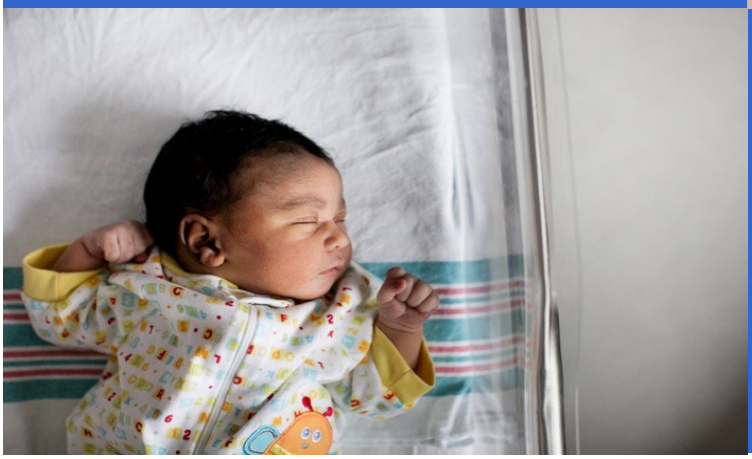
Childhood Injury Prevention:

2010 Parent/Caregiver Focus Group Results



Northern Virginia AHEC
Area Health Education Center

VDH VIRGINIA DEPARTMENT OF HEALTH
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During the summer of 2010, the Virginia Department of Health, Division of Prevention and Health Promotion sponsored focus groups targeting parents and caregivers of young children with regards to injury prevention. These efforts were carried out by the Northern Virginia Area Health Education Center under the direction of Dallice Joyner, H.Ed., M.Ed.

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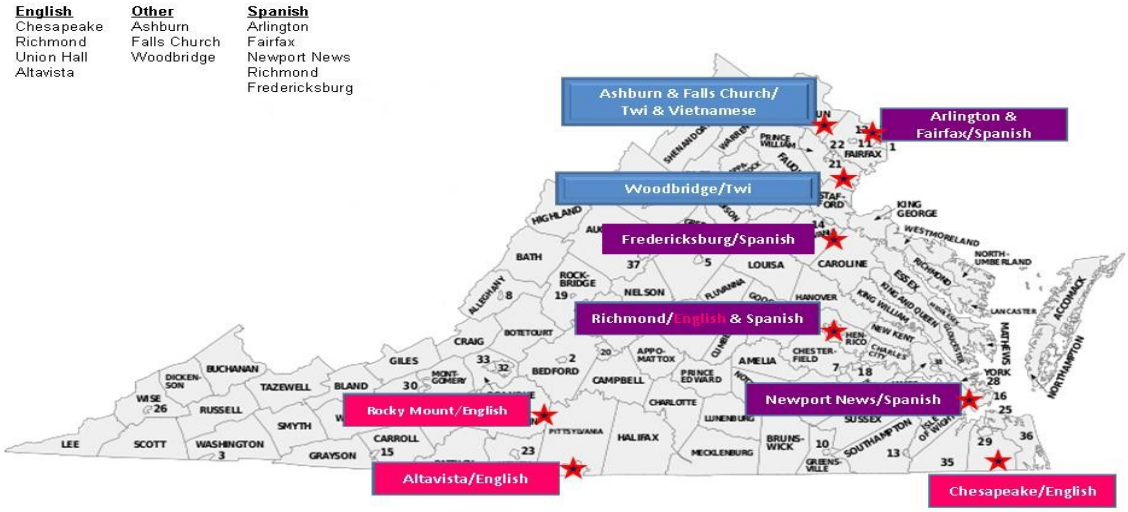
During the summer of 2010, in an effort to improve services to communities that are often difficult to reach, the Virginia Department of Health, Division of Prevention and Health Promotion partnered with the Northern Virginia Area Health Education Center (NV AHEC) to conduct focus groups throughout the Commonwealth of Virginia. The goals of this project were to improve the Division's understanding of current injury prevention behaviors practiced by parents and caregivers and to better promote existing injury prevention programs, particularly within populations that are considered disparate or "difficult to reach". While all parents have a need for information and support services, minority and low-income parents have unmet needs in greater proportions. As such, these focus groups specifically targeted low income and limited English proficiency populations. The expected outcome of this project was to gain practical community insight on how best to promote safety with minority and low income populations.

