



The National Action Plan for Child Injury Prevention - Webinar V Training

April 1, 2014 – 3:00-4:15 p.m.

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Meeting Orientation Slide

- If you are having any technical problems joining the webinar please contact the Adobe Connect hotline at 1-800-416-7640 or email csninfo@edc.org
- Type any additional questions or comments into the Q&A box on the left.



Moderators



Ellen Schmidt

***Assistant Director, Children's Safety Network
National Injury and Violence Prevention
Resource Center***



Calondra Tibbs

***Director of Maternal, Child and Adolescent
Health and Injury and Violence Prevention
National Association of County and City
Health Officials (NACCHO)***



www.ChildrensSafetyNetwork.org





Presenter



Dr. Julie Gilchrist

20
YEARS

*Celebrating
the past,
protecting
the future*



Launching a Roadmap for Injury-Free Childhood – **National Action Plan**

Julie Gilchrist, MD

Medical Epidemiologist

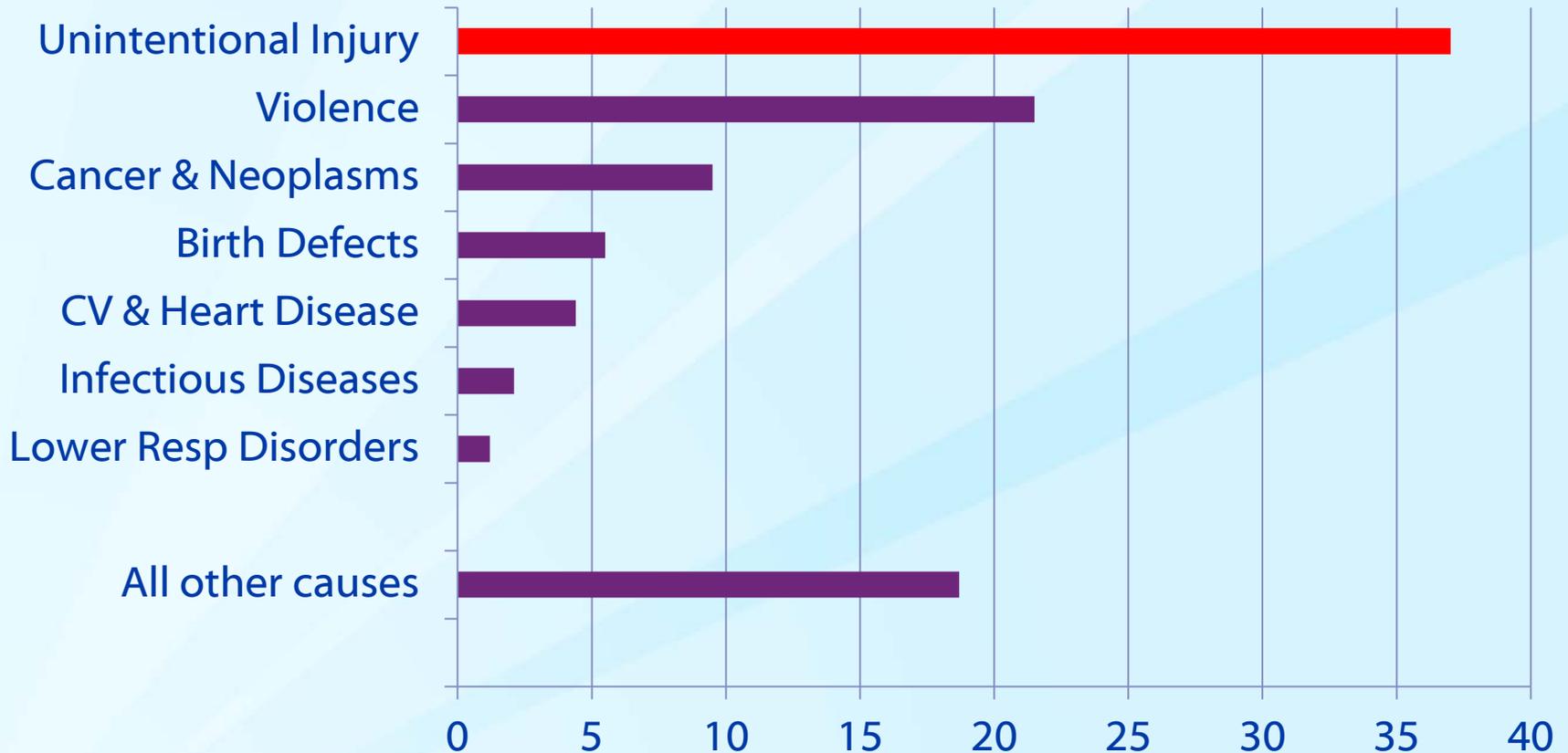
National Center for Injury Prevention & Control
Centers for Disease Control & Prevention

April 1, 2014

National Center for Injury Prevention and Control
Division of Unintentional Injury Prevention



Percent of All Deaths Among Children 1-19 Years



From: WISQARS 2010 data. Cancer includes benign neoplasms; Birth Defects includes other perinatal mortality and pregnancy complications; Infectious Diseases includes influenza, HIV, meningitis

INJURY

The #1 killer of children in the US



For every **1** child that dies there are...



