

Webinar: Engaging Communities with Lower Child Restraint Use

Speaker Notes

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None.

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None.

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The objective of this webinar is to share some key insights from the National Highway Traffic Safety Administration's (referred to as NHTSA) *Child Passenger Safety State of Knowledge*. We will be focusing on specific ways stakeholders can engage communities known to have lower rates of child restraint use. We hope you will take away a few actionable insights you can apply to your programs.

This webinar is for any professional working in child passenger safety: whether you are designing programs, conducting education or outreach efforts, or helping caregivers install car seats. This may be most helpful for those who are new to CPS or new to working with communities with lower use. We hope this webinar will encourage strategies that increase restraint use for children under 13 living in these communities.

Before we get started, we'll share just a bit about this *CPS State of Knowledge*. NHTSA developed a comprehensive literature review of CPS research in the United States on children under age 13 in passenger vehicles to encourage use of effective methods of increasing restraint use. The *CPS State of Knowledge* summarizes available research on education and outreach, State legislation and enforcement, and engaging communities with lower rates of child restraint use.

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Research summarized in the *CPS State of Knowledge* shows that some populations sharing a particular demographic characteristic, as well as some geographic communities, are less likely to use car seats and are more susceptible to misuse when they do use car seats. To date there is limited CPS behavioral research on effective ways to increase use in these communities, but plenty of resources from the broader areas of public health that we can apply.

In this webinar, the insights we describe come from research with several communities with demonstrated lower use of child restraints, including Black, Latino, Hispanic, American Indian, and Alaska Native communities, as well as lower socioeconomic status, lower education, and rural populations.

It should be noted that a single community may face several challenges that influence restraint use. For example, some caregivers may also have lower educational status and be part of a rural population.

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The *CPS State of Knowledge* includes a chapter that summarizes the challenges CPS stakeholders are facing in addressing lower-use populations, including the lack of well-controlled studies and literature on barriers and interventions. Here are the recognized challenges.

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- The research shows that there is a lack of information and access to information about proper restraint and correct use.
- Language barriers and a lack of information access go hand in hand. A lack of English fluency is a strong predictor of less car seat knowledge.
- While producing materials in other languages may seem to be a solution, literacy can be a challenge, as well. Also, some caregivers in lower-use communities prefer to get information about CPS from their social network. So written materials may not always overcome this barrier.
- Misperceptions about car seats exist for all audiences but are more common with lower-use audiences and around booster seats.

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Financial barriers pose a substantial challenge. Affordability issues go beyond the cost of car seats and booster seats: families may share vehicles and therefore frequently transfer devices. Car seat giveaways may help alleviate some financial limitations these families face but innovative and new methods to address other financial barriers are needed.

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- Cultural considerations are important, yet cultural barriers can be difficult to anticipate. The research notes examples such as understanding family roles regarding child rearing, or even miscommunication or bias when working through a language interpreter.
- Impersonal communications such as brochures and posters, even if supplied in the correct language and at an accessible reading level, may not be responsive to how communities seek information. People seem to prefer seeking information from their partners, friends, relatives, coworkers, or acquaintances rather than an impersonal source. If the information within a social network is limited, the available information may also be limited.

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Fortunately, despite the many challenges and lack of significant research-based solutions, the *CPS State of Knowledge* identified four main promising strategies for engaging lower-use communities, which this webinar will focus on. These promising strategies include:

- Community-based & community-led engagement;
- Tailored content & approaches;
- Trusted messengers; and
- Sustained engagement with “pulses” of repeated information over time.

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To be effective, a culture of safety cannot be developed and imposed by top-down outside forces on a community. Creating a comprehensive culture of safety requires engagement at the grass-roots level to build and sustain competency that leads to desired behavior adoption.

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When community members, CPS experts, and safety technicians can co-create solutions, that leads to sustainability. CPS experts and safety technicians have a deep understanding about the safety issues; and community members have a deep understanding about their communities.

Collaboratively, they can co-design how to effectively drive community participation. When a community designs and implements their own initiatives according to their values and culture, they are more likely to embrace and sustain the practice.

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Research states that trust can be a more effective approach than expertise. We certainly know from many surveys that parents listen to other parents, and they seek out guidance from family members. They often value trust over expertise.

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As the CPS experts, you can help embed expertise within the community social network. Using a community-led approach can help you:

- Deepen your understanding of a community's challenges;
- Identify local voices of a community;
- Gain new insights & ideas for engagement you may not have designed on your own; and
- Form new sustainable partnerships for action.

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This kind of community-based co-creation is well-documented in the health communication field. This approach is described in different ways: from community-based research and design, to community participation, to human-centered design.

While names and processes vary, there are commonalities.

