

Bicycle Helmet Use Laws:

Lessons Learned From Selected Sites

**Austin, Texas
Jacksonville and Duval County, Florida
State of Maryland
State of Oregon
Port Angeles, Washington
Seymour, Connecticut**

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Section I. Executive Summary

This report presents the experiences of six jurisdictions in enacting and implementing bicycle helmet use laws. In brief, this report explored:

- The introduction, passage, and implementation of bicycle helmet use laws, with a focus on enforcement issues;
- Significant factors in the passage and implementation of these laws;
- Whether or not the effectiveness of these laws was being measured; and
- Those factors that influenced whether or not these laws were evaluated.

The following chart provides a general profile of the six jurisdictions.

Profiles of the Six Jurisdictions (as of 2000)

Site	Jurisdiction	Law Effective	Age Covered by Helmet Law	Penalty	Agency Enforcing The Law	Section for Legislative Language	Population Make-up
Austin, TX	City of Austin	05/19/96 Modified 10/97	Originally all ages, then amended to ages 17 and under	Original ordinance: \$50 for first offense, \$100 for subsequent offenses. Modified ordinance: \$20 for first offense, \$40 for subsequent offenses. Charges can be dropped with proof of purchase of helmet within 30 days.	City of Austin Police Dept.	Section VIII A. Page 108	Population 642,992 Urban/Suburban Econom. Diverse. 54.5% white 28.4% Hispanic 11.5% Black 5.6% Asian and other
Jacksonville/Duval County, FL	State Law, County-wide activities	01/01/97	Children under 16	State Law: \$15; counties have the authority to levy an additional monetary penalty (i.e. Duval County added an additional \$8 for total penalty of \$23.)	In Duvall County, the Jacksonville Sheriff's office	Section VIII B. Page 114	Population ~ 773,000
State of MD	State Law	10/01/95	Children under 16 (one exemption: sections of the boardwalk in Ocean City, MD)	No Fine. Warnings and educational materials	State, county, city, park police agencies	Section VIII C. Page 124	Not provided
State of OR	State Law	07/01/94	Children under 16	\$25 which can be waived with proof of bicycle helmet ownership	Any sworn police officer	Section VIII D. Page 141	Not provided
Port Angeles, WA	City	01/01/94 Penalty Provisions Effective 01/01/95	All ages and guardians of persons under 16	\$15	City Police	Section VIII E. Page 145	Population ~ 19,000 Predom. mid-Income, white
Seymour, CT	Town	07/01/98 Suspended 07/21/98 Repealed 09/98	All Riders	\$25 first offense (could be waived with proof of helmet ownership); \$100 for subsequent offenses		Section VIII F. Page 148	Population ~ 15,000 Predom. mid-Income white Suburban/Rural

For more information on the background and scope of this report, see Section III, “Method of Approach.” Readers are urged to read the full analysis and the profiles on which the executive summary is based.

Common threads found in these profiles include:

- The presence of coalitions that were focused on child safety, injury prevention, bicycling or brain injury prevention was a key factor in program delivery, bill introduction, bill passage, and implementation of the bicycle helmet use law.
- Pediatric and emergency medicine professionals were identified as key constituencies in support of bicycle helmet use laws.
- The enactment of bicycle helmet use laws followed the conventional legislative process, supplemented by concerns unique to the bill (described below).
- The law enforcement community was generally not deeply involved in the law’s introduction, passage, or evaluation.
- These laws routinely allow the fine to be waived if a bicycle helmet is purchased.
- Bicycle helmet use laws led to unique enforcement issues (described below), compared with infractions committed by motor vehicle operators.
- Effectiveness was not formally defined and informal descriptions of effectiveness varied.

The Legislative Experience:

- **Bill Introduction.** The local-level jurisdictions usually had bicycle safety education and bicycle helmet giveaway programs in place so pursuing a bicycle helmet use law was seen as a natural next step. The most common factor leading to a bill’s introduction was the presence of an active coalition, as mentioned above. High-profile bicycle crashes or elected officials independently initiating legislative efforts were less common factors cited as triggers for introduction of the bill.
- **Arguments Pro And Con.** The most common issues raised in opposition to bicycle helmet use legislation were:
 - The law would undermine individual rights and parental prerogatives;
 - The law could place a burden on low income residents by requiring bicycle helmet use (bicycle helmet use law proponents indicated this concern was relatively easy to address through bicycle helmet subsidy and giveaway programs); and
 - The law could lower bicycle ridership (little data exist to support or rebut this argument).

The issues raised most often in support of such legislation were:

- Statistics describing the high costs of head and brain injuries;
- Statistics on the effectiveness of bicycle helmets; and

- Personal stories about deaths and injuries that could have been prevented or were prevented by using a bicycle helmet.
- **Constituencies.** The posture of the bicycling community on these laws was mixed: some groups supported legislation (usually minors-only laws); some were opposed; and some were divided on the issue.

Law enforcement's involvement, when it occurred, usually involved technical assistance to lawmakers, such as in the drafting of enforcement provisions. Though law enforcement officials were seldom at the forefront of the debate on these laws, legislators often wanted their position on proposed legislation.

In several jurisdictions, motorcyclists who opposed motorcycle helmet use laws also actively opposed bicycle helmet use laws.

- **Process and Timing.** At the local level, ordinances were adopted relatively quickly. At the state level, bicycle helmet use laws often, but not always, required a multi-year effort for legislative adoption.
- **All-Rider Versus Children-Only Laws.** In three jurisdictions, legislative proposals that were initially introduced as all-rider laws were subsequently modified to cover only minors.

Two of the local laws that began as all-rider laws were later scaled back: one was completely repealed while the other was modified to cover only minors, a year after its enactment.

To some bicycle helmet advocates, the all-rider proposal was a negotiating tactic and they anticipated that the likely outcome would be a compromise to a minors-only bill. Others saw a rollback from all-riders to minors-only as a substantial or total defeat.

Implementation:

In most cases, the law provided for a delay of six months or more after passage before its provisions took effect.

In several cases, additional phase-in steps were taken, such as prohibiting fines for an additional year after the law's effective date.

During the phase-in period, activities at the local level usually consisted of an expanded version of existing programs, such as bicycle helmet giveaways and subsidies, bike rodeos, and other education programs. The degree of effort at the state level varied. While some statewide efforts were undertaken, most activities were locally based.

In some jurisdictions, little or no activity occurred through the schools to assist with implementation. In others, schools sponsored a variety of activities to support the law, such as educational efforts and adopting bicycle helmet-use policies.

Enforcement:

With some exceptions, the law enforcement agencies in these jurisdictions were not deeply engaged in enforcing the bicycle helmet use law.

The law's language reflects the general perception that the intent of the bicycle helmet use law is to increase bicycle helmet use, not penalize violators.

- Fines are low (or non-existent) and are rarely imposed.
- As mentioned above, the laws routinely allow fines to be waived upon bicycle helmet purchase.

Unique enforcement issues for bicycle helmet use laws emerged.

- Officers cited challenges in ticketing children ("Who do you give the ticket to? Do you put the bike in the trunk and drive the child home?").
- The law conjures the distasteful image of "troopers ticketing kids."
- Some officers use the law as an opportunity for positive interaction and education. One common mechanism is for officers to give positive reinforcement (such as coupons for free ice cream) to children who are wearing bicycle helmets rather than citations to those who are not.

Effectiveness:

Effectiveness was informally described variously as:

- Changes in bicycle helmet use;
- Changes in bicycle crash-related deaths or injuries or fatality or injury rates;
- Level of enforcement (citations or warnings issued); and
- The law's value as a tool for parents.

Challenges to measuring effectiveness included:

- Difficulty in obtaining injury, crash, citation and use data;
- An annual incidence of bicycling deaths and serious injuries in a jurisdiction too low for conducting a statistically valid analysis; and
- Difficulty in separating the impact of the law from the impact of concurrent, related education and give-away programs.

Where measures of bicycle helmet use were reported, increases in bicycle helmet use were observed after bill passage. For example:

- A 316 percent increase in bicycle helmet use occurred among children ages 5 to 14 in Austin, TX (see the Austin, TX, profile's Chart 1, "Bicycle Helmet Usage Rates in Austin");
- From 1996 to 1999, the bicycle helmet usage rate increased 393 percent among children ages 12 and under in Jacksonville/Duval county, FL (see the Duval County, FL- profile's Table 1, "Duval County, FL, Bicycle Helmet Usage Rate Comparison by Age, 1996-1999"); and
- Bicycle helmet use in Oregon after the law took effect was about twice as high as pre-law use, increasing from 24.5 percent to 49.3 percent in those under 18, and from 20.4 percent to 56.1 percent among those under 16.

Several jurisdictions that tracked deaths, injuries, and fatality and injury rates reported improvements in these measures after bill passage. For example:

- From 1996 to 1999, the Jacksonville/Duval county, FL, bicycle injury rate (per 100,000 population) decreased from 51.07 to 33.62, or 34 percent (see the Duval County, FL, profile's Charts 1 and 2, "1996-1999 Duval County Comparison & Correlation of Bicycle Helmet Usage Rates and Bicycle Injuries Involving a Motor-Vehicle, Fatal & Nonfatal for the 0-12 Age Group"); and
- A sharp decline in bicycle-related head injuries (BHIs) was observed in Oregon; in the first full year after the bicycle helmet use law was in effect, actual BHI cases were 70, compared to 121, the number of cases predicted.

Evaluations:

Evaluations of these laws are not routinely conducted. When evaluations are done:

- Federal funds (from the Centers for Disease Control and Prevention or the National Highway Traffic Safety Administration) frequently are used to conduct these evaluations; and
- The injury prevention communities, such as health departments, usually conduct these evaluations.

Barriers to conducting evaluations that were identified included:

- Time;
- Resources;
- Difficulty in obtaining data (injury, bicycle helmet use, citations issued);
- Challenges of conducting observational bicycle helmet use studies; and
- Lack of interest by government leaders.

The tradition and culture of relevant agencies were identified in some jurisdictions as encouraging evaluations and, in others, as impeding evaluations.

Emerging Issues:

Respondents emphasized several trends that they believed would be influential in shaping future activities related to bicycle helmet use laws.

- Changes in transportation and lifestyle (e.g., concerns about obesity and other health issues and changes in land use to address sprawl such as through the "Smart Growth" movement) were predicted to change cycling's role, likely increasing bicycling participation as well as institutional support for bicycling.
- Most bicyclists are adults, yet bicycle helmet use laws typically focus on children.
- A growing cadre of bicycling/pedestrian professionals is emerging in the transportation and planning fields.

An issue often raised, chiefly by those in the bicycling community, was that bicycle safety efforts are (or are perceived to be) singularly focused on the adoption of bicycle helmet use laws. They observed that bicycle helmet use laws do not "solve" all bicycle safety problems yet they

are concerned that the focus on bicycle helmet use laws distracts attention and resources from other bicycle safety issues.

Section II. Introduction And Objectives

Introduction:

Bicycle helmet use laws are a relatively recent addition to the toolbox of state and local traffic safety countermeasures in the United States. The earliest such laws are less than 15 years old. As of May 2004, 20 states, the District of Columbia, and 131 localities have enacted some form of bicycle helmet use requirement (see Section IX. A. “Helmet Use Laws for Bicycle Riders”). These laws were enacted with varying provisions (some are for minors only, some for all bicyclists) and at different levels of government (state, city, and county jurisdictions).

However, little is known about the passage, enforcement, and effectiveness of bicycle helmet use laws in the United States. Few reviews of these laws are available to detail the different experiences of communities that have considered a legal requirement to increase bicycle helmet use.

Objectives:

This report was designed to investigate some basic questions about bicycle helmet use laws: How do different facets of bicycle helmet use laws influence a law’s effectiveness? Is the effectiveness of bicycle helmet use laws being measured? Which factors may be most significant in increasing the effectiveness of bicycle helmet use laws? Why do some jurisdictions evaluate their laws and others do not? In summary, what is working and why?

This report does not offer definitive answers to these broad questions, but details the experiences of several jurisdictions as examples. This report seeks to recount the experiences of six jurisdictions and to provide some analysis of these different stories. Hopefully, these narratives will illuminate avenues for future study. These compiled experiences may also provide lessons for those who are considering the adoption of a bicycle helmet use law in their community or state.

Section III. Method Of Approach

Six jurisdictions were selected for this report to reflect the wide range of experiences that jurisdictions have had with bicycle helmet use laws. They were selected based on interviews with national bicycle safety experts, including National Highway Traffic Safety Administration (NHTSA) officials. The profiles include state and local laws, all-ages laws as well as minors-only laws, laws with different approaches to enforcement, jurisdictions that have used education and/or awareness efforts as a part of a law's implementation, and even jurisdictions with laws that were not successfully implemented in their communities. For a chart of the jurisdictions and the major provisions of their laws, see Section IV, "Chart Summarizing Jurisdictions Profiled."

For each profile, we sought to gather information from those knowledgeable about the law's passage, its enforcement, and the area's overall bicycle safety effort. We asked key individuals involved in the law's passage and implementation to describe their experiences and provide insight. These profiles reflect the personal observations and opinions of the individuals interviewed. See Section VII for the profiles and Section VIII for the statutory or ordinance legislative language considered and adopted in each jurisdiction.

For every jurisdiction, specific areas were explored to provide additional insight into these basic questions:

- What leads a jurisdiction to consider adopting a bicycle helmet use law?
- How did the specific provisions of the law emerge?
- How did the law move through the legislative process?
- What were the most persuasive arguments for and against the proposal?
- How was it implemented and enforced?
- Who are the key community actors and what were their roles?
- What was the relationship between the law and other bicycle safety efforts in the state or community?
- Is the law or ordinance effective?
- Was it evaluated?
- If it was not evaluated, what changes might lead to its evaluation?

Section IX C, "Matrix Used for Information Collection," lists the topics investigated for each jurisdiction.

It is hoped that the views of these knowledgeable observers will prove enlightening to others.

For additional information about bicycle helmet use laws, bicycle helmet promotion programs, and bicycle safety, see Section IX O, "Information Resources."

Author's Note/Clarification:

This report is based on the experiences of observers and participants who were identified as knowledgeable and credible. The author is indebted to the dozens of individuals who gave of their time and provided the insights that made this report possible. Their contributions are greatly appreciated.

The greatest challenge of this assignment was securing relevant and accurate information. Another major challenge arose in determining how and what to include in the report in the rare instances when information or memories conflicted.

Where possible, confirmation was sought from more than one observer or participant or from a reference source. In situations where differences could not be reconciled and were closer to opinion, perception, or other similarly unverifiable quality, the report attempts to make clear that conflicting opinions existed among those interviewed.

Obviously, limited resources did not permit the participation of every individual who could have made a contribution in these six communities. Therefore, readers are urged to recognize that truth, as with beauty, is often in the eye of the beholder, and these profiles are built on the contributions of a finite number of individuals with varying perspectives.

It is hoped that this report, even with these limitations, can serve as a useful tool to decrease bicycle-related head and brain injuries.

Section IV. Chart Summarizing Jurisdictions Profiled

Site	Summary of BICYCLE HELMET USE Law	Jurisdiction Type	Ages Covered	Timing	Enforcement/ Penalties
Austin, Texas	All-rider law modified to minors-only/local level	City	Originally all ages Modified to under 18	Passage: 5-1996 Effective date: 10 days after passage; 90-day "grace period" Modified: 10-1997 (effective immediately)	Original version: \$50 first offense \$100 succeeding offenses Dismissal with bicycle helmet purchase on first offense Modified version: \$20 first offense \$40 succeeding offenses Dismissal with bicycle helmet purchase
Florida/ Jacksonville /Duval Counties	Minors-only law/ state level; array of county programs	State County-level programs	Under 16	Passage: 4-1996 Effective date: 1-1-1997 Penalties beginning: 1-1-1998	Before 1-1-1998: Safety materials and verbal warnings Beginning 1-1-1998: Fine: \$23: \$15 (state) \$ 8 (Duval County) Dismissal with bicycle helmet purchase on first offense
Maryland	Minors-only law/state level; preceded by county laws	State	Under 16	Passage: 5-1995 Effective date: 10-1-1995	Warnings and educational materials; no fine
Oregon	Minors-only law/state level	State	Under 16	Passage: 7-1993 Effective date: 7-1994	Fine: \$25 Waived with bicycle helmet purchase on first offense
Port Angeles, Washington	All-rider law/local level	City	All ages	Passage: 5-1993 Effective date: 1-1994 Penalties beginning: 1-1995	Before 1-1-1995: Warnings After 1-1-1995: Fine \$15 plus court costs Dismissal with bicycle helmet purchase on first offense
Seymour, Connecticut	All-rider law/local level (repealed)	City	All ages	Effective date: 7-1- 1998 Suspended: 7-21-1998 Repealed: 9-1998	(Repealed) \$25 first offense \$100 succeeding offenses Dismissal with bicycle helmet purchase on first offense

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Section V. Analysis

Bicycle helmets are proven to be effective in preventing head and brain injuries. One often-cited study found that bicycle safety helmets reduce the risk of head injury from a bicycle crash by 85 percent.ⁱ

Thus, not surprisingly, increasing bicycle helmet use is a primary focus of many bicycle safety and injury prevention efforts.

The effectiveness of bicycle helmets in preventing death and injury has led policymakers and safety advocates to pass laws requiring bicycle helmet use as one way to increase the number of bicyclists who wear helmets. The past decade has seen great interest in such laws and ordinances. Since 1987, 19 states, the District of Columbia, and dozens of local jurisdictions have adopted some form of bicycle helmet use requirement as of May 2002 (see Section IX A, “Helmet Use Laws for Bicycle Riders”).

*As of March 2004, 20 States, including the District of Columbia have enacted age-specific bicycle helmet laws and more than 131 localities have enacted some form of bicycle helmet legislative.

These ordinances and statutes vary, from the populations subject to the law, penalty provisions, the approach to implementation, to the law’s relationship to other bicycle safety efforts.

This report seeks to detail the experiences of several jurisdictions to better understand the enactment and implementation of bicycle helmet use laws and their effectiveness. For a chart of the jurisdictions and the key provisions of their laws, see Section IV, “Chart Summarizing Jurisdictions Profiled.”

See Section III, “Method of Approach” for information on the methodology used for this report. Section IX C, “Matrix Used for Information Collection,” outlines the topics investigated for each jurisdiction.

See Section VII for the profiles of each jurisdiction’s experiences and Section VIII for the statutory or ordinance language considered and adopted in each jurisdiction. Model ordinance language developed by the National SAFE KIDS Campaign is in Section IX D. For additional information about bicycle helmet use laws, bicycle helmet promotion programs, and bicycle safety, see Section IX O, “Information Resources.”

Existing Efforts:

This review sought to determine what bicycle helmet promotion and other bicycle safety activities, if any, were underway in these jurisdictions before a bicycle helmet use law was enacted.

In local jurisdictions, bicycle helmet promoters had usually conducted education and giveaway programs before they began seeking laws. For example, in Seymour, CT, the community’s

injury prevention coalition saw an ordinance as a next step in bicycle safety. The Injury Prevention Program of the Duval County (FL) Health Department had a Traffic, Bicycle and Pedestrian Safety Education Program (TBPSEP) in place for several years before the adoption of the state bicycle helmet use law. TBPSEP conducts a wide array of bicycle safety and helmet promotion activities.

Injury prevention coalitions in the jurisdictions reviewed were frequently affiliated with non-profit organizations that focused on childhood injury prevention (such as the National SAFE KIDS Campaign), preventing head and brain injuries (such as THINK FIRST and Brain Injury Association chapters), or community-based safety efforts (such as the NHTSA-sponsored Safe Communities program).

At the state level, the degree of activity appeared to be more varied. Oregon conducted a number of bicycle safety activities and helmet promotions around the state, including bicycle safety education programs in many schools. Maryland conducted some activity, which increased as serious legislative consideration of a bill emerged during a period of several years. Maryland's local SAFE KIDS coalitions were reported to be more involved in the bill's passage than the state SAFE KIDS coalition, which was described as more focused on child safety seat and seat belt use. There did not appear to be "state-wide" programs as there were "community-wide" programs. Delivery of bicycle helmet programs was primarily local. Even in states where a variety of activities were taking place, the activity was primarily locally based.

The interest level of the relevant agencies shapes the resources for bicycle safety programs and their delivery. Some government agencies dedicate few resources to bicycle safety, according to spokespeople, because their traffic data do not show bicycle crashes to be a problem. For example, one official said: "We don't do a lot in bicycle safety. We use an outcome-based planning process. We look at data, which says that we don't have a bicycle safety problem relative to other areas. We're at or below the national average in bicycle accidents."

Some of the bicycle safety programs were supported by Centers for Disease Control and Prevention (CDC) grants and National Highway Traffic Safety Administration (NHTSA) 402 highway safety funds.

Impetus For Legislation:

This review gathered information on the "initiating factors" that led to the consideration of a bicycle helmet use requirement. For example, was an ordinance triggered by a highly visible bicycle crash or did an elected official propose it without community input?

Based on the jurisdictions reviewed, a bicycle helmet use requirement is usually proposed when some sort of coalition effort is in place. The coalition frequently is focused on child safety rather than on injury prevention for all ages, but it may be focused on bicycling and/or on injury prevention generally.

Tragic crashes were generally not the motivating factors for pursuing a bicycle helmet use law in the jurisdictions that were reviewed. One exception was Seymour, CT, where two factors were identified as initiating the law. An active coalition was in place promoting bicycle helmet use, and two children were killed in different bicycle crashes, both of which received widespread community attention. Fatal crashes were an initiating factor for the bicycle helmet use law in Howard County, MD. Given that this county ordinance is given some credit for leading to the state law, it could be said that a crash was an indirect initiating factor in Maryland.

Another, less common, initiator of a law or ordinance is the elected official or staff person who decides to pursue legislation. In Oregon's case, a state-sponsored coalition was "originally set up to treat the entirety of bicycle safety." Then a state legislator, unaware of this nascent effort, introduced a bicycle helmet use law. "Once a bill with possibilities came to the fore, the group leapt on the task of passing the law."

A law that results from an elected official's vision without a corresponding support network in place appears to be less effective, based on the limited examples available in the jurisdictions reviewed. One cannot assume that a constituency will emerge to support the provision and its effective implementation. According to one observer: "You'll have a city council person that's supportive of the helmet law and will work to get it passed. Then that person will leave office, so that after a while the support is not there. The police can't do it alone."

Frequently, the legislation initially developed would require bicycle helmet use by all ages. In every jurisdiction reviewed in which a coalition launched the process and an all-rider bill was "in play," the provisions ultimately enacted were for minors only. In one case the all-rider provisions were in place for a year before being scaled back due to community opposition.

An interesting contrast was the community in which an active coalition approached the town council seeking a minors-only law. The council changed the law, without input from the coalition, to an all-rider law. Within a few weeks, and influenced by complicating factors, that bicycle helmet use law was repealed.

The "major players" in these coalitions were medical professional individuals and organizations (emergency nurses and pediatricians, for example), and frequently SAFE KIDS coalition members and government employees in health agencies.

The Process Of Adoption:

In many ways, the legislative process to enact a bicycle helmet use law is like any other. Key considerations include legislative and executive branch leadership, committee assignments, partisan issues, opposition arguments, the process of bill development and compromise, and the "savviness" of supporters.

However, one legislative staff member described the effort as different in one way. In her experience, a bill's author could usually be successful by working with a few powerful legislators in key leadership posts. In contrast, the bicycle helmet use law effort was fought "one legislator at a time."

At the state level, supporters often need to go to the legislative body for several years before achieving success, as in Florida and Maryland. But this is not always the case: Oregon's bill took a single session (surprising even the bill's supporters).

At the local level, ordinances were all adopted relatively quickly, but sometimes "un-adopted" quickly as well.

Local laws appeared to aid efforts to enact a state law both directly and indirectly, based on the situation. In Maryland, the three county-level laws provided evidence that a legal requirement would be effective in increasing bicycle helmet use and also that such a requirement would be politically acceptable. The local ordinances were also indirectly effective because they limited the ability of legislators from those districts to oppose the state law, according to a knowledgeable observer.

All-Rider Versus Minors-Only Provisions.

Some bicycle helmet advocates saw an all-rider proposal as a negotiating tactic in the law-making process and were ready to compromise to a minors-only bill at the proper moment. Others saw a rollback from all-riders to minors-only as a substantial loss; in at least one case, believing it was as significant as a full repeal.

Two of the local laws reviewed began as all-rider laws and then were scaled back. Austin, TX amended its all-rider law to a minors-only requirement after a months-long effort by vocal opponents and after the all-rider provisions had been in place for about a year. Seymour, CT had its all-rider law suspended within three weeks and repealed in full by referendum within a few months.

The only all-rider requirement that is still in place among the jurisdictions reviewed is a local law (which was initiated by an elected official, not by a coalition).

The Legislative Debate:

The argument made most frequently in legislative debates in opposition to bicycle helmet use laws was that the law would be an unwarranted government intrusion that infringed on individual rights.

Another frequent argument concerned economics. Lawmakers were often concerned about bicycle helmet availability and cost for low-income families. They required assurances that bicycle helmet giveaway and subsidy programs existed or would be established before agreeing to support bicycle helmet use legislation. This was a condition that was easily met by bicycle helmet proponents in the jurisdictions reviewed, especially since such programs were usually already in place.

Another frequent contention was that requiring bicycle helmet use would decrease bicycle ridership, that cyclists would stop cycling rather than wear a helmet.

A different argument was raised outside of the legislative chambers in some cases, such as among the various stakeholder groups. Some were concerned that a focus on requiring bicycle helmet use would create the perception that a bicycle helmet use law would “solve bike safety problems.” This concern, raised primarily by those in the bicycling community, was that a law would detract from other bike safety efforts such as training, bike paths and access, and sharing-the-road activities.

The arguments identified as “most effective” in persuading lawmakers to support bicycle helmet use laws were statistics on the costs of head and brain injuries and the effectiveness of bicycle helmets in preventing injury (for example, the 85 percent reduction in the risk of head injury cited earlier).ⁱⁱ

Frequently, the experiences of disabled crash victims were presented to put a human face on the statistics, although observers in general believed that the benefit of these efforts appeared to be secondary to the statistical and cost figures and the breadth of support for the law demonstrated by the bicycle helmet coalition.

Constituencies.

This report investigated the roles of different communities in the legislative process. Which constituencies were the most involved and the most effective?

The “key actors” in the successful coalitions working for bicycle helmet use laws varied slightly from community to community. However, medical professionals were always involved, usually from the field of emergency medicine and/or pediatrics. Experts in these areas were the most frequently mentioned as the most active constituencies in support of bicycle helmet use laws, along with SAFE KIDS coalition members. Government employees (frequently in the health department) often played a key role in educating officials and/or supporting the coalition in support of bicycle helmet use. (One long-time advocate, however, noted a recently emerging trend of decreased involvement and participation in the process by government employees in her state).

Medical and health professionals were often identified as the most persuasive with legislators.

State laws in particular involved large and “ever-growing” coalitions, consisting of a variety of professional associations, service groups, business groups, etc. (See the Maryland profile’s Box 3, “Maryland’s Bicycle Helmet Legislation Partner Organizations,” for a sample list of partner groups, page 71).

The role of the bicycling community was mixed. This community sometimes actively supported the laws, but was often opposed to them. This opposition was most frequently raised against all-rider laws. In Austin, some bicyclists organized and led a successful effort to scale back the city’s all-rider law. At times, the bicycling community in a jurisdiction was split.

Several observers mentioned bicyclists who would wear helmets themselves but who opposed bicycle helmet use laws, believing that “government had no business forcing people to wear helmets.” One expert described as both a challenge and a contradiction that some “people opposed to the helmet laws acknowledge that they choose to wear their helmets.”

One observer said that the “pediatric and motherhood community child safety specialists” who were promoting bicycle helmet use laws often “did not touch base as effectively with the cycling community as could be.”

The importance of coalitions consisting of an array of organizations implies that grass roots efforts were undertaken to support these laws and that elected officials would hear from constituents who also were members of groups in the coalition. Yet few examples of such grass-roots activities were mentioned.

Involving children in the process, as either constituents or activists, was one strategy suggested by a variety of observers. Perhaps most memorable was the letter from a grade school class to its state legislator, who was a staunch opponent of a proposed bicycle helmet use bill. This letter was credited with getting the bill out of a committee where it would have otherwise languished. As one observer noted: “Legislators are hard pressed to not do the right things when it’s a bunch of kids they have to answer to. The adults they can reason with . . .”

Constituencies rarely mentioned, among groups that might be expected to be active, were the law enforcement and education communities. Transportation agencies, when mentioned, were described as being slow to support a bicycle helmet use law but ultimately as being supportive.

The coalitions supporting bicycle helmet use laws did not always include law enforcement agencies. Law enforcement agencies and officials did not usually offer active and affirmative support of the legislation. Yet the law enforcement community usually had a vital role. The opposition of law enforcement agencies or officials could, as one observer said, “derail” the legislation. Elected officials would seek the opinion of law enforcement officials about the proposal and would often turn to law enforcement experts to ask questions such as: Can it be enforced? Are the proposed penalties appropriate or enforceable?

Not surprisingly, the opinion of law enforcement was frequently given great sway on these laws. In several efforts, supporters believe that law enforcement opposition to the proposal would have been fatal. But law enforcement opposition did not necessarily halt a bicycle helmet use law. In one case, a law enforcement chief executive opposed the law but it was adopted nonetheless.

One constituency mentioned in several jurisdictions was that of motorcyclists who were opposed to motorcycle helmet use laws. At times, bicycle helmet proponents encountered legislators who were fresh from heated battles over motorcycle helmet use

laws, which increased legislators' reluctance to adopt bicycle helmet legislation. In some cases, motorcyclists testified and lobbied on bicycle helmet use laws, usually in opposition to all-rider laws.

One knowledgeable observer related the experience in one state (not included in this review) where the legislature was reportedly poised to adopt an all-rider bicycle helmet use law. The day before the bill was up for consideration, motorcyclists had a rally at the State Capitol to protest the motorcycle helmet use law. According to one observer, that rally led the legislature to amend the bicycle helmet use law to cover those under age 18 so as "not to affect any voters."

Implementation:

This review focused on the time period between adoption and enactment of these laws. How long was this time period? What programs were instituted during this time period? Were fines or other penalties phased in?

Most of the jurisdictions reviewed set effective dates for their bicycle helmet use law ranging from six months up to 12 months after the bill's passage. In two cases, the law allowed for the issuance of warnings while further deferring penalties for a year after the effective date to allow for education about the law and to give residents time to obtain bicycle helmets (as well as for bicycle helmet distribution programs to work). For example, in Port Angeles, WA, the ordinance was passed in May 1993 with an effective date of January 1, 1994. However, for the first year, only warnings could be issued; the fines allowed under the law (\$15) could not be imposed until after January 1, 1995.

Some jurisdictions undertook substantial activities during the phase-in period. The Oregon state health division created the position of bike helmet coordinator for a three-year period. This coordinator undertook a multi-disciplinary approach to promoting the law.

In communities with active bicycle safety programs in advance of a bicycle helmet use ordinance, such as Austin, TX and Jacksonville/Duval County, FL, activities during the phase-in of their ordinances were a continuation and expansion of existing activities.

When state level laws were enacted, some statewide efforts were undertaken. In Oregon, a community-planning guide was distributed. (The guide is reprinted in Section IX E, page 144). But most of the activities appeared to occur at the local level.

Schools did not appear to be deeply involved in the law's adoption in the jurisdictions reviewed but some activities promoting bicycle helmet use and the law were reported. In Jacksonville/Duval County, FL, the school board passed a proclamation in support of the law and stated that bicycle helmets should be worn when bicycling to and from school. (The proclamation is reprinted in Section IX K, page 212).

In Oregon, the bike helmet coordinator worked through the state Department of Education to ensure that children were wearing bicycle helmets. For example, they contacted schools to determine if the school had policies requiring bicycle helmet use by children bicycling to school.

Some schools had bicycle safety activities that promoted bicycle helmet use but may not have been related to the law. The Jacksonville/Duval school district added a bicycle and pedestrian safety component to their standards, which was later phased out. (See Section IX L, page 213, for these performance standards.) In Austin, many grade school children are taught a bicycle safety curriculum that includes an entire lesson on bicycle helmets. In Maryland, before the state law was adopted, the state received CDC funds to compare school-based bicycle education to community-based bicycle safety/helmet wearing programs.ⁱⁱⁱ

In addition to bike helmet distribution programs, other activities such as bicycle safety rodeos and bike safety classes were often held to promote the law and to distribute and fit bicycle helmets. (Sections IX F, G, H and I illustrate, respectively, Duval County, FL, bicycle helmet sale order forms, bicycle helmet sale procedure guidelines, observation guidelines for their bicycle helmet use and behavioral survey, and coding instructions and form for the survey, pages 189 through 202).

In Maryland, NHTSA 402 funds were used to promote the law and to distribute bicycle helmets. Every county receives injury prevention monies, which some counties have used for bicycle helmet efforts.

Enforcement:

An important element of most highway safety countermeasures is the role and commitment of the law enforcement community. This review investigated the role of law enforcement, specifically during the initial phase-in of the law and after the law's effective date, including the level of enforcement of the law.

Penalties.

The intent of the laws and ordinances that were reviewed is uniformly on increasing bicycle helmet use, not punitive measures. Language to this effect is included in some of the laws. The penalties in the laws and ordinances reviewed were modest, with fines of no more than \$25 for a first offense or, in the case of Maryland, only warnings and educational materials. All of the laws reviewed that allowed for a fine provided for dismissal of the offense if proof of a bicycle helmet purchase was provided (usually only on the first offense).

The Florida statute allows the court to “waive, reduce, or suspend payment of any fine imposed under” this law “and may impose any other conditions on the waiver, reduction, or suspension. If the court finds that a person does not have sufficient funds to pay the fine, the court may require the performance of a specified number of hours of community-service or attendance at a safety seminar.” In Oregon, it was reported that one of the penalties imposed on violators by teen peer courts was community service.

The language of the Austin, TX ordinance emphasizes bicycle helmet use over punitive actions: “The municipal courts are urged to consider deferred dispositions.”

Phase-In of the Law.

In some cases law enforcement agencies were involved in implementation efforts such as bicycle rodeos, but not always, and usually not as the lead agency.

The jurisdiction reporting the greatest involvement of law enforcement during the phase-in period was Oregon. The state’s bicycle helmet coordinator worked with the law enforcement community to secure their understanding of and support for the law. The coordinator attended statewide gatherings of law enforcement officials to highlight the importance of the new law. The state of Oregon produced a training video for officers, which is still being used. Because of the “top-down” tradition of law enforcement agencies, the video includes statements by the state’s top law enforcement officials as well as the governor (who also is an emergency physician).

Officers were trained in how to fit bicycle helmets properly and carried bike helmets in the trunks of patrol cars. Police agencies and the “THINK FIRST” program jointly held bicycle rodeos at low-income housing projects, bringing along Spanish-speaking interpreters. Officers were encouraged to consider the law as a way to interact positively with children.

Enforcing The Law:

In general, the law enforcement agencies in these jurisdictions were not deeply involved in enforcing the bicycle helmet use law, few tickets are issued under these laws and respondents believed the law to be rarely enforced.

During the year in which Austin, TX had an all-rider law, a number of citations were issued. Enforcement decreased, however, when the law was scaled back to a minors-only law. Law enforcement officers interviewed often state that enforcing the law is not a high priority for them or their agency. In some jurisdictions, information on the citations and/or warnings issued was difficult to obtain.

The Austin Police Department “is supposed to but does not write tickets for the offense,” in the words of one bicycle helmet use law supporter. A few individual officers, such as the bicycle patrol or those assigned to schools, are exceptions.

When elected officials in a community, not a coalition, initiated the ordinance, the local police department was responsible for implementing the ordinance. This lack of community or organizational involvement is believed to undermine the effectiveness of the law.

A number of reasons were cited for the limited enforcement of these laws. Some injury prevention experts believe that law enforcement officers “don’t understand” the need for the law.

Few jurisdictions reported taking steps similar to those taken by Oregon to educate officers about the impact of traumatic brain injury and the effectiveness of bicycle helmet use. In Oregon, bicycle helmet supporters believe that law enforcement's commitment to the law remains relatively high, perhaps due in part to this educational effort.

Officers "have enough to do" already and don't want to be "the bad guys" so those considerations also discourage officers from enforcing the law. Some jurisdictions instituted a "positive" approach to enforcement, such as having officers give coupons for free food (at fast food restaurants) to children wearing bicycle helmets rather than citing un-helmeted children.

In one community, a law enforcement spokesperson said that most of the area's fatalities, including bicycling fatalities, were the fault of motor vehicle drivers, so the police department chooses to place its traffic safety emphasis on the behavior of motor vehicle drivers.

In a few jurisdictions, disinterest in the courts or lack of consistency in adjudicating these offenses was mentioned as a factor for the lack of enforcement.

In some cases, confusion existed about the basic provisions of the law. In one state, several individuals who had been deeply involved in the law's passage complained, several years later (in the words of one): "I bet no citations have ever been issued." However, that jurisdiction's law did not allow citations to be issued.

In another community, where the bicycle helmet use ordinance had been changed from an all-rider to a minors-only requirement, a police officer, when asked about the law, declared that it had been repealed.

Minors-only laws raise unique enforcement problems, according to a variety of observers. "What do you do? Have the officer take the kid home, put the bike in the trunk? It's a complicated thing."

In one jurisdiction with a minors-only law, police officers were reported to believe that if they stopped a child younger than 14, the ticket would have to be written to the parents, which discouraged officers from enforcing the law.

The image of "troopers giving tickets to children" was mentioned as being distasteful to lawmakers and the general public, as well as to the officers themselves.

One officer stated: "It is hard to enforce. You have to write the citation to the violator; most are 6, 7, 8, 10 years old. Writing a ticket for someone that age is hard for the police officer." As a result, officers "do more education" about bicycle helmet use and the law than citation writing. "Our enforcement effort is very minimal."

In one community, a charge of selective enforcement based on race and ethnicity, was leveled, although a review of the citations issued disputed that contention (See the Austin, TX, profile's Charts 2 and 3, "Ethnic Breakdown of Bicyclists Receiving Citations for Riding Without

Helmet,” page 43). However, according to one observer, this controversy convinced the police chief not to enforce the law.

The picture presented in the jurisdictions reviewed is of a commitment to the law by the injury prevention community but limited interest and/or understanding of the law by enforcement agencies. (Certain individual officers, or bike patrols, were commended for their promotion and enforcement of the law.) One observer commented that “buy in” to these laws is needed from senior levels of law enforcement.

This picture should also take into account that these laws are generally described to be “educational.” For some respondents, the level of enforcement is not necessarily an indication of success or effectiveness. Some bicycle helmet use law supporters, while wanting greater enforcement of existing law, also commented that “the focus is not on citations” and “I didn’t care if they didn’t write a single ticket as long as helmet use went up.” Therefore, analyzing law enforcement’s role as a component of the effectiveness of a law depends upon how one defines effectiveness.

Effectiveness:

The review sought to better understand the impact of bicycle helmet use laws. For instance, how is effectiveness defined? Is it being measured? Are these laws effective? Lawmakers did not define “effectiveness” for the bicycle helmet use laws in the jurisdictions under review, nor did they require that the laws be studied or evaluated. None of the statutes or ordinances reviewed contained provisions covering these topics.

Defining Effectiveness.

The respondents interviewed offered differing measures of how they would judge a bicycle helmet use law’s effectiveness:

- Changes in bicycle helmet use;
- Changes in bicycle crash-related deaths or injuries, or fatality or injury rates;
- Level of enforcement (e.g., citations or warnings issued); and
- As a tool for parents and caregivers.

Measuring Effectiveness.

Some of the jurisdictions conduct observational surveys to track bicycle helmet use (primarily those that had been awarded grants for this purpose); some do not. A few jurisdictions looked at the impact of bike helmet use on bicycle crash-related head injuries. However, several respondents reported difficulty in obtaining data or that the necessary data were not collected.

Several experts noted a low incidence of bicycle fatalities in their jurisdictions, and stated that the low incidence of (or lack of data on) bicycle-related deaths and head and brain injuries make it difficult to get statistically significant data on bicycle injuries and deaths.

One activist believed that it would be difficult and require a lot of resources to correlate bicycle helmet use with the head and brain injuries prevented resulting from the law. “I think the goal of (proving that a bicycle helmet use law is) decreasing head injury is a little pie-in-the-sky because the numbers are such that you couldn’t measure effectively. Usually head injuries are a relatively small number. If kids fall and hit their heads and they’re fine, you don’t hear anything about it. You can’t get a hold of those statistics. Even if a child has a minor injury with a helmet, you don’t hear about it. We don’t collect doctor visits or emergency room (ER) visits. A person has to be injured enough so that they are admitted to the hospital. We use helmet use as a proxy for it, because of the Washington state study,” referring to the 1989 report by Thompson and Rivara that found bicycle safety helmets reduce the risk of head injury from a bicycle crash by 85 percent.^{iv}

The belief that bicycle helmet use prevents head and brain injuries would appear to be generally accepted by those interviewed and was not challenged in the process of adopting the law. Therefore, in some jurisdictions, as one expert said, “there was an underlying assumption” that requiring bicycle helmet use “is a good thing.” So it was not a high priority in those jurisdictions to use resources to study that relationship.

A separate concern is the challenge of isolating the impact of a bicycle helmet use law in a jurisdiction with an active bicycle safety program. With a variety of activities underway concurrently, such as bike helmet giveaway or bicycle safety education programs, it may be difficult if not impossible to separate out the law’s impact from that of the other activities. In Jacksonville/Duval County, FL, for example, the county’s many activities address bicycle helmet use in a wide variety of approaches, making it difficult to identify the law’s precise effect. Among the jurisdictions reviewed, those with resources and interest to conduct bike helmet use observation studies and analyze fatality and injury data usually had the resources to undertake other bicycle safety activities.

Another complication to measuring the impact of a bicycle helmet use law is a “sea change” in public opinion identified by several respondents, where acceptance of bicycle helmet use has greatly increased, due to influences such as a national effort to link bike sales with helmet sales and design changes to bicycle helmets that made them “a little cooler so public resistance (to wearing bicycle helmets) went down.”

Findings:

Where measures of bicycle helmet use were reported, increases in bicycle helmet use were observed after bill passage:

- Austin, TX saw a 316 percent increase in bicycle helmet use among children ages 5 to 14. (See the Austin, TX profile’s Chart 1, “Bicycle Helmet Usage Rates in Austin,” page 37).
- Jacksonville/Duval County, FL observed substantial increases in bicycle helmet use among children; from 1996 to 1999, the bicycle helmet usage rate increased 393 percent among

children ages 12 and under. (See the Duval County, FL profile's Table 1, "Duval County, FL- Bicycle Helmet Usage Rate Comparison by Age, 1996-1999," page 59).

- In Oregon, bike helmet use after the law took effect was about twice as high as pre-law bike helmet use, increasing from 24.5 percent to 49.3 percent in those under 18, and from 20.4 percent to 56.1 percent among those under 16.

Several jurisdictions that tracked deaths, injuries, and fatality and injury rates reported improvements in these measures after bill passage. For example:

- From 1996 to 1999, the Jacksonville/Duval County, FL bicycle injury rate (per 100,000 population) decreased from 51.07 to 33.62, or 34 percent. (See the Duval County, FL profile's Charts 1 and 2, "1996-1999 Duval County Comparison & Correlation of Bicycle Helmet Usage Rates and Bicycle Injuries Involving a Motor-Vehicle, Fatal & Nonfatal for the 0-12 Age Group," page 58).
- An evaluation of the Oregon law by the state's Department of Human Resources Health Division found a sharp decline in bicycle-related head injuries (BHIs). In the first full year after the bicycle helmet use law was in effect, actual BHI cases were 70. The number of cases predicted was 121, meaning a total of 51 BHI cases avoided.^v

Some respondents offered their opinions on their law's effectiveness. A number of people said they believed their bicycle helmet use laws were effective. To paraphrase one bike helmet supporter, these respondents believe that as long as bike helmet use goes up, the law is effective "especially since the (before-law usage) rate was so low. Even if we only get to 6 or 10 percent helmet use, it would still be better" than before the law.

One bicycling activist in a jurisdiction with a minors-only law said he was "not a real proponent of the law originally," but now observes: "It's very clear to me that (the law) is very effective. I think it's highly successful with children. I see a lot of helmet use and it's rare for me to see a child without a helmet now. Something did happen. I see helmets on kids in rural areas, where I least expect it; helmets on kids using training wheels; when they're just going up and down the driveway. I'm always impressed when I see it and glad that it happened. There was an impact. I think it's promising."

A few believe the law made no difference or that the lack of enforcement or penalties renders it ineffective. One observer said that "people who want to wear helmets will do so whether there is a law or not" and believes that the law is not effective because it "has no teeth. By that I mean no ticket, just the educational materials." This observer also believes another reason why his jurisdiction's law is not very effective is a lack of follow-through by the government agency that had been deeply involved in the law's passage. During the law's implementation, the agency did not continue its high level of activity in support of the effort.

One person questioned whether there is "an issue of unintended consequences," believing that bicycle helmet use laws decrease bicycle participation at the same time that the nation is facing a burden to the health care system due to obesity and lack of exercise.

Another believed that, in some communities, “with an educational program we would probably have gotten about 50 percent compliance already (without a law). An awareness campaign has gotten them where they are.”

However, even though criticisms were offered about a law’s lack of effectiveness or enforcement, no respondent advocated that their law be repealed. A few had concerns about bicycle helmet use laws being the sole focus of bicycle safety efforts. “We must consider other aspects of bike safety; not take a one-shot approach to bike safety.”

Few suggested changing the age coverage of their laws. In fact, only one respondent wanted to expand their minors-only law to cover all riders and only one respondent proposed further lowering the age on their minors-only law to cover a smaller population of children. Several observers did express concern that minors-only laws will keep today’s children from translating their experience into wearing a bicycle helmet as an adult. (Specific suggestions are detailed in the “retrospective analysis” section.)

Even when a law is not being enforced, measured or somehow proven successful, some respondents see its existence as an important tool to help parents get their children to wear a bicycle helmet. Even a bicycling activist who is critical of some aspects of his jurisdiction’s law said: “I think it should still stay on the books. It gives parents a great lever. One of the biggest benefits of passing a law is giving a tool to a parent . . . it gives a parent the opening to talk about it. When you explain to a kid as young as 9 or 10 years old that it’s against the law, they’re much more likely to wear a helmet.”

Evaluation:

In addition to examining a bicycle helmet use law’s effectiveness (however defined), this report sought to identify factors influencing whether or not an evaluation was conducted. What factors would encourage a jurisdiction to undertake an evaluation of its law? What barriers exist?

The jurisdictions that conducted the most complete evaluations of their laws did so using grant funding from the CDC or state highway safety funds apportioned by NHTSA. These evaluations were products of the injury prevention community, generally with little coordination with law enforcement agencies.

Several barriers to evaluation were suggested by those interviewed. Primarily and most frequently cited was a lack of fiscal resources and time. Some jurisdictions had difficulty obtaining injury data. In some cases, statistics on citations were not available or were hard to obtain. Crash forms did not collect data on bicycle helmet use; nor did summaries of citations provide such data in some jurisdictions.

Conducting an observational survey on bicycle helmet use was described as more challenging than a seat belt use observational survey. In the opinion of one observer, there is simply not interest by government agency leaders to conduct any evaluations. Another said that “buy in” by law enforcement leadership and others in the community is needed to evaluate the law.

Before the Maryland bicycle helmet use law was passed, state officials, supported by the CDC, conducted a three-county comparison of bicycle helmet use. This study^{vi} (summarized in the Maryland profile's Box 1, "Bicycle Helmet Use Among Maryland Children: Effect of Legislation and Education," page 63) found that a law was more effective in increasing bicycle helmet use than educational programs. This study appeared to lessen interest in conducting post-law evaluations.

