

household that owned a snowmobile with those from farms having the highest ownership proportion (31%), $p < 0.001$. Overall, 35% had ridden a snowmobile in the past year. Snowmobile owners, males, non-Hispanic Whites, and farm residents all had higher proportions having ridden a snowmobile in the past year (all $p < 0.01$). Snowmobile owners and older adolescents also had higher percentages of riding more frequently (weekly/daily), $p < 0.001$ and $p = 0.025$, respectively. Helmet use was: 53% always, 14% mostly, 11% sometimes, 6% rarely, 15% never. Helmet use importance (from 1-10) while riding snowmobiles was rated relatively high (median 9, mean 8.2), significantly higher than that for all-terrain vehicles (6, 6.1). Owners, females, and at least weekly riders had greater proportions that wore a helmet all or most of the time as compared to peers ($p = 0.018$, $p < 0.001$ and $p < 0.01$, respectively), and they also rated the importance of wearing a helmet higher. Those whose families owned snowmobiles were 3.1 times more likely to always or almost always wear a helmet than those who did not own one. Overall, 59% stated there should be a law requiring snowmobile helmets.

Conclusions: Study adolescents rated wearing a helmet while snowmobiling very important and the majority supported laws mandating their use. Almost half who rode snowmobiles reported not always wearing a helmet. Our study identified demographics for which interventions regarding helmet use could be targeted. More rural adolescents always wearing a helmet while riding snowmobiles would likely decrease the number of deaths and serious injuries associated with these vehicles.

Objectives:

1. List at least three youth demographic factors associated with higher proportions having ridden a snowmobile in the past year.
2. Describe rural adolescent's use of helmets and the importance they ascribe to helmet use while riding snowmobiles.
3. State which youth might be at greater risk for not wearing a helmet while riding snowmobiles.

Meeting the Community Where they Are: Reaching Underserved Populations through Partnership with A Home Visiting Nurse Program



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Background: Unintentional injuries are the leading cause of death for children ages 1-19. Falls and motor vehicle crashes are among the top mechanisms of injury observed in the Lucile Packard Children's Hospital Stanford Pediatric Emergency

Department. To prevent these injuries, the Childhood Injury Prevention Program uses a partnership approach to reach underserved families throughout the Bay Area.

Methods: The Childhood Injury Prevention Program at Lucile Packard Children's Hospital Stanford has partnered with the San Mateo County Nurse Family Partnership (NFP) Program for seven years to reach underserved families with important safety information and supplies. The NFP Program is an evidence-based, national, nurse home-visiting program. First-time expecting parents are paired with a Public Health Nurse who provides case management from pregnancy through the child's second birthday. Families enrolled in the program are from historically underserved populations: low income, English Language Learners, racial/ethnic minorities, single parents, young or teen parents, or are experiencing substantial hardship. Safety workshops are taught by LPCHS Childhood Injury Prevention Program Staff (certified Child Passenger Safety Technicians) and cover: child passenger safety, falls prevention (furniture tip overs, stair falls, falls from furniture, trips/slips, and window falls), home safety (water safety, burns and scalds prevention, poison prevention, choking prevention). Each family takes a 2-hour safety workshop three times while enrolled in the NFP Program – while expecting, when their child is 12 months, and at 24 months before families graduate from the program. At each stage, parents are provided with safety information specific to their child's current age and development as well as what to expect later. Families are also provided with safety supplies at no cost including an appropriate car seat, pack n plays, sleep sacks, 46-piece home safety kits, and window locks. Classes are hosted in English and Spanish by Child Passenger Safety Technicians. The class is facilitated in other languages, such as Thai, Ukrainian, and Portuguese, using translators. Knowledge change is assessed through pre and post surveys. Public Health Nurses reinforce injury prevention education while conducting in-home visits and make suggestions to modifications to child's environment to promote safety.

Results: In 2022, 80 families were provided with education and safety supplies. Families demonstrated increases in knowledge around confidence in installing car seats, understanding the safest place for a child to ride in a car, attitudes around bedsharing with infants, and other safety topics. Families taking safety classes three times, as well as in-home reinforcement of injury prevention knowledge by Public Health Nurses, results in program participants selecting the appropriate safety measure or behavior 90%-100% of the time by the end of the program.

Conclusions: Injury prevention messaging is best retained and results in positive behavior change using multiple touchpoints and education modalities. Consistent, age-appropriate injury prevention education coupled with in-home reinforcement and free safety supplies leads to families reporting prioritizing safety. Moreover, reaching families during pregnancy and in their child's/children's early years helps to establish a culture of safety in which parents and caregivers prioritize injury prevention and can proactively adapt to their children's safety needs as they grow.

Objectives:

1. Understanding how to establish a partnership with community-based organizations and home-visit nursing programs
2. Assess impact of comprehensive, accessible injury prevention education and safety supplies in underserved communities using health equity approach
3. How to establish trust and conduct follow up to maintain attendance over several sessions