Objective We sought to measure the effectiveness of the WHO Safe Communities Model approach to increase child restraint use in motor vehicles. The effort involved schools, day care centres, neighbourhoods and a local public clinic, with child safety seat classes and a low-cost distribution program.

Methods Pre (2003)- and post (2005)-intervention observations of restraint use in motor vehicles in the target area and a comparison community, among children 0–8 years of age, compliant with state law, and adjusted for age, gender, ethnicity, site, type of vehicle, location, number of children in the vehicle, in a multivariable, multi-level analysis.

Results Child restraint use in the target area increased among all ages and at all sites (day care centres, grocery stores, schools); the adjusted child restraint use increased by 27.3% points (vs 10.9 in comparison area) and driver seat belt use increased by 15% points (vs 5.2 in comparison area). Multivariable, multi-level analysis showed that the increase in the target area was significantly greater than the comparison area for child restraint use (OR 2.2, 95% CI 1.6 to 3.0), as well as for driver seat belt use, children riding in the back seat and use of child safety seats.

Conclusions The Safe Communities approach was successful in promoting the use of child restraints in motor vehicles through a multi-faceted intervention that included efforts in various community settings, instructional classes and child safety seat distribution.
A controlled evaluation of the WHO safe communities model approach to injury prevention: increasing child restraint use in motor vehicles

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