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Motivation of Restraint System Usage Among Specific Target Groups of Drivers and Passengers

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16 Abstract

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The major findings were that messages and themes which linked safety belt usage to either preventative health, or the "other guy" were more positively received than were messages which were perceived as suggesting that either the car was not safe or that the driver was not competent. The degree of impact for message themes varied by the target groups, as well as by the delivery system which was used to present the message.

When approached in a positive manner (preventative health and the other guy), the high risk male groups were very receptive to the safety belt messages. The major findings for this study are presented as follows:

1. Putting the use of a safety belt in a preventative health context yields a positive reaction to increasing the use of safety belts.
2. Messages which clearly place the need for safety belts on some external force or object are more readily accepted.
3. For parents, "Do not let me become an orphan" is a very strong, positive message for getting parents to buckle up.
4. For younger people, a theme which suggests wearing a belt is "chic" is positive. Can be done by including with jogging, etc.
5. At present, many drivers who do not presently use safety belts perceive their use as an acknowledgement that they are not good drivers.
6. Most people do not know how the newer type (inertial reel) safety belts function.
7. There are certain message themes and delivery system combinations which work and others which will not; therefore, it is the combination which should be evaluated.

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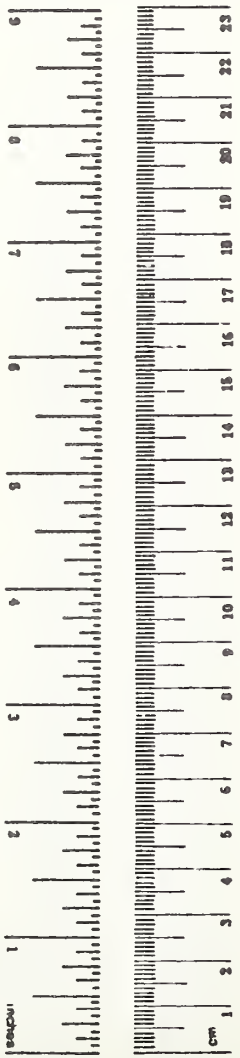
METRIC CONVERSION FACTORS

Approximate Conversions to Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
	LENGTH			
in	inches	*2.5	centimeters	cm
ft	feet	30	centimeters	cm
yd	yards	0.9	meters	m
mi	miles	1.6	kilometers	km
	AREA			
in^2	square inches	6.5	square centimeters	cm^2
ft^2	square feet	0.09	square meters	m^2
yd^2	square yards	0.8	square meters	m^2
mi^2	square miles	2.6	square kilometers	km^2
	acres	0.4	hectares	ha
	MASS (weight)			
oz	ounces	28	grams	g
lb	pounds	0.45	kilograms	kg
	short tons (2000 lb)	0.9	tonnes	t
	VOLUME			
tsp	teaspoons	5	milliliters	ml
Tbsp	tablespoons	15	milliliters	ml
fl oz	fluid ounces	30	milliliters	ml
c	cups	0.24	liters	l
pt	pints	0.47	liters	l
qt	quarts	0.95	liters	l
gal	gallons	3.8	liters	l
ft^3	cubic feet	0.03	cubic meters	m^3
yd^3	cubic yards	0.76	cubic meters	m^3
	TEMPERATURE (exact)			
°F	Fahrenheit temperature	5/9 (after subtracting 32)	Celsius temperature	°C

*1 in = 2.54 (exactly). For other exact conversions and more detailed tables, see NBS Misc. Publ. 286, Units of Weights and Measures, Price $2.25, SD Catalog No. C13.10:286.



Approximate Conversions from Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
	LENGTH			
mm	millimeters	0.04	inches	in
cm	centimeters	0.4	inches	in
m	meters	3.3	feet	ft
m	meters	1.1	yards	yd
km	kilometers	0.6	miles	mi
	AREA			
cm^2	square centimeters	0.16	square inches	in^2
m^2	square meters	1.2	square yards	yd^2
km^2	square kilometers	0.4	square miles	mi^2
ha	hectares (10,000 m^2)	2.6	acres	
	MASS (weight)			
g	grams	0.035	ounces	oz
kg	kilograms	2.2	pounds	lb
t	tonnes (1000 kg)	1.1	short tons	
	VOLUME			
ml	milliliters	0.03	fluid ounces	fl oz
l	liters	2.1	pints	pt
l	liters	1.06	quarts	qt
l	liters	0.26	gallons	gal
m^3	cubic meters	35	cubic feet	ft^3
m^3	cubic meters	1.3	cubic yards	yd^3
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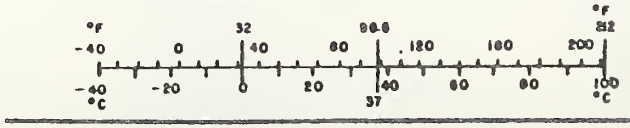
°C	Celsius temperature	9/5 (then add 32)	Fahrenheit temperature	°F



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Charles F. Rund

EXECUTIVE SUMMARY

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Thirty focus groups were conducted in seven (7) different cities. These focus groups were used to determine potentially effective motivational approaches, develop appropriate themes and general content of messages and, finally, to identify corresponding communication networks to increase the voluntary use of Occupant Protector Devices for five target groups.

These five target groups were:

- Pre-Drivers (12-16)
- Young Drivers (17-19)
- High Risk Drivers (19-24)
- Parents with Young Children
- Elderly (60 and over)

The major findings were that messages and themes which linked safety belt usage to either preventive health, or the "other guy" were more positively received than were messages which were perceived as suggesting that either the car was not safe or that the driver was not competent. The degree of impact for message themes varied by the target groups, as well as by the delivery system which was used to present the message.

When approached in a positive manner (preventive health and the other guy), the high risk male groups were very receptive to the safety belt messages. The major findings for this study are presented as follows:

1. Putting the use of a safety belt in a <u>preventive health context</u> yields a positive reaction to increasing the use of safety belts.

   The name of a product is critically important for people to understand that product's function. Therefore, when "safety" belt, not seat belt, is talked about as "preventing" ill health, not "don't die, blood and guts", people respond positively toward belt usage.

