

## BUILDING A BOOSTER SEAT CAMPAIGN

# A GUIDE FOR COMMUNITY ORGANIZERS, HEALTH EDUCATORS AND INJURY PREVENTION SPECIALISTS



The Washington State Booster Seat Coalition

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# CONTENTS

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<b>INTRODUCTION.....</b>	<b>4</b>
<b>WHY CHILDREN NEED BOOSTER SEATS.....</b>	<b>5</b>
<b>PROGRAM MODEL AND KEY COMPONENTS.....</b>	<b>7</b>
KEY COMPONENTS OF A BOOSTER SEAT CAMPAIGN	
<b>BUILDING A COMMUNITY COALITION.....</b>	<b>9</b>
WHY USE A COMMUNITY COALITION?.....	9
HOW TO RUN A SUCCESSFUL COALITION.....	10
POTENTIAL MEMBERS OF A COALITION.....	13
<b>IDENTIFYING PARENTAL BARRIERS TO BOOSTER SEAT USE.....</b>	<b>16</b>
BARRIERS FACED BY PARENTS.....	16
SETTING UP YOUR OWN FOCUS GROUPS.....	18
<b>CHOOSING A CAMPAIGN MESSAGE.....</b>	<b>23</b>
DETERMINING YOUR TARGET AUDIENCE.....	23
CREATING THE MESSAGE YOU NEED.....	24
CHECKLIST FOR DEVELOPING BOOSTER SEAT MESSAGES.....	29
<b>PROGRAM ACTIVITIES.....</b>	<b>30</b>
MASS MEDIA ACTIVITIES.....	32
GRASSROOTS EDUCATION ACTIVITIES.....	35
<b>INCREASING USE THROUGH A DISCOUNT COUPON PROGRAM.....</b>	<b>39</b>
WHY USE A COUPON PROGRAM?.....	39
SETTING UP A COUPON PROGRAM.....	40
<b>EVALUATING YOUR PROGRAM.....</b>	<b>43</b>
WHY EVALUATE YOUR CAMPAIGN?.....	43
OUTCOME EVALUATION - MEASURING CHANGE IN BOOSTER SEAT USE.....	44
PROCESS EVALUATION - MEASURING WHAT YOU DID.....	47
<b>FUNDING YOUR CAMPAIGN.....</b>	<b>48</b>
BUDGET ITEMS FOR A BOOSTER SEAT CAMPAIGN.....	48
FUNDING SOURCES.....	49

# INTRODUCTION

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In recent decades we have come to realize that injuries – the most common cause of death to children – are often preventable. The most effective prevention methods involve addressing a specific problem with a specific solution, and using modern techniques of health education to bring about behavior change through community campaigns and intervention programs.

In the state of Washington, a group of individuals and agencies developed and implemented the Washington State Booster Seat Coalition to decrease deaths and injuries to children riding in cars. We sought to accomplish this by promoting booster seat use among 4- to 8-year-old children, the group most likely to be improperly restrained.<sup>1,2</sup>

Using a wide variety of venues and educational media, we worked to educate the community about the need for booster seats and created programs to help families overcome financial barriers. In 1999 we formed a broad-based community coalition to advise and implement the campaign. This coalition built upon the successful car-seat training programs instituted by the Washington Traffic Safety Commission and the Washington Safety Restraint Coalition, and focused exclusively on booster seat use. The coalition's formation was followed by the passage of Washington's landmark Anton Skeen Act in 2000, the first state booster seat law in the nation. Following the law's implementation in 2002, the Washington State Booster Seat Coalition continued to work with the Washington Traffic Safety Commission on a booster seat campaign.

Our evaluation of the campaign through observations of booster seat use in King County, the most populous county in the state, demonstrated that we were able to increase booster seat use from 13 percent in 1999 to 57 percent in 2003.<sup>3</sup>

The purpose of this manual is to help others learn from our experience in improving motor vehicle safety for children, and adapt our model to the needs of their communities. Well-done interventions can make a difference. We hope that this manual will show you how.

# WHY CHILDREN NEED BOOSTER SEATS

Booster seats for children riding in motor vehicles have emerged as an important injury prevention strategy for U.S. children. Motor vehicle crashes are the leading cause of death for children and adolescents between the ages of 1-19 years. An estimated 3,612 child occupants died on our nation's roads in 2001.<sup>4</sup> Thousands more have been injured. Booster seat-age children, generally between the ages of 4-8 years, account for 7.3% of passenger deaths.<sup>4</sup> Many of these deaths and injuries could have been prevented if the children had been buckled up properly in a booster seat.

Booster seats are safety restraints designed for children who have outgrown their forward-facing car seats, but who are still not big enough to fit safely in an adult seat belt. The American Academy of Pediatrics<sup>5</sup> and the National Highway Traffic Safety Administration (NHTSA)<sup>6</sup> recommend booster seats for children over 40 pounds and under 4' 9" tall. Booster seat-size children generally are between 4 and 8 years of age, and between 40 and 80 pounds. Booster seats protect children by raising them so that the vehicle lap-and-shoulder belt fit correctly. Instead of the shoulder belt uncomfortably rubbing the child's face and neck or the lap belt riding dangerously up on the child's abdomen, a booster seat positions the shoulder belt diagonally across the child's *trunk* and keeps the lap belt low across the hips (Figure 2).

Figure 1: Two types of booster seats

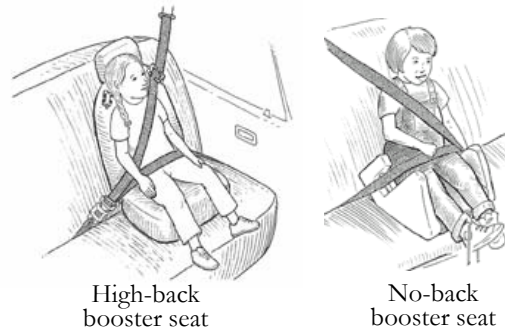
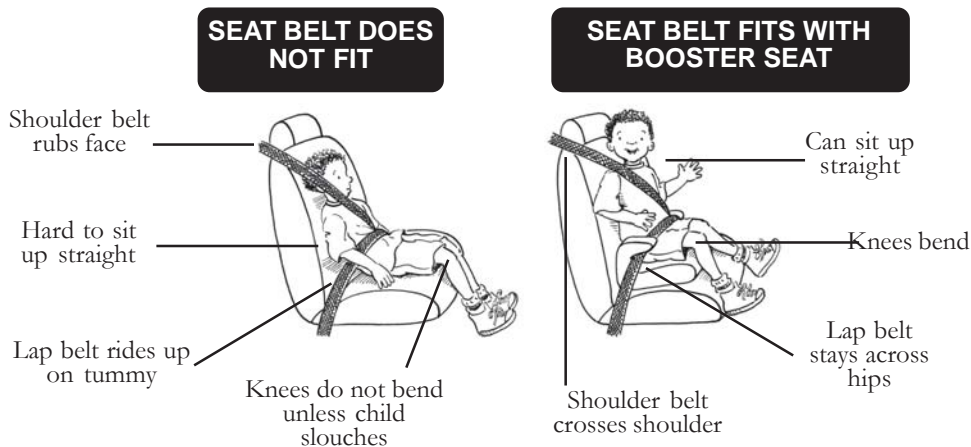


Figure 2: How booster seats help seat belts fit right



Without a booster seat, an older child runs the risk of serious injury, and even death, in a car crash.<sup>7</sup> Children using seat belts that do not fit properly can suffer serious head, neck, and spinal injuries that can leave crash survivors with serious disability including brain injury and paralysis. They can also suffer injuries to the abdominal area known as “seatbelt syndrome,” in which internal organs are compressed and severely injured.<sup>8</sup>

Booster seats have been proven to prevent these injuries and save lives. Children riding in booster seats are 59 percent less likely to suffer serious injury than those using only seat belts.<sup>7</sup> Children riding in booster seats also have less risk of a head injury compared to seatbelt-only riders, a crucial difference for a child’s ability to lead a healthy life.<sup>9</sup>

“Safety belts are not designed to fit smaller children,” said NHTSA Administrator Jeffrey W. Runge, M.D. “Booster seats remedy that problem by positioning the belt where it is most effective.”

**-Dr. Jeff Runge**

Despite the benefits that booster seats offer, most parents still do not buckle their children in these seats. While national use rates of car seats among children weighing under 40 pounds is between 85-95 percent, booster seat use hovers around 19 percent nationwide.<sup>10</sup> For this reason, the National Highway Traffic Safety Administration (NHTSA) has designated booster seats one of the nation’s top traffic safety priorities.

States around the nation have recognized the importance of booster seats and are passing laws requiring booster seat use. Washington passed the first law in the nation in 2000. By the end of 2003, 23 states had booster seat legislation and more are considering legislation. Booster seats have become the new legal standard for safely transporting children.

Booster seats are still a new concept for many, and so parents, healthcare professionals, child-care providers, and other caregivers need further information and education about booster seats. Parents and professionals must know who should ride in booster seats, where to buy them, and how to install them safely.

# 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,<sup>11, 12</sup> life-jackets,<sup>13</sup> and gun storage devices<sup>14</sup> 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”,<sup>15-18</sup> 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.<sup>16, 19-21</sup> 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.<sup>18</sup> 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.



# **BUILDING A COMMUNITY COALITION FOR YOUR CAMPAIGN**

Our community coalition has been the heart of Washington’s booster seat campaign. Formed in 1999, the Washington State Booster Seat Coalition organized key interests and efforts. Coalition members made decisions about the campaign based on input from those who work everyday with families, who are traffic safety experts, and who are parents themselves. It was a key ingredient of our booster seat program’s success.

