

**Contract Period October 1, 2018 - September 30, 2021**

**LPHA Contractor:** Wright County Health Department

**Selected Priority Health Issue(s):**

Prevent and reduce unintentional injuries in adolescents 10 – 19 years old related to motor vehicle accidents. The national outcome measure that will be addressed through selected priority health issue will be the rate of death in adolescents age 10-19 per 100,000.

**Statement of the Problem:**

The child mortality rate in Wright County exceeds the state average and is nearly double top US performers<sup>1</sup>. Wright County children had more preventable hospitalizations than the Missouri average, with a rate of 9.2 in 2011 and 7.2 in 2015, compared to the state rate of 7.6.<sup>2</sup> Wright County has slightly lower rate of injury-related emergency room visits (8.1) among children ages 1-14 than the Missouri average at 9.1, but it has almost triple the rate of hospitalizations due to injury at 311, than the state average of 129.<sup>3</sup> Wright County's rate of injury-related emergency room visits among youth ages 15 – 19 slightly exceeds the state rate at 11.5 versus 10.2.<sup>3</sup> The injury-related hospitalization rate for Wright County youth age 15 – 19 is 246 (per 100,000), compared to the state rate of 383.<sup>3</sup>

From 2014-2015, the injury rate due to non-traffic motor vehicle accidents among Wright County children under age 15 was 340 (per 100,000) in Wright County, compared to 357 (per 100,000) in Missouri. The rate of traffic-related motor vehicle accidents among this same age group was 550 (per 100,000) in Wright County, exceeding the state rate of 337 (per 100,00). Among Wright County youth age 15 – 24, the injury rate due to non-traffic motor vehicle accidents was 421 (per 100,00), higher than the state rate of 317, and the injury rate due to traffic-related motor vehicle accidents among Wright County youth 15 – 24 years old was 2 versus the state rate of 1.8.<sup>4</sup>

Wright County's rate of motor vehicle deaths among children ages 1 – 14 is 7.42, more than double the state average at 3.00.<sup>3</sup> The rate of motor vehicle deaths among Wright County youth age 15 – 19 is 41.6, significantly higher than the state rate of 24.4.<sup>4</sup> The Missouri Department of Health and Senior Services states that well over half of Missouri's unintentional injury deaths for the 15 – 19 year old age group are due to motor vehicle crashes. Unrestrained automobile fatalities was the cause of 100% of the deaths among children under 18 in Wright County from 2006 – 2015.<sup>2</sup> The National Highway Traffic Safety Administration reports that half of all Wright County fatalities due to motor vehicle crashes were to vehicle occupants not using restraints.<sup>5</sup>

In 2008 the National Highway Traffic Safety Administration interviewed parents and children 8 – 15 across the nation to learn about their vehicle restraint use practices. The following reasons were given for not using seat belts:

- Absence of conditions (no reminders, lack of modeling, exceptions)
- Lack of working seat belts
- Restrictive or uncomfortable restraints
- Gap in information to parents on proper seat, position, use, etc.
- Forgot
- Not enough seat belts in vehicle
- Only going a short distance
- Eating or sleeping in car
- Wearing sports equipment that is hard to get seat belt over (football gear)
- Not afraid of injury
- Not cool to buckle up

While these are potential root causes for a lack of seat belt use, the Wright County Health Department plans to conduct a local survey to identify vehicle restraint use practices and barriers.

Other community elements that may contribute to the problem include generational learned behavior, a lower educational level, or poverty which creates a barrier to purchasing car seats and booster seats or repairing non-working seat belts.

In a recent community survey about the maternal, child health population, only 56% of respondents agreed or strongly agreed that Wright County has adequate resources available to serve mothers, infants, and children/adolescents. In addition, 44% agreed or strongly agreed that health inequities exist for the MCH population in Wright County, and 44% agreed or strongly agreed that mothers, infants, and children/adolescents face barriers to care in Wright County. Barriers for Wright County citizens include private and public transportation access, access to care beyond the primary care facilities, affordable health insurance and economic disparities.

