

The Health Index

CHILDHOOD INJURY PREVENTION – CAMPAIGN AWARENESS

Issue 15, May 2005

KEY POINTS:

- 14.6% of Middlesex-London residents were aware of the ‘Child Injury’ media campaign.
- Awareness of the campaign was higher among women (20.1%) than among males (8.5%).
- Of those residents who were aware of the ‘Child Injury’ media campaign, 80.5% said the information was helpful or very helpful, and 68% of these individuals used the information they received to make their homes safer (e.g. childproofing, supervision, teaching).

INDEX

Background	1
Awareness of “ <i>Safe Adventures Start at Home</i> ” Child Injury Media Campaign	2
Sources of Campaign Information	3
Perception of the Utility of Information Presented in the Campaign	3
Summary and Implications.....	4
Methods and Definitions.....	4
References	6
Contacts	6

BACKGROUND

Injuries across all age groups have been cited as a leading cause of death nationally and internationally¹. Among children specifically, injury accounts for almost 40 per cent of deaths in developed nations, and also represents the leading threat to the health of children². Childhood deaths resulting from injury equal all deaths due to cancer, infectious disease, birth defects and diseases of the respiratory and nervous system combined³. In addition, there are important patterns in types and rates of injury. For example, boys are 70 per cent

more likely to die from injury than girls, and risk of child injury deaths is strongly associated with poverty². Furthermore, the likelihood of child injuries has been linked to single parenthood, low maternal education, low maternal age at birth, poor housing, large family size, and parental drug or alcohol abuse, and there are also significant patterns of injury among different age groups⁴.

In an effort to reduce the number of child injuries in Ontario, many programs (i.e. Smart Risk, Provincial Early Childhood Development programs) have focused attention and funding on projects that increase awareness of the predictability and preventability of injuries, since it has been estimated that more than 90% of injuries are preventable³. Locally, in London and Middlesex, the *Early Childhood Injury Prevention Project* (ECIPP) is a community initiative funded by the Ministry of Children and Youth Services (MCYS) and the Government of Canada. The vision of this four-year program that began in 2002 is to reduce childhood injuries, disabilities and deaths among children from birth to 6 years of age by ensuring safer homes, child-care settings and communities.

Using the slogan 'Safe Adventures Start at Home', a campaign was developed which aimed to increase awareness among parents and caregivers of children aged 0-6 years that injuries are the number one health risk for young children and that these injuries are predictable and preventable. The first stage of this comprehensive media campaign was launched in 2003 by a consortium of community partners^a who are members of the London Safe Communities Child Safety Committee. Each year, waves of messaging with an underlying theme addressing the top causes of injury have been developed (e.g. falls, poisonings, burns, drowning, choking and suffocation) and disseminated using various forms of media including newspapers, radio and television ads, posters, hand-outs and transit shelter advertising. Across the southwest region, health units have worked together to ensure consistency of messaging in order to make the overall campaign more effective.

The data reported on in this issue of the *Health Index* focuses on the awareness of media campaign messages that were disseminated in 2004 to residents of London and Middlesex through the efforts of the London Safe Communities Child Safety Committee. Previous *Health Index* reports produced by the Middlesex-London Health Unit have studied local awareness of injury risk and attitudes among residents⁵ and examined parental knowledge and attitudes towards injury⁶. This *Health Index* provides an analysis of the data collected in the Parent Survey that was collected for the Middlesex-London Health Unit between July 14 and December 5, 2004. A sample of 563 randomly-selected households in London-

^a Community Partners include: the Middlesex-London Health Unit, Growing Concern Child Care, London District Catholic School Board, London Health Science Centre, Thames Valley District School Board, Conseil scolaire de district des écoles catholiques du Sud-Ouest-Bureau de London, Ontario Early Year Centres (Westmount and Ilderton Satellite), London Fire Services, London Bridge Child Care Services, London Police Department, The Canadian Red Cross, Ontario Provincial Police and the YMCA (Safety Village).