2. Messages which clearly place the need for safety belts on some external force or object are more readily accepted.

People talk about their automobiles as a functional object. "It takes me from place to place so I can accomplish my activities of life." This functional sense of the car does not allow people to become frightened of it or to view it as an object of personal destruction. Therefore, a direct appeal to the drivers as being "accident prone" themselves is less motivationally appealing than seeking motivation which creates someone else as potentially harmful -- so buckle up.

Note: The theory of innoculation, developed in the early 1960s, applies to this non-function interaction. The public needs positive reinforcement to wear their belts and the idea that the belt is a "preventive health" and a "safety" oriented object contributes effectively to their use.

Using a safety belt is "okay" if you wear it because of the other guy. When the message about safety belt usage is linked to the drunk driver problem, positive attitudes toward belt usage are increased. There exists a direct correlation between a driver's perception that drunks may be on the road and the behavior to buckle up. Fear of the uncontrollable incident is a powerful motivator.

3. For parents, "Do not let me become an orphan" is a very strong, positive message for getting parents to buckle up.

Top down, authoritarian structures are the most common relationships between sibling and parent when traveling in the car. This is reversed (i.e., the sibling having power over the parent), only when the parent realizes an auto accident may place their child alone in the world.

4. For younger people, a theme which suggests wearing a belt is "chic" is positive. Can be done by including with jogging, etc.

   Social positioning and peer pressure are dominant influences over young people's lives. If safety belts can ever become "socially in", that will have a tremendous impact on this group. Currently, the "health kick" is a leverage to increase wearing among this group.

5. At present many drivers who do not presently use safety belts perceive their use as an acknowledgement that they are not good drivers.

   By tying in to the theme of "drive defensively", a positive reinforcement can be made regarding a driver's self-confidence behind the wheel. Any message which reduces the "shame" aspect of driving poorly enhances the driver's concept of safety and preventive health while driving.

6. Most people do not know how the newer type (inertial reel) safety belts function.

   It's very simple, if people do not understand how the product works, they will not use it. The inertial system has never been explained and should be.

7. There are certain message themes and delivery system combinations which work and others which will not; therefore, it is the combination which should be evaluated.

BACKGROUND

The National Highway Traffic Safety Administration (NHTSA) is in the second year of a nationwide program to encourage the voluntary use of safety belts and child safety seats by drivers and passengers of motor vehicles. This project was designed to investigate whether or not specific target groups could be motivated differently in order to increase their voluntary use of safety belts and, secondly, to see if there were specific networks which were available which could be used to promote and promulgate a message for each of the specific target groups. The current research was designed to recommend messages, themes and specific approaches that would hold promise for some, if not all, of the target groups and to complement the ongoing research which is designed to understand the basic motivational aspects of all individuals with regard to the increased use of safety belts. At the outset of the study, five specific target groups were selected within which to evaluate and develop communication messages, themes and information for motivational change on the use of safety belts, as well as to determine those networks which would be most efficient and effective in promulgating these messages. The target groups were as follows:

Group I - Preteenagers (ages 9-12)

The objective was how to get preteens to wear their safety belts, to determine what is keeping them from presently wearing belts, and what applied pressure this group could present to adults in order to increase the use of safety belts by adults. It was assumed that the sibling-parent relationship is an extremely complex one psychologically. In relation to safety belts it must be understood how this relationship can be used to generate cross balance vectors (i.e., to get parents to promote the use of belts by preteens and how to get preteens to motivate the use of belts by their parents, much in the same way that preteens were successful in reducing the amount of smoking by their parents).

Group II - Teenagers (ages 13-16) who were not drivers

The objectives for this target group were very similar to those of Group I. The reason for differentiating this group is that in many cases some, if not all, of their peers were starting to drive or were in the process of taking driver's education. It was deemed essential to attempt to develop an understanding of what would motivate this young teenage group to buckle up if they were not currently doing so. If they were using belts we wanted to try and understand what the motivational factors were in getting them to buckle up. It was felt that the confrontation between wearers and non-wearers in this group would provide a rich source of information and potential themes for messages which could be used to motivate other members of this group. Because it was felt that this group is either seeking or wanting to learn how to drive an automobile, it was important to understand their needs for safety, their expectations of safety, their emotions with regard to driving and their rational picture of the automobile and what they considered to be associated with driving and the automobile.

Group III - Young drivers (16-19 years of age)

In a sense, this group was considered to be the pivot group for this study as it constituted young individuals who had recently obtained a driver's license. It was anticipated that most teenage drivers had gone through some driver education. Assuming this to be the case, the question was, "Why are such a small number of young drivers currently buckling up?". Was it because they had not received adequate education/ training with regard to the safety aspects of the safety belt, that it was presented improperly, that it was not presented at all, or were there basic underlying motivational factors which, in fact, negated this educational message with regard to the use of safety belts? It was also important to discover whether there were special networks which could be used to get reoccurring and supportive messages across to this group of young drivers who were, in a sense, in their formative stages of developing driving, if not riding, habits.

Group IV - Parents with children under the age of 5

There was a twofold reason for selecting this group. First was, of course, to try and understand the specific motivators and messages that would be involved in getting parents with infants and young children to properly use child safety seats and to transition their children from child safety seats to safety belts as they grew older. The second reason was to use the group merely as representatives of the adult population to see what motivators or what aspects could be used to motivate the use of safety belts by the adult population. Earlier research by Tarrance & Associates and others has shown that parents of infants were very willing to use the child safety seat during the first twelve to eighteen months. However, when the underlying motivation for the use of these seats was discovered, it was determined that the parents were using the seats more as restraints than they were as a safety item and, in fact, in many cases the safety aspect of the seat did not even enter into the parents' decision-making process. It was felt that this was the reason underlying the dramatic drop-off in the use of the seat after about 18 months (i.e., that as soon as the child could in any way, manner, shape or form voice a negative attitude toward this seat, the parent would allow them to stop using it). In part, this would reinforce the notion that the seat was being used as a restraint rather than as a safety item.

Group V - Elderly

This group was selected for two reasons. The first was that they constitute a large group of drivers that didn't have cars equipped with safety belts when they started to drive and, therefore, didn't have the opportunity to develop the habit of using a safety belt early in their driving experience. The question was could a message or message targeted specifically at this group be developed to get them to use their belts.

