



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



Considerations for Building A Community-Led Initiative

Engaging Communities With Lower
Child Restraint Use



Introduction

As a child passenger safety (CPS) professional, if you are interested in finding effective approaches to properly restraining children in communities with historically lower rates of child restraint use, consider new strategies.

Research has shown that some communities have lower rates of child restraint use, or higher rates of misuse. These include Black, Hispanic or Latino, American Indian, and Alaska Native communities, as well as other communities with lower socioeconomic status, lower education, and rural populations.

The National Highway Traffic Safety Administration's *CPS State of Knowledge* (Passarge et al., 2026) notes there has been a gap in the research about reaching communities with lower child restraint use. This gap includes a lack of well-controlled studies or published literature on barriers and interventions.

Despite this gap, CPS practitioners have spent years supporting such communities. Some have tried new approaches, with others applying education and outreach efforts that have found success in other communities. Some of the most promising strategies have been successfully developed and implemented in tribal communities. However, applications of these strategies to other lower-use populations have not been evaluated.

What the *CPS State of Knowledge* highlights about CPS in lower-use communities:

- Specific communities often had lower child restraint rates and more misuse of restraints.
- The barriers for child restraint use in these communities included the cost of child restraints, knowledge and access to information, and misconceptions about child restraints, especially booster seats.
- Successful engagement efforts were usually community-led.
- Trusted messengers—people who community members regard as credible sources of information—are a critical component of any intervention, particularly in communities with lower child restraint use.

This resource offers considerations for new approaches. Some populations may not hear your current messages. They may not trust your current messengers. And they may not see themselves in your outreach flyers, brochures and social media. That may be because their community did not have a voice in creating those efforts. CPS practitioners can gain insights from community members who are experts about their lived experience, beliefs, values, and practices.

You may not be ready to build or use a comprehensive community-led initiative. But you might enhance or adjust some of your current programs with these ideas to support communities to help their children get properly restrained.

Ways to use this resource:

- **If you are a funder of CPS programs**, write some of these elements into your grant requirements.
- **If you are applying for grants to engage lower-use communities**, include these considerations in your grant proposal to help demonstrate your knowledge of effective ways to engage all communities.
- **If you develop CPS programs**, get ideas for new engagement strategies and sustainable outcomes.
- **If you are a CPS technician/instructor (CPST)**, ask your community to share ideas for how to support and engage parents and caregivers.
- **If you are engaging in train-the-trainer CPS activities**, ask your community to share ideas for how to support and engage parents and caregivers.
- **If you are conducting training in communities**, get inspiration for training or building more trusted messengers.



What is a Community-Led Initiative?

In a community-led initiative, the community makes decisions about what CPS behaviors to prioritize, how to address them, and who owns the process of designing the outreach and communications initiative.

The *CPS State of Knowledge* report (Passarge et al., 2026) defines community-led CPS programs as “multifaceted programs that include sustained support, access to technical expertise, community ownership of the program, decision-making by community members when possible, enhanced training that places expertise in the community social network, and visible activities being led by community members.”



What Are the Benefits?

Designing a community-led initiative is common practice in other fields such as public health. Yet it is an approach that has rarely been applied to child passenger safety initiatives. It is a valuable approach for engaging all types of communities, including those with lower rates of child restraint use.

Benefits include:

- When communities design and implement their own initiatives according to their values and culture, they are more likely to embrace a new way of doing things and sustain the practice.
- The initiative will authentically and correctly reflect community culture.
- Visible community leadership demonstrates that CPS is important.
- CPS knowledge is embedded into the community. It does not leave when the funding that supports the technical experts comes to an end.
- CPS practitioners deepen their understanding of the beliefs, attitudes and practices of the community in relation to key behaviors.
- CPS practitioners have the opportunity to form new, sustainable partnerships with those who best know how to engage specific communities.



How to Spot a Community-Led Approach

These examples help distinguish between aspects of traditional education and outreach initiatives versus community-led initiatives. Use this list to identify approaches you are currently using and as inspiration for changes if you wish to try a community-led approach in your communities.

Education & Outreach Approach

Community-Led Approach

CPS practitioner leads discussions and directs conversations

CPS practitioner provides data to community leader. Community leader heads up discussions and conversations with support from CPS practitioner.

Top-down decision making and communications

Bottom-up decision making and communications

Established leader with subject matter expertise

Creates leader in the community

CPS practitioners decide which risks to prioritize, how to address them, and how to share with the community

Community members decide the focus before the actual design of the initiative

CPS practitioners or advocates tell the community which interventions are needed and invite the community to help implement education and outreach

Interventions are developed with local resources and knowledge of community leaders and members

Informs or engages partners for a defined period, often based solely on funder requirements

The pace of the initiative is determined collaboratively with communities

Activities are led by subject matter experts sometimes asking for community member engagement or support

Activities are led by the community members

CPS practitioners develop and make resources available based on their expertise

Community members prioritize and choose resources they will use and disseminate

Flyers, brochures, and social media are developed in English and then may be translated to other languages or local dialects, according to community needs

Sources of information are created in the community's dialects with input from the community, including appropriate cultural considerations

CPS practitioner is solely accountable for outcomes

Community is mutually accountable for outcomes

Engagement may be limited to a grant-funding cycle

Sustained engagement by the community or an exit strategy is developed by the community

Who are community leaders? They are not always elected officials. Talk with people who know who is respected in the community, such as clergy, food bank managers, cultural center staff, and health care workers. A community leader can be anyone willing to step forward.