Attitude and tradition also appear to play a role. In one jurisdiction that regularly conducts program evaluations, agency employees cited state and local traditions, individual leadership, and employee attitudes as reasons for these practices. Alternatively, some government employees, in describing their agency's responsibilities, might mention education, advocacy, and awareness, but not evaluation.

In one jurisdiction, no clearinghouse of information or mechanism for announcing relevant studies conducted by various government entities exists. Therefore, "only a few people (in an agency) would know about a study," making such information hard to get, according to one employee. "The data could be existing somewhere; perhaps some entity has done such a study. It is easier for me to get it through NHTSA than to ferret it out" from colleagues.

One approach to increase the likelihood that a law would be evaluated is to require evaluations or reporting in the law itself. However, one expert advised that such a strategy should be carefully weighed. While such a provision could generate important information down the road, it may also delay or jeopardize the bill's chance of passage.

In one jurisdiction, the agencies charged with implementing the law took it upon themselves, without a statutory mandate, to report to legislators and the governor about the impact of the law. In addition to filling an important educational role, such reports may forestall challenges to or complaints about the law.

Retrospective Analysis:

As part of the questions about their jurisdiction's bicycle helmet use requirement, respondents were asked for general observations and to suggest changes that they would have made to the adoption and implementation of their bicycle helmet use law to increase its effectiveness.

Not surprisingly, since the experience of every jurisdiction varied and the provisions of the laws differed, the opinions expressed were sometimes contradictory. As mentioned above, one respondent suggested expanding their minors-only law to cover all riders and one respondent suggested further lowering the age on their minors-only law to cover a smaller population of children. When discussing their law's penalty provisions, some proponents said, "decriminalize it" or "make education the sanction instead of a fine." Others called for imposing a fine where currently none exists, believing that the lack of a penalty provision rendered their law ineffective.

One local official believes a state law would be more effective than local laws. "I believe until we have a state law, it will be a problem for jurisdictions for getting the word out. If there is a state law, then education efforts would come forward from the state." However, the experience

in jurisdictions with state laws indicates that most efforts would be conducted at the local level and state resources and programs dedicated to the law would not necessarily emerge.

The two communities that scaled back or repealed their laws may serve as examples that these laws, like any other, are affected by community attitudes and politics.

In virtually all cases, a key component of legislative success was establishing a coalition as the organizational structure for pursuing and implementing a law, similar to the experience of enacting safety belt anti-impaired driving, or other highway safety provisions.

Some of the suggestions for increasing effectiveness post-enactment are common to other safety countermeasure programs:

- Law enforcement must make the law a priority; if the law is not enforced, it loses its effectiveness.
- On-going efforts in education and awareness are needed, similar to those supporting safety belt laws.
- Proponents should educate the news media about the need for the law.
- The public needs to be better educated on the physics of injury.
- Those implementing the law must “continuously deliver the message” about bicycle helmet use and the law.

Citing themes familiar to highway safety activists, one bicycle helmet use law supporter said that experience taught him that, “just throwing a helmet out there isn’t enough. Coordinated activities are needed.”

Jurisdictions that reported increased bicycle helmet use after adopting a bicycle helmet use law had undertaken additional interventions, such as education, awareness efforts, bike helmet distribution and enforcement.

However, other areas mentioned may be unique to bicycle helmet use laws.

Economic Burden.

Bicycle helmet law proponents can anticipate that lawmakers will be concerned about the economic burden a law places on low-income families by requiring them to obtain bicycle helmets. However, although this issue arose in many jurisdictions, it was also reported as relatively easy to address through giveaway and subsidy programs. At least one expert declared there are a variety of sources for low cost or free bicycle helmets.

Bicycle Ridership.

Bicycle helmet use law proponents should anticipate questions about the potential impact of a bicycle helmet use requirement on participation in bicycling. Some bicycle helmet use law opponents contend that requiring bike helmet use would decrease bicycle ridership, that cyclists would stop cycling rather than wear a bike helmet.

This topic was raised in several of the jurisdictions reviewed and is likely to be of greater interest in the future, given the concerns about physical fitness, as well as increasing interest in “bike-able” communities and “smart growth.”

Few of the jurisdictions reviewed measure bicycle ridership. One jurisdiction with a minors-only law reported that ridership by adults was increasing and ridership by children to school had been decreasing since before the law’s enactment, but the reasons for these changes were not known.

To address these concerns, one expert advised: “Any implementation of a bicycle helmet law should be paired with an effort to promote ridership. Helmet law supporters should measure ridership and support ridership.”

Bicycle Helmets as a Part of the Whole.

One category of comments related to integrating bicycle helmet efforts with overall bicycle and bicycle safety issues.

One criticism offered was that focusing on bicycle helmet use laws may create a perception that “helmet use is the beginning and end all of bicycle safety,” frustrating some in the bicycling community and/or those with different bicycle safety priorities. One respondent said that working only on bike helmet use would be analogous to acting as though “safety belts are the only aspect to look at in auto safety.” “Helmet use doesn’t hurt, it’s cheap insurance to have,” but bicycle helmet use law proponents should also be supporting other facets of bicycle safety, such as bicycle safety education “to help prevent crashes in the first place.”

Related comments included support for an emphasis on enforcement of all bike safety laws, not just those relating to bike helmet use, and to balance the emphasis on bicycle helmets with other safety concerns, such as “civil engineering, potholes,” and barriers to bicycling.

A Legitimate Part of the Transportation Mix.

Some observers noted changing role of bicycling in the transportation network, which affects all bicycling issues.

“Often we portray cycling as a juvenile activity, a play activity, but most cyclists are adults. It is a weakness when helmet advocates just focus on children; we’ve targeted only one segment of the cycling community, not the majority of the community.”

Another long-time bicycling activist said: “It used to be that the bicycle was thought of as a toy, it shouldn’t be on the street. Our aim all along was to make the bike part of the transportation system.” He observed that bicycling advocates now include not only volunteers, but also “a new breed” of professionals whose full-time job is to promote these issues. This professionalism will result in, he hopes, more resources and respect for bicycling and bicycle safety.

Section VI. Analysis Conclusion

In general, bicycle helmet use laws can be effective in increasing bicycle helmet use and decreasing injuries. The effectiveness of these laws can be difficult to define and measure.

Enactment of bicycle helmet use laws is subject to the political considerations common in the legislative process (e.g., role of committee assignments, political leadership) encountered in efforts to adopt other traffic safety countermeasures. However, enacting and implementing bicycle helmet use laws differ in some key aspects. Debates will emerge focusing on protecting children, bike helmet access for low-income residents, infringing on individual rights, and other issues. Proponents must be prepared for these differences, as well as for issues that may be specific to a community.

Though the experience of every jurisdiction varied, and recommendations were sometimes contradictory (e.g., “impose a fine,” “repeal the fine,” “lower the ages covered,” “make it all-rider”), several themes emerged in this review:

- The major stakeholders in enacting a law are usually emergency medicine professionals, pediatricians, and a coalition (focused on children’s safety, injury prevention, or bicycling and bicycle safety); the bicycling community, also a major stakeholder, has been divided at times on this issue; and law enforcement, though usually not deeply involved, may have a “make-or-break” role;
- Typically, few citations are issued under these laws and they are not a priority for enforcement agencies;
- Even though the laws may be little enforced, they are seen as valuable leverage (especially for parents) for increasing bicycle helmet use;
- The evolving role of bicycling and the bicycling community in the changing transportation mix will influence the strategies, issues and constituents involved in future bicycle safety efforts (for example, the issue of a bicycle helmet use law’s impact on ridership), so bicycle helmet proponents should consider these concerns; and
- Bicycle helmet use laws are unlikely to be evaluated without outside financial support.

A piece of advice from John Overstreet, a long-time volunteer proponent and teacher of bicycle safety in Maryland, on promoting bicycle helmets and bike safety: “Nobody can do it by themselves; just keep trying.”

Some of the more creative ideas encountered in these communities include:

Crossing Guards as a Resource: In Jacksonville, FL, elementary school crossing guards were trained to recognize correct and incorrect bicycle helmet fit. On designated days, the crossing guards would distribute two types of bookmarks. One bookmark congratulated a bike-riding student for wearing a bicycle helmet and the bookmark was a ticket for a prize drawing. The other bookmark encouraged a bike-riding student who was not wearing a bicycle helmet to go to the physical education teacher to get a session on bike helmet safety. The bookmarks given to these students were a different color. After a student had participated in the bicycle helmet safety session, s/he could then submit the bookmark for a prize drawing.

Engaging Law Enforcement: The state of Oregon produced a training video where line officers would hear “from the top down” that enforcing the law was important and would learn about head and brain injury. In the video, “Putting Safety on Top,” the Governor (on a bike and wearing a bicycle helmet) and his wife, the honorary chair of the SAFE KIDS coalition, spoke about head injury and bicycle helmet use. The state’s top law enforcement officials were also interviewed. The experiences of two bicycle crash survivors were contrasted. One was a 17-year-old who had been in a bike crash, with no helmet, at age 12 and had suffered a brain injury. He and his grandmother talked about what it is like to live with a brain injury. The other survivor, the son of a patrolman, had been in a crash under identical circumstances but had been wearing a bicycle helmet. He walked away from the crash.

Officers receive continuing education credit for watching the video. The video, described as “powerful” and “emotional,” was well received and is still being used.

Peer Courts: In some jurisdictions, bicycle helmet use law supporters complained about disinterest in the courts or lack of consistency in adjudicating these offenses. One unconventional approach to enforcement is reportedly successful in Oregon. Jurisdictions with Peer Courts are reported to have “real” enforcement. The students on those courts are willing to cite and give community service to fellow students found to be in violation of the law.

Section VII. Profiles

A. Austin, Texas

Jurisdiction: City of Austin.

Effective date: May 19, 1996; modified October 1997.

Ages covered: Originally all ages, then amended to ages 17 and under.

Penalty: Under original ordinance: Fine for first offense: \$50; subsequent offenses, \$100.

Under modified ordinance: Fine for first offense: \$20; subsequent offenses, \$40.

The charge can be dismissed upon proof of purchase of a bicycle helmet within 30 days of the citation.

Agency enforcing the law: City of Austin Police Department.

Legislative language is reprinted in Section VIII A., page 108.

Austin, Texas' state capitol, is described as an urban/suburban community, economically, ethnically and racially diverse. Austin's population as of January 2000 was 642,994: 54.5 percent white, 28.4 percent Hispanic, 11.5 percent black and 5.6 percent Asian and other.

Austin has an active bicycling community. One expert said: "There are very strong bicycle riding advocates here in town. Bicycles are widely used in this community, both for getting around and recreational purposes." Several observers mentioned that bicycling champion Lance Armstrong's presence in Austin has had a strong influence. "Lance Armstrong coming from here has done a lot to promote bicycle safety" and bicycling.

Researching Austin's experience in moving from an all-rider to a minors-only bicycle helmet use law reveals a variety of areas where community members differ, on the process, on the enforcement, and on the effectiveness of the law.

Knowledgeable observers of and participants in the adoption and implementation of the community's bicycle helmet use law hold a spectrum of opinions and interpretations about the law. These differing perspectives at times even involved disagreement about factual matters.

At least two safety professionals, when asked about the Austin law, replied, "it was repealed several years ago." One of them, when pressed, clarified that the law had not been fully repealed, but it covered "only children." Another, who stated, "we don't have that law any more in Austin," also said that the partial repeal was as significant as a full repeal. Others see the bicycle helmet use law as in place and working, with varying degrees of effectiveness.

Impetus For Legislation:

In late 1995, the Travis County Bicycle Helmet Coalition was created to pursue a bicycle helmet use ordinance in Austin. The group was formed through the Austin SAFE KIDS coalition. The Austin/Travis County Health & Human Services Department was implementing a “Helmet Power” initiative promoting helmet use, under a grant from the Centers for Disease Control and Prevention (CDC). The city’s “Helmet Power” employee was a key member of the bicycle helmet coalition. Other members included a paramedic and the head of the Head Start program. The group also received support from the county’s EMS director.

Bicycle helmet supporters in the state had been trying to get a state law passed, without success, so this new coalition decided to focus on a local goal.

One of the first things that the coalition did was to set up meetings with members of the city council. In these meetings, coalition representatives “presented the city council members with a lot of statistics evidence, anecdotal reports,” said one coalition member. “We put together a packet that had information on the number of head injuries, deaths, helmet effectiveness. We tried to get as much local data as we could.”

Several other factors aided their effort. In 1995, the city of Houston had adopted a bicycle helmet use law for children under the age of 18. Austin’s mayor and a city council member both had relatives who had suffered head injuries (although not bike-related) so they understood first-hand the burden that head injuries place on the victim, the family and the community.

In spring 1996, the mayor sponsored the ordinance, with another council member as cosponsor.

Bicycle helmet use law proponents cited the involvement of emergency medicine professionals, the local SAFE KIDS coalition and other local children’s groups (primarily led by doctors) as very helpful in the introduction of the proposal.

The Bicycle Helmet Environment And Existing Efforts:

In 1994, the city of Austin had launched “Helmet Power,” mentioned above, an “intensive” program to increase bicycle helmet use, staffed by a health department employee and funded by a CDC grant.

The program involved “doing education in the schools, giving away helmets,” according to a former staff member. “It was an intensive program. We gave away 6-7,000 helmets in two years.”

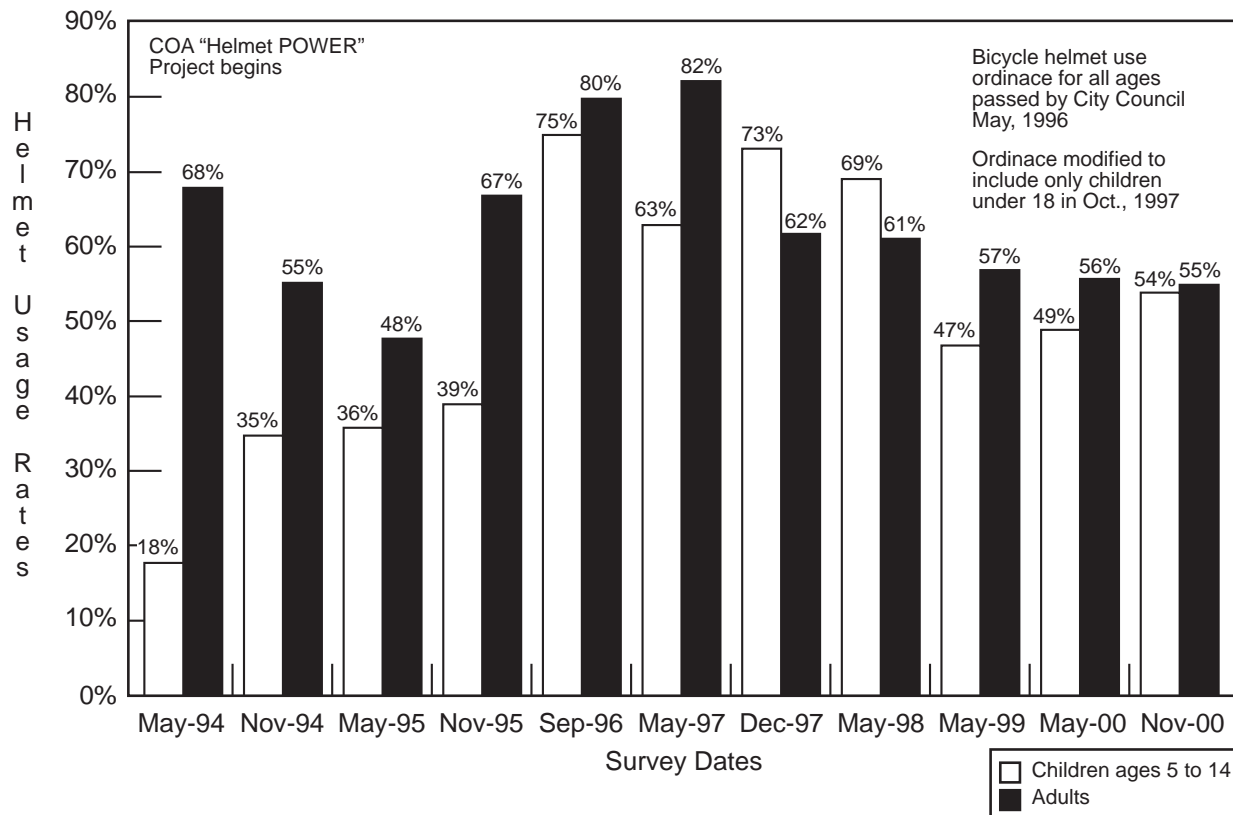
The bicycle helmet give-away programs were “concentrated in under-served neighborhoods.”

Brackenridge Hospital, at that time city-operated, participated through the SAFE KIDS coalition and worked in conjunction with the Department of Health and Human Services (DHHS) programs and the Texas Department of Health Safe Rider programs. They held events such as

school health fairs, bicycle rodeos, and SAFE KIDS coalition events where activities included distributing bicycle helmets.

The city program was also conducting bicycle helmet surveys throughout the community to track changes in usage. According to these surveys, bicycle helmet use at the beginning of the program was 18 percent among children ages 5-14 and 68 percent among adults. (See Chart 1, “Bicycle Helmet Usage Rates in Austin.”)

Chart 1
Bicycle Helmet Usage Rates in Austin



Source: Austin/Travis Co. Health & Human Svcs. Dept.

When asked about the high rate of bicycle helmet use by adults (often higher than that of children) as observed in these surveys, one DHHS employee hypothesized: “We have a pretty well educated community here, I guess adults are just more aware. We have an active cycling community, a lot of recreational cyclists. I think most of those serious recreational cyclists wear helmets. People who ride with cycling clubs, teams, avid cyclists” may be more likely to wear bicycle helmets and “that may contribute.”

The Legislative Experience:

Supported by the local bicycle helmet coalition, the mayor and a council member agreed to introduce and support a bicycle helmet use ordinance. City resources were sustaining an active bicycle safety program that promoted bicycle helmet use.

Two participants in the process had different recollections of the next steps in the process under which the all-rider ordinance emerged.

According to one activist, the coalition members “used the Houston ordinance as kind of a model, and reworded it to include adults. We presented the idea to the council members, and they took and ran with it. They were all for it (an all-rider ordinance), to our surprise.”

In the ordinance’s initial passage, “there was no process of debate. We spoke with city council, and they ran with it. Everybody (supporting the ordinance) was pushing for an all-ages ordinance, not thinking we were going to get it. We were ready to go to a child-only. (The council) said, yeah, we need it for all ages.” There was a brief hearing the day it was passed and several ordinance supporters “were allowed to speak on the day it came up for council action.”

Another activist recounted that the council was presented with a proposal “based on a minors-only ordinance in Houston. The Council, without me knowing it, wrote it as a universal ordinance (changing it from a minors-only law). They slipped it in on a consent agenda, indicating there was no controversy. They had us (bicycle helmet use law supporters) talk for about 45 minutes and passed it.” This observer said that the resulting ordinance was one that some bicycle helmet proponents “didn’t intend” and that this unannounced switch was “what irritated the cycle activists the most.” Both observers agree the process of passage was relatively brief, and that opposition to the all-rider ordinance emerged after passage.

Hearings on the ordinance were held after its May 1996 passage but before the end of the 90-day “grace period” when the ordinance specifically allowed warning notices. Strong opposition to the ordinance emerged at these hearings. Additionally, “every week during public comment,” opponents would “sign up to speak before the city council why the ordinance wasn’t good,” remembered one observer.

One organization, “Citizens for Cycling Freedom,” was formed to oppose the ordinance. Observers said that opposition to the ordinance “was really getting organized” around the time when the all-rider ordinance went into effect. According to one activist, some opponents may have been “okay with a child-only helmet law, but for the most part, opponents were against any helmet law period.”

The next city council election occurred several months after the all-age law was in effect. As the election approached, opponents to the all-rider law “leaned all over the candidates” to change the law, according to one observer, who described the unfolding of the political process as “fairly typical.” Ordinance opponents “tried to get it repealed.” However, “the city council wouldn’t go that far.” The next session, “the city council went back and had it put back to a kid-only law. A lot of candidates went in thinking they would repeal it, but they only rolled it back.”

The October 1997 change to a minors-only law took effect immediately.

Constituencies And Arguments Pro And Con:

Bicycle helmet supporters cited a variety of helpful factors in convincing city council members to back the ordinance: statistical evidence, anecdotal reports, the leadership of elected officials, and the involvement of emergency medicine professionals.

Bicycle helmet use law supporters agreed that the statistics that lawmakers found the most persuasive were “local and statewide injury data” – “traumatic brain injury (TBI) statistics” – not fatality data. Area bicycle fatalities are low, “averaging about 2.4 per year, and did not seem to be a real pressure point,” according to one activist.

In the debate, this observer said, “lots of data were presented but it was not a critical item.” What he believed to be more helpful was anecdotal information, such as the crash survivor who testified before the city council meeting.

The local SAFE KIDS coalition and other children’s groups continued their support of the proposal. The executive director of the local HeadStart project had contacts on the city council and was also a bicyclist.

Involvement by emergency medicine professionals and by pediatricians was cited as being very helpful. “A lot of doctors and others were involved. The head of emergency medical service (EMS) in Austin (the Medical Director of Austin/Travis County EMS) known as ‘Dr. Ed,’ a young doctor, very aggressive doctor, was on our side,” recalled one proponent. “One of the council members’ pediatricians told him it was something that had to pass. We had a kid testify who had gone over the hood of a car with a helmet on; we had a lot of those people.”

One injury prevention expert spoke on behalf of the SAFE KIDS coalition, Brackenridge trauma services (the local public hospital at the time), and the Emergency Nurses Association.

“On the other side, we had doctors stand up and say this is not a public health problem” because “there weren’t enough bicycle injuries to represent a public health issue.”

One concern that emerged was “how to find helmets for the kids who can’t afford them.”

As described elsewhere, substantial efforts were undertaken to meet this need before and after the bill’s adoption.

The most influential arguments made by those who opposed the legislation were summarized as: “personal rights -- always big in Texas,” “we don’t need more laws to dictate how we conduct our private life,” and “helmets would reduce (bicycle) ridership.”

The main opponents of the legislation were “local bicycle activists between (the ages of) 25-35,” according to a former city employee, although another observer indicated the opposition didn’t emerge until after the passage of the ordinance: “Twenty-something transportation cyclists organized to oppose the ordinance when they discovered it passed.”

City leaders appeared to respond to the argument that the all-ages ordinance could decrease the amount of bicycling. In modifying the ordinance, the city council prefaced the language to roll back the age coverage with: “In recognition that punitive bicycle helmet laws may reduce ridership and to encourage the use of helmets through non-punitive means . . .”

Phase-In To Implementation:

The original law was adopted by the city council in May 1996, with a 90-day “grace period” allowing for warning notices rather than fines. The ordinance was modified to “minors-only” in October 1997.

The Austin/Travis County Health and Human Services’ “Helmet Power” program, funded by CDC, ran from 1994 through 1996. It was continued as the Travis County “SuperCyclist” project funded by NHTSA 402 (highway safety) grant money through the Texas Department of Transportation from 1996 to 2000. A current project, the Youth Traffic Safety Project, also uses 402 funds.

Promotions specifically mentioned in connection with the implementation of the law included bicycle safety classes, bike rodeos, and appearances at health fairs reaching about 10,000 children and their parents per year.

As one person put it: “We held bike safety classes for the general public, and had the media promote those. Then we were giving away helmets in schools and at events that people in the community would organize. Currently, we do a whole lesson on helmets that is part of a comprehensive bicycle safety curriculum” that many grade school children in Austin receive.

Bicycle safety activists report that bicycle helmet give-away efforts are ongoing. One activist describes the enthusiasm for and versatility of this activity: “Real estate agents give them away. The Texas Medical Association statewide has a program, ‘Hard Hats for Little Heads,’ which is a source of bicycle helmets through the county medical associations. I can go to my medical association, say I’m doing a program for kids and I need 50 helmets, the helmets will show up. We just did a ride in Austin and raised enough money for 1,000 helmets through a local cycling club. Lots of people will put up money for helmets. It’s a good cause.”

The city’s bicycle program sought law enforcement involvement in non-enforcement activities such as education and bicycle helmet give-away efforts, but in general, the Austin Police Department (APD) was “not receptive,” according to one employee. The police department declined to have police officers carry bicycle helmets with them to give to children or to have officers distribute coupons from McDonalds to reward children who were wearing bicycle helmets. “As a department, they have not been organized in promoting helmet use. But there are certain officers who have been supportive in promoting bicycle safety. In fact, we did a training

in the SuperCyclist curriculum, we trained some APD officers to teach this course,” said a county DHHS employee.

Another observer said that “some of the officers, especially those associated with the schools,” promoted education activities, adding that some in the bicycle patrol “were active in education, especially at health fairs. The pediatricians and the real estate associations donated helmets to the police department community stations. Those helmets were available for kids who didn't have one.” However, he agreed there was “relatively little coordination with law enforcement agencies.”

A bicycle safety activist described one other step in the implementation of the law: a meeting with the Austin Police Department to encourage the enforcement of all traffic laws, including the bicycle helmet use law, for cyclists. Representatives of the health and police departments, and other departments such as public works, met “to discuss the helmet ordinance and ticketing. We wanted them to enforce the law.” Health & Human Services Department (HHS) bicycle safety employees urged increased enforcement of laws for bicyclists, but they didn't see a change in enforcement by the police department.

Bicycle Helmet Use Law Enforcement:

The penalty language of both versions of the city's ordinance includes this provision, which emphasizes bicycle helmet use over punitive actions:

“The purpose of this article is to encourage the use of helmets. In keeping with that purpose, the municipal courts are urged to consider deferred dispositions under Article 45.54 of the Texas Code of Criminal Procedure whenever the circumstances warrant deferred dispositions.”

Knowledgeable observers disagree about the impact of enforcing the all-rider version of the ordinance and about concerns raised by some regarding recent enforcement of the law. In the words of an injury prevention expert who supports greater enforcement of the existing ordinance: “When the (all ages) ordinance was first passed, law enforcement wrote a lot of tickets for ‘no helmet’ in that first period. Then once the ordinance was modified to include only children 17 and under, that number went down to fewer than two or three per year. They were writing adult tickets for no helmets while they could.”

Another activist was critical of the ordinance's enforcement during the time period when the all-rider provisions were in effect. “I don't know if anyone has looked at the citations given that year; but that was a bad scene. There was no upper echelon pressure to enforce the law and the courts were not consistent in the penalties they handed down.”

The injury prevention expert pointed out that once the ordinance was changed to children only, police officers said that if they stopped a child younger than 14, “they would have to write the ticket to their parents.” This complication thus kept officers from writing citations. The police department “is supposed to but does not write tickets for the offense,” in the words of this bicycle helmet use law supporter.

When asked about enforcement efforts or policies, a police department spokesperson said: “We have 42 traffic fatalities a year so our focus is on educating drivers. We’ve had only two or three accidents this year with bike fatalities, all of them caused by a vehicle. As far as issuing tickets (for non-helmet use), I don’t think that’s a big priority for our officers. If an officer sees it, if he has time, he will say ‘hey, where’s your helmet?’” He agreed that not a lot of citations for violating the ordinance are issued, “not that we don’t feel it’s important, it’s more of a time, resource issue.”

One bicycle helmet proponent said that police officers don’t understand the need for a bicycle helmet use law. They “don’t think there is a reason for a police officer to enforce a helmet law; it just gets kids angry at them.”

But rather than issue citations, this activist would rather that officers would take an un-helmeted child to the station to get a bicycle helmet, fit them with a helmet, and then send the child home with a note to the parents encouraging bicycle helmet use.

One Emergency Medical Services (EMS) professional believes that the law enforcement community has been visible in promoting bike safety in the media in connection with a few “dramatic” local bike crashes in recent years, using the crashes “to highlight need for a variety of things including a helmet.”

Complicating the enforcement of the law, some individuals have released statistics about the citations charging improper enforcement; others disagree.

One long-time bicycling activist and bicycle helmet supporter said: “In three (3) years, a total of 13 citations have been issued. Those citations were all issued to kids more than 15 years of age; 12 were Hispanic or black; 10 or 11 were at night. This ordinance was not being enforced the way we had expected it to be enforced. It was being used as a cause to pick somebody up in the barrio at night. You can’t tell me that 12-year-old kids aren’t riding without helmets on the white side of town.” According to this activist, when these concerns were raised with the police chief, “he told his officers if you won’t do it (enforce the law) right, don’t do it,” and enforcement stopped.

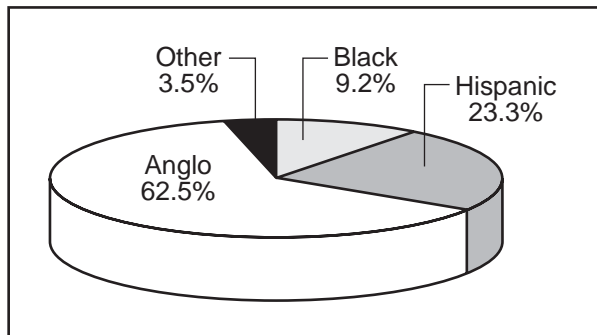
However, an injury prevention expert deeply involved in the law reviewed the citations issued and found that the alleged pattern of selective enforcement “was not the case. I looked at it myself and got the data from the municipal court” that showed the racial and ethnic background of those cited. “The number of tickets issued was proportional” to the city’s population, broken down by race and ethnic group. (See Charts 2 and 3, “Ethnic Breakdown of Bicyclists Receiving Citations for Riding Without Bicycle Helmet,” page 42).

According to this bicycle helmet supporter, people who opposed the bicycle helmet use ordinance “made some statements that were not correct,” and these statistics were presented as “one of their main arguments” in their efforts to get the bicycle helmet use law repealed.

Chart 2 and 3

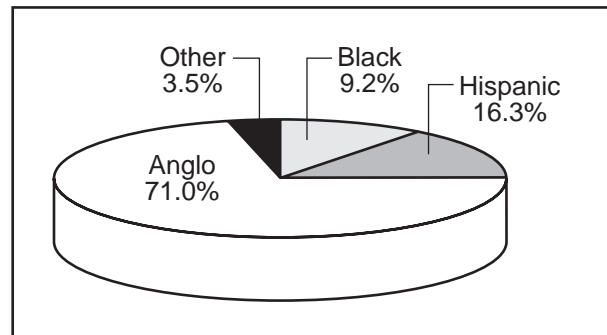
Ethnic Breakdown of Bicyclists Receiving Citations for Riding Without Helmet

Chart 2
Travis County Ethnic Composition



Source: Austin/Travis Co. Health & Human Svcs. Dept.

Chart 3
Ethnic Composition of Bicyclists Receiving “No Bicycle Helmet” Citation 1996-2000



Effectiveness Of The Law:

The Health & Human Services Department is responsible for overseeing evaluation of the bicycle helmet use law and conducts observational surveys of bicycle helmet use. The survey is structured to obtain a representative sample from the entire community. Observations are made both at schools and local cycling areas, including some made while roaming neighborhoods to "catch" cyclists.

The surveys have found a 316 percent increase in bicycle helmet use among children ages 5 to 14 (see Chart 1, “Bicycle Helmet Usage Rates in Austin,” page 36). Bicycle helmet use appears to be relatively high in the community in the years surveyed. Observed bicycle helmet use by adults often exceeded observed use by children.

One activist noted: “Helmet use in the city varied by area, age and economic level, ranging from 12 percent (for children under 15 in some underserved neighborhoods) up to as high as 80 percent among regular recreational club bicyclists. During the time the law has been in effect this 12 percent use rate (among children under 15) increased to 46 percent.”

According to the Health & Human Services Department, there has been no change in bicycle fatalities in the jurisdiction since the law took effect. Another observer says that there has been a slight decline in fatalities, but it is “statistically insignificant. They have gone down but with only 2.4 per year it is hard to claim helmet use as the cause.”

Table 1, “Admissions to Brackenridge Hospital for Bicycle-related Injuries,” provides admissions for bicycle crashes at Austin's trauma hospital. It compares inpatient admissions for all bicycle crash-related injuries to bicycle crash-related head injuries. The numbers are relatively small and may not be statistically significant, but they may indicate a decrease in the rate of head injuries among those admitted.

Table 1

Admissions to Brackenridge Hospital for Bicycle-related Injuries

Travis County Residents Only

	1995	1996	1997	1998	1999	2000
All Ages	28	50	35	41	55	N/A
Patients Age <18	11	15	15	14	22	23
Patients Age 17 or Under With Head Injury	5	6	9	7	9	9

Inpatient admissions for bicycle crashes at Austin’s Trauma Hospital, Brackenridge, increased slightly in 2000. This increase, however, could be attributed to Austin’s growth rate and the related increase in traffic. While actual numbers of head injuries have also increased slightly, the rate of head injuries among those admitted has actually declined. This could be attributed to increased helmet use among those admitted. Brackenridge does track use of a protective device by the patient, but admits that this data could be unreliable; i.e. if the admitting nurse does not see a helmet when the patient is admitted, the report would show that the patient was unhelmeted.

Source: Austin/Travis County Health & Human Services Department

A flight medic on STARFlight, the air medical component of the Austin-Travis County EMS System, said, “We see a number of severely-injured people in accidents. We have noted a definite decrease (in bicycle crash-related head injuries). A lot of people will give us the helmet, where we are able to show this is the helmet, this is the damage to the helmet, and this person is talking to you.” Whereas, the medic says, the person without a helmet is not conscious, has suffered more severe injuries, and “is not talking to you.”

The Health & Human Services Department also reports a reduction in motor vehicle/bicycle crashes since the law took effect.

The EMS professional also notes other factors to be taken into account that may affect these numbers. The community also has improved bicycle facilities in recent years: “more bike lanes, wider bike lanes, restricted roads.”

No measures were available of the level of bicycling in the jurisdiction to determine if it increased or decreased after the bicycle helmet use law took effect. However, several observers agreed that bicycle riding is on the rise, at least in some age groups. “The level of riding in the older groups has been increasing. Austin is the U.S. home of Lance Armstrong and the older population is probably impacted by his success,” said one bicycling activist, also noting that “the level of cycling to schools has been declining for the last six years.”

When asked if the law is effective, one bicycling activist who is critical of some aspects of the ordinance says: “I think it should still stay on the books. It gives parents a great lever. One of the biggest benefits of passing a law is giving a tool to a parent . . . it gives a parent the opening to talk about it. When you explain to a kid as young as nine or ten years old that it’s against the law, they’re much more likely to wear a helmet.”

Bicycle helmet use law proponents believe the existing law, if properly enforced, has community support. “I think community members would like to see greater enforcement,” said one.

Evaluation:

The city of Austin undertook its evaluation of the bicycle helmet use law as part of the CDC grant for its program to promote bicycle helmets. The grant provided funds for observers to conduct helmet use surveys. One observer suggested the evaluation could be improved through adding a review of injuries and fatalities pre- and post-law and a review of tickets issued for all types of bicycle infractions pre- and post-law.

When asked about the factors involved in evaluation efforts, an injury prevention expert said undertaking an evaluation is “not difficult, just time consuming and expensive. The protocols are well known and effective.” To undertake an evaluation, this expert advises: “You have to know the community well enough to know where to look for people with bikes. You need to go about it systematically and try to get a sample population that will reflect as closely as possible the entire population. You just have to find the cyclists, find the different age groups, types of cyclists. You’re going to look for recreational cyclists at a different place than transportational cyclists, look for children in a different place than adults.” This expert continued: “We tried to make an honest effort in trying to get the best survey results we could with what we had. I enlisted the help of volunteers, members of the SAFE KIDS Coalition, coworkers, crossing guards at specific schools that we surveyed. It’s very time consuming.”

The county’s bicycle helmet program has encountered challenges in obtaining injury data. “The data we have gotten from (the local trauma center) has been very difficult to obtain.” The number of bicycle injuries resulting in hospital admissions is low, so that data would probably not be statistically significant. This expert believes emergency department data would be much more valuable, however, “as far as emergency room visits, you can’t get that (data) at all.”

Retrospective Analysis:

When asked what could have been improved to more effectively support bicycle helmet use, one bicycle safety expert said: “Greater enforcement would make a difference.”

Another individual proposed changing the ordinance to cover children “under 16 years of age (not 18)” and changing the penalties so that acquisition of a bicycle helmet would “automatically waive the ‘criminal’ penalty and wipe it off the record. Enforcement must be aimed at getting children in helmets and not at penalizing them for not wearing helmets.”

This activist also expressed concerns about the potential burden of a bicycle helmet use law requirement on low-income families, and of the need to combine education with an ordinance. “If you educate and provide helmets, then a law can work, but a law by itself, like what happens in Austin, when there’s no way for kids to get helmets, when families can’t even afford five or six dollars a kid, and not educating them, it doesn’t work.”

Other suggestions included:

- The ordinance “needed to be better publicized. Though the bike activists were out in force, the common citizen, who would feel the cost and benefit of the regulation, almost didn't take part in the discussion.”
- More education before bicycle helmet legislation was introduced. “Texas is the state of the individual and better knowledge of ‘why’ instead of you ‘shall’ would have helped.”
- Consistent, area-wide enforcement.

Section VII. Profiles

B. Jacksonville/Duval County, Florida

Jurisdiction: State law, countywide activities.

Effective date: January 1, 1997.

Ages covered: Children under age 16.

Penalty: State law established a \$15 fine; counties have the authority to levy an additional monetary penalty. Thus, in Duval County, which has an added \$8 fine, the total penalty is \$23.

Agency enforcing the law: In Duval County, the Jacksonville Sheriff's Office.

Legislative language is reprinted in Section VII B.

Duval County, FL, is an urbanized county that includes the city of Jacksonville, FL. The county population is approximately 773,000.

Duval County has embraced the state bicycle helmet use law (especially in comparison to some Florida counties, described below). This profile examines Duval County's experience with the state law and the county's approach to the law's implementation. The city and county merged in 1968, so the government structure consists of a single entity covering Duval County, where the bulk of the population resides (several small beach communities continue to have local jurisdictions within the county).

Impetus For Legislation:

Elizabeth "Budd" Bell created a coalition on children, family, and health issues in 1970 "which grew quickly into a statewide clearinghouse (a group of agencies interested in learning advocacy for change)." The organization, the Clearinghouse on Human Services, to date has almost 300 participating agencies.

Bell remains its volunteer coordinator, active in advocating on a variety of children's issues. In addition to her professional knowledge of state government and programs and her work as a social worker working with head-injured children, she has learned a lot about the benefits of bicycle helmets from colleagues who were pediatricians, and from her son, who was a safety specialist in Sweden.

"A number of pediatricians had talked to me, pediatric neurologists. They asked, 'why don't you do something about preventing head injury?' And I was in Sweden almost every year" seeing the high rates of bicycle helmet use there. Then, a retail executive for Target Corp. who had moved to the area from California worked with her to help publicize bicycle helmets and bike safety in the parking lot of his store.

A bicycle helmet awareness project was launched, and from that, a coalition to work for passage of a bicycle helmet use law began in 1993. Its leaders included the state's pedestrian/bicycle coordinator and Bell. "It was very natural for the Florida Department of Health and other agencies to look to the Clearinghouse for help with pressing injury prevention issues," she said.

A variety of organizations were approached to participate in this effort, including the THINK FIRST Foundation and Florida SAFE KIDS. The coalition began meeting in late 1993 to discuss draft legislation and to prepare for the upcoming legislative session.

The Legislative Experience:

Bell, a skilled volunteer lobbyist, emphasizes the coalition effort in support of bill passage as the foundation of legislative success. In her words: "Our first coalition developed in 1993 and from that legislative session on, 1994, 1995, and 1996, we increased the understanding of the helmet issue with the help of the media that resulted in the statute we have today. The bicycle helmet bill became a yearly pilgrimage with widening circles of support throughout the state."

The wide-ranging coalition included the Bicycle Safety Office of the Florida Department of Transportation, the Developmental Disabilities Council, Florida State Highway Patrol, the Junior League State Public Affairs Committee, the Academy of Florida Trial Lawyers, the Florida Junior Chamber of Commerce, SAFE KIDS coalitions, and every county Bicycle Safety Coordinator in the state. Bell noted that the American Academy of Pediatrics was "a great ally." She wrote: "many medical societies including the pediatric groups came to the capital in Tallahassee frequently to testify and joined us in countless press conferences."

However, Bell also noted one drawback in working with the many professional associations in the coalition. Given that the leadership of many of these associations changes annually, there can be a loss of institutional memory, expertise, and level of involvement.

The legislative sponsors also were important; in this case, both were physicians. "Both legislative sponsors stayed with us the entire four years. Dr. Don Sullivan, an orthopedic surgeon from St. Petersburg and Dr. Robert Casey, a family physician from Gainesville, carried the torch for us."

Bell summarized the process, attributing part of the success to a change in the governor's office: "We lost it three years in a row after a good deal of lobbying. Finally in the fourth year, it was a combination of the weariness (of the legislators), and we had a different governor. We had (the late Governor Lawton) Chiles who believed in children."

Advancing the bill was a step-by-step process. Supporters would work to win the bill's support in one committee and then move to the next battle in the next committee. Though bicycle helmet use legislation made some progress in every session in which it was introduced, it took "four long years" before the enactment of the law. Both houses of the legislature enacted the law near the end of the 1996 legislative session. Bell wrote in a letter to supporters following passage of the bill: "After the failure we experienced in the 1994 and 1995 sessions, this is a sweet victory for all of us."

The coalition was active in educating legislators about the need for the legislation. Fact sheets, posters, and handouts were developed and distributed. One 1995 hand-out urged legislators to “Use Your Head - Vote Yes” on the bicycle helmet bills, listing the coalition members. A poster from the Florida Agency for Health Care Administration was illustrated with a photo of a child on a bicycle, wearing a bicycle helmet, with the legend:

Do the Math
Safety Helmet = \$11.95
Child’s Health = Priceless

A Bicycle Helmet Fact Sheet, referencing information from the Florida Department of Transportation Safety Office and the State Bicycle Coordinator, listed a variety of statistics and arguments in support of the bill. Many of these arguments showed up in other venues, such as in columns and editorials printed in state newspapers.

One frequently used argument was that Florida was the most dangerous place to ride a bicycle in the nation. According to data from the state Division of Highway Safety and Motor Vehicles, Floridians were almost three times as likely to be killed in a bicycle crash as the national average.

Another frequently raised argument was: “The world has changed since many of today’s adults were children. There is more traffic, more concrete, and more complexity in even a simple bicycle trip.”

A May 1995 open letter from Richard E. Weibley, the Director of the Tampa General Hospital Pediatric Intensive Care Unit (PICU), was widely distributed, including to the capital’s press corps. Some excerpts from the letter:

“As an example of the cost of treatment for injuries rather than prevention, I want you to know about the 12 (year old) child we have had in the PICU since February 7, 1995. He was hit by a car while riding his bicycle without wearing a helmet. He suffered multiple injuries, including a head injury. All of his injuries EXCEPT the head injury have essentially resolved. As of today, his movements are not purposeful; he does not ‘fix and follow,’ but stares blankly. His accumulated hospital charges (without physician fees) are \$130,000.00 to date [May 1995]. He will be discharged to a skilled nursing facility until (and if) he reaches rehabilitation potential. The State of Florida is paying the bill through Medicaid. I am certain there are others like him around the State.

“The use of a helmet in this case may or may not have prevented a closed head injury. Almost without question, it would have lessened the severity of the injury. More importantly, at \$10.00/helmet, this same State expenditure could have purchased 13,000 helmets and distributed them to Medicaid clients as a health prevention benefit!”

News conferences and bike safety fairs also were held. A November 1995 news conference to kick off the 1996 session included the bill’s sponsors as well as representatives of the medical, insurance and legal communities. Speakers included representatives of the Florida Medical Association, Neuroscience Center of the Tallahassee Memorial Hospital, Florida Brain & Spinal

Cord Injury Advisory Council, Florida Association of Professional Emergency Medical Technicians (EMT's) and Paramedics, Florida Developmental Disabilities Council, and the Academy of Florida Trial Lawyers.

Events would respond to concerns raised by legislators. For example, an April 1995 news conference sought to answer legislators' concerns about access to bicycle helmets by children in low-income families. The news release announced:

“Representatives from such diverse groups as the Academy of Florida Trial Lawyers, the Florida Insurance Council, and private insurers like Blue Cross-Blue Shield and AETNA, said today they will purchase bicycle helmets to give to low income children who might not otherwise be able to afford them . . .

“During discussion of the bill last year some opponents raised the issue of affordability. Supporters arranged with helmet manufacturers to purchase helmets at a discounted price and so far more than \$25,000 has been pledged. The helmets will be distributed statewide to those children whose family incomes make them eligible for the school lunch programs.”

A number of editorials and columns in major newspapers around the state clamored for the bill, especially as the 1996 legislative session looked like it might end without bill passage. A March 10, 1996 editorial in the *Tallahassee Democrat* in support of the bill raised many of the arguments and statistics developed by the bicycle helmet coalition and called the legislature's lack of action on the legislation “shameful.” A March 31, 1996 editorial in the *Miami Herald*, titled “Protecting Little Noggins,” began with “the docs know best,” referring to the bill's sponsors.

Bell emphasized the benefits of getting out your message through the media. “The press will always do something decent if you give them materials,” by assuring that a copy of whatever is distributed to legislators is also put into each reporter's box in the capital's press room. Social work students at the Clearinghouse aided Bell in these and other efforts.

Statistical evidence was very helpful throughout the process of moving the bill through the legislature, including the information that Florida's bicycle fatality rate was much higher than the national average.

After the bill had not advanced in several legislative sessions, Stephen McCloskey of the Duval County Injury Prevention Program Office undertook a focused effort to make state legislators aware of the statistical evidence supporting bicycle helmet use early in the legislative session. He described it as “deciding to walk on the wild side.” Working with Ted Miller of Pacific Institute for Research and Evaluation (PIRE), McCloskey developed statistics about the cost of injuries and a cost/benefit analysis for the state and Duval County. McCloskey compiled a list of all of the legislators who hadn't supported the legislation in the earlier sessions. He then spent several days in the state capital in Tallahassee to meet with those legislators, presenting them with the materials he had compiled and answered their questions about government intrusion, transfer of payments, and other issues raised during the debates on the legislation. “We went to

the legislators and educated them on the injury epidemic, leaving the statistics and documents with them in each office,” McCloskey said.

One legislator representing a low-income area was worried about her constituents’ ability to afford bicycle helmets. McCloskey described for her the sources for free and low-cost bicycle helmets, such as funding that his program had recently been awarded to provide 50,000 bicycle helmets.

In every office except for one, McCloskey’s education effort resulted in a commitment from the legislator to support the bill.

Anecdotal evidence, such as the letter from Dr. Weibley excerpted earlier, also was used.

After the law passed, in a letter to coalition members, Bell discussed effective components of their strategy. In this paragraph, she described the impact of bringing forward crash victims:

“It may be dangerous to identify any one strategy in the passage of the law without minimizing all the other contributions that were made, but I want to especially thank the two boys, age ten and fourteen, who are survivors of bad bicycle accidents and their mothers. They were able to describe, like none of us, the fright, the very long recovery periods and the many hospital bills still being paid. Three SAFE KIDS coordinators accompanied these families and went with them to every one of the 160 offices.”

One recommended strategy as to “bring children up over and over” as a way of reminding and educating legislators. In addition to the active involvement of children in the process, witnesses also included parents who had lost children in bicycle crashes. “We brought parents of children who didn’t survive, parents who wanted to do something, even though it was painful for them and for us.”

Once the legislation started to move, a fatal bicycle crash got the attention of legislators and appeared to help the bill’s chances. Margaret Raynal, an avid bicyclist who was instrumental in developing the curriculum for Duval County’s highly successful Traffic, Bicycle and Pedestrian Safety Education Program (see next section for more information on this program), was killed in a crash. Interestingly, it was the death of Raynal, an adult, that helped focus the legislature’s interest in requiring children (but not adults) to wear bicycle helmets.

The strongest arguments against the bill appeared to be concerns about government intrusion into private family choices and the idea that it was an individual’s choice whether or not to wear a helmet.

