

CDC *Vital Signs* Town Hall Teleconference  
Q&A

Child Passenger Safety: A State and Tribal Perspective  
February 11, 2014  
2:00 pm EST

Dr. Judy Monroe: Great. So thanks to all of you for excellent presentations and for the compelling data showing that you really can make a difference.

So I would like to remind everyone listening in that you can get into the queue to ask a question by pressing star 1. Say your name when prompted and then you'll be announced into the conference by the operator when it's your turn to ask a question.

I do encourage you to take advantage of this opportunity to share strategies that you have implemented in your own jurisdictions, lessons learned, challenges, and successful stories. We love to hear the success stories.

So, Operator, is there anyone in the queue right now?

Operator: Yes, ma'am.

Our first question comes from Kathy Williams. Ma'am, you have an open line.

Kathy Williams: Thank you.

I have a question for Lisa because we're struggling with this in Washington state of who - did you do any intercept interviews or talked with parents about why they went to seatbelts too soon basically with their younger children?

Lisa Dawson: We did not do formal intercept interviews, focus groups, or any of those kinds of things.

What we know from working on the ground - our child passenger safety technician program goes back at least ten years. And we knew anecdotally from talking to parents that what was happening was that parents were seeing this is another milestone. They were really seeing that, okay, my kid can read in 1st grade instead of 2nd grade. My kid is, the size, they're only in kindergarten but the size of a 1st grader. I mean, they were really looking at all those really competitive milestones and saying, "Okay. Well, now my kid is out of a child safety seat," and we're, like, "Don't look at it that way."

It was kind of our advice back to them is that we needed to get off of the competitive milestone track and really look at we would all be safer if we were in a 5-point harness.

Kathy Williams: Oh, that's interesting. And so that was more prevalent than the kids themselves saying, "I'm big enough to sit in a seatbelt now."

Lisa Dawson: Yes. I mean, when they're at that age, the parent really, in theory, at least in my house maybe I lay down the law but if you want to ride in the car, you have to do it the way we tell you to do it.

Kathy Williams: Okay. Thank you.

Dr. Judy Monroe: Do we have another question?

Operator: Not at this time.

Once again, if you'd like to ask a question, please press star 1 and record your first name and last name clearly when prompted. To withdraw your question, please press star 2.

Dr. Judy Monroe: So while we're waiting on the next questions and I do encourage all of you to, again, share your own success stories or challenges and ask questions. But while we're waiting, Toni, I wanted to ask you. I saw on your data that you all had a nice increase from 55.6% to 73.3% in the use of the child restraints.

I also noticed in that time period that the state of Oklahoma went up at a higher rate than the national. Can you speak to that a little bit? I mean, were you working in conjunction with the state? Because I think I saw that as one of your lessons learned or was your initiative and approach to this completely separate from anything going on in the state?

Toni Short: Well, in the native community, a lot of what I've learned is when I became a technician and becoming a child safety seat instructor through Safe Kids, what I learned in our area is a lot of Native Americans, like on my one-on-one site visits, my one-on-one office visits where my office is located in Binger, we've had a lot of parents. When I go over, I'll let them see a video.

A lot of them don't like the test because they get kind of offended about it. So I don't do my small five or ten question tests anymore. But just having to go over seats with the parents like each five steps of it, a lot of them do not know about - a lot of them do not know anything about seatbelts, whether they don't know what the manuals are really for. To them, it's just another booklet that comes with your car seat.

So it's important to educate and then tell them that, "You need to know your manual. You need to know your vehicle manual that you're driving that you'd be transporting your kids in."

A lot of them don't know what the LATCH system is, which is the lower anchor and tethers for children. There's a newer car, some of them drive newer cars and some of them ask what those bars are in between the sides of the seat. And once you go over your car seat to tell them, you know, "This is what your LATCH is for." You tell them you could use your LATCH system. If you don't want to use your LATCH system, use your seatbelts, install your car seat correctly. A lot of them don't know that car seats are made according a child's height and weight.

And they just go out and buy car seats whether they look like they're nice or whatever and a lot of them misuse theirs. Like Lisa said, they jump from convertible seats to combo. And from combo, they immediately go up to either a high-back or no-back booster seat when the child is not even 40 pounds yet. So a lot of parents don't know them.