Wright County has a population of 18,286 persons, of which 25.4% are under 18 years old, and 6.9% are under 5 years old. The county has seen very little population change over the past decade.

There is very little ethnic diversity in the county, with 96.8% of residents identifying as “Caucasian alone.” The average household is 2.46 persons and nearly 7 in 10 residents live in their own home. Those that rent a home pay a median gross rent of \$534 a month.

Approximately 1 in 4 children live in a single-parent household, compared to top US performers at 21% and the state average at 43%. Data from 2011 – 2015 show that 77.2% of Wright County children live in a high poverty area, nearly twice that of the 47% reported in 2006 – 2010. The child homelessness rate also climbed from 0.4% in 2011 to 0.9% in 2015.

More than half of residents (51.5%) over the age of 16 are in the civilian labor force, including 45.5% of the women. The unemployment rate has declined from 8.9% in 2011 to 6.2% in 2015, but still exceeds the unemployment rate for the top US performer at 3.3% and the state of Missouri at 5%. The 2015 median household income was \$30,581, and nearly one in four county residents (24.2%) lives in poverty, including 38% of children under 18. This compares to the state average of 20.4% of children living in poverty.

Most Wright County residents graduate from high school (96%), but just over half (52%) of the graduates go on to pursue some level of college education, compared to top US performers at 72% and the Missouri average at 65%.

Wright County has two federally qualified health centers, and seven rural health clinics, but does not have a hospital. Its provider to population ratio of 4570:1 falls short of the state average of 1420:1. In Wright County the rate of adults without health insurance has remained fairly steady over the past five years, but the rate of children without health insurance remained steady at 9% in 2013, 2014 and 2015, took a slight dip to 8% in 2016, and then climbed to 11% in 2017.

Sources:

<sup>1</sup>County Health Ranking & Roadmaps. Retrieved from <http://www.countyhealthrankings.org/app/missouri/2017/rankings/wright/county/outcomes/overall/snapshot>

<sup>2</sup>Missouri Kids Count 2017 Data Book. Retrieved from <http://missourikidscountdata.org/counties/wright.pdf>

<sup>3</sup>DHSS, MOPHIMS. Retrieved from <https://webapp01.dhss.mo.gov/MOPHIMS/ProfileBuilder?pc=1>

<sup>4</sup>DHSS, MOPHIMS. Retrieved from <https://webapp01.dhss.mo.gov/MOPHIMS/QueryBuilder?qbc=IM&q=1&m=1>.

<sup>5</sup>National Highway Traffic Safety Administration, Fatalities by Person/Crash Type. Retrieved from [https://cdan.nhtsa.gov/SASStoredProcess/guest?\\_program=%2FPProduction%2FApps%2FSTSI%2FSTSI](https://cdan.nhtsa.gov/SASStoredProcess/guest?_program=%2FPProduction%2FApps%2FSTSI%2FSTSI)

### Goal(s):

Reduce injuries and deaths to Wright County adolescents age 10 – 19, caused by motor vehicle accidents.

## Evidence-Based Strategies:

Interventions and activities offered through this contract will be made available to all children and their families regardless of income or demographics. School-based campaigns have been shown to be an effective strategy in reaching families where their children spend a great deal of time, eliminating some barriers such as in areas where public transportation is lacking. Campaigns will be focused on the schools in order to reach families at a central hub due to the lack of public transportation and long driving distances within the county to obtain services. Safety events will be held in conjunction with existing events such as county fairs, sporting events etc. when possible to take advantage of instances when families are already out in the community. More specific evidence based strategies that will be used include:

- Utilize the MODOT 2018 Seat Belt Use Survey to measure seat belt use among drivers in Wright County. The driver's use of a vehicle restraint has a direct influence on passenger use of vehicle restraints.<sup>7,8</sup>
- Conduct an age-specific observational survey to measure seat belt use among middle and high school students in Wright County.
- Conduct a digital survey to collect qualitative data on resident's vehicle restraint use attitudes, behaviors, and barriers.<sup>6</sup>
- Incorporate evidence that shows modeling and reminders from adult drivers influence child behavior. When asked their level of agreement with the statement, "I have a habit of wearing a seat belt because my parents insisted I wear them when I was a child," 80% of survey participants 16 to 24 years old either *strongly agreed* or *somewhat agreed* with this statement.<sup>7</sup>
- Inform education with the following evidence-based strategies:<sup>8</sup>
  - Emphasize modeling by parents as an important indicator in youth vehicle restraint use
  - Provide information for parents on vehicle restraint use for children from toddler to pre-teen ages
  - Incorporate school assemblies as an education opportunity, based on feedback from children who said that hearing from other kids or teens about the consequences of not using vehicle restraints would make it more real
  - Utilize interventions that build a "habit" of seat belt use, which are more effective long-term than reward or incentive-based programs that lead only to temporary behavior change
  - Understand that effective programs must address attitudes or motivations for not using vehicle restraints in order to change non-use behaviors
- Utilize the following evidence-based strategies in program development and dissemination:<sup>8</sup>
  - Target both parents and youth, and involve the community
  - Empower youth to look at facts and make their own decisions
  - Use a stream of diverse messages with varying impact through multiple pathways
- Work with schools to provide information to students and parents.<sup>9</sup> Parents reported the most influential sources for information were interpersonal (friends, doctor, school, family, other parents).<sup>8</sup>

- Continue car seat and booster seat give-away program that includes education for parents or caregivers.<sup>9</sup>

Sources:

<sup>6</sup>M.F Hazinski, V.A Eddy, J.A Morris Jr. Children's traffic safety program: Influence on early elementary school safety education on family seat belt use. The Journal of Trauma: Injury, Infection, and Critical Care, 39 (1995), pp. 1063-1067

<sup>7</sup>National Highway Traffic Safety Administration, Motor Vehicle Occupant Safety Survey. 2007

<sup>8</sup>Kuhn, M. & Lam, J. Increasing Seat Belt Use Among 8- to 15-Year-Olds: Volumes I and II, National Highway Traffic Safety Administration. 2008. Retrieved from <https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/810966.pdf>

<sup>9</sup>CDC, Vital Signs. Retrieved from <https://www.cdc.gov/vitalsigns/childpassengersafety/index.html>

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<b>Spectrum of Prevention</b>	<b>System Outcomes by Sept. 30, 2021</b>	<b>Activities</b>
<p><b>Influence Policy and Legislation</b>  <i>Develop strategies to change laws and policies to influence outcomes in health, education, and justice</i></p>	<p>By the end of FFY2021, WCHD will increase the number of organizations with seat belt policies.</p>	<p><b>FFY 2019:</b> Establish a baseline measurement of how many businesses and organizations within the county currently have seat belt policies in place.</p> <p><b>FFY 2020:</b> Conduct outreach through local Chambers of Commerce to encourage seat belt policies.</p> <p><b>FFY 2021:</b> Support business’ efforts to adopt and implement a seat belt policy; recognize participating businesses on Facebook and website and in press releases to local media; reach out annually to new businesses with seat belt policy information</p>
<p><b>Change Organizational Practices</b>  <i>Adopt regulations and change norms to improve health and safety and create new models</i></p>	<p>By the end of FFY2021, WCHD will implement an internal process to add vehicle restraint questions and education during clinic visits.</p>	<p><b>FFY 2019:</b> Establish a baseline of local vehicle restraint use and identify gaps and barriers to use.</p> <ul style="list-style-type: none"> <li>• Review MoDOT 2018 Seat Belt Survey in Wright County</li> <li>• Conduct a baseline observational study to determine the percentage of children in Middle School and High School properly using vehicle restraints, and identify risk and protective factors.</li> <li>• Conduct a survey of adults on vehicle restraint use for the family, in order to identify local gaps and causes for non-vehicle restraint use.</li> </ul> <p>Based on survey results, develop health literacy-friendly question(s) and education to be integrated into client visits.</p> <p><b>FFY 2020:</b> Integrate vehicle restraint use question(s) and education into Family Planning Clinic client visits.</p> <p><b>FFY 2021:</b> Integrate vehicle restraint use question(s) and education into additional programs’ client visits.</p>
<p><b>Foster Coalitions and Networks</b>  <i>Convening groups and individuals for broader goals and greater impact</i></p>	<p>By the end of FFY2021, WCHD will increase the number of community partners working on vehicle restraint use, and will identify resources to</p>	<p><b>FFY 2019:</b> Identify which local organizations are currently working on vehicle restraint use and invite them to attend the Southeast Coalition for Roadway Safety meetings.</p> <p><b>FFY 2020:</b> Work with the Coalition to identify local resources to address barriers to seat belt use. Reach out to neighbor local public health agencies and encourage their attendance at Coalition meetings (28-county coverage area)</p>