An undated Associated Press story about the House bill included some of these arguments:

“Some lawmakers questioned the legislation, saying it was an example of government trying to mandate changes in the public’s behavior. ‘The problem is the government is trying to save lives but what they’re going to do is create more regulations,’ said Rep. Luis Rojas (R-Hialeah), who voted for the bill despite his concerns.”

The story also quoted the response of the bill's sponsor, Rep. Robert Casey (R-Gainesville):

“This is an immunization shot against childhood injury.”

Bill supporters believed they disproved the “government intrusion” arguments by transfer cost analysis of long-term traumatic brain injury victims; that is, by illustrating how this “individual choice” frequently resulted in substantial, and preventable, costs to society at large, especially taxpayers.

The issue of the cost of bicycle helmets was a strong and recurring concern. One newspaper columnist criticized the argument raised by one legislator “who worried about ‘selective enforcement in poor neighborhoods where children can’t afford to get to the Wal-Marts to get the low-priced helmets.’ So where does he think they get their bicycles? Last I heard, helmets cost a good deal less.”

As mentioned above, a news conference to respond to these concerns was held. Bell had tremendous resistance from some legislators because bicycle helmets were so costly at the time. They told me “the only children who will die are low income children because they can’t afford the helmet.”

Bell looked for a solution. Through contacts with Bell Sports, Inc. (no relation), she was able to locate bicycle helmets at a substantial discount.

“Bell Sports was very available to us when there were problems like legislators protesting that impoverished parents in their counties could not afford helmets. Bell, as well as other manufacturers, responded with very reduced prices for helmets.”

And, in her post-passage letter to coalition members congratulating them on the victory, the issue remained on her mind: “Now we have to start fundraising in your local areas to provide free or low cost helmets to all children identified as needing them . . .”

A variety of bicycle helmet programs, described elsewhere, also responded to these concerns.

Some bill supporters believe that the most persuasive arguments for the bill were the cost-benefit analysis developed by McCloskey and Miller (mentioned earlier) and the availability of low-cost (and no-cost) bicycle helmets.

Some provisions in the legislation were changed over time in response to concerns raised. According to Bell, the bill “didn’t change radically” over the years, in part due to the fact that “we had the same sponsors” throughout the process. “We used the base of it, lopped off two or three things.”

The bill was always a minors-only law according to Bell.

In the last session, the bill “was amended slightly to meet some of the 1995 objections about private driveways,” as Bell wrote to her coalition members in 1996. Law enforcement officers can not issue citations “to persons on private property, except any part thereof which is open to the use of the public for purposes of vehicular traffic,” according to the statute.

The bill included provisions on other aspects of bicycling, such as not allowing a passenger to remain in a child seat or carrier on a bicycle when the rider is not in immediate control of the bicycle, but permitting an adult rider to “carry a child securely attached to his or her person in a backpack or sling.”

One unique aspect of the law allowed counties to “opt-out” of the bicycle helmet use requirement. To do so, the county government had to hold a hearing, provide notice of the proposal, take testimony, and then enact an ordinance to that effect, before January 1, 1998.

The law took effect January 1, 1997, requiring children under 16 to wear bicycle helmets when riding bicycles anywhere traffic passes. For the first year, verbal warnings and information pamphlets were given. Beginning January 1, 1998, the state fine for violating the law was \$15. Counties have the authority to levy an additional amount for county-specific revenue generation.

When the state law passed, three counties -- Brevard, Citrus, and St. Lucie -- used the “opt-out” provision and chose to exempt their residents from the law. Brevard County later reversed that decision.

The Bicycle Helmet Environment And Existing Efforts:

A wide variety of bicycle helmet promotion activities were in place in Duval County in advance of the state law.

The Duval County Health Department’s Injury Prevention Program has had a Traffic, Bicycle and Pedestrian Safety Education Program (TBPSEP) in place since 1995.

This five-year program is recognized as one of the premier bicycle safety projects in the nation. It has received funding from the state of Florida, the National Highway Traffic Safety Administration, and the Centers for Disease Control and Prevention’s National Center for Injury Prevention and Control. The program has resulted in a steady decrease in bicycle-related injury mortality and morbidity, demonstrated through rigorous evaluation. This has been accomplished through policy changes (in addition to the state bicycle helmet legislation, the program also cites school district policies), education, behavior modification techniques, and distribution of 20,000 bicycle helmets.

TBPSEP includes training physical education teachers in elementary schools to carry out the bicycle safety curriculum developed by the University of Florida. The training is coordinated through the school district, using a full-time employee supplied by the district who assists the schools in holding bicycle safety classes. One school administrative official believes the program would not be a success without having a staff person dedicated to its operation, providing support to the teachers. Each school that implements the TBPSEP includes a bicycle

helmet activity in its lesson plan. Students learn how to determine proper bicycle helmet fit and the importance of proper fit.

TBPSEP has created a framework for distributing subsidized bike helmets. Aided by TBPSEP, schools and Parent-Teacher Associations (PTAs) conduct bicycle helmet sales at their school site. The cost of bicycle helmets is 50 to 70 percent below retail prices. When a PTA representative or a physical education teacher conducts a bicycle helmet sale, they can check out a “helmet kit” from the county’s Injury Prevention Program. These kits provide step-by-step help for the bicycle helmet sales.

The kit includes samples of the four bicycle helmets that are offered, a manila envelope with an order form, a flyer to send to parents announcing the upcoming bicycle helmet sale, and guidelines on how to conduct a sale (see Section IX G for the guidelines, page 187). The guidelines illustrate a simple way to measure a child’s head properly, using lengths of string, to make sure the bicycle helmet will be the right size.

After the sale, the organizer provides the order form and money to the Injury Prevention Program office, which arranges the bicycle helmet shipment directly to the school. (The bicycle helmet sale order form is reprinted in Section IX F, page 186). The bicycle helmets are sold for \$4 to \$5, slightly less than the \$6 to \$8 price paid by the Injury Prevention program. The difference is made up by funds from the program’s state grant.

The program also provides ideas to schools for raising money for free bicycle helmet scholarships. The “scholarships” started when parents asked how they could donate money for bicycle helmets for those who might not be able to afford them. These funds are set up and run by the parents and schools independent of the county program but are used to purchase bicycle helmets through the program.

Several bike rodeos were conducted at local libraries to help promote bike and helmet safety.

Phase-In To Implementation:

The state legislature established a one-year interval between the law’s effective date (January 1997) and the date that penalties took effect (January 1998), to allow for education and awareness efforts. During that year, law enforcement officers only issued verbal warnings and passed out information packets.

A wide variety of state agencies and organizations undertook efforts to educate the public about the new law. Groups included the Florida Brain Injury Association and the Florida Department of Transportation as well as bicycle helmet manufacturers, bicycle shops, and others.

In Duval County, the TBPSEP efforts described earlier were already underway and continued during the year phase-in period and beyond. To date (May 2001), approximately 20,000 bicycle helmets have been distributed in Duval County/Jacksonville. Other activities in the county included:

- Representatives of the Florida Brain Injury Association educated the public about brain injury, its permanence and its human and emotional costs, such as the impact on families and marriages. Soon after the law's adoption, the group issued a brochure explaining the law, the importance of wearing a bicycle helmet and proper fit, and how to get a low-cost bicycle helmet.
- The Brooks Rehabilitation Hospital provided \$100,000 to augment the Duval County Injury Prevention program's TBPSEP to allow the program to increase the number of subsidized bicycle helmets available for the 75,000 children at risk.
- The Community Oriented Police Strategies program (C.O.P.S.) in the county also undertook bicycle helmet and bicycle safety efforts. In some cases, officers made visits to schools to educate about the bicycle helmet use law and to increase bicycle helmet use. In other cases, their programs included both bicycle helmet information as well as bicycle skills training. The Duval County Injury Prevention program trained the officers in the University of Florida curriculum to maintain standardization throughout the county schools and throughout the state. The county program would also loan the bicycle trailers to the C.O.P.S. program. Shortly after this C.O.P.S. unit completed the community-training course, it received grant money to get its own bicycle trailer. However, this group of officers has since been relocated to other units and their bicycle safety education efforts have ceased.
- After the state law was passed, Duval County public schools passed a bicycle safety helmet proclamation (to be posted at all elementary schools), signed by the superintendent and the school board chair, stating that it is their goal to encourage all bicycle riders to comply with the bicycle helmet use law and that bicycle helmets should be worn for the protection of bicycle riders as they ride to and from school (reprinted in Section IX K, page 212).
- As part of a Back to School Program, the Injury Prevention Program and the Jacksonville Housing Authority participated in a number of bike rodeos at several low-income apartment sites to educate children about bike and helmet safety.
- The Jacksonville Jaguars National Football League (NFL) Foundation provided bicycle helmets at Christmas time to accompany bikes that were given to children in foster homes.

One unique approach to encourage proper bicycle helmet use was to train elementary school crossing guards to recognize correct and incorrect bicycle helmet fit. Under this 1998 program, after their training, on designated days at their respective schools, the crossing guards would distribute two types of bookmarks. One bookmark congratulated a bike-riding student for wearing a bicycle helmet and the bookmark was a ticket for a prize drawing. The other bookmark encouraged a bike-riding student who was not wearing a bicycle helmet to go to the physical education teacher to get a session on bike helmet safety. The bookmarks given to these students were a different color. After a student had participated in the bike helmet safety session,

s/he could then submit the bookmark for a prize drawing. This program was through a Florida Department of Health program, funded by a CDC grant.

In 1999, the county also created a unique Bike and Dental Program. This effort uses the opportunity of a dental visit, from waiting to examination time, to conduct educational sessions for children five to 14 years old. Patients were encouraged to arrive 15 minutes early for their appointment using a free bicycle helmet as an incentive; a pre-test was administered to these children. After the child's dental examination, the dentist gave a five-minute talk on bicycle helmet safety using a poster-board presentation especially developed for this program.

After the presentation, a health educator was brought in to fit a bicycle helmet properly onto the child's head. At the end of the session, a post-test was administered. The effort appeared to be successful in increasing the knowledge of proper bicycle helmet usage within the 5-14 age group (See Section IX J., Dental visit/bicycle helmet use program evaluation (page 203), and *"My Bike Safety Contract,"* Duval County, FL, page 203).

After the state law was adopted, Duval County public schools added a bicycle and pedestrian safety component to their standards. The standard stated: "by the year 2001, each student in every ethnic group will participate by the end of fifth grade . . . in a pedestrian and/or bicycle safety education program." (See Section IX L, *"High Expectations,"* performance standards for Duval County schools, page 213).

However, this specific standard was later dropped, in part due to changes in school district leadership. Although the district does not track whether or not every fifth grader has participated in a pedestrian or bicycle safety program, it is continuing its strong support for the bicycle program described in the section *"The Bicycle Helmet Environment And Existing Efforts,"* page 52. School district employees report strong support for the program and frequent demand for the bicycle trailers and the training program. Every time a school conducts a training session, it submits a report to the county Injury Prevention program.

Law Enforcement Involvement During Phase-In:

As described earlier, law enforcement activity included some awareness and education efforts by the C.O.P.S. program in certain zones of the city. Some law enforcement officers were trained to recognize correct and incorrect bicycle helmet fit as part of the School Crossing Guard program described earlier. The Duval County Sheriff's department coordinates the school-crossing program so the officers who supervised the program also received the training, although the crossing guards did the fieldwork.

Duval County officials involved in implementing the law did not observe consistent involvement by law enforcement in educating or enforcing the law. According to one official, "there is sporadic involvement but no sustained executive or strategic plan to apply enforcement/education on a consistent basis over time." This official would support this approach, believing it to be "the only way to penetrate the psyche of the masses that there is no tolerance for breaking the helmet law," thus resulting in behavior change.

Bicycle Helmet Use Law Enforcement:

A March 10, 1996 editorial in the *Tallahassee Democrat*, in urging legislators to pass the bicycle helmet use law, promised: “enforcement will be gentle.” That prediction appears to be accurate.

Beginning in January 1997, the law allowed officers to issue verbal warnings to offenders; beginning in January 1998, officers began issuing citations for violations of the statute. A county fine is added to the \$15 state fine for a total of \$23. According to the Duval County Sheriff’s Department, a portion of these fines go toward spinal cord and head injury prevention programs. The fine for a first-time offense could be waived if the offender brought evidence of purchase of a bicycle helmet to the judge. The judge also has alternative penalties at his/her disposal.

The Injury Prevention program held a focus group with schoolchildren and found that the children believed that the police are not going to enforce the bicycle helmet use law so some children choose not to comply. The schoolchildren’s perceptions appear to be realistic. Few citations are issued for violation of this law.

In 2000, the Duval Sheriff’s Department issued 24 citations for violating the bicycle helmet use law. One officer stated, “We’ve got some logistical problems with that law. It is hard to enforce; you have to write the citation for violator; most are 6, 7, 8, 10 years old. Writing a ticket for someone that age is hard for the police officer.” As a result, officers “do more education” about bicycle helmet use and the law than citation writing. “Our enforcement effort is very minimal.”

Effectiveness Of The Law:

Duval County has measured improvements in a variety of bicycle safety measures beginning before the passage of the bicycle helmet use law. The Injury Prevention program staff believes that the law has contributed to these improvements. “If you look at the data from 1996 through 1999, you can see dramatic changes, showing that something is working,” said one official.

It would be inaccurate, however, to give full credit to the bicycle helmet use law. And it would be difficult, if not impossible, to separate changes due to the law from the changes resulting from TBPSEP efforts, which began several years before the adoption of the law. Pre-law TBPSEP efforts were already generating bike safety benefits in the county. Post-law TBPSEP efforts are closely entwined with activities related to implementation of the new law.

The Injury Prevention program conducts an annual evaluation of the effectiveness of the TBPSEP, involving annual bike helmet observations at 48 sites, including elementary/middle schools and parks. They compare their findings annually with the incidence of bicycle-related morbidity and mortality and have found consistent reductions in injury and death. The *Observation guidelines for the Duval County Bicycle Helmet Use and Behavioral Survey* are reprinted in Section IX H, page 189. The coding instructions and form for the county’s bicycle helmet use observational study are reprinted in Section IX I., page 191.

From 1996 to 1999, the bicycle helmet usage rate increased 393 percent among children ages 12 and under. The county’s bicycle injury rate (per 100,000 population) over the same time period decreased from 51.07 to 33.62, or 34 percent. (See Charts 1 and 2, this page; also see Table 1 for breakdown of bicycle helmet usage rates by year and by age group, (page 59).

Chart 1 & 2

Duval County Comparison and Correlation of Bicycle Helmet Usage Rates and Bicycle Injuries Involving a Motor Vehicle, Fatal and Nonfatal for the 0-12 Age Group (1996-1999)

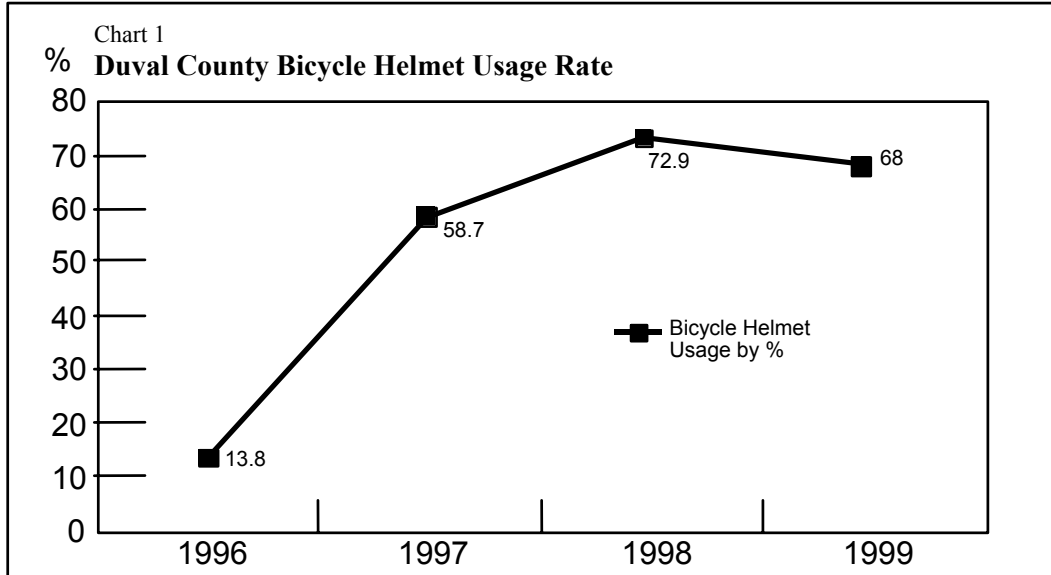


Chart 1 Shows a 392.8% Increase in Bicycle Helmet Usage

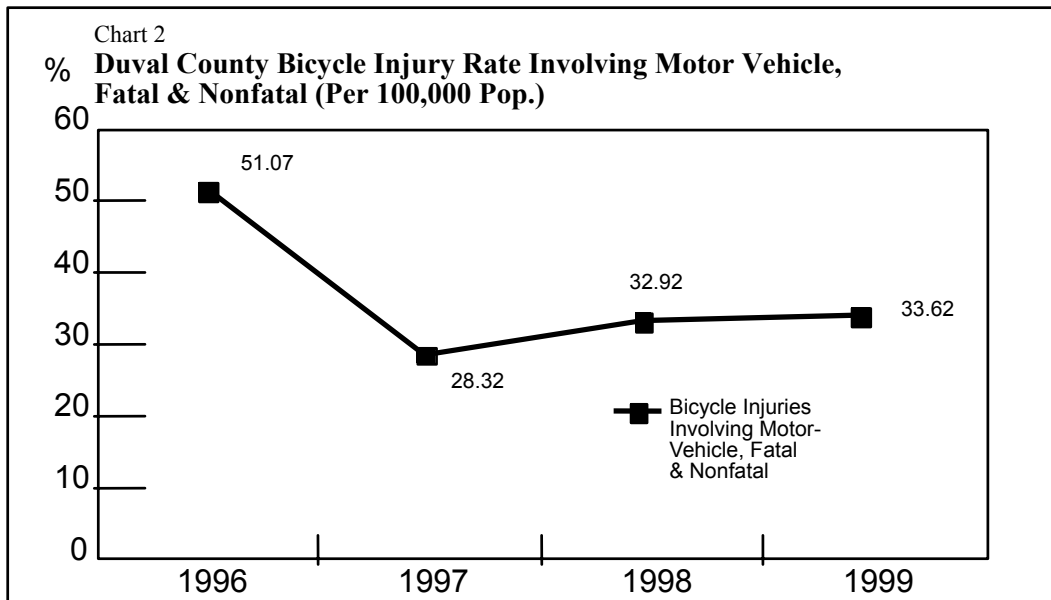


Chart 2 Shows a 34% Decrease in Bicycle Injuries Involving Motor-Vehicle, Fatal & Nonfatal

Source: Duval County Health Department TIPPO Annual Observational Survey Studies, U.S. Census Bureau and FL Department of Highway Safety and Motor Vehicle (DHSMV) Crash Data

Reporting Agency: DCHD/TIPPO

FL Table 1

Duval County, FL, Bicycle Helmet Usage Rate Comparison by Age, 1996-1999

Year	0-12 Years	13-18 Years	>19 Years
1996	13.8	4.7	32.6
1997	58.7	13.2	29.5
1998	72.9	21.5	33.1
1999	68.0	7.9	29.9

Source: Duval County Injury Prevention Program Office

Overall, the 0-12 age group experienced the most significant increase in bicycle helmet usage, followed by the 13-18 age group. The over-19 age group experienced the smallest increase in bicycle helmet use.

The Injury Prevention program staff also identified increases in observed “positive safety behavior techniques,” such as signaling intent to turn, obeying traffic rules, and wearing highly visible clothing. These findings are from observational studies that the program has conducted since 1996.

These observations were derived from a large sample of 103 elementary schools, nearly half of the county total. For example, in 1997, the children observed scanning while bicycle riding was only 6.9 percent; in 2000 this behavior more than doubled to 15.8 percent. Riders observed wearing bright clothing increased from 10.6 percent in 1997 to 55.9 percent in 2000.

According to the county data collected from the annual bicycle helmet observations, the number of students riding bicycles to school decreased from 1996 to 1999. This was determined by comparing the total number of bicycle riders observed for each year. However, county officials did not research reasons for a decrease, so it is not known if any portion of that ridership decrease may be attributed to the law.

Little information is available regarding the community’s attitudes toward the law. As mentioned earlier, the TBSPEP conducted both an attitude survey and a focus group with middle school students, chosen because those are ages identified as the hardest to affect. The students believed that the police were not going to enforce the bicycle helmet use law and simply didn’t like the law. Information characterizing the reaction to the law or its related education or enforcement efforts by other age groups was not available.

Evaluation:

To evaluate the effectiveness of their bicycle safety efforts, including the implementation of the bicycle helmet use law, Duval County uses observational surveys to determine bicycle helmet usage rates over time compared to bike injuries over time. As outlined above, the TBPSEP

program has been able to track its impact over time, beginning with efforts before the adoption of the law.

Program managers would like to add data reflecting the citations issued for bike helmet violations to their evaluations. The official statistics for bicycle helmet citations are combined with the number of citations issued for a wide range of bicycle violations, so it is difficult to measure how many citations were issued to children who were not wearing bicycle helmets.

Those interviewed provided several reasons for the program's strong evaluation component.

One factor is the source of funds: the federal dollars that support some of the TBPSEP's activities come with the requirement that evaluations be built into the activity, so that the project's success in reaching its goals and objectives can be measured.

Also, the Florida Department of Health and the Duval County Health Department (DCHD) both have traditionally supported evaluations of their programs. However, the strongest reason, according to those interviewed, is the staff's commitment to the public health model. Individuals working on the project were described (both by themselves and by others) as having a strong personal commitment to conducting evaluations of their programs.

One official said he had seen too many injury prevention programs with poor or missing data. In his words: "We did a neat intervention but did it make a difference? I wanted to make sure that we had the data to do a valid evaluation of my programs . . . I tried to apply the academic model as rigorously as possible."

These officials also acknowledged the challenges of conducting sound evaluations. Doing so at times required obtaining additional training or bringing in others with the appropriate expertise to assure the findings would be valid. Doing evaluations, as one official put it, "is not fun; it's rigorous, tedious, a necessary evil to get the money. But it should be required. Funders should be more demanding of the outcomes and the evaluations conducted," to assure that funds are being spent effectively. "Why throw money at a lemon?"

The motivation of the program managers was also identified as an important determinant. If the work is "just a job," one might be less dedicated to finding the resources and undertaking the work needed to measure the outcome. Someone with that attitude may approach the program with the philosophy: "Let's get the money for the program (and do the minimum amount of work required) and say we did it."

The officials interviewed believed that senior management buy-in from the law enforcement community would be a primary condition for a jurisdiction to undertake an evaluation of its bicycle helmet use law. A secondary condition would be support from other members of the bicycle safety community.

Retrospective Analysis:

Duval County officials engaged in bicycle safety efforts had several comments for jurisdictions interested in the effectiveness of their bicycle helmet use law:

- Law enforcement agencies, at the highest levels, should establish zero tolerance for noncompliance. This senior-level commitment should be widely disseminated in the media, balanced with information about all of the support systems in place to help families support the injury prevention intent of the law (such as bicycle helmet subsidies and giveaways).
- The law would be more effective if it were inclusive of all ages.
- “Most laws will be effective in the first or second year. However, if a law is not enforced it may lose its potential due to the public’s awareness of the lack of penalties.”

Section VII. Profiles

C. State Of Maryland

Jurisdiction: State law.

Effective date: October 1, 1995.

Ages covered: Children under age 16 (one geographic exemption: sections of the boardwalk in Ocean City, MD).

Penalty: Warnings and educational materials only; no fine.

Agency enforcing the law: State, county, city, park police agencies.

Legislative language from both the state and county level is reprinted in Section VIII C.

Impetus For Legislation:

Maryland was the scene for early activity regarding U.S. bicycle helmet use laws. In 1990, Howard County, MD, was one of the first U.S. jurisdictions to mandate use of bicycle helmets by schoolchildren. Soon after the law took effect, the 47 percent bicycle helmet use rate found in that community was “the highest rate of use ever recorded for children in the United States.”^{vii} Other Maryland counties soon followed, and in 1995, Maryland enacted a bicycle helmet use law. (For a brief chronology of events, see Box 2, page 67.)

Some believe that the beginnings of the Maryland law can be traced to a bicycling tragedy in Howard County, a suburban/rural county in the Washington, D.C. metropolitan area. According to a case study of the Howard experience, that local ordinance was fueled by the bicycling crash deaths of two students from the same middle school within a nine-month period.^{viii} After the death of one child (who was not helmeted) in January 1989, a teacher instituted a bicycling safety course as an extracurricular activity. The course was well received.

Yet, in October 1989, just two weeks before the course was to be implemented countywide, a second student was killed in a bike crash. Although this child had participated in the bicycle safety activities, he was not wearing a bicycle helmet. Students and teachers at this school, joined by others, worked with the county council to enact the ordinance.

The Howard ordinance caught the attention of the Office of Injury & Disability Prevention (OIDP),* a part of the state Department of Health and Mental Hygiene (DHMH).** The staff conducted a pre- and post-evaluation of the Howard County law, where the injury prevention program worked with a CDC-appointed epidemic intelligence service officer. The evaluation included two counties as controls: Baltimore County, with no formal program to encourage bicycle helmet use, and Montgomery County, which at the time was using education to promote bicycle helmet use. The study found a bicycle helmet use rate of 47 percent for children in Howard County, as mentioned below.^{ix} (For a summary of this evaluation, see Box 1.)

MD Box 1

Bicycle Helmet Use Among Maryland Children: Effect of Legislation and Education

This study compared child bicycle helmet use in Maryland’s Howard, Montgomery and Baltimore Counties before and after the effective date of the Howard County bicycle helmet law. Montgomery County had an educational program in effect; Baltimore County did not have any helmet promotion programs at the time.

The study found helmet use rates of:

	Pre-law	Post-law/ Educational Program
Howard	4%	47%
Montgomery	8%	19%
Baltimore	19%	4%

Prior to the law’s effective date, Howard County police made educational presentations in classrooms about the law.

Reference: Coté et al, *Pediatrics*, June 1992, Vol. 89, No. 6, p 1216-1220

Howard County’s ordinance made news and neighboring Montgomery County soon followed Howard County’s lead, adopting a similar law the following year. Both Howard County’s and Montgomery County’s efforts included children’s participation at a variety of levels, including testifying at county hearings. Then, rural Allegany County, inspired by these activities, coordinated a successful effort in 1992 to enact a bicycle helmet use ordinance in that county.

* The office that oversees injury prevention programs within the Maryland Department of Health & Mental Hygiene had different names during the period covered in this report. For consistency, it will be referred to throughout this report by its current title: The Office of Injury & Disability Prevention, or OIDP.

** Since the completion of this report in 2002, the Office of Injury & Disability Prevention has adopted a new name. It is now called the Center for Preventive Health Services (2004).

This effort was aided by an injury prevention mini-grant from OI DP. As a result, three Maryland counties had enacted bicycle helmet use laws within a short time frame.

The year after Howard County passed its ordinance, the Maryland Governor's Bicycle Advisory Committee (BAC) was created. This committee is now called the Governor's Bicycle and Pedestrian Safety Advisory Committee. According to a DHMH document, "the concept of the Governors' Bicycle Advisory Committee (BAC) was initiated by members of the bicycling community in Prince George's County. The legislation to establish the BAC was sponsored by Delegates Pitkin, Rosapepe and Hubbard and Senator Dorman. The purpose of the BAC was to address the needs of bicyclists throughout Maryland and to make Maryland a bicycle friendly state."^x

Therefore, its purpose was not necessarily injury prevention or bicycle safety, but "to promote bicycle-friendly roads, access, and that kind of thing," according to one committee member. Several observers cited Maryland Delegate Jim Rosapepe, representing the Prince George's County area, as the legislative leader in committee's creation.

When the Maryland Department of Health and Mental Hygiene reviewed the proposed legislation to create the committee, the OI DP director recommended that the department support the commission "providing that they put someone from the health department on the committee." That did occur; the Governor's appointees to the BAC included not only members of the bicycling community to represent different regions of the state but also representatives from the Maryland State Police and the Maryland Departments of Education, Transportation, Health and Mental Hygiene, and Economic and Employment Development.^{xi}

Several different perspectives emerged regarding the BAC's decision to pursue a statewide bicycle helmet use law. These perspectives follow:

- One committee member recalls the group talking "about important things that needed to be done and the helmet law kept coming up as something that needed to be done. Everybody was for it, but how do you do it?"

This member also believes that the bicycle advisory committee "picked it up because we needed something to show that this committee would do something," after other legislative initiatives (directing that sales tax money be put into bicycling programs, providing bike safety education in school) failed to move forward. After "we couldn't get these things, the helmet bill was something we could all get behind, a benchmark; and the health community really needed it."

- Another member's recollection is that the DHMH representative on the BAC was promoting the law "and pushed it for several years; nothing came of it for a while. The advisory committee itself had some inherent issues (about a law); how it was constructed, how it was working."
- A former OI DP employee stated that the BAC, "after discussion, came to the conclusion that highest priority was passing a helmet law." That decision "turned around their

agenda” (since the BAC was created to promote bike paths, accessibility and similar issues) “but everyone agreed. They put effort into that and got support from the governor.”

- “If the health department had not had an injury prevention program, there wouldn’t have been people to work on this issue. It is helpful to get people together.” If an OIDP representative had not gotten on the committee, the BAC “wouldn’t have gone in that direction, they would have gone after bike paths. It wouldn’t have occurred to them.”

Though different activists hold a variety of opinions about just how the BAC came to the decision to pursue a statewide bicycle helmet use law, they all agree the BAC did so. There also was a consensus that the state OIDP program’s role was key. As a state highway official put it: “The state Department of Health and Mental Hygiene was instrumental in getting it passed.”

According to a former DHMH employee, bike helmet use legislation had been introduced in 1991 (before BAC involvement), which would have required bicycle helmet use by minors. That legislation did not move forward. Another member believes that bicycle helmet use legislation had been brought up in the legislature for eight to 12 years before it was passed.

Once the BAC decided that a bicycle helmet use law was a priority, members began drafting a model bill and developing necessary supporting materials. With BAC involvement, one observer said, “new life was breathed into it.” While one committee member credited Del. Rosapepe and his staff for research and doing the groundwork for the legislation, others reported that the committee members themselves provided the impetus. The BAC representative from the Department of Health and Mental Hygiene “really picked it up, got Johns Hopkins University involved, got the statistics,” according to another member.

A variety of other individuals and groups were cited as playing a role during the pre-introduction phase of the legislation. One advocate believes it was “just a matter of getting a good group of 16-18 people; a lot of medical people, and some police officers, who did it as a personal thing.”

The bicycling community was not united either for or against bicycle helmet use laws, according to one bicycling enthusiast who said: “The bike people were evenly split. When the question was a children-only helmet law, you’d have 65 to 70 percent in favor; when the question was a helmet law for all riders, it went the other way.” According to this observer, two Washington, DC area clubs were supportive. Washington Area Bicyclist Association (WABA) actively supported it and the Potomac Pedalers Touring Club wrote a letter in support. The main Baltimore area biking club did not weigh in because its membership was divided about the bicycle helmet use law.

According to a DHMH document: “In 1993, the BAC assisted in drafting HB 957 which was sponsored by Delegates Pitkin, Conroy, and Hubbard. This legislation would mandate helmet use for all bicyclists and their passengers. Gil Clarke, representing the BAC from the DC Metro Area (also the Executive Director of the League of American Bicyclists) assisted the BAC in drafting HB 957.”^{xiii}

The activities then moved into the legislative arena. While bicycle helmet use advocates praised the political leaders who introduced the bills for their work on achieving passage of the law, they did not cite any elected officials as the source of the idea for the law. One advocate maintained that when it came to introducing the bill in the legislature, a delegate did so “as a personal favor for me,” rather than as the official’s own initiative.

The Bicycle Helmet Environment And Existing Efforts:

Bicycle helmet promotion was occurring in a variety of ways in Maryland in advance of the adoption of the state law. Some of this activity appeared to be fueled by the legislature’s consideration of the law. Another factor was a new source of funds supporting a variety of efforts to increase bicycle helmet use and increase bicycle safety.

“During the years while the legislation was being considered there was increased interest in promoting helmet use,” noted a former injury prevention program official. For example, “that’s when Cycle Across Maryland (CAM), a bicycle touring event got interested in giveaways. I don’t think CAM had giveaways before then.”

The Maryland Department of Health and Mental Hygiene received a three-year grant from CDC in 1993 for a Bicycle Injury Prevention Program (BIPP). The grant “allowed the department to put more effort into helmet efforts. The department began working with Cycle Across Maryland in activities such as giving out educational materials and free helmets.” In fact, according to a contemporary state document, “Passing mandatory helmet use legislation is one of the goals of this grant.”^{xiii}

The CDC grant funded a wide range of activities. One aspect sought to compare school-based bicycle education to community-based bicycle safety/helmet wearing programs in their effectiveness in encouraging children’s bicycle helmet use. A school-based program, “Bicycle Safety Education Program” (BSEP), was developed and pilot-tested, designed as a curriculum enhancement for fourth graders. Mini-grants to conduct community-based bicycle safety/helmet wearing programs were provided to several local health departments, some of which were in counties also implementing the BSEP. Bicycle helmet use was observed in one county that used the BSEP alone; three counties that used the community-based bicycle safety/helmet wearing programs alone; two counties in which both programs were used; and two counties in which neither were used.^{xiv} As part of this program, local health departments distributed small numbers of bicycle helmets on the basis of need.^{xv}

One observer noted: “I don’t think there was a lot going on before BAC and the CDC grant trying to move this law forward.” Also, “before the state law was passed, county laws had an impact as well as the fact that CDC and the state injury prevention program were focusing attention on the issue. I was living in Howard County at the time. I know that the county law made an impact. Local SAFE KIDS coalitions were doing some helmet education, etc. But bike helmet use was not a major focus of the statewide SAFE KIDS coalition. They focused more on child safety seats and buckling up. They did support the legislation.”

Another BAC member remembered there were “a tremendous amount of giveaway programs. A lot of police had helmets in their trunks; groups gave them away by the gross.” According to the state health department’s final report on the CDC program, a total of 9,640 bicycle helmets were distributed through various mechanisms over three years.^{xvi}

“There were bike rodeos. And it’s still happening to a lesser extent,” said one BAC member. “Safety groups were giving them away; you don’t see as much of it now,” although perhaps one reason for that is that “almost every store has a good line of bike helmets, offered alongside the bicycles. I don’t know” if a giveaway bicycle helmet effort is as productive as it was before.

Additionally, as mentioned earlier, one state activity involved investigating if education programs alone made a difference in bicycle helmet use, through the three-county study (where usage rates in the county with an education program did not increase as much as rates in the county with the bicycle helmet use ordinance).

John Overstreet, who provides bicycle safety presentations to schoolchildren, was cited as doing “a tremendous amount” to promote bicycle helmet use. He educates thousands of children in bicycle safety every year and has been doing so for about 25 years.

“I pass out helmets in my bicycle safety presentation in my classes and have kids do posters or essays to win,” Overstreet said. “I show them hand signals, talk about bike safety,” such as how to identify an unsafe bike, the risks of wrong-way riding, the importance of keeping shoe strings and other hazards from getting caught in the bike. Children at his presentations do not get a bicycle helmet until they go through an education program.

Overstreet gives presentations to up to 6,000 children a year. He volunteers his time with the state reimbursing him only for his travel and for the bicycle helmets. Overstreet’s efforts predate the county and state laws. He took part in the effort to pass the Howard County ordinance.

The Legislative Process:

BAC activity and support alone was not enough for the bill to progress through the legislature. The resources of the BAC and the commitment and organization of its members were identified as one key to success. The BAC “had to walk a fine line, and be advocates, not lobbyists,” according to one BAC member. Another emphasized: “a lot of us (on the BAC) couldn’t lobby because we were state employees.” This section will describe how other players and participants would be vital for the next steps.

Maryland's Bicycle Helmet Legislation Chronology of Events

1989

Maryland Department of Health and Mental Hygiene (DHMH) established Injury Prevention and Control Program (now known as the Office of Injury & Disability Prevention, or OIDP).*

1990

Howard County Passed First countywide law requiring bicyclists aged 16 and under to wear a bicycle helmet.

1990-1991

Howard County law evaluated by DHMH, Injury Prevention and Control Program (OIDP) in collaboration with the Centers for Disease Control and Prevention (CDC), Johns Hopkins University and Howard County Health Department. Montgomery and Baltimore Counties participated as control programs. This evaluation study demonstrated the effectiveness of bicycle helmet use among children.

1991

Montgomery County passed countywide law requiring bicyclists age 18 and under to wear a bicycle helmet.

1991

Maryland State Legislature re-established the Governor's Bicycle Advisory Committee (BAC). This legislation was sponsored by members of the Prince George's County delegation.

1992

Statewide legislation requiring use of bicycle helmets for children aged 16 and under was introduced for the first time. The proposed legislation was defeated in Committee. This legislation was sponsored by members of the Baltimore city delegation with strong support from the Epilepsy Association of Maryland.

1992

Allegany County passed countywide law requiring bicyclists aged 16 and under to wear a bicycle helmet.

1992

The Bicycle Advisory Committee voted unanimously to draft "model" legislation and to support efforts to pass a statewide law affecting all ages of riders.

*The office that oversees injury prevention programs within the Maryland Department of Health & Mental Hygiene had different names over the time period covered in this report. For consistency, it will be referred to throughout this report by its current title – the Office of Injury & Disability Prevention, or OIDP.

Maryland's Bicycle Helmet Legislation Chronology of Events (continued)

1993

"Model" legislation was introduced in the State Legislature by members of the Prince George's County delegation. This proposed legislation was defeated in committee again.

1993

DHMH, Injury Prevention and Control Program (OIDP) received a three-year bicycle safety grant from CDC.

1994

"Model" legislation was introduced again in the State Legislature by members of the Prince George's County delegation. This proposed legislation was defeated in both committees yet again. However, another legislator introduced a bill that affected children only. This bill was passed by the House of Delegates but defeated in the Senate.

1995

"Model" legislation was again introduced in the State Legislature by members of the Prince George's County delegation. Much discussion resulted in passage of a modified bill which reflected the basics of the child-only bill from the 1994 session. This bill was passed by both Houses.

1995

Implementation of the legislation.

BAC serves as a coordinating body for all partners.

Department of Health and Mental Hygiene (DHMH) is funding community projects, printing educational materials, evaluating programs and law, and purchasing helmets for distribution to low income children.

Maryland Department of Transportation (MDOT) is funding educational materials and distributing same, and is purchasing helmets for distribution to low income children.

Cycle Across Maryland sponsors an annual program to provide helmets to children and received funding from multiple sources to purchase quantities of helmets (including DHMH and MDOT).

State and local police will receive information to give to children who are in violation of the law.

Source: Maryland Highway Safety Office, State Highway Administration, and Maryland Department of Health and Mental Hygiene

The Legislative Process:

Legislative Supporters.

The model legislation that the BAC had drafted, which covered bicyclists of all ages and included a monetary fine for a violation, was introduced in the 1993, 1994 and 1995 legislative sessions. The legislators who had supported the creation of the BAC were identified as valuable advocates for the bicycle helmet use law.

One delegate was praised for his savvy leadership by one of the activists working for the law. This legislator “really kept us apprised. He knew the system, how to work it.” He’d advise the supporters, “Get this one, get that one,” in terms of key legislators to ask for support. He offered the BAC and other supporters strategic advice. “He knew how the committees work. ‘Let’s get a price tag on this because there’s support in the finance committee.’” (A bill with a fiscal note, a “price tag” so to speak, would be referred to the finance committee and thus potentially provide a venue for a friendly hearing).

Another observer said that the bill’s authors were more important than the chairs of the committees that the bill would pass through. In addition, “the fact that the governor had created this BAC” and that the bill was a BAC priority also helped. “The governor was on board right from the beginning.”

The bill was bottled up in committee in both sessions. A bicycle helmet use bill covering children ages 16 and under had also been introduced in both 1993 and 1994. In the 1994 session, this bill was passed by the House of Delegates but died in the Senate Judicial Proceedings Committee.^{xvii}

Supporters tried again in 1995, re-introducing the BAC model bill. Ultimately, the legislature adopted a minors-only bill, different from the BAC version, which was signed into law.

One activist working on the legislation presented an anecdote that summed up how the bill finally moved forward: “The key to the whole thing had been this very conservative legislator from the Eastern Shore, who would have never have voted for the helmet bill in a million years. Except Mrs. so-and-so’s second grade class wrote him a letter. I went in to visit with him; he was in deep pain. He didn’t want to vote for it, but how could he go back and explain it to Mrs. so-and-so’s class? His vote got (the bill) out of committee. Otherwise it would never have gotten out of committee.”

In effect, “Legislators are hard pressed not to do the right things when it’s a bunch of kids they have to answer to. The adults they can reason with by offering adults ‘the reason we can’t do this is because . . .’”

Compromises.

Two compromises were necessary for the law to pass. One was to limit the bicycle helmet requirement to children. As one observer noted, summarizing comments from

several key players, “the only way to get it passed in Maryland was to take off the requirement that it be for adults.” That step “was able to get it enough support.” Another said: “The legislature wouldn’t go for all ages.” The attitude of some legislators was described as follows: “Adults are supposed to know better.”

However, one proponent acknowledged that the “all-riders” model legislation was designed as a starting point. Bicycle helmet use law supporters “would have cut back to children-only” in an earlier legislative session if doing so, “would have been successful. We needed to have the pieces in place,” which was not the case until 1995.

A state document stated: “Efforts to educate legislators during the 1993, 1994, and 1995 legislative sessions have been organized by the Governor’s Bicycle Advisory Committee (BAC). The BAC has been unanimously in favor of legislation affecting all age groups. Not all members are in favor of a law affecting only children. The BAC legislative task force believes that a fall-back position may be necessary as an initial step in moving the issue forward.”^{xviii}

This compromise then led to a change to the penalty provisions. Although police agencies in general were not deeply involved in advocating for the bill, on this issue, the legislature listened closely to the opinion of law enforcement in shaping the law.

Law enforcement’s position on the bill was described as “supportive but not ‘rah, rah, rah, let’s do this,’” according to one activist. “Law enforcement officers were not right there all the time. They sort of had to be convinced.” Once the bill was changed from “all-rider” to “minors only,” the attitude toward the penalty changed.

As originally drafted, the 1995 bill would have levied a fine on violators (\$25 for first offense; \$50 for second and subsequent offenses), which would go to county bicycle safety education programs, in consultation with the state bicycle advisory committee. The bill included provisions that would allow the fine to be waived upon proof of bicycle helmet purchase.

Officers “were not real keen on having something more to do. Moreover, they couldn’t see giving a citation to a 5-year-old; I think that’s still an issue,” according to a BAC member. As someone else put it: “We brought the police down, asked them, ‘should we fine them (for violating the law)?’ The police said, ‘we couldn’t enforce that.’ What do you do? Have the officer take the kid home, put the bike in the trunk? It’s a complicated thing. We weren’t trying to criminalize it.” These concerns led to an approach that would “instead, compliment the kids who were doing the right thing.” (See “Bicycle Helmet Use Law Enforcement” this section, page 78).

One law enforcement officer agreed that many people were uncomfortable with giving the impression of “troopers giving tickets to children.” The final version of the law says that violations “shall be enforced by the issuance of a warning that informs the offender of the requirements of this section and provides educational materials about bicycle helmet use.”

Constituencies.

The BAC worked with a large number of partner groups and individuals in support of the bill, both in and out of the state house. (For a list of partner groups, see Box 3 below.)

MD Box 3

Maryland's Bicycle Helmet Legislation Partner Organizations

Bicycle Advisory Committee – Cycling Groups (testimony)
State Agencies – Health, Education, Transportation, Police (testimony, education, funding, data, evaluation)
Maryland Chapter, Academy of Pediatrics (lobbyist, testimony, education)
Epilepsy Association of Maryland (poster contest, lobbyist, education, victims testimony)
Maryland Head Injury Foundation (victims, testimony, education)
SAFE KIDS (testimony, education, incentive programs)
Johns Hopkins Injury Prevention Research Center (testimony)
Maryland Institute For Emergency Medical Services Systems (testimony, data)
Prudential Insurance Company (testimony, incentives, education)
Kaiser Permanente Insurance Company (testimony, incentives, education)
Bicycle Shop Retailers (discount programs, fitting, testimony)
Cycle Across Maryland (free helmet distribution, education, testimony)
Bicycle Helmet Manufacturers (discount programs)
Schools/Teachers (testimony, letters, visits, education, press)
Parents (testimony, letters, visits, education)
Local Health Departments (testimony, grass roots)
Local Police Departments (testimony, experiences, enforcement)
Hospitals (Washington County grant)
Physicians (testimony, education)
Victims (testimony and legislative visits)
Children – MOST IMPORTANT! (testimony, letters, visits) Kids are hard to turn down

Source: Maryland Highway Safety Office, State Highway Administration, and Maryland Department of Health and Mental Hygiene

“Lots of different people were involved, the bicycling community, all that,” said one bicycle helmet advocate, “but one of the turning points, to me, was when we involved the person who was hired by the Maryland chapter of the American Academy of Pediatrics (AAP) and the person working for the Epilepsy Association of Maryland.

“Their lobbyists worked toward this goal; their influence with the committees and their work with the legislature was the turning point to get this bill passed. They taught the BAC what they needed to do to get support for the legislation,” such as compiling packages of materials. “The lobbyist for the AAP knew all the people, and who to talk to. She made a lot of difference in it. Without the partners, I think it would have been tough to pass.”

“We didn’t need a big group to move the law forward,” said another activist. We “had a small group that became amateur lobbyists.” This same activist described grass roots activities helpful in getting legislative support, such as a post card campaign. Groups supporting the bicycle helmet use law sent out post cards asking people to contact their legislator in support of the law. Since “bicyclists are organized,” mechanisms were in place to locate bicyclists and urge them to act. “While you’re on this ride, why don’t you sign this letter?” was one example offered.

Additionally, a statewide symposium was held about the law that attracted representatives from many counties, demonstrating broad support for the bill. It was especially important in illustrating that the support wasn’t solely in large urban areas. These types of activities were undertaken, the activist explained, because “politicians had to be assured that they had support for the law.”

The medical community, especially emergency medicine, was very active and persuasive. One BAC member said the effort took off once they “brought the doctors in.” He said emergency medicine professionals “came out real, real high on it.” Confirmed another: “This community was deeply involved in promoting passage.” They were “definitely part of the whole.”

Children who were associated with the Epilepsy Foundation handed out materials to legislative offices, using data and educational materials from the state health department. Insurance companies and retailers who sold bikes and helmets also received credit for their support. One proponent pointed out that the retailers “had discount programs (to lower the cost of the bicycle helmet to the buyer), so it wasn’t just that they would make money from this.”

Outside Groups and Efforts.

Activities inside the State House were joined by efforts outside the state house. The Center for Disease Control (CDC) grant mentioned earlier supported media activities, including a Office of Injury & Disability Prevention/Department of Health and Mental Hygiene (OIDP/DHMH) and Cycle Across Maryland joint media campaign, which began in April 1994. The campaign theme was “Protect Your Melon... Wear Your

Helmet...Correctly.” The program distributed sport bottles, buttons, bumper stickers and labels, a guide to bike rodeos, bicycle safety brochures, and bicycles.

The first year’s efforts included ten billboard displays, a news conference announcing the distribution of 3,000 bicycle helmets statewide, and the production and airing of public service announcements (PSAs). These efforts continued into and beyond the year in which the legislature ultimately adopted the state law.

“We talked about what would happen with and without a helmet. We had bumper stickers. We did PSAs. We had a campaign called Protect your Melon campaign. We used a watermelon and put a helmet on it,” said one advocate. The melon was dropped and it didn’t break. The program “talked about how to properly wear a helmet, keep the straps straight, make it as bright as you could,” remembered another activist.

Testimony.