25

hospitalizations



925

treated in ER

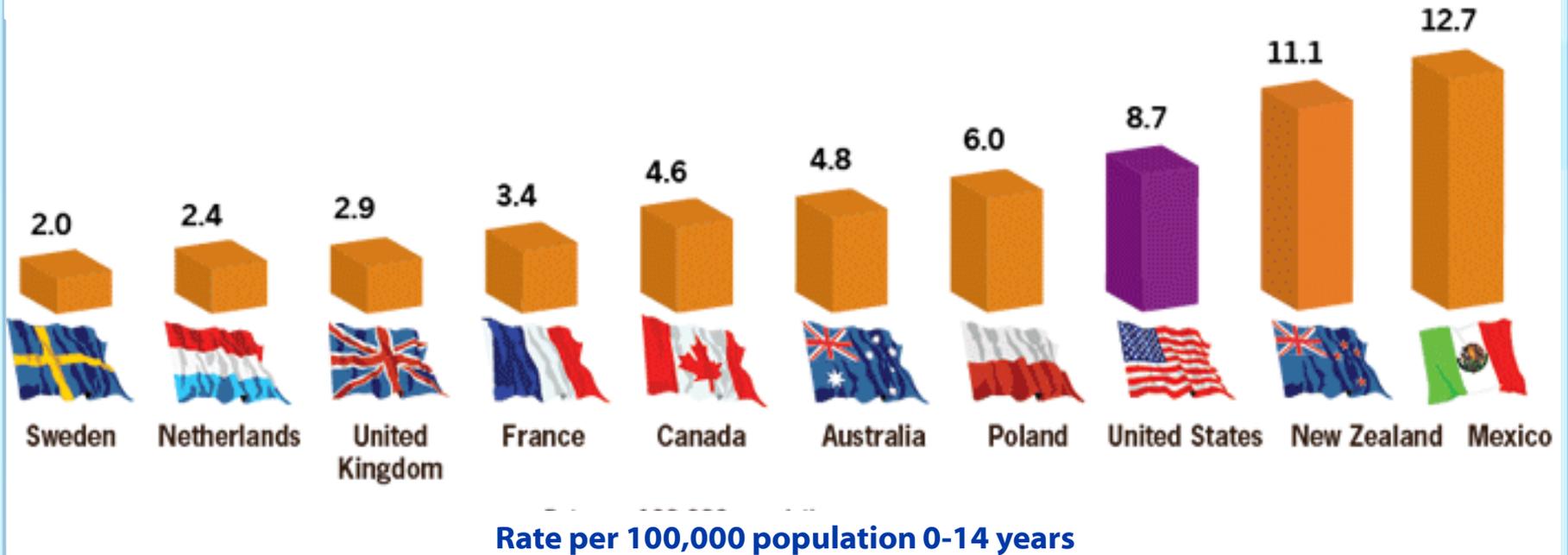


Many

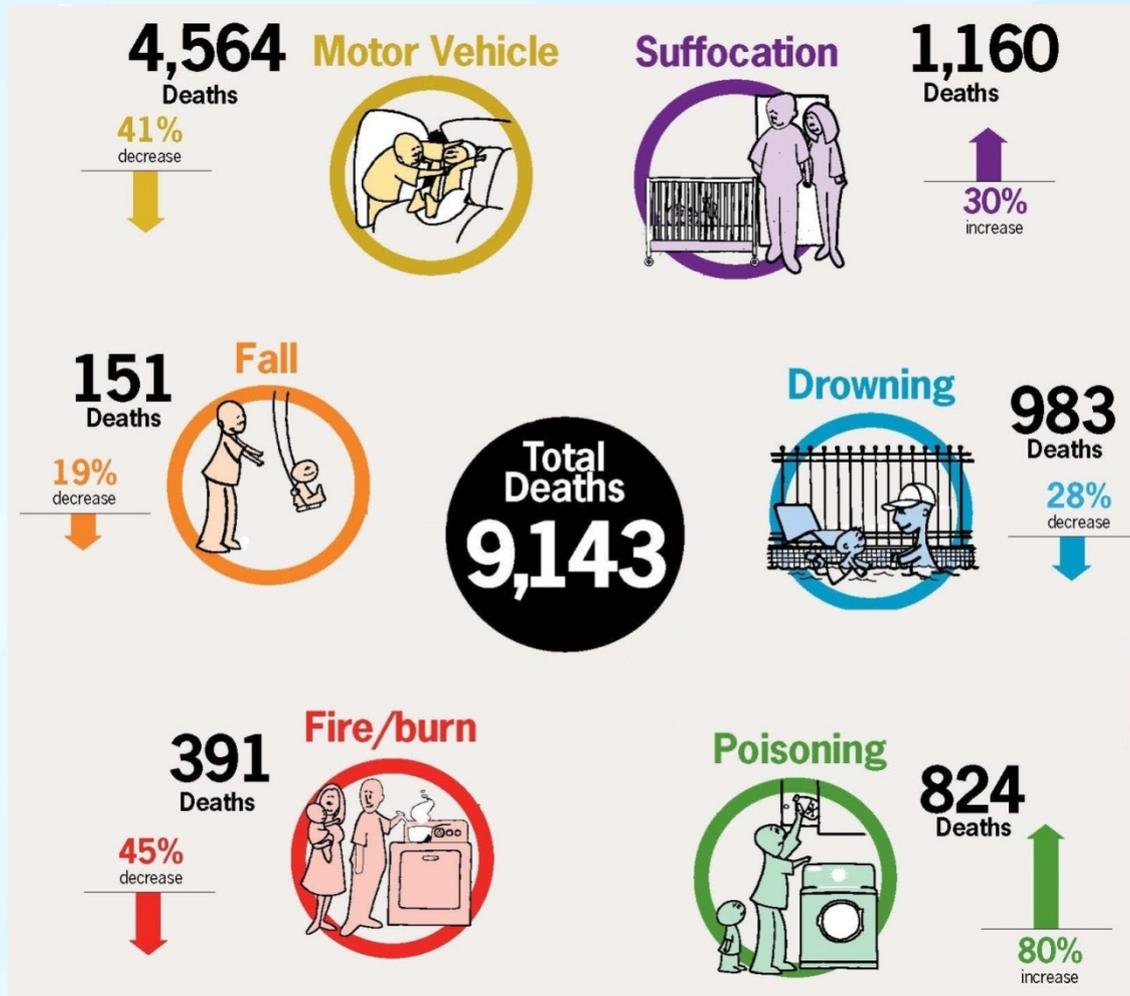
more treated in
doctors' offices



US Rates Poorly Compared with Others



Unintentional Injury Deaths and Trends among U.S. Children 0-19 Years



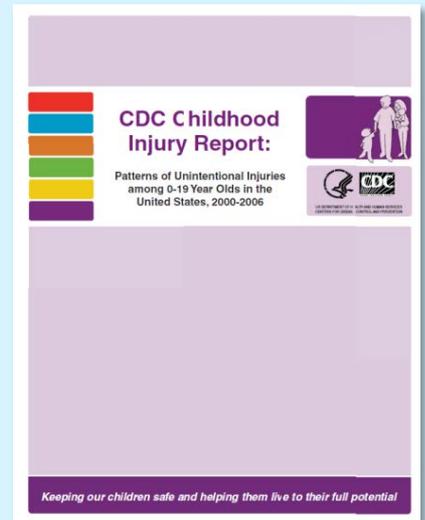
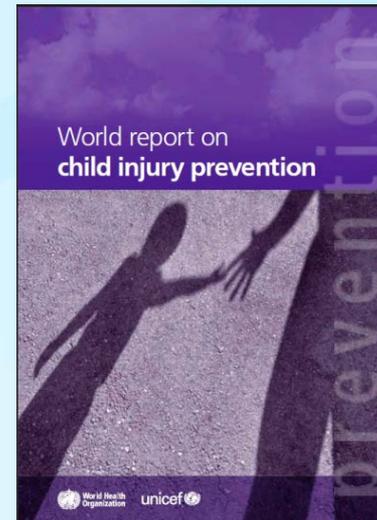
SOURCE: CDC Vital Signs, 2012; deaths – 2009, trends – 2000-2009

CDC's Role

- ❑ Identify and share data, tools and strategies
- ❑ Support organizations and individuals

Protect the Ones You Love

World Report on Child Injury Prevention & CDC Childhood Injury Report



National Action Plan for Child Injury Prevention

- ❑ **Raise awareness**
- ❑ **Highlight prevention solutions**
- ❑ **Mobilize action**



A Framework for Action

- ❑ Data & Surveillance
- ❑ Research
- ❑ Communication
- ❑ Education & **Training**
- ❑ Health Systems & Health Care
- ❑ Policy



TRAINING

Education vs. Training

- ❑ **Education improves knowledge necessary to influence behaviors, change policies, modify environments and design products**
- ❑ **Education is a primary, cross-cutting intervention**
- ❑ **Training is used to improve skills and to apply knowledge**
- ❑ **Target: those who interact with families**

Educate the public about injury risks and effective strategies to prevent child injuries

- ❑ Integrate injury prevention education into broader child health promotion efforts (e.g., MIECHV)**
- ❑ Educate decision makers about the burden of child injuries, the importance of prevention**

Develop and test evidence-based materials, tools, and resources

- ❑ **Develop and incorporate specific materials into schools of education, public health, medical and allied fields, and safety professions**
- ❑ **Develop health and safety education curricula and programs for use at all school levels**
- ❑ **Develop resources to assist concerned citizens to promote child injury prevention in their communities**
- ❑ **Establish a clearinghouse to catalogue and provide access to accurate information and resources**
- ❑ **Catalogue all available curricula and create an evaluation framework**

Implement and disseminate injury education programs in allied health professions

- ❑ Improve coverage of child injury prevention in undergraduate and graduate training programs**
- ❑ Incorporate child injury prevention information in health, education, and safety professionals training by offering continuing education credits**
- ❑ Include child injury prevention into minimum standards for competency for selected credentialing, licensing, and certification in health and safety**
- ❑ Provide training for disaster and injury response for all school, childcare, & foster care personnel**
- ❑ Develop consortia among education, training, and technology services and providers**