What is the Role of a CPS Practitioner?

A community-led approach requires CPS practitioners to share decision making with community members. Naturally, that may leave you feeling uncertain about the CPS practitioner's role. However, it's important to note that CPS practitioners can add much value to community-led initiatives.

Some roles to consider:

- 1. Bringing funding and attention to CPS.**
You can help the community leverage available funding sources and offer your expertise to fulfill some grant requirements. You can also assist with collecting local CPS and motor vehicle crash data.
- 2. Advising on data-driven best practices.**
The community needs your expertise to help develop science-based messages and practices. Your institutional knowledge can steer community members away from failed approaches and toward best practices.
- 3. Advising on key components.**
The community-led approach is new to many, so simply by reading this resource, you may develop helpful insights into what is required, and you can offer those insights to community leaders. You might offer to advise on the key steps of the process, co-develop activities, and leverage your existing network and resources.
- 4. Embedding expertise into the community.**
Examples of embedding expertise include funding and training local CPSTs or community health workers, sharing examples of successful initiatives and activities, or supporting formative research with priority audiences and sharing results.
- 5. Co-learning and bringing insights back to your broader work.**
Your insights can help inform efforts in other communities. Measuring or evaluating your work can increase the chances others might replicate your successful approaches. Consider how your organization can provide systematic ways to measure, track, and report on the outcomes.



Example Approach to a Community-Led Initiative: The Ride Safe Program

While this program is designed to address American Indian and Alaska Native children, the model's elements can be adapted to address any community-led effort in other communities. *The Community Approach to Ride Safe (CARS) Curriculum Program Guide* (Ampadu et al., 2022) can be adapted to help programs start in communities that have not used a community approach to CPS.

In 2007 the Indian Health Service developed the Ride Safe program to decrease motor vehicle injuries to American Indian and Alaska Native (AI/AN) tribal children 3 to 5 years old by increasing child restraint use for children in Tribal Head Start programs. Ride Safe was modeled after a successful community education program to reduce infant sleep-related fatalities. In 2022 the Phoenix Area Indian Health Service¹ revised the 2007 version of the Ride Safe program, now called the Community Approach to Ride Safe (CARS). The CARS program was developed to reduce the rate of motor-vehicle-related injuries to children in tribal communities by promoting motor vehicle child car seat use. The CARS program works to achieve its overall goal of assisting coordinators to:

- educate AI/AN communities on CPS,
- distribute appropriate car seats and booster seats, and
- evaluate program implementation.

CARS provides comprehensive steps for communities to customize messaging and activities to decrease the rate of motor vehicle injuries to children through use of child car seats and booster seats in daycare, Tribal Head Start, and elementary schools.

Empowered Coordinators

The CARS program's trained coordinators who implement the program live and work in the community; educate caregivers; manage car seat distribution (sometimes working with CPS technicians); help caregivers learn to use them correctly; and then finally, using a series of data points, evaluate their community's progress. Coordinators familiar with the community build a network coalition of interested partners and members. The coordinator identifies stakeholders such as CPSTs, health care workers, and public health nurses as key members to support their community effort.

It is highly recommended that the coordinator be a CPST. If not, the coordinator can support CPSTs to install the car seats. CPSTs complete certification classes to help families use child restraints correctly. A CARS coordinator or a tribal community partner must attend a certification class to understand program details.

¹ The Indian Health Service, a division of the Department of Health and Human Services, is headquartered in Rockville, Maryland. The Phoenix Area Indian Health Service is a branch of it, is headquartered in Phoenix, Arizona, and has jurisdiction in Arizona, Nevada, and Utah.

The coordinator and CPST give quality assistance during the distribution of child restraints to ensure that:

- caregivers are educated,
- the child is the appropriate age and size for the child restraint received at a distribution event, and
- the caregiver installs the child restraint with guidance from a CPST before leaving an event.

CARS Objectives

The five CARS objectives were designed to give community leaders, administrators, teachers, and injury prevention, environmental health, and support staff the necessary tools to decrease child passenger injuries. Each community may develop print and social media messaging to meet the needs of that community.

- **Objective 1:** Have at least one tribal community partner attend a CPST class.
- **Objective 2:** Educate caregivers through child restraint checkups, CPST-staffed distribution events, or school-based education programs.
- **Objective 3:** Distribute child restraints to caregivers who attend training or events in the community, preferably with appointments. Combine the distribution of child restraints or booster seats with an already-established community event or program.
- **Objective 4:** Gather child restraint data using locations identified as high-traffic areas where children are likely to be (like childcare centers and schools).
- **Objective 5:** Build community awareness of how to reduce the severity of crash injuries using child restraints through marketing information designed specifically for a community and establish opportunities for local law enforcement to discuss CPS law enforcement.