The second reason for selecting this group was that it might be a potential change agent or motivator for both young children and for parents with young children (i.e., that people would do what Grandma and Grandpa

asked them to). It was assumed that this group could use their influence as "the elder of the family" to motivate either the parents and/or their grandchildren to increase the voluntary use of their safety belts.

Objectives

The specific objectives of study were:

- Determine potentially effective motivational approaches
- Develop appropriate themes and general content of messages
- Identify corresponding communication networks

Because of the exploratory nature of this project, these objectives were to be met using small group depth research techniques rather than large-scale survey techniques. While the focus group techniques employed are designed to promote qualitative analysis and facilitate the moderator to both generate and test concepts during the session, they do not provide statistically valid data which can be generalized to the population as a whole. In reviewing and interpreting the study results presented in the following sections, the reader must remember this caveat.

METHODOLOGY

The basic methodology used in this study was that of the focus group. A focus group consists of a small number of people, usually seven to twelve, who are selected from a specific target population. The group is usually conducted in a facility that has been designed for the purpose of focus groups and is led by a moderator who manipulates the discussion to elicit comments about the topic or topics of research interest. Because of the method of selection, the number of respondents, the format of the discussion and the necessarily intrusive role of the moderator, the results of this kind of research are not projectable to the population as a whole. That is, they cannot be used as a proxy for making quantitative statements about the general population or about this specific segment of the population. Focus groups can, however, provide an accurate indication of the key topics and of the alternative points of view on each of the topics under discussion. In addition, if several groups exhibit the same pattern of responses to various topics and viewpoints then the relative importance of these topics and viewpoints can be deduced. The focus group is perhaps the best exemplar of depth research. Depth research gathers information from citizens and defines it in terms of current trends, attitudes and issues. It is considered preliminary research to be used before accurate survey measurements are taken. Depth research identifies what should be quantified. In short, depth research helps to find the boundaries of a topic in terms of how a target understands it instead of how decision makers and researchers view that topic and, more importantly, anticipates how the target population understands the issue. This set of precepts clearly defines the position that the contractor and NHTSA were in with regard to the specific target groups of interest and, therefore, was selected as the methodology to be used for this project. As part of the initial contract negotiations it was determined that 30 focus groups would be conducted (six for each of the five target groups) and that these groups would be conducted in at least five different cities. The purpose of selecting cities in different parts of the country was to see if there were any large qualitative geographic differences in attitudes re-

garding the use of safety belts or child safety seats. Figure 1 shows the distribution of the 30 focus groups across the seven (7) cities that were used in this study.

All of the focus groups were conducted by a moderator who was both skilled in focus group techniques and knowledgeable about the subject matter. Each of the thirty sessions was taped and each of the tapes was independently analyzed by the moderator who conducted the group and another moderator. All of the tapes were analyzed and summarized by the same two individuals. This technique insured continuity in the analysis. The process of analyzing the data and developing the protocols for each segment was iterative in that the specific protocol for each group of sessions was based on the results obtained to date.

The project was conducted in two phases. Phase I consisted of a pilot test of the generalized protocol and five target groups specified in the contract. The pilot test results were then analyzed and reported to the contract technical manager with a number of recommendations for change. This report was considered by the CTM and a number of the recommendations were approved and incorporated into the program design. The remaining sections of the report describe the results that were obtained from both Phase I and Phase II of this project.

Phase I: Results

Five focus groups were conducted in Richmond, Virginia for each of the target groups specified in the contract. The purpose of this first set of focus groups was to set out the methodology to be used and to determine if the target groups that were mandated in the contract would provide the anticipated depth and richness of data. Methodologically, three findings were obtained from this pilot test warranting consideration. They were:

1. The two younger groups were very similar in their attitudes, their knowledge regarding the car and highway safety and, especially, in their use of safety belts. In addition, the delivery systems that could be used to reach these groups were highly similar. Therefore, it was suggested that these two groups could be combined without any substantive data loss.

2. Members of the 19-24 year old age group, which is considered by all to be the "High Risk" group, were not represented in any of the five (5) groups that were conducted. Also, very little was known about which, if any, of the more standard delivery systems could be used to reach this target group. Therefore, it was recommended that this group be added to the design.

3. The attitudes and driving behaviors of the senior group were homogeneous and very well established as were their attitudes toward their relations with their grandchildren (one reason for selecting this group was to determine if they could be used to motivate parents to buckle up their children). It was recommended that this group be given a lower priority and that future groups be selected to provide heterogeneity in terms of the respondents' background.

As a result of the five (5) focus groups conducted in Richmond, Virginia a number of changes were made in the study design. They were as follows:

1. The two (2) pre-driver groups (i.e., 9-13 and 14-16) would be combined into one group of pre-drivers.

2. A new group of drivers between the ages of 19-24 would be included in subsequent cities. This group would be recruited to ensure that at least three respondents in each group had serious moving violations.

3. The remaining senior groups would be conducted in a city with a large retirement population so that it would be easier to get groups with a more heterogeneous background.

Figure 1 indicates which groups were conducted in each city. These groups constitute the 30 focus groups that were conducted under this contract.

The changes noted above were made after consultation and approval of the Contract Technical Manager.

FIGURE 1
SURVEY SCHEDULE

	RICHMOND	MINN.	L.A.	HOUSTON	SEATTLE	PHOENIX	BOSTON
UNDER 12	X)*	X	X	X	X		X
13 - 16	X)						
17 - 19	X	X	X	X	X		X
HIGH RISK M	)*	X	X	X	XX		XX
19 - 24 F	)		X				
PARENTS WITH YOUNG CHILDREN	X	X	X	X	X		X
60 & OVER	X					XX	
	5	4	5	4	5	2	5

* CHANGES MADE AFTER PILOT TEST IN RICHMOND, VIRGINIA.

Phase II: Results

The results for each of the five (5) target groups will be presented as an integrated unit. Where geographic or demographic differences appear to be important, they will be discussed within the framework of that target group. Figure 2 summarizes the major message types that were found to be potentially effective for each group.