Develop venues for delivering child injury education and training programs

- ❑ Establish child injury prevention internship opportunities at agencies and organizations**
- ❑ Develop training modules on implementation, evaluation, risk communication, and advocacy**
- ❑ Use technology such as the Internet to improve access to child injury prevention training**
- ❑ Improve the training of professionals around data collection, and its value for documenting the problem and monitoring child injury trends**
- ❑ Provide training in fields such as engineering, environmental science, and transportation safety.**
- ❑ Provide education and training to all expectant mothers and their families, pre- and post-term**

Use community-based organizations to educate the public

- ❑ **Support nonprofit organizations to promote education at local, state, and national levels**
- ❑ **Integrate prevention education into community health programs that serve at risk families**
- ❑ **Further integrate child safety education into pediatric & well-baby visits, and post-partum discharge**
- ❑ **Design and disseminate education materials to educate employees about family safety off-the-job through corporate health and wellness programs**
- ❑ **Engage community-based organizations, voluntary groups, and merchants in sponsoring injury prevention events and educational campaigns**

IMPLEMENTATION

NAP Implementation Projects

- ❑ **Funded nine pilot projects**
- ❑ **Test the feasibility of implementing specific actions in the NAP**
- ❑ **Identify potential next steps and new avenues**



Implementation Project

- ❑ **Kelli Will – Eastern Virginia Medical School**
- ❑ **Previously funded to develop programs to improve child motor vehicle occupant protection**
- ❑ **Funded: “Professional Training in the Use of Empirically Supported Interventions for Children’s Motor Vehicle Safety”**
- ❑ **Which developed a path to approval for continuing education for training on evidence-based programs**

CDC Resources

- ❑ **TRAIN is the premier learning resource for public health professionals and is a free service of the Public Health Foundation**
- ❑ **CDC TRAIN – cdc.train.org**

CDC Resources

- **Framing Guide**



Adding Power to Our Voices
A Framing Guide for Communicating About Injury

www.cdc.gov/injury/framing/CDCFramingGuide-a.pdf

*"If you think education is expensive,
try ignorance."*

John Harvey

Julie Gilchrist, MD (jrg7@cdc.gov)

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Injury Prevention and Control

Division of Unintentional Injury Prevention





Presenter



Dr. Kelli England Will

Continuing Education Training in Motor Vehicle Safety: An Interdisciplinary Adventure

Kelli England Will, Ph.D.

Associate Professor, Clinical Psychologist, & CPST
Pediatrics, Division of Community Health and Research
Eastern Virginia Medical School, Norfolk, VA



Project Overview and Goals

- **Goal:** Incorporate evidence-based injury prevention programming in the continuing education (CE) activities of various allied health and safety professions
- **Task:** Create, credential, offer, and publicize online CE training in research-supported techniques to motivate occupant protection among 4-12 year old children



The Burden of Motor Vehicle Injury

- Motor vehicle crashes are the #1 cause of death for children over age 5 (CDC, 2013)
- A leading cause of death and serious nonfatal injury for all ages (CDC, 2013)
- A leading cause of medical spending (CDC, 2013)



4-12 Year-old Children Travel at Risk

(Durbin et al., 2004; Greenspan et al., 2010; Pickrell & Ye, 2013; Will et al., 2013)



- Proper restraint use decreases as children age
- Part-time (or situational) restraint use is more common
- Front seat positioning increases as children age
- Leaving older (4-12 year old) children at greater risk for injury

Booster Seats Provide a Big Benefit

- After children outgrow traditional safety seats, a booster seat is needed until the vehicle seatbelt *fits properly*
- Booster-age children are 45% less likely to be injured when riding in a booster seat vs. a belt alone (Arbogast et al., 2009).
- Yet, only 47% of booster-age children travel in booster seats (Pickrell & Ye, 2013).



Protecting Tweens (~8-12)

- Safety belts reduce the risk of injury or death in a crash by half for older children who have outgrown a booster seat
- Yet, less than 50% of tweens killed in fatal crashes wear safety belts (Greenspan et al., 2010; NHTSA, 2011).
 - Observed belt use varies widely, from 35% to 88% (Pickrell & Ye, 2013; Will et al., 2013)
- Most tweens (73%) sit in the front seat when they are the sole passenger
 - 40% greater risk for those under 13 (Durbin et al., 2004; 2005; Lennon et al., 2008).



Rationale for the Course

- Our natural instincts are to educate and inform, but noncompliance with safety recommendations stems from a number of factors
 - Lack of knowledge, low perceptions of risk, poor recognition of restraint system effectiveness, flawed understanding of crash forces, personal beliefs, and legal loopholes
- Due to the complex reasons for safety noncompliance, education-only programs do not always translate into lasting behavior change
- We put so much effort into informing the audience, but we also need to put equal effort into motivating and persuading the audience.
 - Using stronger evidence-based interventions
 - Modifying intervention approaches for greater impact.



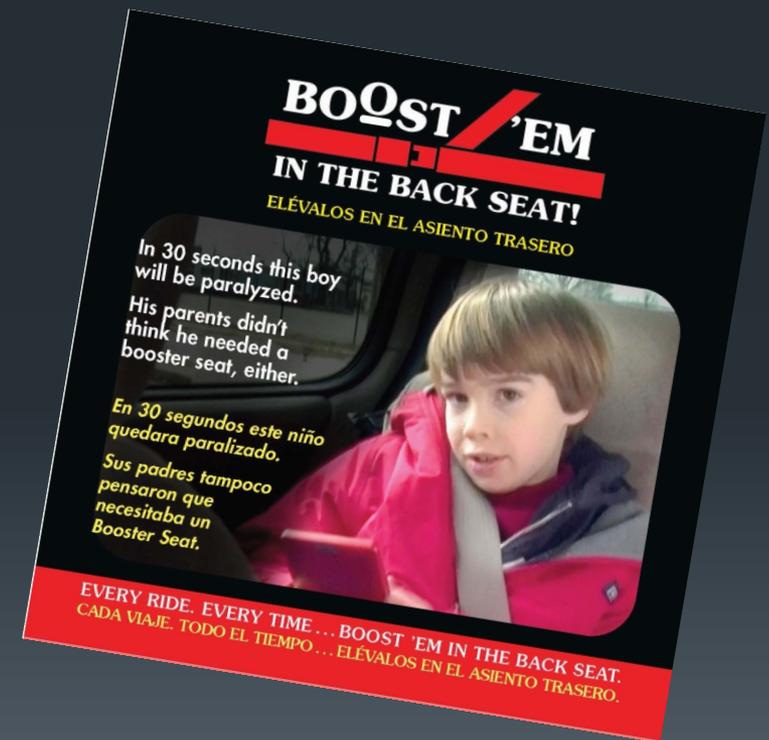
Course Content

1. Motor Vehicle Injury as a Leading Public Health Issue
 - Burden of motor vehicle injury; Data and OP recommendations for 4- to 12-year-old children
2. Why Education Is Often Not Enough
 - Characteristics of motor vehicle travel that lead to inherently low perceptions of risk; How perceptions and barriers make it difficult to change behavior
3. Changing your Message & Approach for Maximum Impact
 - Market segmentation and tailoring messages for audience needs; Using theory as a guide; Styles and approaches that work best for unengaged audiences
4. Booster Seat Use: Targeting Parents of 4-8 Year-Olds
 - Suggested approaches and example program
5. Tween Belt Use: Targeting 8-12 Year-Old Youth
 - Suggested approaches and example program