Participant Recruitment

To assure a demographic and geographic mix, the state was divided into target areas which correspond to the Virginia State Planning Grant planning regions and focus groups were conducted in each of these regions. Four of the focus groups were comprised of low income residents, five groups were comprised of residents whose primary language is Spanish, and three groups were comprised of limited English proficiency residents in other languages, Twi (two groups) and Vietnamese (Figure 1).

Figure 1. Map of Focus Groups Locations and Target Area



Focus group participants were recruited in the target communities by NV AHEC using targeted flyers and ads as well as promotion through local community contacts. Focus group participation criteria included adults (18+ years) who were parents, grandparents and caregivers of children ages 0-4 years. This group was then further restricted to those who were either low income or who had limited English proficiency and spoke Spanish, Twi, or Vietnamese as their primary language. Perspective participants were then asked to complete a brief demographic survey to verify participation eligibility. All activities received approval from VDH's internal review board (IRB) to ensure participant protection. Focus groups were held between May 1 and September 4, 2010.

Participant Demographics

Seventy-five percent (75%) of the 137 focus group participants were parents or grandparents and 25% were caregivers. The majority of participants were between the ages of 26 and 35 years old. Approximately half of the participants were Hispanic; with Asian, African, African American and Caucasian making up the other half. Most of the participants resided with their children and spouse.

The number of children under the age of four (4) that resided with the participants ranged from one child to six children, with an average of two children per home. The number of children/ grandchildren under the age of four (4) that participants provided care for ranged from one child to six children, averaging 2 children.

Two-thirds of the respondents were born outside the United States; their country of origins include Bolivia, Brazil, Columbia, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Venezuela and Vietnam. The majority have lived in the US for more than 5 years.

Two-thirds of participants had a high school education or lower and 12% had less than an 8th grade education. Sixty percent had either part time or full time employment and 40% were unemployed or volunteers. Twenty-seven percent reported having an annual household income of less than $5,000, 30% had a household income of $5,001 to $16,999 and 43% had an annual household income of $17,000 or more.

Injury Prevention Behaviors

> *"Kids are the number one priority and it's their responsibility as adults to prevent injury."*
>
> -Low income participant

When asked about their thoughts on important aspects of parenting, many responded that security/safety, love/affection/ patience, and discipline/proper training were the three most important parts of parenting. They also mentioned health/hygiene, quality time, communication, education and responsibility. Injury prevention by itself was not among the top aspects identified by participants during the free form question. However, when specifically asked how important injury prevention is to them, 85% of the respondents ranked injury prevention as a 10, with 10 being the highest.

Injury prevention is not a new concept for participants and many reported already taking some of the necessary steps to protect their children. Nearly all participants (95%) stated that they had a working smoke alarm in their home and the majority stated that they tested and changed the batteries in their smoke detectors regularly. They also reported using items such as electrical outlet covers, safety gates, and cabinet locks to help protect their children from injury. When asked about other things they do to keep their child safe in the home they cited common prevention techniques such as: keeping chemicals and medication out of reach, ensuring that gates (pools, kitchen, stairs) are secured and keeping doors closed. They also stressed the importance of constant supervision. Reasons given by those who stated that they did not take the aforementioned safety precautions included: lack of resources (could not afford safety seat, child

> *"..we can learn a lot, but at the same time it makes us nervous to think about being in an accident."*
>
> -Spanish speaking participant

> *"In our countries we do not have safety rules. ...we do not use car seats or outlets."*
>
> -Spanish speaking participant

gate, etc.), child's ability to overcome safety efforts (i.e. child removed electrical cover outlets, climbs over gates), lack of knowledge on which safety precautions were necessary for their child, and lack of time or energy (i.e. laziness, too much to do).

Parents/caregivers seemed to understand the importance of using child safety seats when traveling and nearly 94% of respondents stated that they used a child safety seat whenever their child was in a vehicle. For those who reported that they did not consistently use child safety seats reasons included: not having room for a safety seat in the car when getting a ride from others, difficulty affording a safety seat and that it was not customary to use safety seats and seat-belts in their home country and they had not yet become accustomed to doing so.

> *"Because sometimes we get distracted and we don't do it"*
>
> -Low income participant

While participants recognized the importance of child safety seats, the issue of safe sleep was not as well understood. Many parents stated that they were worried about SIDS and followed the SIDS tips by making sure that the crib was free of toys and blankets. However, only half of participants stated that they often or always laid their infant on their back to sleep and 30% reported rarely or never doing so. Additionally, only about two-thirds of participants reported putting their child in his/her own bed to sleep. Participants reported that children tend to sleep better on their stomach or refused to sleep in their own bed as reason for not following safe sleep recommendations.