Delivery Mechanism

Figure 3 shows each of the target groups that were included in this study, the delivery mechanisms that, based on the results of the focus groups, are the most likely systems to deliver a safety belt message that will have a positive impact on the specific target group and, third, the type of message that the system can deliver effectively. An "x" in the "Why Use" column under message type indicates that specific target group will attend to a message about why safety belts should be used (motivational messages) if it's delivered by that system. An "x" in the "How" column indicates that the target group would be receptive to a message on the proper use of a safety belt or child safety seat if presented by that system. An "x" in the third column (Program) indicates that delivery system could develop a specific program to increase safety belt usage that would be effective for that target group. These outcomes are based on the results of the thirty focus groups conducted under this contract. In each case, it was assumed that the message, whatever its purpose, was well developed and was directed at the target group. The degree of message specifically required for each group is not known and an evaluation of each theme or thematic will have to be done to deliver this once the thematics are developed to the "story board" level. In all cases, it is also necessary to evaluate the message/delivery system combination. Certain messages may have a very positive impact when delivered by one system but be totally ignored when given by another system. It is, in fact, the combination of message delivery and system which should be the focus of any evaluation effort prior to any field scale implementation.

FIGURE 2
TARGET GROUPS

	GROUP I (Under 12 & 13-16)	GROUP II (17 - 19)	GROUP III (High Risk)	GROUP IV (Parents/ Young Child)	GROUP V (Elderly)
MESSAGE TYPES					
• WHY THE PROTECTIVE SYSTEM SHOULD BE USED (WHY)					
PREVENTIVE HEALTH	X	X	X	X	X
IT'S THE OTHER GUY		X	X	X	
DON'T WANT TO BE AN ORPHAN				X	
• HOW THE PROTECTIVE SYSTEM OPERATES (HOW)					
INERTIAL BELT SYSTEM	X	X	X	X	X
CHILD SAFETY SEATS				X	X

FIGURE 3
TARGET GROUPS

DELIVERY SYSTEMS	GROUP I (UNDER 12)			GROUP I (13 - 16)			GROUP II (17 - 19)			GROUP III (HIGH RISK)			GROUP IV (PARENTS/ YOUNG CHILD)			GROUP V (ELDERLY)		
	MESSAGE TYPES																	
	WHY	HOW	PRG	WHY	HOW	PRG	WHY	HOW	PRG	WHY	HOW	PRG	WHY	HOW	PRG	WHY	HOW	PRG
• AUTHORITY FIGURES																		
MEDICAL	X			X			X			X			X	X	X			
EDUCATORS	X		X	X	X	X	X		X									
POLITICAL	X			X									X					
POLICE/FIRE	X			X														
• ORGANIZATIONS																		
INTERNAL	X	X	X	X	X	X	X		X				X	X	X			
EXTERNAL	X			X	X		X			X			X	X				
• MEDIA		X			X		X	X		X	X		X	X				
• PEERS	X			X			X			X			X			X		

Group I - Pre-drivers (9-16)

In general, the respondents in this group reacted to the car in a very positive way. It took them where they wanted to go, it was safe and their parents were in charge when it came to the car. The use of the safety belt was really a non-issue for them. They wore it if they were told to wear it or if they had already developed the habit when they were smaller. Very few, if any, of the frequent users were "self-starters", that is children who started to use the belt of their own free will and volition without some prodding from parents or prior experience. Most, if not all, of them would "buckle up" if asked and very few had any strong negative attitudes regarding the use of the belt.

With regard to the issue of safety belt usage, the younger respondents in this group can be classified as totally passive. Since the car has a very positive value and their parents are in charge of their general well-being, they are not responsive to any message regarding their own health and safety that they haven't been pre-conditioned to by their parents or other authority figures. The age of "rebellion" or free thinking hasn't started for this group. They follow orders.

As the youngsters reach their teens and are getting closer to the "magic age", peer pressure begins to build and youngsters begin to follow the crowd. Interestingly enough, those youngsters who were in the habit of wearing belts prior to reaching this age tended to continue to use them. Peer pressure isn't strong enough to stop people from wearing them, if they already have the habit. During the focus group sessions, it was not uncommon for one of the non-wearing youngsters, after hearing the reasons for wearing belts to say, "If you could only make it the 'in thing to do' I would start to wear them". Since all of the respondents in this group are non-drivers, it is very likely that the statement "the in thing to do" can be translated into "if the driver wears it then I will wear it". Even at this age, the respondents who wore belts were very sensitive to the idea of hurting the driver's feelings if they put on their belt when the driver wasn't wearing a belt. The notion that wearing a belt means you think the person driving is not a good driver is very common for non-belt users.

Messages

Since the car, in general, has such a positive value and is perceived as being safe, messages with a gloom and doom theme just get rejected as false and therefore are not considered relevant. Parents and/or adults would not put kids in an unsafe situation. Therefore, it is extremely important for all groups in this study, but especially for this group, to develop a basic theme which doesn't conflict with the positive value and image of the car. Any theme or message which directly or indirectly tends to negate the image of the car or its driver (when the driver is the individual attending to the message) will tend to fall on deaf ears. That is, the message will not have any face validity to the recipient and, therefore, will be rejected out of hand. Where the issue of belt usage is removed from the "car" and especially from the parent or adult who drives it and put into a preventive health framework, such as brushing their teeth, jogging, or a good diet, the respondents are much more receptive to discussing the issue and can easily draw parallels to the kind of behavior that is already in their repertoire.

A message which is very important for this group and, in fact, for all the target groups in this study, is the message that wearing a safety belt is the only way you have to protect yourself against the other guy. Wearing a belt doesn't mean you think the person driving you is a bad driver, it means that you want to protect yourself against things over which neither you nor the driver have any control. Once this message is attended to and accepted by the respondent, it is much easier to promote the message of "it's the thing to do" to a group of non-drivers, since you have removed the stigma that belt usage means the person who is driving isn't a good driver. It also becomes much easier to get them to assume a more active role in terms of undertaking the "role" of getting their parents and siblings to also start using their belts on a steady basis, much the same way as youngsters were enlisted in the campaign to get adults to quit smoking.

One of the problems that was raised a number of times in the focus groups was that nobody on TV uses them. The subtle changes that are beginning to occur in terms of belt usage still have not reached the critical mass where it appears as if everyone on TV is using them. Until this occurs, TV messages directed at this age group will have very little positive value.