Boost 'em in the Back Seat Video

- A 6-min threat-appeal video for parents of booster-age children
 - Conveys the power of crash forces to raise perceived threat, and dispels barriers and myths to bolster efficacy
- Evaluated in a pre-post control group design (N=226)
 - Significantly increases risk-reduction knowledge, perceived threat, perceived efficacy, and observed booster seat use (Will, Sabo, & Porter, 2009)
- Video is free and appropriate for use in a variety of public health and medical settings



www.boosterseats4safety.org

The *Make It Click* Initiative



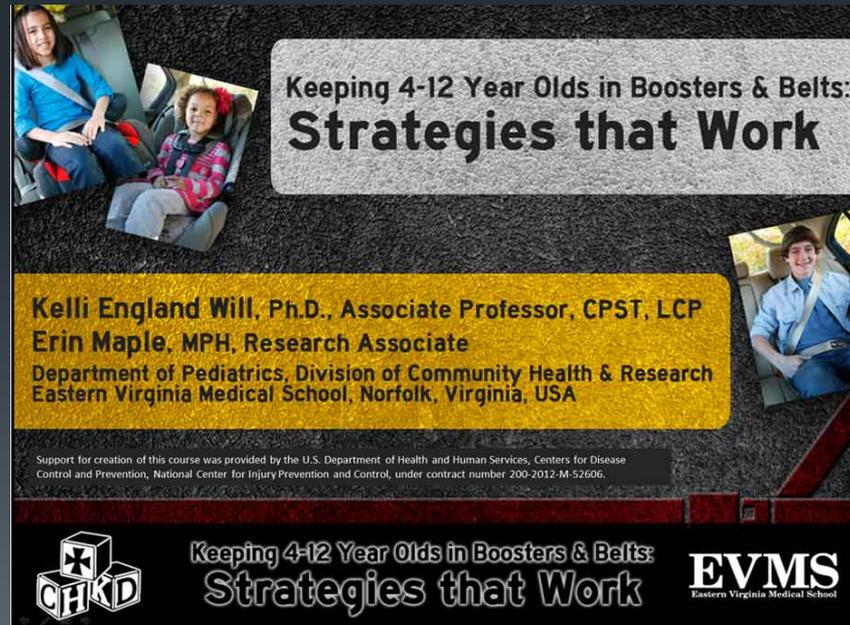
- Multi-component participative education program incorporating competition and creativity
- Engages 8- to 12-year-old children (“tweens”) in learning about car safety, promoting occupant protection among their peers, implementing restraint-use interventions, and observing peer belt use.
- Evaluated in a pre-post control group design (N=473)
 - Produced a 3-fold increase in observed restraint use (Will, Dunaway, & Lorek, 2010)
- Program is free and appropriate for use in a variety of school and community settings

www.umakeitclick.org

Funded by Virginia Highway Safety Office

Other Course Details

- “Keeping 4-12 Year-Olds in Boosters & Belts: Strategies that Work”
- 1-Hour Online Course
- Auto-playing slides and audio voice-over with speaker notes
- Registrants can earn CME, CNE, CECH/CHES, CEU Credits or Print a Certificate of Participation (CE providers: CDC and CHKD)
- FREE!!



**Keeping 4-12 Year Olds in Boosters & Belts:
Strategies that Work**

Kelli England Will, Ph.D., Associate Professor, CPST, LCP
Erin Maple, MPH, Research Associate
Department of Pediatrics, Division of Community Health & Research
Eastern Virginia Medical School, Norfolk, Virginia, USA

Support for creation of this course was provided by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, under contract number 200-2012-M-52606.

CHKD **Keeping 4-12 Year Olds in Boosters & Belts:
Strategies that Work** **EVMS**
Eastern Virginia Medical School

Course Website

www.carsafetyeducation.org

The screenshot shows a web browser window with the URL www.carsafetyeducation.org. The page features a navigation bar with links for Facebook, EVMS CHKD, Search, Shopping, News, My research progra..., Misc Personal, journals & lit, Grant sites, and organizations. The main content area includes a course summary, a 'To Participate' section, an agenda, a speaker list, and learning objectives. A slide image for the course is also displayed, showing two children in a car seat and the course title.

Course Summary: This continuing education course will equip professionals with research-supported techniques to motivate 4-12 year-old children and their parents to always use booster seats and seat belts. Course participants will be taught to recognize when an education-focused safety intervention approach is insufficient, and when and how to modify their approach for more of a persuasive impact. Finally, two example programs that are empirically supported to improve car safety among booster-age and tween-age populations will be shared with the audience. These toolkits (*Boost 'em in the Back Seat* and *Make it Click*) are freely available online for participants' later use in their day-to-day interactions with children and their families.

To Participate: Participate in this free 1-hour CE course by clicking the slide image below. To register for continuing education credits (CME, CECH, CNE, or CEUs), click the appropriate registration link under the slide image.

Agenda
Speaker
Course Planners
Course Flyer (pdf)
About Us
Contact Us

Learning Objectives

1. List reasons for resistance to safety recommendations, and how this affects your efforts
2. Identify ways to modify an education-based approach for a more persuasive impact
3. Discuss research-supported techniques for motivating booster seat and seat belt use
4. Describe how to access and use two empirically supported (free) toolkits for booster and tween populations

Keeping 4-12 Year Olds in Boosters & Belts: Strategies that Work

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EVMS
Eastern Virginia Medical School

Professions of Interest

- Physicians (CME)
- Nurses (CNE)
- Child Passenger Safety Technicians and Instructors (CPST CEU)
- Public Health Professionals (CECH/CHES)
- Social Workers, Educators, and Clinical Health Psychologists (CEU)
- Multidisciplinary Injury Practitioners
- Law Enforcement
- Fire Professionals



Obtaining Continuing Education (CME, CNE, CHES, CEU) Accreditation

- Form Curriculum Committee, Address Core Competencies
- Develop Summary, Learning Objectives, Agenda, Quiz
- Create Slides, Script, Promotional Materials
- Produce & Send for Content Review & Pilot Testing
- Submit Application and Supporting Documents



START HERE:

<http://www.cdc.gov/cecredit/>

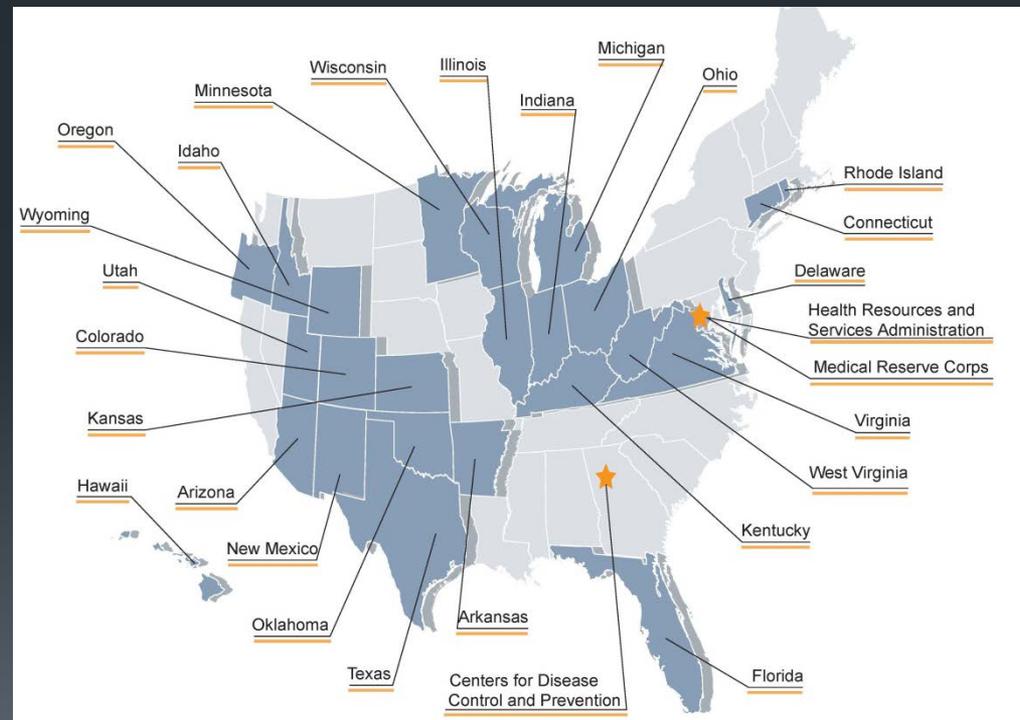
Training Platforms

- TRAIN (TrainingFinder Real-time Affiliate Integrated Network)
 - A free service of the Public Health Foundation (+ 28 funding partners)