And if you go step by step and take your time and point out the misuse of a lot of their seatbelts and when you observe how they came in with their child you go over that with them and, you know, teach them. And a lot of them don't know that if the children still have larger heads, the bodies are smaller, their skulls are still soft, they have a more rounded hip bones. And so that's where we tell them when they get older that they have to go by the height and weight and can't move them to just a seatbelt of a vehicle because you need to tell them that their stomach muscles are still weak. They need to know about the crash force that we try to teach parents, or the grandmothers, or the caregiver.

For instance the misunderstanding of a crash dynamic. If your child is 10 pounds and your car is going up 45 miles an hour, that's 450 pounds of force on your baby. So...

Dr. Judy Monroe: Yes. Wow. So it sounds like - yes, it sounds like that the technical monitoring, the actual one-on-one education and really helping them understand is to the success.

Toni Short: And then the harness where you locate or tell them the harness like a lot of them when your child is rear-facing, the harness slots, they don't even know that. They just think well, I'll just put in the higher slot. Now you can't do that. If your baby is riding rear-facing, you have to put your harness in the slot right at shoulder or behind the shoulder because they're riding rear-facing. And then for the older child you tell them it's at the shoulder or above when they're forward-facing.

So it's just - having them and teach them and go over with them on all of those steps and then they're like, "Oh wow, well, I don't know that's what that was for."

A lot of it is just educational and education and just point out the misuse, letting them know that and all that and how they properly install your car seats.

Operator: Excuse me. We have a question from Ms. Irma Roads-King.

Ma'am, you have an open line.

Irma Roads-King: Yes. So I had a question for Toni.

I was wondering in Alaska, do you have documentation of where there are the trained child protection safety techs by chance?

Toni Short: You can actually go on Safe Kids website, the National Safe Kids website.

Irma Roads-King: Okay. That's where you go to find that? Okay.

Toni Short: Yes. You usually find it there and they'll actually have fitting stations listed if they have any up in your area.

Dr. Erin Sauber-Schatz: And this is Erin.

On CDC, if you go to [www.CDC.gov](http://www.CDC.gov) and type "child passenger safety" in the search box. And then the next step would be to click on "Get the facts" which is our fact page.

At the bottom of that in the "More Information," we have a link to find a technician near you. But it's probably - it might be faster just to search "Safe Kids find a tech." Those are the words that they use is "find a tech."

Irma Roads-King: Okay. Thank you, Erin. And also I had a question for you.

I was wondering in your studies that you have done, do you take - do you factor in the road infrastructure, if the infrastructure is old and not updated to hold the amount of cars on the road.

The second one is factor in about how many drivers enter each year on the roadways.

Dr. Erin Sauber-Schatz: No. In this study, we did not account for road structure or the number of drivers on the roadway. And I think it's also important to note that in this study, we only looked at belt use or nonuse and buckling, so whether the child was buckled in a car seat, booster seat, or seatbelt. And we know the improper use and misuse is another factor.

So for instance, in our data, there were infants or 1-year-olds that were buckled in with the seatbelt. That's completely incorrect.

And so even though we only found 1/3 of the children were unrestrained that died, we know the improper and misuse is also a contributing factor.

Irma Roads-King: Oh, well, of course. But yes, I was just kind of wondering who would – here in Alaska, I commute in 65 miles a day, so it's 100 miles a trip for us. But our infrastructure is not enough for the roads that - I mean, for the cars that we have in the road. We have it's just - and that itself contributes to crashes.

Dr. Erin Sauber-Schatz: Right. Right.

Irma Roads-King: I mean, in general. So I was just kind of...

Dr. Erin Sauber-Schatz: Yes. I mean, you're right. That's - unfortunately, that's one thing we did not account for in this study. But it's a very true point. The roadways do contribute to crashes.

Irma Roads-King: Yes, all across the 50 states because I've heard that on the news and things like that even with congress. The infrastructure that we have across our country, Alaska-wide, and the lower 48 needs to be updated for the amounts of the vehicles running on the roads. So...

Lisa Dawson: If I could interject, this is Lisa in Georgia, we really - we struggle with those fleet size which is the number of cars on the road and also what you're alluding to Irma, about the vehicle miles traveled.

