

Factors Influencing Booster Seat Use in a Multiethnic Community: Lessons for Program Implementation

Brian D. Johnston, MD, MPH
Elizabeth Bennett, MPH, CHES
Linda Quan, MD
Denise Gonzalez-Walker, MA
Beth Crispin, MS
Beth Ebel, MD, MSc, MPH

Based on the local incidence and severity of motor vehicle occupant injuries, the authors' community and hospital injury prevention partnership identified child passenger safety for 4-to-8-year-old children as a priority. They designed a booster seat promotion campaign using an integrated social cognition model of health behavior. A series of focus groups were held with low-income African American, Somali, and Vietnamese parents to understand determinants of booster seat use in these communities. Deficits in understanding about the purpose of booster seats were seen in all groups, and concerns about cost and self-efficacy varied in important ways. Although legislation is an important tool in motivating child passenger restraint, most families saw safety as the prime reason to use booster seats with their children. These results illustrate the use of qualitative data to adapt a theory-based intervention to the needs of specific communities.

Keywords: *injury prevention; child passenger safety; motor vehicle injury; booster seat; focus group*

The Injury Free Coalition for Kids of Seattle is a community-hospital partnership focused on the reduction of injury in low-income and racially diverse neighborhoods. The coalition identified child

passenger safety for 4-to-8-year-old children as a priority program based on the incidence and severity of motor vehicle occupant injuries among children in our partner communities. We approached the design of a community booster seat promotion campaign using an integrated social cognition model of health behavior based on key variables from the health belief model, social cognitive theory, theory of reasoned action, and the theory of planned behavior (TpB; Ajzen, 1991; Fishbein et al., 2001). Although some theorists advocate for strategies that change risk perception in individuals (Will & Geller, 2004), the TpB has been useful in understanding the intention of individuals in a population to engage in safety-related behaviors (Elliott, Armitage, & Baughan, 2007; Giles, McClenahan, Cairns, & Mallet, 2004) and can provide a framework to design interventions to change those intentions (Quine, Rutter, & Arnold, 2001). Although the TpB does not specify which interventions will affect behavior change (Fishbein & Ajzen, 2005), it can guide formative work to understand targets for such change (Aberg, 1993; Levin, 1999). Using an integrated approach that incorporated variables from several well-established theories allowed us to design focus groups to understand key determinants of behavior.

Intention to perform a behavior is the best predictor of actual behavior, assuming the individual faces no pragmatic constraints to performing the behavior (e.g., lack of resources to obtain safety supplies) and no deficit in needed skills to perform the behavior (Fishbein et al., 2001). Behavioral intention, in turn, is driven by *knowledge and beliefs* about the need for the behavior and its expected outcomes, perceptions of *social*

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The Authors

Brian D. Johnston, MD, MPH, is an associate professor of pediatrics at the University of Washington in Seattle, Washington.

Elizabeth Bennett, MPH, CHES, is director of Guest Services, Partnerships and Advocacy at Seattle Children's Hospital and Regional Medical Center, Seattle, Washington.

Linda Quan, MD, is a professor of pediatrics at the University of Washington in Seattle, Washington.

Denise Gonzalez-Walker, MA, is program director for the Injury Free Coalition for Kids of Seattle in Seattle, Washington.

Beth Crispin, MS, is a health educator at the Center for Children with Special Needs at Children's Hospital and Regional Medical Center, Seattle, Washington.

Beth Ebel, MD, MSc, MPH, is the director of the Harborview Injury Prevention & Research Center and an associate professor of pediatrics at the University of Washington in Seattle, Washington.

norms around performance of the behavior, and the individual's *self-efficacy* regarding ability to undertake the behavior. The integrated model takes the variables that influence intention, combined with the absence of environmental constraints and presence of necessary skills, as the core factors that influence behavior.

To inform the development of a child passenger safety intervention tailored to the multilingual and multiethnic communities we serve, we designed a series of focus groups to explore and describe these theory-based determinants of booster seat use. Because community-based injury prevention is complex, we saw value in applying an integrated set of behavioral theory constructs in the development of a campaign (Gielen & Sleet, 2003).

