

Community Program Design Southeast Dallas Child Passenger Safety Intervention 2002-2005

The Injury Prevention Center of Greater Dallas (IPC) utilized the World Health Organization-developed Safe Communities model to implement a community-integrated program to: (a) increase awareness of child passenger safety and (b) increase the use of child safety seats and seat belts in an ethnically diverse population of Southeast Dallas. Evaluation results indicate that this community-integrated, culturally competent intervention was successful at increasing the prevalence of correctly used child safety seats and seat belts within the target geographic area.

The Safe Communities model for the prevention of injuries includes the following components:

1. Collection and analysis of data on the target population and injury problem.
2. Participation of community members in the review of data, program planning, and implementation.
3. Completion of a comprehensive evaluation based on the collection of baseline data and in conjunction with the greater community.

In order to accomplish the Southeast Dallas Child Passenger Safety intervention, the IPC provided professional community development staff and bilingual child passenger safety technicians to engage community members with the Safe Communities model.

Assessing the Community

A comprehensive, community assessment was utilized to identify information necessary to develop an effective intervention including: demographic data, community assets, awareness levels of child passenger safety, and feedback on intervention design from community members. Demographic and socioeconomic data from the U.S. Census Bureau was utilized to identify the target population. This data revealed that the target community had 176,656 residents. Of which, 19% were under the age of nine years old, 29% were African American, 32% were Caucasian, 36% were Latino, and 3% were classified as “other”.

A community asset assessment was utilized to identify established positive resources in the community. Community assets are a vital component of an effective public health intervention because these venues provide: a place to communicate messages, locations where group events can be held, and a way to promote community involvement. Utilizing a map of the neighborhood and websites of the City of Dallas, City of Mesquite, Dallas Independent School District, and Texas Department of Family and Protective Services the following community assets were identified: 44 day care centers, 9 grocery stores, 3 Head Start programs, 37 schools, 14 clinics, 95 churches, 3 libraries, 6 recreation centers, and 4 swimming pools.

Finally, nine focus groups were utilized to identify, child passenger safety awareness levels and recommended intervention components. Over 75 individuals participated in ethnically diverse, voluntary focus groups. The focus groups were intentionally created to have equal representation from African-American, Latino, and Caucasian participants. In order to ensure cultural competency, leaders of the focus groups included a bilingual, Latino professional and an African American facilitator. Focus group locations included various apartment complexes, a clinic, two schools, a Head Start agency, and a social service agency. No real differences were noted in the responses of various focus groups.

Listed below are focus group questions and a synopsis of the responses:

- 1) How many of you have been involved in a car crash?

One-third of the participants responded that they had been involved in a car crash.

- 2) Are you aware that there is a law requiring that you must wear a seat belt?

The majority of participants knew that the law requires individuals to wear a seat belt.

- 3) Are you aware that there is a law requiring the use of an appropriate child safety seat?

The majority of participants knew that the law requires the use of child safety seats.

- 4) Where do you go for family entertainment?

Entertainment venues included: multiple parks, recreation centers, a mall, and skating rink. Additionally, participants reported that they attended school and church functions with their children. Over 30% of participants reported that they drive out of the community for entertainment due to a lack of local options.

- 5) Where do you get information about local events in your community?
Sources for information included: libraries, schools, clinics, social service agencies, and a community newspaper.
- 6) What media are you exposed to?
Which radio stations do you listen to?
Participants reported 13 different radio stations.
Which television stations do you watch?
Participants reported 12 different television stations.
Which newspapers do you read?
Participants reported 8 different community newspapers. The Dallas Morning News, the largest community newspaper, was mentioned only once. The internet was not reported.
- 7) Who are leaders in the community?
Participants reported on the following community leaders: school principals, doctors, and police officers. A significant notation was made that no elected officials, community organizers, or church leaders were mentioned.
- 8) Why don't parents use child safety seats?
Responses were reported in three categories: (a) children do not like riding in a child safety seat and parents do not want to fight with children on this issue, (b) the seats are too difficult to use, and (c) it is not important to the family. After probing the group, the leader identified that the Latino participants were not aware of the necessity of child safety seats. Several participants reported that they had never had a conversation about child safety seats. The groups revealed a significantly low level of knowledge on the use and importance of child safety seats.
- 9) Why don't adults use seat belts?
Participants reported the lack of comfort and lack of knowledge that seat belts are important for safety. Again, participants revealed a significantly low level of knowledge or value of the importance of seat belts.
- 10) Are car crashes an issue in the community?
Participants engaged more greatly in response to this question. All participants expressed that traffic crashes were a significant concern for the community. The reasons for car crashes included: disregard for traffic signs and signals, numerous freeways

throughout the community, a large number of eighteen-wheel vehicles, risky teen drivers, distracted drivers, drunk drivers, and a lack of law enforcement. Multiple participants expressed concern that there was a lack of safety around schools and school zones.