In Atlanta, we have one of the longest average commutes in the US. And so that makes the risk much higher. But we really struggle with accurately

incorporating those types of variables into any analysis that we have. It's pretty tough.

But it's worth asking about because you're right, it does increase risk.

Irma Roads-King: Right. And then the safe test, with our government getting funding for their own states for their infrastructure. It's just like, really hard. So, okay, thank you. I really appreciate it. And I am enjoying the conference. And thank you for letting me pull from your knowledge.

Dr. Judy Monroe: Operator, do we have another question?

Operator: Yes. Our next question comes from Sharon Spence.

Ma'am, you have an open line.

Sharon Spence: Thank you. Good afternoon.

I'm asking a question from the perspective of a consumer. It's challenging when you go into the store to purchase one of the car seats or the proper car seats going from the baby seats or the booster seat, there's so many options, the high back or no back. And I would just like to know if there have been any marketing strategies used on public health strategies which actually targets stores like Target or Babies"R"Us regarding informing the consumers or informing the customers when they appear in the store, one, to encourage the purchase of the car seats and use, and two, to encourage the correct car seat for the age, height, and weight of the child.

Dr. Erin Sauber-Schatz: This is Erin. I think I can start and if others have something to add.

So I think one of the overall messages, I'm also a certified child passenger safety technician, is that every time you move to the next stage of child passenger safety, so when you move from a rear-facing seat to a forward-facing seat, your child is less protected.

And so in general, we recommend that parents buy a car seat or a booster seat - well, a car seat that has a higher height and weight limit so that your child can remain in each stage of child passenger safety longer so they would be rear-facing longer and then in the forward-facing seat with a harness for a longer period of time before they outgrew that and then went to the booster seat. And so that's one recommendation.

And then car seat manufacturers study the safety of their car seats. But another resource that might be helpful for you is the Insurance Institute of Highway Safety does some testing on booster seats and what they call BEST BETs.

And so they study booster seats to see which ones will fit in a variety of cars that will provide the best seatbelt fit. So you can look at the Insurance Institute of Highway Safety for their BEST BETs. And that will help you choose a booster seat that will be more likely to provide proper seatbelt fit in a variety of vehicles and hopefully including yours.

Sharon Spence: Okay. Thank you.

Operator: Thank you. We have another question from Ms. Kathy Quick.

Ma'am, you have an open line.

Kathy Quick: Thank you. I noticed that the program that you are describing, Toni Short, is being done - it's supposed to be a community-directed program to address the safety needs and priorities that you address. And I wondered if you could tell

us, other than seatbelts, what some of those efforts were, either by your nation or by the other nations that were part of the project.

Toni Short: Okay. You're wanting to know if I work with other tribal nations? Ma'am?

Dr. Erin Sauber-Schatz: She might have been lost in the queue. I think she was wondering what other pieces besides seatbelt use the program implemented or looked to do in Caddo Nation and if you're aware of any other tribes that did different pieces of their programs. At least that's what I understood.

Toni Short: Okay. And if she's still on...

Kathy Quick: Yes, I am.

Toni Short: There's four other tribes in Oklahoma that have the - they call it the TIPCAP program which is funded through IHS. And a lot of them - I think only two of them in our area, other than the Caddo Nation, is doing child safety seats but not that much in-depth, I don't think.

I am working - I started working closely with the Kiowa Tribe Injury Prevention coordinator and starting to share my data with her and then we're getting - she's getting onboard to start helping out with some of our observation in our area. And I think her program is going to go for another year for CDC funding that I have will end in September this year. So she will carry on some of the data, also going by the UNC protocol to collect observation data for child passenger safety seat.

Kathy Quick: So when you identified community-based strategies for preventing injuries, was there anything else that you especially wanted to work on other than seatbelt use?

Toni Short: Other than seatbelt use. I still don't understand.

Kathy Quick: Was there anything else that was of concern for you in what was causing these child fatalities and injuries in the cars other than people not wearing seatbelts? Is there anything else that you wanted to work on other than increasing the use of proper child restraints?

Toni Short: A lot of it is the parents themselves in our Native American area, in where we're at located at in Oklahoma, we don't have reservations. So a lot of our education is collaborating with some of the other organizations and teaching the parents that they need to buckle up and they are also going to be teaching their children to use their seatbelts as they grow up.