## **WHY USE A COMMUNITY COALITION?**

A booster seat coalition will help you develop a program in the community working with local partners. This structure creates joint ownership of the campaign and helps encourage participation, momentum, and sustainability. Each of the coalition members contributes to campaign planning and development. This involvement helps encourage continued participation and commitment to booster seat activities, and establishes a network that can continue in the long-term. The end result is a campaign more likely to achieve your ultimate goal: increasing booster seat use!

One of the most practical reasons for setting up a local booster seat coalition is cost. A booster seat education campaign can be expensive. A coalition is a cost-effective way to reach the public. By tapping into the existing communication networks of your coalition members, you can extend the reach of your message by supporting a project coordinator who works with members, facilitates information sharing, and organizes meetings.

A booster seat coalition can also help pool resources, turning a small project budget into a significantly larger one. Each coalition member can contribute to a piece of the project instead of having one organization bear the cost burden. For a Washington State Booster Seat Coalition seat check event, for example, one partner arranged the location, another provided advertising funds, and another provided the seats and volunteer experts to implement the program. Given that some funding sources provide only small mini-grants, a coalition can help you stretch your dollars.

A booster seat coalition can also deliver messages more effectively. Existing community organizations will have established contacts and systems for reaching your audience. These organizations may already have credibility in the community which may make families more receptive to your message. The organizations you bring together are likely to have years of experience working with families, educating about traffic safety, or advising parents about children’s health.

Coalitions can be successful at reducing injury risk in your community. Research has shown that broad-based community coalitions have successfully increased children’s bicycle helmet use, increased life jacket use, and increased the use of

safe storage boxes for guns. Our booster seat observations showed that our campaign, which included a broad-based coalition, significantly increased the use of booster seats.<sup>1</sup>

Finally, a booster seat coalition elevates the issue for the community and demonstrates its importance. By forming a separate entity focused on booster seats, you communicate that booster seats deserve attention.

### HOW TO RUN A SUCCESSFUL COALITION

Creating a community coalition takes considerable effort, as does maintaining enthusiasm over the course of the campaign. Here is a checklist to follow when forming a coalition:

- ❑ ***Make a list of community resources that are already working on child passenger safety issues.*** This list may include the State Office of Highway Safety, police, fire, and EMS agencies, hospitals and public health departments, insurance companies, and non-profit organizations like SAFE KIDS, and traffic safety advocacy organizations like AAA.

Find out how these organizations educate the public about child passenger safety and what existing program activities may be incorporated into a booster seat campaign. For example, the Washington campaign used the local expertise of its Child Passenger Safety Teams – county-based police officers, firefighters, and other volunteer safety advocates who were trained by the Governor’s Office of Highway Safety to help teach families about car safety for children and provide seats to those in need.

- ❑ ***Make a list of other organizations that are key stakeholders in the community who may be interested in this work or who may be important to have as a part of the Coalition.*** These organizations may include media, private businesses who serve families, child care providers, or political leaders. Your list should be comprehensive and broad. Members will vary in how actively involved they are.
- ❑ ***To help recruit coalition members, find out how a lack of booster seats has impacted your community.*** Ask your Office of Highway Safety for data on motor vehicle crashes involving children and on safety restraint use. How many of the children involved would have been saved or injured less severely if they had been riding in booster

seats? How many children currently use booster seats? Compare these statistics to national data from the National Highway Traffic Safety Administration.

If possible, collect data on use of seat belts, car seat, and booster seats in the community. This data will help to solicit funding, recruit coalition members, and measure program effectiveness. (See the Program Evaluation section on page XX for information on how to collect this data.)

Also, find out if there are groups at highest risk of injury, who could be the focus of a “targeted” injury prevention campaign. In Washington, as booster seat use increased, we moved to identify high-risk groups, such as Latino families, in order to target our prevention efforts with specific strategies to meet their needs.

- ***Look at existing laws and policies regarding booster seat use and determine if they need to be updated.*** All states in the U.S. have a child passenger restraint law, but each one has different requirements. Find out: What is the law in your state? Up to what age are children required to ride in car seats or booster seats? What is the penalty if you violate the law?

On the local level, find out what policies exist in your county or city. While it is less common for counties and cities to have child passenger safety laws, it is possible for local governments to do so. If you are unable to pass a law through your state legislature that meets your community needs, you may find success on a local level. The Washington State Booster Seat Coalition did not pursue local governments during its campaign because of the state law, but local governments have passed laws or implemented policies to protect children from injuries (e.g., local bicycle helmet ordinances, tribal passenger safety laws).

The policies of local health departments and area hospitals may vary. Find out which organizations currently provide seats to families or help parents install seats in their cars. Are there organizations interested in developing such a program? During our campaign in Washington, some organizations were unable to check or give away seats due to concerns about liability or a lack of resources. While

**For information on state child passenger safety laws, go to:**

[www.saferoads.org](http://www.saferoads.org)  
[www.statehighwaysafety.org](http://www.statehighwaysafety.org)  
[www.safekids.org](http://www.safekids.org)  
[www.iihs.org](http://www.iihs.org)  
[www.nhtsa.gov](http://www.nhtsa.gov)

seat distribution by the King County Health Department and EMS office was limited by liability concerns, many area hospitals had car seat and booster seat education and fitting programs in place.

- ❑ **Talk with community resources about their experiences with parents, children, and cars.** Are children buckled up in booster seats? What do parents know about them? How do parents and children feel about using booster seats? What are the biggest barriers that the parents face in using these seats? What is needed to make change in the community?

These initial conversations can help you understand community needs and the environment in which the campaign will operate. These conversations also help build bridges for the future.

- ❑ **Form a steering committee.** Bring together 6-8 representatives of key stakeholder organizations who can help guide decision-making and provide expert advice.
- ❑ **Set a time/date for the first coalition meeting and send out invitations and meeting agendas.** Have food available. We found attendance improved at meetings when food was available. Follow up invitations with phone calls and an email reminder.
- ❑ **At the first meeting, present the problem and discuss possible approaches to increase booster seat use.** Develop a task list and timeline.
- ❑ **Identify the role that each member will play in the campaign.** Ask each member to do tasks appropriate for their job titles and skills – people are more willing to help when it can be integrated into their daily duties, or when it furthers the mission of their organization.
- ❑ **Set a time/date for the next meeting. Follow up with thanks and meeting minutes with future tasks noted.**

- ❑ **Follow up with coalition members about their new tasks, and provide information and encouragement.** Connect them to other resources in the network if needed. Thank them again for their help and share their accomplishments with the group.

**Tips for keeping your coalition running in the later stages of the campaign:**

- As new projects or new news develops from the campaign, update coalition members.
- Continue to solicit member input on projects. Invite them to sit on sub-committees or ask for their feedback on a campaign message or educational material.
- Ask different coalition members to present at upcoming meetings.
- Invite outside speakers if possible, to help further knowledge as well as partnerships.
- **THANK EVERYONE AND RECOGNIZE THEM FOR THEIR WORK!!!**

**POTENTIAL MEMBERS OF A COALITION**

**Traffic safety organizations**

- Police departments
- Governor’s Office of Highway Safety
- Non-profit traffic safety advocates

**Healthcare providers**

- Pediatricians and family medicine doctors
- Pediatric and trauma nurses
- Hospitals and community clinics
- Health educators
- Community relations staff
- Emergency medical services

**Public health agency staff**

- Injury prevention educators
- Public health nurses
- Child-care program staff

**Childcare providers and organizations that provide resources to childcares**

- Licensed child-care centers
- Home day cares
- Child care licensing
- Oversight and training organizations
- Family educators at community colleges

**Schools**

- Pre-school and elementary school programs
- Headstart programs and afterschool programs
- PTAs
- School district nurses

**Non-profit organizations focused on children's health or family safety**

- SAFE KIDS Coalition
- Injury Free Coalition for Kids
- Healthy Mothers, Healthy Babies

**Private businesses with an interest in children or families—**

- Auto insurance companies
- Children's product manufacturers or retailers
- Car dealerships

**Media****Parenting groups**

**PARTIAL MEMBER LIST OF THE WASHINGTON STATE BOOSTER SEAT COALITION**

American Response Ambulance  
Bellevue Community College  
Bellevue School District  
Car Safe Kids  
Childcare Resources and Referral  
Children’s Hospital and Regional Medical Center  
Evenflo Corporation  
Grays Harbor County Traffic Safety and Injury Prevention  
Harborview Hospital Family Patient Resource Center  
Harborview Injury Prevention and Research Center  
Highline Community Hospital  
Kent Police Department  
KOMO-TV (ABC)  
Mary Bridge Hospital Center for Childhood Safety  
Mercer Island Fire, Police & Public Safety  
National Highway Traffic Safety Administration – Region X  
Overlake Hospital  
Public Health – Seattle-King County  
Safe Ride News  
SAFE KIDS Coalitions throughout Washington  
Safety Restraint Coalition  
Shoreline Children’s Center  
Shoreline Community College  
Snohomish County Sheriff’s Office  
Snohomish County Health District  
State Farm Insurance  
Washington State Department of Health  
Washington State Patrol  
Washington Traffic Safety Commission

# IDENTIFYING PARENTAL BARRIERS TO BOOSTER SEAT USE

Since booster seats are a new technology for many parents, parents may initially be unaware of the importance of booster seats or resistant to using them. You should expect some parents to question why booster seats are needed and to be concerned that their children may not want to use them. Some parents may also question whether they are as safe as car sets for younger children, and others may just place children in seat belts without a booster. In order to design an effective education program, it is important to understand what the barriers are to using booster seats and what would motivate parents to use them.