Information Sources

When asked how they obtain information relevant to their child, the most common response was from the child's doctor, followed by the internet. Magazines, family and friends, schools, and community resources were also mentioned. While many participants reported using the internet to obtain information, they stated that they trusted medical professionals, family and friends and church for advice on safety related issues. Additionally, the majority of the respondents stated that culture and beliefs play a part in what safety precautions they follow regardless of where they obtain safety information.

> *"Talking to a person like you would offer me the opportunity to ask more questions"*
>
> -Twi speaking participant

When asked what would get them to read/listen to more information on child safety, they said they would prefer a commercial on TV or radio with a 800 number that they could call for more information. A brochure being handed to them was slightly less preferred as was talking to a person and having them go over the information verbally. They were less likely get information from a billboard or poster in their community. Most agreed that hearing testimonials from parents who lost a child due to injury or had a child suffer a serious injury would capture their attention and possibly influence their behavior.

> *"Seeing a visual keeps it in the memory"* -Low income participant
>
> *"Prefer word and pictures so that you can see the steps like First Aid"*-Spanish speaking participant

If using brochures to disseminate information about half of participants said it was important that they could identify with people on the brochures and that they look similar to them and their family. Most participants agreed that pictures and diagrams with less wording were preferable to wordy materials. Most participants expressed the desire to have information that was specific and actionable ("Do this", "Don't do this", "Look for this" etc.)

Safety Seat Check Events

The Virginia Department of Health funds multiple locations to check and help parents with the installation of child safety seats. There is no cost to the parent for this service. When asked what would encourage them to go to a safety seat check event respondents stated that they would come if it was convenient for them (i.e. good timing, location, good weather), a fun event for kids, compulsory, available in Spanish (Spanish speaking participants), or if free child safety seats or free childcare were provided. Reasons given by participants for not wanting to attend seat check events included: lack of information, intimidation due to language barriers, work conflicts and laziness. The majority of respondents said that they would be less likely to attend an event held at the police or fire station and suggested other locations such as the doctor's office, community center, church, mall, social services or apartment complexes.

Differences Between Focus Group Participants

As previously mentioned, the twelve focus groups consisted of four low income and eight limited English proficiency groups, which were conducted in Spanish (5), Twi (2) and Vietnamese (1). Attitudes and normalities regarding injury prevention as well as messaging preferences varied by focus group grouping.

Participant Demographics

Low income participants were much more likely to be parents and had fewer grandparent participants than the other groups; however the majority of all groups were parents. The Vietnamese and Twi speaking groups tended to be older; none were younger than 25 years. The majority of low income and Spanish speaking participants were less than 35 years old and nearly one-third were between the ages of 18 and 25 years old. Vietnamese and Spanish speaking participants had higher proportions of unemployment than any of the other groups. Twi speaking participants had the highest proportion of participants that were employed (full time and part time combined), followed by the low income group. Approximately one-third of Spanish speaking participants had less than an 8th grade education. Nearly all (91%) of low income participants had at least a high school diploma and 78% of Twi speaking participants had a college degree or higher.

Injury Prevention Behaviors

While no group specifically identified injury prevention as a top responsibility of parents/caregivers, the low income group did rank safety and security in their top three. When asked specifically about injury prevention all of the Vietnamese and Spanish speaking participants and nearly all of the low income participants ranked it as a top priority. However, only half of the Twi speaking participants did so and a few in the group stated that for them it was a last priority.

> *"My mother slept with all of her 12 children and nothing happened to them; what is wrong if I sleep with my child on the same bed?"*
>
> -Focus group participant

All participants in the low income groups and Vietnamese group stated that they consistently used a child safety seat when their child rides in a vehicle. The majority of Spanish and Twi speaking participants also said that they used child safety seats. While child safety seat use was fairly consistent between groups, safe sleep practices varied greatly. Participants from the low income group were least likely to report consistently placing an infant in their bed alone or on their back, while

Vietnamese participants were most likely to report practicing safe sleep behaviors. Approximately two-thirds of Spanish speaking participants said that they place their infant alone in a crib and three in four said they consistently place the infant on their backs to sleep; half of Twi speaking participants reported doing so.

In general, mothers from the low income groups were more likely to give wanting the child to sleep better (i.e. child sleeps better on tummy or in bed with mother) or child refused to sleep in their own bed as reasons for not practicing safe sleep behaviors. Mothers from the other groups tended to focus more on the importance of bonding as a reason for not practicing safe sleep behaviors.