► **BACKGROUND**

Motor vehicle injury remains the most common cause of mortality for all children greater than 2 years of age and across all ethnic groups (Miniño, Anderson, Fingerhut, Boudreault, & Warner, 2006). Children between 4 and 8 years old and under 4 ft. 9 in. in height have outgrown child safety seats but do not yet fit well in an adult lap and shoulder belt (Klinich, Pritz, Beebe, Welty, & Burton, 1994). Seat belt-associated injury due to premature use of adult seat belts is a recognized clinical entity in this age group (Anderson, Rivara, Maier, & Drake, 1991; Winston, Durbin, Kallan, & Moll, 2000).

Belt-positioning booster seats improve the fit of standard lap and shoulder restraint systems by lifting children to improve the position of the lap and shoulder belt. Booster seats reduce the risk of serious injury in a crash by 59% (Durbin, Elliott, & Winston, 2003). Booster seat use varies across sociodemographic categories and is lower in minorities (Ebel, Garcia, Shipman, & Rivara, 2004; Gunn, Phillippi, & Cooper, 2005; Lapidus, Smith, Ebel, & Romero, 2005).

In 2000, there were 16,964 children living in central and southeast Seattle. Of these children, 24% lived in households in poverty, 57% identified as ethnic or racial minorities, 65% spoke a language other than English at home, and of these, 31% came from households that were "linguistically isolated" (City of Seattle, 2003). In the same year, Washington became the first state to pass a law requiring booster seats for children 4 to 6 years old (Costa, 2000). Despite the passage of this law, booster seat use remained unacceptably low in central and south central Seattle. Observational surveys conducted in 2003 suggested that only 40% of booster-eligible children left preschool settings in these neighborhoods appropriately restrained (data not shown).

Previous qualitative and quantitative studies suggested that parents in the general population were confused about the appropriate weight and age of children who should be in booster seats. Barriers to use included the cost of the seat, child resistance, and the impact on seating space for multiple children. State laws were identified as a strategy for promoting use, and law enforcement and medical personnel were seen as compelling advocates for booster seat uptake (Ebel, Koepsell, Bennett, & Rivara, 2003a; Ramsey, Simpson, & Rivara, 2000; Rivara et al., 2001; Simpson, Moll, Kassam-Adams, Miller, & Winston, 2002). A parallel study with Latino families identified similar barriers and motivations to booster seat use (Ebel et al., 2006; Lee, Fitzgerald, & Ebel, 2003). Here, we sought to expand our understanding of the determinants of booster seat use with a broader range of families from our priority populations.

► **METHOD**

We conducted three focus groups with low-income residents of central and southeast Seattle. We specifically sought participants from the Somali, Vietnamese, and African American communities, as these were the most prevalent ethnic groups in the communities of interest whose attitudes and beliefs about booster seat use had not previously been studied. Participants were recruited through posters, flyers, and information booths at community clinics, community centers, and other social service providers in the catchment area. Interested