It should be noticed that there are a few differences between the under 12 age group and the 13-16 age group. The most important difference is in terms of the utility of the police as a delivery mechanism. For the younger children, the police officer is perceived positively. For the older segment of this group and for all of the other groups, the police on the highway do not always have a positive image (i.e., they give "tickets" and, therefore, a certain segment of the population will tend not to listen to any message that they attempt to deliver).

Figures 4 and 5 present, for the two target groups, the delivery mechanisms which appear to be appropriate and the type of message that would be appropriate (i.e., why the belt should be used, how to use the belt or safety seat correctly).

Because of a few important differences in the appropriateness of specific delivery systems in Group I, it was broken into two separate usage groups for this figure. Tables 2 and 3 summarize the major findings for this target group.

TABLE 1

YOUNG GROUP (9-12)

- DO NOT SEE SAFETY BELTS AS AN ISSUE BECAUSE DRIVING IS SAFE
- "BUCKLE UP" IS ASSOCIATED WITH PARENTAL CONTROL
- WILLING TO WEAR BELTS IF TOLD TO DO SO BY AN ADULT
- PERCEPTION OF TV - NOBODY USES SAFETY BELTS
- CAR HAS A POSITIVE VALUE TO THEM. IT TAKES THEM WHERE THEY WANT TO GO
- BASIC "HOOKS" FOR YOUNG KIDS
  - . WANT TO FEEL IMPORTANT - TELL PARENTS WHAT IS GOOD (I.E., STOP SMOKING)
  - . IF IT'S SEEN AS A GOOD THING TO DO - LIKE JOGGING OR SPORTS
  - . RECEPTIVE TO MESSAGES FROM:

    DOCTORS, NURSES, EMT
    FIREMEN
    COACHES
    PRESIDENT

  - . NON-RECEPTIVE:

    TEACHERS
    CLERGY

TABLE 2

PRE-DRIVER (13-16)

- HAVE STRONG NETWORK SYSTEMS
  - . SPORTS
  - . SCHOOL
  - . CHURCH
- PARENTAL DOMINATION IS STILL STRONG
- AT A LEARNING STAGE IN LIFE
- "COPY CAT" OLDER KIDS
- INFLUENCERS OF PARENTS - "GENTLE PERSUADERS"
- COPS WERE SEEN AS A NEGATIVE DELIVERY SYSTEM IN TERMS OF ENCOURAGING THE USE OF SAFETY BELTS
- SOCIAL POSITIONING IS IMPORTANT

FIGURE 4
GROUP I (9-12)

	DELIVERY SYSTEMS							
	AUTHORITY FIGURES				ORGANIZATIONS			
	MEDICAL	EDUCATORS	POLITICAL	POLICE/ FIRE	INTERNAL	EXTERNAL	MEDIA	PEERS
MESSAGE TYPES								
PREVENTIVE HEALTH	X	X	X	X	X	X		X
HOW BELT WORKS					X		X	

FIGURE 5
GROUP I (13 - 16)

	DELIVERY SYSTEMS							
	AUTHORITY FIGURES				ORGANIZATIONS			
	MEDICAL	EDUCATORS	POLITICAL	POLICE/ FIRE	INTERNAL	EXTERNAL	MEDIA	PEERS
MESSAGE TYPES								
PREVENTIVE HEALTH	X	X	X	X	X	X		X
HOW BELT WORKS		X			X	X	X	

Group II - (Young Drivers)

The majority of the respondents in this group had taken driver education and had seen one or more of the safety belt films as a part of their program. However, for most of them, the classroom and the on-the-road portion of the course were separated by a period of time from a few weeks to almost six months. This separation appears to mitigate the impact of the films. Very few of the respondents, including those who wore their belts frequently, indicated that the films had any influence on them at all in their attitudes toward belts or their actual wearing behavior. This reluctance to acknowledge the positive impact of the films on their wearing behavior may be due in a large part to when they were viewed and how they were perceived. Most of the respondents in this target group saw the films when their confidence in their driving ability was at its low point. They were, in fact, just beginning to learn to drive. It is not unwarranted to assume that any message which could be perceived as reinforcing the notion that they were not good drivers and the "damage" they could cause would be denied. Man's ability to repress and/or suppress negatives is well documented.

The issue of peer pressure in terms of belt usage was much stronger with this group than it was with Group I. One youngster said, "Before you get us to wear it you'll have to make it the in thing to do". Again the car has a very strong positive value for this group, and the use of the belt is seen as "an admission that I'm not a good driver".

Messages

Here again the gloom and doom themes seem to reinforce the behavior they were designed to change. This group has received and integrated more than enough information, propaganda and real life experience to know and understand that belts save lives. It's just that it won't happen to them. The strong denial mechanism that has developed is not toward the belt per se but toward the accident. This is evident when the issue of wearing a belt is taken out of the context of safety and accidents and

put into the perspective of preventive health. When this is done, the belt is perceived differently and in a lot more positive light. Most people in this group are willing to protect themselves against some outside force over which they have no control. It's just like getting a tetanus shot or eating the right food. When discussed as protection against a drunk driver (an outside force), the respondent's attitude toward the belt becomes very positive.

The preventive health messages, "protection against a drunk driver", and "its the in thing to do" are the predominant themes for this group. Messages which could be perceived by the recipient as improving their ability to drive will tend to have a negative effect in terms of increasing belt usage.

It is interesting to note that even though this group of recipients have taken driver education in what one has to assume were relatively recent model cars, most of them did not understand how the inertial belts work. This lack of understanding leads to the misperception that because the belts are loose and will "give" when pulled that they don't work. From the respondent's point of view, there is clearly no need to use something that they aren't already inclined to use if they think it doesn't work anyway. This problem of not knowing how the inertial belt functions was common among all the other target groups in this study who were old enough to drive (it was not probed for the pre-driver group). The major findings for this group are summarized in Table 4.