- TRAIN National: www.train.org

- Affiliate Sites

- cdc.train.org
- hrsa.train.org
- www.mrc.train.org
- va.train.org
(many state affiliates)



Other Training Portals

- CDC's Training and Continuing Education Online
 - www.cdc.gov/TCEOnline
- HRSA & AHRQ's Online Clinical Training Portal
 - www.hrsa.gov/quality/portal/index.html
- Free or discounted training for members
 - Society for Public Health Education:
www.sophe.org/education.cfm
 - Child Passenger Safety Board:
cpsboard.org/certification-recertification/
 - Emergency Nurses Association
www.ena.org/education/
 - American Academy of Pediatrics
www.aap.org/en-us/continuing-medical-education/



Next Steps: Partnering for Course Promotion

- Children's Safety Network
- Child Injury Prevention Alliance
- Governor's Highway Safety Association
- American Academy of Pediatrics
- Emergency Nurses Association
- National CPS Technician Certification Program
- Society for Public Health Education
- State, Regional, and National Departments/Associations/Academies
- National Safety Council
- Safe Kids Worldwide
- Injury Free Coalition for Kids
- Children's Hospital Association
- Society for Advancement of Violence & Injury Prevention (SAVIR)
- National Association of County and City Health Officials
- Public Health Training Centers

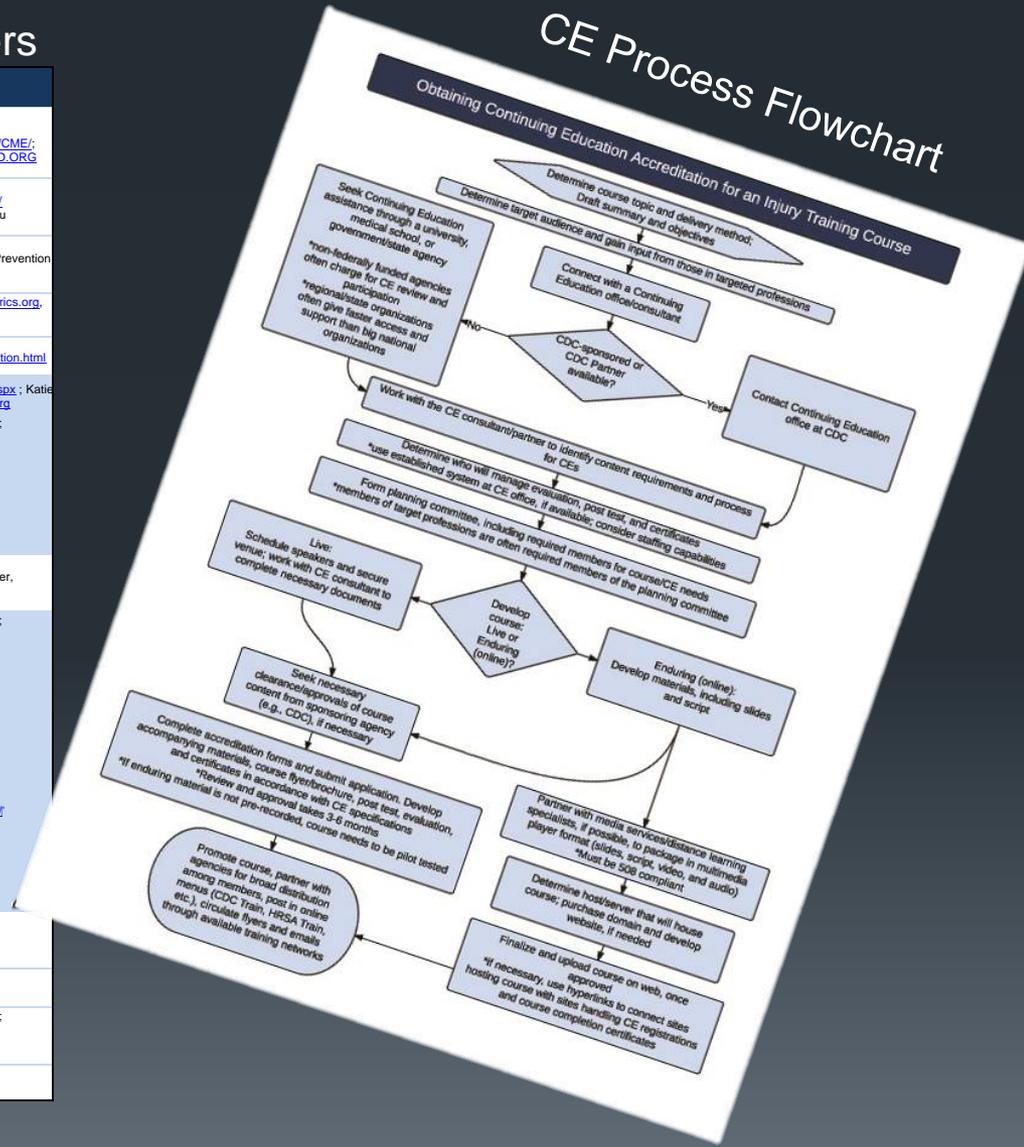


Resources We Developed

(contact willke@evms.edu to receive a copy)

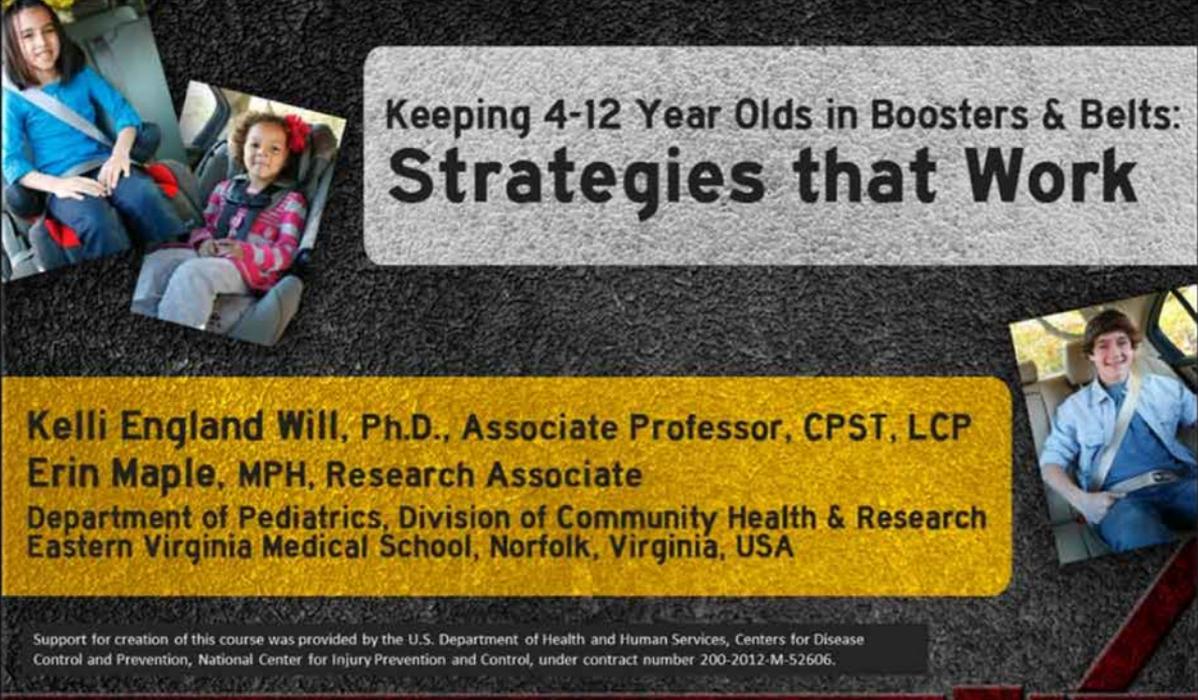
Starting Points for Organizational Partners