## **BARRIERS FACED BY PARENTS**

One effective way to find out how parents feel about booster seats is to hold focus groups or market research discussion groups with small groups of parents in your community. These discussions provide parents with a forum to share their opinions and knowledge about child passenger safety and booster seats. The information learned from parents will build on what you learned from your conversations with community organizations (described above).

For our campaign, we conducted a number of focus groups with parents in Spring 2000 before we started planning our educational efforts.<sup>22</sup> Three focus groups were conducted in King County with parents of children under 10-years-old. In addition, two focus groups were conducted in other areas of the state with parents of children who were not using booster seats. Professional survey research firms conducted these groups.

From the focus groups in Washington State, we learned that parents face the following barriers to using booster seats:

### **Lack of knowledge**

- Parents did not have a clear idea of what a booster seat is, or what one even looks like.
- Parents were confused about when children should ride in the different safety devices. They incorrectly identified the correct age at which it is safe for a child to use an adult lap and shoulder belt. Some thought that adult seat belt use is based on a combination of child behavior and size. Many parents thought their children were “too big” or “too old” to ride in a safety seat, even though their children were the right size for a booster seat.
- Some parents believed a seat belt was adequate and booster seats were non-essential. They viewed the booster seat as a device that just helps children see out the window better. They did not see the booster seat as an essential safety device.



- Parents were concerned that booster seats might increase a child's risk of injury because she could slip out, because her face would be closer to a window that may shatter in a crash, and because the seat is not firmly attached to the car like a forward-facing car seat is.

**Cost**

Parents felt that booster seats are expensive. In 2000, parents in our focus groups reported finding only high-back booster seats that cost \$80-100 (even though less expensive low back and high-back seats were in stores at this time.). Parents wanted to pay only \$20-25 for a booster seat.

**Child Resistance**

Parents felt their children would resist booster seat use because they were "too old" to be sitting in a safety seat. This resistance is made worse by peer pressure. When older siblings and friends did not use booster seats, their children did not want to use them.

**Difficulty Fitting Seats in Vehicle**

Parents expressed concern that it is difficult to fit the seats in the vehicle, particularly if there are three passengers and car seats in the back seat. They also were concerned about having to transfer seats between vehicles.

**Lack of Shoulder Belts in Vehicle**

Some parents could not use booster seats because their cars were made before 1990 and only had lap belts in the back seat. Since booster seats require a lap and a shoulder belt, these parents did not know how to buckle their children safely in the car.

We worked to overcome the first three barriers through a comprehensive booster seat campaign.

Many of these parental barriers may be shared by parents in your community. Other barriers may be unique to your community, such as having few retail stores carrying booster seats, or specific cultural or language barriers.<sup>23, 24</sup>

## SETTING UP FOCUS GROUPS

If you plan to conduct focus groups in your own community, you have two options, depending upon your budget and staff resources:

- a) Hire a professional market research firm; or**
- b) Organize and conduct the focus groups on your own**

Below is a table outlining the pros and cons of each option followed by some tips to keep in mind for each one.

### USING A PROFESSIONAL FIRM

PROS	CONS
Handles all logistics, including participant recruitment and screening (can be time-consuming)	Less personal contact by your staff with the community you serve
Uses professional facilitators who are experienced in eliciting information from participants	Less likely for the facilitator to represent the target community.
Provides meeting space and technical equipment	Expensive. Focus groups can cost over \$3000 per session.

#### Tips for using a professional firm:

- When choosing a firm, interview them about how they conduct their focus groups, how they have worked with clients in the past, and who their previous clients have been. Ask to speak with their former clients.
- Be clear about your goals for the focus groups and what information you hope to learn from the participants. The firm will design the session and choose the participants based on what you tell them.
- Provide the firm with the characteristics of the audience that you are trying to educate. Some questions you may ask yourself before meeting with the market research firm team: Are you educating parents or professionals who work with children? Are they occasional users of booster seats or have they never heard of them? What is the age range of the children that your message will affect? Is your audience in a specific cultural group or socioeconomic group?

- Suggest locations for the focus groups if you have a preference. It is easier to recruit participants if the meeting location is close to their home or work.
- Meet the focus group facilitator that the firm provides to find out if she or he will be a good “fit” for your group. You will want someone who will put your audience at ease and who will be able to draw information and opinions from the participants. If you have your own facilitator whom you would like to use, most firms are willing to work with this person.
- Discuss what incentives can be offered to participants to thank them for their time and efforts. Incentives help recruit participants and make sure that they show up for the session. Consider providing a low-cost or free booster seat to participants.
- If you have a limited budget, some market research firms are flexible and will share the responsibilities. For example, you could draft the script, recruit participants, and find a location. The firm could help revise the script, provide a facilitator, and write the final report that shares results.

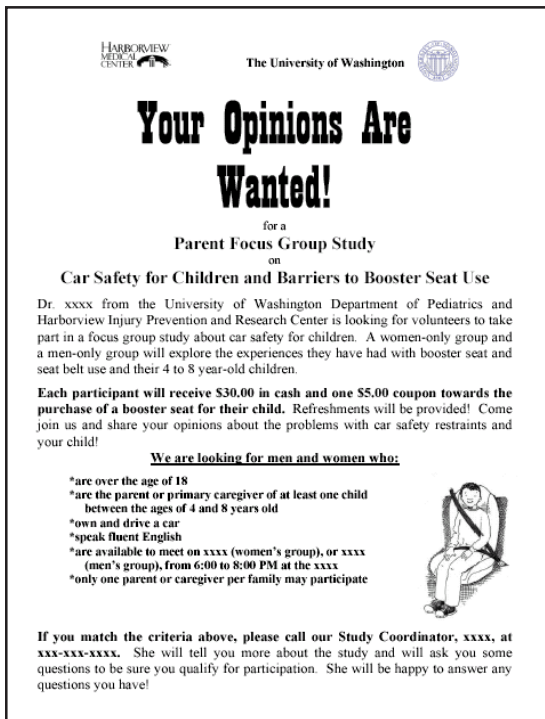
**PLANNING YOUR OWN FOCUS GROUPS**

PROS	CONS
Less expensive. Focus groups can be held for \$500-\$800.	Need to arrange for technical equipment and transcription of recording after session has ended.
Opportunity for more personal contact by your staff with the community you serve. This contact may help you on your campaign in the future. For example, parents who participate may be interested in sharing booster seat information in their own community and may refer families to you for more information.	Need to handle all logistics, including participant recruitment and screening. Recruitment and screening can be very time-consuming.
Can provide own facilitator who is similar to your audience members and from the community.	Facilitator may not be as skilled at drawing information from participants. If the facilitator is recognized by the community, members may feel reluctant to share personal information.

**Checklist for conducting focus groups on your own:**

- Determine what the goals are for the focus group.** Are you trying to find out why parents do not use booster seats on everyday trips? Are you trying to find out the barriers that child-care providers have in educating their clients (parents) about booster seats?
- Identify your initial target audience.** It is important to determine whose behavior you want to change. However, realize that this may change somewhat during the course of the focus groups – you may learn that there is an additional group whose behavior change is necessary to accomplish the campaign goals.
- Recruit a facilitator.** The best facilitator is someone who the participants feel comfortable sharing their thoughts with. Facilitators must be very careful not to impose their views and values on the group. They should be aware of giving all participants a chance to share their opinions in a friendly and supportive atmosphere.
- Recruit translators or assistants if needed.**
- Find a location and time that is convenient for this community.** Evening meetings or weekend meetings are often convenient for parents who work.
- Determine what incentives you have to encourage participation.** Are you able to pay the participants? Can you provide food or child-care? Can you reimburse for mileage or pay for parking? Recruitment is usually easier if you can pay people for their time. We paid people \$25-30 per 2-hour session, provided food, and gave each participant a discount coupon for a booster seat.
- Write a script for your focus group session based on your campaign goals.** Use open-ended questions, instead of questions that require only a “Yes” or “No” answer. Open-ended questions encourage participants to describe their feelings and opinions. In the Washington campaign, we had three goals for our focus groups: 1) explore barriers to booster seat use; 2) discuss what would change their behavior; and 3) test appeal of campaign messages and communication channels.

- ❑ **Recruit participants.** Post advertising flyers where potential participants will see them regularly, such as stores, community centers, clinics, churches, and parks. You can also recruit directly at these venues and/or ask contacts at these venues to encourage participation. You will want about 8-10 participants per group. Recruit several extra participants as typically some people do not show up.



**DO INCLUDE ON A RECRUITMENT FLYER:**

- Characteristics of participant (i.e. car owner)
- Incentives
- Who to contact for more information
- Confidentiality of information
- Who is conducting the research

**TO ALLOW YOU TO SCREEN RECRUITS AND TO REDUCE BIAS IN YOUR RESULTS, DO NOT INCLUDE:**

- Location and time of meeting
- What the results will be used for

- ❑ **Screen recruits over the phone.** Use your audience characteristics to screen callers who respond to your advertisements. For example, if you are trying to find out more information about parents who never use booster seats, ask callers “Do you own a booster seat?”