Delivery Mechanisms

The delivery systems associated with this group are indicated in Figure 6. The major differences between the 13-16 and the 17-19 target groups' delivery systems is that it was assumed that all members of the latter group are licensed drivers. Therefore, the issue of how to use the safety belt is moot since it should have been taught during driver education (either public or private). The question mark (?) in the media column is based on two conflicting situations. The first is that, just

like their younger counterparts, most of the respondents point out that "nobody on TV wears belts". The second is that members of this age group are beginning to take an interest in talk shows and indicate that these shows do influence their attitudes and behavior. However, they do have a problem resolving the apparent dilemma, believing what they see on TV and what they hear on the talk shows.

TABLE 3

YOUNG DRIVERS

- ARE/HAVE COMPLETED DRIVERS EDUCATION
- SOCIAL POSITIONING STILL IMPORTANT "CHIC"
- A LOT IS KNOWN ABOUT NETWORKS
  - SCHOOL
  - SPORTS
  - EXTRA CURRICULAR ACTIVITIES
- WANT TO BE TREATED AS ADULTS, EXCEPT WHEN "CRUISING AROUND" SATURDAY NIGHT
- ELECTRONIC MEDIA IS A WEAK MEDIUM FOR DELIVERING SAFETY BELT MESSAGE
- PEER PRESSURE IS STRONG
- DO NOT WANT TO BE CONSIDERED BAD DRIVER
- DO NOT WANT TO THINK ABOUT AN ACCIDENT
- DO NOT LIKE STATISTICS NOR DO THEY BELIEVE THEM
- PRE-DRIVERS JUST LIKE YOUNGER GROUP
- DRIVERS WEAR BELTS DURING CLASS - ALL HAVE SEEN BELT MOVIES
- STRONG DEFENSE MECHANISM - WON'T HAPPEN TO THEM - DENIAL
- DO NOT BELIEVE BELTS REALLY WORK
- TERM "SAFETY" HAS NEGATIVE CONNOTATIONS TO THEM - SUGGESTS THEY ARE NOT GOOD DRIVERS
- HAVE TO MAKE IT "FEEL GOOD" - THE THING TO DO

FIGURE 6
GROUP II (17 - 19)

MESSAGE TYPES	DELIVERY SYSTEMS							
	AUTHORITY FIGURES				ORGANIZATIONS			
	MEDICAL	EDUCATORS	POLITICAL	POLICE/ FIRE	INTERNAL	EXTERNAL	MEDIA	PEERS
PREVENTIVE HEALTH	X	X			X	X	X	X
IT'S THE OTHER GUY	X	X			X	X	X	X
HOW BELT WORKS							X	

Group III (High Risk)

This group was added after Phase I. The purposes were twofold: The first was to see if the messages that would positively impact this group were different and, secondly, to determine if there were any networks which could be used to address this group that were not part of the mainstream of either education or the adult social systems.

This group was recruited to ensure that the respondents were not full-time college students, but were in the work force or had recently been laid off. An additional recruiting aim was to have at least three respondents in each group who had recently received a serious moving violation such as DWI, speeding or reckless driving. The rationale for recruiting individuals who were transitioning from school to work would provide an opportunity to investigate potential delivery systems which are outside of those most associated with various educational systems. The reasoning for getting respondents who had recently received tickets for moving violations was to attempt to ensure that some of the respondents were in fact high risk drivers rather than rely on the luck of the draw in recruiting them at random.

Based on discussions of driving patterns, habits and types of accidents that the respondents have had, it is fair to say that the respondents in these groups were in fact members of the high risk group. Three different group compositions were used in this study. One consisted of groups that were all male, the second type were all female and the third a mixed male and female group.

The female group responded in a manner similar to the young driver group. Most of the respondents in this group were still living at home and, in fact, did not respond as if they were independent adults or even in the process of transitioning to independent status. As a result of the significant disparity in terms of the richness of the discussions between the male and female groups, only one all female group was conducted.

The mixed male and female high risk groups responses and attitudes were so similar to that of the groups of parents with young children that only one mixed group was conducted.

The emphasis was therefore placed on the high risk male. The results presented herein will be based on the high risk male groups that were conducted. In addition to the strong negative statements and attitudes toward the police in terms of the groups' willingness to attend to a message about safety belts, a strong negative attitude surfaced toward the word "SAFETY". The word "safety" tends to be associated with the government and government control, (e.g. OSHA). A word with a much more positive value was "PREVENTION". In fact, in one of the groups, one of the young men suggested that instead of calling the belts safety belts, they should be called "life belts". This term was picked up by the group and used for much of the session. The strong denial mechanism that was identified in the younger groups was just as evident in this group -- "It always happens to the other guy".

In a number of cases there were respondents who had been in crashes and who now wear belts all of the time. Even with individuals in the group who "it did happen to", this didn't help to move the others off the attitude that it wouldn't happen to them. What did produce positive movement was the notion that it's the other guy (e.g., the drunk) who can cause the crash and the belt is the only way to prevent "damage" caused by the other guy. This deplacement of cause (i.e., bad driving of the "other guy"), translates the use of the belt into a preventive measure against an unknown outside force. It is this ability to designate the cause or raison d'etre for wearing the belt to an outside agent which seems to make the difference.

Any number of respondents in this target group suggested that as their degree of responsibility increased (e.g., getting married, having children) and they became valuable to someone else, their predisposition to wear safety belts became more positive. The issue of a law making the use of belts mandatory was frequently raised by this group. Many of them indicated that if there was a law they would obey it. Once the issue was raised, the issues of freedom of choice and self-determination were also raised in much the same manner as they have been raised regarding helmet laws. Most people felt that even though enforcement of such a law would be difficult, lots of people would abide by the law. There are two ways to interpret this positive attitude towards a mandatory safety belt law. One is that most people will abide by a law even if they don't completely agree with it. The second is that people feel they need an external motivation to behave in a fashion that is counter to the ways that many of their peers behave. In either case, the sentiment against a mandatory use law as indicated in these focus groups is not as strong as many people perceive it to be.

Messages

The positive messages for this group are very similar to those already discussed for the other groups. The one point of emphasis for this group, which would also be productive for the other groups, would be a strong belts and booze message.

The other theme which groups respond positively toward is a message regarding responsibility. That is, as they assume a more independent posture and their degree of responsibility for themselves and others increases, they have to begin to behave in a more cautious manner. One way of doing this is to start always wearing their belt to protect themselves from others. These two themes are supportive of each other and are also very amicable to other target groups. The qualitative data for this group is summarized in Table 5.