Profession Targeted	Representing Organizations	Applicable CEs	CE Provider	Notes	Starting Point/Contact
Physicians (e.g., Pediatrics, Family Medicine, Emergency Medicine)	Children's Hospital of The King's Daughters Health System (CHKD)	CME	CHKD	Accrediting provider of CMEs for our Course; MD needed on Curriculum Team	CHKD continuing education; http://www.chkd.org/HealthPros/Education/CME/ ; Rosalind Jenkins; Rosalind.Jenkins@CHKD.ORG
	Eastern Virginia Medical School	CME	CHKD	N/A	http://www.evms.edu/education/cme/ ; Drucilla Papafili; PapafilDA@evms.edu
	American Academy of Pediatrics	CME	CHKD	Only AAP-sponsored courses on AAP site; reach through AAP injury interest groups	AAP Council on Injury, Violence, and Poison Prevention http://www2.aap.org/sections/ipp/
	State and Regional Academies of Pediatrics	CME	CHKD	N/A	Virginia Chapter of AAP, www.virginiapediatrics.org ; Jane Davis, jdavis@ramdocs.org ; Julie Gilchrist, jrg7@cdc.gov
	AAP Bright Futures	CME	CHKD	N/A	http://brightfutures.aap.org/continuing_education.html
Nursing	Emergency Nurses Association	CNE	CDC	Nurse needed on Curriculum Team	http://www.ena.org/education/Pages/default.aspx ; Katie Carey; kcarey@ena.org ; CNE@ena.org
	CDC TCEO & TRAIN	CNE	CDC	Accrediting provider of CNEs for our Course; Nurse needed on Curriculum Team	Oksana Bilukha; OBilukha@cdc.gov ; http://www2a.cdc.gov/TCEOnline/ ; Rhonda B. Willis; eve1@cdc.gov ; http://cdc.train.org
	State & Regional Nursing Associations	CNE	CDC	NA	http://www.virginiannurses.com/
Child Passenger Safety Technicians & Instructors	Children's Hospital of The King's Daughters Health System (CHKD)	CNE	CDC	NA	www.chkd.org
	National CPS Technician Certification Program (under Safe Kids Worldwide)	NA	NA	CE's for Technical Training only; Course completion certificate only	http://cert.safekids.org ; Kerry Chausmer; kchausmer@safekids.org
Public Health	CDC TCEO & TRAIN	CECH/CHES	CDC	Accrediting provider of CECH for our Course; 1 hour course minimum	Oksana Bilukha; OBilukha@cdc.gov ; http://www2a.cdc.gov/TCEOnline/ ; Rhonda B. Willis; eve1@cdc.gov ; http://cdc.train.org
	Society for Public Health Education	CECH/CHES	CDC	SOPHE member needed on team	Allison T. McElvaine; amcelvaine@sophe.org ; www.sophe.org
	Eastern Virginia Medical School	CECH/CHES	CDC	NA	http://www.evms.edu/
	HRSA (TRAIN)	CECH/CHES	CDC	NA	https://hrsa.train.org/ ; Erin Reiney; eriney@hrsa.gov
	Public Health Training Centers	CECH/CHES	CDC	NA	www.publichealthtrainingcenters.org/
	State Health Departments/Assoc	CECH/CHES	CDC	N/A	http://www.vdh.state.va.us/
	Children's Hospital of The King's Daughters Health System (CHKD)	CECH/CHES	CDC	NA	www.chkd.org
Social Work, Educators, Clinical Health Psychologists	Children's Hospital of The King's Daughters Health System (CHKD)	CEU	CDC	NA	www.chkd.org
	State Social Work Depts	CEU	CDC	NA	http://www.dss.virginia.gov/
	CDC TCEO & TRAIN	CEU	CDC	Accrediting provider of CEUs for our Course	Oksana Bilukha; OBilukha@cdc.gov ; http://www2a.cdc.gov/TCEOnline/ ; Rhonda B. Willis; eve1@cdc.gov ; http://cdc.train.org
	National Association of Social Work	CEU	CDC	NA	www.socialworkers.org



Take the Course

www.carsafetyeducation.org



**Keeping 4-12 Year Olds in Boosters & Belts:
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 **CHKD**

**Keeping 4-12 Year Olds in Boosters & Belts:
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EVMS
Eastern Virginia Medical School

Thank you! Questions?

Kelli England Will, Ph.D.

willke@evms.edu

757-668-6449



www.carsafetyeducation.org

www.boosterseats4safety.org

www.umakeitclick.org



Presenters



Margarita DeSantos, RN, BSN

Community Health Nurse
Manager at the Southern
Nevada Health District

Tara Phebus

Executive Director of the Nevada
Institute for Children's Research
and Policy (NICRP) at the
University of Nevada Las Vega

Healthy Tomorrows Partnership for Children

Baby Safe Sleep

A Hospital Based Safe Sleep Program

Presented by:

Southern Nevada Health District (SNHD)

and

Nevada Institute for Children's Research and Policy (NICRP) at the University of Nevada Las Vegas

Presentation Outline

Part 1: Program Overview

- Margarita DeSantos (SNHD)

Part 2: Preliminary Evaluation Results

- Tara Phebus (NICRP)



Part 1: Program Overview

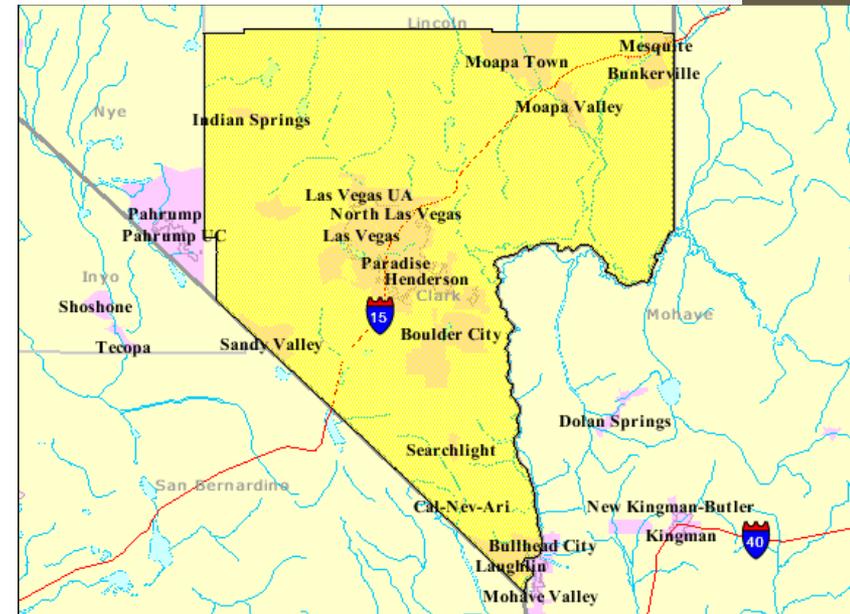
- I. Background Information
- II. Program Overview
- III. Goals and Objectives
- IV. Accomplishments



safe
for sleep
your
baby

Background Information

- Clark County, Nevada is home to more than 2 million residents, which is 72% percent of Nevada's total population.
- In 2011, there were 26, 845 births in Clark County, Nevada.