- ❑ **Gather materials that you will show or use at the session.** If you show sample educational materials or sample messages, make sure your materials are big enough to be seen by all at the meeting, or that you provide individual copies.
- ❑ **Determine how you will record the answers.** Tape record or videotape the sessions so you can have a record of participant answers and reactions. Videotaping can be costly, but it allows you to see facial expressions. In addition, you should have one or two people designated as “scribes” for the session in case the sound quality of the recording turns out poor.
- ❑ **Place reminder calls to participants a day or two before the meeting.**
- ❑ **During the recruitment, screening, and actual session, make parents feel comfortable and valued.** Their “expertise” as parents is what you need!
- ❑ **Expect the unexpected at the focus group!** Participants may bring along unexpected friends, equipment may not work correctly or people may interpret questions in a way that you did not expect. You may want to conduct a small pilot group first to test the script, facility, and equipment.

# CHOOSING A CAMPAIGN MESSAGE

Campaign messages will play an important part in your efforts to educate the public about booster seats. These messages communicate the behavior you are encouraging (such as buckling up 4-8 year-olds in booster seats), as well as explaining why the behavior is important (e.g., booster seats are safer than adult seat belts alone). Depending on your specific communication, the campaign messages may also include additional information that supports your main message (e.g., booster seats are only a \$20-25 investment). There are many messages that you can communicate, and you may choose different ones for specific audiences or at various stages of your campaign.

Key campaign messages should be driven by your focus group results. Use your initial information about parent attitudes and barriers to determine which messages will influence them to buckle their child in a booster seat. Then, test these messages through focus groups or surveys to determine which ones are most important and most effective for meeting your campaign goals.

## **DETERMINING YOUR TARGET AUDIENCE**

Your target audience will depend upon your campaign objectives and strategy. The campaign objective may be to increase booster seat use among parents of a certain ethnic or socioeconomic background. Alternatively, empowering community organizations and healthcare providers to educate the families they serve may be your objective.

Your target audience will depend upon your campaign objectives and strategy. The campaign objective may be to increase booster seat use among parents of a certain ethnic or socioeconomic background.

Most likely the campaign will target those who provide daily care to children and who make decisions about how they ride in the car. In this case you will be educating parents and other family caregivers or guardians.

You may also decide to reach families through healthcare or child-care providers – those who influence parents. Doctors, nurses, and emergency medical staff are good spokespeople for booster seats according to our focus group research. At a child’s annual checkup as well as during periodic visits throughout the year, healthcare providers can advise parents on how to keep kids safe in the car with booster seats.

Child-care directors and teachers are also powerful messengers because they have daily contact with families and watch children grow through the different stages of child passenger safety. Child-care providers often have the responsibility of transporting children themselves, so providing them with information about booster seats will help protect children when they are not in the care of their parents.

- POTENTIAL TARGET AUDIENCES FOR A BOOSTER SEAT CAMPAIGN:**
- Parents and guardians
  - Childcare Directors and Staff
  - Public Health and Healthcare Providers
  - Elementary School Teachers and School Officials
  - Parenting organizations

**CREATING THE MESSAGE YOU NEED**

Use information from focus group, observations, or survey research, national child and traffic safety organizations, and conversations with community and campaign coalition members to create your messages.

**Choosing the Behavior to Highlight in Your Message**

Information about how people are buckling up children ages four and older will help you determine what behavior to target. For example, families who are moving their children directly from car seats to adult seat belts will need to learn that booster seats are the proper stage after car seats. On the other hand, families who already use booster seats, but use them only on long trips or while highway driving, should learn that booster seats are needed on every ride, even for short distances.

In the Washington campaign, our initial messages focused on using booster seats before seat belts:

**Is Your Child Ready for a Seat Belt? Think Again!**



**Let Them Go Through Stages, Not Glass**





As booster seat use increased, we used other messages to address information gaps and to motivate parents to protect their children in the car with booster seats. We created messages for families who would be motivated by the law, or only used booster seats on long trips, and messages for those who did not use booster seats at all.



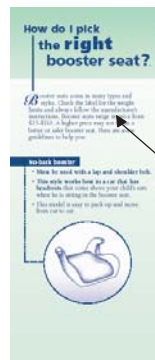
**Buckle Up! It's the Law**

**Use Booster Seats Every Ride, Every Time**

### Choosing a Message to Help Address Barriers to Booster Seat Use

Information about barriers and motivators to booster seat use will help you determine messages that address barriers that your campaign needs to overcome. For example, our focus group research showed that the majority of parents believed that 4-8 year-old children were safe to ride in adult seat belts and were too old or too big to ride in a safety seat. So, for the Washington campaign, we knew that we needed a message that addressed this belief. We chose “Is Your Child Ready for a Seat Belt? Think Again!” to let parents know that children do not always fit right in an adult seat belt.

Similarly, we learned that parents believe that booster seats are very expensive, costing \$80-100. So, we included information about inexpensive booster seats in our campaign messages as well as a message about a discount coupon program that we had set up.



Booster seats range in price from \$15-\$110. A higher price may not mean a better or safer booster seat.

### Choosing the Size Range that Your Message Recommends

Information from national child passenger safety organizations and from your state booster seat law will help you determine the age or size range that your message recommends. Both the American Academy of Pediatrics (AAP) and the National Highway Traffic Safety Administration (NHTSA) provide recommended standards. Currently, booster seats are recommended for children over 40 pounds and under 4'9" tall. We found that most parents did not readily know their child's height, so we focused on weight and age criteria in our recommendation.

In Washington, we began our campaign recommending booster seats for children between 4-8 years old or 40-80 pounds – the AAP and NHTSA standard in 2000. At the time, this standard differed from our new state law that required booster seats for 4-6 year-old or 40-60 pound children beginning July 1, 2002. The Booster Seat Coalition chose to promote the higher standard because we believed it was a safer public health recommendation.

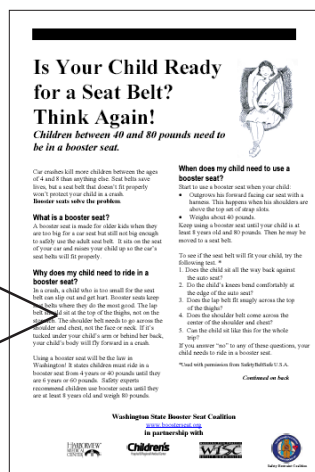
During the summer of 2002, when Washington's Anton Skeen Act officially took effect, we emphasized a message to reflect the law:

#### Booster Seats Required by Law. Kids 4-6 Years or 40-60 Pounds.



During this time we nstill kept our public health recommendation in the message, but it became a submessage:

Doctors and safety experts recommend that children use booster seats until the seat belt fits, typically when they are around 8 years old, about 80 pounds, and at least 4'9" tall.



In 2002 we also added the upper limit height standard of 4'9" to our message because AAP and NHTSA updated their recommendations during that year. However, for shorter communications such as radio ads when we needed to keep our message simple, we did not include height in our message recommendation. Our focus group and observational data showed that parents did not readily know their child's height, so the 4'9" tall standard was not as useful.<sup>2</sup> Research showed that parents do indeed know their child's weight,<sup>2</sup> so campaign communications focused on age or weight.

**Choosing Your Message Appeal**

Information about your audience's motivation for using booster seats can help you determine the type of message appeal that you use. From your research and interviews with community members, you will know if parents and caregivers think booster seats are important, how likely they are to use them, and what would encourage them. You will also learn if your audience is motivated to act out of fear of a ticket or fine, loss of life, or out of a desire to do the best for their children. Share your message with others who have led safety campaigns in the community to get their feedback.

In Washington's campaign, our initial messages were designed to attract parents' attention since many did not know about booster seats or did not believe that they were important to use. Some of our messages utilized a "fear appeal" in an effort to show parents the consequences of not using a booster seat.

**It's Easier to Put Your Child in This [booster seat].... Than This [ambulance]**



**And You Think This Seat is a Hassle?**



**Is Your Child Ready for a Seat Belt? Think Again!**

Seat belts save lives, but they are made for adults. Booster seats solve the problem. They make the lap and shoulder belt fit correctly. As of July 1, a **new law** requires that children from 4 to 6 years old or 40 to 60 pounds ride in car booster seats. Doctors and safety experts recommend booster seats until the seat belt fits. This typically occurs when children are about 4 feet 9 inches tall. Keep your child safe and secure while riding in the car.

**FREE** For a \$10 booster seat discount coupon and information packet call Children's Resource Line (206) 326-2500 or 1 (877) 526-2500 (toll free), and select option 4 or visit [www.boosterseat.org](http://www.boosterseat.org).

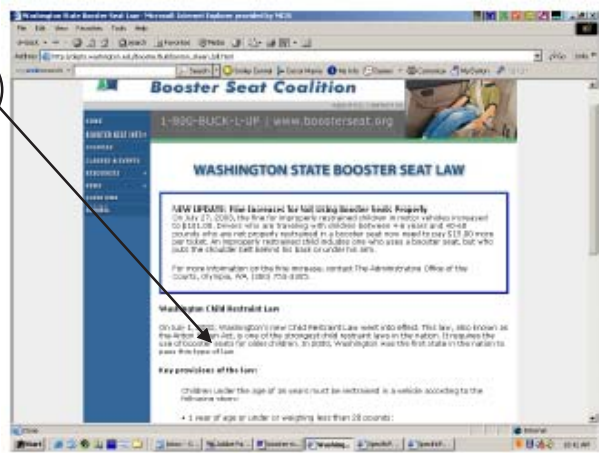
**Children's**  
Hospital & Regional Medical Center  
Seattle, Washington



**Is Your Child Ready for a Seat Belt? Think Again!**

**Booster Seat Web Site**

Booster Seats Required By Law. Tickets Cost \$101.



One of our messages attracted attention by countering parental beliefs about when children can fit safely in adult seat belts:

When the landmark Washington booster seat law<sup>25</sup> took effect in July 2002, our message appeals used the law to motivate caregivers.