Bicycle helmet use law proponents also approached the legislative hearings strategically, carefully considering who would testify and their messages. Although many members of the BAC did not have direct contact with the legislature because they were state employees and didn’t lobby, some were very involved in setting up the panels of witnesses and providing relevant data to legislators.

A panel of medical people might precede a panel of bicyclists who supported the bill. Using these panels, proponents would have five people at the table testifying at a time, which could quickly convey the breadth of support for the bill. For one “health” panel, the head of the Maryland Institute for Emergency Medical Service Systems brought a broken helmet to the hearing.

A DHMH document reported on the 1994 session: “Favorable testimony was heard from members of both the public and private sector and included the following: members of the BAC, bicycle clubs, the American Academy of Pediatrics - Maryland Chapter, the Epilepsy Foundation, Maryland Institute for Emergency Medical Service Systems, the Montgomery County Police Department and the Johns Hopkins School of Public Health. Supporting testimony was given by DHMH and the Department of Education. The (state) Department of Transportation did not take a position.” Other witnesses included a representative of the Montgomery County Health Department.^{xix}

According to one injury prevention professional, it is also “important to have victims, as much as one hates to do that. But it works; people have to see this (the impact of a traumatic brain injury); it puts a real face on it. It makes a real difference. Legislators do have soft hearts in some cases, when you get children up there who were seriously brain damaged.” One of the witnesses was a child who had had “a fabulous future,” a very bright child who had received a substantial scholarship, but then had suffered a severe brain injury in a bike crash. Before the crash, the child had asked his father for a bicycle helmet and his dad had responded: “I didn’t have one, you don’t need one.” Once injured, the child not only lost the scholarship and was facing a life of vastly diminished potential,

but his father eventually abandoned the family, reportedly out of guilt. That testimony was described as extremely moving for everyone at the hearing.

Process - Role of County Laws.

Many proponents believed that the existence of the three county bicycle helmet use ordinances was key. “The fact that these three jurisdictions passed the law really influenced the state,” said one bicycle helmet advocate. The local laws helped. It would be hard for legislators from those areas to vote against what was clearly supported locally,” said another proponent who worked with the legislature to pass the law. One activist who worked on passage of both a county and the state law added: “I think it helps, it builds credibility. The state doesn’t like to be the first in doing something. It certainly had to help at the state level that we had the law (at the county level).”

Process - Motorcycle Helmets.

One complication to the legislative process was the state’s recent enactment of an all-rider motorcycle helmet use law, which had some extremely vocal opponents and was subject to a repeal effort around the time that the bicycle helmet use law was being considered. “At that time there was an awfully big fuss to repeal the motorcycle helmet law, so we were in a context where it was not just bicycling and bicycling safety that was going on,” said one bicyclist. The motorcycle helmet effort was receiving “a fair amount of press, and there had been at least three years of major effort on each side of it (the motorcycle helmet use law). We were coming in on the end of it.”

When the BAC “decided to go for” the bicycle helmet use law, as one BAC member remembered, “they got into motorcycle helmets, seat belts. Some of the same people who were testifying for (bicycle) helmets on kids were against motorcycle helmets. We had to stop using the word bike, needed to use bicycle” because of the confusion with motorcycles. Bicycle helmet advocates had to factor in these political considerations in their strategies, in developing materials, and when discussing the issue with legislators.

Arguments in Favor of the Bill.

A constellation of arguments were cited as being persuasive to legislators:

- The concept that some children were seriously and permanently impaired because they didn’t wear a bicycle helmet (which was connected to the need to have children testify at every hearing, both injured children and children whose bicycle helmets had prevented injury);
- “The three counties passing the laws” and the fact that the legislators from those counties were saying that the ordinance has been a good thing for their county;

- “Just that one important statistic about helmets being 85 percent effective in preventing head injury”;^{xx} and
- “The safety aspect of it” and related societal burdens – “when people ride their bikes without a helmet, whether they had insurance or not, society would be responsible for the costs” of resulting injuries.

Additionally, during consideration of the bill, the tragic death of a child in Baltimore who wasn’t wearing a bicycle helmet helped to convince some legislators.

When asked about the importance of statistical information in moving the bill forward, one expert said, “It’s the advocacy groups and the partners that get it passed. The data – you need it but it wouldn’t have carried it, in and of itself.”

One argument that “we were told to say” was that in moving forward on this issue, Maryland would be one of the leaders in the country but “how much of an influence that truly has, I don’t know,” said one skeptical activist.

Opponents and Arguments Against the Bill.

One BAC member advised: “Make sure you deal with your opposition. The legislature does not want to make one group happy by angering another.” One key factor was assuring that “the cycling community for the most part was in agreement” or at least not uniformly opposed. “As long as we didn’t go after adults, cycling enthusiasts didn’t have a problem with it. They had rules requiring helmet use (in their clubs) but they didn’t want the state telling them they needed it.” Therefore, “there was very little opposition by the time we passed it. No one came and said this is a bad idea, don’t do it.”

However, another advocate remembered a variety of legislative opponents, such as the legislator who commented that a group of nurses supporting the bicycle helmet use law were “like Hitler,” or the chair of a committee that was one of “the stumbling blocks.” As one advocate put it: “Injury prevention programs had a difficult time getting out of his committee.”

One argument cited by legislators was that there were “too many laws. People should be able to make their own decisions. That’s why it wouldn’t fly for all ages. It didn’t seem to make a difference that a child could become an orphan” as a result of a parent’s death. “The issue of personal rights was a barrier.”

There were other arguments as well, such as: “It was a nuisance. How are you going to enforce it?” But, according to a BAC member, some legislators realized, “Hey, I can tell my kid that the law says they have to” wear a helmet, which takes the pressure off of parents, which the legislators saw as a benefit. However, some legislators who weren’t parents “couldn’t relate to it.”

Another issue was the cost of bike helmets for low-income children. “We had a problem with folks in Baltimore city that feared that kids who were low income would not be able to afford helmets,” another BAC member noted.

But this was a concern that was easy to address because bicycle helmet use law promoters had already recognized and moved to meet this need. “We had a mechanism to deal with low-income communities. We had a giveaway program, a subsidy program, educational materials, and data. It was multifaceted; everybody was working together to make this happen. We had to write up and give to the legislators our plan to show that we will deal with children in low income areas, that we had money dedicated for this, had discount programs, etc.,” to assure the legislators that if the law was passed, “we would get helmets out to the community,” said a former injury prevention program official.

Although some had hoped to get the support of educators, “we couldn’t get school groups behind this. They thought they would be the ones who would have to enforce it. There was resistance to kids bringing bikes to school, so then schools would have to deal with storage, theft, etc.,” said another BAC member.

Summary.

Bicycle helmet use law activists described the legislative experience as routine or expected. A list of “building blocks” was developed to describe the key steps and strategies needed (See Box 4 below).

MD Box 4

Building Blocks

Consistent support from agency and organizations
National, state and local data – deaths, injuries and costs
Proven effectiveness of intervention
Start small – uncomplicated legislation is usually more appealing to legislators for a new issue
Always takes more than one year to pass legislation
Each session allows for the building of support, improving data, providing education and obtaining resources
Demonstrate to legislators why this legislation would be good for them politically
Use of media can be both positive and negative. Be aware of consequences so that they can be dealt with proactively
Have a mechanism in place to provide helmets to low income children
Involve the community
Educate, educate, educate
Persevere

Source: Maryland Highway Safety Office, State Highway Administration, and Maryland Department of Health and Mental Hygiene

The former state injury prevention official said: “We really learned from year to year the kinds of things we needed to do. In Maryland it’s frequent that you have to go a couple of years before you can get your legislation through. It took us four years to get a law passed. We kept going to the legislature saying we want a law; they kept saying no, no, no. But as more jurisdictions were passing these laws, showing that these laws were acceptable,” the legislature came along.

“I’m an advocate of being multifaceted, covering all your bases. A lot of it is timing, making sure the people who support the law are in the right position,” such as key committee chairs, cabinet officials, etc., advises one activist. Another advocate was not discouraged by the multi-year effort: “When we formed the group (BAC) I knew it would take 12, 15 years to make changes occur. The helmet law came in a time when it was needed.” One injury prevention activist noted: “It was much easier (passing the law) at the county level.”

Phase-In To Implementation:

The Maryland bicycle helmet use law was signed into law in May 1995 and became effective in October 1995. “There was a lot of activity (to promote bicycle helmet use) once the law passed,” according to several bicycle helmet use proponents. The state highway administration used National Highway Traffic Safety Administration (NHTSA) 402 highway safety grant funds “to purchase helmets which they gave away or gave to people to give away several years ago,” said one BAC member. “They may still be doing it for all I know.”

Activities funded under the CDC grant included the display of 10 billboards throughout the state with language publicizing the bicycle helmet use law, supported by corporate sponsors (First National Bank of Maryland and Value Food Markets). The “Protect Your Melon” message appeared on a Greenspring Dairy milk carton.

The state received federal preventive block grant funds, which it sent to local communities to fund injury prevention programs; these activities can include bike helmet promotions.

One BAC member remembered “a lot of different individual efforts. Cycle Across Maryland (CAM) gave a lot of bike helmets away and had programs with at-risk youth. They gave them bikes as well as helmets.” If you hold a bicycling event and “the kids don’t come with a helmet, you have to give them one, you’re almost liable if you don’t.”

Law enforcement officers preferred to use a positive approach, so some officers distributed McDonalds’ certificates for free food items to children who were wearing bicycle helmets.

Some of these efforts are still continuing, such as safety fairs that include bicycle helmet fittings, giveaways, and coupon programs. The federal funds are still being distributed to local jurisdictions by the state, according to an injury prevention expert. For example, one police officer said: “Personally, I’ve given out many helmets. Last Sunday we did a bike rodeo and gave out 25 or 30 helmets. I never give out helmets without educating and fitting the helmet. We do an educational thing before we give out the helmets.”

One community, however, that apparently is not involved in promoting or implementing the laws is the education community. Given that it is a state law, one volunteer “tried to get the school board to pass a rule to require helmet use when riding on school property and riding to school” but was not successful. A former BAC member noted, “You still don’t see pressure from schools to wear a helmet.” However, the final report on the CDC three-year grant activities reported an enthusiastic response from a number of school districts for the “Bicycle Safety Education Program” (BSEP), curriculum enhancement.^{xxi}

As part of the CDC three-year grant, the BAC, in cooperation with the Office of Injury and Disability Prevention (OIDP), mailed the BSEP to every Maryland public and private school as well as to all preschools that offered Kindergarten-level classes.^{xxii}

Bicycle Helmet Use Law Enforcement:

Under the Maryland law, police officers are not able to cite a child who is not wearing a bicycle helmet while bicycling. The law allows them to issue a warning and provide educational material. One law enforcement official explained that the law was “not written for enforcement but as an educational law. The law is intended to educate children and parents that you’re supposed to be wearing helmets. If a child takes home a warning, it may bring attention to the parents” about the need for the child to wear a bicycle helmet.

Just as the legislature found it difficult to accept the image of officers giving tickets to children, law enforcement officers don’t think the general public would accept strong enforcement of the law. This same officer believes: “the perception would be the problem here in Maryland. I don’t think the public would appreciate officers giving children tickets. If it was an all-rider law, then it may be acceptable to issue tickets and we would see more enforcement.”

One police officer said: “As far as enforcement of the bicycle helmet law, I don’t think we’ve been really strictly enforcing the helmet law. Usually I threaten, but more of what we do is educate. I’ve probably educated hundreds of kids and given out thousands of helmets, thanks to SAFE KIDS.”

One observer believes that some opportunities to encourage enforcement of the new statute were missed. “After the law was passed, the health department disappeared” from participating in the law’s implementation. “They were helpful in getting it passed, but not in implementing it. And police have so many other issues to deal with,” and thus little enforcement occurred.

Few police departments appear to be making enforcement a high priority. One state safety official added: “I’m not aware off-hand of any police departments that are really enforcing this.”

However, even some long-time bicycling activists appeared confused about the law's provisions. Several bicycle helmet use law proponents believe, in the words of one, that there is "supposed to be a \$25 fine; first time you get a warning and get into the computer. They really have never enforced it. I don't think a fine has ever been extracted. I bet there's never been a ticket written in Maryland."

This confusion about a fine may contribute to the complaints from some bicycle helmet proponents that the enforcement is meager. One reason for the confusion may be the fact that individual jurisdictions can go beyond the state law and impose a fine. For example, one proponent reported that Howard County had given out tickets in the past, "maybe nine citations in the first year of the Howard County ordinance." (The Howard County case study reported that warnings but no fines had been issued in the first nine months after the effective date).^{xxiii} It may also be due to the fact that the model legislation included a \$25 fine for a first offense.

Others say that it's more a matter of different jurisdictions' approaches to enforcing the state law. For example, "the Montgomery County National Capitol Park Police unit has a very active program. They get (the bicycle helmet use rate) up" on park property, according to one knowledgeable observer.

The National Capitol Park Police in Prince George's County have a volunteer program and one volunteer "did a wonderful video for kids; it was articulate, concise, easy for kids to understand the proper use of helmet and why. I know there are strong programs for the Park Service, but beyond that in individual counties, I can't tell you. I know some officers who are very vigilant" about enforcing the law.

Some bicycle divisions in some police departments "take it on. And if a child is injured or killed, that particular law enforcement agency gets inundated by parents, and then they do something." However, implementing the bicycle helmet use law "is not up high on the priority list of police chiefs because they can't enforce it."

Whether warnings, educational materials or citations are the tools used, some bicycle helmet use law supporters believe more enforcement of the law should occur. In the words of one activist: "Enforcement of the law is probably lacking. I've never heard of anybody being stopped. I don't know what education is being done that the law even exists. My suspicion is, if anything, they'll stop someone and say you should have a helmet on. I've never really seen them go out of their way to stand at a street corner and hand out education materials. If something needs more looking at, it's enforcement of these laws. If there was a presence where you started getting verbiage on the news, 'did you hear about the cop that stopped that cyclist on the path?' maybe you'd start seeing better behavior overall, not just helmets."

The "educational materials about bicycle helmet use" that officers are to provide to offenders received different reviews. After passage of the law, sources of educational materials included NHTSA products distributed by the Maryland Department of Transportation and SAFE KIDS coalitions, and other materials used by the Maryland Department of Health and Mental Hygiene. "When we did that first big blitz, we gave materials to CAM, SAFE KIDS had materials, the

health department gave grants,” said one BAC member. “We had T-shirts and involved the bicycling clubs.”

The state transportation department has distributed bicycle safety materials since before the passage of the bill. The bicycle safety packets that the department has “distributed in the thousands” includes “three NHTSA brochures that have been reproduced, on the benefits of helmet use, information on how to properly fit a helmet, and tips for safe cycling for children,” according to a state transportation official.

Those brochures go out in the bicycle safety packet (which now also includes pedestrian information), which is distributed “to schools, police departments, service groups, churches, whoever requests it.” However, the office distributes materials only by request. Additionally, “each county has a transportation safety coordinator; 23 counties plus Baltimore. Those people work with police departments, schools,” informing them about the law, available materials, and other issues, “so I’m sure the word has gone out. We get a lot of calls from police departments requesting information.” Law enforcement agencies “are also conducting safety rodeos for the kids.”

According to a state injury prevention activist, “the educational material varies from department to department, from officer to officer.”

The bicycle helmet use law and its enforcement is not specifically targeted when state police officers are trained; it is covered in general training as part of motor vehicle laws.

One state police officer was apparently unaware of the educational materials distributed. “We’re supposed to hand out educational material with the warning; but I have been on the job 16 years and have yet to see the educational materials.” The statute calls for educational materials but “doesn’t explain what type, who is supposed to supply it.” However, since much of the enforcement by the state police takes place on Interstate highways where children will not be bicycling, the officer acknowledged that the experience of state police might be less relevant than that of local police departments.

Although some bicycle helmet proponents were dissatisfied with the low level of enforcement of the law, they believed it did not outweigh the law’s positive benefits. “The biggest thing (about having the law) was that the parents could tell kids, ‘hey, you have to do it because it’s the law.’ It assists the parents.”

One bicycle helmet advocate believes the educational approach and availability of free or subsidized bicycle helmets should mitigate officers’ concerns about issuing warnings. “If we are buying helmets, and the police are helping to fit the helmet on the child, how could the parent be mad?”

Effectiveness Of The Law:

The state law did not define effectiveness, nor require the tracking of the law’s implementation or other aspects of the law. The final report on the CDC project included some statistics on

bicycle-related head injuries in 1994 and 1995, but did not have 1996 data. The report provided data from the Maryland Department of Transportation on bicyclist fatalities (See Table 1, below.) The report states: “It is interesting to note that the apparent decline of fatalities in Maryland generally corresponds with the peak of program activities.”^{xxiv}

MD Table 1

Bicyclist Fatalities in Maryland

Fatalities	1993	1994	1995	1996
Ages 15 or less	3	6	1	5
Ages 16 greater	12	10	7	1
Total	15	16	8	6

Source: *Bike Helmet Promotion Program Executive Summary*, MDDHMH/OIDP, updated, p 15.

A Montgomery County safety expert used anecdotal information to point out that of the three biking fatalities in the county in 1998 and 1999, all three were adolescents and none was wearing a bicycle helmet. Efforts to acquire additional data, however, were unsuccessful. State officials stated that the health department does not currently measure bicycle helmet use nor track bicycle-related head and brain injuries. The state’s motor vehicle crash statistics do not capture information on helmets on bicyclists in their reports. No expert questioned could provide statewide statistics or studies in these areas and most were unaware of the report done for the CDC cited in this profile.

According to a state transportation official: “I’m not aware anyone has done a formal survey, either of helmet use or reduction of injuries. I know the health department has discussed it, but I’m not aware that they have ever done a formal survey. I’m not aware of any other source of information.” A member of BAC said: “I’m not aware of any evaluation or implementation that’s going on around the state. I’d be interested if you were finding any.”

A state injury prevention program employee says that the state does “collect some statistics” and “we also rely on CDC and NHTSA information. Our office does not collect information on helmets . . . we only have one epidemiologist” who relies on NHTSA data on bicycle helmets.

One injury prevention expert says that proving that a bicycle helmet use law is decreasing head injuries is a difficult challenge because “usually head injuries are a relatively small number. If kids fall and hit their heads and they’re fine, you don’t hear anything about it, you can’t get a hold of those statistics. Even if a child has a minor injury with a helmet, you don’t hear about it. We don’t collect doctor visits or (emergency) ER visits. A person has to be injured enough so that they are admitted to the hospital. We use helmet use as a proxy for it, because of the Washington state study,” referring to the 1989 report by Thompson and Rivara that found bicycle helmets reduce the risk of head injury from a bicycle crash by 85 percent.^{xxv}

Another expert concurs that Maryland experiences “fortunately a tremendously low number of bicycle fatalities” annually, increasing the difficulty of measuring before-and-after changes to bicycle crash deaths due to the law.

When asked about the effectiveness of the Maryland law, most activists believe the law is effective, and offered their reasons why, using a variety of definitions of “effectiveness.” Several said they were looking for the law to increase bicycle helmet use and believe, based on their observations, that use had increased. “I would say (the bicycle helmet use rate) would have to be 20-30 percent,” observed one bicycle helmet use law proponent. He said the general philosophy had been, “as long as (bicycle helmet use) kept going up,” the law was effective, “especially since the beginning rate was so low. They kind of figured, if they only get to 6, 8, 10 percent (use), it would still be better than what we have now.”

Another offered this opinion: “As I look around the neighborhood, more and more kids are wearing them, so it is getting out, I think that parents are getting the message that kids should wear them. It’s more acceptable, there’s more understanding, more peer support.”

One bicyclist considered effectiveness in terms of the number of bicycle helmets that are sold: “I think that sales were pretty good.” The message about the law “must have been through the vendors and got to the parents.”

The same activist, self-described as “not a real proponent of the law originally,” added: “It’s very clear to me that it’s very effective. I think it’s highly successful with children. I see a lot of helmet use and it’s rare for me to see a child without a helmet now. Something did happen. I see helmets on kids in rural areas where I least expect it; helmets on kids using training wheels, when they’re just going up and down the driveway. I’m always impressed when I see it and glad that it happened. There was an impact. I think it’s promising.” Several observers also pointedly noted with frustration that frequently they observed “a child in a helmet biking with an adult who is not wearing a helmet”.

One state official believes: “My personal opinion is no, the law is not effective. It’s like bicycle safety courses: people interested in going to those are interested in safety to begin with. The people who are not safe riders are not going to be going to safety courses. I think people who want to wear helmets will do so whether there is a law or not. I don’t think anybody’s wearing it because of the law.”

The reason he believes that the law is not effective is that it “has no teeth; by that I mean no ticket, just the educational materials.” This official believes the law “had a minor impact on bicycling children,” based on “over-the-dashboard” surveys, but the impact was not greater because, citing an often-raised argument, “most police we have spoken to don’t want to get involved in giving a ticket to a child.”

One injury prevention expert also has doubts about the bill’s impact. “In jurisdictions that care about it, like Howard County and Montgomery County, I’m sure helmet use has increased. But we’re looking at two jurisdictions where – with their socioeconomic demographics, the educational level of their population – with an educational program we would probably have gotten about 50 percent compliance already (without a law). An awareness campaign has gotten them where they are.” However, as the three-county Maryland study mentioned earlier found, bike helmet educational efforts were much less effective in increasing use than an ordinance.^{xxvi}

Factors other than the bicycle helmet use law were mentioned as contributing to increased bicycle helmet use, complicating efforts to isolate the law's impact on bicycle helmet use. Influences mentioned included a national effort to link bike sales with bicycle helmet sales and design changes to bicycle helmets that made them "a little cooler so public resistance (to wearing bicycle helmets) went down."

Another activist noted: "Between the time since before these laws started to get passed and now, ten years later, you see a change in behavior. You see helmets on kids in articles, on TV, sold in stores, easy to find, many adults find them. Not as many kids are wearing them as you'd like, but it's much more acceptable than it was. I think the law is a marker for bigger awareness. It's hard to tell if it came from SAFE KIDS or CDC putting an effort out there, but more attention does seem to be paid to it. People are realizing it is politically incorrect to show a person on a bicycle without a helmet on. That's a change that we've seen in the last ten years."

These changes, which may be partly due to the law, raise the challenge of how to identify the impact of the law on increases in bicycle helmet use versus increases due to other reasons such as a change in acceptability and culture. Another potential indication of a law's effectiveness may be an indirect one: if its approach is expanded or adopted in other areas. Recently, the Maryland legislature extended the helmet use requirement to children using scooters and in-line roller skates. Some bicycle helmet use law proponents cited this step as proof of the law's effectiveness and the growing acceptability of using bicycle helmets.

The state, according to a BAC member, "just passed a scooter/rollerblade helmet bill which will go into effect next October for those 16 and under. Scooters weren't even in when we were working on the helmet law. Had bicyclists not had (the bicycle helmet use law), rollerbladers wouldn't have gotten it." In the words of another activist: "The bike helmet law made it possible this year to pass scooter helmets and in-line skating helmets."

Several activists, in general agreement that the law is effective (but not without flaws), also expressed concern that acceptance of bicycle helmet use in childhood does not necessarily translate into bicycle helmet use as a teen or adult. "I hear kids saying, boy when my head gets hard enough I won't have to wear the helmet," said one. After noting the generally high use of bicycle helmets by children, another activist said: "How that translates to teenagers, teens probably still don't think that's a good idea."

However, one long-time bicycling activist's "hope is that, with the kids who are born now, it will be in their peer pressure groups to wear a helmet. The highest usage right now is in the age group of around seventh grade, whereas mom and dad behind them are not wearing their helmets. It just took the right time, like seat belts. Compliance for seat belts is up to 80 percent. When it first started, it was 10, 12 percent. Everybody under 25 years old today grew up wearing seat belts and that generation will have higher use of seat belts."

Evaluation:

A variety of observers expressed interest in evaluations of the bicycle helmet use law and more information about the impact of bicycle helmet use on head and brain injuries, the bicycle helmet use rate and other related factors. However, existing evaluations, other than the report compiled for CDC, could not be located.

That report's comments on evaluating its program included: "The question of how to evaluate the program cannot be separated from resource issues. The Bicycle Injury Prevention Program's principal evaluation focus was observation of helmet wearing . . . Systematic qualitative follow-up should be strongly recommended and/or mandated in future Cooperative Agreement activities."

The report also stated: "Any project is only as strong as its weakest or least controllable links. Although collaboration with agencies and organizations must incorporate a significant element of organizational trust, critical tasks should be directly overseen by personnel from the lead agency (in this case, Office of Injury & Disability Prevention/Department of Health and Mental Hygiene. This does not always ensure quality, but enhances its likelihood."^{xxvii}

In addition, the report indicated: "The principal legacy of the program is Maryland's bicycle helmet law. The interest in bicycle safety and helmet wearing programs which both preceded the program and that which was generated as a result of CDC funding in this area fostered an atmosphere which was conducive to the passage of legislation in this area. CDC funding and the associated technical assistance also enhanced OI&DP's knowledge base and its ability to provide technical assistance to state and local officials."^{xxviii}

A common reaction, when asked for evidence demonstrating the impact of the state-level bicycle helmet use law, was to refer to the 1992 study that compared bicycle helmet use in Howard County to that in two counties without an ordinance.^{xxix} The implication was that adequate proof had been put forward to support the state law through that three-county comparison. No new information (from either the national level such as NHTSA or from other jurisdictions) has emerged to contradict support for bicycle helmet use and use laws. (One state employee said: "There was an underlying assumption that it (requiring bicycle helmet use) is a good thing.") With no indications to the contrary, bicycle helmet use law supporters did not focus on using their limited resources to evaluate the state law.

But, when asked, most activists agreed that there "should have been a better plan for evaluating the law." One BAC member said: "There was discussion about it but I don't think it went anywhere. The biggest talk was to come back later and see if there was interest in having the adult law passed."

Another said: "I would like to see us do some important things that no one is doing; we're not doing enough evaluation and review . . . We need to have a better sense" of how programs and policies are working. "How do we know it's good? We need better data than we have right now on a lot of this stuff." Policy discussions about bicycling in the state are "getting way too much into 'gotta change the state highway administration, gotta change this attitude, gotta change that.'

It would be interesting to evaluate the law in Maryland” because it would help to shape such discussions.

One state employee said: “There was some consideration by the health department at some time (to conduct an evaluation), but nothing state-wide as part of the law. Once the law was passed, no one really owned the law to be responsible for its implementation.” A former state employee attributed this lack of involvement to the loss of grant funds.

An employee of the state injury prevention program agrees that evaluation would “rightly belong in our portfolio to be the custodian, and to evaluate. But with the constraints of the department, we are limited to educational and advocacy efforts, we must prioritize our needs.” The program faces both financial and staff constraints. “We have a small office of three full-time state employees and some part-time interns from the University of Maryland (U-MD).”

With those limited resources, “what the office does is to continue pushing helmets through county injury coordinators in the counties. We do lots of education for the public when we have the opportunity to do so, when we see a unique opportunity to do so. We also testify in the legislature when such bills come up.” For example, the office testified about the bill to require helmet use for scooters and in-line skates.

“We work mainly through the injury prevention coordinators. There are 24 of them, one in each county plus Baltimore city. We give them information on bike helmets, we also sponsor mini-grants whereby counties apply competitively for small amount of state public health money. For those that succeed, we give them \$2,000-\$4,000. Almost every year, somebody does something on bicycle helmets. Those are our foot soldiers in Maryland with the public. Working with the injury prevention coordinators and then testifying in the legislature, those are the two main ways that we use to advocate for helmets.”

To evaluate the bicycle helmet use law, the state injury prevention staff would need “mostly financial resources and staff; if we have the money and personnel I can see us conducting such a study,” the employee said. One observer stated: “People in the state injury prevention office only work on projects on which they are grant funded. It doesn’t matter what other issues need to be dealt with, if their staff isn’t funded to work on the issue, it doesn’t happen.”

Another injury prevention expert said conducting an evaluation would be challenging. “I think you’d have to fund an observation study; I don’t know how easy that is to do now. You’d almost have to do an observation study, stop somebody and ask, ‘why did you wear a helmet?’ ‘Did you know this was a law?’ ‘Did your mother make you wear it?’ Maybe do a focus group.”

A state transportation department employee said: “Off the top of my head, I’d say there would have to be some interest in doing it by the people running the departments. There’s not a whole lot of interest in doing it . . . Nobody’s enforcing the law. As much safety information as we’ve sent out, people ought to know they need to wear a helmet, but people aren’t wearing them. If there had been interest, I think we would have done it by now.”

Retrospective Analysis:

Observers had a variety of comments on how to more effectively support bicycle helmet use in Maryland, as well as on broader bicycle safety and bicycling issues.

On the need for follow-through and evaluation:

“You might have a lot of hoopla for passing the legislation but then they don’t maintain information about it. But we know from seat belt laws and child safety seats, you need to continuously deliver the message and I don’t think we’re delivering the message about helmets.”

On the penalties and enforcement:

“The only way to make any law effective is to have some teeth involved, and that would be a fine. The proposed bill did include a fine, but legislators would not impose a fine. There was the concern that it would be infringing on people’s rights; that’s the only way it passed. Legislators did not want to make police the bad guy.”

“Any time you pass a law with no teeth, no enforcement penalty whatsoever, whether it’s taking the bike, fining the family, it’s not going to be nearly as effective. We don’t need a huge penalty – financially or points – we need a slow and steady (effort). With children, it’s problematic in that what are you going to do, take them home and give the citation to their parent? It’s a different ball game than with a motor vehicle and licensed driver. I think you need some kind of penalty.”

“The no-penalty feature of the Maryland law is causing it not to be particularly enforced, and even when it is, not to be particularly effective. Would it be more effective to have to go through education when you get a ticket?”

“The state law could do better; it should be more enforceable, like a penalty. Police officers should be suggesting to kids, ‘you should be wearing a helmet when you bike.’ It’s not a priority; a lot them don’t say anything. It varies with each (police) department, each county.”

Discussion of enforcement was not limited to the lack of penalties in the bicycle helmet use law:

“Rather than focusing on helmets, we should focus on the enforcement” of all laws for bicyclists. “Most injuries and fatalities, at least here in Maryland, are caused by the fault of bicyclists. Typically it’s an adult running a stop light or stop sign, or a child coming into traffic from a driveway. Education helps everybody, but enforcement, what I see -- cyclists biking the wrong way down the street, going on and off of sidewalks into the roadway and back again, blowing through stops – enforcement would be a big help. Of course, enforcement would be a big help on all highway safety laws.”

Non-legislative issues were raised that respondents felt were as important to bicycle safety as the state law and its implementation. When the goal is solely increasing bicycle helmet use, other problems may emerge as a result of that single focus. For example, several observers were concerned about bicyclist visibility and even helmet color. Echoing comments made repeatedly, one BAC member said: "I've had people complain to me that all the helmets sold today are black. We should make it illegal to have black helmets. We should make helmets visible. It's good that helmets are getting more and more comfortable. Comfort and style have historically been too much overlooked because of safety. Safety doesn't sell."

One bicycling activist, though a supporter of the bicycle helmet use law, believes that bicycle helmet use needs to be considered in a broader context of safety. "We have to be careful not to be putting too much emphasis on helmets when we talk safety, when it may be civil engineering that needs to be safer . . . potholes and barriers won't get addressed."

A long-time bicyclist and safety advocate sees a new and improved focus on safety and bicycling which will change the issues addressed: "A new breed is coming in (to the transportation and highway safety community) -- now more committed. It used to be that the bicycle was thought of as a toy, it shouldn't be on the street. Our aim all along was to make the bike part of the transportation system," which is now beginning to happen. In the past, "We did it as a civilian-type thing," relying on a cadre of volunteers. "Only now it's moving into a professional direction, being taken to a professional level." It's "tough to get things moving" when relying only on volunteers. Sometimes it is easier to get things done when efforts are supported by professionals, whose job it is to represent bicycling, and by volunteers.

Section VII. Profiles

D. State of Oregon

Jurisdiction: State.

Effective date: July 1, 1994.

Ages covered: Children under age 16.

Penalty: A \$25 fine, which can be waived upon proof of bicycle helmet ownership.

Legislative language is reprinted in Section VIII D.

Agency enforcing the law: Any sworn police officer

Impetus For Legislation:

The inspiration for the bicycle helmet use bill introduced in the 1993 session of the Oregon state legislature was the son of a legislative aide. The staff member, who worked for a Democratic state senator, was faced with an adolescent who balked at strapping on his bike helmet. Wearing a bicycle helmet made him feel “like a nerd.” His friends didn’t have to wear helmets, why did he? The aide, Claudia Black, thought to herself, “there ought to be a law” to make it easier for her to get her son and his friends to use bike helmets. With the support of her boss, she researched the issue and found out about the incidence and high costs of head injury and the effectiveness of bike helmets in preventing head and brain injuries.

The bill, however, did not appear in a vacuum.

The Bicycle Helmet Environment And Existing Efforts:

At the time of the bill’s introduction, several bicycle safety efforts were underway in communities around the state. Two major programs, THINK FIRST and Trauma Nurses Talk Tough, were at the two Level 1 trauma hospitals in the state and had chapters in various communities. Both programs distributed bicycle helmets through giveaways or subsidies and were instrumental in launching bicycle helmet give-away programs in various communities.

The City of Portland's pedestrian program conducted bike helmet giveaways. Portland Wheelmen held bike rodeos that emphasized bicycle helmet use. Various service clubs held bike rodeos; some gave away bicycle helmets. The American Automobile Association (AAA) held a bicycle helmet poster contest in the Portland metro schools.

Many elementary schools in Oregon provided ongoing bike safety education programs. Raleigh Park, an elementary school in Beaverton, was an early example. The Parent/Teacher Club handles the school’s bicycle safety program. The program’s primary goals are to educate

children and parents about bicycle safety skills and to provide low-cost bicycle helmets. The two-week program involves learning bicycle safety skills in gym class, a poster contest, an all-school assembly, and concludes with a Bike Safety Fair/Ice Cream Social for parents and children.

Other efforts included a citywide bike bicycle helmet education effort by the City of Silverton. Low-cost bicycle helmets were offered for sale at a series of school assemblies with the cost of the helmets offset by fund raising. The project distributed 1,300 bicycle helmets and provided school safety messages to 2,365 children, all in a city with a population of 6,000.

Most programs were targeted to children in schools rather than to parents, who are described as a much more difficult audience to reach. One effort to reach parents was through court-ordered safety belt classes, where the group, Trauma Nurses Talk Tough included bicycle helmet information.

Perhaps most importantly, the legislative proposal developed by Ms. Black was fortuitously timed, emerging in an environment (outside of the state legislature) that had built a framework that could provide resources to support bicycle safety policies. Prior to the introduction of this particular bill, a lot of behind-the-scenes work helped to set the stage for success.

An early bicycle helmet use bill, introduced in 1987, resulted in the creation of the bicycle safety program within the then Oregon Traffic Safety Commission.

The Transportation Safety Division (TSD) of the Oregon Department of Transportation (ODOT) had been working on the possibility of a bicycle helmet use bill for a number of years and had supported bills introduced in prior legislatures. A fairly deep body of evidence supporting bicycle helmet use was already gathered by the office and was available for quick access when the time came to provide it to decision makers.

The transportation safety office had formed a well-defined bicycle safety coalition prior to the 1993 legislative session. The coalition had identified a bicycle helmet use law as a primary objective, and hammered out compelling arguments and data. In addition to TSD representation, the group consisted of Trauma Nurses Talk Tough, THINK FIRST, the Oregon Health Division's Childhood Injury Program staff, a bicycle supply wholesaler, AAA Oregon's legislative staff liaison, and others. According to one participant, "While the group was originally set up to treat the entirety of bicycle safety, once a bill with possibilities came to the fore the group leapt on the task of passing the law."

The Legislative Experience:

The path from introduction to adoption was an intricate one, yet it took only one session, which surprised even the bill's supporters. The "conventional wisdom" was that the bill's passage, if it were to happen at all, would take several sessions. Bill supporters were advised that it would be a good sign if they just got a hearing on the bill in the 1993 session.

Several factors were credited for the bill's unexpectedly speedy adoption; one advocate said a mandatory factor was persistence. Another supporter identified the state senator and his legislative aide who shepherded the bill, and their strong commitment to the issue, as key in the bill's passage. One supporter said, "You've got to have some people with influence willing to support it."

As mentioned earlier, an existing bicycle safety coalition was in place and had compiled evidence supportive of bicycle helmet use.

One key strategic move was the authorship of the legislation. The two main cosponsors were a liberal Democrat from an urban area and a very conservative rural Republican. This bipartisan backing brought supporters from both groups.

Both statistical information and anecdotes, such as personal stories told by victims or health care providers, were identified as very helpful to the bill's passage. One legislator, who was considered a "hold out" by the bill's supporters, changed his mind after a child in his district was hit by a car at the time hearings were underway; he also heard from constituents about the crash.

At an Oregon House of Representatives committee hearing, one witness showed videos of her brother taken before and after a bike crash. Before the crash, he was a college student majoring in pre-law. The video taken after the crash showed him struggling with questions such as: "How many fingers am I holding up?"

Of the statistical information presented to the legislature, the cost to society of a head injury appeared to have the most impact. Information indicating that the cost of a single severe head injury could exceed \$2.1 million convinced legislators that wearing a bicycle helmet was not only a parent's decision, it was a legitimate government concern, considering the potential cost to society.

State agencies had a role to play. Coincidentally, the spouse of the Democratic co-author also was the head of the state Department of Motor Vehicles.

However, at Oregon's Department of Transportation (ODOT), an internal struggle emerged regarding what ODOT's message and stance on the bill would be. The Oregon Department of Transportation represents a wide range of stakeholders. In this instance, two committees to the department (Bicycle Advisory and Transportation Safety) took opposing positions on the matter. The bicycle use advocates did not want ODOT to support the law, arguing that it would decrease bicycle ridership. ODOT staff carried the committees' opinions and supporting facts to ODOT management. ODOT management made a considered judgment and recommended support for the law. This process delayed ODOT's presence before the legislature in support of the bill.

The role of the law enforcement community was very important. One objection to the proposal was that police officers "have enough to do." One of the legislative authors brought in the police chiefs of two Oregon cities, who testified that the law was not a problem for them. The opposition of law enforcement "could have derailed" the bill, according to supporters.

The Subcommittee Experience.

Although the legislation was adopted in one session, it did not advance without modifications in the committee process. The bill as originally written would have required bicycle helmet use by bicyclists of all ages. At one of the first hearings on the bill, the authors were urged to limit the bill to cover only minors. They agreed to that change. One supporter would have preferred a bill that covered those at least up to age 18, but the compromise was to require bicycle helmet use for those under age 16. One reason for settling on this age were statistics showing a large number of bike crashes among boys between 11 and 14 years old.

Bicycle helmet use legislation had also been introduced in the House of Representatives, but those bills did not get scheduled for a hearing.

Two “last-minute” amendments were added to make the bill acceptable to legislators in the House:

- Bicycle rental businesses would be required to make bicycle helmets available but would not be liable if people didn’t wear them.
- Exceptions were made for children riding tricycles and for three-wheeled non-motorized vehicles operated on the beach.

Legislative advisors counseled against “cluttering up” the bill. When asked about potential provisions such as directing the use of any fines collected or requiring data collection or reports, one supporter said: “Don’t put it in the law. You want the cleanest bill possible.” Some supporters wanted to send the \$25 fines to a fund for bike paths or similar activities, but that would have complicated and “killed the bill.” If the bill had had a fiscal impact, it would have gone to the Ways and Means Committee “and it would have died.”

Partisan considerations were taken into account in advancing the bill, not just in its introduction. In the 1993 session, the Republicans were in the majority in the House and Democrats in the Senate. When Senate supporters needed to visit with House members regarding the bill, they always made sure the top GOP Senate co-sponsor was with them.

The positions of key committee chairs strongly influenced the bill’s movement. Though the transportation committee could claim jurisdiction over the bill, that committee’s chair was not interested in advancing it. The bill’s supporters found a friendly ear in the judiciary committee and the bill was heard there.

Another very helpful point was the existence of similar laws in other states. Legislators asked: “What are other states doing?” Oregon legislators did not want to be the first to pass a law like this; they didn’t want to be “mavericks,” according to one supporter.

After the bill passed, *The Oregonian* newspaper listed it as one of the top ten positive bills of the session. The bill and its authors got “incredible good publicity.” One author said it was his biggest bill of his career in terms of long-lasting impact.

Constituencies And Arguments Pro And Con:

As mentioned above, a wide range of individuals and groups were identified as supportive of the legislation, including the Public Education and Prevention Subcommittee of the Area Trauma Advisory Board, Region 1, an active coalition of injury prevention professionals. Nurses (especially trauma nurses), emergency medicine professionals, and pediatricians were the professionals identified as most helpful in securing the bill's passage.

The Oregon chapter president of the American Academy of Pediatrics testified, bringing along his son, who was a quadriplegic as the result of a bike crash. The state did not have a SAFE KIDS chapter at that time but the national organization sent a letter supportive of the bill.

Opposition to the bill included the bicycling adult community such as the Bicycle Transportation Alliance. They were concerned that the law would decrease ridership. At the time, the Alliance saw also it as a barrier to bicycle commuting but they have since moved away from this position. Opponents were also concerned that a bicycle helmet use law would create the perception that bicycle helmet use alone "solves bike safety problems" and could thus decrease efforts for other facets of safe biking such as training, bike paths, and sharing the road efforts.

The most influential arguments made by those who opposed the legislation were summarized as:

- The law would decrease bicycling and therefore reduce the health benefits of bicycling; and
- The law would infringe upon the right of parents to decide their children's behavior. This argument was raised by many of the legislators opposing the bill.

Another argument presented was the "risk homeostasis theory": the theory that, for example, people who wear seat belts will then drive less safely and take more risks. Noted researcher Dr. Frederick P. Rivara of Seattle's (WA) Harborview Injury Prevention and Research Center countered that argument, explaining that the theory had no validity.

The arguments for the bill that were judged to be the most persuasive were:

- Personal stories told by victims and care providers;
- The effectiveness of bike helmets in preventing injury and the cost of a single severe head injury; and
- The responsibility that adults have to protect children.

A key legislative staff member working on the bill said the effort was different from the more common experience where a bill's author could be successful just by working with a few powerful legislators in key leadership posts. This was a "tough battle" which was fought "one legislator at a time." The bill had several determined opponents who sought to derail it.

According to that staff member, "so much of it is just one-on-one lobbying, learning your members and learning what is important to them." For one legislator, the most convincing argument might be the personal tragedy of a child's brain being damaged; for another, it may be the "hard-nosed" issue of cost and savings resulting from injury prevention.

The Role of the Media:

The bill's supporters took advantage of some media opportunities. First, the introduction of the bill served as more than a necessary legislative step. It was the proponents' first effort at media involvement, to begin the process of public education about both the proposed law and the need for the law. On the day of the bill's introduction, the authors held a news conference in the Capitol. A local pediatrician gave a demonstration illustrating the fragility of the brain and its vulnerability to damage.

The bill's authors wrote to the editorial board of every newspaper in the state, providing them with background information and a proposed editorial. A large number of papers printed the editorial verbatim. After the bill's passage, the authors also asked for a bill-signing ceremony with the Governor. The event was crowded and made a good story, and essentially launched the yearlong education process before the law took effect.

Phase-In To Implementation:

The bill was passed in July 1993 to take effect in July 1994. The year's delay was established to educate the public about the law and because of concerns about the ability of low-income children to afford bicycle helmets.

Once the law passed, the primary objective of the coalition that had supported the legislation evolved into implementation of the new law.

Transportation Safety Division staff worked with the Childhood Injury program at the Oregon Health Division to join this group with the Area Trauma Advisory Board Group to develop a bicycle helmet coalition. Supported by a grant from the Centers for Disease Control and Prevention (CDC), the Oregon Health Division created a three-year position for a Bike Helmet Coordinator (which has since ended). These funds allowed the Health Division to create and coordinate a "synergistic effort statewide," according to one participant.

The Oregon Bicycle Helmet Coalition was formed and included a wide range of people and groups, such as non-profit organizations, businesses and insurers such as Kaiser-Permanente, in addition to government agencies.

Efforts to educate about the law and to distribute bicycle helmets were both initiated at the state level and emerged at the local level due to individual efforts. As a result, some activities were coordinated statewide; others were not.

The coalition conducted rodeos, gave out bicycle helmets, and printed and widely distributed a community-planning guide to all schools, hospitals and community organizations. Production of the *Bicycle Helmet Campaign Community Planning Guide* was supported by: State Farm Insurance Company, THINK FIRST Program, Safe Child Foundation, Oregon Medical Association, ODOT, Area Trauma Advisory Board I, Public Education and Prevention Committee, and Oregon Pediatric Society. The guide covers how to conduct bike rodeos and

bicycle helmet giveaways and obtain subsidized bicycle helmets, and includes success stories, worksheets and resources. The guide is reprinted in Section IX E, page 168.

Bicycle helmet give-away programs that existed in advance of the law's effective date were described as limited. After the law's passage, THINK FIRST worked with other organizations on giveaways at targeted schools. For example, at schools with a high proportion of children participating in the school lunch program, Kaiser-Permanente would give a bicycle helmet to every child. Trauma Nurses Talk Tough sold bicycle helmets at reduced cost. Community bike rodeos were held in low-income schools where bicycle helmets were sold for \$5 or given free. Some rodeos were held with law enforcement partners, some with fire fighters; many were held in conjunction with schools.

Both education and bicycle helmet give-away programs continued after the law took effect. Both Trauma Nurses Talk Tough and THINK FIRST continue to give away hundreds of bicycle helmets and sell thousands of bicycle helmets at a cost of \$5 every year.

The new law received substantial media coverage, including stories that highlighted the experiences of victims. Retailers also posted information about the new law near bicycle and helmet displays.

In some communities, McDonalds' restaurants continue to donate certificates for free food for law enforcement officers to give to children who are wearing bicycle helmets.

The bike helmet coordinator also worked through the state Department of Education to ensure that children were wearing bicycle helmets. For example, they contacted schools to determine if the schools had policies requiring bicycle helmet use by children bicycling to school.

Law Enforcement Involvement During Phase-In:

Law enforcement officers and agencies were involved in education and bicycle helmet distribution efforts before the law's effective date. Many law enforcement agencies worked with injury prevention programs and Kaiser-Permanente to enforce through education and rewards.

Officers were trained to fit bicycle helmets on children properly. The bicycle helmet coalition provided bicycle helmets to be carried in the trunks of patrol cars, so that an officer could provide bicycle helmets to bicycling children on the spot. Officers could "cite" children who were wearing bicycle helmets by giving them coupons for free ice cream at the local McDonald's. (The Hillsboro Police Department was mentioned as being deeply involved in this approach for several years).

Police agencies and THINK FIRST paired up in low-income housing projects and held bike rodeos in the parking lot of the projects and brought Spanish-speaking interpreters along. This model was used in several cities. Some agencies got out information about the law through their community service officer, who would talk about the law at community meetings.

To educate police officers about the need for the law and to encourage their enforcement efforts, a variety of steps were taken. The bike helmet coordinator developed a training video for law enforcement. A video where line officers would hear “from the top down” that enforcing the law was important and would learn about head injury was thought to be the best approach to educate and engage peace officers around the state.

The video, “Putting Safety on Top,” showed the governor (on a bike and wearing a helmet) and his wife, who was the honorary chair of the SAFE KIDS coalition, which had since been formed in the state. They were filmed at the governor’s mansion and spoke about head injury and bicycle helmet use. The Superintendent of State Police and the presidents of the state’s sheriffs’ association and police chiefs’ association were also interviewed. The experiences of two bicycle crash survivors were contrasted. One survivor was a 17-year-old who had been in a bike crash, with no helmet, at age 12 and had suffered a brain injury. He and his grandmother talked about what it is like to live with a brain injury. The other survivor, the son of a patrolman, had been in a crash under identical circumstances but had been wearing a bicycle helmet. He walked away from the crash without injury to his brain.

