



BICYCLE SAFETY/HELMET FITTING PROGRAM EVALUATION GUIDE

Note: Distribution of helmets should NEVER occur without providing the Bicycle Safety Training and Helmet Fitting Program to the target community

There are two evaluation phases to Bicycle Safety/Helmet Fitting Program, process evaluation and outcome evaluation. All documents are to be sent to a SIPP analyst within 5 working days after the event. SIPP analysts will follow-up if evaluation documents are not received.

Process Evaluation:

Please complete the *Bicycle Safety/Helmet Fitting Program Process Document* for each event you conduct. The process document will include:

- 1) event information ie: date, location, TRAC
- 2) program baseline data
- 3) program data measures
- 4) barriers and facilitators to event implementation

Outcome Evaluation:

There are two documents for collecting Bicycle Safety/Helmet Fitting Program outcome data.

- 1) *Bicycle Safety Promise*-please have all participants who attend the Bicycle safety program sign an Bicycle safety promise form
- 2) *Bicycle Helmet Fitting Data Collection Form*- please complete one form for each person who receives a helmet during your event

All documents mentioned can be found:

- 1) As attachments to this document
- 2) On the SIPP website at <http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/SIPP/Pages/default.aspx>
- 3) By contacting a SIPP analyst Toll-free 866-611-3445 or 501-364-3400

RETURNING EVALUATION DOCUMENTS: You may mail, email or fax your evaluation documents

Mail	EMAIL	FAX
Recreational SIPP Analyst 1 Children’s Way, Slot 512-26 Little Rock, AR 72202	injuryprevention@archildrens.org	501-364-3112

Return the following documents

- 1) *Bicycle Safety/Helmet Fitting Program Process Document-1 per event*
- 2) *Bicycle Safety Pledge-1 per attendee*
- 3) *Bicycle Helmet Fitting Data Collection Form-1 per 10 helmet recipients*



Form to be completed by: Project Coordinator

BICYCLE SAFETY/HELMET FITTING PROGRAM PROCESS DOCUMENT

TRAC: _____ Project Coordinator: _____

Event Date: ___/___/___ Event Location: _____ Event County: _____

Mechanism: Falls

Baseline Data 2010								
METRICS	State	Ark Valley	Central	North Central	North East	North West	South East	South West
Unintentional Falls related mortality	220	22	47	29	38	39	10	35
Unintentional Falls related hospitalization	6974	1046	1807	1189	1054	1147	538	1093
Bicycle related hospitalization	UR	UR	UR	UR	UR	UR	UR	UR
Bicycle related mortality Ages 0-19	UR	UR	UR	UR	UR	UR	UR	UR
Bicycle related hospitalization Ages 0-19	UR	UR	UR	UR	UR	UR	UR	UR
Bicycle related mortality Ages 20-64	UR	UR	UR	UR	UR	UR	UR	UR
Bicycle related hospitalization Ages 20-64	UR	UR	UR	UR	UR	UR	UR	UR
Bicycle related mortality Ages 65+	UR	UR	UR	UR	UR	UR	UR	UR
Bicycle related hospitalization Ages 65+	UR	UR	UR	UR	UR	UR	UR	UR

UR=counts under 10 are unreportable

Outcome Measures				
Measure		Overall Program Goal (# served, as per budget request)	Individual Event Goal (if multiple events, # to be served at this event)	Event Result (# actually served)
1	Total number of individuals trained in Bicycle Safety			
2	Total number of participants that signed promise			
3	Total number of individuals properly fitted with a program Bicycle helmet			
4	Total number of individuals properly fitted with their own Bicycle helmet			



Form to be completed by: Project Coordinator

**BICYCLE SAFETY/HELMET FITTING PROGRAM
PROCESS DOCUMENT**

Did you achieve your individual event goals for your outcome measures? Yes No
If no, why not? _____

Did you encounter any barriers planning for this event? Yes No
If YES, what? _____

Did you encounter any barriers on the day of the event? Yes No
If YES, what? _____

What went well during this event? _____

Do you have any lessons learned that you'd like to share? Yes No
If YES, what? _____

RETURN VIA:

Mail	EMAIL	FAX
Recreational SIPP Analyst 1 Children's Way, Slot 512-26 Little Rock, AR 72202	injuryprevention@archildrens.org	501-364-3112



Form to be completed by: Event Participant

BICYCLE SAFETY/HELMET FITTING PROGRAM

Promise Card

Make a Promise That May Save Your Child's Life

My Promise to My Child:

I want to protect my children from injury.

I promise to get bicycle helmets for my children and require they wear them every time they ride bicycle. Further, I promise to set a safe example by wearing an bicycle helmet every time I ride.

Parent/Guardian's Signature Date

Child's Promise Reminder:

I promise to wear my bicycle helmet every time I ride a bicycle.

Child's Signature Date

Making Your BICYCLE Helmet Promise Work

- Fill out the bicycle promise. When you get home, put it where it will be a constant reminder, such as on the refrigerator door.
- Let your child choose her or his own helmet and make sure it fits properly.
- Set an example for your child by wearing a helmet every time you ride a bicycle.
- Make it a family pact to wear helmets whenever riding bicycles. Encourage friends to purchase and wear helmets to help keep their families safe.



- Make a rule and enforce it with all who are in your care: No helmet... No riding.
- Reward your child until he/she gets into the habit of always wearing a bicycle helmet.

Promise adapted from NHTSA Bicycle Rodeo



SAFETY/HELMET FITTING PROGRAM
Helmet Fitting Data Collection Form

Make as many copies as needed.

	Gender		Age Group			Race					Size of Helmet Provided							
1	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Pre-school	YS	YM	YL	AS	AM	AL	NA
2	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Pre-school	YS	YM	YL	AS	AM	AL	NA
3	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Pre-school	YS	YM	YL	AS	AM	AL	NA
4	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Pre-school	YS	YM	YL	AS	AM	AL	NA
5	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Pre-school	YS	YM	YL	AS	AM	AL	NA
6	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Pre-school	YS	YM	YL	AS	AM	AL	NA
7	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Pre-school	YS	YM	YL	AS	AM	AL	NA
8	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Pre-school	YS	YM	YL	AS	AM	AL	NA
9	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Pre-school	YS	YM	YL	AS	AM	AL	NA



Arkansas Department of Health



10	M	F	≤19	20-64	65+	White	Black	Hispanic	Asian	Other	Pre-school	YS	YM	YL	AS	AM	AL	NA
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