**Buckle up. It's the law.**

Rear-facing seat	Forward-facing seat	Booster seat
Birth-1 year	1-4 years	4-8 years
and a least 20 pounds	20-40 pounds	40-80 pounds up to 4'9" tall

A message from the Washington State Booster Seat Coalition 1-800-BUCKLUP [www.boosterseat.org](http://www.boosterseat.org)

**Buckle Up. It's the Law.**

Both messages that used the threat of law enforcement to prompt caregivers to start using booster seats informed parents of the financial consequences of non-use, and targeted more resistant parents and those who used booster seats inconsistently.

**TIPS FOR CREATING MESSAGES WITH IMPACT**

- Keep the message simple.
- Communicate with pictures.
- Use clear, direct language.
- Use images, colors, and headlines to grab the audience's attention.
- Make the message relevant to your audience.
- Write your message in the form of a question to make your audience stop and think.
- Make sure the message reflects what will motivate your audience to start using booster seats.
- Provide a phone number and web site where parents can get further information. This will help you track the impact of your advertisement.
- Test messages and graphics and get feedback from members of your audience before finalizing materials.

MESSAGE

## CHECKLIST FOR DEVELOPING BOOSTER SEAT MESSAGES

- Analyze local and national booster seat use data to determine what booster seat behavior to target.
- Determine your audience (e.g., parents, healthcare providers, or both). Try to narrow your audience such as parents who live in a certain area or who have children of a specific age. These specifications will make your message more effective.
- Once you choose your audience, use information from focus group research to determine the audience's motivation for using booster seats or educating others about booster seats.
- Use your initial research to determine what type of message will appeal to the audience (e.g., emotional appeal that focuses on parental desire to protect child)
- Decide the age or size range that the message recommends.
- Develop potential messages based on your knowledge of audience motivation, appeal, and preferred messengers.
- Test these messages with audience members and gather feedback on what grabs their attention, what is understandable, and what is motivating about the messages. Also, find out what can be improved.
- Modify the message concepts based on audience feedback.
- Before you finalize the messages, test them again with audience members and also show them to a child passenger safety expert to determine technical accuracy.
- As the campaign strategy changes or as new data becomes available, change the messages accordingly.

# PROGRAM ACTIVITIES

After selecting your target audience and message, you need to determine how to deliver your message. This decision depends on communication channels identified during your assessment phase (e.g., focus groups, surveys). It also depends upon your campaign objectives, strategy and budget. Is your objective to increase booster seat use in one city, in a neighborhood in a city, or throughout a state or region? Is your strategy focused on changing how parents buckle up their kids, or are you trying to change what doctors and nurses tell their patients about child passenger safety? What resources are available? Each of these choices affects how you disseminate your campaign messages.

Your decisions will also depend upon the information you learn from focus group research and discussions with community stakeholders and target audience members. These investigations will tell you where the audience gets child safety information and who they prefer to hear this information from. Do they learn from the news, from television advertisements, or from discussions with other parents? Are doctors, police officers, or teachers the best messengers about booster seat use? Your research can also tell you where the audience frequently travels to by car and what media your audience frequently sees. Do they listen to Latino radio stations or read a local parenting newsletter? All of this information will help you determine where to educate the public about booster seat use.

Finally, your decisions will depend upon your funding availability. If you have more resources, you will be able to utilize a mass media campaign strategy, including costly radio and television ads. If you have fewer resources, you will need to rely on more grassroots and word-of-mouth activities. Partnerships with coalition partners can share the burden of producing and distributing materials. Our campaign relied heavily on organizational and business partners with a commitment to keeping kids safe.

## KEY FACTORS TO CONSIDER IN DECIDING CAMPAIGN EDUCATIONAL ACTIVITIES

- Audience needs and characteristics, including cultural background, knowledge and attitudes about booster seats, and barriers to use
- Geographic area of campaign
- Where your audience gets safety information
- Where your audience frequently goes while driving in the car with children
- Who your audience trusts for advice on children's safety
- Funding possibilities
- Strengths and resources of campaign partners

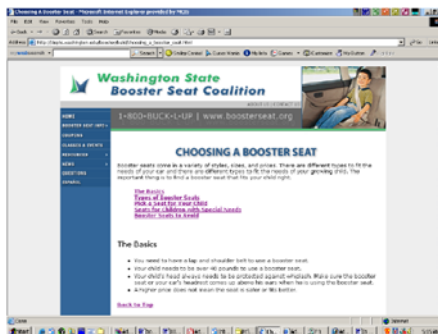
## BOOSTER SEAT CAMPAIGN ACTIVITIES AND COMMUNICATION CHANNELS

There are a number of campaign activities and communication channels that you can use to deliver your message. The more people hear that booster seats are important for children's safety in cars, the more likely they will begin to use them. When delivering messages, be sure to use channels that your audience mentioned in your focus group research. Even the most clever advertisements will fail if they are never seen or heard.

One of the most important resources for your campaign will be a local source for further information and questions on child passenger safety. Since it is not possible to answer all booster seat questions in a brief campaign brochure or television advertisement, a resource line can answer critical questions for parents, physician offices, child-care centers, and other organizations with questions. There are also national resources available (such as NHTSA's toll free telephone line see Appendix B), however it is helpful to have a local community contact to handle local calls and inquiries. The Washington campaign benefited from the following local booster seat information sources:

- **Toll free Phone Number** – The Washington Safety Restraint Coalition toll-free telephone line 1-800-BUCK-L-UP handled individual requests for coupons and materials, and answered technical questions about booster seats. Staffed by certified child passenger safety technicians, the hotline was already an established state resource when our booster seat campaign began. As a campaign partner, the Safety Restraint Coalition incorporated the phone line into our statewide booster seat efforts.
- **Booster Seat Web Site** – We created a Web site for the campaign, [www.boosterseat.org](http://www.boosterseat.org), to help educate families and caregivers about booster seats. Individuals could order discount coupons and access educational materials from the site, as well as learn about the state law and the location of upcoming classes and seat checks

Booster Seat Web Site



- **Children’s Resource Line** – Children’s Hospital has a resource line with a fulfillment option. As part of their role with the coalition, the hospital handled bulk order fulfillment. This was key for mass mailings to child-care providers, physicians, and organizations.

Resource information was printed on all of our educational materials and included in our broadcast ads. We shared these resources during trainings, outreach events, and other campaign activities.

Below is a list of campaign activities that the Washington State Booster Seat Coalition used to increase booster seat use from 2000-2003. We engaged in two types of education, broad-based mass media communication and grassroots education which used more direct, personal contact to convey messages.

### MASS MEDIA ACTIVITIES

- **Radio Spots** – Radio public service announcements and paid advertisements aired during the first three years of the campaign. These spots also used a physician as the main messenger, in addition to local radio celebrities, law enforcement officers and Emergency Medical Technicians (EMTs). Messages used were similar to those in our television ads. These spots aired throughout the day, with an emphasis on the morning and evening commuting hours. Our campaign utilized radio stations listened to by parents, including talk radio, pop music, sports broadcasts, and family stations such as Radio Disney. We also sponsored traffic reports on the radio during morning and evening commutes.

#### Children’s Hospital radio spot -- Produced by KOMO Radio (6/21/02)

*Announcer:* You and your child’s health is brought to you by Children’s Hospital & Regional Medical Center.

*Pat Cashman:* This is Pat Cashman with a word about child safety in cars. I can tell you car crashes are the leading cause of death and injury among children and there’s no question a number of those deaths could have been prevented with the proper use of booster seats.

*Pat:* For all of the facts, I’m joined by Dr. Beth Ebel, a pediatrician from Children’s Hospital.

*Beth Ebel:* Thanks, Pat. We recommend that kids ride in booster seats until the lap and shoulder belt fits properly. That’s when children are about 4 feet, 9 inches tall.

*Pat:* You must be this tall to wear this belt.

*Beth:* In fact, it’s a law that kids use a booster seat, if they’re between the ages of 4 and 6 years or between 40 and 60 pounds.

*Pat:* Describe how the booster seat works.

*Beth:* The booster seat puts the lap and shoulder belt in your car into a safe position across your child’s lap and chest. It prevents the belt from riding up on the belly and prevents injuries to the organs. It also keeps the shoulder belt off the neck to prevent spine injuries.

*Pat:* Dr Ebel, do you think I would fit in booster seat?

*Beth:* No Pat, they’re just for kids.

*Anner:* For a \$10 discount booster seat coupon, visit [www.boosterseat.org](http://www.boosterseat.org), that’s [booster seat.org](http://boosterseat.org).



- **Television Ads** – We utilized television ads each year to raise awareness among parents about which children need booster seats. Many of the ads included doctors, state troopers, or ambulance workers as messengers since our focus groups indicated that parents would listen to these experts regarding booster seats for their children. When the law came into effect in July 2001, used a well-known police spokeswoman to deliver the message. Ads aired throughout the day, often during local news times and sometimes during primetime. Many of the parents we surveyed reported learning their health information from the TV, so we prioritized this medium working in partnership with State Farm Insurance, KOMO-TV, Children’s Hospital and Regional Medical Center, and the Washington Traffic Safety Commission to provide funding and support.
- **Mass Transit Exterior Ads** – To help reach parents in the car and to reinforce the radio campaign, we purchased large poster ads on the sides and backs of buses, the most popular and visible form of mass transit in the state. Ads from the Washington Traffic Safety Commission focused on grabbing readers’ attention about the importance of booster seats. When the law went into effect, our transit posters focused on the law.
- **Movie Theater Ads** – During the first year of our campaign, the Washington Traffic Safety Commission ran public service announcements during holiday season movie previews. These announcements used one of the designs for the transit advertisements in an effort to reinforce public exposure to our campaign and use resources wisely.