> *"..(it is not that) we are backwards and that we don't have money to purchase cribs but (sleeping with the baby) is the way for them to be bonded."*

Information Sources

All groups cited the internet and doctors as the most turned to sources for information regarding their child; however, one-third of Spanish speaking participants reported rarely or never using the internet. Additionally, while participants stated that they do use the internet as a resource none of them listed the internet as a source they trusted. All groups stated that they trust their doctor first and foremost for safety information. Spanish speaking participants also listed other mothers and church as trusted sources, while the other groups listed family and other parents. Participants from the low income group also cited the police as a trusted source for safety information.

Preferred methods of receiving safety messages also varied by group. Both Vietnamese and Spanish speaking participants stated that they were more likely to read a brochure that was handed to them rather than one simply laying out or on a display, while only about half of the low income and very few of the Twi said they would read a brochure. Both of these groups said that they would prefer to talk to someone in person and have them go over the information on the brochure verbally. The Spanish speaking groups thought it would be beneficial to hear the information verbally as well. When asked if they thought it was important that printed materials reflect their race/ethnicity the majority of the low income participants and Vietnamese participants said that was not important. Though a few of the grandparents in the low income group felt that it was important and that they'd be more likely to read information from brochures that reflected their background. Nearly all of the Spanish speaking participants agreed that racial/ethnic identity was important in printed materials.

> *"Doesn't matter what the color is, all that matters is the information"*
>
> -Low income participant
>
> *"Yes, I would likely identify more with Hispanic-looking faces or children similar to my child's age"*
>
> -Spanish speaking participant

When asked what would influence them to make changes regarding child injury prevention, most agreed that stories from other parents would be effective. However, Spanish speaking participants worried that those types of messages would be too sad to listen to. Additionally, all of the Vietnamese speaking participants, 86% of Hispanics, and 50% of both the Twi and low-income groups said having more information in regards to injury prevention would lead to behavior change.

Safety Seat Check Events

Participants were divided on their willingness to attend a seat check event at a police or fire station. The majority of Vietnamese speaking participants agreed that they would attend an event held at a police or fire station; while only half of the low income and Spanish speaking participants agreed. All of the Twi speaking participants stated that they would be less likely to attend an event held at the police or fire station. All participants agreed that easy to access community centered locations were preferred for safety seat check events. Churches were in the top three preferred locations for all the groups. Doctor's offices were mentioned by the Vietnamese and Twi speaking groups. The low income participants thought shopping centers would be the most convenient as were schools and daycare centers.

Conclusions and Recommendations

Parents, grandparent and caregivers regardless of socio-economics or cultural background, want to keep their children safe. They are open to learning about injury prevention and desire more information. Safety information that is comprehensive and centrally located is preferred. Many participants look to their doctors, peers and community as trusted sources of information. They are willing to pursue child safety information if it is easy to access and they know where to find it.

The Northern Virginia Area Health Center (NVAHEC) recommends seven easy approaches to providing communities with easily accessible and practical safety information.

- Publicize safety practices on television and in radio commercials; include telephone number and website where additional information can be found.
- Foto Nuvello is an effective message presentation tool for Hispanic Community.
- Offer incentives including child safety seats, gift cards, and recognition to increase participation in safety events.
- Ensure safety events are child friendly and fun for family to attend.
- Hold Community-Based and Neighborhood Events that are tailored to the cultural needs of that community.
- Increase promotion of parent friendly websites.
- Ensure that prevention materials and messages include specific actionable tasks.

Acknowledgements

These focus groups would not have been possible without the fantastic discussion and participation from parents and caregivers throughout Virginia. Thank you to the Northern Virginia Area Health Education Center, under the leadership of Dallice Joyner for organizing and conducting the childhood injury prevention focus groups. Special thanks also goes to….

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Reflections from NV AHEC

Focus group participants were very appreciative of the participation incentive. Spanish speaking participants in particular expressed their gratitude of someone wanting to hear their opinions. Most participants were very interested in the topic of injury prevention and child safety; many focus groups exceeded the hour and a half designated for the discussion. Participants were VERY interested in continuing the discussions about injury prevention and other health and family related topics. They stated the discussions were not only enlightening but very supportive.

The Childhood Injury Prevention Focus Group Results has been prepared by the Division of Prevention and Health Promotion, Virginia Department of Health.

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