ODOT’s Traffic Safety Section funded the 11-minute video and the Department of Public Safety, Standards and Training section distributed the video to every law enforcement agency in the state with a training curriculum. Officers would get an hour of continuing education credit for watching the video. The video, described as “powerful” and “emotional,” was well received and is still being used.

The bike helmet coordinator also made a presentation at the state sheriffs’ association conference, asking for their help in enforcing the law.

One message emphasized to officers was that they could view the bicycle helmet use law as a positive way to relate to children, not as “oh, no, here’s another thing that makes us ‘the heavy.’”

Bicycle Helmet Use Law Enforcement:

In spite of efforts to support enforcement of the bicycle helmet use law, observers report that little enforcement occurs. Sample comments included:

“Parents wish the police would stop and cite children. The police wish the judges would hear the cases. Many people think the law is good. Some don't.”

“Most police agencies don't want to ticket kids, because the Circuit Courts wouldn't hear the cases. Many police simply do not cite children for this infraction. Enforcement has been a major issue in compliance.”

“This law is rarely enforced, although some individual officers will drive a child home who is un-helmeted and then speak to the parents. I doubt that more than a handful of citations have been issued.”

This observation is difficult to confirm since it is difficult to track how many tickets are issued. Individual jurisdictions may compile the information, but it is not done statewide. According to one observer, “There is also no record-keeping.”

But one supporter believes that the number of tickets issued is not a primary concern. “We were much less concerned about tickets than helmet use; I didn’t care if they didn’t write a single ticket as long as helmet use went up.”

Several years after the law has been in effect, evidence of law enforcement’s commitment to the bicycle helmet effort remains. For example, most police agencies now have a budget line to purchase bicycle helmets to distribute to the children with the greatest need. And, as mentioned earlier, the training video is still utilized and considered effective.

One jurisdiction was specifically mentioned regarding enforcement: the Sunriver Police Department heavily enforces the law. Sunriver is a large resort community where alternative transportation modes were designed as part of the city. The jurisdiction is relatively unique in that it has more bike trails than roads and the bike trails are heavily used.

One unconventional approach to enforcement is reportedly successful. One observer states that the jurisdictions where “real” enforcement has been successful, compared with “educational enforcement” alone, are those that have peer courts. The students on those courts are willing to cite and give community service to fellow students found to be in violation of the law.

Effectiveness Of The Law:

The law did not define “effectiveness” nor require tracking, monitoring or reporting back to the legislature. However, the state received a grant from the CDC to study the impact of the law, resulting in the report, *Evaluation Of A Statewide Bicycle Helmet Use Law* by the Oregon Department of Human Resources Health Division.^{xxx}

The Oregon Health Division conducted pre- and post-law bicycle helmet use surveys using direct observational surveys at both community and school sites, statewide telephone surveys of adults (as part of a behavioral risk factor survey) and classroom surveys of self-reported behavior. Significant findings in that report included:

- **Post-law bicycle helmet use was about twice as high as pre-law bicycle helmet use.** Bicycle helmet use increased from 24.5 percent to 49.3 percent in youth under 18 years old in the community-site observational survey and from 20.4 percent to 56.1 percent among children under 16 years old in the school-site observations. The increase was higher among female students, in urban areas, and in small towns.
- **An abrupt decline in bicycle-related head injuries (BHIs):** The data revealed a sharp decline for the whole population when the law was implemented. In the first full year after the bicycle helmet use law was in effect, actual BHI cases were 70. The predicted cases were 121, meaning a total of 51 BHI cases avoided. The proportion of injured people wearing bicycle helmets at the time of crashes significantly increased from 16.0 percent (1992) to

30.4 percent (1994), whereas the proportion of BHIs decreased from 62.7 percent to 47.3 percent.

- **Significant savings in direct medical costs:** The estimated annual savings was \$2,591,456 to \$3,577,336. Factoring in the cost of the legislation, the cost saving per prevented head-injury was \$2,864 to \$3,812.

However, the report's author cautioned that some of these analyses were limited due to the lack of long-term injury death data.

Fortunately, even in advance of the bicycle helmet use law, the number of bicycle-related fatalities in the state was relatively low. During the years studied (1989-1994), fatal bicycle-related head injuries never totaled more than fifteen in any year and, among children, no more than five. The report found no specific pattern in the fluctuation of deaths across the years.

Another type of evaluation of the law was undertaken and deemed helpful. Although the Oregon statute did not require a report on the law, the state agencies implementing the law undertook the initiative to report back to legislators. They met with legislators and presented information on what was being done to educate the public about the law, bicycle helmet subsidy and give-away programs, and other efforts.

Bicycle Ridership:

The state evaluation cited above did not look at effects on ridership. In the analysis of bicycle-related head injuries, the author assumed a steady status of bicycle ridership from 1989 through 1994, citing data from ODOT observations at four sites in the state.

These ODOT figures show an increase in the number of bicyclists of all ages observed at these sites from 1989 to 1994, but a decrease in the proportion of riders identified as "youth." However, the report does not discuss these figures, whether they accurately reflect ridership in the state, nor about factors that may be associated with this possible decline in child ridership. According to the observations, bicycling among youth began to decline after 1987, several years in advance of the law.

Evaluation Of The Law:

The Oregon Health Division's evaluation was aided by the CDC grant. The agency used existing sources of data, but needed to provide resources for staff. Without CDC funding, evaluation of the law would have been much more limited.

The CDC grant had an impact not only on measuring the impact of the law, but directly on its effectiveness, according to one state official. The three-year grant also funded the position of the bicycle helmet coordinator. Without that position, "the work of the coalition wouldn't have moved forward, the legislative follow-up wouldn't have happened, nor the police training, nor the evaluation of the effectiveness of the law. The evaluation was at selected schools throughout Oregon, in multiple counties, and this work actually boosted bike helmet efforts at those schools,

so it was an important factor in increasing both the distribution and education of/about helmets.” The CDC funds provided resources for the Health Division to provide leadership in creating and coordinating this synergistic effort statewide, according to the official.

Retrospective Analysis:

When asked what could have been done differently to support bicycle helmet use more effectively in the state, the respondents had a variety of responses:

- In drafting the law, rather than a fine, “I would make education the sanction for violating the law. Maybe then law enforcement and the public would be more supportive.”
- Begin with “a state-wide, organized, coordinated, effort”; look far and wide for partners, figuring out a strategy early, working through SAFE KIDS and others.
- On-going efforts are necessary, even before bicycle helmet use legislation is introduced, to provide “information on the physical laws that make helmet use necessary. We don’t have a choice about the laws our earth has” yet most people don’t understand that. Once a law is in place, the physics behind the law should be emphasized more than the law enforcement aspect.

“I believe, based on my experience with the public, that they truly do not understand the physical reasons for the law. They do not really understand, either, why a brain injury is such a bad thing. When parents really understand the need and are reminded that the most important job they have is to protect their child, they will do it.”

As the state’s evaluation concluded, “half of child bicyclists are still un-helmeted and do not support the law, indicating the need for helmet use education.”

- “Less emphasis on ‘do it or get a ticket’ and more on the need to protect our children.”
- “There has to be enforcement of the law on multiple levels--schools mandating that kids riding to school wear helmets, neighbors enforcing the law on their own streets, and support by judges to allow police to ticket.”

Section VII. Profiles

E. Port Angeles, Washington

Jurisdiction: City.

Effective date: January 1, 1994; penalty provisions effective January 1, 1995.

Ages covered: All ages and guardians of persons under age 16.

Penalty: \$15 fine.

Agency enforcing the law: City police.

Legislative language is reprinted in Section VIII E.

Port Angeles, WA, is a predominately middle-income white suburban community; population is approximately 19,000.

Impetus For Legislation:

Port Angeles is among the many local jurisdictions in the State of Washington that have enacted a bicycle helmet use ordinance in the absence of a state law. According to the Bicycle Helmet Safety Institute, Port Angeles and 16 other Washington communities have adopted bicycle helmet use ordinances, most of them for bicyclists of all ages. (For information as of April 2002; see *Helmet Use Laws for Bicycle Riders*, Section IX A, page 154.)

Jurisdictions considering bicycle helmet use laws may be motivated to do so as the result of a serious crash; however, that was not the case in Port Angeles. At the time of the bill's passage, the city manager was an avid bicyclist and, perhaps most importantly, one of the city's seven council members was a physician and a "sometime" bicycle rider.

The support of this councilman and the city manager, as well as "a very vocal" retired physician and others in the medical community were key to the ordinance's introduction and passage. Their interest in preventing deaths and injuries and their awareness of the effectiveness of bicycle helmets in doing so motivated their efforts to enact the ordinance.

The Bicycle Helmet Environment And Existing Efforts:

Port Angeles is seen as bicycle-friendly, with an active bicycling community and a bicycle club. At the time the council was considering the bicycle helmet use law, the community had little in place in terms of bicycle helmet education, give-away programs, or activities to encourage bicycle helmet use.

The Process of Adoption:

Spearheaded by the city council member who authored the ordinance, the council's consideration and adoption of the proposal was not controversial. The city council "batted around" a variety of approaches to the law, including requiring bicycle helmet use only by minors, an approach used in many jurisdictions. They concluded that the most sensible approach was an ordinance that applied to all bicyclists.

Part of the council's consideration of the ordinance involved council hearings. According to one observer, the hearings did not contain a lot of conflict and not much testimony was submitted. The council heard primarily from supporters of a bicycle helmet use law, including health and medical experts. Some support also came from the bike community. Emergency medicine professionals and pediatricians were very helpful in passage of the bill. Involvement by law enforcement officials was somewhat helpful. Other professionals and community groups did not play a major role.

Both statistical and anecdotal arguments were described as somewhat helpful in the process.

The most influential arguments made by those who opposed the legislation were that the police were already overburdened and that the law would infringe on individuals' rights.

Implementation of the Ordinance:

The law was implemented in phases. The bill did not take effect until six and a half months after enactment. The ordinance directed the City Manager to work with public and private agencies "to develop a program of helmet awareness designed to promote use of helmets by all ages and a program to subsidize use of helmets by low-income families."

The community also undertook a variety of programs between the bill's enactment and its effective date: education programs, bicycle helmet giveaways, and a news media awareness campaign. These efforts were conducted primarily through the police department. The education and giveaway programs were continued after the law took effect. The city's police department also sponsors an annual bicycle rodeo.

The responsibility for educating as well as enforcing the ordinance fell to the Port Angeles police department. There has been little community or organizational involvement in promoting bicycle helmet use other than police department activities. The police believe this lack undermines the effectiveness of the law. "Unfortunately, like many laws, our bicycle helmet law was passed with good intentions to address a problem that should involve the community as a whole, not just the police," said one police official.

Enforcement:

The penalties for violating the law were also phased in. The ordinance allowed only written warnings to be issued for the first year the law took effect. The city police also had discretion in enforcing the bicycle helmet use law; officers could continue to issue warnings instead of fining

violators. A bicyclist's first infraction for violating the law could be dismissed upon proof of bicycle helmet ownership.

The community reaction to the law seems to be acceptance. One reason for this may be the approach to enforcement taken by the police department, which is not focused on issuing citations. One official describes enforcement of the law as "casual; we prefer education. Increased enforcement might trigger public opposition. The police already make enough negative contacts."

The many demands on a police department affect the resources that the department can direct toward enforcement of the law. "We usually have three or four patrol officers on duty at any given time in a city of 19,000 residents," said a police department official. "Officers do cite offenders who are involved in accidents or somehow otherwise blatantly ride a bicycle recklessly. Otherwise the officers tend to ignore violations. We also have a number of tourists who ride without helmets."

Bicycle Helmet Use Law Effectiveness:

The council's deliberations during passage of the ordinance did not include discussion of evaluating the law once enacted. The community has not undertaken any reviews of the law, ridership patterns or the community's crash statistics to determine the ordinance's effectiveness. No before-and-after measures of bicycle helmet use were gathered.

One local official stated that it would make sense to look at the law's effectiveness, "but it has not been a priority. We only have so many resources. We should do an evaluation of many of our laws." Local officials did report that bicycle helmet use increased as a result of the ordinance, based on anecdotal information.

Retrospective Analysis:

From the bill's introduction (and even before) through its enactment and implementation, one observer felt that two facets were missing throughout: news media education and acknowledgement of the resources needed by police. The effort necessary for a successful bicycle helmet use law was likened to the constant effort many jurisdictions now use to support their seat belt law. Once the ordinance is in place, on-going efforts are necessary to inform the public about the effectiveness of bicycle helmets, the need for the law, and its provisions for enforcement. Getting this information out consistently through the news media is seen as the most effective means to meet this need.

Bicycle helmet use law supporters must also be aware of the many competing demands on law enforcement time and resources. "Quite frankly, I don't think most law enforcement agencies will give bicycle helmet laws high priorities. Having said that, I do believe bicycle helmet laws are okay, but officers should have discretion in enforcing them. I think a state law would be effective or more effective."

“I wish we were more effective in addressing the issue. We’re a small jurisdiction; I believe until we have a state law, it will be a problem for jurisdictions for getting the word out. If there is a state law, then education efforts would come forward from the state. You’ll have a city council person that’s supportive of the helmet law and will work to get it passed, then that person will leave office, so that after a while the support is not there.”

“The police can’t do it alone. If you turn it into a state program, then there will be state resources behind the law, educational efforts; then all enforcement agencies can enforce the law. They will all know this is the law, they know the intricacies. Citizens move from town to town, you have tourists coming in, and they don’t know the law (under local ordinances). It has not been that effective for us, it’s been a tool. You need a coalition. I think it should be bumped up to another level.”

Section VII. Profiles

F. Seymour, Connecticut

Jurisdiction: Town.

Effective Date: July 1, 1998 (Suspended July 21, 1998; repealed in September 1998).

Ages covered by the law: All riders.

Penalty: \$25 fine for first offense, which could be waived upon proof of bicycle helmet ownership; up to \$100 fine for each succeeding violation.

Agency enforcing the law: Police department.

Legislative language is reprinted in Section VIII F, page 148.

Seymour, CT, is a predominately middle-income white community, suburban/rural; population is approximately 15,000.

Impetus For The Law:

Connecticut has a state bicycle helmet use law requiring bicycle helmet use by those under age 15 but it includes no penalties for violation other than a verbal warning.

Bicycle helmet promotion efforts are primarily left up to communities. One state official said: "We don't do a lot in bicycle safety. We use an outcome-based planning process; we look at data, which says that we don't have a bicycle safety problem relative to other areas. We're at or below the national average in bicycle accidents."

The Connecticut SAFE KIDS Coalition and numerous community groups have been very active in promoting bicycle helmet use, including the Lower Naugatuck Valley (CT) Safe Communities coalition. This coalition serves the Seymour area as well as participating in the state-wide SAFE KIDS coalition. The coalition's members decided to pursue an ordinance as a next step in bicycle safety after two children were killed in bike crashes over a several-year period. One was a high-publicity case involving a drunk driver who had been released by the police just before the crash.

In these fatal crashes, one child was seven (&); one was twelve (12); neither was wearing a bicycle helmet. The Safe Communities coalition decided the town deserved a stronger law. They approached the local political leadership -- the town's selectmen -- with the "model" minors-only ordinance developed by the National SAFE KIDS Campaign, and asked them to enact such an ordinance.

“Basically, what we wanted was to enforce the state law and give it some bite,” said a local supporter. Something quite different happened.

The Bicycle Helmet Environment And Existing Efforts:

Before approaching the town’s lawmakers, the Safe Communities coalition conducted a variety of bike safety efforts, as mentioned above. They had passed out more than 1,500 bike helmets in the 18 months prior to the adoption of the ordinance. The coalition held education programs, particularly in middle schools. Every fall and spring, students were reminded of the need to protect their heads and brains while biking; one of the presentations taught students about the fragility of brain tissue, informally dubbed “Jell-O in a jar.” Bicycle safety was featured at some community days where parents attended, but the programs in general were focused on children rather than on parents.

The Process Of Adoption:

Lower Naugatuck Valley Safe Communities joined with emergency medicine professionals in approaching the town council in support of a stronger bicycle helmet use ordinance. Their most influential argument was the safety benefit of bicycle helmet use. The town’s police chief, however, was opposed to the ordinance because he was concerned about the additional burden it would place on his department.

The ordinance was first considered by the town’s ordinance subcommittee, which consists of selectmen and some community members. The subcommittee decided to go ahead with a bicycle helmet use ordinance – but to expand the proposal to cover all ages. Then the modified ordinance was included in a package with an anti-smoking ordinance. That ordinance prohibited smoking by children up to age 18 and imposed a fine on children caught smoking. Both ordinances were adopted by the board and took effect July 1, 1998.

The decision to expand the scope of the ordinance was taken without consulting the supporting coalition, according to coalition members. The broader scope of the reworked ordinance concerned the members of the Safe Communities coalition.

Implementation Of The Ordinance:

When residents learned of the two new ordinances, there was an immediate negative response. According the Safe Communities coordinator, “people went ballistic.” He paraphrased the opposition as: “When the town says I have to wear a helmet and the state law says I don’t have to, that’s a violation of my civil liberties.”

The town’s charter allows for a petitioning and referendum process. If enough registered voters (in this case, 400) signed a petition for reconsideration, then the issue would go to a referendum. A petition was circulated and the necessary signatures were quickly gathered. The ordinance was suspended 21 days after it took effect, pending the outcome of the referendum.

The supporters who had approached the selectmen asking for a bicycle helmet use ordinance were in a difficult position. Their intent was to establish an improved bicycle helmet use law for children, but when the ordinance was extended to all bike riders in the community, “we knew there was no way it was going to pass.”

“It was difficult for us to support a bill that would go so far beyond the state law,” said one local activist. “We couldn’t go door to door saying we supported this.” Though some in the coalition supported the ordinance in concept, no groups worked to support the ordinance in the referendum.

Meanwhile, opponents to the bicycle helmet use/smoking package organized and worked hard to win the referendum. The Seymour Ambulance Service and others successfully submitted some articles in the local paper about the benefits of bicycle helmet use from an EMS and injury prevention perspective. However, the combination of factors, such as the broader law, the linkage with the smoking ordinance, organizations unable to endorse the broader proposal encountering well-organized opposition, led to a situation that, according to one leader, “was a mess.”

In September, the community vote to repeal both ordinances was approximately 10 to 1.

Enforcement:

Due to the furor over the ordinance and its swift suspension, there is little to report about its enforcement. The few days it was in effect allowed little time for education or enforcement.

Bicycle Helmet Use Law Effectiveness:

The Lower Naugatuck Valley Safe Communities has several different perspectives from which to consider the effectiveness of bicycle helmet use laws. They pursued a stronger local ordinance because they believed the existing state law was not effective. They selected and advocated for the model SAFE KIDS approach because they believed it would be effective; they were unable to determine if it would have been effective because it was not adopted. The approach that was adopted was clearly not effective, being swiftly repudiated by the community at large.

Their earlier experience, in seeking to increase bicycle helmet use in their community, taught them that, “just throwing a helmet out there isn’t enough. Coordinated activities are needed.” The existence of the state law, in the absence of any penalty provision, did little to increase bicycle helmet use. Passing a law without also doing interventions such as education and bicycle helmet distribution did not work.

“We were willing to do the intervention, to go into schools, take other steps. The problem was that before we could get those programs into place,” the town leaders had broadened the ordinance so much that the community rebelled, thus “taking the issue out of our hands.”

The coalition's goal is to increase bicycle helmet use, with or without a law. The coalition members would consider undertaking programs that other jurisdictions have been shown to be effective without requiring bicycle helmet use. However, the coalition's interpretation of "effective" means evidence generated through study and research, not just anecdotal reports. The coalition director does not believe such efforts are underway (see next section).

Evaluation:

For bicycle helmet supporters in Seymour, the greatest barrier to evaluating their interventions, be it education, giveaways, or laws, has been lack of fiscal resources, followed by lack of time. The coalition has had experience in doing evaluations of teen seat belt use, where they did an intervention, measuring (observing) belt use before and after to see if their effort made a difference.

While the coalition director felt it was rather easy to sit in front of a high school and observe teen safety belt use pre/post intervention, a parallel effort on bicycle helmet use was described as being more difficult and complicated. The coalition director is unaware of sources of funds for such an evaluation.

Retrospective Analysis:

The Lower Naugatuck Valley Safe Communities would have preferred that the town's ordinance committee had adopted the model SAFE KIDS ordinance submitted to them. They would have put before the community a law that covered only minors, not bicyclists of all ages.

Bicycle helmet advocates might also have sought the support of a bicycle helmet manufacturer to undertake a pilot study of the ordinance. Such a study would have shown if the ordinance was effective and/or if it needed to be modified. It would have allowed proponents to provide objective information to the community about the law and its effectiveness.

Safe Communities members do not intend to spearhead another effort to adopt a bicycle helmet use law at this time, focusing their resources on other activities. Some leaders of the opposition remain active in the community, opposing other measures that they deem to be intrusive.

The coalition remains involved in injury prevention and has "lots of positive things going on." The lead agency of the coalition, the Seymour Ambulance Association, received the National EMT Association's Leo R. Schwartz Emergency Medical Service of the Year award for 2000. In March 2000, the Safe Communities/SAFE Kids Coordinator, Frank Marcucio, was named national provider of the year; the U.S. Department of Health and Human Services and Emergency Medical Services to Children also named him a national hero.

Section VIII. Legislative Language

A. Austin, Texas

1. Original Ordinance

CITY OF AUSTIN, TEXAS

ORDINANCE No. 960509-0

AN ORDINANCE AMENDING CHAPTER 16-8: BICYCLES, OF THE AUSTIN CITY CODE BY AMENDING SECTION 16-8-1, DEFINITIONS, BY ADDING DEFINITIONS; ADDING NEW SECTION 16-8-27, REQUIRING THE WEARING OF A BICYCLE HELMET; ADDING NEW SECTION 16-8-28, REQUIRING WRITTEN NOTICE OF THIS ORDINANCE; ADDING NEW SECTION 16-8-30, ESTABLISHING HELMET STANDARDS AND PROVIDING A PENALTY.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF AUSTIN:

PART 1. That the Austin City Code is amended by adding new definitions to Chapter 16-8-1, as follows:

CHILD means any person fourteen years of age or younger.

DEALER means any commercial establishment that sells or leases new or used bicycles, whether as its principal business activity or in connection with the selling or leasing of other merchandise, from a place of business within the city.

HELMET means a properly fitted bicycle helmet that is not structurally damaged and that conformed to the standards of the American National Standards Institute, the American Society for Testing and Materials, the Snell Memorial Foundation or any federal agency having regulatory jurisdiction over bicycle helmets, as applicable, at the time of the manufacture of the helmet.

PARENT means the natural or adoptive parent or court-appointed guardian or conservator of a child.

PUBLIC WAY means any property that is publicly owned or maintained, including a road or highway, a publicly maintained trail, and any public parks facility.

WEARING A HELMET means that the person has a helmet fastened securely to his or her head with the straps of the helmet securely tightened.

PART 2. That the Austin City Code is hereby amended by adding a new Article III to Chapter 16-8, which reads as follows:

ARTICLE III. BICYCLE HELMETS

Section 16-8-40. Helmet Required.

(a) It is unlawful for any person to operate or ride on a bicycle or in any sidecar, trailer, child carrier, seat or other device attached to a bicycle unless the person is wearing a helmet.

(b) It is unlawful for a parent to permit a child fourteen years of age or younger to operate or ride on a bicycle or in any side car, trailer, carrier, seat or other device attached to a bicycle unless the child is wearing a helmet.

(c) It is a defense to prosecution that the bicycle was not being operated upon a public way at the time of the alleged offense.

(d) It is an affirmative defense to prosecution under this section, upon first offense only, that the person owned or has acquired a helmet prior to the court hearing and promises the court that the helmet will be used in the future.

Section 16-8-41. Sale or lease of bicycle by dealer.

(a) It shall be unlawful for any dealer to sell a bicycle, bicycle sidecar, trailer or child carrier without providing a written statement to the purchaser advising of the terms of this section. The statement shall be in a form promulgated by the chief of police. Upon request, the chief of police shall provide a sample of the required form to a dealer. However, printing and distribution of copies shall be at the dealer's expense.

(b) It shall be unlawful for any dealer to lease a bicycle to any person without providing a helmet for the use of each person who will operate or ride on the bicycle or determining that each person who will operate or ride on the bicycle has a helmet available. The dealer may impose an additional fee for use of the helmet if the dealer sells or leases a helmet to the bicycle lessee.

Section 16-8-42. Penalty.

(a) Any person who violates any provision of this article shall be guilty of a misdemeanor and on conviction shall be fined an amount not exceeding \$50 upon first conviction and an amount not exceeding \$100 on the second and each subsequent conviction.

(b) The purpose of this article is to encourage the use of helmets. In keeping with that purpose, the municipal courts are urged to consider deferred dispositions under Article 45.54 of the Texas Code of Criminal Procedure whenever the circumstances warrant deferred dispositions.

Section 16-8-42. Approval of Standards.

The City Council approves the bicycle helmet Standards promulgated by the American National Standards Institute, the American Society for Testing and Materials, and the Snell Memorial Foundation that are attached to this Ordinance and directs that the standards be placed on file in Office of the City Clerk.

Section 16-8-42. Civil Actions.

The City Council intends to encourage bicycle safety through the use of helmets and through the promotion of educational efforts. It is the desire of the City Council that this Ordinance not be used in any manner to prejudice any person, child or parent in any civil action arising out of a bicycle accident. The City Council encourages construction of this Ordinance in accordance with the legislative intent as provided in this section.

Section 16-8-45. Warning Notice.

For a period of ninety days following the effective date of this Ordinance, peace officers of the City may issue a warning notice to any person who is operating or riding on a bicycle without a helmet to advise him or her of the terms and effective date of this Ordinance.

PART 3. The City Council waives the requirement imposed by Section 2-2-3 of the Austin City Code of 1992. This Ordinance will not be read on three separate days.

PART 4. The City Council repeals any previous ordinance which conflicts with this ordinance.

PART 5. The enactment of this Ordinance shall not affect rights that were accrued, penalties that were incurred, or proceedings that were begun before the effective date of this ordinance. Prior ordinances effectively repealed by this Ordinance will remain in force for the purpose of sustaining any action or prosecution for the enforcement of rights penalties, forfeitures, or liabilities.

PART 6. If any portion of this Ordinance, or its application is held to be invalid, the validity of the remaining portion of this Ordinance or its application shall not be affected.

PART 7. This ordinance shall become effective ten days following the date of its final passage, namely, May 19, 1996.

Section VIII. Legislative Language

A. Austin, Texas

2. **Modified Ordinance** (Please note the following included the original language and is included such that the reader is able to how the language was changed)

CITY OF AUSTIN, TEXAS

ORDINANCE No. 971002-C

AN ORDINANCE AMENDING CHAPTER 16-8 OF THE CITY CODE REGARDING BICYCLE HELMETS.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF AUSTIN:

PART 1. Section 16-8-1 of the City Code is amended to amend the following definition:

CHILD means a ~~[any]~~ person younger than 18 years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes. ~~[fourteen years of age or younger.]~~

PART 2. Section 16-8-40 of the City Code is amended to read as follows:

§ 16-8-40. HELMET REQUIRED.

(a) A child may not ~~[It is unlawful for any person to]~~ operate or ride on a bicycle or in any sidecar, trailer, child carrier, seat or other device attached to a bicycle unless the child ~~[person]~~ is wearing a helmet.

(b) A parent may not ~~[It is unlawful for a parent to]~~ permit a child ~~[fourteen years of age or younger]~~ to operate or ride on a bicycle or in any side car, trailer, carrier, seat or other device attached to a bicycle unless the child is wearing a helmet.

~~[(c) It is a defense to prosecution that the bicycle was not being operated upon a public way at the time of the alleged offense.]~~

~~[(d) It is an affirmative defense to prosecution under this section, upon first offense only, that the person owned or has acquired a helmet prior to the court hearing and promises the court that the helmet will be used in the future.]~~

PART 3. Section 16-8-41 of the City Code is amended to read as follows:

§ 16-8-41. SALE OR LEASE OF BICYCLE BY DEALER.

(a) ~~A dealer may not [It shall be unlawful for any dealer to]~~ sell a bicycle, bicycle sidecar, trailer or child carrier unless the dealer provides ~~[without providing]~~ a written statement to the purchaser advising of the terms of this article ~~[section]~~. The statement shall be in a form promulgated by the chief of police. On ~~[Upon]~~ request, the chief of police shall provide a sample of the required form to a dealer. However, printing and distribution of copies shall be at the dealer's expense.

(b) ~~A dealer may not [It shall be unlawful for any dealer to]~~ lease a bicycle to a ~~[any]~~ person for use by a child unless the dealer ~~[without]~~:

(1) provides ~~[providing]~~ a helmet for the use of each child ~~[person]~~ who will operate or ride on the bicycle; or

(2) determines ~~[determining]~~ that each child ~~[person]~~ who will operate or ride on the bicycle has a helmet available.

A ~~[The]~~ dealer may impose an additional fee for use of a ~~[the]~~ helmet if the dealer sells or leases a helmet to a ~~[the]~~ bicycle lessee.

PART 4. In recognition that punitive bicycle helmet laws may reduce ridership and to encourage the use of helmets through non-punitive means, Section 16-8-42 of the City Code is amended to read as follows:

§ 16-8-42. PENALTY.

(A) A person commits an offense if the person performs an act prohibited by this article or fails to perform an act required by this article. An offense under this article is a class C misdemeanor, punishable by a fine not to exceed \$20 on a first conviction and a fine not to exceed \$40 on a subsequent conviction. ~~[Any person who violates any provision of this article shall be guilty of a misdemeanor and on conviction shall be fined an amount not exceeding \$50 upon first conviction and an amount not exceeding \$100 on the second and each subsequent conviction.]~~

(B) The Municipal Court may dismiss a charge against a person for an offense under Section 16-8-40 upon receiving proof that:

(1) the defendant acquired a helmet for the child who was operating or riding in violation of Section 16-8-40; and

(2) the defendant acquired the helmet on or before the 30th day after receiving the citation for the violation.

~~[(B)]~~ (C) The purpose of this article is to encourage the use of helmets. In keeping with that purpose, the municipal courts are urged to consider deferred dispositions under Article 45.54 of the Texas Code of Criminal Procedure whenever the circumstances warrant deferred dispositions.

PART 5. The Council waives the requirements of Sections 2-2-3 and 2-2-7 of the City Code for this ordinance.

PART 6. The Council finds that the adverse impact resulting from the restrictions now in place regarding this subject matter pose an immediate threat to the normal commerce and transportation of the community constitutes an emergency. Because of this emergency, this ordinance takes effect immediately on its passage for the immediate preservation of the public peace, health, and safety.

PASSED AND APPROVED October 2, 1997.

Section VIII. Legislative Language

B. State of Florida

1. FLORIDA 1994 LEGISLATION

HB 651

A bill to be entitled

An act relating to bicycle regulations; amending s. 316.2065, F.S.; requiring a bicycle rider who carries a child passenger to provide certain safety equipment; prohibiting a person who rides a bicycle on a highway or in a public place from allowing a child passenger to ride on the bicycle or on a bicycle trailer or bicycle semitrailer without a helmet; providing a penalty; providing for dismissal of charges under specified circumstances; prohibiting a bicycle rider from allowing a child to remain in a child carrier when the rider is not in immediate control of the bicycle; requiring a label specifying safety requirements to be affixed to boxes containing certain child carriers; providing a definition; providing requirements for the wearing of a safety helmet for the operation of a bicycle; providing for enforcement; providing penalties; providing exceptions; providing for the disposition of fines; providing for educational programs; providing for application with respect to negligence provisions; amending s. 318.18, F.S.; providing for the assessment of fines for certain violations; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (3) of section 316.2065, Florida Statutes, is amended, and subsection (16) is added to said section, to read:

316.2065 Bicycle regulations.

(3) (a) No bicycle may be used to carry more persons at one time than the number for which it is designed or equipped, except that an adult rider may carry a child securely attached to his person in a backpack or sling.

(b) Except as provided in paragraph (a), a bicycle rider who carries a passenger who is less than 4 years of age, or who weighs 40 pounds or less, shall carry that passenger in a seat designed to carry a child or in a child carrier which has adequate provision for retaining the passenger in place and for protecting the passenger from the moving parts of the bicycle.

(c) A person who rides a bicycle upon a paved highway or in a public place may not allow any person who is less than 4 years of age, or who weighs 40 pounds or less, to ride as a passenger on such bicycle or on a bicycle trailer or bicycle semitrailer attached to that bicycle, unless that passenger is wearing a helmet which meets the standards of the American National Standards Institute (ANSI Z 90.4 Bicycle Helmet Standards), or the Snell Memorial Foundation's 1984 Standard for Protective Headgear for Use in Bicycling, or other standards that

supercede these standards. For purposes of this paragraph, the term “wearing a helmet” means having a helmet of good fit fastened securely upon the head with helmet straps.

(d) Until January 1, 1996, law enforcement officers shall issue written warnings to those in violation of this subsection. Effective January 1, 1996, any person found to have committed a violation of this subsection shall be assessed a fine for a nonmoving traffic violation as provided in s. 318.18. The clerk of the court shall dismiss the charges against a person for his first violation of paragraph (c) if the violator produces proof that a helmet which meets the standards prescribed in paragraph (c) has been purchased for use by the passenger. The clerk of the court may assess a fee of \$5 for dismissing the case under this paragraph.

(e) The rider of a bicycle may not allow a child to remain in a child carrier on a bicycle when the rider is not in immediate control of such vehicle.

(f) Effective January 1, 1995, the manufacturer of each bicycle seat designed to carry a child as a passenger, or a child carrier, sold in this state must have a label affixed to the front of the box containing such seat or child carrier which states that a child who is less than 4 years of age, or who weighs 40 pounds or less, must wear a helmet while being transported in the carrier and may not be left on a bicycle at any time that the rider is not in immediate control of the bicycle.

(16)(a) As used in this subsection, the term “guardian” means a parent, legal guardian, or temporary guardian who maintains responsibility, whether voluntary or otherwise, for the safety and welfare of a person under the age of 16 years.

(b) 1. Any person under the age of 16 operating or riding on a bicycle on a public roadway, bicycle path, or any right-of-way or publicly owned facility under the jurisdiction of the state, a county, or a municipality shall wear a properly fitted and fastened helmet designed for bicycle safety. Such helmet shall meet or exceed the requirements of the American National Standards Institute (ANSI Z 90.4 Bicycle Helmet Standards), or the Snell Memorial Foundation’s 1984 Standard for Protective Headgear for Use in Bicycling, or such subsequent nationally recognized standard for bicycle helmet use as the department may adopt. The helmet shall be equipped with either a neck or chin strap that shall be fastened securely while the bicycle is in motion.

2. The guardian of a person under the age of 16 years shall not knowingly allow his child or ward to operate or ride a bicycle in violation of the provisions of this subsection, nor shall he fail to take reasonable steps to prevent such operation or riding of a bicycle.

3. It is unlawful to rent or lease any bicycle to or for the use of any person under the age of 16 years unless:

- a. The renter possesses a bicycle helmet; or
- b. The rental agency provides a bicycle helmet.

(c) 1. Any law enforcement officer in the state charged with enforcing motor vehicle traffic safety laws may enforce the provisions of this subsection.

2. Until January 1, 1996, law enforcement officers and school crossing guards shall issue written warnings to those in violation of this subsection. Effective January 1, 1996, any person found to have committed a violation of this subsection shall be assessed a fine for a nonmoving traffic violation as provided in s. 318.18.

3. Notwithstanding the provisions of subparagraph 2., the fine for a person's first violation of this subsection shall be waived if:

a. The person charged is a minor and produces proof to the enforcing authority that he has obtained a bicycle helmet which meets the standards prescribed in paragraph (b) for use within 10 days of the violation; or

b. The person charged is the guardian of a minor and he produces proof to the enforcing authority that he has obtained a bicycle helmet which meets the standards prescribed in paragraph (b) for the use of the minor within 10 days of the violation.

4. Notwithstanding the provisions of this subsection, the court may waive, reduce, or suspend the monetary penalties provided for in this subsection and impose such conditions on a waiver, reduction, or suspension as it deems just. If the court determines that a person has insufficient funds to pay the monetary penalty, the court may enter the performance of a specified number of hours of community service in lieu of a monetary penalty.

5. Notwithstanding the requirements of s. 318.21, all proceeds collected under the provisions of this subsection and under paragraph (3) (c) shall be deposited in the State Transportation Trust Fund. The Department of Transportation shall utilize these funds to provide educational programs devoted to bicycle safety. If it is determined that sufficient money is available, the department shall utilize a portion of the funds to assist low-income persons in purchasing helmets which meet the standards set forth in this subsection.

(d) Failure of a person to use a bicycle helmet as required by this subsection or evidence that a guardian of a minor knowingly allowed the minor to violate the bicycle helmet requirements of this subsection shall not be considered evidence of negligence or contributory negligence.

Section 2. Subsection (1) of section 318.18, Florida Statutes, is amended to read:

318.18 Amount of civil penalties.--The penalties required for a noncriminal disposition pursuant to ss. 316.2935(6) and 318.14(1), (2), and (4) are as follows:

(1) (a) Seventeen dollars for all infractions of pedestrian regulations under s. 316.130, all infractions of s. 316.2065 (12), and violations of chapter 316, except for violations of ss. 316.2065 (3) (b) and (c) and 316.2065 (16), by persons 14 years of age or under who are operating bicycles.

(b) Twenty-five dollars for all infractions of ss. 316.2065 (3) (b) and (c) and 316.2065 (16).

Section 3. This act shall take effect January 1, 1995.

Section VIII. Legislative Language

B. State of Florida

2. FLORIDA 1995 LEGISLATION

HB 775

A bill to be entitled

An act relating to bicycling; amending s. 316.2065, F.S.; requiring a bicycle rider who carries a child passenger to provide certain safety equipment; prohibiting a person who rides a bicycle on a highway or in a public place from allowing a child passenger to ride on the bicycle or on a bicycle trailer or bicycle semitrailer without a helmet; providing a penalty; providing for dismissal of charges under specified circumstances; prohibiting a bicycle rider from allowing a child to remain in a child carrier when the rider is not in immediate control of the bicycle; providing a definition; providing requirements for the wearing of a safety helmet for the operation of a bicycle; providing for enforcement; providing penalties; providing exceptions; providing for the disposition of fines; providing for educational programs; providing for application with respect to negligence provisions; amending s. 318.18, F.S.; providing for the assessment of fines for certain violations; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (3) of section 316.2065, Florida Statutes, 1994 Supplement, is amended, and subsection (16) is added to that section, to read:

316.2065 Bicycle regulations.

(3) (a) No bicycle may be used to carry more persons at one time than the number for which it is designed or equipped, except that an adult rider may carry a child securely attached to his person in a backpack or sling.

(b) Except as provided in paragraph (a), a bicycle rider who carries a passenger who is less than 4 years of age, or who weighs 40 pounds or less, shall carry that passenger in a seat designed to carry a child or in a child carrier which has adequate provision for retaining the passenger in place and for protecting the passenger from the moving parts of the bicycle.

(c) A person who rides a bicycle upon a paved highway or in a public place may not allow any person who is less than 4 years of age, or who weighs 40 pounds or less, to ride as a passenger on such bicycle or on a bicycle trailer or bicycle semitrailer attached to that bicycle, unless that passenger is wearing a helmet which meets the standards of the American National Standards Institute (ANSI Z 90.4 Bicycle Helmet Standards), or the Snell Memorial Foundation's 1984 Standard for Protective Headgear for Use in Bicycling, or other standards that supercede these standards. For purposes of this paragraph, the term "wearing a helmet" means having a helmet of good fit fastened securely upon the head with helmet straps.

(d) Until January 1, 1997, law enforcement officers shall issue written warnings to those in violation of this subsection. Effective January 1, 1997, any person found to have committed a violation of this subsection shall be assessed a fine for a nonmoving traffic violation as provided in s. 318.18. The clerk of the court shall dismiss the charges against a person for his first violation of paragraph (c) if the violator produces proof that a helmet which meets the standards prescribed in paragraph (c) has been purchased for use by the passenger. The clerk of the court may assess a fee of \$5 for dismissing the case under this paragraph.

(e) The rider of a bicycle may not allow a child to remain in a child carrier on a bicycle when the rider is not in immediate control of such vehicle.

(16)(a) As used in this subsection, the term “guardian” means a parent, legal guardian, or temporary guardian who maintains responsibility, whether voluntary or otherwise, for the safety and welfare of a person under the age of 16 years.

(b) 1. Any person under the age of 16 years operating or riding on a bicycle on a public roadway, bicycle path, or any right-of-way or publicly owned facility under the jurisdiction of the state, a county, or a municipality shall wear a properly fitted and fastened helmet designed for bicycle safety. Such helmet shall meet or exceed the requirements of the American National Standards Institute (ANSI Z 90.4 Bicycle Helmet Standards), or the Snell Memorial Foundation’s 1984 Standard for Protective Headgear for Use in Bicycling, or such subsequent nationally recognized standard for bicycle helmet use as the department may adopt. The helmet shall be equipped with either a neck or chin strap that shall be fastened securely while the bicycle is in motion.

2. The guardian of a person under the age of 16 years shall not knowingly allow his child or ward to operate or ride a bicycle in violation of the provisions of this subsection, nor shall he fail to take reasonable steps to prevent such operation or riding of a bicycle.

3. It is unlawful to rent or lease any bicycle to or for the use of any person under the age of 16 years unless:

- a. The renter possesses a bicycle helmet; or
- b. The rental agency provides a bicycle helmet.

(c) 1. Any law enforcement officer in the state charged with enforcing motor vehicle traffic safety laws may enforce the provisions of this subsection.

2. Until January 1, 1997, law enforcement officers and school crossing guards shall issue written warnings to those in violation of this subsection. Effective January 1, 1997, any person found to have committed a violation of this subsection shall be assessed a fine for a nonmoving traffic violation as provided in s. 318.18.

3. Notwithstanding the provisions of subparagraph 2., the fine for a person’s first violation of this subsection shall be waived if:

a. The person charged is a minor and produces proof to the enforcing authority that he has obtained a bicycle helmet which meets the standards prescribed in paragraph (b) for use within 10 days of the violation; or

b. The person charged is the guardian of a minor and he produces proof to the enforcing authority that he has obtained a bicycle helmet which meets the standards prescribed in paragraph (b) for the use of the minor within 10 days after the violation.

4. Notwithstanding the provisions of this subsection, the court may waive, reduce, or suspend the monetary penalties provided for in this subsection and impose such conditions on a waiver, reduction, or suspension as it deems just. If the court determines that a person has insufficient funds to pay the monetary penalty, the court may enter the performance of a specified number of hours of community service in lieu of a monetary penalty.

5. Notwithstanding the requirements of s. 318.21, all proceeds collected under the provisions of this subsection and under paragraph (3) (c) shall be deposited in the State Transportation Trust Fund. The Department of Transportation shall utilize these funds to provide educational programs devoted to bicycle safety. If it is determined that sufficient money is available, the department shall utilize a portion of the funds to assist low-income persons in purchasing helmets which meet the standards set forth in this subsection.

(d) Failure of a person to use a bicycle helmet as required by this subsection or evidence that a guardian of a minor knowingly allowed the minor to violate the bicycle helmet requirements of this subsection shall not be considered evidence of negligence or contributory negligence.

Section 2. Subsection (1) of section 318.18, Florida Statutes, 1994 Supplement, is amended to read:

318.18 Amount of civil penalties.--The penalties required for a noncriminal disposition pursuant to ss. 316.2935(6) and 318.14(1), (2), and (4) are as follows:

(1) (a) Seventeen dollars for all infractions of pedestrian regulations under s. 316.130, all infractions of s. 316.2065 (12), and violations of chapter 316, except for violations of ss. 316.2065 (3) (b) and (c) and 316.2065 (16), by persons 14 years of age or under who are operating bicycles.

(b) Twenty-five dollars for all infractions of ss. 316.2065 (3) (b) and (c) and 316.2065 (16).

Section 3. This act shall take effect January 1, 1996.

Section VIII. Legislative Language

B. State of Florida

3. FLORIDA 1996 LEGISLATION (ADOPTED)

ENROLLED 1996 Legislature

SB 2370

An act relating to bicycling; amending s. 316.2065, F.S.; requiring a bicycle rider who carries a young or small child as a passenger to provide certain safety equipment; prohibiting a bicycle rider from allowing a passenger to remain in a child seat or carrier when the rider is not in immediate control of the bicycle; requiring a bicycle rider or passenger under the age of 16 years to wear a bicycle helmet; specifying standards for bicycle helmets; providing a penalty; providing for dismissal of charges under specified circumstances; providing requirements for parents or guardians of children pertaining to the wearing of a helmet while riding a bicycle; prohibiting renting or leasing a bicycle without a helmet; providing for enforcement; providing penalties; providing exceptions; providing for the disposition of fines; providing for evidentiary application with respect to negligence; amending s. 318.18, F.S.; providing for the assessment of fines for certain violations of bicycle safety requirements; authorizing counties not to comply with certain provisions of s. 316.2065, F.S.; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (3) of section 316.2065, Florida Statutes, is amended, and subsections (16), (17), (18), (19), and (20) are added to that section, to read:

316.2065 Bicycle regulations.--

(3) (a) A bicycle may not be used to carry more persons at one time than the number for which it is designed or equipped, except that an adult rider may carry a child securely attached to his or her person in a backpack or sling.

(b) Except as provided in paragraph (a), a bicycle rider must carry any passenger who is a child under 4 years of age, or who weighs 40 pounds or less, in a seat or carrier that is designed to carry a child of that age or size and that secures and protects the child from the moving parts of the bicycle.

(c) A bicycle rider may not allow a passenger to remain in a child seat or carrier on a bicycle when the rider is not in immediate control of the bicycle.

(d) A bicycle rider or passenger who is under 16 years of age must wear a bicycle helmet that is properly fitted and is fastened securely upon the passenger's head by a strap, and that meets the standards of the American National Standards Institute (ANSI Z 90.4 Bicycle Helmet

Standards), the standards of the Snell Memorial Foundation (1984 Standard for Protective Headgear for Use in Bicycling), or any other nationally recognized standards for bicycle helmets adopted by the department. As used in this subsection, the term “passenger” includes a child who is riding in a trailer or semitrailer attached to a bicycle.

(e) Law enforcement officers and school crossing guards may issue a bicycle safety brochure and a verbal warning to a bicycle rider or passenger who violates this subsection. Effective January 1, 1998, a bicycle rider or passenger who violates this subsection may be issued a citation by a law enforcement officer and assessed a fine for a nonmoving traffic violation, as provided in s. 318.18. The court shall dismiss the charge against a bicycle rider or passenger for a first violation of paragraph (d) upon proof of purchase of a bicycle helmet that complies with this subsection.

(16)(a) A person may not knowingly rent or lease any bicycle to be ridden by a child who is under the age of 16 years unless:

1. The child possesses a bicycle helmet; or
2. The lessor provides a bicycle helmet for the child to wear.

(b) A violation of this subsection is a nonmoving violation, punishable as provided in s. 318.18.

(17) The court may waive, reduce, or suspend payment of any fine imposed under subsection (3) or subsection (16) and may impose any other conditions on the waiver, reduction, or suspension. If the court finds that a person does not have sufficient funds to pay the fine, the court may require the performance of a specified number of hours of community-service or attendance at a safety seminar.

(18) Notwithstanding s. 318.21, all proceeds collected pursuant to s. 318.18 for violations under paragraphs (3) (e) and (16)(b) shall be deposited into the State Transportation Trust Fund.

(19) The failure of a person to wear a bicycle helmet or the failure of a parent or guardian to prevent a child from riding a bicycle without a bicycle helmet may not be considered evidence of negligence or contributory negligence.

(20) Effective January 1, 1998, law enforcement officers may issue traffic citations for a violation of subsection (3) or subsection (16) only if the violation occurs on a bicycle path or road, as defined in s. 334.03. However, they may not issue citations to persons on private property, except any part thereof which is open to the use of the public for purposes of vehicular traffic.