Middlesex in which children under the age of 12 years were living were included in the survey. Of the 563 residents who participated in the survey, 65.5% were parents or primary caregivers of children 0-6.

AWARENESS OF 'SAFE ADVENTURES START AT HOME' CHILD INJURY MEDIA CAMPAIGN

Among Middlesex-London residents who responded to campaign awareness questions in the Parent Survey, 14.6% (+/- 2.9%) were aware of the Child Injury Media Campaign. Upon analysis of different locational and demographic variables (i.e. gender, age, socio-economic status), it is evident that the only significant difference in awareness was by gender, with females being more aware of the campaign than males. Although there were no significant differences among other variables, the results of the analyses are presented below.

- **Gender:** Females in Middlesex-London were more likely to report awareness of the media campaign (20.1% ± 4.5%) than males (8.5% ± 3.5%).
- **Place of Residence:** There was no significant difference between London residents (15.7% ± 3.5%) and residents of Middlesex County (12.1% ± 5.7%) with respect to campaign awareness.
- **Average Age of Children:** There were no significant differences in levels of awareness among parents with one-to-two children between the ages 4-11 14.8% (± 3.5%), aged 1-3 19% (± 6.1%) or less than one years of age 15.8% (±9.5%).
- **Age:** No residents aged 18-24 indicated that they had knowledge of the media campaign and there were no differences in the levels of awareness by age group [**age 25-34:** 19.3% (± 6.3%); **age 35-44:** 14.1% (± 4.2%); **age 45+:** 10.3% (± 7.2%)].

- **Education:** There were no significant differences in levels of awareness of the campaign by highest level of education achieved. Due to the small number of individuals in the sample, awareness among individuals with less than a high school education could not be released. Among individuals with a high school education, awareness was 15% ($\pm 5.3\%$), and was 15.1% ($\pm 3.7\%$) among post-secondary graduates.
- **Household Income:** There were no significant differences in awareness of the campaign based on annual household income.

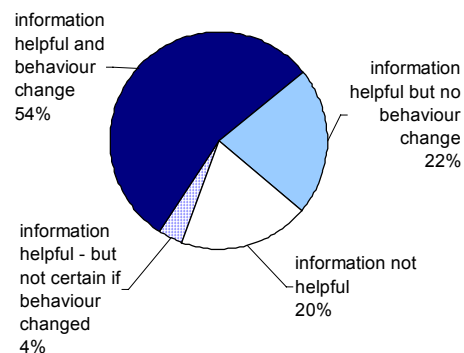
SOURCES OF CAMPAIGN INFORMATION

Residents who had reported that they were aware of the media campaign were asked in an open-ended manner (i.e. not prompted) to identify the source from which they received information about the campaign. The 'Safe Adventures Start at Home' campaign used a variety of media to translate messages about safety to the community. Parent survey participants demonstrated no significant differences in types of media cited as the source of information about the campaign. Print materials, including pamphlets, colouring books, newsletters and flyers, were cited by 28% ($\pm 9.7\%$) of residents, while mass media sources including newspaper, radio, TV and magazines were noted by 25.6% ($\pm 9.4\%$). Other media sources of information included community locations such as schools, daycares, Ontario Early Years Centre locations and libraries at 17.1% ($\pm 8.1\%$); transit shelters, bus ads and posters/displays at 13.4% ($\pm 7.4\%$), and referrals from friends, family, colleagues and health care providers at 11% ($\pm 6.8\%$). No residents cited the internet or websites as sources of media campaign messages.

PERCEPTION OF THE UTILITY OF INFORMATION PRESENTED IN THE CAMPAIGN:

A further component of the campaign awareness survey was to determine whether or not the media campaign and its messages resulted in behaviour changes among residents. To this end, residents were asked if they found the information in the campaign to be useful to them. Altogether, 80.5% of residents said that they found the information to be helpful (29.3% ($\pm 9.9\%$)) or very helpful (51.2% ($\pm 10.8\%$)). Of those individuals who stated that they found the information in the campaign to be helpful, 68.2% ($\pm 11.2\%$) stated that they had used the information to make their homes safer. Three important changes that were noted among residents that include increased childproofing of the home (51.3% $\pm 15.7\%$), supervision of children (17.8% $\pm 11.2\%$), and teaching children about possible dangers in the home (15.4% $\pm 11.3\%$). Figure 1 demonstrates the perspective of all residents who were asked about the utility of the information presented in the campaign (i.e. 80% of residents found the information helpful and 54% said they changed their behaviour as a result).