**Maternal Child Health Services Contract Work Plan**

FFY 2019-2021

	address gaps.	<b>FFY 2021:</b> Develop material(s) and process for sharing information about available resources.
<p><b>Educate Providers</b>  <i>Inform providers and influential organizations and leaders who will transmit skills and knowledge to others</i></p>	<p>By the end of FFY2021, WCHD will present evidence-based models to existing student organizations in an effort to mobilize them into action.</p>	<p><b>FFY 2019:</b> Reach out and make connections with existing student organizations such as Future Business Leaders of America (FBLA) or National Honor Society (NHS). Identify potential local partner(s) that would be willing to provide a “scholarship opportunity” for participating students.</p>
		<p><b>FFY 2020:</b> Present sample vehicle safety models and curriculum to student organizations in one local school district in an effort to engage them in developing a program and/or campaign. Identify potential local partner(s) willing to provide a “scholarship opportunity” for participating students.</p>
		<p><b>FFY 2021:</b> Present sample vehicle safety models and curriculum to student organizations in two additional local school districts in an effort to engage them in developing a program and/or campaign. Identify potential local partner(s) willing to provide a “scholarship opportunity” for participating students.</p>
<p><b>Promote Community Education</b>  <i>Reach groups of people with information and resources to promote health and safety</i></p>	<p>By the end of FFY2021, WCHD will increase community education campaigns on vehicle restraint use.</p>	<p><b>FFY 2019:</b> Determine existing community events focused on vehicle restraint use, or with the potential to add vehicle restraint use information.</p>
		<p><b>FFY 2020:</b> Partner with community organization(s) to provide vehicle safety information during at least one community event.</p>
		<p><b>FFY 2021:</b> Partner with community organization(s) to provide vehicle safety information during at least two additional community events.</p>
<p><b>Strengthen Individual Knowledge and Skills</b>  <i>Enhance an individual's capability of preventing injury or illness and promoting health and safety</i></p>	<p>By the end of FFY2021, WCHD will increase high school students’ understanding of vehicle restraint safety as evidenced by comparison of pre- and post-education survey results.</p>	<p><b>FFY 2019:</b> Provide vehicle safety information to students at Mansfield High School; conduct vehicle safety practices survey during Open House and at the end of the year in conjunction with locker/parking space assignments</p>
		<p><b>FFY 2020:</b> Provide vehicle safety information to students at one additional local high school; conduct vehicle safety practices survey during Open House and at the end of the year in conjunction with locker/parking space assignments</p>
		<p><b>FFY 2021:</b> Provide vehicle safety information to students at two additional local high schools; conduct vehicle safety practices survey during Open House and at the end of the year in conjunction with locker/parking space assignments</p>

**Revision Date:**

*(to be completed only for an amendment)*

Approved & Accepted: 6/11/2018

*Sandy Hong*