And the younger kids after working with some of the Head Start kids or some of the younger kids, they're starting to say, even with my own grandson, they tell you get in the car and they're in their car seats and then they'll say, "Well, grandma, you need to buckle up, to be safe."

So, you know, I think by teaching the parents and having the adults to get buckled up and teach their babies and that's one of the best ways to teach the younger kids because a lot of the kids here - when I first started the program, a lot of the kids didn't want to get buckled up. They'll bring the kids up to the office to get a car seat and then we try to fit the kid and that kid is buckling his back and straightening his back like he doesn't want to be in a car seat.

So they're - by doing that and observing all of that, then I talked to the parents and tell them how important it is to use car - seatbelts other than child safety seat.

Kathy Quick: Thank you.

Operator: Our next question is from Montrese Ranson.

Montrese Ranson: Hi. I had a question for Toni. And I joined at the beginnings of your presentation so you may have mentioned this. But were you implementing the state law with regards to child safety restraints or was the tribal council involved with their resolution passed?

Toni Short: No. This is the state law actually. As I mentioned earlier, we don't have tribal reservations here. Actually the grant that we receive from CDC, there was eight tribes that were funded through nationwide and one of them being the Caddo, knowing that there's no reservations here. So the way we work the program here and learning from working this program is working with Oklahoma Highway Safety Office, working with Safe Kids of Oklahoma just having to reach out, working with them, doing observation, collecting data from Oklahoma Highway Safety Office, Safe Kids usually goes by that.

Just overall collaborating with the federal and state level, the tribal level...

Montrese Ranson: Was there any involvement from - with the tribal council at all?

Toni Short: The tribal council, well, they only know what the program is doing and what our goal and objective is, what we're trying to accomplish here in the southwestern Oklahoma and the tribal council is aware of it. I try to educate them on how important it is that the nation needs to know what we're doing out there to increase our seatbelt or child safety seat usage in our area among Native American Indians.

Montrese Ranson: Okay. All right. Thank you.

Toni Short: So that's - and they don't - we don't have a law enforcement in the tribe. In our area, we only have one tribe who are Comanche that have their own law

enforcement. But the rest - the six other tribes we do not have law enforcement.

So by going with the state rate, our state rate right now for 2012 is at 89.1. And with me doing the observation right now is at 73. So having to work that way, and then our fatality rate accordingly to Oklahoma Highway Safety Office starting at 2008, there was six fatality in children; in '09 we have 16, '11 we had 11, or '10 we had 11 fatalities. In 2011, we had 11. Now in 2012, it dropped to only four. And two 2-year-olds, one 6-year-old, and one 7-year-old have lost their lives from not being restrained correctly. So those are the data that I get from our state. But as far as our program, I only do observation in our Head Start centers in our area.

And I think a lot of the other tribes in our area that get funding like this need to start collecting their own data within their tribes which is New Mexico and other places. But Oklahoma is with - it's kind of hard to really try to work with the tribes to make them understand how important it is to collect your own data among your own tribe. So in Oklahoma, we - it's so hard that we have 38 tribes here in Oklahoma - state of Oklahoma but that's not to include other tribes across the United States because I myself is now the host. So, you know, they may be 38 different tribes but I'm sure with all the other intermarriage and stuff there's going to be at least 100 different tribes in Oklahoma that we're observing here.

Dr. Judy Monroe: So thank you for that. This is Judy Monroe again.

Operator, I think we're past the hour. Did we complete all the calls on the queue?

Operator: We have four more questions.

Dr. Judy Monroe: So let me turn to Erin and others how would you all - would you all like to finish up all the questions in the queue?

Dr. Erin Sauber-Schatz: I can stay around. I'm happy to do so. That was Erin.

Dr. Judy Monroe: Okay. Great. So if we can continue the call, operator, we'll go ahead and take the next question.

Operator: Okay.

Our next question is from Ms. Amy Heinzen. Amy, you have an open line.

Amy Heinzen: Hi. My question is for Toni. I'm with the National Safety Council and the National Child Passenger Safety Board. And during her presentation, she mentioned that re-certification is an ongoing issue for the technicians in her community.

I was wondering if there's anything specific that - resources that might be able to be created or other support that could assist with the challenges they're facing with re-certification.