Movie Theater Ad

- **Media Outlet Web Sites** –The KOMO-TV (ABC affiliate) web-site traffic report section included information about booster seats in its Tips section and the home page included an online poll on booster seats for one week. This poll provided an interactive education tool that raised awareness about booster seats, and was a source of feedback for our campaign about people’s knowledge and opinion of booster seats and the law.

- **Print Advertisements in Local Parenting and Health Magazines** – Coalition partners, including Children’s Hospital and State Farm Insurance, utilized existing media buys with local parenting and health-related magazines to run booster seat ads.

CHRMC Poster Ad



- **Advertisements on Milk Cartons** – In an effort to reinforce our message with families, advertisements were placed on the side of milk cartons produced by a popular local dairy. This advertisement was donated and ran for several months.
- **News Stories in Media** – During all stages of the campaign we generated news stories in local print and broadcast media, including regional publications geared toward parenting and on talk radio interviews. Story topics included the new booster seat law, basic facts about booster seats, local and statewide usage rates of booster seats based on our research findings and journal articles, and conversations with parents, including national booster seat advocate Autumn Alexander Skeen, about their personal experiences.



Milk Carton Ad

## GRASSROOTS EDUCATION ACTIVITIES

- **Training of Healthcare Professionals** – Because our parent focus groups showed us that doctors were trusted spokespeople, our campaign provided trainings and educational materials to healthcare professionals. We provided in-services at pediatrician offices for all staff members who interact with families, classes for medical staff and students at area hospitals, and a one-day forum for representatives from hospitals, public health and community clinics in King County, the most populated county in Washington.
- **Training of Child-care Professionals** – We trained child-care directors, staff members, and pre-school teachers through small classes and sessions at regional and statewide conferences. The classes provided participants with continuing education credit required for their child-care license. These trainings were particularly useful to child-care providers because they often transport children and have daily contact with parents.
- **Training of Police Officers and Fire Fighters** – Public safety officers became members of Washington State’s Child Passenger Safety Team – a statewide network of county-based safety restraint experts. The state Office of Highway Safety and a non-profit traffic safety advocacy organization organized the teams and provided the training. Parents could call or visit these teams for advice, and needy families can often receive free or reduced-price seats from these teams.
- **Parent Education Sessions** – Education sessions about booster seats were offered to parents at hospitals, clinics, community organizations, and schools. Some sessions focused only on booster seats and were specifically for parents of elementary or pre-school children. Other trainings included booster seats as part of a general child passenger safety training for parents of newborns and infants.
- **Healthcare Provider Outreach** – We contacted community and provider education departments at area hospitals as well as private clinics to educate them about the booster seat law, booster seat recommendations, and available resources. We also encouraged hospitals to provide booster seats to families through voucher programs or discount coupons. Information about clinic or hospital programs was provided through internal employee publications.

- Elementary School Outreach** – We educated elementary school students and their teachers directly through a safety program that a local ambulance company offered. EMTs, who are popular with students, invited students inside an ambulance so they could practice using a booster seat on a demonstration vehicle seat. We also sent an educational flyer and a coupon home to parents through school and Parent Teacher Association (PTA) mailings. We delivered educational materials, including a poster, to the school nurses and school principals for posting and/or distribution. Finally, we submitted articles for school newsletters.

## BIG KIDS NEED BOOSTER SEATS

4-8 years

40-80 pounds up to 4'9" tall

Keep big kids safe in the car — use booster seats on every ride, every time.

It's the law. And your child is worth it.

**SEAT BELT DOES NOT FIT**

**SEAT BELT FITS WITH BOOSTER SEAT**

For more information and booster seat coupons, visit [www.boosterseat.org](http://www.boosterseat.org) or call 1-800-BUCK-L-UP (1-800-282-5587).

A message from the Washington State Booster Seat Coalition

\*\*\* This information is not sponsored by the school district. In consideration for the privilege to distribute the attached materials, the school district shall be held harmless from any cause of action, claim or petition filed in any court or administrative tribunal arising out of the distribution of these materials, including all costs, attorney's fees, and judgments or awards.\*\*\*

© 2003 Harborview Injury Prevention and Research Center

1/3 Page Flyer

- Outreach to Family Education Specialists** – Our booster seat materials were sent to educators at community colleges and other organizations who led classes on child development and parenting. We encouraged child passenger safety and booster seat information to be included in modules on safety and car travel. We also provided information to organizers of parent support groups for their fairs and small group discussions.

### Prescription Pad

Prescription for Car Safety

Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Recommendations:**

Up to at least 20 lbs.	Up to at least 1 year old	Rear-facing Seat (infant or convertible)
20 to 30 lbs.	Less than 1 year old	Rear-facing Seat (convertible)
20 to 40 lbs.	Over 1 year old	Forward-facing seat with harness
Over 40 lbs. & under 4 ft. 9 in. tall.		Booster Seat with lap and shoulder seat belt
At, or over 4 ft. 9 in. tall (generally about 80 lbs and at least 8 years old).		Lap and Shoulder Seat Belt (Never put the shoulder belt behind the back or under the arm)

**NOTES:**

- Always follow the instructions that come with the child safety seat or booster seat.
- Always use both the lap and shoulder belt with your booster seat.
- Some booster seats come with a harness for children weighing between 30 to 40 lbs. Remove the harness when your child outgrows it, or reaches 40 lbs.
- The back seat is the safest place for all children to ride.

For more information: Visit [www.boosterseat.org](http://www.boosterseat.org) or call 1-800-BUCK-L-UP.

front

**To see if the seat belt will fit your child, try the following test.\***

1. Does the child sit all the way back against the auto seat?
2. Do the child's knees bend comfortably at the edge of the auto seat?
3. Does the lap belt fit snugly across the top of the thighs?
4. Does the shoulder belt come across the center of the shoulder and chest?
5. Can the child sit like this for the whole trip?

If you answer "no" to any of these questions, your child needs to ride in a booster seat.

\*Used with permission from SafetyBeltSafe U.S.A.

Types of Boosters

**No-back booster**  
for cars with built-in headrests

**High-back booster**  
for cars with or without headrests

**High-back booster with harness** (use as a car seat with harness until 40 lbs. then remove and use as a booster seat with lap and shoulder belt)

**Shield booster**  
Using the shield portion of this booster is no longer recommended

back

### Height/Weight Scale



- Outreach at Health Fairs** – We set up information booths and displays at health fairs held at hospitals, clinics, community centers, and schools through all stages of the campaign. Besides answering questions, we weighed and measured children using a colorful “Child Passenger Safety Scale” and provided recommendations on which safety restraint was best for the child. We used a specially designed “prescription pad” form to write the recommendations on and to provide families with written information about booster seats. When we were unable to staff a booth for the fair, we sent along information and discount coupons that parents could take with them.

- Outreach at Community Festivals and Child-Oriented Fairs** We attended neighborhood festivals and events centered on booster-size children to help deliver our message to parents. We found the child-oriented events, such as the KOMO-TV Kids’ Fair, more useful than street fairs and other festivals that do not always attract a large number of families with booster-size children. Activities at these events included Polaroid photos of children properly seated in a booster seat, coloring activities, height/weight measurements using our “Child Passenger Safety Scale,” and booster seat raffles.



- Seat Check and Giveaway Events** – Throughout the campaign, organizations in the Coalition organized or assisted with booster seat fittings at seat check and giveaway events. Coalition members, many of whom were volunteer child passenger safety technicians, fit hundreds of children in booster seats. When needed, booster seats were provided free to the families. These events provided parents with hands-on demonstrations and information about how to use their particular booster seat. Events were held at hospitals, fire departments, police departments, retail stores, car dealers, and community organizations during the spring, summer, and fall months.
- Neighborhood Community Association Outreach** – To reach families on a neighborhood level, we communicated with leaders and newsletter editors of community associations. Neighborhood groups are often homeowners’ associations or community clubs, and they work with a city’s town hall in bettering the community. These associations also provide a useful grassroots communication network for information about booster seats. Newsletter articles and educational materials were provided to the association leaders. These materials were distributed at block parties and neighborhood block watch events.

- **Materials Mailings to Community Organizations, Healthcare and Childcare Providers, and Social Service Centers** – We mailed educational materials to various community organizations that serve families and children throughout the course of our campaign. These mailings included order forms and information resources that the recipients' could contact for additional information. Our mailings were sent to the following organizations:

*HEALTHCARE:*

- Hospital Community Health Education Departments
- Hospital Emergency Rooms and Trauma Nurse Coordinators
- Pediatric and Family Medicine Clinics
- Public Health Nurses and Departments

*CHILDCARE:*

- Child care centers
- YMCAs and other after-school programs
- Headstart and other programs for early education of low-income children

*SOCIAL SERVICE ORGANIZATIONS:*

- WIC Clinics
- Libraries
- Shelters
- Social and Human Service Agencies

*COMMUNITY ORGANIZATIONS:*

- Community Centers
- Senior Centers (to reach grandparents)
- SAFE KIDS Coalitions

*OTHER:*

- Native American Tribal Governments

# INCREASING USE THROUGH A DISCOUNT COUPON PROGRAM

A booster seat discount program has been a key component of the Washington campaign. Many families and organizations have called the toll-free hotline, visited the web site, or contacted us simply because we offer coupons. From 2000-2002, we offered a \$10 discount toward an Evenflo® low-back booster seat that was sold at Fred Meyer, a local retailer with stores throughout the state. This coupon brought the price of a booster seat to under \$20 – an affordable range for many families according to our focus group testing. In 2003, we began offering a new coupon, good for \$5 off any Cosco® brand booster seat sold at Target Stores, a national retailer with a statewide network of stores. The coupon allowed families to purchase a low-back booster seat for approximately \$12 and a high-back booster seat for \$25.