Section 2. Subsection (1) of section 318.18, Florida Statutes, is amended to read:

318.18 Amount of civil penalties.--The penalties required for a noncriminal disposition pursuant to ss. 316.2935(6) and 318.14(1), (2), and (4) are as follows:

(1) Seventeen dollars for all infractions of pedestrian regulations under s. 316.130, all infractions of s. 316.2065, and violations of chapter 316 by persons 14 years of age or under who are operating bicycles.

Section 3. A county may exempt itself from the provisions of section 316.2065(3) (d) and (16), Florida Statutes, if the board of county commissioners:

- (1) Passes an ordinance to that effect before January 1, 1998; and
- (2) Provides notice, holds a hearing, and takes testimony before passing the ordinance.

Section 4. This act shall take effect January 1, 1997.

Section VIII. Legislative Language

C. State of Maryland and Maryland Counties

1. MARYLAND LEGISLATION, AS INTRODUCED

HOUSE BILL 974

(As introduced February 10, 1995)

By: Delegates Conroy, Perry, Harrison, Hubbard, Love, and Pitkin

Introduced and read first time: February 10, 1995

Assigned to: Commerce and Government Matters

An ACT concerning

Vehicle Laws - Bicycle Helmets Required

FOR the purpose of prohibiting a person from operating or riding on a bicycle unless the person is wearing a bicycle helmet that conforms with certain standards; providing for the application of this Act; establishing certain penalties; authorizing a court to waive a fine assessed under this Act under certain circumstances; providing for the distribution and use of the fines collected; providing that the failure of a person to wear a bicycle helmet may not be considered evidence of negligence or contributory negligence and may not limit liability of a party or an insurer or diminish recovery of certain damages; establishing certain requirements for persons regularly engaged in the business of selling or renting bicycles; providing that this Act prevails over all local laws and regulations; authorizing the issuance of warnings for violations of this Act during a certain period; and generally relating to the mandatory use of bicycle helmets.

BY adding to

Article - Transportation

Section 21-1207.1

Annotated Code of Maryland

(1992 Replacement Volume and 1994 Supplement)

HOUSE BILL 974

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Transportation

21-1207.1.

- (A) (1) THE PROVISIONS OF THIS SECTION APPLY:
 - (I) AT ALL TIMES WHILE A BICYCLE IS BEING OPERATED ON ANY HIGHWAY, BICYCLE WAY, OR OTHER PROPERTY OPEN TO THE PUBLIC OR USED BY THE PUBLIC FOR PEDESTRIAN OR VEHICULAR TRAFFIC; AND
 - (II) TO ANY PERSON RIDING ON A BICYCLE INCLUDING ANY PASSENGER WHO RIDES ON A BICYCLE:
 - 1. IN A RESTRAINING SEAT ATTACHED TO THE BICYCLE; OR
 - 2. IN A TRAILER BEING TOWED BY THE BICYCLE.
- (2) THE PROVISIONS OF THIS SECTION DO NOT APPLY TO PASSENGERS IN COMMERCIAL RICKSHAWS.
- (B) A PERSON MAY NOT OPERATE OR RIDE AS A PASSENGER ON A BICYCLE UNLESS THE PERSON IS WEARING A PROPERLY FITTED AND FASTENED HELMET THAT MEETS OR EXCEEDS THE STANDARDS OF THE AMERICAN NATIONAL STANDARDS INSTITUTE, THE SNELL MEMORIAL FOUNDATION'S STANDARD, OR THE STANDARDS OF THE AMERICAN SOCIETY OF TESTING AND MEASUREMENTS FOR PROTECTIVE HEADGEAR FOR USE IN BICYCLING.
- (C) (1) A PERSON CONVICTED OF A VIOLATION OF THIS SECTION IS SUBJECT TO:
 - (I) FOR A FIRST OFFENSE, A FINE OF UP TO \$25 PLUS COURT COSTS; AND
 - (II) FOR A SECOND OR SUBSEQUENT OFFENSE, A FINE OF UP TO \$50 PLUS COURT COSTS.
- (2) A COURT MAY WAIVE A FINE ASSESSED FOR A VIOLATION OF THIS SECTION IF:
 - (I) THE VIOLATION IS THE OFFENDER'S FIRST VIOLATION OF THIS SECTION; AND
 - (II) THE PERSON CONVICTED OF THE VIOLATION SUPPLIES THE COURT WITH PROOF THAT BETWEEN THE DATE OF THE VIOLATION AND THE APPEARANCE DATE FOR THE VIOLATION THE PERSON PURCHASED A HELMET THAT MEETS THE STANDARDS SPECIFIED IN SUBSECTION (B) OF THIS SECTION.
- (D) (1) THE CLERK OF THE COURT SHALL DISTRIBUTE ANY FINES COLLECTED UNDER THIS SECTION TO THE GOVERNING BODY OF THE COUNTY WHERE THE VIOLATION OCCURRED TO BE USED BY THE GOVERNING

BODY FOR BICYCLE RELATED PURPOSES INCLUDING THE FUNDING OF BICYCLE SAFETY EDUCATION PROGRAMS.

- (2) THE GOVERNING BODY OF A COUNTY RECEIVING FUNDS UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL CONSULT WITH THE BICYCLE ADVISORY COMMITTEE ESTABLISHED UNDER § 21-1307 OF THIS SUBTITLE REGARDING APPROPRIATE USES OF THE FUNDS.
- (E) THE FAILURE OF A PERSON TO USE A BICYCLE HELMET AS REQUIRED UNDER THIS SECTION MAY NOT:
- (1) BE CONSIDERED EVIDENCE OF NEGLIGENCE;
 - (2) BE CONSIDERED EVIDENCE OF CONTRIBUTORY NEGLIGENCE;
 - (3) LIMIT LIABILITY OF A PARTY OR AN INSURER; OR
 - (4) DIMINISH RECOVERY FOR DAMAGES ARISING OUT OF THE OWNERSHIP, MAINTENANCE, OR OPERATION OF A VEHICLE.
- (F) (1) A PERSON REGULARLY ENGAGED IN THE BUSINESS OF SELLING BICYCLES SHALL PROMINENTLY DISPLAY A SIGN AT THE PERSON'S PLACE OF BUSINESS SUMMARIZING THE PROVISIONS OF SUBSECTIONS (A), (B), AND (C) OF THIS SECTION.
- (2) A PERSON REGULARLY ENGAGED IN THE BUSINESS OF RENTING BICYCLES SHALL:
- (I) REQUIRE EACH PERSON SEEKING TO RENT A BICYCLE TO SIGN A FORM INDICATING RECEIPT OF A WRITTEN EXPLANATION OF THE PROVISIONS OF SUBSECTIONS (A), (B), AND (C) OF THIS SECTION; AND
 - (II) PROVIDE FOR THE USE OF EACH PERSON SEEKING TO RENT A BICYCLE, A HELMET THAT CONFORMS WITH THE PROVISIONS OF THIS SECTION UNLESS THE PERSON ALREADY HAS SUCH A HELMET IN THE PERSON'S POSSESSION.
- (3) A PERSON REGULARLY ENGAGED IN THE BUSINESS OF SELLING OR RENTING BICYCLES WHO COMPLIES WITH THE PROVISIONS OF PARAGRAPHS (1) AND (2) OF THIS SUBSECTION MAY NOT BE HELD LIABLE IN A CIVIL ACTION FOR DAMAGES FOR ANY PHYSICAL INJURY SUSTAINED BY A BICYCLE OPERATOR OR PASSENGER DUE TO FAILURE TO WEAR A PROPERLY FITTED AND FASTENED HELMET IN VIOLATION OF THIS SECTION.

(G) THE PROVISIONS OF THIS SECTION PREVAIL OVER ALL LOCAL LAWS AND REGULATIONS GOVERNING THE USE OF BICYCLE HELMETS.

SECTION 2. AND BE IT FURTHER ENACTED. That during the first 90 days after the effective date of this Act, the provisions of § 21-1207.1 of the Transportation Article may be enforced only by the issuance of a warning that:

- (1) Informs the offender of the requirements of § 21-1207.1 of the Transportation Article; and
- (2) Provides educational materials about bicycle helmet use.

SECTION 3. AND BE IT FURTHER ENACTED That this Act shall take effect October 1, 1995.

Section VIII. Legislative Language

C. State of Maryland and Maryland Counties

2. MARYLAND LEGISLATION, AS ADOPTED

HOUSE BILL 974

(Approved by the Governor May 25, 1995)

By: Delegates Conroy, Perry, Harrison, Hubbard, Love, and Pitkin

Introduced and read first time: February 10, 1995

Assigned to: Commerce and Government Matters

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 16, 1995

An ACT concerning Vehicle Laws - Bicycle Helmets Required

FOR the purpose of prohibiting a person under a certain age from operating or riding on a bicycle unless the person is wearing a bicycle helmet that conforms with certain standards; providing for the application of this Act; providing for the enforcement of this Act; providing for an exception to this Act; and generally relating to the mandatory use of bicycle helmets.

BY adding to

Article - Transportation

Section 21-1207.1

Annotated Code of Maryland

(1992 Replacement Volume and 1994 Supplement)

BY repealing and reenacting, with amendments

Article - Transportation

Section 27-102

Annotated Code of Maryland

(1992 Replacement Volume and 1994 Supplement)

HOUSE BILL 974

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Transportation

21-1207.1.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
Underlining indicates amendments to bill.
~~Strike-out~~ indicates matter stricken from the bill by amendments or deleted from the law by amendment.

- (A) (1) THE PROVISIONS OF THIS SECTION APPLY:
- (I) AT ALL TIMES WHILE A BICYCLE IS BEING OPERATED ON ANY HIGHWAY, BICYCLE WAY, OR OTHER PROPERTY OPEN TO THE PUBLIC OR USED BY THE PUBLIC FOR PEDESTRIAN OR VEHICULAR TRAFFIC; AND
 - (II) TO A PERSON UNDER THE AGE OF 16 WHO IS RIDING ON A BICYCLE, INCLUDING A PERSON UNDER THE AGE OF 16 WHO IS A PASSENGER ON A BICYCLE:
 - 1. IN A RESTRAINING SEAT ATTACHED TO THE BICYCLE;
OR
 - 2. IN A TRAILER BEING TOWED BY THE BICYCLE.
- (2) THE PROVISIONS OF THIS SECTION DO NOT APPLY TO PASSENGERS IN COMMERCIAL RICKSHAWS.
- (B) THIS SECTION DOES NOT APPLY IN THE TOWN OF OCEAN CITY, MARYLAND, ON THE BOARDWALK BETWEEN THE OCEAN CITY INLET AND 27TH STREET, DURING THE HOURS IN WHICH BICYCLES ARE PERMITTED BY LOCAL ORDINANCE TO BE OPERATED ON THE BOARDWALK.
- (C) A PERSON TO WHOM THIS SECTION APPLIES MAY NOT OPERATE OR RIDE AS A PASSENGER ON A BICYCLE UNLESS THE PERSON IS WEARING A HELMET THAT MEETS OR EXCEEDS THE STANDARDS OF THE AMERICAN NATIONAL STANDARDS INSTITUTE, THE SNELL MEMORIAL FOUNDATION'S STANDARD, OR THE STANDARDS OF THE AMERICAN SOCIETY OF TESTING AND MEASUREMENTS FOR PROTECTIVE HEADGEAR FOR USE IN BICYCLING.
- (D) THIS SECTION SHALL BE ENFORCED BY THE ISSUANCE OF A WARNING THAT INFORMS THE OFFENDER OF THE REQUIREMENTS OF THIS SECTION AND PROVIDES EDUCATIONAL MATERIALS ABOUT BICYCLE HELMET USE.

27-102.

[Any] EXCEPT AS PROVIDED IN § 21-1207.1 OF THIS ARTICLE, ANY person who violates a restriction on any license under the Maryland Vehicle Law or who violates any rule or regulation adopted under any provision of the Maryland Vehicle Law is guilty of a misdemeanor and, in addition to any administrative penalty provided for in the Maryland Vehicle Law, is

subject to the penalties provided for in § 27-101(b) of this subtitle or, if greater, to the same penalties as are provided for a violation of the statute for or under which the restriction is imposed or the rule or regulation adopted.

SECTION 2. AND BE IT FURTHER ENACTED. That this Act shall take effect
October 1, 1995.

Section VIII. Legislative Language

C. State of Maryland and Maryland Counties

3. ALLEGANY COUNTY, MD. ORDINANCE

**BILL NUMBER: 2-92
A BILL ENTITLED:
“ALLEGANY COUNTY HELMET LAW”**

An Act to require any person less than 16 years of age riding a bicycle, or riding as a passenger on a bicycle, to wear a helmet while riding on any public roadway or publicly owned facilities under the jurisdiction of Allegany County, Maryland.

SECTION ONE: It is hereby enacted by the County Commissioners of Allegany County, Maryland, that the public local laws of Allegany County shall read as follows:

ALLEGANY COUNTY HELMET LAW

- (a.) It shall be the public policy of Allegany County, Maryland, that the County is concerned about the safe operation of bicycles on public rights-of-way; and for this reason, in order to protect the health, welfare and safety of the residents of the County, it is necessary that reasonable regulations be promulgated to permit the operation of bicycles in a prescribed manner and to require the use of safety equipment during their operation. These regulations are in addition to the statewide bicycle regulations contained in the Maryland Vehicle Law.
- (b.) The provisions of this Section shall be applicable throughout the County on public rights-of-way and publicly owned facilities under the jurisdiction of the County.
- (c.) The parent, guardian, or legal custodian of a minor shall not authorize nor knowingly permit the minor to violate this Section.
- (d.) Any person less than 16 years of age operating or riding on a bicycle as a passenger on a public roadway, bicycle path, or any right-of-way under the jurisdiction in control of the County shall wear a protective helmet designed for bicycle safety. Such helmet shall meet or exceed standards set by the American National Standards Institute or the Snell Foundation.
- (e.) Any person found guilty of violation of this Section, which shall include parents, guardians, or legal custodians, knowingly permitting such conduct or authorizing same shall, upon conviction, be guilty of a misdemeanor and be subject to a \$25.00 fine.
- (f.) The Court may waive any fine for which a person found guilty of violating the provisions of this Section if the person supplies the Court with proof that between the date of violation and the

appearance date for such violation, the person purchased a helmet which meets the requirements of this Section.

SECTION TWO: All ordinances or parts of ordinances in conflict, or inconsistent, with any part of the terms of this Bill are hereby repealed to the extent that they are in such conflict or inconsistent.

SECTION THREE: In the event that any Section, part, or provisions of this Bill shall be held to be unconstitutional or invalid by any Court, such holding shall not affect the validity of this Bill as a whole, or any part thereof, other than the part so held unconstitutional or invalid.

SECTION FOUR: This Act shall take effect 45 days from the date of passage.

PASSED THIS 18th day of March, 1992.

Section VIII. Legislative Language

C. State of Maryland and Maryland Counties

4. HOWARD COUNTY, MD. ORDINANCE

Introduced: 4-2-90
Public Hearing: 4-16-90
Council Action: 5-7-90
Executive Action: 5-18-90
Effective Date: 7-17-90

County Council of Howard County, Maryland

Legislative Day No. 4

Bill No. 28*

Introduced by Charles C. Feaga

AN ACT adding new Subtitle 13, "Special Rules and Equipment for Bicycles" to Title 21 "Traffic Control and Transportation" of the Howard County Code to require the use of safety equipment for bicycle riders when operating a bicycle on public rights-of-way; to provide rules for the operation of a bicycle; and to allow for implementation of fines in certain situations AND TO MAKE THE PROVISIONS OF THIS ACT EFFECTIVE ON OCTOBER 1, 1990.

Section 1. Be it enacted by the County Council of Howard County, Maryland, that new Subtitle 13 "Special Rules and Equipment for Bicycles" of Title 21 "Traffic Control and Transportation" of the Howard County Code is added to read as follows:

TITLE 21. Traffic Control and Transportation

SUBTITLE 13. SPECIAL RULES AND EQUIPMENT FOR BICYCLES

SEC. 21.1300 POLICY

* After the passage of this ordinance but before its effective date of October 1, 1990, the county council amended the ordinance to cover those under age 16; amending language follows.

IT SHALL BE THE PUBLIC POLICY OF HOWARD COUNTY, MARYLAND, THAT THE COUNTY IS CONCERNED ABOUT THE SAFE OPERATION OF BICYCLES ON PUBLIC RIGHTS-OF-WAY; AND FOR THIS REASON, IN ORDER TO PROTECT THE HEALTH, WELFARE AND SAFETY OF THE RESIDENTS OF THE COUNTY, IT IS NECESSARY, THAT REASONABLE REGULATIONS BE PROMULGATED TO PERMIT THE OPERATION OF BICYCLES IN A PRESCRIBED MANNER AND TO REQUIRE THE USE OF SAFETY EQUIPMENT DURING THEIR OPERATION, THESE REGULATIONS ARE IN ADDITION TO THE STATEWIDE BICYCLE REGULATIONS CONTAINED IN THE MARYLAND VEHICLE LAW. (sic)

SEC. 21.1301 SCOPE

(a) THE PROVISIONS OF THIS SUBTITLE SHALL BE APPLICABLE THROUGHOUT THE COUNTY ON PUBLIC RIGHTS-OF-WAY AND PUBLIC OWNED FACILITIES UNDER THE JURISDICTION OF THE COUNTY.

(b) THE PARENT, GUARDIAN OR LEGAL CUSTODIAN OF A MINOR SHALL NOT AUTHORIZE NOR KNOWINGLY PERMIT THE MINOR TO VIOLATE THIS SUBTITLE.

SEC. 21.1302 EQUIPMENT FOR BICYCLE RIDERS.

ANY PERSON OPERATING OR RIDING ON A BICYCLE ON A PUBLIC ROADWAY, BICYCLE PATH, OR ON ANY RIGHT-OF-WAY UNDER THE JURISDICTION AND CONTROL OF THE COUNTY SHALL WEAR A PROTECTIVE HELMET DESIGNED FOR BICYCLE SAFETY. SUCH HELMET SHALL MEET OR EXCEED THE STANDARDS SET BY THE AMERICAN NATIONAL STANDARDS INSTITUTE OR THE SNELL FOUNDATION.

SEC. 21.1303 USE OF SIDEWALKS AND PATHWAYS

(A) PURSUANT TO SECTION 21-1103 OF THE TRANSPORTATION ARTICLE, ANNOTATED CODE OF MARYLAND, A PERSON MAY RIDE A BICYCLE, PLAY VEHICLE, OR UNICYCLE ON A SIDEWALK OR PATHWAY.

SEC. 21.1304 PENALTY FOR VIOLATION

(a) THE PROVISIONS OF THIS SUBTITLE SHALL BE ENFORCED WITH CIVIL PENALTIES PURSUANT TO TITLE 24, "CIVIL PENALTIES", OF THE HOWARD COUNTY CODE. A FIRST OFFENSE VIOLATION OF ANY OF THE PROVISIONS OF THIS SUBTITLE SHALL CONSTITUTE A CLASS E OFFENSE; AND UPON A SECOND OFFENSE VIOLATION OF THIS SUBTITLE WITHIN (12) MONTHS, SHALL CONSTITUTE A CLASS D OFFENSE.

(b) THE COURT MAY WAIVE ANY FINE FOR WHICH A PERSON FOUND GUILTY OF VIOLATING THE PROVISIONS OF SECTION 21.1302 OF THIS SUBTITLE WOULD BE LIABLE, IF THE PERSON SUPPLIES THE COURT WITH PROOF THAT BETWEEN THE DATE OF VIOLATION AND THE APPEARANCE DATE FOR SUCH VIOLATION, THE PERSON PURCHASED A HELMET WHICH MEETS THE REQUIREMENTS OF SECTION 21.1302 OF THIS SUBTITLE.

SEC. 21.1306 SEVERABILITY

IF ANY WORD, CLAUSE, PARAGRAPH OR SECTION OF THIS SUBTITLE SHALL BE RULED INVALID OR UNCONSTITUTIONAL BY A COURT OF COMPETENT JURISDICTION, IT SHALL NOT AFFECT THE VALIDITY OF THIS SUBTITLE AS A WHOLE OR ANY PART THEREOF OTHER THAN THAT PORTION SO JUDGED TO BE INVALID OR UNCONSTITUTIONAL.

SECTION 2. AND BE IF FURTHR (sic) ENACTED BY THE COUNTY COUNCIL OF HOWARD COUNTY, MARYLAND, THAT THE PROVISIONS OF THIS ACT SHALL BECOME EFFECTIVE ON OCTOBER 1, 1990.

Section 3. And be it further enacted by the County Council of Howard County, Maryland, that this act shall become effective 60 days after its enactment.

Council Action: 7-30-90
Executive Action: 8-2-90

County Council of Howard County, Maryland

Legislative Day No. 11

Bill No. 58

Introduced by C. Vernon Gray
Co-sponsored by Paul Farragut

AN ACT amending Section 21.1302, "Equipment for Bicycle Riders" of Subtitle 13, "Special Rules and Equipment for Bicycles" of Title 21 "Traffic Control and Transportation" of the Howard County Code to limit the requirement for wearing helmets under certain conditions to persons less than 16 years of age.

Section 1. Be it enacted by the County Council of Howard County, Maryland, that Section 21.1302, "Equipment for Bicycle Riders" of Subtitle 13 "Special Rules and Equipment for Bicycles" of Title 21 "Traffic Control and Transportation" of the Howard County Code is amended as follows:

TITLE 21. Traffic Control and Transportation

SUBTITLE 13. SPECIAL RULES AND EQUIPMENT FOR BICYCLES

Section 21.1302. Equipment for Bicycle Riders.

Any person LESS THAN 16 YEARS OF AGE operating or riding on a bicycle on a public roadway, bicycle path, or on any right-of-way under the jurisdiction and control of the County shall wear a protective helmet designed for bicycle safety. Such helmet shall meet or exceed the standards set by the American National Standards Institute or the Snell Foundation.

Section 2. And be it further enacted by the County Council of Howard County, Maryland, that this act shall become effective 60 days after its enactment.

Section VIII. Legislative Language

C. State of Maryland and Maryland Counties

5. MONTGOMERY COUNTY, MD. ORDINANCE

Bill No.: 71-90
Concerning: Bicycle Helmets
Draft No. & Date: 6 - 6/6/91
Introduced: October 16, 1990
Enacted: June 4, 1991
Executive: June 14, 1991
Effective: September 13, 1991
Sunset Date: None

COUNTY COUNCIL

FOR MONTGOMERY COUNTY

By: Council President Pro Tem Crenca

AN Act to:

- (1) require a person who is under age 18 to wear a bicycle helmet when riding or being carried on a bicycle in the County under certain circumstances;
- (2) require the County Executive to provide the County Council with a certain report;
- (3) make technical and stylistic changes; and
- (4) generally amend the bicycle law.

By amending

Montgomery County Code
Chapter 7 Bicycles
Sections 7-1, 7-3, 7-4, and 7-12

By adding

Chapter 7 Bicycles
Sections 7-13 through 7-15

Sec. 1. Chapter 7 is amended as follows:

7-1. Definitions.

In this Chapter:

- (a) bicycle means a vehicle designed:
 - (1) to be propelled only by human power;
 - (2) to carry one or more persons; and
 - (3) with 2 wheels, one of which is at least 16 inches in diameter; and

- (b) bicycle helmet means a protective helmet designed for bicycle riders that is approved by the Snell Memorial Foundation, the American National Standards Institute, or found by the Director of the Department of Transportation to meet an equivalent standard.

* * *

7-3. Bicycle Helmets.

A person who is under age 18 must wear a bicycle helmet when riding or being carried on a bicycle, including a bicycle with training wheels, on a public street, right-of-way, or bicycle path in the County.

7-4. Persons providing bicycles for hire.

A person who provides bicycles for hire must:

- (a) not rent a bicycle to a person unless every person who is under age 18 and will ride or be carried on the bicycle has a bicycle helmet; and
- (b) register under this Chapter every bicycle provided for hire.

* * *

7-12. Enforcement - bicycle registration.

- (a) County Police. The County Police Department must enforce the bicycle registration requirements of this Chapter.
- (b) Penalties. Any violation of a bicycle registration requirement of this Chapter is a class C violation.
- (c) Impoundment. The County Police Department may impound any unregistered bicycle until the bicycle is properly registered. The Police Department must give an impounding receipt to the owner or operator of the unregistered bicycle. The Police Department must hold an unregistered bicycle until it is registered or the bicycle is disposed of as otherwise provided by law.

7-13. Enforcement - bicycle helmet.

- (a) Enforcement. The County Police Department must enforce the bicycle helmet requirements of this Chapter. The Maryland-National Capital Park and Planning Commission Police may enforce the bicycle helmet requirements on Maryland-National Capital Park and Planning Commission property.

- (b) Penalty. Any violation of a bicycle helmet requirement of this Chapter is a class C violation.
- (c) Waiver. The fine for a person's first violation of a bicycle helmet requirement of this Chapter must be waived if:
 - (1) the person charged:
 - (A) is a minor; and
 - (B) produces proof that they have obtained a bicycle helmet for their use; or
 - (2) the person charged:
 - (A) is the parent or guardian of a minor; and
 - (B) produces proof that they have obtained a bicycle helmet for use by that minor.

7-14. Parental responsibility.

A parent or guardian of a minor must not knowingly allow that minor to violate this Chapter.

7-15. Evidence of negligence.

Failure of a person to use a bicycle helmet as required by this Chapter, or evidence that a parent or guardian of a minor knowingly allowed the minor to violate a bicycle helmet requirement of this Chapter, must not:

- (a) be considered evidence of negligence;
- (b) be considered evidence of contributory negligence;
- (c) limit liability of a party or an insurer; or
- (d) diminish recovery for damages arising out of the ownership, maintenance, or operation of a motor vehicle.

Sec. 2. The County Executive must make information about bicycle helmet discount coupon and giveaway programs available to community groups and to the schools.

Sec. 3. Transition period.

During the first 90 days after the effective date of this act, the penalty for violating a bicycle helmet requirement in this act is limited to a warning that:

- (a) informs the minor and the minor's parent or guardian about the bicycle helmet requirements of the act; and
- (b) provides educational materials about bicycle helmet use.

Sec. 4. Evaluation.

The County Executive must report to the County Council on implementation and experience with this act 18 months after the effective date.

Section VIII. Legislative Language

D. State of Oregon

1. OREGON LEGISLATION

67th OREGON LEGISLATIVE ASSEMBLY--1993 Regular Session
B-Engrossed

Senate Bill 1088

Ordered by the House June 29
Including Senate Amendments dated May 28 and House Amendments dated June 29

Sponsored by Senators CEASE, COOLEY, Senators McCoy, ROBERTS, SPRINGER (at the request of Eric and Jeremy Keim)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Punishes failure to wear protective headgear while operating bicycle or while riding as passenger on bicycle by maximum fine of \$25 if person is under 16 years of age and operates bicycle on highway **or premises open to public**. Provides that legal guardian **or child** is liable for failure of child under 16 to wear protective headgear **but legal guardian will be issued citation if child is 11 years of age or younger**. Punishes renting bicycle for operation on highway **or premises open to public** to person under 16 years of age without protective headgear by maximum fine of \$50. Requires [*Motor Vehicles*] **Traffic Safety** Division to adopt standards for protective headgear for bicycle riders.

Exempts tricycles designed for children and three-wheeled nonmotorized vehicles operated on beach from headgear requirements.

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.
Relating to protective headgear for bicyclists.

Prohibits evidence of violation of Act or lack of protective headgear from reducing amount of damages or being used as defense to action concerning injured or killed bicyclist or passenger.

Becomes operative July 1, 1994.

A BILL FOR AN ACT

Be It Enacted by the People of the State of Oregon:

SECTION 1. Sections 2, 3, 3a, 3b, 3c and 7 of this Act are added to and made a part of ORS chapter 814.

SECTION 2. (1) A person commits the offense of failure of a bicycle operator or rider to wear protective headgear if the person is under 16 years of age, operates or rides on a bicycle on a highway or on premises open to the public and is not wearing protective headgear of a type approved under section 6 of this 1993 Act.

(2) The offense described in this section, failure of a bicycle operator or rider to wear protective headgear, is a traffic infraction punishable by a maximum fine of \$25.

SECTION 3. (1) A person commit the offense of endangering a bicycle operator or passenger if:

(a) The person is operating a bicycle on a highway or on premises open to the public and the person carries another person on the bicycle who is under 16 years of age and is not wearing protective headgear of a type approved under section 6 of this 1993 Act; or

(b) The person is the parent, legal guardian or person with legal responsibility for the safety and welfare of a child under 16 years of age and the child operates or rides on a bicycle on a highway or on premises open to the public without wearing protective headgear of a type approved under section 6 of this 1993 Act.

(2) The offense described in this section, endangering a bicycle operator or passenger, is a traffic infraction punishable by a maximum fine of \$25.

SECTION 3a. For purposes of sections 2, 3, 5 and 6 of this 1993 Act, “bicycle” has the meaning given in ORS 801.150 except that:

(1) It also includes vehicles that meet the criteria specified in ORS 801.150 (1) to (4) but that have wheels less than 14 inches in diameter.

(2) It does not include tricycles designed to be ridden by children.

SECTION 3b. For purposes of the offenses defined in sections 2, 3 and 5 (2) of this 1993 Act, a person shall not be considered to be operating or riding on a bicycle on a highway or on premises open to the public if the person is operating or riding on a three-wheeled non-motorized vehicle on a beach while it is closed to motor vehicle traffic.

SECTION 3c. (1) If a child in violation of section 2 of this 1993 Act is 11 years of age or younger, any citation issued shall be issued to the parent, legal guardian or person with legal responsibility for the safety and welfare of the child for violation of section 3 of this 1993 Act, rather than to the child for violation of section 2 of this 1993 Act.

(2) If a child in violation of section 2 of this 1993 Act is at least 12 years of age and is under 16 years of age, a citation may be issued to the child for violation of section 2 of this 1993 Act or to the parent, legal guardian or person with legal responsibility for the safety and welfare of the child for violation of section 3 of this 1993 Act, but not to both.

SECTION 4. Sections 5 and 6 of this Act are added to and made a part of ORS chapter 815.

SECTION 5. (1) A person commits the offense of selling unapproved bicycle equipment if the person sells or offers for sale any bicycle headgear that is not approved by the division under section 6 of this 1993 Act.

(2) A person commits the offense of unlawfully renting or leasing a bicycle to another if the person:

(a) Is in the business of renting or leasing bicycles; and

(b) Does not have bicycle headgear approved under section 6 of this 1993 Act available for rental for use by persons under 16 years of age.

(3) The offenses described in this section are Class D traffic infractions.

SECTION 6. The Traffic Safety Division shall adopt and enforce rules establishing minimum standards and specifications for safe protective headgear to be worn by people operating bicycles and by passengers on bicycles. The rules shall conform, insofar as practicable, to safety standards and specifications for such headgear issued by the American National Standards Institute, Snell or the United States Department of Transportation.

SECTION 7. The first time a person is convicted of an offense described in section 2 or 3 of this 1993 Act, the person shall not be required to pay a fine if the person

proves to the satisfaction of the court that the person has protective headgear of a type approved under section 6 of this 1993 Act.

SECTION 8. Evidence of violation of section 2 or 3 of this Act and evidence of lack of protective headgear shall not be admissible, applicable or effective to reduce the amount of damages or to constitute a defense to an action for damages brought by or on behalf of an injured bicyclist or bicycle passenger or the survivors of a deceased bicyclist or passenger if the bicyclist or passenger was injured or killed as a result in whole or in part of the fault of another.

SECTION 9. This Act becomes operative on July 1, 1994. Prior to that time, the Traffic Safety Division shall adopt and publish the rules described in Section 6 of this Act.

Section VIII. Legislative Language

E. Port Angeles, Washington

1. PORT ANGELES, WASHINGTON ORDINANCE

ORDINANCE NO. 2764

AN ORDINANCE of the City of Port Angeles, Washington, establishing bicycle helmet regulations and implementation programs and creating Chapter 10.06 of the Port Angeles Municipal Code.

THE CITY COUNCIL OF THE CITY OF PORT ANGELES DOES HEREBY ORDAIN as follows:

CHAPTER 10.06

BICYCLE HELMETS

Sections:

10.06.010	Purpose
10.06.020	Definitions
10.06.030	Regulations
10.06.040	Enforcement
10.06.050	Implementation Programs

Section 1. Chapter 10.06 of the Port Angeles Municipal Code is hereby created to read as follows:

10.06.010 Purpose. The City Council is concerned about the safety of bicycle riders on public rights-of-way. Pursuant to RCW 35.75.010 the City may by ordinance regulate the riding of bicycles upon streets, alleys, highways, or other public grounds within the City limits. In order to protect the health, welfare, and safety of the residents of the City, it is necessary and appropriate to require bicycle riders to wear protective helmets and to establish programs for public education and low-income subsidies to promote the use of bicycle helmets.

10.06.020 Definitions. The following definitions are adopted for this Chapter:

- A. "Bicycle" means every device propelled solely by human power upon which a person or persons ride, which device has two tandem wheels, either of which is sixteen inches or more in diameter, or three wheels, any one of which is more than twenty inches in diameter.

- B. “Guardian” means a parent, legal guardian, or temporary guardian who maintains responsibility, whether voluntary or otherwise, for the safety and welfare of a person under the age of sixteen years.

10.06.030 Regulations. Beginning January 1, 1994, it is unlawful:

- A. For a person to operate or ride upon a bicycle on a public roadway, bicycle path, or any right-of-way under the jurisdiction and control of the City unless wearing a protective helmet of a type certified to meet the requirements of standard Z-90.4 of the American National Standards Institute or such subsequent nationally recognized standard for bicycle helmet performance as the state patrol may adopt by rule. The helmet must be equipped with either a neck or chin strap that shall be fastened securely while the cycle is in motion.
- B. For a person to transport a person upon, in a restraining seat that is attached to, or in a trailer towed by, a bicycle on a public roadway, bicycle path, or any right-of-way under the jurisdiction and control of the City unless the person transported is wearing a helmet that meets the requirements in subsection A.
- C. For the guardian of a person under the age of sixteen years to knowingly allow that person to operate or ride upon a bicycle on a public roadway, bicycle path, or any right-of-way under the jurisdiction and control of the City unless that person is wearing a helmet that meets the requirements in subsection A.
- D. For a person to sell or offer for sale a bicycle helmet that does not meet the requirements established by subsection A.
- E. For a person to rent a bicycle for use by a person unless the person possesses a helmet that meets the requirements of subsection A.

10.06.040 Enforcement.

- A. It is a civil infraction for any person to do any act forbidden, or fail to perform any act required in PAMC 10.06.030 A.
 - (1) A civil infraction shall be processed as set forth in Chapter 7.80 RCW and the Washington Infraction Rules for Courts of Limited Jurisdiction.
 - (2) Any duly commissioned police officer of the Port Angeles Police Department is authorized to enforce this Chapter.
 - (3) Any person found to have committed a violation of this Chapter shall be subject to a monetary penalty of \$15.00 for each such violation, not including applicable court costs.

- B. In order to educate the public concerning the provisions of PAMC 10.06.030A during the period from January 1, 1994 to January 1, 1995, a person violating PAMC 10.06.030A will not be subject to a civil infraction though a written warning of the violation may be issued. After January 1, 1995, a violator may be issued a regular notice of civil infraction. If this is the first time a person has been issued a notice of civil infraction for a violation of PAMC 10.06.030A and he or she appears in person before the court and provides evidence that he or she has obtained a bicycle helmet in order to comply with PAMC 10.06.030A, the court may dismiss the notice of civil infraction without costs.

10.06.050 Implementation Programs. In order to provide an effective means of implementing a requirement for all bicyclists and their passengers to wear helmets, the City Manager is authorized and directed to work with other public and private agencies to develop a program of helmet awareness designed to promote use of helmets by all ages and a program to subsidize use of helmets by low-income families. Such programs shall be in effect by January 1, 1994, provided that the existence or effectiveness of such programs shall not be a defense to a civil infraction notice issued under this Chapter.

Section 2 - Severability. If any provision of this Ordinance, or its application to any person or circumstances, is held invalid, the remainder of the Ordinance, or application of the provisions of the Ordinance to other persons or circumstances, is not affected.

Section 3 - Effective Date. This Ordinance shall take effect five days after publication.

PASSED by the City Council of the City of Port Angeles at a regular meeting of said Council held on the 18th day of May, 1993.

Section VIII. Legislative Language

F. Seymour, Connecticut

1. SEYMOUR, CT. ORDINANCE

LEGAL NOTICE

SEYMOUR, CONNECTICUT

The following Ordinance BICYCLE HELMET ORDINANCE was amended and approved according to provisions of section 7.5 of the Charter of the Town of Seymour at a meeting of the Board of Selectmen held on Monday, June 29, 1998.

Chapter 8. Article VIII of the Municipal Code is hereby amended to read as follows:

Article VIII Bicycle Helmet Ordinance

Section 8-150 Statement of Purpose

The purpose of this ordinance is to reduce the incidence of bicycle related death and disability by requiring that while riding on public roadways, public bicycle paths, or other public right-of-way, all operators and passengers wear protective bicycle helmets.

Section 8-151 Definitions

As used in this section, the following items shall have the meanings indicated:

BICYCLE - A human powered vehicle with two (2) wheels in tandem designed to transport, by the act of pedaling, one (1) or more persons seated on one (1) or more seats on its frame. Bicycle includes, but is not limited to, a human powered vehicle designed to transport by the act of pedaling which has more than two (2) wheels when the vehicle is used on a public roadway, public bicycle path, or other public right-of-way.

OPERATOR - A person who travels on a bicycle seated on a seat from which that person is intended to and can pedal the bicycle.

OTHER PUBLIC RIGHT-OF-WAY - Any right-of-way other than a public roadway or public bicycle path that is under the jurisdiction and control of the State of Connecticut, or Town of Seymour.

PASSENGER - Any person who travels on a bicycle in any manner except as an operator.

PROTECTIVE BICYCLE HELMET - A piece of headgear which meets or exceeds the impact standard for protective bicycle helmets set by the American National Standards Institute (ANSI),

the Snell Memorial Foundation, the American Society for Testing and Materials (ASTM) or any established safety standard adopted by the federal government.

PUBLIC BICYCLE PATH - A right-of-way that is under the jurisdiction and control of the State of Connecticut, or Town of Seymour, for use primarily by bicyclists and pedestrians.

PUBLIC ROADWAY - A right-of-way that is under the jurisdiction and control of the State of Connecticut, or Town of Seymour, for use primarily by motor vehicle traffic.

Section 8-152 Helmet Use Requirements

It is unlawful for any person to use a bicycle on a public roadway, public bicycle path, or other public right-of-way, under any one of the following conditions:

1. For a person to operate or be a passenger on a bicycle unless at all times the person wears a protective bicycle helmet of good fit, fastened securely upon the head with the straps of the helmet.
2. For any parent or legal guardian of a person ages 18 and under to knowingly permit the person to operate or be a passenger on a bicycle in violation of subdivision 1 of this section.

Section 8-153 Bicycle Sales or Renting

1. A person regularly engaged in the business of renting bicycles in Seymour shall require each person seeking to rent a bicycle to provide his or her signature either on the rental form or on a separate form indicating both of the following:
 - a. Receipt of a written explanation of the provisions of this act and the penalties for violations.
 - b. A statement concerning whether a person ages 18 and under will operate the bicycle in an area where the use of a helmet is required.
2. A person regularly engaged in the business of renting bicycles shall provide a helmet to any person who will operate the bicycle in an area requiring a helmet, if the person does not already have a helmet in his or her possession. A reasonable fee may be charged for the helmet rental.

Section 8-155 Penalties

Violations of Section 8-152 of this act shall be handled in the following manner:

1. On the first offense, the violator shall be assessed a fine not to exceed twenty five dollars (\$25.00).
2. On the second, and any subsequent offenses, the violator shall be assessed a fine not to exceed one hundred dollars (\$100.00) for each offense.

3. Fines assessed to violators ages 18 and under shall be the legal responsibility of the violator's parent or legal guardsman.

Dated at Seymour, Connecticut, this 30th day of June, 1998.

Section VIII. Legislative Language

F. State of Connecticut

2. CONNECTICUT LEGISLATION

(Bicycle helmet use legislation adopted in 1993 and amended in 1997)

1993:

PUBLIC ACT NO. 93-292
(Substitute Senate Bill No. 699)

AN ACT CONCERNING BICYCLE HELMETS FOR CHILDREN.

Section 1. (NEW) For the purposes of this act, "bicycle" means any vehicle propelled by the person riding the same by foot or hand power.

Sec. 2. (NEW) (a) No child under twelve years of age shall operate a bicycle on the traveled portion of any highway unless such child is wearing protective headgear which conforms to the minimum specifications established by the American National Standards Institute. Failure to comply with this section shall not be a violation or an offense.

(b) A law enforcement officer may issue a verbal warning to the parent or guardian of a child that such child has failed to comply with the provisions of subsection (a) of this section.

Sec. 3. (NEW) A person, firm or corporation engaged in the business of renting bicycles shall provide a bicycle helmet conforming to the minimum specifications established by the American National Standards Institute or the Snell Memorial Foundation's Standard for Protective Headgear for Use in Bicycling to any person under sixteen years of age who will operate the bicycle if such person does not have a helmet in his possession. A fee may be charged for the helmet rental. Violation of any of the provisions of this section shall be an infraction.

Sec. 4. (NEW) The commissioner of consumer protection may establish, within available appropriations, a public awareness campaign to educate the public concerning the dangers of riding bicycles without helmets and to promote the use of safety helmets while riding bicycles.

Sec. 5. (NEW) (a) No person shall introduce or deliver for introduction into commerce any child restraint system which does not conform to the requirements in 49 CFR Part 571.213.

(b) The commissioner of consumer protection may (1) detain or embargo any child restraint system which does not conform to the requirements of 49 CFR Part 571.213 and (2) order repurchase of any child restraint system which does not conform to such requirements.

(c) In addition to any other remedies at law, the commissioner may apply to the superior court

for, and the court shall have jurisdiction upon hearing and for cause shown to grant, a temporary or permanent injunction restraining any person from violating subsection (a) of this section.

Sec. 6. (NEW) (a) A police officer operating a bicycle in response to an emergency call or while engaged in rescue operations or in the immediate pursuit of an actual or suspected violator of the law shall be exempt from the provisions of sections 14-286, 14-286a, 14-286b, 14-286c and 14-289 of the general statutes provided (1) the police officer is wearing a distinctive uniform and (2) the police officer has completed a course of instruction in basic police bicycle patrol certified by the municipal police training council or an equivalent course of instruction.

(b) The exemptions granted in subsection (a) of this section shall apply only when such bicycle is making use of an audible warning signal device, including, but not limited to a siren, whistle or bell.

(c) The provisions of this section shall not relieve the operator of a bicycle from the duty to drive with due regard for the safety of all persons and property.

Section VIII. Legislative Language

F. State of Connecticut

3. Amended 1997

1997:

PUBLIC ACT NO. 97-46
(Committee Bill No. 597)

Referred to Committee on TRANSPORTATION
General Assembly
January Session, A.D., 1997

AN ACT REQUIRING CHILDREN FIFTEEN YEARS OF AGE AND UNDER TO WEAR BICYCLE HELMETS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Subsection (b) of section 14-286d of the general statutes is repealed and the following is substituted in lieu thereof:

(b) No child [~~under twelve~~] FIFTEEN years of age OR UNDER shall operate a bicycle on the traveled portion of any highway unless such child is wearing protective headgear which conforms to the minimum specifications established by the American National Standards Institute or the Snell Memorial Foundation's Standard for Protective Headgear for Use in Bicycling. Failure to comply with this section shall not be a violation or an offense. Failure to wear protective headgear as required by this subsection shall not be considered to be contributory negligence on the part of the parent or the child nor shall such failure be admissible in any civil action.

Approved May 14, 1997

Section IX. Appendices

A. Helmet Use Laws for Bicycle Riders

(Source: the Bicycle Helmet Safety Institute)

Excerpts from the BHSI Web site: <http://www.helmets.org/mandator.htm>

~~Revised immediately upon receipt of new information
For date of last revision see last line at the bottom.~~

There is no federal law in the U.S. requiring bicycle helmets. States and localities began adopting laws in 1987, but there is no formal central registry for them. Here are the ones we are aware of as of this date. The States are probably all included, but some localities could be missing.

Jurisdiction	Ages/Conditions	Effective Date
Alabama		
State Law	Under 16	1995
Montevallo	All ages	1993
Homewood	All ages	1994
Arizona		
Tucson	Under 18	1993
Yuma	Under 18	1997
California		
State Law	Passengers under 5	1987
State Law	Riders under 18	1994
Bidwell Park, Chico, CA	All ages	1991
Connecticut		
State Law	Under 16	1993/1997
Seymour	All ages	1998 /REPEALED 1998
Delaware		
State Law	Under 16	1996
District of Columbia		
	Under 16	2000
Florida		
State Law** (excludes Citrus and St. Lucie Counties)	Under 16	1997

Jurisdiction	Ages/Conditions	Effective Date
Georgia		
State Law	Under 16	1993
Hawaii		
State Law	Under 16	1/1/2001
Illinois		
	Barrington	Under 17
1997		
Inverness	Under 16	1999
Louisiana		
State Law	Under 12	3/1/2002
Maine		
State Law	Under 16	
	1999	
Maryland		
State Law	Under 16	1995
Allegany Co	Under 16	1992
Howard Co	Under 17	1990
Montgomery Co	Under 18	1991
Sykesville	All ages	1995
Massachusetts		
State Law	Passengers under 5	1990
State Law	Riders under 13	1994
Michigan		
E. Grand Rapids	Under 18	1995
Adrian	Under 15	1998
Kensington	All Ages	1998
Metropark		
Farmington Hills	Under 16	1999
Missouri		
Creve Coeur	All ages	2000
St Louis Co	Under 17	2002
for unincorporated areas		

Jurisdiction	Ages/Conditions	Effective Date
Montana		
Billings	Under 16	2001
New Jersey		
State Law	Under 14	1992
New York		
State Law	Passengers under 5	1989
State Law	Riders under 14	1994
Chemung Co	Under 15	1995
Erie County Parks	All ages	1993
Greenburgh	All ages	1994
Guilderland	Under 14	1992
Rockland Co	All ages	1992
Onondaga Co (Syracuse)	Under 18	2001
North Carolina		
State Law	Under 16	2001
Black Mountain	All ages	1996
Boone	All ages	1995
Carolina Beach	Under 16	1994
Carrboro	Under 16	1997
Cary	Under 16	2001
Chapel Hill	Under 16	1992
Greenville	Under 16	1998
Matthews	Under 16	2001
Ohio		
Akron	Under 16	2001
Beachwood	Under 16	1990
Brecksville	Under 18	1998
Centerville	Under 16	1999
Glendale	Under 19	2000
Orange Village	Ages 6 to 15	1992
Shaker Heights	All ages over 5 including passengers	1997
Strongsville	Under 12	1993
Waynesville	Under 17	2000
Oregon		
State Law	Under 16	1994

Jurisdiction	Ages/Conditions	Effective Date
Pennsylvania		
State Law	Passengers under 51991	
State Law	Riders under 12	1995
Rhode Island		
State Law	Under 9	1996
	Under 16	1998
Texas		
Arlington	Under 18	1997
Austin	Under 18	1996/97
Bedford	Under 18	1996
Benbrook	Under 17	1996
Coppell	All ages	1997
Dallas	All ages	1996
Fort Worth	Under 18	1996
Houston	Under 18	1995
Tennessee		
State Law	Under 16	1994/2000
Clarksville	All ages	1993
Virginia		
Alexandria	Under 15	1994
Arlington Co	Under 15	1993
Blacksburg	Under 15	1994
Fairfax Co	Under 15	1993
Falls Church	Under 15	1993
Front Royal	Under 15	1996
Manassas	Under 15	1995
Manassas Park	Under 15	1997
Newport News	Under 15	1997
Prince William Co	Under 15	1995
Salem	Under 15	2000
Virginia Beach	Under 15	1995

Jurisdiction	Ages/Conditions	Effective Date
Washington State		
Aberdeen	All ages	2001
Bainbridge Island	All ages	2001
Bremerton	All ages	2000
Eatonville	Under 16	1996
Fircrest	All ages	1995
Gig Harbor	All ages	1996
King Co	All ages	1993
(excludes Seattle)		
Lakewood	All ages	1996
Milton		All ages 1997
Orting		Under 17 1997
Pierce Co	All ages	1994
Port Angeles	All ages	1994
Poulsbo	Under 18	1995
Puyallup	All ages	1994
Steilacoom	All ages	1995
Tacoma	All ages	1994
University Place	All ages	1996
West Virginia		
State Law	Under 15	1996
Clarksburg	Under 18	1993
Morgantown	All ages	1993
South Charleston	Under 18	1994
St. Albans	Under 18	1995
Wisconsin		
Port Washington	Under 17	1997

That's a total of 20 State laws (including the District of Columbia as a "state") and 84 local laws.