Toni Short: A lot of our challenges is a lot of our Native American people that are certified as technicians we have some older ones. A lot of the tribal places here either have a challenge by not - like some of the tribes, for instance, Caddo, sometimes we can't get out of our worksite as far as getting our computers. Most of it is internal.

A lot of the people can't get out on open websites, for instance, Comanche, the technicians there try to get on their computers to get on Safe Kids website to re-certify and do all of that. They are locked down and they can't get on any other website and I don't know why tribes do that. But they all come to

me or call me and they'll come to my office and I will have to get on my computer and get them re-certified.

A lot of them get letters in the mail prior to their re-certification. And most of them don't - I guess don't pay attention to a lot of their mails that they get so they come and they want to know that they forgot their password and everything. I don't know how much easier we can make it through a lot of these technicians because I will have to call worldwide Safe Kids and help them get their username and their password and get them started all over again.

So it's kind of like - for me, what I do is I'm starting to keep the folder of all the technicians that we have and ask them, "Okay, you're signed on. You're technician now. Do you want me to keep your username and password? And if you do, I have it on file. So when it comes to that you need to re-certify and you don't know any of that or you need to get on the website, let me know and I can give it to you."

And having to work it like that kind of spoon feeding everybody. But really I shouldn't be doing that. But I'd tell them, "You need to get on that website because they'll tell you how to go step by step to get re-certified."

Amy Heinzen: And we've tried to provide a lot of online CEU opportunities for people that can't make it to in-person courses. So that was one of the things I had questions about. I sent you an email actually. So you have my contact information if there's anything else we can do to help.

Toni Short: Yes. And that's what I tell a lot of them in - and also one of the biggest issues is we have a lot of - they're not computer literate. So a lot of times they'll have a rough time with that. And I know where they're coming from because when I first started ten years ago, I was the same way.

So I try to take time and teach a lot of our CPS technician in our area or they'll shoot me an email and need help and I'll do everything I can to try to help them and educate them.

Amy Heinzen: Okay. Thank you very much.

Operator: Our next question comes from Kimberly Washburn. You have an open line.

Ms. Kimberly Washburn, you have an open line.

Dr. Judy Monroe: Yes. Since it's past the hour, I imagine some people had to drop the call. I wonder.

Operator: Okay. We'll move along. Vene LeGon, you have an open line.

Vene LeGon: Hello. My name is Officer Vene LeGon. And I'm a certified technician with the DC Metropolitan Police Department.

We find challenging because we pretty much teach our caregivers and parents how to properly install their child safety seats. And we're installing and then teaching approximately over 1,900 seats a year. And our challenge is the retailers who are in the business of selling seats and not saving lives. And that's the big problem for us because some retailers are selling high-end seats and it doesn't fit the car. So we have our caregivers and parents that come to us when we have to encourage them that this is not the proper seat for your car.

And not only that, I mean, this is a big problem for us. And is there anything that the panel had looked into or can think of - to give to us to combat some of these issues because you don't have a certified technician at that retail store

selling these seats to a parent because the parents - half of them don't know or they don't have the resources to compare the seats.

Lisa Dawson: I'd be happy to answer that question. This is Lisa.

Dr. Judy Monroe: Yes, go ahead.

Lisa Dawson: So in our experience, what we tell parents who call up and say, "What's the best seat," we let them know that all of them must meet the same safety standard, whether they cost \$55 or \$355. They all must meet FMVSS 213.

The second thing that we encourage them to do is to try the seats in their car, to go ahead and block off two or three hours in an afternoon and go to the store. And Babies'R'Us actually in Georgia -- and I think we have a pretty good partnership with Babies'R'Us, it may be in the region -- allows a parent to leave their driver's license at the checkout counter and take seats out their car and try them.

If you don't have Babies'R'Us, if you're dealing with some of the other big box store chains, you just have to let the parent know that they're going to have to purchase them, take them out to the car and try them and then return them.

But the idea is that try them until you find the right seat that fits and do it in the parking lot of the store, if at all possible, so that you have access to different seats to try.

That's the two things that we've encouraged parents to do is that cost is not necessarily an indicator of how well or how bad a seat performs in a crash and that trying the seat and having a seat that not only fits your car but is convenient for you if it's not convenient for the parent, that's another factor

against utilizing child safety seats. So we want them to both fit the car and be convenient for the parent.