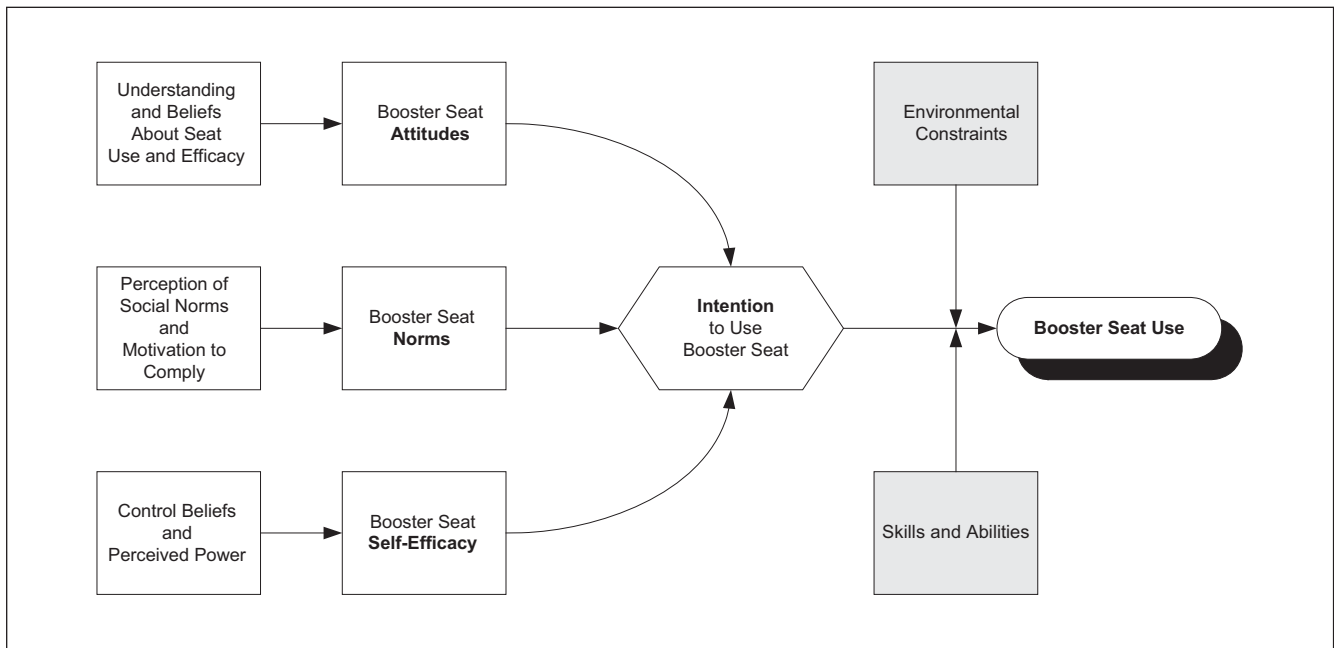


FIGURE 1 Conceptual Model: Determinants of Booster Seat Use (adapted from Fishbein et al., 2001)

persons were prescreened to insure that they lived in the priority neighborhoods, were parents or custodial grandparents of children between birth and 9 years of age, and reported that they “did not always” use a booster seat when their booster-eligible child was riding in a car.

Focus groups were conducted by an experienced, African American, male facilitator. Somali and Vietnamese sessions included an interpreter who also cofacilitated the group. A semistructured outline was used to guide discussion in the groups, with standard prompts for key questions. Groups were conducted at settings familiar and comfortable to the attendees, including a neighborhood health clinic, a community center, and at a child care center. All groups were audiotaped, and the tapes transcribed and translated. Transcripts and field notes completed by study staff were independently reviewed by three researchers. Major themes in each language or cultural group were identified and categorized according to the major domains of the theoretical model described above.

All study procedures were approved by the University of Washington Human Subjects Review Committee. Participants signed informed-consent documents translated into their primary language. All participants received child care, a meal, a small stipend (\$25), and information on child passenger safety at the conclusion of the focus group.

► RESULTS

Focus groups included 26 participants (10 in the African American group, 6 in the Somali group, 10 in the Vietnamese group). Demographic information about study participants is shown in Table 1.

Attitudes and Beliefs

Participants in all three groups expressed a lack of understanding about how booster seats work to protect child passengers, how these differ from car seats, and when it is appropriate to transition a child into a booster seat. Several parents in each group also expressed some concern that the booster seat might be less safe than a car seat or seat belt alone. These concerns varied by group, however. Some African American participants were skeptical about the benefit of being belted versus the risks of being trapped in the car, a concern that affected their own decisions about seat belt use as well:

You know, I’m already in this car and then I got to buckle myself in here. What if something happened? Am I going to jump out or what? I feel safer not being buckled down.

Some people think as a child gets older, somehow he is safer or it’s OK to not be restrained.