## **WHY USE A COUPON PROGRAM?**

Increasing access to booster seats is the most important reason for including a coupon program in a campaign. Even though some booster seats are priced affordably for families, the seats are still too expensive for many. Focus group research has shown that cost is one of the biggest barriers for parents. A discount coupon helps remove, or reduce, this barrier for low-income and middle-income families. Many families have told us that they appreciate the information provided on the coupon and that it made a difference in their decision to purchase a seat.

Booster seat coupons also help promote booster seat use by drawing attention to booster seats. The coupon encourages families to consider buying a booster seat. Doctors, child-care providers, and public safety officials may be more likely to distribute information to parents if they see a benefit for the family in the form of a discount coupon.

Because coupons attract attention, a discount program can help you reach more families with your message and educational materials. The reverse side of our coupons included brief information about which children need booster seats and why booster seats are needed. If a parent picked up only the coupon, she or he would still get exposure to our key messages.

A booster seat coupon also benefits your campaign by helping you build relationships with community businesses. When discussing a coupon program or when surveying the neighborhood to find out what stores offer booster seats, you convey to the store owner/manager that booster seats are important products to offer. If store owners know this, they may be willing to help you with a coupon program or with an educational program. Fred Meyer and Toys ‘R Us supported a number of car seat checks during the campaign.

Fred Meyer Coupon



Target Coupon



## SETTING UP A COUPON PROGRAM

Setting up a booster seat discount program is a challenging task, but the rewards for your campaign and for families are worth it. It takes time and energy to make contacts and build relationships with community businesses. It also takes time to sell your idea to the business and, if successful, design, print and distribute the coupons. Below is a checklist to follow in creating a coupon program for your community.

- Find out what stores sell booster seats in the community and where retail stores are located.** Are they accessible to the communities you want to help? Do the stores market to your audience and does your audience shop there? Do they carry a wide selection of booster seats? Are their prices reasonable so that a discount will be enticing and helpful for families?
- Determine what your ideal discount coupon would offer.** Consider the type of seats your target families need, what discount would be enticing, and how long the coupon program should last. Focus group testing can help provide some of these answers.



- ❑ **Find partners to help with the costs of printing and distributing coupons. Plan who, how, and when to deliver these to families.** The retailer may agree to print the coupons or another community partner may be able assist. Some partners may just wish to have their logo printed on the coupon in exchange for free printing services.
- ❑ **Approach the regional or corporate office of booster seat retailers and manufacturers about your program.** Write an introductory letter and include an executive summary of your overall program. Describe how the coupon program would benefit the communities you serve. Share how your booster seat education program can benefit the retailer or manufacturers. If a company representative is interested, provide a list of the key components of a coupon program. Many coupons involve a shared cost arrangements between the retailer and the manufacturer.
- ❑ **Arrange for booster seat educational information to appear on the reverse side of the coupon.** As discussed above, the back of the coupon is an excellent avenue for delivering your message. For families who do not receive other educational information, the coupon may be the only written information that they see.
- ❑ **Ask your company contact to educate their employees about the coupons.** To help this effort, offer to provide your contact with an information flyer that can be displayed in company workrooms. Provide them with booster seat educational materials in case managers wish to empower their sales representatives with knowledge. A knowledgeable sales staff are better positioned to answer parent questions and sell the right product.
- ❑ **Discuss how the company can help the campaign by providing redemption information to track coupon program and overall campaign effectiveness.** Raw sales data may be difficult to obtain as this information is often confidential. The retailer may be willing to share how many coupons were redeemed per store. Consider coding and tracking coupons by distribution method to determine which channels are most effective. Tracking codes may be an additional burden for the company, however, so this may not be possible.

- ❑ **Acknowledge and thank your coupon partner.** Issue a press release to recognize your partner's support in keeping children safe and send thank you letters. Ask coalition members to act as community ambassadors by thanking their local store branch.
- ❑ **Encourage coalition members and other community distributors to alert store managers about upcoming educational events that may bring customers to the store.** Retailers want to have enough seats to meet customer demand, and many stores do not keep large quantities of stock. Positive relationships also help if you need to smooth out any problems that arise or want to hold future events at the store.
- ❑ **Periodically check in with coalition members, community contacts, and families to find out how the program is doing. Also, check in with your company contact.** Provide updates to company contact on how the coupon program has helped the families in your community. Troubleshoot any problems that arise.

#### Tips to Remember When Developing a Coupon Program Partnership

- Be prepared to contact many company representatives before finding the right person.
- Be prepared with a quick summary of your program and how the coupon will help the company and the community. Your company contact may only have a brief moment to consider your proposal.
- Be prepared for the decision-making process to take a long time.
- Be prepared to negotiate and accept compromise.
- Be prepared for businesses to turn you down.

# EVALUATING YOUR CAMPAIGN

Evaluating a booster seat campaign will measure how effectively it has delivered a message to your audience. An evaluation is often seen as the last step, but it is actually done throughout the course of your campaign. You should determine how you will evaluate your program when you initially plan the framework for your overall campaign. There are different types of evaluation activities and different approaches to take depending on program goals and resources.

## WHY EVALUATE YOUR CAMPAIGN?

A carefully designed evaluation strategy is just as important as the campaign strategy. If your campaign works, you want to know! If it does not work, you want to know that, too, so you can figure out your next steps. An evaluation can show if booster seat use has changed in your community and which families have begun using them. It can give information on whether parents are receiving campaign materials. Program evaluation can also highlight campaign needs. For example, it can identify high-risk neighborhoods where booster seat use is low or identify an age group that is not responding to the current message. In short, a careful evaluation is not only an integral part of a booster seat education campaign, but also a critical part of program planning for the future.

Program evaluations also serve a public relations function for the campaign. Sharing results from a survey of booster seat behavior will provide a reason to contact the media. Press stories generated from this information will provide another opportunity for your audience to hear why booster seats are important. Reporting increases in community booster seat use shows non-users that booster seats are becoming more widely accepted, perhaps prompting them to join the bandwagon.

Evaluation results may provide opportunities to improve campaign funding – an essential need for continuing your good work! Potential grant-making organizations and in-kind donors are interested in hearing what you have done and how you have made an impact on the community. They like to know that their will be well-spent and will make a difference in the lives of families. Resources are always scarce and it is important that they be used wisely. An evaluation is the only way to now this.

## TYPES OF PROGRAM EVALUATIONS

Each campaign is designed around a measurable objective. The role of program evaluation is to determine whether that objective was met. Evaluation of the primary campaign goal – for example, whether you increased booster seat use or whether you increased awareness about the booster seat law – is called the “outcome evaluation”. Evaluation of what you did in your campaign is called the “process evaluation”.

## **OUTCOME EVALUATION – MEASURING CHANGE IN BOOSTER SEAT USE**

In our booster seat campaign, our goal was to increase booster seat use among 4-8 year-old children. Our outcome evaluation, therefore, was a survey of observed booster seat use. As our campaign was based at a regional injury research center and affiliated with a university, we used a scientific research method to evaluate program effectiveness. Your campaign does not need to be evaluated by a formal research study, but you can still conduct an effective evaluation in your community.

### **How We Designed Our Booster Seat Observation Surveys in King County, WA**

For our research study, our goal was to increase booster seat use in King County and we chose intervention neighborhoods to specifically study. Then we made our goal more specific: to increase booster seat use by at least 10 percent more than booster seat use in control neighborhoods. Of course, it would be wonderful if booster seat use resulted in fewer child deaths or hospital admissions, but detecting a difference in child deaths, which fortunately are rare relative to booster seat use, would have been a prohibitively large and expensive study. So we settled on increasing booster seat use. We decided that we could best measure booster use by directly observing children in the car, since we had concerns that families would not be able to accurately report booster seat use, either because they were confused about what a booster seat was, or because people generally over-report behaviors which are socially desirable.

- **Objective.** We measured baseline booster seat use in each of the 12 communities beginning in January, 2000. Follow-up observations were conducted 15 months later, beginning in March, 2001. We conducted observations at 83 child-care centers and after-school programs.<sup>1, 2</sup>
- **Collaboration.** One key component of our booster seat campaign was forming collaborations with knowledgeable individuals and organizations. This is also important in developing an evaluation plan. Consider working with colleagues who have evaluated other programs. Partnerships with academic institutions or a school of public health or public health officials may also provide critical expertise to help plan a successful evaluation plan. We worked with academic researchers who had evaluated other community campaigns, and got statistical advice in our study design and analysis from an epidemiologist at the University of Washington.

