

Webinar: Top Insights from NHTSA's *CPS State of Knowledge*

Speaker Notes

Slide 1.

None.

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None.

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The objective of this webinar is to share some top insights from the National Highway Traffic Safety Administration's *Child Passenger Safety State of Knowledge*. 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. We hope this webinar will encourage strategies that increase restraint use for children under 13.

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. 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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Here's the first insight. Research repeatedly shows that efforts that focus only on increasing knowledge simply do not guarantee correct car seat use.

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Some actions, like installing a car seat, require specific knowledge or skills. We certainly know from the National Child Passenger Safety Technician Certification Training just how much knowledge and skills are required to get rear-facing, forward-facing and booster seats properly installed.

Sometimes mere knowledge can create the intent to act, but only when the information is new, or adds the necessary understanding or inspiration that people need to act.

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Knowledge-based fear messaging should be used with caution. Don't use fear-based appeals in your messaging because they do not translate into long term behavior change. When fear appeals are done incorrectly, they are not believed, or worse, can backfire. People might "tune out" the information

altogether, or worse, engage in other negative behaviors to cope with the anxiety stoked by the fear-based message

When a threat is perceived to be low, our minds reject a fear appeal, thinking it won't happen to us. To reach caregivers, we need to move directly from information to the actions caregivers can take to protect their children or to solve more immediate concerns.

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The second insight was that self-efficacy is a powerful psychological factor. Self-efficacy is a person's belief in their own ability to complete a task.

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Think of all the CPS messages that can potentially make caregivers believe correctly installing a child seat is difficult.

Are your messages helping caregivers feel like it is easy or hard to act?

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One strategy to make it easier for caregivers to improve their self-confidence is to build on what they already know. Effective programs give caregivers new information that fits their current needs. That's why the national CPST certification course teaches future technicians to acknowledge that caregivers are trying and show them the next steps to continue expanding their skills and knowledge.

In order to properly restrain their children at every stage, caregivers must believe in their ability to act. If we want to help them, we can't make it sound too difficult.

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Some people don't like being told what they're doing is wrong – it can challenge their sense of parenting. You can encourage caregivers by building on what they are doing right. Consider the concept of Good-Better-Best that is encouraged by the CPST curriculum. Point out their successes, like buckling their child in the back seat. Is their small six-year-old buckled in the back seat? That's good. She will be safer if she is in a booster seat, and here is why, and here is how to use it correctly.

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Rather than offering more worries or problems for caregivers to fix, you can effectively communicate the help and support you can offer. People are not motivated to change their habits by stories of super doers. They are motivated by empathy and connection to where they find themselves in life right now. Your communications can help them see how they might get just a bit better at something they already do.

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When there is too much information to process, parents may feel cognitive overload. Think about the simple concept of TMI: too much information. Cognitive overload can limit their ability to retain information, make decisions, or act on what they learned.

The *CPS State of Knowledge* included a study that found that less than half of caregivers read all of the CPS information provided to them. Make sure that the information you provide is relevant to their child, and don't spend a lot of time on information that is not immediately useful, or information they already know.

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Can you think of a time you made it easier for caregivers to act? Hopefully you heard a new idea today that you can apply.

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Biases are another insight from the *CPS State of Knowledge*. This concept isn't discussed extensively in the CPS field, but there are a few research studies that show the effect of biases on caregivers.

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When we develop communications initiatives, it's helpful to consider how the people we are trying to reach may have biases affecting their responses to CPS. Cognitive biases are flaws in logical thinking that affect how we make decisions and the actions we take. In fact, logic only drives a fraction of human decision-making. The human brain needs to prioritize and process large amounts of information quickly, so biases are like mental shortcuts. Oftentimes, bias involves unconscious processing, something that people typically don't realize is happening.

As communicators, we want to recognize when caregivers' biases may arise and figure out what we can do to address them.

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Here is a bias that is documented in CPS research. Overconfidence is a powerful cognitive bias. It means that people believe that they have some abilities which others don't have. Whether that is more knowledge, more skills, or more know-how.