11) What are other significant community issues?

Participants reported robberies, fatal and nonfatal gun shots injuries, drug dealing, gangs, sexual predators, stray dogs, and the lack of law enforcement. Each group discussed a lack of responsiveness on the part of the police.

12) Where do you go for medical care?

Participants reported that the Southeast Dallas Health Center was a good place to obtain medical care for children. An individual physician's clinic was listed as the best place to obtain medical care for the entire family. Multiple participants also listed emergency departments of the major hospitals.

13) When you need advice on your child, who do you ask?

Most participants reported school personnel or family and friends. Some participants reported doctors.

14) Where is your favorite place to shop?

Participants reported multiple local stores.

15) Would you make a ten dollar donation for a child safety seat?

The majority of participants reported that they would make a donation of ten dollars for a car seat and education.

16) What are the best hours to have child safety seat class?

Participants reported that the best time to have a class during the work week would be at 9:00 a.m., 11:00 a.m., 12:00 a.m., 2:00 p.m., 5:00 p.m., or 6:00 p.m. The best times to have classes during the weekend were reported to be early mornings and evenings.

Determining the Intervention

Funding for the intervention described in this appendix was categorized as a dissemination grant and provided by the Centers for Disease Control and Prevention (CDC). The intervention was designed based on a previous intervention in West Dallas that led to an increase in child safety seat and seat belt usage. This design included: child safety seat classes; child safety seat check-up events; the provision of blessed and non blessed child safety seats; and the development of community coalitions to increase the community awareness,

disseminate traffic safety messages, and discern the best methods for increasing class attendance.

Working with the Community

The Safe Communities model for prevention is based on the principle that there is strength in numbers and the diversity of stakeholders. Several months were spent meeting with community residents and stakeholders. These meetings were utilized to identify established organizations and consortiums that would have an interest in serving as collaborative partners. Listed below are the community coalitions and agencies, which were instrumental to the success of the Southeast Dallas child passenger safety intervention.

Southeast Dallas Health Clinic's Community Advisory Committee and safety sub-committee. This subcommittee became actively involved in the promotion of child passenger safety classes and child safety seat check up-up events. Committee members included: local business owners, a social service director, and faith leaders. These individuals worked within their respective organizations to support the intervention and raise awareness of traffic safety issues.

The **Southeast Dallas Health Clinic** played a vital role in the execution of the intervention. The clinic provided storage for child safety seats, space for classes, and a portion of the parking lot for child safety seat check-up events. Clinic staff participated in an in-service training about occupant protection and physicians were provided with prescription pads, in order to "prescribe" the use of child safety seats.

Another established program was **Camp Fire USA**, which was working in apartment complexes to engage youth in positive, community-building activities. Camp Fire USA collaborated with IPC staff by providing an "audience" for focus group testing and child safety seat classes. Additionally, youth volunteered to unload child safety seats, distribute flyers, and assemble and distribute "Buckle-Up Texas" yard signs.

The **Mesquite Social Services Community Board** introduced IPC staff to the **Mesquite Independent School District (MISD)** and **Mesquite Medical Center**. Faculty at MISD

and the medical center allowed IPC staff members to implement child passenger safety classes at local elementary schools and the clinic. The classes conducted at schools consistently reported strong attendance.

The **Salvation Army Community Center** distributed information on child passenger safety classes, literature on seat belt use, and “Buckle Up Texas” yard signs. Since the Salvation Army served a significant number of community members, staff was able to reach a large percentage of the community with messages of traffic safety and programmatic information.

The **Dallas Police Department** (DPD) collaborated on the first year of the program. As a result of changes in leadership, officers did not participate in the second and third year of the intervention. During the first year, child passenger safety classes were held at local police stations and officers provided crowd control and child care. In turn, IPC staff participated in DPD-sponsored community events. IPC staff attempted to increase involvement of DPD officers during the third year by delivering donuts and a small “thank you” flag to local stations. Though officers appreciated the gift, they could not be convinced to increase child passenger safety law enforcement.

The **Minister’s Alliance** in Southeast Dallas was approached for support of the intervention. As a result, a large Catholic church, St. Augustine, and a United Methodist Church invited IPC staff to conduct child passenger safety classes and check up events at each church. The minister of the United Methodist church obtained funding to continue providing child passenger safety classes and child safety seats after the intervention was completed. It was difficult for staff to make contact with clergy during the week, so contact was made during the weekends.

Multiple **day care centers** were utilized for information distribution and advertisement of child passenger safety classes. Attempts to conduct child passenger safety classes at day care centers were only moderately successful. Since the majority of children were in daycare centers while parents worked, parents did not have time available before or after work to attend classes.