Delivery Systems

The transitional nature of this group from a school and home environment to the job and independent environment tends to reduce the effectiveness of the more parochial delivery systems. Even the social and athletic contacts seem to be ephemeral and not well established. In many cases, jobs are of a part-time nature or of a short duration.

This was the only group that mentioned TV as a major source of information of this type. Any number of respondents raised the "talk show" as a good vehicle for getting across this type of message. It should be emphasized that all of the traditional delivery systems do not disappear at the same time and for many individuals, some if not all of the delivery systems, remain very viable. That is to say that while this group can be reached by the more traditional delivery systems, even if the implementors are different (e.g., the community college vs. high school and independent sporting clubs vs. school teams), because of the nature of this group it is important that all of the potential delivery systems develop outreach efforts to try and include this high risk group.

The respondents also felt that with all of the interest in drunk driving that it would be good to connect the two issues and to include a belt message as a part of each DWI message. The delivery systems and major themes are presented in Figure 7.

TABLE 4

HIGH RISK

- SAME NEGATIVES AS OTHERS
- EASIER TO TIE TO GENERAL ISSUE OF SAFETY (MAY BE MORE EXPOSURE TO CONCEPT)
- ISSUE OF ACTIVE VS. PASSIVE PREVENTION
  - PASSIVE - INSURANCE
  - ACTIVE - DIET, JOGGING
- CONNECT BELTS TO GENERAL HEALTH AND WELL BEING, NOT CAR AND BAD DRIVING
- TALK ABOUT "LIFE STYLE AND GETTING ACT TOGETHER"
- THEY COINED TERM "LIFE BELT"
- RECEPTIVE TO TALK SHOWS (M.D.s, NURSES AND PEOPLE WHO WERE INVOLVED)

FIGURE 7
GROUP III (HIGH RISK)

MESSAGE TYPES	DELIVERY SYSTEMS							
	AUTHORITY FIGURES				ORGANIZATIONS			
	MEDICAL	EDUCATORS	POLITICAL	POLICE/ FIRE	INTERNAL	EXTERNAL	MEDIA	PEERS
PREVENTIVE HEALTH	X					X	X	X
IT'S THE OTHER GUY	X					X	X	X
HOW BELT WORKS							X	

Group IV - Parents with Young Children

The recent activity at the state level regarding legislation requiring the use of child safety seats certainly has increased the level of awareness of the issue, at least for those adults (parents) who are impacted. While the level of awareness of the issues is high, knowledge of the specifics of the various state laws was uniformly lacking with regard to such items as:

1. Who was required to have a child safety seat in their car
2. What seats were acceptable
3. The ages of the children that come under the law

While most, if not all, of the respondents acknowledged that the use of a safety seat was a good thing, many of them felt that it was the parents' responsibility to take care of their children and that the state should not interfere. When it was explained to them that auto deaths are a major killer of children and that the new laws should be looked at in the same way as other laws in the public health area (e.g., shots for children), they became much more accepting. While many parents frequently use seats for their youngsters, the safety of the child is rarely the motivating force. More often the motivator is "restraint". That's why so many parents are willing to allow the child to stop using the seat as soon as they put up a fuss. Once the prevention concept is raised and discussed with the parents, a more positive attitude toward continued use of the seat becomes evident.

The data which indicates the lack of awareness of the safety aspect of the seat is the number of parents who buckle up their children but who don't buckle themselves. Once you raise the issue of "do you want your children to be orphans", the point is made that everyone in the car should be buckled up. Of all the themes that were discussed, this is clearly the most potent for getting the parents of young children to buckle up, and one which could easily be transmitted by several of the specialized delivery systems that are available to this group.

It is this dual theme which seems to be the most powerful. Once parents realize and accept the fact that the reason for both the child safety seat and the safety belt is the same, namely, prevention of serious injury or death which could result from a crash over which they have no control, both the belt and the seat are perceived in a very positive manner. If this is the case one could ask why then isn't there one trial learning. That is, once parents, or for that matter any reasonable human, know this, why don't they always use a safety belt or a child safety seat? The answer is, in part, a result of the series of life experiences which tend to negate the need to take these preventive measures. Any time a non-crash involved auto trip occurs, it reinforces the notion that the auto is safe and that the need to take the necessary steps to prevent serious injury or death, which could result from a crash, is not necessary. This same type of behavior is seen in the public health area where parents stop worrying about certain types of innoculations until a major outbreak occurs. The media in its news reporting function raises the awareness level of the parents of the need for preventive measures and the parents respond. This same type of symbolic relation has to be established when the media reports the trauma that occurs from the non-use of both belts and seats in the same way they report an outbreak of measles. The underlying theme being that the ability to prevent or lessen the results of such a trauma is readily available and just waiting to be used. The point to be made is that you use both the safety belts and child safety seats because you are a good driver (parent), not because you're a bad driver. The qualitative data is summarized in Table 6.

Messages

There are a number of different message types which are applicable to this target group. In all of the target groups discussed up to this point, the focal point for the message was the target group member. For this group, there are two focal points. The first being the parent and the second being the child. The motivational (or why) messages that have been discussed for the other target groups are also relevant to

this group. However, in addition to those there is the theme that infants and small children cannot protect themselves and therefore a responsible adult has to assume the responsibility. A second theme which appears to be very promising for this group is "don't let me become an orphan. After you put me in a seat, buckle up yourself". One additional theme which straddles both the why and the how and is common to all target groups is the message of how the inertial belt system works. Even though the problem of people thinking that the belt doesn't work because they can pull on it and it doesn't stop has been known for some time, it is still a major problem. People will not use a belt if they don't think it works. A great many of the respondents in this group indicated that the reason why they didn't wear their belts was because they thought it didn't work properly.

In the area of "how", a number of messages have to be developed which informs the parent of the following:

- Correct way to secure a child safety seat
- How to determine when the child should transition from one seat to another and when to go to the safety belt

The need for this type of message was clearly indicated in the focus groups as well as from observational studies conducted by NHTSA and others.