Take a moment to think about a time YOU may have been overconfident. Maybe it was at work, or in your personal life. Overconfidence can affect all of us – including caregivers.

Overconfidence may impact a caregivers' decisions about child passenger safety.

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For example, imagine a mother who just gave birth to her third child. She likely believes she can correctly install a child seat. After all, she has had years of experience. To date none of her older children have been hurt in theirs. So despite hearing that most child seats are installed incorrectly, she has confidence in her abilities. This mother may not pay attention to facts or risk messaging because she doesn't think she needs it. She doesn't think we are talking to her – we must be talking to other parents.

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The *CPS State of Knowledge* identifies examples where overconfidence affects car seat use.

- NHTSA studies found that while experienced car seat users were as likely to make installation errors as novice users, most study participants were overconfident in their ability to install a car seat. Installation errors occurred in car seats that participants deemed were “easy to use.”
- In fact, high confidence was common when studies observed overall misuse, high installation error rates, and age-inappropriateness.

This overconfidence bias will come as no surprise to stakeholders who have helped parents install car seats. We could try to work against this bias, but that might not accomplish our goal of helping people restrain their children properly.

To help make sure caregivers take in new information, we can use another bias. Everyone pays attention to new information. An overconfident caregiver already knows *something* about car seat use. Let's build on that. Let's give them new information that fits their current needs. In fact, studies from the *CPS State of Knowledge* document that parents who receive tailored information are more likely to properly restrain their children. When caregivers get exactly the information they need, their behavior improves.

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Can you think of a time where you saw overconfidence in a caregiver?

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Which brings us to #4: Tailored information.

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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 helps 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, 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).

Generic messaging can be insufficient to cover the complexities and nuances of appropriate CPS behavior and may not get parents' attention if it does not feel new or relevant to their family. Research shows that caregivers who received tailored information reviewed it at higher rates than those who received generic information. Tailoring can also make sure that caregivers don't feel overwhelmed by too much information that isn't relevant to them.

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The most well-established avenue for educating caregivers is through Child Passenger Safety Technicians.

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Education that has a hands-on component has been proven to be effective, and caregivers' correct installation is associated with having worked previously with a Child Passenger Safety Technician — otherwise known as a CPST. Throughout the required certification course, technicians have been taught the importance of communicating in simple language and interacting with caregivers to assist them with proper use of their car seat, with their child, in their vehicle.

CPSTs help caregivers develop skills by practicing installing the car seat in the vehicle and securing their child properly. Caregivers must also demonstrate and explain to the CPST the process for doing so correctly.

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The research has evaluated the effect of such CPST work. Caregivers with lower socioeconomic status from the northeastern United States showed significant improvement in their CPS knowledge after a 1-hour presentation and demonstration from a CPST. A brief one-on-one educational intervention in which a CPST provided hands on-feedback to caretakers of children in the ED resulted in significantly improved CPS knowledge in an 8-week follow-up questionnaire.

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While CPSTs are well-established and knowledgeable, it is worth considering some potential limitations of your CPST programs.

Here are some considerations for making your CPST investments EASIER for more parents:

- A common challenge is that the location of inspection stations or check-up events may be inconvenient for some caregivers. And, the location may signal which specific audiences the events are intended to help.
- One study from California notes the value of cooperative work through local health departments and community-led activities in lower income communities when planning the location of check-up events.

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Another challenge is the lack of CPSTs in rural areas.

The *CPS State of Knowledge* highlights that North Carolina addressed this challenge by bringing CPST re-certification opportunities and training to rural areas. The State removed the challenge of travel and successfully expanded their CPST ranks to recertify technicians throughout the State.

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Another common challenge is a lack of trained CPSTs among people who are members of communities with historically lower rates of child restraint use.

The *CPS State of Knowledge* references the promising strategy of reaching lower-use populations by having the intervention be delivered by members of the intended communities. Design training and classes in a way that helps recruit trusted messengers from the community to become CPSTs. For example, Hispanic or Latino and Native American community health workers have been trained as CPSTs.

