

PROGRAM MODEL

AND KEY COMPONENTS

We based our booster seat education campaign on other public health community intervention models that have proven to be successful. Previous injury prevention campaigns have used a community-based approach, bringing together community organizations and stakeholders to develop the campaign and carry it out. Bicycle helmets,^{11, 12} life-jackets,¹³ and gun storage devices¹⁴ have all been successfully promoted through broad-based community organizing.

The community organization approach to health promotion is based on a great deal of research and theory. Two principles of community organizing are important: the “principle of participation”,¹⁵⁻¹⁸ and the “principle of ownership.” These principles state that behavior change is more likely if the people affected by a problem are responsible for planning and instituting steps to solve the problem, including establishing structures to ensure that the change is maintained.^{16, 19-21} So, for our campaign, we involved the community in promoting booster seats to help increase use and to continue booster seat usage over the long term.

For an organizing framework for our booster seat campaign, we used the PRECEDE-PROCEED planning model designed by Lawrence W. Green and Matthew Kreuter.¹⁸ There are multiple phases in this planning framework and this manual will describe how to implement these phases in your booster seat education campaign:

- 1) Social Diagnosis** – Identify booster seat problem and community resources that can address it. Promote community participation and collaboration.
- 2) Epidemiologic Diagnosis** – Review injury and death statistics for booster-size children.
- 3) Behavioral and Environmental Diagnosis** – Use focus groups and an initial observation survey of booster seat use and parent knowledge to understand environmental and behavioral factors that contribute to booster seat use and non-use.
- 4) Educational and Organizational Diagnosis** – Determine which factors will help parents increase booster seat use.
- 5) Administrative and Policy Diagnosis** – Understand current and needed booster seat laws and policies.

6) Program Implementation – Design intervention based on initial research and planning.

7) Process Evaluation – Evaluate program based on what you did in your campaign.

8) Impact Evaluation – Evaluate program based on changes in parental knowledge, attitudes, use and access to booster seats.

9) Outcome Evaluation – Evaluate program based on changes in booster seat use and child passenger injury and death rates.

The Washington State Booster Seat Coalition used social marketing to guide program development. Social marketing focuses on how to optimize benefits, reduce barriers, and provide persuasive arguments to help change health behavior. It was used to identify specific target audiences and to develop campaign messages.

KEY COMPONENTS OF A BOOSTER SEAT CAMPAIGN

Our campaign used a variety of methods to help increase booster seat use in Washington. The following components were modeled after other successful injury prevention programs and were vital to our campaign's success:

- Community coalition
- State booster seat law
- Discount coupon program
- Toll-free hotline for child passenger safety information
- Parent advisory group
- Supportive state Office of Highway Safety
- Established network of child passenger safety experts who teach parents how to use seats
- Media coverage
- Educational materials and outreach
- Training of key groups, in particular health care and child care providers.