- Relationship-building that recognizes strengths in leaders that live in the community.
- Identifying and embracing community members as equal partners, subject matter experts and leaders who can help create effective solutions to the challenge.
- Expertise does not reside solely in the technical experts. Members of the community receive enhanced training (such as child passenger safety technicians). That is, knowledge is deliberately placed within the community social network.

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- Communities have control of many program aspects: for example, from available evidence-based strategies provided by technical experts, communities choose specific interventions and customize them to their culture. Note that communities are not expected to create a program entirely from scratch. In fact, technical experts and local leaders might start by sharing examples of successful approaches. The key is that the community has a level of control and decision-making to influence and customize effective approaches based on their knowledge and expertise. When communities visibly “own” the effort, it demonstrates the importance of CPS to the broader community from within their own social network.
- Community empowerment using a phased approach.

- First, it is important to learn as much as possible about the beliefs, attitudes and practices of the community population related to the issue.
- Next, develop engagement sessions with community partners and stakeholders to identify common situations.
- Then, co-develop messages, approaches, and materials that accurately and meaningfully represent and support community members with careful attention to cultural considerations and values.
- Visible activities are conducted by members of the community. For example, tribal community health workers conduct seat distribution., and priests bless car seats.

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One example from NHTSA's *CPS State of Knowledge* features Ride Safe, a program developed by the Indian Health Service that was developed for and primarily implemented through Tribal Head Start centers. It includes extensive community engagement, a CPS curriculum for use by staff, funding for child passenger safety technician training, car seats at low or no cost, and evaluation activities that include behavioral observations. Note the engagement of trusted messengers and members of the community, and the integration of expertise within the social network. Ride Safe program implementation has been associated with observed increases in car seat use in communities compared to before the program started.

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When considering how your initiative might address the financial barriers for some populations, studies show that it's important for car seats to be attainable. Consider how you might collaborate with or get the input from community leaders on how to distribute car seats in a way that the community will value. They can advise on trusted messengers, appropriate communications, location considerations, and promotion.

In summary, a community-led campaign:

- Uses information that reflects community culture;
- Is less likely to suffer from language barriers;
- Creates information that is in the correct dialect;
- Customizes events & materials to demonstrate that CPS is important in their community; and
- Keeps knowledge in the community. Because the people implementing the CPS programs are from the community, the knowledge does not leave with the technical experts.

As part of the *CPS State of Knowledge* supplemental materials, NHTSA has a resource with more information on how to plan a community-led initiative we encourage you to review. If your program is unable to develop a community-led initiative, you can test messages, materials, and approaches with your audience to make sure they resonate.

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We know from CPS research, from the broader public health field, and from effective communications principles that tailoring the content of your message to specific audiences allows you to better engage your audience. Tailored content is specific, pertinent information that is customized to meet individual needs.

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For child passenger safety, that means providing timely and actionable information. Think of this in two general categories:

- Information that is customized to the child’s current restraint needs (like age and size), and
- Information that considers the caregiver’s existing knowledge (for example, when you’re talking with first-time parents just learning about car seats).

Tailored Content: Child’s Characteristics

The caregiver of a 26-pound two-year-old needs to know how to restrain that child, not an infant or a child ready for a booster seat. This is particularly important because the volume and complexity of car seat information can be overwhelming. It’s important to consider that too much untargeted information leaves caregivers bewildered. Of course, caregivers must be informed about what’s appropriate as their child grows over time. This is a challenge for CPS stakeholders. Generic messaging simply cannot cover the complexities and nuances of appropriate CPS behavior.

Tailored Content: Caregiver’s Existing Knowledge

We know from many studies in CPS and the broader public health field that most people do not read all the information shared with them, and people do not retain all information indefinitely.

That’s why it’s important to give caregivers the *correct subset* of information rather than *all* the information.

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So how do you tailor information for specific communities?

As we discussed earlier, a best practice is to co-create engagement within the community. Community members can give you insight into effective messengers, material types and even the tone of your message. The way we like to think of it is that you are the expert on the CPS recommendations, and community members have expertise in how best to engage people like them.

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Here’s what we know from communications research with the same communities that have historically had lower child restraint use:

- People want to know the message is relevant and specific to their circumstances; and
- People want to see themselves.\

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When interviewed for the *CPS State of Knowledge*, one CPS expert shared an example of how language matters. He noted that the dictionary term for “recall” in Spanish sounds like “taking away.” So the term “recall” — although used in a different context — may sound like someone is going to come and take away your car or your car seat. This is a good example of why it’s important to collaborate with community members who really understand the language.

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Research on marketing materials tells us that when people review materials, they are quickly assessing if they are the intended audience (“Are you talking to me?”). Signals can include visual representations of specific community audiences. But there’s so much more.

- Are you using authentic photos of relatable caregivers or stock photos?
- If your material is for American Indian or Alaska Native caregivers living on a reservation, does the background suggest that living area?
- If you’re hoping to engage caregivers with several kids, do your photos show a backseat with several car seats?