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We also know that CPST training is costly and requires significant time and therefore may limit participation.

Some communities provided enhanced training of trusted messengers within the social network so that CPS education could be provided within the community social network without relying solely on CPST training.

People who want to learn more about CPS but may not be able to complete a certification course can still complete Car Seat Basics, an online awareness training to provide basic CPS information to keep children

safe in and around vehicles. This can be found free of charge at www.carseateducation.org. (This resource is listed at the end of this webinar.)

Finally, it should be noted that despite training more than 200,000 CPS technicians over the past 25 years, few parents have received CPS information directly from CPSTs. The technician program has had limited reach, due in part to some of these challenges, as well as the need to support the millions of babies born every year.

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Here's the next insight. As social beings, we can't help but look to our peers. We are influenced by what we think others do, and by what we think they expect of us. This is known as social norms.

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Norms can be embedded in cultures as traditions or emerge quickly as trends. While often not explicitly acknowledged or even consciously recognized by the people involved, norms are one of the most powerful influences of human behavior. We know from the research that people look to their social network for information.

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It's important to be aware of the norms that are already present in the community. Seek out information about existing norms in the communities you are supporting.

For example, if most members of a community are not using booster seats, using messaging that suggests this is what most caregivers do may conflict with their lived experience.

Because people are influenced by what others do, you can bring attention to an emerging norm. If you are able to have success getting a certain segment of a community to use car seats or booster seats, THEN you can help promote that emerging norm.

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Social norms campaigns have had significant success in public health and other fields. Social scientists have found ways to nudge positive behavior by promoting what 'people like you' do.

Here is a key tip to consider whether a social norms approach could work for your community. Norm solutions not problems. Some campaigns tout the problem statistic thinking that emphasizing the scale of the problem will motivate people to change. Instead, public health research tells us that can lead to inaction.

Here's an example of how CPS information may promote a problem. Some messaging about misuse – like that nearly half of all car seats are misused – might convey that proper use is difficult, and that the problem, which is misuse, is normal. Caregivers might wonder if an unsafe behavior is so common, why should they change?

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Here's an alternative to addressing misuse. "Many first-time parents get help installing their car seat at XYZ Hospital. [Click here to find a time that's convenient for you.](#)" This is an example of norming the solution, not the misuse problem.

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Here's another tip if you're going to use social norms. Be sure to norm accurately. Norm campaigns can fail if they conflict with people's pre-existing beliefs. If people can easily see that most people in their community are not engaging in the behavior, avoid trying to convince people otherwise.

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Can you think of a time where you saw norms influence a caregiver behavior?

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If you are working at the community level, the *CPS State of Knowledge* summarizes the critical components of community-based campaigns.

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They include:

- Strong theoretical basis
- Research-based messaging (e.g., focus groups to guide campaign messaging)
- Focused public health messages
- Combining multiple strategies
- Coalition-building, and
- Evaluation of campaign effectiveness.

It may come as no surprise that multifaceted countermeasures are more effective than single-component efforts. For example, child restraint distribution, education, and enforcement are more useful when combined.

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Finally, stakeholders have many options to deliver effective CPS interventions. The *CPS State of Knowledge* highlights that multi-modal training may be more effective than passive education methods such as written materials such as brochures or flyers.

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Education alone was less effective than multifaceted interventions that include:

- Hands-on education,
- Education + enforcement,
- Education in persistent low compliance areas, and
- Low-cost car seats

Finally, it should be noted that state laws as part of a multifaceted approach, while not the focus of this webinar, have played an important role in CPS.

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As we conclude today's webinar, here are the top eight insights from the NHTSA *CPS State of Knowledge* that harness the power of behavioral safety principles.

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This webinar is an introductory resource for NHTSA's *CPS State of Knowledge*. 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.
- *Engaging Communities with Lower Child Restraint Use Webinar*. This is another webinar from the *CPS State of Knowledge* source material.
- *Considerations for Building a Community-Led Initiative*. This is a short PDF that includes tips for how to get started.

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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.