Figure 1 – Utility of Information Presented in the Campaign to Residents



Source: Parent Survey, 2004

SUMMARY AND IMPLICATIONS:

The '*Safe Adventures Start at Home*' campaign is a regional media campaign that began in 2003. It is important to acknowledge that one of the most significant results of this Health Index is the apparent low rate of recognition of the campaign among Parent Survey respondents, particularly among males. These low rates of recognition could be the cumulative result of any number of factors, and they should be explored while planning subsequent phases of the injury campaign. In 2003, the slogan used in media messages was '*Safe Adventures Start at Home*'; in 2004 the campaign focused primarily on falls prevention with '*Little Climbers Take Big Risks*'.

As a result of the new focus of media messages, the public may not have made the connection between the two programs, although both names did appear on all campaign materials. The Parent Survey asked residents only about '*Safe Adventures Start at Home*', thus this may have led to confusion between the title and subtitles and as a result, lowered campaign awareness. Thus, it is suggested that for future waves of media messages, that both the slogans continue to be included on all print materials, or reorganized to emphasize the slogan: '*Safe Adventures*'. In addition, future editions of the awareness survey should directly ask residents if they have heard of '*Safe Adventures Start at Home*' and/or '*Little Climbers Take Big Risks*', or if they are aware of other relevant safety/injury prevention messages that were included in the campaign.

There were three waves of media in 2004 during the months of May, October/November, and in December which included radio, billboards, transit shelters, cinema ads and print media, although not all components were included in each wave. However, there were no significant differences in awareness between the first wave of campaign at 14.3% ($\pm 5.4\%$) (surveys conducted July-Sept) and the second and third waves of the campaign

at 15.1% ($\pm 3.5\%$) (surveys conducted Oct-Dec). Thus, it seems that low rates of awareness of the campaign were not necessarily related to the timing of the campaign and the beginning of the parent survey. Perhaps the timing of the campaign in the summer months and then in the busier fall months may have resulted in reduced levels of awareness. Thus, it is important to develop a plan for the next waves of media that will consider the best timing for the dissemination of messages.

With regards to gender-specific awareness, it is evident that males were less likely to report being aware of the media campaign messages; consequently, consideration should be given to developing future campaigns that target this group, specifically. Although the overall awareness of the media campaign was low among both males and females, it is evident that the messages disseminated in the '*Safe Adventures Start at Home*' campaign did reinforce the importance of childproofing, appropriate levels of supervision and teaching children about risks and potential dangers among residents. Furthermore, despite the fact there were no significant differences in awareness between county and city residents, it remains a significant challenge to disseminate media messages to the rural areas since many of the media employed to disseminate messages are available only in an urban environment (i.e. bus ads, transit shelters).

METHODS AND DEFINITIONS

All data reported in this *Health Index* are taken from the Parent Survey-2004 that was collected for Middlesex-London Health Unit by the Institute of Social Research (ISR) at York University. This survey is based on questions developed for the Rapid Risk Factor Surveillance System (RRFSS). The purpose of the specific series of questions (Child Injury Prevention: Campaign Awareness) included in this survey was to monitor public awareness of media campaign messages and possible behaviour changes in

response to information presented during the media campaign to prevent child injury. Each question in the media campaign awareness module was analyzed by respondents' place of residence (Middlesex County or City of London), gender, age of children, marital status and socio-economic status (education and income).

