

## ***Countermeasures At Work***

### **Interview to Obtain Information About Existing Programs**

Introduction: The National Highway Traffic Safety Administration (NHTSA) is seeking feedback from program officials about successful implementations of behavioral based traffic safety campaigns. This information will be used to help develop the *Countermeasures At Work* (CMAW) guide. The *Countermeasures At Work* guide expands on the most effective countermeasures contained in the *Countermeasures That Work* guide by providing real world examples and details on localities where specific countermeasures were put into place. The countermeasure descriptions include details about locality size, implementation issues, cost, stakeholders, challenges, evaluation, and outcomes. We are seeking your help for these details about your program. We plan to include general contact information about your locality (i.e., DOT or SHSO office) or your contact information (with your permission), so that readers of the document can follow-up, if desired, to obtain more information about your program.

(Paperwork Reduction Act Burden Statement: Under the Paperwork Reduction Act, a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0727. The average amount of time to complete this survey is 90 minutes. All responses to this collection of information are voluntary. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, SE, Washington, DC, 20590. NHTSA Form 1344 – Revised 2022.)

**Interview with (Name/Title):** \_\_\_\_\_

**Program (Name/Location):** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### ***Program History***

1. When was the program first developed?
2. Please describe how the program was developed. (Who, what, where.)

3. What types of challenges were experienced when the program was first implemented?

***Program Scope***

4. What is the current scope of the program (statewide, county, region, etc.)?
5. What agency leads the program?
6. Who are key partners or stakeholders involved with the program?
7. What is the funding source(s) for the program?
8. What is the annual cost to maintain the program?

***Program Content & Delivery***

9. What specific behavior change is the program designed to address?
10. How does the program achieve this behavior change?
11. What types of challenges has the program experienced? How were those challenges overcome?
12. What factors have been key to the program's success?

***Program Fidelity***

13. Who oversees the program to make sure it's being delivered as intended?
14. [If relevant:] How are new people or agencies trained in delivering the program?
15. What challenges have been experienced in maintaining the program?

***Program Evaluation***

16. Have you tried to figure out what effect the program has had or how well it's working?
17. [If yes:] What were the evaluation results?
18. Are you aware of any reports or other documents describing findings from the evaluation?

***Program Contact***

19. Is there anyone else we should contact to learn more about the program? (Name, phone, email, and role)