Background

- From 2006 to 2012, 155 infant deaths occurred in Clark County, Nevada, due to unsafe sleep environments.
- Accidental deaths followed natural deaths as the second leading cause of deaths.
- Since 2006, accidental suffocations have been a leading cause of child death. Nearly all of these deaths occurred in an unsafe sleeping environment.



Program Overview

- The overall goal of this project is to reduce child deaths in Clark County, Nevada due to unsafe sleeping environments through the design and delivery of a multi-pronged, preventative education program to promote messaging that helps families create safe sleep environments for babies.
- The hospital based safe sleep program is called “Baby Safe Sleep.”



The *ABCs* of Safe Sleep
I sleep safest
Alone ♥ on my *Back* ♥ in a *Crib*

Program Overview

Program Partners and Roles and Responsibilities

- **The Southern Nevada Health District (SNHD)** is the grantee and provides the Project Director and Project Coordinator.
- **The Nevada Institute for Children's Research and Policy (NICRP) at the University of Nevada Las Vegas** serves as the Project Evaluator as well as partnering with the SNHD in the development of educational tools and selection of written materials.
- The project is supported by the **Clark County Child Death Review Team** which serves as the program Advisory Board.
- The **University Medical Center's** Maternal and Child Health Services Department served as the first partner hospital to complete the program.

Program Overview-Goals and Objectives

Goal 1: All Clark County Hospitals with maternity units have policies/procedures and access to training to reduce child deaths

Goal 2: Develop preventative educational materials for new parents/caregivers to reduce child and infant deaths

Goal 3: Reduce Clark County child deaths from a baseline of 19 in 2009 due to unsafe sleep practices and inadequate child supervision

Program Overview-Six Key Components

1. Review/establish a comprehensive policy on sleep positioning

- * Program sustainability

2. Sleep position audit before and after staff training

- * Monitor program impact

3. Staff training on safe sleep

- * Education/modeling for hospital staff

4. Patient education on safe sleep

- * Educational DVD for new parents/caregivers

5. Evaluation

- * Position audits and pre/post/follow up surveys

6. Expansion

- * Plan to expand to all of the birthing hospitals in Las Vegas



Program Overview-Accomplishments

1. Planning and Consultation

- * Baby Safe Sleep Sample Policy and resource notebook
 - Model Hospital Policy Manual and Toolkit-Allegheny County
Health Department Perinatal Periods of Risk Team
 - Beverly Neyland, M.D., Professor of Pediatrics at the University of Nevada School of Medicine

- * Meetings –SNHD, NICRP, UMC
 - UMC staff feedback and suggestions
 - Ensure successful implementation
 - UMC required Baby Safe Sleep training

- * UMC hospital-wide public awareness safe sleep campaign 3/2013

Program Overview- Accomplishments

2. Hospital Policy on Safe Sleep

- * UMC policy for sleep positioning
 - Draft reviewed by SNHD
 - Resource notebook/sample hospital policy provided
 - UMC policy finalized and submitted for approval.

3. Sleep Position Audit

- * NICRP/UMC – pre-training audit 12/6/12 , post training audit 7/12/13



Program Overview-Accomplishments

4. Hospital Training Development

- Baby Safe Sleep Training Power Point -Madlyn Sparks RN, CCM
 - Materials/information
 - NICHD (National Institutes for Health)
Advocacy Project/SIDS Prevention/Dr. Kevin Jones/UNSOM Pediatric Residency Program
 - Expanded 2011 AAP recommendations on safe sleep
 - NICRP provided: Photos-Clark County Coroner's Office
Statistics related to unsafe sleep
- Online version with voiceover of safe sleep training created and implemented at UMC's request.
- Initial training completed on Feb. 15, 2013 - 17 selected UMC staff attended
- Online version made available to staff in units with infants - 214 UMC staff completed training by 3/17/2013
- Online version without voiceover subsequently created based on feedback.

Example from Safe Sleep Training

- The following slide is an excerpt from the staff training provided to UMC.
- The slide provides an example of a safe sleep environment as well as an unsafe sleep environment. The image of the unsafe environment comes from the local coroner's office and is an example of a location where an infant suffocated.

Key Points for Safe Sleep

- Keep soft objects, stuffed toys, and loose bedding out of baby's sleep area. **Place nothing but baby in crib**
- Do not use pillows, blankets, quilts, sheepskins, bumper pads

Safe Sleep Space



Unsafe Sleep Space



Photo courtesy of the Clark County Coroner's Office

Program Overview-Accomplishments

Patient Education on Safe Sleep

1. Baby Safe Sleep video

- English/Spanish
- SNHD, NICRP, Clark County CDR, Dr. Neyland, Dr. Olson, Dr. Eisen, UMC, SNMCH Coalition
- Finalized 12/2012
- DVDs
- SNHD YouTube channel
- UMC launch 3/18/13
- Sustainability

2. Safe Sleep brochures and posters

- Washoe County Cribs4Kids, NSHD, Nevada Executive Committee to Review the Deaths of Children
- NIH
- Sustainability

3. UMC request for crib cards

- Magnets from Cribs for Kids

Program Overview-Accomplishments

Other Activities Related to Safe Sleep:

- 12/27/2012 - The Las Vegas Metropolitan Police Department (LVMPD), through Sgt. Kristine Buist, a core member of the Clark County Child Death Review Team, provided an interview for the local NBC –affiliate news channel on infant safe sleep.
- The LVMPD public service announcement on safe sleep and local statistics were discussed. A link to the SNHD/Baby Safe Sleep video developed through the project was provided to viewers.
- This demonstrated the LVMPD support for the project and introduced a larger community of consumers to the “Baby Safe Sleep” video. This also led to three more television interviews and one newspaper article on Safe Sleep by the LVMPD.
- DFS in Clark County adopted the program to educate their foster parents.

Part 2: Evaluation Results

- I. Evaluation Plan

- I. Preliminary Results
 - I. Staff Training
 - II. Sleep Position Audit
 - III. Parent Surveys



Evaluation Plan



1. Sleep Position Audit

- Audit completed before any staff were trained using safe sleep curriculum or policy was in place.
- NICRP and MCH Services Director observed all infants less than 12 months of age in postpartum, NICU, and Pediatric units

2. Staff Training

- Pre and Post Surveys completed both in person and online using Survey Monkey
- Measure knowledge and attitudes about safe sleep before and immediately following the training

Evaluation Plan contd.

3. Parent Surveys

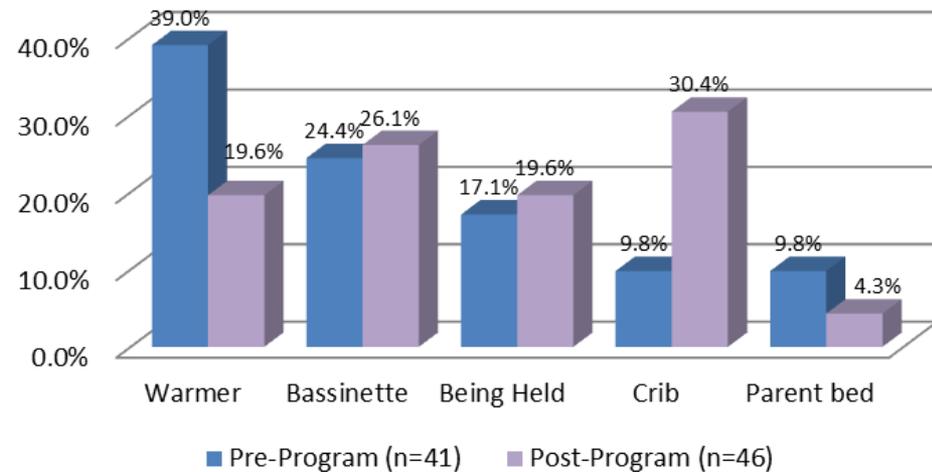
- Mothers are asked to complete a survey after watching the safe sleep video
- The survey measures knowledge and attitudes about safe sleep as well as solicits feedback on quality of the video
- Surveys returned to UMC staff and collected weekly by NICRP for entry into a central database
- Follow up surveys with random sample of 10% of mothers who completed the original survey conducted 3-4 months after initial survey.