Initially, IPC staff anticipated that clinics would serve as the primary site for classes and access to the community. However, focus group results indicated that parents trusted school faculty and would attend classes held at the schools. Thus, classes at local **elementary schools** had the highest attendance and overall participation. IPC staff identified a faculty member at each school to champion the project. Once this was accomplished, the champion ensured that information on classes was sent home in red envelopes (weekly communication between the school and parents). By the end of the three year intervention, 23 elementary schools and 3 **high schools** had hosted child passenger safety classes, and/or check-up events. The majority of schools hosted a minimum of two classes.

The **media** was utilized to convey the general message that using an age appropriate, child safety seats was important to protect youth from death and injury during a crash. Since utilizing the general media to advertise check-up events would have drawn individuals from different areas of Dallas, IPC staff only utilized the media to convey an overall message of child occupant safety. Media coverage occurred every month during implementation of the intervention and included both radio and television programs in English and Spanish. Spanish stations expressed greater interest in covering this topic

Child Passenger Safety Classes

At least two child passenger safety classes were conducted each week in English and Spanish by certified child passenger safety technicians. Classes included modules on: the Texas occupant protection law, how child safety seats protect children during a crash, types of seats and appropriate restraints for various ages and weights, and the protocol for correctly installing a child safety seat. Videos (available in English and Spanish) from the Texas Department of Transportation were utilized to reiterate traffic safety messages. At the conclusion of the class, participants could receive a child safety seat for a ten dollar donation, though IPC staff had the authority to waive this fee.

During the previous intervention in West Dallas, IPC staff had utilized culturally sensitive methods to reduce perceived barriers of using child safety seats. In West Dallas, the Catholic faith had a significant impact on resident's values and beliefs. Residents of this

community often invited Catholic priests to bless new homes, animals, etc. Focus group results in West Dallas confirmed that individuals would prefer to use a blessed seat, as compared to one that had not been blessed. These participants conveyed that utilizing a restraint was a signal to God that the individuals did not have faith. The blessing of seats was conducted and appeared to have an impact on the intervention.

Since the intervention in Southeast Dallas was conducted in a multi-ethnic, multi-faith community, seats were blessed by both a Catholic priest and Southern Baptist minister. This is an example of how the Safe Communities model can be utilized to adapt an intervention to the target community. At some classes, participants were offered a blessed seat or a seat that had not been blessed. Blessed seats were marked and maintained in separate storage space.

Staff anticipated that apartment complexes would be an easily accessible place for classes, however, attendance was low. Two local churches promoted classes well and, likewise, had good attendance. After experimenting with churches, schools, clinics, and apartment complexes, staff identified that elementary schools had the highest class attendance. Furthermore, elementary schools in which parents or faculty promoted classes were the most successful. The advertising component appeared to significantly impact participation levels.

In addition, child safety seat checks-ups were offered a minimum of once monthly. These events were staffed by bi-lingual, certified child passenger safety technicians, who had attended child passenger safety classes. These events were initially conducted at the health clinic and then moved to the parking lot of a local grocery store. The increased participation at the local grocery store indicated that the “drive-by” effect would garner stronger participation than setting of appointments.

Community Observations

IPC staff was more successful at engaging Latino participants than Caucasian or African-American participants in the child passenger safety program. IPC staff interviewed an

African-American pediatrician, social worker, apartment manager, and minister to obtain recommendations on how to improve African-American participation. Based on feedback from these individuals, an African-American mother from the community was hired to build relationships and increase attendance within this sub-population. This strategy was unsuccessful at increasing participation.

Ensuing interviews with African-American residents indicated that parents had greater concerns than the use of a child safety seat. Parents further reported that they did not consider attending a class and obtaining a seat as a priority. The professionals interviewed indicated that they experienced similar challenges engaging the African-American community in social and health programs.

Caucasian residents in the neighborhood were considerably older. This sub-population tended to travel outside of the neighborhood for work, worship, and shopping. Therefore, it was difficult to find a place within the neighborhood where this group congregated or frequented and could receive information on the intervention.

An element of this community that significantly altered the intervention plan was that the target area did not display community cohesion or any real sense of kinship. The community had small groups that appeared to be acquainted, but not one institution or program that gathered everyone together. It was observed that certain apartment complexes and housing developments supported residents who were well acquainted with one another and spent leisure time together. For individuals who had children in schools, the school served as a community center and offered venues for information distribution and entertainment. Without cohesion, it was difficult to convey a message that could be embraced and championed by the greater community. To adapt, the intervention placed added emphasis on local elementary schools.

Conclusions

The Southeast Dallas child passenger safety intervention highlighted the fact that each community has its own structure and dynamics. The Safe Communities model was effective because of its reliance on community involvement in intervention design and

implementation. Utilizing this model, interventions are “tailored” to the specific dynamics, needs, and assets of the target community. However, it is vital that program coordinators are responsive to information provided by community members and such information is incorporated into a modified intervention design.