TABLE 1
Demographic Characteristics of Focus Group Participants

	<i>African American</i>	<i>Vietnamese</i>	<i>Somali</i>	<i>Total</i>
Participants (<i>n</i>)	10	10	6	26
Respondents to demographic survey (<i>n</i>)	9	9	6	24
Median age	30	39	27	32
Gender (%)				
Female	89	56	100	80
Male	11	44	0	20
Self-described race/ethnicity (%)				
African	0	0	100	25
African American	78	0	0	29
American Indian	11	0	0	4
Asian	0	100	0	38
European American	0	0	0	0
Hispanic	0	0	0	0
Mixed	11	0	0	4
Language spoken at home (%)				
English	100	0	0	38
Somali	0	0	100	25
Vietnamese	0	100	0	38
Receiving public assistance (%)	89	78	67	79
Own a vehicle (%)	44	78	67	63
Drive a vehicle (%)	78	89	83	83
Restraints in rear seat of car (%)				
Lap belt only	11	13	20	14
Lap-shoulder belts	89	87	80	86

Along with Somali participants, they also saw the booster seat as likely to tip or move in the event of a collision:

It's not strapped in or got something to protect them over their shoulders. I worry about if he was to shift all his weight to the front, would the back come up? And then in doing so, would the shoulder belt choke him? I just don't think they're safe. That's why mine's at the top of the closet!

Somali and Vietnamese families felt that safety was increased by having children restrained in a car seat. This was primarily because restrained children were unable to move around inside the car, distract the driver, or open the door of a moving vehicle. These parents worried that children in booster seats would find it easier to undo their restraints.

[Children who are in a] car seat, they have to stay in their car seat . . . [older children] like to take off the seat belt and they come out of it with a booster seat.

Participants of all ethnic groups were also uncertain about the distinctions between high-back and no-back booster seats and wondered about the appropriate criteria to use in selecting a seat. African Americans based their decision on the reputation of the store in which they purchased the seat, confident that any seat sold by a retailer with a reputation for quality would be a reasonable choice. The Somali families believed, instead, that quality was reflected by the price. The Vietnamese and Somali families preferred high-backed seats because these appeared sturdier and seemed like they would be more comfortable for children, especially those who slept while riding in the vehicle.

Norms

All participants identified child safety as a top priority in making decisions about booster seat use. They attributed nonuse of booster seats to "ignorance" or "laziness" among other community members who did not value children's safety. Although the state booster

seat law had been in place for over a year at the time of these groups—and was inaugurated with an extensive English-language media campaign—very few in any of the groups were aware of the law or identified the law as a motivation for their behavior. Said a Somali mother,

Even if the law didn't come, even if they didn't have a law for booster seat, I would still put my child in booster seat because of his safety, it's more important to me than, you know, money and law.

Children were identified by African American and Somali groups as important sources of social norms and motivation to use booster seats. African American parents frequently pointed out that their school-aged children had heard child passenger safety messages at school and acted to enforce proper restraint practices for themselves and their parents. Vietnamese participants did not identify children as conduits of social norms per se but did agree that teachers were a credible source of safety information and expectations for both children and parents.

Self-Efficacy

Parents expressed various concerns regarding their own ability to consistently practice booster seat use among eligible children. Again, there were differences noted by ethnic and linguistic group.

Although all groups identified that keeping a child buckled up in a booster seat might be a problem, for the Vietnamese group this was a major concern. They expressed ambivalence about exerting firm behavioral control in the car and uncertainty that they could motivate their children to comply. Vietnamese parents were thus especially interested in education and motivational messages that targeted children and set expectations that would make compliance easier for parents to achieve.

Somali families, by contrast, were most concerned about their ability to insist their children be placed in booster seats when they were being given a ride in another family's car. This situation, which occurs frequently, places the parent in the position of making demands of the person offering a ride:

You have to talk to them beforehand, telling them that you need the child put in the booster seat. You have to think about it.

Environmental Constraints

Although many parents have the intention to use booster seats, external constraints may still prevent

them from successfully engaging in this behavior. Somali and African American families identified the size of the car as an important constraint. They noted that the number of booster and car seats that could be placed in the rear seat of a car was limited to two or three, thus restricting the number of children who could be carried.

I have put the car seat in the trunk just to allow one more person to fit in the back, although it's only made for three, you try to squeeze that fourth person in and we know it's dangerous and the risk, but you got to do what you got to do sometimes.

You're not supposed to put a child in the front seat, and if they have two or even three car seats, they have to put them all in the back, it's not going to work.

Members of the Vietnamese focus group were more likely to drive multipassenger vans or sport utility vehicles and did not describe car size issues as a limitation.