Testing the materials you develop can help you understand whether your materials are breaking through, actively engaging people and moving them to act.

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While the exact questions may depend on the project and materials you are testing, the five questions below serve as the basis for any intercept interview.

You will note that these questions are NOT specific to child passenger safety – they are intended to help you understand how your audience is responding to your materials for effectiveness.

1. Ask: “What are your immediate impressions? What comes to mind first? What grabs your attention?”

This helps you understand breakthrough potential, and where it comes from.

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2. Ask: “What is the main point? What is this trying to tell you?”

This helps you understand if your intended message is coming through or not, as well as any unintended messages.

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3. Ask: “How does this make you feel? What does it remind you of? What does it make you think?”

This helps you understand the more complete emotional and rational reaction to your material, rather than simply if somebody “liked” it or not.

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4. Ask: “Who do you think this is for? How relevant is it for you personally? Why/why not?”

This helps you understand if your material resonates with them, and if not, who it might resonate with.

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5. And finally, Ask: “What seems to be missing? What’s unclear? What could be a problem?”

This helps you understand not only any unintentional problems, but how you might solve for them.

These questions are testing whether the materials you develop will motivate people to act. If you want to test for comprehension and recall, additional questions are needed.

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The next successful strategy we'll discuss today is trusted messengers.

Trusted messengers are a critical component of any intervention. Trusted messengers are people that community members regard as credible sources of information. But what makes them trusted? How might you know which messengers in the community can help encourage child passenger safety?

For communities with lower child restraint use, these messengers may be different from the general population. For example, Black focus group participants reported strong support for Black representation in outreach materials. Many said they preferred to trust non-profit organizations, community centers, faith communities, and schools for information about health and safety.

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In one specific research project, some Hispanic participants in nearly 50 focus groups tended to express trust in schools, faith communities, family members, and Spanish language media. It is worth noting that participants generally identified with their nation of origin (e.g., El Salvador, Mexico) or region (e.g., Puerto Rico) rather than more broadly identifying as Hispanic or Latino, and that their trusted messengers were likely to be assumed to have the same background.

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Another benefit of developing a community-led initiative is that community leaders can help identify and engage trusted messengers. CPS technical experts do not have to identify these trusted messengers on their own.

Talk with people who DO know who is respected in the community.

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Some examples of trusted community members from CPS programs have included clergy, food bank workers, cultural centers, health care providers, clinics, community health aides, and community health workers. This will be someone that people listen to. If you don't have strong relationships in the community, it may take time to learn this information. They may look different in your community.

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The last successful strategy we'll share today is sustained engagement.

The *CPS State of Knowledge* notes that one way to sustain engagement is by organizing community education efforts in "pulses", which means continuing education within a community until saturation is reached.

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Another way to plan for sustained engagement is to find a champion from within the community. A champion can be anyone from the community.

One CPS Instructor shared an example that has worked for communities is to find the person who is interested in your own community outreach. If you teach a safety class to a mom's group, a childcare group or other type of safety class, look for the person who asks a lot of questions. After class, begin a conversation about how they might get involved. Let them know about training opportunities or invite their ideas for others who may be interested.

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In summary, we talked about four successful strategies from NHTSA's *CPS State of Knowledge* for engaging communities with lower child restraint use:

- Community-based & community-led engagement
- Tailored content & approaches
- Trusted messengers
- Sustained engagement with “pulses” of repeated information over time

Investing in these approaches and achieving true engagement and trust takes time, as well as a mindset that values community members as equal partners. These approaches can help stakeholders gain authentic feedback and ensure that messages are relevant and beneficial to the community.

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Finally, it should be noted that State laws, while not the focus of this webinar, are effective. When new laws required restraint use (as seen in the 1980s) or when a law expanded the ages covered by car seat requirements (as seen in the 2000s), child restraint use increased, usually by about 30 percent. The laws that result in the most correct child restraint were the laws that were clear and specific – the closer the laws align to best practices, the more likely it is that complying caregivers restrained their children in the optimal manner.

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We hope this webinar helps to guide your efforts with lower-use audiences. As you work to build community-led initiatives, ask community members to share available resources. For child passenger safety resources related to this project, here are three additional NHTSA resources.

- *CPS State of Knowledge*: this is the source material we've discussed today.
- Top Insights from the CPS State of Knowledge Webinar.
- NHTSA's Considerations for Building a Community-Led Initiative.

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- *Countermeasures that Work*: which is a resource guide developed by NHTSA for State Highway Safety Offices that rates countermeasures for effectiveness and includes CPS countermeasures; and,
- CarSeatEducation.org: which includes free trainings, webinars, and continuing education units (CEUs) for CPS technicians.

If you found this information helpful, we hope you will share it with your network.