Mayo Clinic has a strong history of providing child passenger safety (CPS) programming throughout Southern MN. An assessment of the CPS program was conducted, and several gaps were identified. Through key informant interviews, observations, and a review of trauma registry data, it was determined that current efforts weren’t reaching high-risk and underserved groups.

A review of Mayo Clinic trauma registry from 2011-2014 showed differences among children ages 0-8 admitted for a motor vehicle crash (MVC). 66% of Latino children were not secured by a child safety restraint at the time of the MVC, compared to 43% of Caucasian children. 33% of Latino children we’re not restrained by a seat-belt OR a child safety restrained in the vehicle compared to 4% of Caucasian children. To address the identified disparities, the Trauma Center took a community-centered approach to create a more comprehensive CPS program.

Required resources included grant funding in the amount of $3,669.00, a dedicated team of individuals, trauma registry data, interpreters, volunteers, CPS Technicians/Instructors, printing of event flyers, and child safety restraints for distribution.

A Child Passenger Safety Disparities Workgroup (CPSDW) was established with the goal bringing members of the community together to address CPS disparities. The CPSDW includes individuals from the Somali and Latino community, Public Health, Mayo Clinic, Minnesota Office of Traffic Safety, Migrant Head Start, University of Minnesota-School of Nursing, and the Intercultural Mutual Assistance Association.

The concept of bringing programs and resources to the people and into community was used. Partnerships were built with a day care center, Head Start and an area church. These organizations work with Somali, Latino, refugee families, and families of migrant workers.

Program effectiveness was measured by evaluating process, impact, and outcome data. A total 41 adults and 46 children were reached at 1 educational event and 3 car seat checks. 29 volunteers staffed the events. Misuse was found in 29 of the 32 car seats checked, which equates to an overall misuse rate of 91%. 15 car seats and booster seats were distributed to families and children in need. 7 new connections were made with community organizations. Pre/post survey results showed an increase in knowledge and confidence. 2 Spanish/English speaking individuals were trained as CPS Technicians to provide peer to peer education at the agencies which they work.

The CPSDW recognized that ongoing involvement is needed to build connections and trust. High car seat misuse and lack of child restraints demonstrates a continued need for education, outreach and coordination. The CPSDW has learned that it is important to maintain and grow relationships with individuals and organizations when coordinating injury prevention services for underserved groups.

This project serves as a reminder for why it’s important to re-assess seemingly successful programs to ensure that prevention efforts are directed in the right areas. Simple solutions like coordinating efforts with community organizations and including individuals from the community are methods which proved to be successful. This concept and process can easily be replicated in other injury prevention focus areas and with other targeted populations.