As might be expected in low-income communities, a major environmental constraint identified was the perceived cost of booster seats. Although the Vietnamese participants indicated that they would pay more money for sturdy-appearing high-back boosters, issues of cost were mentioned constantly in both the African American and Somali groups. Said one participant,

I have to choose between shoes or a booster seat.

In addition, the African American group expressed dismay that a law had been passed without support for purchasing the required seats:

It's always about money. If it is mandatory, it should be affordable.

Although there was support for the distribution of discount coupons, the \$5 coupons available in the community at the time of the focus groups were considered inadequate to justify the trouble of seeking out a retailer that would accept them.

Access to booster seats for purchase was a related environmental constraint, especially for the Somali group. Participants explained that they had to travel up to 10 miles from their home to find a retail outlet offering booster seats, with little information or guidance in the store about selecting an appropriate seat.

Skills and Abilities

Participants in the Somali and Vietnamese focus groups did not identify substantial constraints to booster

seat use based on the lack of specific skills or abilities. The African American group, however, felt that installation of a booster seat was difficult and prone to error that might place the child at greater jeopardy than failure to use the seat at all.

Oh, I've heard stories. They slip through the bottoms of those seatbelts and they just get crammed into the bottom of the car. . . . So now is that really saving them? I kept having that phobia about this thing's got to clamp down . . . but is that really safe, if they can choke you?

They recommended that automobile manufacturers make seats that came installed in the vehicles or that regular car seat safety checks be offered to guide parents in correct use.

Media, Messages, and Credible Sources

Participants were also invited to offer suggestions about educational, motivational, or instructional messages and trusted sources or media for distribution of these messages. All groups identified the need for education and training around booster seats and the law requiring their use and recommended this be accomplished through typical media such as radio and advertisements in community newspapers. Somali families also valued information from other parents.

All parents thought that medical clinics were a good source of child passenger safety information and felt that regular queries by their health care provider underscored the importance of safety restraints. The groups also mentioned child care facilities, community centers, and the welfare office as potential conduits for information. All agreed that educating children about the need for booster seat use might result in more uptake of the practice.

Gather the kids and then play a videotape that's showing the importance of booster seats, so that when they see that, the kids also can encourage their parents to have them put in those booster seats.

The African American and Vietnamese groups recommended that schools and teachers provide children the information about booster seats. The Somali group, however, did not see schools as a credible resource. They pointed out that schools allowed children to ride unbelted in school buses.

All low-income focus group participants seemed to agree that recruiting local police officers to provide

booster seat education was not a good idea. There was a high level of apprehension about the police officer's role in law enforcement and a more general lack of perceived trustworthiness.

► DISCUSSION

Focus groups were used to elicit information from three low-income populations living within the catchment area of our community-based booster seat promotion program. These data were then used to identify—within each ethnic or linguistic group—important predictors of the behavioral intent to use booster seats, as well as external constraints that might limit action on that intent. In this manner, we used an integrated theoretical model to plan our campaign while relying on qualitative data to operationalize the theory of planned behavior for each of the three major ethnic groups in the neighborhoods we serve.

Although many of the determinants of booster seat use were similar to those identified in mixed-income and Latino populations, the relative importance of each factor varied according to the ethnic or linguistic background of the participants in these low-income samples. Beliefs about booster seat use were inaccurate in many cases. All families needed more basic information about the rationale for booster seat use, the timing of the transition from car seats, and the selection of an appropriate model for the child and vehicle in use. African American families lacked reliable information about the safety of booster seats and the utility of safety restraints in general. Somali and Vietnamese families seemed convinced of the safety of the seats but worried instead that children could easily undo the seat belt and move about in the car.

Social norms and expectations around booster seat use were difficult to elicit from these groups. This may reflect the manner in which participants were selected, with an emphasis on those who did not always use booster seats. Alternatively, this may speak to the need for a clear, consistent, and understandable message to parents about the need for, and societal expectations regarding, booster seat use. Although the state law might perform this educative function, the message had clearly not reached these communities. Compliance with the law was not seen as a motivating factor for most parents, though other authors have shown that passage of a law is associated with increases in booster seat use (Murrin & Gardina, 2004). Conversely, all families were motivated by concerns for their children's safety, making this the most important content in campaigns to change social norms.