The data in the Parent Survey were collected from 563 households in London and Middlesex County. Health issues related to pregnancy, breast feeding, and safety concerns involving car seat use for children, were examined in this study as well as the ways in which caregivers perceive accidents, injuries and illness among young children. Approximately 100 parents/caregivers in London and Middlesex County were interviewed each month on topics relevant to parents and their children between March to November 2004. Randomly-selected households in which there were children under 12 years of age were included, and the adult in the household who was 18 years of age or older who would be having the next birthday was interviewed. Once an individual was identified as the person with the next birthday, every effort was made to complete the interview with the appropriate respondent; the respondent did not need to be a parent or primary caregiver to participate in the survey. It is the intention of the Safety Committee to complete an assessment of community awareness upon completion of the media campaign project in order to determine if rates of awareness increased over the life of the project.

All percentages in this Health Index are provided with 95% confidence intervals. Differences in proportions were considered significant at $p < 0.05$. In accordance with the RRFSS analysis guidelines, "Don't know" and "Refused" responses were retained in the denominator for all calculations. Results were subject to suppression if any one of the following conditions existed: denominator of a rate was less than 30, numerator was less than five or if the co-efficient of variation was greater than 33.3.

The media campaign module of the Parent Survey was comprised of the following six questions:

1. How often do you have children under the age of seven in your home: would you say always, often, sometimes, rarely or never?
2. Have you heard or read about "safe adventures start at home", a campaign to prevent childhood injury?
3. How did you hear or read about "safe adventures start at home"?
4. Was this child injury prevention information very helpful, somewhat helpful or not helpful to you?
5. Have you used the information you learned in this campaign to protect children from injury in your home?
6. How have you used this information in your home to protect children from injury?

REFERENCES:

1. Charyk-Stewart, T., Grant, K., Signh, R. & Girotti, M. (2004). Pediatric Trauma in Southwestern Ontario: Linking Data with Injury Prevention Initiatives. *The Journal of Trauma: Injury, Infection and Critical Care*, 57 (4), 787-794.
2. UNICEF (2001). A League Table of Child Deaths by Injury in Rich Nations. *Innocenti Report Card No.2*. Florence: UNICEF Innocenti Research Centre.
3. CHIRPP - The Canadian Hospitals Injury Reporting and Prevention Program (1997). *A Serious Child Health Problem*. Available on-line at http://www.phac-aspc.gc.ca/injury-bles/chirpp/chrpa_e.html. Accessed March 8, 2005.
4. Ontario Chief Medical Officer of Health (2002). *Chief Medical Officer of Health Report. Injury: Predictable and Preventable*. Queen's Printer for Ontario.
5. Radcliffe, D. (2004). Childhood Injury Prevention: Differences in Awareness and Attitudes. *The Health Index*, 12. London: Middlesex London Health Unit. Available on-line at <http://healthunit.com/articlesPDF/10828.pdf>. Accessed April 29, 2005.
6. Idle, T., Tomlinson, J. and Abbott, M. (2003). Childhood Injury Prevention: Parental Knowledge and Attitudes. *The Health Index*, 7. London: Middlesex London Health Unit. Available on-line at <http://healthunit.com/articlesPDF/10802.pdf>. Accessed April 29, 2005.

CONTACTS:

Author:

Denise Grafton, Ph.D., Program Evaluator; MLHU

Contact:

Denise Grafton, Ph.D., Program Evaluator
Research, Education, Evaluation and Development (REED) Services
Middlesex London Health Unit
50 King Street
London, Ontario N6A 5L7
Phone: (519) 663-5317 ext. 2554
Fax: (519) 432-9430
email: denise.grafton@mlhu.on.ca

This report is also available at www.healthunit.com.

The author acknowledges the following colleagues for their invaluable comments in the preparation of this report:

- Mary Lou Albanese, Manager, Chronic Disease and Injury Prevention Team
- Charlene Beynon, Director, REED Services
- Brenda Marchuk, Public Health Nurse
- Ruth Sanderson, Health Unit Epidemiologist
- Jan Tomlinson, Public Health Nurse

Thanks also to Nancy Forbes, Administrative Assistant with REED services for formatting the final text, and Bernie Lueske, Data Analyst with REED Services, for technical assistance.