** Florida permitted Counties to opt out, and three did so, but Brevard later reversed its decision, leaving the Counties of Citrus and St. Lucie not covered by the State law. Private property (a driveway, for example) was excluded but all roads and trails are covered.

This page was last revised on: May 16, 2002.

Section IX. Appendices

B. Request for Information Sent to NHTSA Regional Administrators and Governor's Highway Safety Representatives

The following letter was sent out by the contractor working on this project to solicit information for this document:

Dear:

To better understand how jurisdictions are enacting and implementing bicycle helmet laws and the effectiveness of such laws, NHTSA Traffic Safety Programs (TSP) is planning to profile several jurisdictions that have adopted bicycle helmet laws or that have attempted to do so. I am working with TSP on this task and am seeking your suggestions for jurisdictions to consider.

Since so many states and localities have adopted bicycle helmet laws, we will not be able to examine all laws. We are seeking examples that are reflective of the wide range of experiences that jurisdictions have had with bicycle helmet laws. We would like the profiles to include both state and local laws, all-ages laws as well as minors-only laws, laws with differing enforcement options, jurisdictions that have used education and/or awareness efforts as part of implementation, even jurisdictions with laws that are recognized as ineffective or that have repealed a bicycle helmet law.

We are especially interested in looking at how the laws are enforced, other program components that support the helmet laws, and the effectiveness of the law. The profiles will also consider the factors behind the introduction and passage of the law.

Thus, we are asking, based on your knowledge of the laws in your state[s], for your suggestions of jurisdictions that would be prime examples of the issues discussed above. We would also ask for your suggestions of one or more key contacts in that jurisdiction that could assist our efforts (such as the individual most knowledgeable about the law's enforcement, the individual most involved in the area's overall bicycle safety effort, and the individual who spearheaded the law's passage).

Your ideas can be e-mailed to [e-mail address] or faxed to [fax number]. To assist you, an informal response form follows. If you wish to suggest more than one jurisdiction, just send in additional versions of this form.

Jurisdiction: (State of, County of, City of, etc.)

Ages covered by law:

Notable aspects of law: (e.g., unique enforcement, education, or awareness options)

Contact information: For each key contact, please provide:

Name

Address

Phone

E-mail (if available)

Area of expertise

Carol Stroebel

Section IX. Appendices

C. Matrix Used for Information Collection

This matrix reflects the specific areas and topics examined for each profile.

1. Jurisdiction
 - 1.1 Entity (state, city, county, etc.)
 - 1.2 Effective Date
 - 1.3 Ages covered
 - 1.4 Penalty for Non-Compliance
 - 1.5 Enforcing Agency
 - 1.6 Community geography (urban, suburban, rural)
 - 1.7 Community composition (income level, racial/ethnic composition)

2. Introduction of Legislation: Motivating Factors
 - 2.1 Statistical Evidence
 - 2.2 Anecdotal Evidence (e.g., highly publicized crash)
 - 2.3 Leadership, Political
 - 2.4 Leadership, Professional
 - 2.4.1 Emergency medicine professionals
 - 2.4.2 Law Enforcement
 - 2.4.3 Pediatricians
 - 2.4.4 Nurses
 - 2.4.5 Other
 - 2.5 Leadership, Community
 - 2.6 Other Factors

3. Passage of Law: Influencing Factors
 - 3.1 Statistical Evidence
 - 3.2 Anecdotal Evidence (e.g., highly publicized crash)
 - 3.3 Political Leadership
 - 3.3.1 Most Influential Elected Officials
 - 3.4 Leadership, Professional
 - 3.4.1 Emergency medicine professionals
 - 3.4.2 Law Enforcement
 - 3.4.3 Pediatricians
 - 3.4.4 Nurses
 - 3.4.5 Other
 - 3.5 Leadership, Community
 - 3.6 Most Persuasive/Effective Arguments
 - 3.7 Least Persuasive/Ineffective Arguments
 - 3.8 Opponents to Law: Most influential
 - 3.9 Opposing Arguments to Law: Most influential

- 3.10
 - 3.10.1 Time Between First Introduction and Passage/Number of Sessions Introduced
 - 3.10.2 Referenda
- 3.11 Other Factors
- 4. Pre-Passage Bicycle Helmet Programs
 - 4.1 Education Programs
 - 4.2 Give-away Programs
 - 4.3 Parent Programs
 - 4.4 Other Activities
- 5. Post-Passage Implementation
 - 5.1 Time Between Enactment and Effective Date
 - 5.2 Education Efforts Between Enactment and Effective Date
 - 5.3 Helmet Give-away Efforts Between Enactment and Effective Date
 - 5.4 Other Efforts Between Enactment and Effective Date
 - 5.5 Education Efforts After Effective Date
 - 5.6 Bicycle Helmet Give-away Efforts After Effective Date
 - 5.7 Other Efforts After Effective Date
- 6. Bicycle Helmet Use Law Enforcement
 - 6.1 Law Enforcement Subdivision Responsible for Enforcement
 - 6.2 Implementation of Penalty Component
 - 6.2.1 Phase-in
 - 6.2.2 Discretion in enforcement
 - 6.2.3 Other aspects of penalties
 - 6.3 Law Enforcement Involvement in Non-Enforcement Activities
 - 6.4 Coordination of Non-Enforcement Activities with Law Enforcement
 - 6.5 Non-Enforcement Activities Not Coordinated with Law Enforcement
 - 6.6 Community Reaction to Enforcement Efforts (support/opposition)
- 7. Bicycle Helmet Use Law Effectiveness
 - 7.1 Definition of Effectiveness
 - 7.2 Changes in Bicycle Fatalities
 - 7.3 Changes in Head Injuries
 - 7.4 Changes in Other Measures (other than helmet use)
 - 7.5 Ranking of Effectiveness
 - 7.6 Agency Handling Evaluation

8. Post-Passage Bicycle Helmet Use
 - 8.1 Pre-Law Bicycle Helmet Use Measures
 - 8.2 Methods of Measuring Bicycle Helmet Use
 - 8.3 Impact on Bicycle Helmet Use
 - 8.3.1 Among Ages Covered (or all ages if all-ages law)
 - 8.3.2 Among Populations Not Covered
 - 8.3.3 In Neighboring Jurisdictions
 - 8.4 Bicycling Participation
 - 8.4.1 Measured Pre-Post Law?/Methods used
 - 8.4.2 Impact on Participation in Bicycling
9. Support for Evaluation
 - 9.1 Factors Supporting Evaluation
 - 9.2 Resources Used in Evaluation
 - 9.3 Improving Evaluation
 - 9.4 Consideration of Evaluation
 - 9.5 Rejection of Evaluation
 - 9.6 Arguments against Evaluation
 - 9.7 Increasing the Likelihood of Evaluation
10. Retrospective Analysis of Law Implementation
 - 10.1 Pre-Introduction Changes
 - 10.2 Changes During Legislative Process
 - 10.3 Post-Enactment, Pre-Effective Date Changes
 - 10.4 Post-Effective Date Changes
 - 10.5 Changes to the Language
11. Other Factors/Key Points in the:
 - 11.1 Introduction and Passage of Legislation
 - 11.2 Implementation of Bicycle Helmet Use Law
 - 11.3 Bicycle Helmet Use Law's Effectiveness
 - 11.4 Additional Contacts

Section IX. Appendices

D. The National SAFE KIDS Campaign Model Mandatory Helmet Legislation for Bicycle, In-Line Skating, Roller Skating and Skateboarding

BE IT ENACTED BY THE LEGISLATURE OF _____:

Section 1. Title

This act shall be known and may be cited as the "Child Helmet Safety Act."

Section 2. Definitions

As used in this act, the following words shall have the following meanings:

- (A) **BICYCLE.** A human-powered vehicle with two (2) wheels in tandem designed to transport, by the act of pedaling, one (1) or more persons seated on one (1) or more saddle seats on its frame. "Bicycle" includes, but is not limited to, a human-powered vehicle designed to transport by the act of pedaling which has more than two (2) wheels when the vehicle is used on a public roadway, public bicycle path, or other public road or right-of-way. This also includes a tricycle.
- (B) **IN-LINE SKATES – ROLLER SKATES.** A pair of devices worn on the feet with a set of wheels attached, regardless of the number or placement of those wheels, and used to glide or propel the user over the ground.
- (C) **OPERATOR.** A person who travels on a bicycle or tricycle seated on a saddle seat from which that person is intended to and can pedal the bicycle. This includes wearers of roller blades or roller skates and users of skateboards.
- (D) **OTHER PUBLIC RIGHT-OF-WAY.** Any right-of-way other than a public roadway or public bicycle path that is under the jurisdiction and control of the state or a local political subdivision thereof.
- (E) **PASSENGER.** Any person who travels on a bicycle in any manner except as an operator.
- (F) **PROTECTIVE BICYCLE HELMET.** A piece of headgear which meets or exceeds the impact standard for protective bicycle helmets set by the U.S. Consumer Product Safety Commission federal safety standard, those developed by the American National Standards Institute (ANSI), the Snell Memorial Foundation, or the American Society for Testing and Materials (ASTM).¹

¹ As of March 10, 1999, all new bicycle helmets manufactured must meet the new U.S. Consumer Product Safety Commission federal standard. Helmets meeting ASTM, Snell, or ANSI standards are safe and will be available in stores until March 2002.

- (G) PUBLIC BICYCLE PATH. A right-of-way under the jurisdiction and control of the state, or a local political subdivision thereof, for use primarily by bicyclists and pedestrians.
- (H) PUBLIC ROADWAY. A right-of-way under the jurisdiction and control of the estate or a local political subdivision thereof for use primarily by motor vehicular traffic.
- (I) SKATEBOARD. A set of wheels attached to a platform or flat surface, regardless of the number or placement of those wheels, and used to glide or propel the user over the ground.

Section 3. Purpose

Bicycling, in-line skating, roller skating and skateboarding are associated with death and disability, especially head injury. Head injuries can be prevented by wearing helmets. The purpose of this act is to reduce the incidence of bicycle, in-line skating, roller skates and skateboarding-related death and disability by requiring that, while riding on a bicycle on public roadways, public bicycle paths, or other public right-of-way, all operators, passengers and users wear approved helmets.

Section 4. Helmet Use Requirements

It is unlawful for any person to use a bicycle, in-line skates, roller skates and skateboards on a public roadway, public bicycle path, other public rights-of-way, under any one of the following conditions:^{1,3}

- (A) For any person to operate or be a passenger on a bicycle, or to use in-line skates, roller skates and skateboards unless at all times the person wears a protective helmet of good fit, fastened securely upon the head with the straps of the helmet.^{2,3}
- (B) For any parent or legal guardian of a person ages 17 and under to knowingly permit the person to operate or be a passenger on a bicycle, or to use in-line skates, roller skates and skateboards in violation of subdivision (A) of this section.
- (C) A local unit of government may adopt standards as strict or more stringent than the requirements of this section.

Section 5. Equipment Sales or Renting

- (A) A person regularly engaged in the business of renting bicycles, in-line skates, roller skates or skateboards shall require each person seeking to rent one or more of these items to provide

² It is acceptable to wear a protective bike helmet when using in-line skates, roller skates or skateboards.

³ Infants under age one do not have neck and back muscles strong enough to support a helmet. Infants should never wear a helmet and should never be a passenger on a bicycle.

his or her signature either on the rental form or on a separate form indicating both of the following:

- (1) Receipt of a written explanation of the provisions of this act and the penalties for violations.
 - (2) A statement concerning whether a person ages 17 and under will be an operator or passenger on the bicycle or use in-line skates, roller skates or skateboards in an area where the use of a helmet is required.
- (B) A person regularly engaged in the business of renting bicycles, in-line skates, roller skates or skateboards shall provide a helmet to any person who will be an operator or passenger on the bicycle or use the in-line skates, roller skates or skateboards in an area requiring a helmet, if the person does not already have a helmet in his or her possession. A reasonable fee may be charged for the helmet rental.
- (C) A person regularly engaged in the business of selling or renting bicycles, in-line skates, roller skates or skateboards who complies with this act shall not be liable in a civil action for damages for any physical injuries sustained by an operator, passenger or user as a result of the operator's, passenger's or user's failure to wear a helmet or to wear a properly fitted or fastened helmet in violation of this act.

Section 6. Contributory Negligence

Failure to wear a helmet as described in Section 4 shall not be considered evidence of contributory negligence and shall be inadmissible in any civil action.

Section 7. Penalties

Violations of Section 4 of this act shall be handled in the following manner:

- (A) On the first offense, the violator shall be assessed a fine not to exceed \$25.
- (B) On the second offense and all subsequent offenses, the violator shall be assessed a fine not to exceed \$100.
- (C) Fines assessed to violators ages 17 and under will be the legal responsibility of the violator's parent or guardian.
- (D) The court may waive the fine on a first offense upon presentation of evidence that the violator has purchased or procured an approved helmet and demonstrates the intention of using the helmet as required by law.

Section 8. Bicycle Safety Fund

The state shall establish a statewide fund known as the “Bicycle, In-line Skates, Roller Skates and Skateboard Safety Fund.” All monies in this fund shall be used for the following purposes:

- (A) To create, improve and sustain a program of bicycle, in-line skates, roller skates and skateboard safety education offered to the public in each county in the state.
- (B) To assist low-income families in the purchase and procurement of an approved helmet.

Section 9. Effective Date

This act shall become effective 90 days from its passage and approval by the Governor, or upon its otherwise becoming a law.

Section IX. Appendices

E. Oregon Bicycle Helmet Campaign Community Planning Guide

O R E G O N



**BICYCLE HELMET CAMPAIGN
COMMUNITY PLANNING GUIDE**



ACKNOWLEDGEMENTS

Our appreciation to Senators Ron Cease and Wes Cooley, chief sponsors of SB 1088, The Bicycle Helmet Bill; to Claudia Black, Senator Cease’s legislative assistant, who worked to get support for the bill; and to the Oregon Health Division for coordinating the development of this community planning guide.

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Oregon's Bike Helmet Law

The law is effective July 1, 1994

A bicycle operator or rider under 16 years of age is required to wear protective headgear when riding on a highway or on premises open to the public.

The headgear (helmet) must have ANSI or Snell certification, standards and specifications for safe protective headgear to be adopted by the Transportation Safety Section, Oregon Department of Transportation.

Failure to wear protective headgear as required above is punishable by a maximum fine of \$25. The legal guardian will be issued the citation if the youth is 11 years of age or younger. For youths 12 to 16 years of age, the citation may be issued to the youth or to the legal guardian.

The fine may be waived for the first offense if the person proves that he/she has obtained the necessary helmet.

The goal of the Oregon Bicycle Helmet Coalition is to prevent bicycle-related head injuries in children and adults by involving local communities. This planning guide is designed to provide you with practical ways to develop a bicycle helmet campaign, especially important because of the new law. Communities can provide safe bicycle helmets at affordable prices and offer the resources to motivate children and adults to wear helmets every time they ride bicycles.

Each year injuries result in a predictable pattern of death, disability and pain for Oregon's children. These tragedies are unnecessary and, fortunately, most can be prevented. This is particularly true for head injuries in children. Wearing a bicycle helmet has been proven to prevent up to 85 percent of bicycle-related head injuries in children.

We encourage you to participate in the Oregon Bicycle Helmet Campaign. The bicycle safety resources are listed in this guide to provide assistance or answer questions about the campaign. Only by working together can we prevent bicycle-related head injuries and take a giant step toward protecting our children. Please join us.

BIKE HELMETS, THE WAY TO GO.

Why Do It?

Each year, in the United States, bicycling injuries cause almost 1,000 deaths and over 580,000 hospital emergency room visits. Almost half of these bicycle-related deaths involve children ages 14 and under. The most common cause of death and the leading cause of non-fatal injury from bicycling is head injury.

According to the Harborview Injury Prevention and Research Center, the use of bicycle helmets has been shown to reduce the risk of head injury by 85% and the risk of brain injury by 88%. Local and national helmet use rates range from 2% to 8%.

The following information is a summary of facts from "Injuries to Bicyclists: A National Perspective" published by Johns Hopkins Injury Prevention Center in 1993:

- ✓ Helmets are needed because head injuries in bicyclists are noted in:
 - 65,000 emergency room cases and 7,700 hospital admissions annually.
 - About 40% of bicyclists admitted to hospitals.
 - An estimated 70% to 80% of fatally injured bicyclists.
- ✓ Bicyclists hospitalized with head injuries are 20 times as likely to die as those without.
- ✓ Bicyclist injury rates per million trips are highest at ages 5-15.
- ✓ For children ages 4-15, every \$1 spent on bicycle helmets saves \$2 in medical care costs.
- ✓ Bicyclist death rates per thousand population are highest at ages 10-14.
- ✓ If 85% of all child cyclists wore helmets in one year, the lifetime medical cost savings would total \$109 million to \$142 million.
- ✓ Compared with females:
 - Males make 2.5 times as many bicycle trips.
 - Males are 2.4 times as likely to be killed, per trip.
 - Males have a death rate per 100,000 population that is six times as high.
- ✓ Motor vehicles are involved in 90-92% of bicyclist deaths and 12% of injuries.

Helmets purchased by bulk

The Silverton Story

One good example of a successful “bulk buy” bicycle helmet program comes from Silverton, Oregon. Low-cost helmets (prices offset by fund raising) were offered for sale at a series of school assemblies. The project got 1,300 helmets into the community and provided school safety messages to 2,365 children, all in a city with a population of 6,000.

A number of factors contributed to Silverton’s success:

A RECOGNIZED SPONSOR

Silverton’s Transportation Safety and Advisory Committee was the lead group. Being clearly associated with a credible group made other tasks easier. You could associate with a parent’s organization, civic group or other easily identifiable community program.

PLANNING

Silverton’s group planned ahead, making sure each activity was performed with as little trouble as possible.

COLLABORATION

The Silverton group worked with the automobile club, the Department of Transportation, Trauma Nurses Talk Tough, the school district and many others to bring together a program to reach kids and parents. Their plan helped each party see where they fit into the project.

FUND RAISING

Armed with a good plan and city support, the group went out into the community asking for additional funds to supplement a small grant they had received. Their first effort raised hundreds of dollars by merely speaking to groups, and asking for a commitment in writing. A second wave of fund raising succeeded because of a match challenge from the city council who offered to match every dollar up to \$1,500.

EXCITEMENT

The Silverton group generated excitement. It started with press releases about events. Teachers talked up bicycle skills fairs and the assembly where the helmets were viewed for the first time. Helmets offered at \$10.00 (compared to \$40.00 retail) heightened even the most frugal parent’s interest. A huge bicycle skills fair, bicycle rides and a bicycle helmet parade topped off events.

APPEARANCE OF SUCCESS

In planning the project, the group assumed success. This served them well, because they gave the illusion of success before the first helmet was sold. By now you’re asking, “How can I do all this?” The answer: First, identify your allies: clubs, groups and the resources in this guide.

Then, develop a plan tailored to your community and schools. Include plans to assist non-English-speaking, economically disadvantaged populations. Make sure you “assume success.”

- Generate funds and excitement.
- Stage the event. Sell the helmets. Emphasize how cool helmets look and feel and are. Make them a good deal.
- Reward children who have helmets.

Community Bicycle Helmet Promotion

Building Your Program

Want an effective community bicycle helmet promotion program? These activities will provide ideas to get you started with your plan:

INVOLVE YOUR COMMUNITY

- Work with local police, fire departments, and parks and recreation departments that may already be interested in bicycle safety.
- Find area health professionals (pediatricians, family physicians, nurses, physical therapists and others) who can contribute their enthusiasm and expertise. Contact local cycling club members and bicycle shop managers who can offer bicycle safety and maintenance information as well as involvement.
- Enlist the help of local sports personalities or other role models to whom the children will listen.
- Seek prizes from local businesses to offer as rewards to students for wearing helmets.
- Seek funds for helmet-related materials like printed flyers for parents and stickers for children.

INCREASE PARENT AWARENESS

- Put an article in a newsletter, send a flyer home.
- Conduct a program on helmets at a PTA or PTO meeting, Open House, or Back-to-School Night. Invite speakers from bicycle helmet/injury prevention programs to participate.
- Contact your local newspaper with information about your project. A front page story with a photo of kids wearing helmets would help influence parents.
- Plan a bicycle skills course in which all bicyclists wear helmets; invite parents.
- Plan a Bicycle Safety Day with a skills course and informational sessions for all family members.
- Plan a bicycle safety event and helmet promotion at the same time as a school fair, chicken barbecue, flea market or other community event.

EDUCATE CHILDREN ABOUT THE IMPORTANCE OF WEARING BICYCLE HELMETS

- Schedule a bicycle helmet/injury prevention assembly. (*See using Bicycle Safety Resources, page 16.*) Additional ideas would be to invite guest speakers from a bicycle club, a bicycle racing association, or local law enforcement. A local pediatrician, or a survivor of a bicycle crash would also be an appropriate choice.

BIKE HELMETS, THE WAY TO GO.

Community Bicycle Helmet Promotion

Building Your Program

- Work with a health education specialist, school nurse, or health and physical education teacher to:
 - prepare classroom and after-school activities.
 - help students learn about the consequences of head injuries.
 - help involve parents in bicycle activities and to practice safe cycling.

- Call the Oregon Student Safety on the Move (OSSOM), (503)737-2387, to find out whether there is a local OSSOM chapter in your community. If so, contact the chapter to see whether it is interested in working on the bicycle helmet project.

- Plan a bicycle helmet poster contest to promote the correct use of bicycle helmets. Display the posters in the school and community.

- Conduct a bicycle helmet-related contest. Fill a bicycle helmet with lifesavers and label it "Helmets Save Lives". Ask the students to guess the number of items in the helmet. Award prizes to the winners. Rewards can be offered by school crossing guards, local law enforcement and fire department personnel.

- Use school newsletters and local media. Print articles in the school newsletter, write letters to the editor of the local newspaper and develop special interest stories. Publicize the students' involvement because this provides good photo opportunities for the press.

MAKE IT EASY FOR FAMILIES TO GET HELMETS AT LOW COST

- Compile a list of retail outlets, specialty bicycle shops, chain and department stores that carry helmets.
- Conduct a fund-raising campaign to subsidize helmets for kids who cannot afford them.
- Distribute discount coupons for helmets at a school event.
- Plan a "bulk buy" purchase program.
(See page 13)

LOOK FOR WAYS TO MEASURE YOUR PROGRESS

- Do a count, before and after your program, of children riding to school wearing helmets.
- Have one of the older classes do periodic surveys of helmet use and attitudes among the pupils.

ENFORCEMENT OF THE LAW

- Publicize the Oregon Bicycle Helmet Law in your school.
- Work with local police to enforce the law.
- Contact your municipal judge or juvenile courts. Encourage them to follow through by supporting law enforcement efforts.

Sources of Information: The California Bicycle Helmet Campaign. The Harborview Injury Prevention and Research Center.

Planning Worksheet

DATE	DURATION	ACTION	NARRATIVE
		<p>Step 1: Find your allies. Enlist the support of the school parent/teacher organizations (PTAs, PTOs) and community service organizations.</p> <p>Step 2: Choose a leader or coordinator.</p> <p>Step 3: Set a program goal.</p> <p>Step 4: Discuss the campaign with your school principal.</p>	<p>The support of each school's PTA or PTO is often necessary before proceeding with a program. Plan to call the Board President with information and/or present the program at a monthly meeting.</p> <p>This person would be responsible for coordinating program events, recruiting volunteers, answering questions, planning the helmet campaign, supervising Helmet Distribution Day.</p> <p>It is important to have a goal for your helmet program. This not only gives you a target to shoot for, but is also a way to measure your success. A typical goal may be to double the number of students wearing helmets at your school this year. One method to measure your goal would be to conduct a survey both before and after the helmets are distributed.</p> <p>Support from your school is important and makes access to students much easier.</p>

Planning Worksheet

DATE	DURATION	ACTION	NARRATIVE
		<p>Step 5: Plan the program schedule.</p>	<p>Establish a time frame to conduct the program. To give your program focus, it is best to conduct your activities during a specific time period. Most schools schedule a Bicycle Safety Week during the spring or fall.</p> <p>Time your events carefully. Because a Poster Contest or Bicycle Safety Lesson will raise the level of awareness for the need for helmets, these should occur before the order forms are due. A Bicycle Rodeo, on the other hand, is a great event to conduct on Helmet Distribution Day. This gives the children the opportunity to see their friends wearing their helmets.</p> <p>Minimize the order time frame. One week is usually sufficient time between the time order forms are distributed and when they are due.</p> <p>Designate Helmet Distribution Day. Helmets are generally shipped three to six weeks after the orders have been received. A secure storage area will be needed to store the helmets until they are distributed to the children.</p>

Planning Worksheet

DATE	DURATION	ACTION	NARRATIVE
		Step 6: Inform faculty and staff.	Keep them aware of the program goal, schedule, and the importance of their participation.
		Step 7: Distribute school letter and helmet brochures to parents.	If the school has a set day of the week when materials are sent home, that would be your best choice.
		Step 8: Publicize the program.	Publicizing the program will increase your success rate by building excitement among the children and their parents, as well as eliciting support from your community.
		Step 9: Collect order forms and payment.	After the final bicycle helmet order due date has passed, gather all helmet orders and checks; tally the total number of helmets and submit the checks to your treasurer for deposit. Obtain from your treasurer a single check for the total amount and mail this check with the order form.
		Step 10: Sort the helmets for distribution.	After receiving the helmets, make sure the order was filled properly. Then sort and tag helmets by classroom and students.
		Step 11: Distribute the helmets.	Helmet Distribution Day is one of the most rewarding days of the Bicycle Helmet Program. This children will be very excited to receive their new helmets! Depending upon the size of the order, it may be necessary to recruit extra volunteers to assist with the helmet distribution.

Sources of Information: The California Bicycle Helmet Campaign Ride Safe, Inc.

A successful bicycle helmet campaign

Funding your Program

Funding is an important part of a successful bicycle helmet campaign. A goal would be to make affordable bicycle helmets available. Each community can determine funding requirements. Communities can purchase quality helmets at a reduced price that are approved by The American National Standards Institute (ANSI) and Snell Memorial Foundation.

There are many ways to implement your project. Here are four methods:

1. **DISCOUNT COUPONS** for bicycle helmets are available from retailers. Community discount coupons could be developed.
2. **A BULK BUY PROGRAM** allows the community, school or group to purchase bicycle helmets from a distributor or retailer and make the helmets available at a reduced cost.
3. **A SUBSIDIZED PROGRAM** can be developed to reduce the price of the helmet, including shipping and distribution. Although organizations have taken different approaches most organizations have provided some subsidy as an incentive to purchase the helmets.
4. **A BICYCLE HELMET PROGRAM FOR LOW-INCOME CHILDREN** provides helmets at lower or no cost to children who cannot otherwise afford them. School administrators can assist the project in determining eligible children.

Two types of funding are in-kind and actual money. In-kind donations of goods and services are a possible source of funding for bicycle helmet activities, especially from bicycle safety resources and local resources in the community.

Actual money to conduct helmet campaigns is often raised from local businesses, service organizations, individuals and PTAs or PTOs. The donations are small, usually well under \$1,000.

The funding worksheet on page 15 will help determine the funding necessary for your community project. The two examples provide information on how the purchase price per helmets influences the total funding required.

BIKE HELMETS, THE WAY TO GO.

Funding Worksheet

Determination of the funding required. Complete funding worksheet to determine the amount of funds necessary for the community project.

EXAMPLE ONE	EXAMPLE TWO	ITEM	YOUR PROGRAM
300	300	1. Number of Children Served	
\$13.00	\$13.00	2. Total Price per Helmet	
\$1.00	\$1.00	3. Freight per Helmet	
\$14.00	\$14.00	4. Full Purchase Price per Helmet <i>[item two plus item three]</i>	
\$4,200.00	\$4,200.00	5. Total Cost of Helmets <i>[item one times item four]</i>	
30	30	6. Number of Children Receiving No-Cost Helmets	
270	270	7. Number of Children Purchasing Helmets <i>[item one minus item six]</i>	
\$10.00 (a)	\$15.00 (b)	8. Purchase Price per Helmet	
\$2,700.00	\$4,050.00	9. Total Revenue from Children's Purchasing Helmets <i>[item seven times item eight]</i>	
\$1,500.00	\$150.00	10. Funding Required to Subsidize Helmets <i>[item five minus item nine]</i>	
\$50.00 (c)	\$50.00 (c)	11. Purchase of Prizes and Educational Materials	
\$1,550.00	\$200.00	12. Total Funding Required <i>[item eleven plus item ten]</i>	

- a. With Example One, 90% of all children receive discounts on helmet purchases and 10% receive no-cost helmets. The \$10.00 after-discount price is used only for illustration. The actual discount percent and after-discount price will be determined by each community.
- b. With Example Two, 90% of all children pay \$1.00 more than the cost of the helmet, an amount which substantially offsets the cost of providing helmets at no cost to 10% of the children.
- c. See "Using Bicycle Safety Resources", page 16 for free materials.

Determine the funding need

Fund Raising Activities

When you have determined the funds needed to purchase helmets for the children in the community, you can begin the fund raising process.

First, obtain a financial commitment from each of the community participants. This helps the fund raising process by saying to potential donors, "We have all given money. You should, too."

Second, identify the following three categories of potential donors in the community: 1) individuals; 2) businesses; and 3) service clubs.

Since this program will be carried out in many Oregon communities, try to restrict your sphere of fund raising to the community that is being served.

Additional fund raising activities could be walk-a-thons, bake sales or chili feeds.

COMMUNITY INVOLVEMENT

Establish subcommittees to identify donors among individuals. For example, the chairperson of the service club fund raising subcommittee would probably be the president of one of the local service clubs who could help persuade presidents of other service clubs in the community. The business community is often represented by the Chamber of Commerce.

When the lists are compiled, it is time to solicit the efforts of the entire coalition to call upon and persuade potential donors to participate.

RECOGNITION

In order to encourage donors to participate, provide a mechanism for public recognition of the donations. This can be accomplished by:

1 A news story or an advertisement in a community newspaper could acknowledge all of the participants.

2 Community recognition through a billboard or other media announcement could be organized.

3 Incentives, such as t-shirts and other giveaways, could include public recognition of the donors.

4 Business logos and other forms of stickers could be given to children to customize their helmets.

Ultimately, the key to fund raising involves personal relationships and asking. It is a privilege to be asked.

BIKE HELMETS, THE WAY TO GO.

Purchase options

Bicycle Helmet “Bulk Buy”

The Oregon Bicycle Helmet Coalition has developed this resource list for organizations interested in conducting a “Bulk Buy” bicycle helmet program. The Coalition does not endorse any one of these programs over another.

This list represents the major helmet manufacturers. Investigate each of these options to select the program that best fits your organization’s needs. Helmet styles and prices may vary from the following list.

In addition to cost, other factors to consider include: 1) available educational materials or programs; 2) references from other groups who have used the program; 3) the actual helmet involved in the promotion (ANSI and/or Snell safety certification **required**; hard, thin, micro or soft shell, available colors and sizes); 4) timeline for receiving helmets; and 5) replacement or guarantee policy. Have a helmet sample available for students to see before entering into a “bulk buy” agreement.

For additional information, contact the Bicycle Safety Program, 1 800-922-2022.

Ride Safe, Inc.

30W260 Butterfield Road, Unit 208
Warrenville, IL 60555

1-800-285-RIDE

Program offers several options; hardshell or thin-shell helmets with or without accompanying educational and promotional materials. Shipping and handling cost are included in all options, as well as an unconditional guarantee, lifetime impact replacement policy, and product liability insurance. Thinshell helmets available in five colors, three sizes, and come with or without choice of 13 decals, \$14.95 to \$18.95. A special price for low-income students available. Hardshell helmets available without materials and decals, in three colors and three sizes, for \$12.95. Special offer: currently offering hardshell helmets from \$11.50 to \$13.95, while supplies last. Minimum order: 12 helmets.

Cycle Products c/o Shinn and Associates

2154 Commons Parkway
Okemos, MI 48864

1-800-955-8870

Headwind helmets by Cycle products come in five colors: pink, black, white, green, or purple. They are available for bulk order helmet purchase:
\$15.95 for 30-50; \$14.95 for 52-250
\$13.95 for 252-998.

If several groups pool their efforts and order through one address, the helmets will be offered for \$13.00 each.

Troxel Helmet Program

1333 30th Street
San Diego, CA 92154

Contact: Belle Bossa

619-424-4844

Hardshell helmet offered in three colors, three sizes for \$15.59 plus \$2.50 shipping for orders less than 12. For orders of 12-50, helmet is \$13 plus \$2.50 shipping. No shipping charges for orders over 50. Thinshell (light weight) helmet offered in four colors, three sizes for \$19.95 plus shipping. For orders of 50 or more, helmets are \$18.95, no shipping charge.

BIKE HELMETS, THE WAY TO GO.

Purchase options

Bicycle Helmet “Bulk Buy”

Fred Meyer Helmet Coupons Contact: Joanne Fairchild
2801 N. Gantenbein Avenue
Portland, OR 97227 (503)280-4960

Discount coupons offering 25% off any regularly priced helmet in stock (in sporting goods department) at any Fred Meyer. Call in quantity of coupons desired and mailing address.

OHSU Trauma Program Contact: Mindy Singleton
3181 SW Sam Jackson Park Road
Portland, OR 97201-3098 (503)494-7201

Child and adult helmets offered at a discount to patients and staff. Public can purchase up to 10 helmets through the Trauma Program. Lifetime crash replacement guarantee. Variety of colors and sizes available.

Child's hardshell helmet with sizing pads offered at \$25. Four models of adult helmets with sizing pads offered from \$22 to \$35.

Protec Helmet
5511 SW Foster Road
Portland, OR 97206

Diane Murphy c/o Life Enterprises
(503)777-4751

Ten-dollar-off coupons on any Protec helmet in selected cities throughout Oregon. Bulk helmet purchases also offered. All helmets sold with sizing pads. Adult helmets from \$19 to \$35; youth helmets (ages four to adult), \$18.50; and child helmets (ages 18 months to four years), \$21 to \$23. No minimum order.

Shipping paid for on orders over \$500. Variety of colors and models available. Lifetime crash replacement guarantee. Damaged helmets refurbished for nominal fee. Safety video available.

Bell Sports, Cycle Right Program
1001 Waterman Avenue
East Providence, RI 02914

1(800)494-4KID

Ten-dollar-off coupons on 10 Bell helmet models in any color or size. Coupons are redeemable at an authorized Bell Sports dealer. Bulk helmet purchases also offered. All helmets sold with sizing pads. Cyclelite thinshell helmet is available in three sizes and colors for \$20 (includes shipping and handling). Minimum order: 12 helmets, which can be placed through a Bell Sports dealer. In the Beaverton and Portland areas, call The Bike Gallery at any of their locations.

Identify Community Resources

Organizations and agencies in your community can offer support for your local campaign. Here are some ideas:

SCHOOLS

- Local Boards of Education
- PTAs/PTOs
- School nurses
- Student organizations, especially safety oriented groups [e.g., Oregon Student Safety on the Move (OSSOM)]
- Teachers, especially health educators; school administrators

BICYCLE-RELATED ORGANIZATIONS

- Bicycle programs and advisory committees
- Bicycle racing teams
- Bicycle shops
- Bulk purchase helmet distributors
 - Helmet manufacturers
 - Local mass merchandisers who sell bicycles (e.g., *Fred Meyer*, *K-Mart*, *Sears*, *Toys-R-Us*, *Wal-Mart*)

CIVIC ORGANIZATIONS

- Assistance Leagues
- Junior Leagues
- Kiwanis
- Lions
- Optimists
- Rotary
- Other local clubs

LOCAL GOVERNMENT

- County extension services
- County health departments
- Elected officials
- Fire departments
- Law enforcement agencies
- Parks and recreation departments
- Traffic safety commissions

MEDICAL AND REHABILITATION ORGANIZATIONS AND FACILITIES

- Head Injury Foundation chapters
- Local hospitals and medical centers; community, migrant and rural clinics
- Local pediatricians, family practitioners, nurse practitioners, emergency medical technicians, nurses, physicians' assistants
- Rehabilitation facilities, organizations and programs

SAFETY AND INJURY PREVENTION ORGANIZATIONS

- American Automobile Association chapters
- American Trauma Society chapters
- Think First
- Trauma Nurses Talk Tough

YOUTH GROUPS

- Boy Scouts, Girl Scouts
- Camp Fire Boys and Girls
- 4-H
- Oregon Student Safety on the Move (OSSOM)
- YMCA/YWCA programs

INSURANCE

- Health insurance providers
- Life and other insurance companies

OTHERS

- Association of Retarded Citizens chapters.
- Church groups
- Local corporations and businesses
- Local media, including on-air staff
- Sports teams

BIKE HELMETS, THE WAY TO GO.

Using the resources

Bicycle Safety Resources

These resources are available to assist in the development of your project:

AAA Oregon

600 SW Market Street
Portland, OR 97201

503-222-6747

Videos, materials for all ages, rodeos (Portland area). Teacher's guide, posters, reflective decals.

Emanuel Hospital & Health Center

Trauma Nurses Talk Tough
2801 N Gantenbein Avenue
Portland, OR 97227

503-280-4239

Statewide Program. Assemblies for K-2, 3-5, middle schools, high schools and parents. Posters, flyers, 25% discount coupons for helmet purchases at Fred Meyer and assistance on bulk buy helmet purchases. Bicycle rodeo guides; community project information.

Indian Health Services

Community Injury Prevention Program
220 SW 3rd Avenue
Portland, OR 97204

503-326-2001

Videos, special project funding, consultation.

Oregon Department of Education

255 Capitol Street, NE
Salem, OR 97310-0203

503-378-3602

(Health Promotion Team)

Curriculum materials and learning activities, staff development resources, inservice training and technical assistance.

Oregon Department of Transportation

Transportation Safety
400 State Library Building
Salem, OR 97310

1-800-922-2022

503-378-3669

Referral to local programs. Smart Cycling classes, program materials, teaching aids. Trainer training, technical assistance information, clearinghouse.

Oregon Fire Education Association

55 SW Ash Street
Portland, OR 97204-3590

503-823-3741

Information and referral; statewide network serves as a liaison between fire and life safety services and communities.

Oregon Head Injury

Foundation

PO Box 40275
Eugene, OR 97404

Phone: 1 800-544-5243

503-689-7310

Information and referral; local support groups.

Oregon Health Division

Children's Injury
Prevention Program
800 NE Oregon Street, Suite 825
Portland, OR 97232

503-731-4021

Community planning information for bicycle helmet projects; educational materials, curriculum, consultation.

Oregon Health Sciences University

Think First, Prevention Program
Department of Neurology, L603

3181 SW Sam Jackson Park Road
Portland, OR 97201

503-494-7801

Statewide Head and Spinal Cord Injury prevention program. Assembly or classroom presentations for sixth - twelfth grade students. Posters, flyers, curriculum guides, discount coupons for helmet purchases and assistance on bulk buy helmet purchases.

Oregon Health Sciences University

Trauma Program, UHN-66
3181 SW Sam Jackson Park Road
Portland, OR 97201

503-494-8882

Helmets at cost. Bicycle safety programs for all ages. Materials available include bicycle safety coloring books, information sheets, and stickers.

Oregon Student Safety on the Move (OSSOM)

Oregon State University
Department of Public Health Strand AG 213
Corvallis, OR 97331

503-737-2387

Peer education programs, chapter information.

US Consumer Products Safety Commission

Portland Office
121 SW Salmon Street, Room 243

Portland, OR 97204

(Product Safety Hotline)

503-326-3056

1-800-638-2772

Bicycle injury statistics; bicycle helmet and safety fact sheets. Enforces federal bicycle safety standards.

BIKE HELMETS, THE WAY TO GO.

The State Farm Good Neigh Bear says,
“Be safe, always
wear your helmet!”



Section IX. Appendices

F. Bicycle Helmet Sale Order Form, Duval County, Florida

Helmets

R Us

The Injury Prevention Program Office



HELMET OFFER

- Satisfies and/or exceeds Snell/CPSC.
- Ultra light design.
- Custom fit pad system; 8mm pads installed (1 set of 5 mm and 12 mm pads inside helmet.)
- Quick release buckle.
- Bottom microshell for liner protection.
- Ten vents for maximum cooling.
- Choose from six brilliant solid colors.
- Offering a new multi-sport helmet style.

TO ORDER PLEASE FILL OUT THE FOLLOWING INFORMATION

School Name: _____ Teacher Name: _____ Room #: _____

Student Name: _____ Student Phone: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Total Order Amount - \$ _____ Units - _____

IT'S NOT ONLY SMART TO WEAR A HELMET – IT'S THE LAW.

\$4.00 Bicycle Helmets (Model 08)

Color	Quantity in Small (19-20 ¼ inches)	Quantity in Medium (20 ¼ - 21 ½ inches)	Quantity in Large (21½ -22 ¾ inches)
<i>Red</i>			
<i>White</i>			
<i>Blue</i>			
<i>Black</i>			
<i>Green</i>			
<i>Purple</i>			

\$5.00 Multi – Sport (Model 16 - Skateboard – Inline Skates – Bicycles)

Color	Quantity in Small (19-20 ¼ inches)	Quantity in Medium (20 ¼ - 21 ½ inches)	Quantity in Large (21½ -22 ¾ inches)
<i>Black</i>			
<i>White</i>			

WE WOULD LIKE TO THANK OUR COMMUNITY PARTNERS FOR THEIR CONTRIBUTIONS:

Duval County Health Department • Port of Jacksonville Pilot Club • Florida Department of Transportation • Brooks Health Foundation • University of Florida • Trauma One

Section IX. Appendices

G. Bicycle Helmet Sale Procedure Guidelines



THE INJURY PREVENTION PROGRAM OFFICE



SUGGESTED PROCEDURES FOR CONDUCTING BICYCLE HELMET SALES

Procedure 1: This is the preferred method of conducting the sales.

- A. Come to the Injury Prevention Program Office (630-3344) and pick up the display helmets & master order forms.
- B. Create a cover letter for students to take home to their parents prior to the sale explaining the **what, where, when & how** specifics of your helmet sale. **THE SCHOOL CAN NOT INCREASE THE PRICE OF THE HELMETS!!!**
- C. Set-up for your sale 45 minutes before & after school for a one week period.

Have 2 tables: 1 for display helmets & the other 1 for the volunteers (suggested volunteers: PTA mothers, booster club etc., preferably not students). It is suggested to have at least two volunteers.

Volunteer # 1 should fill out the order form and measure the child's head.

Materials needed for measuring: a yard stick & 25" pre-cut string sections. This volunteer should measure the circumference of the child's head with the string 1" above the eyebrow. Compare the length of the string to inches on the yard stick. Select appropriate helmet size on the order form according to each individual student's measurement in inches and their color choice.

Volunteer # 2 should account for money and receipts.

Materials needed: money box & receipts

REMINDER: *Due to economic constraints, some children may not be able to purchase a helmet. Please remind parents and/or students of this suggested school bike helmet donation fund, pending principal approval.*

Note to helmet sale coordinator: **Only incorporate this suggestion with principals approval.**

- D. At the completion of one week, create a master form by totaling all of the individual order forms and fill in the appropriate boxes to create a school total. Make sure that the actual money balances with the total order. Write one check, payable to: The Injury Prevention Program / DCHD.
- E. Deliver master order form & check to us with the **complete Helmet Sales Kit, including the box lid**. At this time, we will supply needed # of stickers, from the helmet sponsors.

address: 900 University Blvd. N., Suite 205, Jacksonville, FL 32211.

- F. Separate order forms by teacher name / room number.

Prior to delivery, we will notify you.

- G. **Upon delivery, match master order to actual helmet shipment/packing slip. (ie. count helmets before distributing them)! If there are any discrepancies with the helmets ordered and those received contact SafeTech at the number stamped on your invoice.** They will work with you to correct any mistakes. Match individual order forms to helmets and group by teacher. Separate by class in a box or bag.



H. On the day of distribution, deliver helmets to teacher's classrooms. Or call the students to a central location. When the students receive their helmets have them place the stickers where they desire them on their helmets. At this time, teachers should explain proper fit.

Alternatives:

If your school chooses an alternate procedure for conducting the helmet sale, please contact us prior to conducting the sale at 630-3344.

Other procedures are a last resort because there will be less control over uniform sizing and less opportunity for visual color choice.



**PLEASE MAKE ACCURATE COLOR AND SIZE CHOICES THE FIRST TIME,
BECAUSE WE WILL NOT BE EXCHANGING THE HELMETS.**

WE ARE RESTRICTING HELMET SALES TO THE KIDS ONLY DUE TO FINANCIAL RESTRAINT AND RESEARCH PURPOSES.

7/24/98

DELIVERY OF BICYCLE HELMET ORDERS WILL TAKE APPROXIMATELY 6 WEEKS!

Section IX. Appendices

H. Observation Guidelines For The Duval County Bicycle Helmet Use And Behavioral Survey

(Source: the Injury Prevention Program Office of the Duval County Health Department)

Observation guidelines for the Duval County Bicycle Helmet Use and Behavioral Survey was established by the Duval County Health Department/The Injury Prevention Program Office and was fashioned along the lines of helmet-use observation studies conducted in Florida, Maryland, Michigan, Texas and Washington. We adapted it to facilitate our study purposes.

Observation Site Selections:

Duval County Observed site were broken down into three groups:

- Elementary Schools – Duval County has 103 Public Elementary Schools.
- Middle Schools – Duval County has 23 Public Middle Schools.
- Non-School Sites (Parks & Recreational Areas) - Duval County has numerous Parks.

Observation Sites:

To determine our sample for the elementary schools we did a random stratified sample. We divided the 103 middle schools into seven parts of town by zip codes. We then randomly took 30% from each stratum. We have a total of 33 elementary schools being observed.

We did the same for the middle schools but randomly took 50% of the schools because the difference in elementary and middle schools. The total number of middle school being observed is twelve (12).

For the non-school sites we have three sites that we observe. We observe these sites three different times, one time during the week and two times on the weekends (one morning and one afternoon) to capture more bicyclists. The total number of observed sites in the non-school sites is nine (9).

Observation Procedures

The form to capture all the data was created on Teleform 6.1 by Radley Remo. This will eliminate the time it takes to enter the information into a database. Form is enclosed. Three people from DCHD/TIPPO are assigned to collect all the data. They have been trained on how to use the form and how to observe. We constructed inter-reliability tests to maintain consistency. This allowed all data collectors to discuss what they saw and justify it. Two variables stuck out, helmet properly worn and bright visible clothing. We addressed this by requiring each variable to meet certain criteria.

For the properly worn helmet bicyclist must 1) have helmet level on head with no more than two fingers from eyebrows 2) have chin straps connected snug (no more than a finger under straps) and 3) have v-straps under bicyclist's ears. (depends on the type of helmet)

For bright visible clothing we took into account all of the bicyclist clothing. We also determined that the upper body (torso) will account for 75% of the bicyclist's body and the legs will account for 25%. So to determine if the bicyclist is wearing bright visible clothing he/she must 1) have 75% of clothing to be bright (shirt or jacket).

