of Transportation
**National Highway Traffic Safety
Administration**