Questions regarding self-efficacy regarding booster seat use produced interesting contrasts. The Vietnamese families in our group appeared uncomfortable insisting that their children remained buckled up if this required exerting significant behavioral control over the child. They favored car seats over booster seats in this respect because they thought it was more difficult for children to undo car seat harnesses. They also called for education of booster-aged children in order to motivate them to comply with parental requests that they remain buckled in their booster seats.

Somali participants, all of whom were female, saw potential difficulties in asking other drivers to accommodate booster seats for their children. Many rely on their husbands or other male acquaintances to drive them in a car and believe that it would be hard to insist that the person giving the ride make room for booster seats in the car. This appeared to reflect expectations about gender roles as well as discomfort with the recipient of a favor making demands of a benefactor.

As expected, perceived cost was a major constraint for many of the participants in these groups, although this seemed less an issue for the Vietnamese families. It was unclear whether this reflected actual purchasing decisions in that community or whether it was uncomfortable for participants to suggest that child safety decisions had a price point. Lack of a convenient and trustworthy retail source for purchasing booster seats (and other safety supplies) was also an important constraint that limited actual implementation of behavioral intentions among these families. Car size, and the number of children who could be reasonably carried using bulky restraints, were an issue in most groups. In many cases, participants suggested that they prioritized car seats for infants and young children to the exclusion of booster restraints for older kids. African American participants also felt strongly that assistance with installation and verification of correct usage was important in developing the skills needed to consistently use booster seats.

Finally, families provided useful information about media and trusted sources of child passenger safety information. Medical clinics, community newspapers, radio, bus signage, and child care settings were identified by all groups as potential outlets for educational or motivational messages. Somali families doubted the child passenger safety orientation of schools given the lack of seat belts on busses, but other groups saw schools as a potential source of information as well. All groups suggested incorporating education of booster-aged children into outreach efforts as a way to increase demand for seats and consistency of use.

None of the groups in this community valued participation of police officers in a campaign of this nature. This may be reflective of a concurrent period of heightened tension between local police officers and the neighborhoods involved in our study and may not translate to a universal distrust of law enforcement personnel. In fact, some participants identified the state patrol as a good resource for booster seat information and assistance.

We found the focus group methodology a useful and efficient way to engage families from our communities and to tailor our theoretical model to the specific needs and concerns of the individuals we sought to serve. We attempted to structure discussion and standardize the format by using a single professional facilitator with audiotaped sessions. We also had research team members observing each session, taking notes and available to clarify points of emphasis or confusion in the transcript. Professional interpreters were used in the Somali and Vietnamese sessions. Nevertheless, this approach has a number of limitations.

Our sample size is small and inherently nonrepresentative. Participants were volunteers who were recruited from child care or clinic sites in our priority neighborhoods, screened for inconsistent booster use, and restricted to those from specific language or ethnic backgrounds. Although individual groups were homogeneous with respect to race, ethnicity, and language, it would be a mistake to assume that these findings could be generalized to entire racial, ethnic, or linguistic populations.

We also used interpreters for groups conducted in Somali and Vietnamese. We did not back translate the audiotape so cannot be certain of the accuracy of the translation, nor do we know the degree to which statements were summarized or rephrased in the translation process. We were not able to stratify groups by other potentially important factors such as participant gender or acculturation.

A community campaign has been shown to increase booster seat use (Ebel, Koepsell, Bennett, & Rivara, 2003b) but did not target families from different cultural and language communities who may be at higher risk of being improperly restrained. The Injury Free Coalition for Kids of Seattle used data from these groups to develop a booster seat promotion campaign that reaches out to parents through messages from clinics and preschool settings, provides education and hands-on experience with booster seat models, engages children as well as parents, emphasizes safety statistics and behavioral norms around booster seat use, offers seats at low or no cost in community sites easily accessible to families, and is tied to a regular car seat inspection program. In this manner, qualitative data

from focus groups have been used to inform and act upon a theoretical model of booster seat promotion in diverse communities.

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