- **Ethical design.** Consider the ethical implications of your study and evaluation. In our institution, any research plan must be presented to and approved by the Human Subjects Division, which reviews our methods and plan. The risks to an evaluation are that a driver might feel his or her privacy is being compromised, or may not wish to talk with the observers, or may feel that he or she is made to feel embarrassed or ashamed if children are not in the proper restraint. We minimized these risks in the following ways: (i) getting written consent from observation sites; (ii) handing an information sheet about our study with study contact information to each driver, (iii) we did not record identifying information about drivers or passengers, such as license number, name, or telephone number; and (iv) providing each driver with beneficial information about booster seats.
- **Choice of intervention and control areas.** Our campaign was community-based, and so we were interested in the use of booster seats in our four intervention neighborhoods. We chose eight neighborhoods in two other cities (Portland, Ore., and Spokane, Wash.) as our control neighborhoods. These control neighborhoods were important for our campaign, because we thought that booster seat use might continue to rise even in the absence of our campaign, and therefore we wanted to separate out any general trends in booster seat use from the impact of our campaign activities.
- **Survey design and methods.** After pilot testing our survey with families, we designed a very short survey tool to measure booster seat use. Cars were approached in the parking lot at pickup times only after the driver had an opportunity to secure any children in the vehicle, and to fasten his or her own seatbelt. Cars leaving with only a non-ambulatory child were excluded from the survey. When stopping parents who are already in a car with their children, it was very important that the survey was brief (less than one minute of parent time). Appendix XXX has a copy of our survey instrument. We asked parents very simple questions about the age and weight of child occupants, and then asked about why they chose their restraint method, and whether they were aware of the booster seat law. Trained observers conducted the survey and directly observed and recorded car seat use for all child occupants.

- **Observation sites.** We conducted observations at 83 child-care centers and after-school programs.<sup>1, 2</sup> Since the booster seat promotion campaign was neighborhood-based, these sites were chosen in order to measure booster seat use in the local 4-8 year old population, rather than the wider population of children one might expect to find at a toy store or larger shopping center. We decided to approach parents who were picking up their children at child care centers and schools, feeling that they were less rushed at pick-up than at drop-off. Fast food sites were pilot-tested but were not used as observation sites because very few booster eligible-children per hour were observed, making observations too inefficient, and because several communities had only one or two fast food restaurants within their borders. Random intersection sites were not used because the study required that vehicles be stopped and approached, so that drivers could be directly questioned about child age and weight. Our coordinator obtained a list of child care centers and after-school programs, and then called each site with more than 20 enrolled children of booster age in order to get permission to conduct our survey. We emphasized that it was a brief survey, families would benefit from receiving information about booster seats, and our professional observers would stop by to introduce themselves to office staff, and would be wearing official safety vests.
- **Pilot testing the survey instrument.** A pilot study was conducted to determine the feasibility of the observational study and brief survey. This was critical in making sure questions were understandable, observers were clear on their instructions, and the questionnaire was brief enough for parents to answer quickly.
- **Hiring observers.** Observers were recruited from local colleges and communities through newspaper ads in college and local newspapers. All observers underwent a standardized three-hour training program to explain the aims of the study and the methodology. Practice observations were conducted under supervision prior to data collection. Observers were taught about child passenger safety, how to identify car seats, and interview techniques. We emphasized the importance of treating parents with respect at all times, even when it appeared their children were not properly restrained. Teams of two or more observers visited each site. Having two observers lessened the chance of erroneous data, sped up data collection at busy sites, and provided companionship and safety. As we have branched into communities with non-English speaking families, we have begun to employ bilingual observers and study materials.

- **Organization of observations.** The organizational skills of our program coordinators were critical to the success of these observations. Our program coordinator kept spreadsheets of approved observation sites, and communicated with observers by email daily in order to schedule sites and observers. She collected weekly observation forms, and was available to troubleshoot any problems that might arise.

Performing a careful evaluation is not cheap, but putting resources into an ineffective campaign is not cheap either. Evaluation costs may be partly shared among collaborative partners. State safety officials may already be considering child passenger surveys in your area. Explore these options as you consider what components to include in the evaluation of your campaign. When possible, budget for evaluation activities at the start of the project and build in the analysis plan into your campaign.

### **PROCESS EVALUATION – MEASURING WHAT YOU DID**

“Process evaluation” tools can help measure and document the activities of your campaign. For example, how many brochures did you distribute to parents? Through what channels? Was a booster seat law passed? How many coupons were distributed, and how many coupons were redeemed by retailers? How many individuals called a local phone hotline for information and advice?

In the Washington campaign, there were a number of process measures used, including tracking data on coupon delivery and redemption, channels and number of booster brochures and fliers distributed, participation in community events, formation of a parent advisory group, collecting statistics on visits to our [www.boosterseat.org](http://www.boosterseat.org) web site, tracking paid media spots, and collecting press clippings on news coverage. Keeping track of these program activities helped guarantee that campaign goals were being accomplished.

#### **TIPS FOR SETTING UP COST-EFFECTIVE BOOSTER SEAT USE OBSERVATION SURVEYS**

- Partner with your state Office of Highway Safety or other public safety organizations who may be considering surveys in your area.
- Hire part-time college students as observers or partner with a university class to carry out some of the work for course credit.
- Use existing staff to coordinate research observations.
- Ask coalition partners for donations of study materials (i.e. maps, printed survey forms)

# FUNDING THE CAMPAIGN

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A successful booster seat campaign will require funding to pay for program activities, staffing, and communications. What you can accomplish will depend upon the amount of funding your organization can obtain, either through direct grant support or through partnerships and the pooling of community resources. You can run a program on as little as \$25,000 or on as much as \$250,000 per year. There are creative ways to make a booster campaign work even on relatively little funding. Costs can be defrayed by asking for in-kind donations from community organizations and businesses, and by sharing costs with partners on program activities.

## **BUDGET ITEMS FOR A BOOSTER SEAT CAMPAIGN:**

- **Project Coordinator** – You will need a paid project staff member to coordinate the campaign, mobilize community organizations, and manage day-to-day administrative tasks. This could be a part-time position.
- **Educational Materials and Media** – Educational materials and media are key components of any campaign. You may produce brochures, information sheets, posters and paid media advertisements, including radio and TV spots, depending on your communications strategy. You may be able to use existing materials that have already been tested and developed. If you choose to create your own materials, you will need resources for product design, creation, and production. There are also costs to distribute materials. This will be one of the campaign's biggest expenses. Many, if not all, of these costs can be covered through donations or grants. For paid advertisements, many media outlets will offer non-profit organizations a price reduction, either through matching paid spots at a 2-to-1 or 3-to-1 rate or by offering reduced rates.
- **Meeting and Event Costs** – You will need funds to support coalition meetings, press events, and community outreach activities such as booster seat fittings. You may also need funds to pay for booths and attendance at health fairs, community festivals, and family events. If you are part of a non-profit organization, many of these costs may be waived or reduced. You can save money by partnering with other organizations attending the event. Seattle Children's Hospital and Regional Medical Center, for example, has included the Booster Seat Coalition's booth in its area at our region's annual Kids' Fair event.
- **Parent Feedback and Program Evaluation Costs** – Conducting focus groups or parent feedback sessions, and assessing the success of your campaign requires funding support. You can save money by conducting your own focus groups or by relying on previous focus group research to understand parental



attitudes and beliefs about booster seats (see section XX above). To save money on program evaluation, you do not need to engage in a formal research evaluation study that requires surveying large numbers of people and studying a control group. Instead, you can conduct periodic observational surveys in your community to track the effects of your campaign.

- **Operations Costs** – Office space and equipment, computer and phone support, day-to-day mailing and delivery charges, and support from organization administrative staff will also be a part of your campaign budget. Few organizations will donate monies to cover these costs, so it may help to run the campaign out of a larger organization. The Booster Seat Coalition received generous operations support from the Harborview Injury Prevention and Research Center during its campaign.

## FUNDING SOURCES

There are many public and private organizations that are willing to support booster seat education campaigns and programs. Increasing booster seat use has become a priority for federal and state agencies. Moreover, promoting children's health and safety is a focus area for many private foundations. Few organizations will pay for staff time and administrative costs, but many will consider funding for educational outreach, booster seats for distribution to families, and materials development, including focus groups, creative development, and printing. Some organizations, primarily public agencies and private foundations, will fund research costs for program evaluation.

### Potential Sources of Grant Funding:

- **Federal, state, and local agencies** (National Highway Traffic Safety Administration, state Offices of Highway Safety, local health and public safety departments)
- **Private foundations, national and local** (American Automobile Association, Robert Wood Johnson Foundation, local hospital foundations, other foundations focused on children's health)
- **Community or coalition partners** (hospitals, local SAFE KIDS Coalitions, private businesses, such as insurance companies)
- **Organization employee funds for projects** (i.e. hospital funds for projects for patients)

*Potential In-Kind Donation Sources:*

- **Private businesses** for printing and production of educational materials, media buys, booster seat donations, food and venues for meetings and booster seat fittings
- **Public relations and advertising companies** for creative consulting and production work
- **Media companies**, such as TV broadcast outlets, for creative consulting and production work. These companies may also be able to help partner your campaign with a local business who would like to sponsor a community education project.
- **Booster seat manufacturers and retailers** for discount coupons or discounted seats. Retail partners may also be willing to hold an educational outreach event at their store, donating a venue, staff helpers, and refreshments for attendees.
- **Insurance companies** for materials creation, media ads, booster seat donations, and outreach event venues
- **Car dealers** for media ads, booster seat donations, and venues for outreach events

**The Washington State Booster Seat Coalition has received generous campaign support from the following organizations:**

- The Ambulatory Pediatrics Association
- American Public Health Association
- The American Trauma Society
- Bartell Drug Company
- The Centers for Disease Control and Prevention
- Children’s Hospital and Regional Medical Center
- Evenflo Corporation
- Fred Meyer Stores
- Group Health Community Foundation
- Harborview Injury Prevention and Research Center
- KOMO-TV
- National Highway Traffic Safety Administration
- Nesholm Family Foundation
- Safety Restraint Coalition
- State Farm Insurance
- Target Stores, Incorporated
- Washington Traffic Safety Commission