Vene LeGon: Okay. I do understand that. But - and again, these parents are coming to us after the fact as a group. Is there anything that can be done nationally to try to combat that issue? Because some parents don't have that resources and all retailers are not doing that.

Dr. Erin Sauber-Schatz: I think - this is Erin. I think that that's a good point. And I'll just share something. I was on a panel discussing child passenger safety in the last couple of weeks. And that was an issue that we were talking about is that there's the back seat of a vehicle vary significantly and then also the bases of car seats and booster seats also vary. And so we were discussing if there's some sort of way that these the back seat of vehicles and/or the bases of car seats can be standardized in some way to ensure a good fit for a wide variety of vehicles and a wide variety of seats.

But unfortunately, I don't think we're there yet. But I think that that - that's something that really needs to be considered and talked about some more. So I think you have a very good point.

Vene LeGon: Yes, because we are in the business of savings lives. That's the main important thing. And here in DC, we see over or approximately 2,000 seats a year. And we're hands on here. And if there's anything that we can do to assist, we're here for you guys.

Dr. Erin Sauber-Schatz: Okay. Well, thank you very much. And thank you for the service that you all provide to the community.

Vene LeGon: Thank you.

Operator: Our last question comes from Irma Roads-King.

Irma Roads-King: Yes. My question is for Erin or - I was - there was a lady that had asked a question earlier of Toni. Because it says that the purpose of the program is to tailor, implement, and evaluate American Indian and Alaska Native community-based strategies with demonstrated effectiveness for preventing motor vehicle injuries.

And I think her - I thought maybe you can - since you work for the CDC, her question was, are they doing anything else but just focusing on child safety seats like focus on, like, drug abuse or, you know, taking driver safety classes, that kind of thing?

Dr. Erin Sauber-Schatz: Right. So the Tribal Motor Vehicle Injury Prevention Program, which is the CDC program that was implemented in the different tribes that the Caddo Nation is also a part of, it really focused on restraint use and that includes child passenger safety and also alcohol-impaired driving. So trying to reduce - increase seatbelt use, increase child passenger safety seat use, and reduce alcohol-impaired driving. So those were kind of the main focus areas...

Irma Roads-King: Okay. So various other areas. It's just today's main focus is on child safety.

And then my question is, is one of the funded tribes is one of those in Alaska?

Toni Short: Yes, there is.

Irma Roads-King: There is? And do you know which tribe it is so I can...

Toni Short: I know it's in Juneau, Alaska.

Irma Roads-King: Okay. Okay. In Juneau.

Dr. Erin Sauber-Schatz: I should know that but I can't think of which tribe it is off the top of my head.

Irma Roads-King: Can I find it on the website? On the CDC website?

Dr. Erin Sauber-Schatz: Yes. So if you go to [www.CDC.gov](http://www.CDC.gov) and then you can go to the Motor Vehicle Safety page or type in "motor vehicle safety."

And we have a link on the left-hand side will say "Tribal Motor Vehicle Safety." And that provides information on which tribes we funded.

Irma Roads-King: Okay. That's great because - and I might contact them to see if there's anything - I don't even know if the Ugashik Tribe, if there's anybody that is certified to do like the child safety protection certification or something. That was my question.

Thank you kindly. I will let you all go. And we - I really enjoyed it. And have a wonderful rest of the week.

Dr. Erin Sauber-Schatz: Thank you.

Irma Roads-King: And I appreciate you hanging on the line for extra. Okay.

Dr. Judy Monroe: So, well, so thanks, everyone. This will conclude our call.

But before we close, let us know how we can improve the teleconferences and make them more beneficial to you. You can e-mail us suggestions at [OSTLTSFeedback@cdc.gov](mailto:OSTLTSFeedback@cdc.gov). That's [OSTLTSFeedback@cdc.gov](mailto:OSTLTSFeedback@cdc.gov).

And we would enjoy having you all join us for the next teleconference which will be next month on March 11th. We'll be focusing on healthcare associated infections on that call.

I must say I really enjoyed all the enthusiasm and passion on the call. So thanks to our presenters and everyone who attended. Have a great day.

Operator: Thank you for your participation. You may disconnect at this time.