Activities

Coordinators schedule regular activities at least once every two months to visibly elevate the importance of CPS. The activities foster collaboration between the partners, stakeholders, coalition members, and the public. They are often scheduled to take advantage of national events like Child Passenger Safety Week or Occupant Protection Week. They bring visibility to law enforcement, emergency medical services, health care, and local businesses as they work to decrease child injury in vehicles.

Data Collection

Coordinators manage regular data collection to track numbers of families reached, number of restrained versus unrestrained children, child restraint distribution, and education opportunities to keep CPSTs interested and updated. They manage education activities to reach CPSTs, new stakeholders, and caregivers. They make use of established curricula such as Safe Native American Passengers (SNAP) training, a one-day course for anyone working with families and children in tribal communities.

For more in-depth guidance, refer to the CARS Curriculum program guide (Ampadu et al., 2022).



Key Steps to Create a Community-Led Initiative

Gathering Insights

GOAL

Learn about the community's beliefs, attitudes and practices related to the issue.

Activities

- **Listening sessions.** Community leaders facilitate a conversation to capture perspectives on a list of key questions related to the issue. Listening sessions can be an effective way to hear community member perspectives.
- **Research.** Local researchers conduct secondary research (such as compiling existing data) and/or formative research (such as interviews and focus groups) with community members.

Considerations

- Data collection is valuable to the community and there should be an understanding about who owns the data that is collected, where it will go, and how it will be used. There is distrust with some communities about research processes. Work with community partners to understand these issues, including use of the term "research."

Roles

- **Community leaders:** Facilitating listening sessions, assisting research, participant recruitment
- **CPS practitioners:** Informing research polls and surveys, advising on ways to facilitate listening sessions, observing during listening sessions

Defining the Initiative's Priority Behaviors

GOAL

Prioritize one to two behaviors that the initiative will aim to affect.

Activities

- **Prioritizing impact and feasibility.** Community leaders and researchers can work together to assess the most viable behaviors based on insights gathered. One way to narrow the behavioral focus is to prioritize the behaviors that have the highest impact and are most feasible.

Considerations

- The goal may change as the initiative progresses. This may happen as community leaders learn more about which segments of the community need the most support and what elements of a larger behavior may need to be prioritized.

Roles

- **Community leaders:** Giving perspective on the community's priority behaviors, providing insight on potential impact and feasibility
- **CPS practitioners:** Providing expertise on the historical barriers and opportunities surrounding certain CPS-related behaviors

Conducting a Collaborative Workshop

GOAL

Engage the broader community in brainstorming solutions.

Activities

- **Co-creation.** Thoughtful facilitation and activities that participants complete together lead to the co-creation of solutions to problems and interventions to positively influence behavior.

Considerations

- Pre-workshop priming is the use of activities to allow community members, who are typically not involved in CPS work, to reflect and prepare themselves for the topical focus of the session. Community leaders might consider creating a list of questions or activities to do this priming.
- If research will be presented, consider leading with a group activity that allows participants to share their lived experiences. Rather than beginning with a research presentation (which naturally conveys that someone else is the expert), begin by showing participants that their lived experience is valued.

Roles

- **Community leaders:** Convening representative community members, planning and facilitating the workshop, offering participants appropriate opportunities for involvement in initiative activities
- **CPS practitioners:** Assisting in planning the workshop, involving CPS program managers or funders who may be interested in funding portions of the initiative, observing during listening sessions

Selecting Ideas to Implement

GOAL

Prioritize the most promising ideas.

Activities

- **Prioritizing impact and feasibility.** One way to narrow the behavioral focus is to prioritize the behaviors that would have the highest impact and be most feasible.

Considerations

- It is possible that the community may choose a process to evaluate ideas that is not based on highest impact and feasibility (for example, they may choose to focus on lower impact by targeting a small, specific segment because it aligns with the community's overall goals).

Roles

- **Community leaders:** Providing perspective on the community's priorities, suggesting existing community initiatives where new ideas could be embedded, providing insight on potential impact and feasibility
- **CPS practitioners:** Providing expertise on the historical barriers and opportunities surrounding certain CPS-related initiatives

Building an Implementation Plan

GOAL

Map out the plan for engaging the community.

Activities

- **Consider ways to integrate the new initiative into existing effort.** CPS outreach may not be a top priority in certain communities. It is always beneficial to consider how activities in a new implementation plan can coincide with existing community priorities and activities.
- **Clarifying roles.** To ensure successful implementation, community leaders can solidify the roles of various players at this stage.

Considerations

- Finding trusted community messengers will be important at this stage. They can further integrate key messengers into specific segments of the community.

Roles

- **Community leaders:** Convening community members to participate in planning, providing insight on feasibility and required resources to complete priority implementation activities
- **CPS practitioners:** Providing expertise on historical implementation successes and challenges, providing insight into available implementation resources and funding

Resources

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