Changes from Past Studies

We have made some significant changes to the age variable. In the past, age was broken down by these subgroups:

<6 = Child
6-12 = Adolescent
13-18 = Teen
19-30 = Young Adult
30+ = Older Adult

We felt that these subgroups were not appropriate for our studies and change the subgroups to:

<5 = Child
5-10 = Elementary
11-13 = Middle
14-17 = High School
18-30 = Young Adult
30+ = Older Adult

Past Years Sample Site Size and Selection

In the past we observed 43 elementary schools, 3 middle schools and 9 non-school sites for a total of 55 observed sites. For 2000 we will observe 33 elementary schools, 12 middle schools and 9 non-school sites for a total of 54 sites. We changed the sample selection to capture more bicyclists in our new target population (middle schools).

Section IX. Appendices

I. Coding Instructions and Form for Bicycle Helmet Use Observational Study - Duval County, Florida

We want to thank you for agreeing to assist with the Florida Bicycle Helmet Use Survey. Your help on this health and child-safety project is invaluable and without it we would not be able to gather the necessary data on helmet use.

Please review these instructions and feel free to call us at the telephone numbers listed below if you have questions about coding helmet use or if you encounter some sort of difficulty. Our job is to do whatever it takes to make your work go smoothly.

This set of instructions is organized as follows:

- “Quick Start”: just the basics you need to know to get started.
- In-depth set of instructions: the how’s and why’s of what you and we are doing. We encourage you to read over this section.

Quick Start Instructions

1 - *Coder forms*: Begin each observation session – each session when you are at a particular location to observe and code (write down) bike-helmet data – with a **Page 1** sheet. After you use all of the lines on the Page 1 sheet, continue on the **Continuation Sheet**, using as many of these sheets as you need. Please number and staple all the sheets together at the end of each observation session.

2 - Each observation session requires a *new* set of coding sheets – One set of coding sheets per observation session.

3 - *Elementary and middle schools*: Observe either in the morning (20-30 minutes before classes begin) *or* the afternoon (from the time classes end until the students have left the schoolgrounds). **Do Not** observe at the same school twice – One observation, morning **or** afternoon, per school.

Also, typically there is one residential road that most student-bicyclists will use when riding to and from school each day. Perhaps the school's main entrance is on this road. Whenever possible, please make your observations as these young bicyclists are riding on this road or its associated bike lane (if it has one), or on a sidewalk near it. **Do not go onto schoolgrounds to make your observations.** We are most interested in the cyclists' riding behaviors outside of the schoolyard.

4 - For bike trails, parks and beaches go on days and at times when there is more likely to be a sizable number of bicyclists. Weekends may be the best times. You can return to these spots up to four times if you can – but please, vary the time of day and the day of the week that you return (e.g., Saturday morning one time, Sunday afternoon the next).

5 - Try not to count the same bicyclists twice. The best way to avoid this is to count cyclists going in the same direction, and do your counting from a fixed location.

6 - On the coding sheet, you either write down the first letter of the choices you are given or you place a check mark.

(continued)

7 - Here are some coding definitions that may not be particularly clear from the coding sheets:

- **County Code and Observation Code.** We will provide you with these.
- **Sunny means hardly a cloud in the sky. Partly Cloudy** means there are Clouds floating about, but not so many as to blot out the sun. **Cloudy** means you are not likely to see the sun anytime soon.
- **Calm** means there is hardly any wind, although there could be a light breeze. **Windy** is, well, windy – strong and steady winds and gusts.
- **Helmet Properly Worn** means it is fairly level on the bicyclist’s head and the straps are fastened. Generally speaking, if the helmet is being worn properly, you should be able to see only about a two-finger-width space of the cyclist’s forehead. Since you will be trying to make this determination at a glance, then we really are *most interested in gross examples of improper use* – instances of improper use that are obvious at a glance.
- For the Age Range, a **Young Child** is younger than six years old; an **Adolescent** is 6-12 years old; a **Teen-ager** is 13-18 years old; a **Young Adult** is 19-30 years old, and an **Older Adult** is 31 or more years old.
You will be estimating these ages by your best judgment.
- For **Bike Lane Present**, this applies only to standard, residential streets, and perhaps will come into play primarily for the elementary and middle school observations. A bike trail, for example, will not have a bike lane. If you are observing bicyclists on a particular road, and if that road has a clearly marked bike lane, then please check this box. By bike lane we mean any portion of the side of a road that is clearly and specifically marked by signs and/or roadway stripes as a bike lane.
- Please use the **Comments** section to record any information you believe will be important for us to know about a particular bicyclist which is not covered by any of the entries on the coding form. *In particular*, we would like you to use this section *to note whether a bicyclist has a passenger*, how that passenger is riding on the bike (on the handlebars or in a child seat, for example), and whether that passenger is wearing a bike helmet.

Florida Bicycle Helmet Use Observational Survey

CODING INSTRUCTIONS

(REVISED 4-3-02)

We want to thank you for agreeing to assist with the Florida Bicycle Helmet Use Survey. Your help on this health and child-safety project is invaluable and without it we would not be able to gather the necessary data on helmet use.

Please review these instructions and feel free to call us at the telephone numbers listed below if you have questions about coding helmet use or if you encounter any difficulty with this survey. Our job is to help make your work go smoothly.

This set of instructions is organized as follows:

- “Quick Start”: The basics you need to know to get started.
- In-depth set of instructions: The hows and whys of what you and we are doing. We encourage you to read over this section.

Quick Start Instructions

1. *Elementary and middle schools:* Observe either in the morning (20-30 minutes before classes begin) or in the afternoon (from the time classes end until the students have left school grounds). **DO NOT** observe at the same school twice – one observation, morning or afternoon, per school.

Also, typically, there is one residential road that most student bicyclists will use when riding to and from school each day. The school’s main entrance may be on this road. Whenever possible, please make your observations when these young bicyclists are riding on this road or its associated bike lane (if it has one), or on a sidewalk near it. **Do not go onto school grounds to make your observations.** We are more interested in the cyclists’ riding behaviors outside the schoolyard.

2. For bike trails, parks and beaches - go on days and at times when there is more likely to be a sizable number of bicyclists. Weekends may be the best time for observations. You can return to these spots up to four times – but vary the time of day and the day of the week that you return (e.g. Saturday morning one time, Sunday afternoon the next).
3. Try not to count the same bicyclist twice. The best way to avoid this is to count cyclists going in the same direction, and do your counting from a fixed location.
4. On the coding sheet, blacken in your choices with a permanent black sharpie marker.
5. Here are some coding definitions that may not be particularly clear from the coding sheets:
 - **County Code** and **Observation Code.** We will provide you with these.

- **Weather Conditions:**
 - **Sunny** means hardly a cloud in the sky.
 - **Partly Cloudy** means there are clouds in the sky, but not so many as to blot out the sun.
 - **Cloudy** means you are not likely to see the sun anytime soon.
 - **Calm** means there is hardly any wind, although there could be a light breeze.
 - **Windy** means there are strong and steady winds and gusts.
- **Helmet Worn Properly.** The helmet is fairly level on the bicyclist’s head and the straps are fastened. Generally speaking, if the helmet is being worn properly, you should be able to see only about a two-finger-width space of the cyclist’s forehead. Since you will be trying to make this determination at a glance, we really are *most interested in gross examples of improper use* – instances of improper use that are obvious at a glance.
- **Bike Lane Present.** This applies only to standard, residential streets, and will most likely come into play primarily in the elementary and middle school observations. A bike trail, for example, will not have a bike lane. If you are observing bicyclists on a particular road, and if that road has a clearly marked bike lane, then please check this box. By bike lane we mean any portion of the side of the road that is clearly and specifically marked by signs and/or roadway stripes as a bike lane.

Florida Bicycle Helmet Use Survey: Detailed Instructions

General Information

- When you see the term “observation session” it refers to that period of time when you are at a particular location, observing bicyclists and coding (writing down) data about their helmet use.
- It would be great if you could record information for every bicyclist that passes your view. But sometimes there will be so many, you will end up missing one here and there. Suppose this happens: You have just started coding information for a cyclist when another one catches your eye. What should you do? Answer: It is best to ignore the second cyclist and **concentrate instead on making a full and accurate entry for the first cyclist.**

Note: With practice, you will be able to code more cyclists.

- The timeline for this survey is:
Training volunteer coders – From April until the beginning of May.
Conducting observations – From May 1 through the end of June, with special attention to *completing* observations at elementary and middle schools before the end of May.

How To Use The Bike-Helmet Observation Coding Sheets (*Instructions are for ALL coding sheets*)

1. **County Code.** This is the number that we have assigned to your county. We will tell you what it is.
2. **Observation Site Code.** This will be a number that is unique to each site in your county that has been selected for observation, in consultation with the local representative. We will work with the representative to assign these numbers.
3. **Observer's Name.** This is your name – please print it.
4. **Date.** This is the Month/Day/Year (04/19/02 for example) that you worked a particular observation site.
5. **Start Time, End Time.** These are the times you began and finished a particular observation session. Write down the time.
6. **Weather Conditions When Observation Began.** We are interested in what it was like outside at the time you made a particular set of bike-helmet use observations. For this part, just bubble in the appropriate choice. Was it sunny, partly cloudy or cloudy at the time? Was it a calm day with little to no wind or was it a windy day? Here is what we mean by those terms:

Sunny There is hardly a cloud in the sky and the sun is shining brightly. Scattered clouds – the occasional wispy cloud floating by - disregard them.

Partly There are a lot of clouds in the sky, but not so many as to completely blot out the sun.

Cloudy The sun still peeks through, sometimes briefly and sometimes for longer periods.

Cloudy The clouds completely blot out the sun, for example, when it is about to rain.

Calm There is little to no wind blowing. Light breezes count as being calm.

Windy Can include anything from a fairly steady and strong breeze to an obviously strong and gusty wind.

7. **Estimated Temperature.** How hot or cool do you estimate it to be outside at the time you begin an observation session? A weather station on the radio, a bank sign with the temperature in lights – these could help you here.

8. **Bike Lane Present.** If you are observing bicyclists riding on or near a standard, residential street, and if that street has a clearly designated and marked bike lane, then please bubble in the appropriate circle for this item. By “clearly designated and marked” we mean that roadway signs and/or strips indicate that one or the other shoulder of the road is reserved for bicyclists’ use.

9. **Wearing Helmet.** This is the most important issue. If the person is wearing a bicycle helmet, please bubble Y in this space. If not, bubble N in this space. Carrying a helmet does not count here. It must be worn on the cyclist’s head.

10. **Helmet Properly Worn.** If the person wearing the helmet is wearing it properly, please bubble in Y for this space. If not, then bubble in N for no and A for non-applicable.

Note: What we are looking for here are gross, or really obvious, examples of improper bike-helmet use. Any finer distinction than that is not possible, since you will be trying to determine proper helmet use at a glance.

By wearing the helmet properly, we mean:

- The bike helmet appears at a glance to be sitting fairly *level on the person’s head* and the cyclist has *fastened the chin-straps*.

- Approximately a two-finger-width space of the cyclist’s forehead appears at a glance to be showing beneath the helmet.

A cyclist is *NOT* wearing the helmet properly, if:

- The helmet is obviously tilted back on the cyclist’s head as to appear to expose a large amount of the forehead (more than a two-finger-width space), or the helmet is so obviously titled to either the left or right side.

- The helmet’s chinstraps are not fastened (dangling free), or they are obviously loosely fastened.



Note: The diagram on the last page of these instructions fully explains what we mean. Please refer to it.

11. **Female, Male.** Bubble in M for boys and adult males, and F for girls and adult females. However, if the bicyclist is a child (or an elderly bicyclist) and you cannot determine the gender, then bubble in U in this space.
12. **White, Black, Hispanic, Other.** This is a standard demographic question that will help us determine whether special attention needs to be paid to increasing helmet use for any particular racial group. As best as you can determine it, bubble in the first letter of the cyclist's race in this space.

This next set of questions applies only to standard, residential roads. For example, it would apply to school children you might be observing, but not to cyclists riding on a designed and recognized bike trail or on the beach. *(The following instructions are for ALL coding sheets, but only where they apply).*

13. **On Road.** Is the cyclist riding on a road, like a residential street near a school that might be your assigned observation site? If so, bubble in Y for this section. If not, then bubble in N for NO.
14. **Bike Lane.** Is the cyclist riding in a designated bike lane to one side or the other of the road? If so, bubble in Y for YES for this section. If not, then bubble in N for NO.
15. **Sidewalk-** Is the cyclist riding on the sidewalk? If so, bubble in Y for this section. If not, then bubble in N for NO.
16. **Against Traffic.** Is the cyclist riding “against” vehicular traffic? If so, bubble in Y for this section. If not, then bubble in N. For example, say there is a road that runs north and south, and you observe a cyclist who is riding south in the northbound lane. As that rider is going against traffic, you would bubble in Y for that observation.
17. **Comments.** Please use this section to make a quick note of anything you observed about a particular bicyclist that you think we should know, and which is not covered in any of the coding-form entries. In particular, we would like you to use this section to note whether a bicyclist is carrying a passenger, how that passenger is riding on the bike (i.e. on the handlebars or in a child seat), and if that passenger is wearing a bike helmet.

For Observing At Elementary and Middle Schools

- **Observe only once at any one particular school.** Please do not return in the afternoon to the same school you worked in the morning, and vice versa. What we need for you to do is to visit one school in the morning and then visit a school in the afternoon. And please schedule the schools for observation only during the weekdays. Remember, they are not in session on weekends.

Note: Keep in mind that most schools end their year by early June. Therefore, please do your *school observations in May*.

- A **morning observation** should be accomplished 20-30 minutes before classes begin. An **afternoon observation** should begin from the time classes end for the day to the time the students have left the school grounds.
- You should make your observations from a fixed location. Please select an observation location that is both *off the school's grounds* and which will afford you the *best view* of the main residential road or roads that schoolchildren use to ride their bikes to and from school. Such roads may be the ones that run in front of a school's main entrance. We are interested mostly in students' bike-riding behaviors *outside the schoolyard*, as they ride to school in the morning and ride home in the afternoon. Please, **do not go onto the school's grounds** to make your observation.

For Observing At Bicycle Paths Or Trails, Parks Or At The Beach

- Observe at a bicycle path or trail, a park or a beach primarily during the *weekends*, but some weekday observations are acceptable. The times you go depend on your schedule and your judgment as to when the most cyclists will be at any one of these locations. The goal is to record information on as many cyclists as you can during any one-observation session. To do that, it is best to pick those times when you believe a lot of cyclists will be on a bike trail.
- One concern here is coding the same bicyclist twice. To avoid this, or at least to make it less troublesome, **pick a direction-left to right, for example, and code information only for cyclists who are going in that direction**.
- Another way to avoid coding the same bicyclist twice is to do your observations from a fixed location. Pick a spot that in your judgment will offer the best unobstructed view of most, if not all, of the cyclists and then do all your coding from there. For example, on a bike trail, you might stand near the trail's entrance – a place where bicyclists must pass to use the trail.

For Observing At Community Colleges And/Or Universities

- Observe at community colleges or universities **either in the mornings**, say from 8-10 am, or **around noontime**, say from 11am – 1 pm. Typically, it is in the mornings when the largest numbers of students arrive for classes, and it is around lunchtime that a sizable number of them leave campus.
- **Observe bicyclists going in one direction only**. For example, in the mornings, code only those cyclists you see arriving at campus; around the noon hour, code only those cyclists you see leaving campus.

- **Observe bicyclists from a fixed location.** For example, one of the main entrances to the campus might be good, as would any other entrance that, in your best judgment, will afford you the largest number of cyclists for your observation time.

What To Do With Your Completed Coding Sheets

We ask that you return all of the coding sheets you have completed to the local representative twice each month in May and June. The local representative will mail your sheets, along with those completed by other volunteer coders in your county, to the FSU Department of Communication in the prepaid envelopes we provided.

Diagram of Proper Bike-Helmet Use

Just for the record, a bicycle helmet is just that – a helmet. **It is not a baseball cap or any other kind of hat.** A bicycle helmet can be described as protective headgear for a bicyclist that have a hard outer shell and a cushioned inner shell, and contains chinstraps for fastening the helmet to the head.

In trying to determine if the cyclist is wearing his or her helmet properly, ask yourself:



- At a glance, does the helmet appear to be fairly **level on the bicyclist’s head**?
- At a glance, are the **chin- straps fastened**?

At a glance, does it appear that about a two-finger-width space of the helmeted cyclist’s forehead is obviously visible beneath the helmet?

**Supplemental Coding Instructions
For Duval County Public School Observations**

These instructions pertain only to observations being made at Duval County elementary and middle school. Also, these are supplemental coding instructions. They do not replace any previous instructions.

How To Code The Supplemental Duval County Variables

1. **Scan.** Student bicyclists should be scanning, or glancing over their shoulders with some frequency as they ride. Ideally, they should be looking over their left shoulder, but as a

practical matter, we are interested only in whether they are “scanning” – glancing over either their left or right shoulder – to monitor the traffic situation behind them.

If, in your best judgment, a bicyclist-student reasonably exhibits this “scanning” behavior, then bubble in Y for YES for this item.

2. **Used Signals.** Student bicyclists should be using standard hand signals to indicate their intention to make a left or right turn. For example, if student-bicyclists enter a school’s grounds by turning off of a roadway or sidewalk, then they should first hand-signal their intention to make that turn. Similarly, as they leave the school’s grounds, they also should hand-signal before making a turn out of a school and onto a roadway or sidewalk. They should also use hand signals before they make a turn through an intersection that may be near the school.

3. **Bright, Visible Clothing.** Student bicyclists should be wearing brightly colored, highly visible clothing, or clothes that by their coloring makes the cyclists easily visible to motorists and other cyclists. Student bicyclists could be wearing a brightly colored safety vest instead. This is called, “seeing and been seen.”

Ideally, what they should not be wearing are clothes that blend in with the background environment, such as earth-tone colored clothes, or clothes that otherwise make the cyclists hard to distinguish from the surrounding trees, houses, building, etc.

If, in your best judgment, a student bicyclist is wearing brightly colored clothing or because of some other factor, makes them readily visible to motorist and other cyclists, then bubble in Y for YES for this item.

Bike Coding Instruction Updates

We have gone with a new form. Instead of writing all the information down, we will just bubble in the responses.

Date: MM/DD/YY

Start and End Time: You must write it out with AM/PM.

Age Range: We have updated the age ranges. Here is the list of new ages:

- Child = <5
- Elementary = 5-10
- Middle School = 11-13
- High School = 14-17
- Young Adult = 18-30
- Older Adult = 30+

Please note that we have eliminated the comment’s sections.

Section IX. Appendices

J. Dental Visit/Bicycle Helmet Use Program Evaluation and “My Bike Safety Contract” – Duval County, Florida



Jeb Bush
Governor

Robert G. Brooks, M.D.
Secretary

Project: Bicycle-Related Brain Injury Prevention Program

Grantor: Center for Disease Control & Prevention

**Grantees &
Implementation
Agencies:**

- Florida Department of Health (FDOH) , Emergency Medical Services (EMS) Division, Florida Injury Prevention & Control Program (FLIPCP)
- FDOH Duval County Health Department, The Injury Prevention Program Office (TIPPO)

Report Type: FY98/99 CQI Aims & Cycles Implementation

AIM: To increase the knowledge of proper bicycle helmet usage within the 5-14 age group during dental visits.

CYCLE I: Wesconnett Dental Clinic agreed to participate in the Dental CQI Program for Year II.
April 13, 1999 The 1st cycle was a focus group discussion between the dentist, dental assistants, clinic supervisor and the TIPPO staff to develop the process and presentation of the educational session on bicycle helmet safety. Ideas and suggestions were incorporated into the 2nd cycle plan.

ACTIVITY: A focus group discussion was conducted on April 13, 1999 to meet with the entire dental staff and provide background on the CQI process. The following lists the items that were addressed during the meeting:

- Background of CQI and history of The Injury Prevention Program Office
- Logistics of participants taking pre/post tests
- Educational materials for the dentist to present to the children
- Bike Safety Contract that includes a picture of child participant
- Time frames for the actual implementation of the educational session
- Scheduling participants in appointment blocks to conduct CQI program
- Target age group for the CQI program (5-14 years old)

Duval County Health Department

Injury Prevention Program • 900 University Boulevard N., Suite 205 • Jacksonville, Florida • 32211 •
(904)630-3344 • Fax (904)745-3014

In partnership with the City of Jacksonville



CYCLE II: The results of the focus group discussions from Cycle I were incorporated into Cycle II, in which five children participated.
April 23, 1999

ACTIVITY: As the participants arrived, they were checked in and a brief explanation of the dental/bicycle education program was provided. A pre-test and picture waiver form were given to the participants and their parents/caregivers for completion and signatures. The actual bicycle education session consisted of the dentist presenting proper helmet fit information by a posterboard presentation (prepared by a TIPPO staff), then a TIPPO staff properly fit a helmet on the child and took a Polaroid picture of the child in the dentist chair, alongside the dentist and guardian. The child was then escorted back to the waiting room and given instructions on how to properly fit their helmet. The post test was then administered and the Bike Safety Contract was presented (an agreement that after the bike safety lesson from the dentist, the child will agree to wear their helmet whenever they ride their bike). The contract contains the Polaroid picture and signatures of the child, dentist and guardian to make it an 'authentic' contract. (See Attachment 1.)

Analysis of the pre and posts test suggests that there was a positive increase in the knowledge of proper bicycle helmet usage. The average score on the pre test was 73.6% and the post tests averaged at 91.2%. This shows a 23.9 % rate of change, which indicates that there was an increase in bicycle safety knowledge.

PROBLEMS: There were several issues that occurred during the course of Cycle II that could be addressed for Cycle III. They were:

- Two of the participants were too young to read and write, so the guardian completed the pre/post tests for the child. Even though the questions were read to the child, there is a potential that the answers were biased towards the parent's knowledge (especially when the child wasn't too sure of an answer).
- Participants were asked to arrive 10-15 minutes early for their appointment, and tardiness caused the client load of the dental office to fall behind their schedule.
- Not all scheduled participants showed up for their appointments, so the participation count was less.

SOLUTIONS: The preceding issues were addressed in the following manner:

Duval County Health Department

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Jeb Bush
Governor

Robert G. Brooks, M.D.
Secretary

- At the time that potential clients are being asked to participate in the CQI program, their ages will be taken into consideration.
- Participants are encouraged to arrive on time. At the time of scheduling, prompt arrival for appointments could be stressed.

CYCLE III: This cycle involves the 2nd phase of the bicycle safety education implementation, in which

April 29, 1999 solutions of the issues from the previous cycle will be incorporated.

ACTIVITY: (Same from Cycle II.)

Analysis of the pre and post tests from Cycle III shows that there was a positive increase in the knowledge of proper bicycle helmet fit. The average score on the pre tests was 61.7% and the post test average was 75.9%. This indicates a 23% rate of change, which shows that there was an increase in bicycle helmet safety knowledge.

PROBLEMS/FEEDBACK: A focus group discussion was conducted after the third and final cycle, and the following lists some of the issues that were identified by the dental staff:

- The time it took to complete the education component (dentist role) affected the 'time flow' of their client dental schedule. "It could be cumbersome."
- The CQI program put the dental staff behind their schedule of appointments. Also, when patients (scheduled to complete the CQI program) come in late, schedule falls behind again.
- Age of children participating in the CQI program should be within the 8-15 years range, which would cause us to revise our original aim to fit the now appropriate target group (IE "To increase the knowledge of proper bicycle helmet usage within the 8-15 age group during dental visits.") During the focus group discussion, it was stated that the target age was 5-14 years, and it was found that the younger children couldn't complete the pre/post test without the assistance of a parent. Another solution could be to develop pre and post test 'pictures' for those too young to read and/or write.
- A specific amount of charts must be completed on a daily basis, and the CQI program put the dental staff behind their 'quota.'

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SOLUTIONS: Overall, the process worked out good. The dental staff stated they enjoyed the uniqueness of the activity, although there are some administrative issues (scheduling, chart quotas) to clarify before embarking on a long term commitment to implement a program like this at their clinic. Time factors can be adapted to prevent a backlog of patient services.

CQI ADDENDUM:

This Bicycle Brain-Related Injury Prevention Project in the dental setting adds a reinforcement aspect to the 'education penetration factor.' The education penetration factor has to do with the varied amounts of information exposure needed to change an individual's behavior. Our goal being the creation of a safety cultural norm shift within our Jacksonville community from non helmet compliancy to compliancy, in which bicycle helmet usage would be an automatic habit...the natural thing to do.

In the May/June 1999 issue of the *Building Safe Communities* publication, the Dental CQI Program conducted in Duval County was featured. It highlights the unique approach to deliver bicycle safety education in the dental clinic setting. (See Attachment II.)

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CYCLE II

**CQI Dental Bike Safety
Summary Table of
PRE / POST Tests**

**Pretest Average=73.6%
Post Test Average=91.2%**

CHILD #	1: Bike	2: Frequency FR, NR, O	3: Behavior	4: Knowledge	5: Knowledge	6: Behavior (11 pts)	7: Behavior (11 pts)	8: Knowledge (11 pts)	9: Knowledge (11 pts)	10: Knowledge (11 pts)	11: Knowledge (11 pts)	12: Knowledge (11 pts)	13: Knowledge (11 pts)	14: Attitude (12 pts)	TOTAL
1	YES	30X	NO	NO	NO	0	0	11	11	11	11	11	11	12	78
2	YES	5X	YES	YES	NO	11	11	11	11	11	0	0	0	12	100
3	YES	5X	YES	YES	NO	0	0	11	11	11	0	0	0	12	78
4	YES	10X	YES	YES	YES	11	0	11	11	11	11	11	11	12	89
5	YES	ALL DAY	YES	YES	YES	11	0	11	11	11	11	11	11	12	100

CHILD #	Question # 11	Question # 12	Question # 13	Question # 14
1	Bicycle pad and a helmet.	Cracked and too little.	So you don't go blind or have difficulties with your brain functioning.	Yes. Because it protects m brain and head.
2	Pads and helmet. My head.	When it starts to crack and when it gets too small. *	So you don't get head injuries. *	Yes. Because it protects my skull, brain and head.
3	My head. My head.	6 months. *	In case of accident. *	Yes. To protect me head. Yes. To protect my head.
4	My head. Wearing a helmet.	6 months. When cracked or too small.	In case of accident. So you don't hurt your head.	Yes. To protect my head. Yes. So I don't hurt my head if I wreck.
5	Wearing a helmet. Wearing a helmet. Wearing a helmet.	If it cracks or gets too small. Cracked or too small. When cracked or too small.	So you don't damage your skull. So you don't get head injuries. So you don't hurt your skull.	Yes. To be safe. Yes. To be safe. Yes. To be safe.

CYCLE III

**CQI Dental Bike Safety
Summary Table of
PRE / POST Tests**

**Pretest Average=61.7%
Post Test Average=75.9%**

CHILD #	1: Bike	2: Frequency FR, NR, O	3: Behavior	4: Knowledge	5: Knowledge	6: Behavior (11 pts)	7: Behavior (11 pts)	8: Knowledge (11 pts)	9: Knowledge (11 pts)	10: Knowledge (11 pts)	11: Knowledge (11 pts)	12: Knowledge (11 pts)	13: Knowledge (11 pts)	14: Attitude (12 pts)	TOTAL
1	YES	5X	NO	NO	NO	0	0	11	11	11	11	11	11	12	78
2	YES	4X	NO	NO	YES	0	0	11	11	0	11	11	11	12	100
3	YES	7X	NO	NO	NO	0	0	11	11	11	11	0	11	12	67
4	YES	0	NO	NO	NO	0	0	11	11	11	11	0	11	12	89
5	NO	*	NO	NO	YES	0	0	11	11	11	11	0	0	0	55
6	YES	0	NO	NO	YES	0	0	11	11	11	11	0	11	0	55
7	NO	*	NO	NO	NO	0	0	11	11	11	11	0	11	0	77
						11	0	11	11	11	11	0	11	0	55
						11	0	11	11	11	11	0	11	0	66
						11	0	11	11	11	11	0	11	0	55
						11	0	11	11	11	11	0	11	0	77
						11	0	11	11	11	11	0	11	0	55
						11	0	11	11	11	11	0	11	0	66

CHILD #	Question # 11	Question # 12	Question # 13	Question # 14
1	A helmet on head. Wearing your helmet	When broken. When it gets broken.	Because damage your head you could die You could die.	Yes. I need one. Yes. It is safe.
2	You post to keep it on your head while riding Were a helmet.	When it's broken. When broken.	Because you can kill yourself. You can die.	Yes. I will want to be on the safe side. No. Because it earytak. Yes. Because its safe.
3	A bike helmet. A bike helmet.	Once a year. One time every year.	So you don't get hurt. Dead.	Yes. So my head don't get... No. Makes my hair sweaty. Yes. My head don't get hurt.
4	Wearing a bicycle helmet. Wearing a bicycle helmet.	Every year or when it is damaged. Every year.	* So you can brush your teeth.	No. Because I don't have one. No. Because it is uncomfortable.
5	To wear a helmet. To wear a helmet	When you get like 17 years old. When you get like 17 years old.	So you won't get brain damage. So you won't get brain damage.	*
6	A helmet. Wearing a helmet.	* *	To keep from getting major injuries. To keep you safe from major injuries.	*(Haven't really wore a helmet in years. *(I never really wore a helmet in a while.)
7	A helmet. A helmet.	Every 5 years. Every 5 years.	So you wouldn't have blood or water in your head. So you wouldn't die or lose one side of filling.	No. Because people like picking at you. No. Because some people like to pick at you.



ATTACHMENTS:

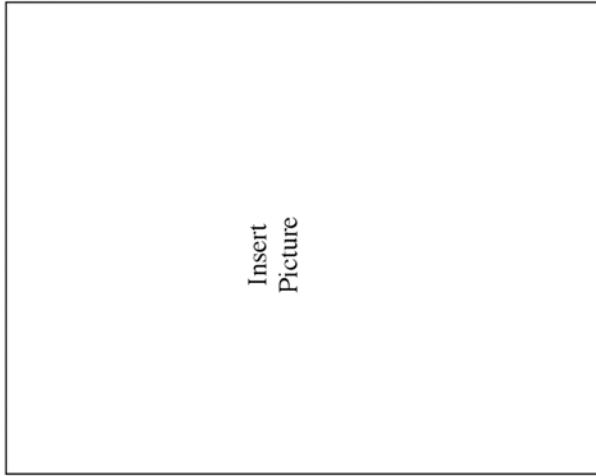
My Bike Safety Contract
“Bicycle Helmets and Dentist” article

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MY BICYCLE SAFETY CONTRACT



This is to certify that I, _____
(print your name), have received a lesson from my
dentist on how to properly fit my bicycle helmet
on my head.

My dentist has explained to me how the bicycle
helmet will protect my head from serious brain-
related injuries. My dentist also reminded me
that it is a law in Florida to wear bike helmets
when riding my bike. I will wear my bicycle helmet
everytime I ride my bike!

**The newest member of the
Brain Caps Crew**

Witness # 1: Dentist

Witness # 2: Parent

Bicycle Helmets and Dentists

Volume 2, Number 4 - May/June 1999

In this excerpt from a conversation with BSC, Stephen McCloskey, Safe Communities of Jacksonville Program Manager, describes a project that reinforces the bicycle helmet lessons learned in school in a unique venue:

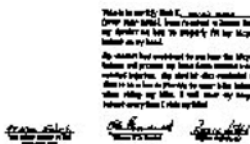
We're in our second year of the Bicycle-related Brain Injury Prevention Project, which is funded by the Centers for Disease Control and Prevention. We wanted to expand the bicycle safety culture created by our school-based program into the community by getting key people to give the same messages to kids. I heard of a Colorado program that used dentists. Our county health department has a very big dental sealant program. I approached them to see if we could work in the dental clinics. We got the people who schedule appointments to ask parents if they could bring their child in 30 minutes early. If they did, they would get a free bicycle helmet. During each 30-minute program, we educate a group of four to seven kids in the waiting room. We use videos, games, and worksheets. And then we give each child a helmet and a lesson on its correct use.

This year, we are trying a different approach. We want the program to be driven by the staff, and we want the dentist to do the education while the kid is in the chair. We had a hard time finding a dentist who would participate,



but we did. We gave him a canned presentation and a flip chart—a five-minute presentation on brain injuries and a lesson on how to wear a helmet correctly. Each child gets a picture taken of him- or herself in the chair, wearing the free helmet, flanked by his or her parent or caregiver and the dentist. This picture goes on a contract that says, "I will wear my helmet every time I ride." The contract goes on their refrigerator so the kids and caregivers get reinforcement.

MY BICYCLE SAFETY CONTRACT



post-tests showed that the program resulted in a significant increase in knowledge and change in attitudes about helmets. We haven't crunched the data on the second year yet, but I like

the concept of using the dentist, and not just the dental facilities, to help reinforce the message that the kids are getting in school.

IN THIS ISSUE

Outside the Car

Oakland Pedestrian Safety Project

Safe Cycling in Jacksonville

Bicycle Helmets and Dentists

Preventing the Crash: An Essential Component in Motorcycle Safety

The National Agenda for Motorcycle Safety

The Pedestrian Safety Road Show

Resources

Section IX. Appendices

K. Bicycle Safety Helmet Proclamation Duval County, Florida School Board

Bicycle Safety Helmet Proclamation

Duval County Public Schools
Jacksonville, Florida

Whereas, the Duval County School Board is dedicated to providing a safe environment for students to achieve optimum educational development; and

Whereas, in 1995 there were seven (7) bicycle-related fatalities and two hundred ninety-three (293) non-fatal injuries in Duval County; and

Whereas, ninety-six (96) of those injuries involved children ages five (5) through fourteen (14); and

Whereas, only one (1) out of ninety-six (96) children in Jacksonville during 1995 had a helmet on during the crash event! The estimated cost of those preventable bike-related injuries to children in Jacksonville was \$16 million; and

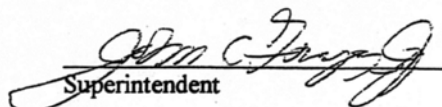
Whereas, bicycle safety helmets are eighty-five percent (85%) effective in reducing the risk of head injury; and

Whereas, as of January 1, 1997, it is a Florida State Law (F.S. 316.2065 (3d)) that all children under the age of sixteen (16) must wear a helmet when riding bicycles anywhere traffic passes; now, therefore be it

Resolved, that it shall be the goal of the Duval County Public Schools, to encourage all bicycle riders to comply with the new bicycle helmet law; and

Now, therefore, let it be known, that the Duval County School Board does hereby proclaim this 18th day of August 1999, that bicycle helmets should be worn for the protection of bicycle riders as they ride to and from school.

USE YOUR HEAD ... PUT A HELMET ON IT!!!


Superintendent


Chairman, Duval County School Board

Section IX. Appendices

- L. “High Expectation,” Performance Standards
Duval County, Florida schools

High Expectations 1997-98



Duval County Public Schools
Jacksonville, Florida

Approved by the Duval County School Board
August 5, 1997

Section IX. Appendices

M. Talahassee Democrat editorial: "A Bike Helmet Law Could Save Lives of 26 Kids a Year," March 10, 1996.

2F/Sunday, March 10, 1996

OUR OPINION



Democrat files

Wearing helmets such as this one, Florida children could avoid 90 percent of the brain injuries they now suffer while riding bicycles.

A bike-helmet law could save lives of 26 kids a year

Of those in Florida who suffer head injuries, many are children.

It is against the law of good common sense to ride a bicycle without wearing a helmet. Florida doesn't require bike riders to wear helmets. And Florida emergency rooms see more grisly results of bicycle deaths than any other state in the country.

Up in Georgia bike riders are safer. Georgia has a bike-helmet law. Georgia had 19 deaths from bike accidents in 1994. Florida had 123 deaths in 1994 — more than any other state. Florida's rate of dying while bicycle-riding is 2.12 times the national average. Georgia's rate is below the national average.

Thirteen states put Florida to shame, protecting children by requiring safety helmets. Do those states, including Alabama and Tennessee, love children more?

Of the 123 bike riders killed in Florida in 1994, the last year of complete figures, 26 were 15 or younger. And of those 26, five killed were age 5 or less.

Growing more dangerous by the day

Bike riding in 1996 isn't like it was in 1956. There is more traffic, faster traffic, much more unforgiving concrete, more sturdy mailboxes. Children and grieving families are the saddest victims of the Florida's Legislature's shameful refusal, two years running, to enact bike-helmet legislation.

This is a law sought by doctors, police, teachers, social workers, parents — by everybody advocating for bike-riding children. No opposition comes from either business interests or child advocates. Two Republican physician-legislators, Don Sullivan and Bob Casey, are once again the law's pleading sponsors.

What are the arguments against requiring children on bikes to wear safety helmets? No reasonable ones exist. One lawmaker from Jacksonville said the law is Big Government intruding. Another argument is that parents have a right to keep children from wearing them.

"Yes. Every mother has the right to sit in the intensive-care unit and watch a child die," says helmet advocate Budd Bell, a veteran lobbyist whose son is a child-safety specialist in Sweden, another place that has a bike-helmet law.

Scraped knees and broken ribs are bicycle miseries but they don't kill you. Head injuries cause 75 percent of rider deaths and permanent disabilities.

Helmet-wearing kids a tiny minority

Wearing a helmet reduces brain injury by 90 percent and other head injuries by 85 percent. A serious brain injury can cost \$4.5 million during a surviving child's life. Deaths and injuries from bicycle crashes now cost \$380 million a year in Florida. Safety helmets cost as low as \$10 each in bulk purchase. One Panhandle area survey found that only 2 to 5 percent of children wear helmets. Concerned groups, from hospitals to lawyers, have pledged to pay for bulk purchase of safety helmets to give out at school to children whose families can't buy them.

Enforcement will be gentle. Pamphlets will be handed out at school to those not wearing helmets. Later, warnings, not tickets, will be written. Based on the experience of other areas, compliance is expected once bicycle helmets are The Law. Adults who don't wear the inexpensive helmets are laughed at for their folly.

Children rely on adults to protect them. Instead of protecting them, why is the Florida Legislature laughing at its bicycle-riding children?

Section IX. Appendices

N. Washington Post Editorial – Montgomery County Law, June 10, 1991

Helmets On in Montgomery

IN THEORY, the helmet law for bicyclists that was passed last week by the Montgomery County Council might be considered an over-dose of good government. It requires that helmets be worn by all cyclists 17 and younger, and it sets fines for the families of those who don't comply, including even kids on bikes with training wheels. In practice, however, it's the enforcement of the law that counts, and indications are that in this regard, it will prove to be a useful, sensible measure that will save some young people's lives.

The fine for noncompliance (\$25 now, possibly rising to \$50) will not be imposed for 90 days after the law takes effect this fall, and after that it will still be waived for people who buy helmets. Moreover, county police officials make it clear that this is one area where they're not going to be conducting any crusades. "I do not envision the police officers aggressively enforcing the law," Police Chief Donald E. Brooks told the council earlier this year.

So why bother even enacting a law that isn't likely to be strictly enforced? Primarily because of the impetus it gives to wearing helmets, even

if not by everybody. A good many parents will buy helmets and order their kids to wear them simply because it's the law. Others will do so because the law has made them aware of the head-injury dangers of bicycling. In addition, passage of the law has already spurred efforts to find ways for making helmets available to those who may not be able to afford them.

Maryland is proving to be something of a pioneer in this area. Montgomery's helmet law follows close on one in Howard County that applies to riders 15 and younger. The effort to get a law in Howard was backed by young people motivated by the sort of incident that takes these matters out of the realm of theory: Two boys who had attended Glenwood Middle School were killed in separate cycling incidents. In all, there are more than 1,000 such deaths each year in this country, and more than half of them are children. Head injuries account for some three-quarters of the deaths and for a great deal more truly awful suffering and permanent disability. Any law that can reduce this toll at so little cost is welcome.

Washington Post 6/10/91 Editorial

Section IX. Appendices

O. Information Resources

The following Federal and state resources can provide additional information about bicycle helmet use laws, bicycle helmet promotion programs, and bicycle safety.

National Highway Traffic Safety Administration (NHTSA)

Office of Safety Countermeasures, NTI-121

400 Seventh Street SW

Washington, D.C. 20590

Phone: 202-366-2692

Web site: www.nhtsa.dot.gov/people/injury/pedbimot/bike/index.html

Centers for Disease Control Center for Injury Prevention & Control (CDC)

Division of Unintentional Injury

Phone: 770-488-4652

Web site: www.cdc.gov/ncipc/bike

U.S. Consumer Product Safety Commission (UPSC)

4330 East West Highway

Bethesda, MD 20814-4408

Hotline number: 800-638-2772

Web site: www.CPSC.gov

NHTSA Regional Offices:

New England Region (Region I)

Transportation Systems Center

Kendall Square Code 903

Cambridge, MA 02142

Phone: (617) 494-3427

Fax: (617) 494-3646

States – CT, ME, MA, NH, RI, VT

Eastern Region (Region II)

222 Mamaroneck Avenue

Suite 204

White Plains, NY 10605

Phone: (914) 682-6162

Fax: (914) 682-6239

States – NY, NJ, PR, VI

Mid Atlantic Region (Region III)

10 South Howard Street
Suite 6700
Baltimore, MD 21201
Phone: (410) 962-0090
Fax: (410) 962-2770
States – DE, DC, MD, PA, VA, WV

Southeast Region (Region IV)

61 Forsyth Street, SW
Suite 17T30
Atlanta, GA 30303
Phone: (404) 562-3739
Fax: (404) 562-3763
States – AL, FL, GA, KY, MS, NC, SC, TN

Great Lakes Region (Region V)

19900 Governor's Drive
Suite 201
Olympia Fields, IL 60461
Phone: (708) 503-8822
Fax: (708) 503-8991
States – IL, IN, MI, MN, OH, WI

South Central Region (Region VI)

819 Taylor Street
Room 8a38
Fort Worth, TX 76102-6177
Phone: (817) 978-3653
Fax: (817) 978-8339
States – AR, LA, NM, OK, TX and the Indian Nations

Central Region (Region VII)

901 Locust Street
Room 466
Kansas City, MO 64106
Phone: (816) 329-3900
Fax: (816) 329-3910
States – IA, KS, MO, NE

Rocky Mountain Region (Region VIII)

12300 West Dakota Ave
Suite #140
Lakewood, CO 80228-2583
Phone: (303) 969-6917
Fax: (303) 969-6294
States – CO, MT, ND, SD, UT, WY

Western Region (Region IX)

201 Mission Street
Suite 2230
San Francisco, CA 94105
Phone: (415) 744-3089
Fax: (415) 744-2532
States – AZ, CA, HI, NV, American Samoa, Guam,
Northern Mariana Island

Northwest Region (Region X)

3140 Jackson Federal Building
915 Second Avenue
Seattle, WA 98174
Phone: (206) 220-7640
Fax: (206) 220-7651
States – AK, ID, OR, WA

State Highway Safety Offices

To access state highway safety offices web sites, visit the Governors Highway Safety Association (GHSA) Web site at: www.statehighwaysafety.org

ⁱThompson RS, Rivara FD, and Thompson DC. A case-control study of the effectiveness of bicycle safety helmets. *N Engl J Med.* 1989; 320: 1361-1367.)

ⁱⁱThompson RS, Rivara FD, and Thompson DC. A case-control study of the effectiveness of bicycle safety helmets. *N Engl J Med.* 1989; 320: 1361-1367.)

ⁱⁱⁱ *Bike Helmet Promotion Program Executive Summary*, MD Division of Injury and Disability Prevention and Rehabilitation, undated, p. 2-7.

^{iv}Thompson RS, Rivara FD, and Thompson DC. A case-control study of the effectiveness of bicycle safety helmets. *N Engl J Med.* 1989; 320: 1361-1367.)

^v Hedberg, K. Evaluation Of A Statewide Bicycle Helmet Use Law, September 1995.

^{vi} Coté et al, *Pediatrics*, June 1992, Vol. 89, No. 6, p 1216-1220.

^{vii} “Bicycle Helmet Use Among Maryland Children: Effect of Legislation and Education,” Coté et al, *Pediatrics*, June 1992, Vol. 89, No. 6, p 1216-1220.

^{viii} “Bicycle Helmet Law for Children: A Case Study of Activism in Injury Control,” Scheidt, PC, Modena HW, Stern, MS, *Pediatrics*, June 1992, Vol. 89, No. 6, p. 1248-1250.

^{ix} “Bicycle Helmet Use Among Maryland Children: Effect of Legislation and Education,” Coté et al, *Pediatrics*, June 1992, Vol. 89, No. 6, p 1216-1220.

^x *History of the Governor’s Bicycle Advisory Committee and Bicycle Helmet Legislation in Maryland*, an undated document from OI DP officials which appears to be drafted in advance of 1995 legislative session.

^{xi} *History of the Governor’s Bicycle Advisory Committee and Bicycle Helmet Legislation in Maryland*, an undated document from OI DP officials which appears to be drafted in advance of 1995 legislative session.

^{xii} *History of the Governor’s Bicycle Advisory Committee and Bicycle Helmet Legislation in Maryland*, an undated document from OI DP officials which appears to be drafted in advance of 1995 legislative session.

^{xiii} *History of the Governor’s Bicycle Advisory Committee and Bicycle Helmet Legislation in Maryland*, an undated document from OI DP officials which appears to be drafted in advance of 1995 legislative session.

^{xiv} *Bike Helmet Promotion Program Executive Summary*, MD DHMH/OIDP, undated, p. 2-7.

^{xv} *Bike Helmet Promotion Program Executive Summary*, MD DHMH/OIDP, undated, p. 1.

^{xvi} *Bike Helmet Promotion Program Executive Summary*, MD DHMH/OIDP, undated, p. 10.

^{xvii} *History of the Governor’s Bicycle Advisory Committee and Bicycle Helmet Legislation in Maryland*, an undated document from OI DP officials which appears to be drafted in advance of 1995 legislative session.

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- ^{xviii} *History of the Governor's Bicycle Advisory Committee and Bicycle Helmet Legislation in Maryland*, an undated document from OIDP officials which appears to be drafted in advance of 1995 legislative session.
- ^{xix} *History of the Governor's Bicycle Advisory Committee and Bicycle Helmet Legislation in Maryland*, an undated document from OIDP officials which appears to be drafted in advance of 1995 legislative session.
- ^{xx} Referring to Thompson RS, Rivara FD, and Thompson DC. A case-control study of the effectiveness of bicycle safety helmets. *N Engl J Med.* 1989; 320: 1361-1367.)
- ^{xxi} *Bike Helmet Promotion Program Executive Summary*, MD DHMH/OIDP, undated, p. 16, Appendix E, Appendix F.
- ^{xxii} *Bike Helmet Promotion Program Executive Summary*, MD DHMH/OIDP, undated, p 9.
- ^{xxiii} "Bicycle Helmet Law for Children: A Case Study of Activism in Injury Control," Scheidt, PC, Modena HW, Stern, MS, *Pediatrics*, June 1992, Vol. 89, No. 6, p. 1248-1250.
- ^{xxiv} *Bike Helmet Promotion Program Executive Summary*, MD DHMH/OIDP, undated, p 15.
- ^{xxv} Thompson RS, Rivara FD, and Thompson DC. A case-control study of the effectiveness of bicycle safety helmets. *N Engl J Med.* 1989; 320: 1361-1367.)
- ^{xxvi} "Bicycle Helmet Use Among Maryland Children: Effect of Legislation and Education," Coté et al, *Pediatrics*, June 1992, Vol. 89, No. 6, p 1216-1220.
- ^{xxvii} *Bike Helmet Promotion Program Executive Summary*, MD DHMH/OIDP, undated, p 16.
- ^{xxviii} *Bike Helmet Promotion Program Executive Summary*, MD DHMH/OIDP, undated, p. 16-17.
- ^{xxix} "Bicycle Helmet Use Among Maryland Children: Effect of Legislation and Education," Coté et al, *Pediatrics*, June 1992, Vol. 89, No. 6, p 1216-1220.
- ^{xxx} *Evaluation Of A Statewide Bicycle Helmet Use Law* Hedberg, K, OR Department of Human Resources Health Division, September 1995.