In addition to these messages which are common to all jurisdictions, special messages will have to be developed for states that have recently enacted mandatory use laws to explain all of the details of the law. The amount of information that has to be transmitted to this target group is much more than for the other target groups. However, the delivery mechanisms that are available for this group are unique in that, for many of them there is a relatively long-term relation that develops between the delivery system and the parent and the delivery system as focused on the well-being of the child. Therefore, the inclusion of this type of message into the ongoing program can easily be accomplished.

Delivery Systems

The delivery systems for this target group are indicated in Figure 8. The most potent delivery systems for this target group are those associated with preparing for childbirth and those associated with the child's health after birth (i.e., the various medical and special interest groups, Red Cross and LeLache League natural childbirth classes). These systems have a unique capacity for getting the message across to the target group when it is very receptive, and then provides reinforcement over an extended period of time. At present, these various systems appear to be doing a good job with regard to getting the parents to use child safety seats for their newborns and infants. These groups, however, do not seem to stress the need for the parents to also buckle up.

Because of the long-term relation that is developed between the delivery system and this target group and the fact that the system's major goals and objectives are related to the infant's health and welfare, they are in a unique position to get their message across to parents. It is this unique situation which should make these groups the most effective change agents for this target group. The delivery systems and major message themes are presented in Figure 8.

TABLE 5

PARENTS WITH YOUNG CHILDREN

- WILL BUCKLE CHILDREN BUT NOT THEMSELVES
- ABOUT HALF USE THEIR OWN BELTS WHEN KIDS IN CAR
- REASON KIDS BUCKLED, MORE "FRAGILE"
- MUCH EASIER TO ATTACH BELTS TO GENERAL HEALTH THAN TO CAR
- WHEN ISSUE OF KIDS BEING ORPHANS IS RAISED, IT REALLY HITS HOME - THIS MAY BE THE STRONGEST HOOK FOR PARENTS
- CONFUSION BECAUSE "PROTECTIVE DEVICE" STANDARDS FOR STATE AND FEDERAL DIFFER
- NEED INFORMATION:
  - FEATURES SUCH AS COMFORT AND CONVENIENCE
  - WHERE TO PURCHASE
  - WHERE TO GET (IF YOU CANNOT AFFORD)

NETWORK SYSTEMS

- PRE-NATAL CLASSES
  - PROVIDE INFORMATION
  - INCREASE AWARENESS
- GET LITTLE INFORMATION FROM OBSTETRICIAN
  - NEED INFORMATION TO PURCHASE RESTRAINING SYSTEM FOR BABY'S FIRST RIDE HOME
- LITTLE COMMUNICATION WITH PEDIATRICIAN

FIGURE 8
GROUP IV (PARENTS/YOUNG CHILD)

	DELIVERY SYSTEMS							
	AUTHORITY FIGURES				ORGANIZATIONS			
	MEDICAL	EDUCATORS	POLITICAL	POLICE/ FIRE	INTERNAL	EXTERNAL	MEDIA	PEERS
MESSAGE TYPES								
PREVENTIVE HEALTH	X		X		X	X	X	X
IT'S THE OTHER GUY	X		X		X	X	X	X
DON'T WANT TO BE AN ORPHAN	X		X		X	X	X	X
HOW BELT WORKS	X				X	X	X	
HOW TO USE CHILD SAFETY SEAT	X				X	X	X	

Group V - Elderly (60+ Years)

The respondents in this group showed very little interest in either the safety belt issue or the child safety seat issue. In terms of their priorities of things to be concerned about or changes in life style, starting to use a safety belt is close to the bottom of the list. In each of the groups, there were respondents who indicated that they always used belts and others who indicated that they never wore them. In the other target groups in this study, this combination always led to a good discussion of the pros and cons of belt use and some give and take among the respondents. With this group, this did not occur. The majority of the respondents who didn't use belts knew the reason they should. It wasn't a question of lack of knowledge, it was just lack of interest. It can best be characterized by the following quote, "You can't teach an old dog new tricks". The non-wearing respondents felt that if they had gotten to this point in life without belts they didn't need them now. Even the preventive health idea did not create the same degree of interest that it did in other groups. In one group a number of the respondents had been to a meeting the day before the session sponsored by the Red Cross Senior Citizens. The subject was the use of safety belts. Even in this group the films appeared to have very little positive influence. What they did tend to do was to generate the same strong denial mechanism of "it won't happen to me". Based on the results of this study and this population level on the highway, it is questionable as to whether the level of effort required to significantly influence this group's use is warranted.

There was, of course, a secondary purpose that would determine their willingness to promote the use of child safety seats and safety belts for their grandchildren, or children in general. Their response to this issue, simply stated, was that they would do anything in the world for their grandchildren's health and well-being as long as it didn't create any conflicts with their children. That is to say, they would buy seats for their grandchildren; they would use them when they had the grandchildren in their car; and they would promote the use of the seats, but they would not force the issue if the child's parents didn't want to use them.

Of all the target groups in this study, this group appears to be the most resistant to change either their behavior or to act as change agents. Their attitudes can best be summed up as "don't rock the boat" or "leave well enough alone".

Messages

There were no messages or themes which generated any significant interest in this group. The qualitative findings for this group are presented in Table 7.

Delivery Systems

The standard delivery systems that have been found for the other target groups were also found for this group. However, because of the lack of interest in the issue, it is unlikely that they can have any significant impact on belt usage for this target group. Figure 9 presents the delivery systems and the one theme which might be used for this group.

TABLE 6

ELDERLY

- CONCERNED ABOUT SAFETY OF CHILDREN AND GRANDCHILDREN
- NO INFLUENCE OVER CHILDREN, LESS ON GRANDCHILDREN
- ARE STILL ALIVE, WHAT COULD HAPPEN NOW!

FIGURE 9
GROUP V (ELDERLY)

	DELIVERY SYSTEMS							
	AUTHORITY FIGURES				ORGANIZATIONS			
	MEDICAL	EDUCATORS	POLITICAL	POLICE/ FIRE	INTERNAL	EXTERNAL	MEDIA	PEERS
MESSAGE TYPES								
PREVENTIVE HEALTH								X
HOW BELT WORKS								
HOW TO USE CHILD SAFETY SEAT								