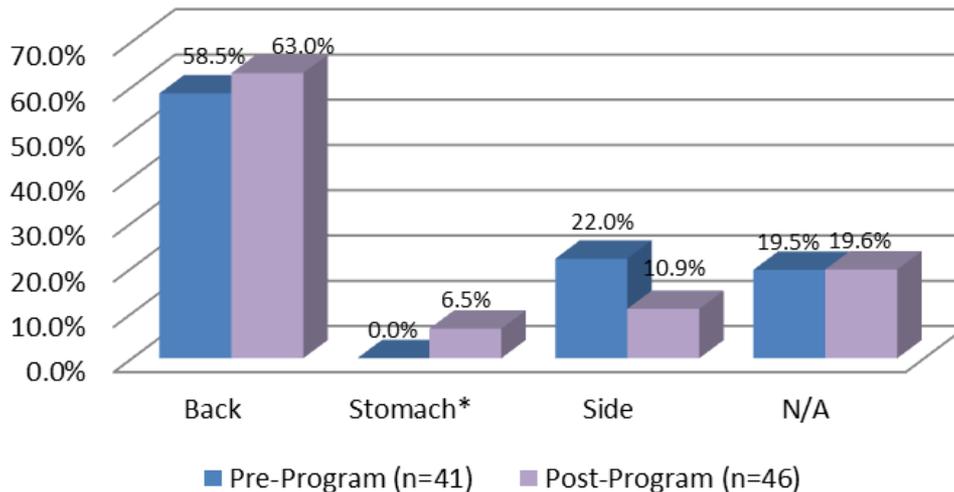
Results: Sleep Position Audit

- 41 infants observed in the “pre-program” audit, 46 observed in the “post-program” audit.

Infant Sleep Location



Infant Sleep Position



Results: Sleep Position Audit

Summary

- Initial sleep position audit conducted on 12/6/12 and then completed again on 7/12/13.
- The initial audit had 58.5% of infant on their backs – after the training there were 63% on their backs.
- Before the training there were 22% on their sides, and after 10.9% side sleeping.
- Post training there were also 3 infants on their stomachs without a medical indication to do so.



Results: Staff Training

2. Staff Training

- 214 completed staff training
- 197 completed pre surveys
- 214 completed post surveys

Limitations:

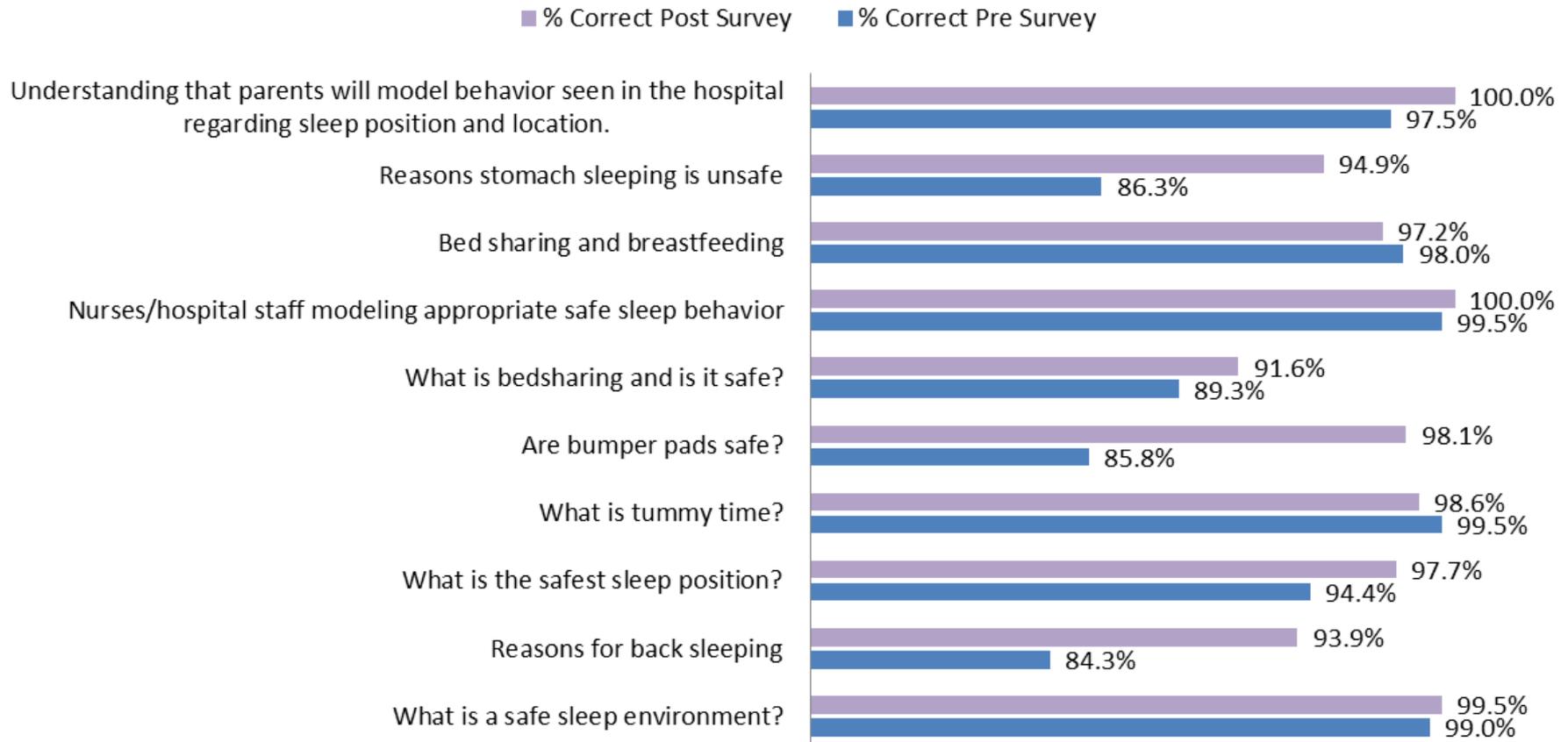
Staff did not consistently indicate their name on both the pre and post surveys making matching surveys for each individual inconsistent. Therefore comparisons are made overall and not on a one to one basis.

Also for the 17 staff that completed the training in person no pre-survey was collected therefore the totals for pre and post surveys are not the same.



Results: Staff Training

Staff Survey



Staff Training - Summary

- Overall – staff were knowledgeable about safe sleep practices even before the training.
- Staff demonstrated the greatest improvements in knowledge about bumper pads in cribs, as well as additional reasons why stomach sleeping is unsafe.
- Feedback from staff on the survey was positive with some indicating that the online training was too long and cumbersome. Perhaps adaptations could be made for the course given the level of knowledge that already exists among staff.



Results: Parent Surveys

3. Parent Surveys

- Survey started On March 18, 2013
- 760 surveys collected through July 15, 2013
- 356 English and 404 in Spanish
- 95.8% completed in the postpartum unit, the remaining 4.2% were from NICU and Pediatrics
- 70.5% of participants are Hispanic and 29.8% have earned a high school diploma or GED, 39.2% had less than a high school education
- The average age of participants is 28 years of age
- 7.8% of participants reported that they had seen the video before

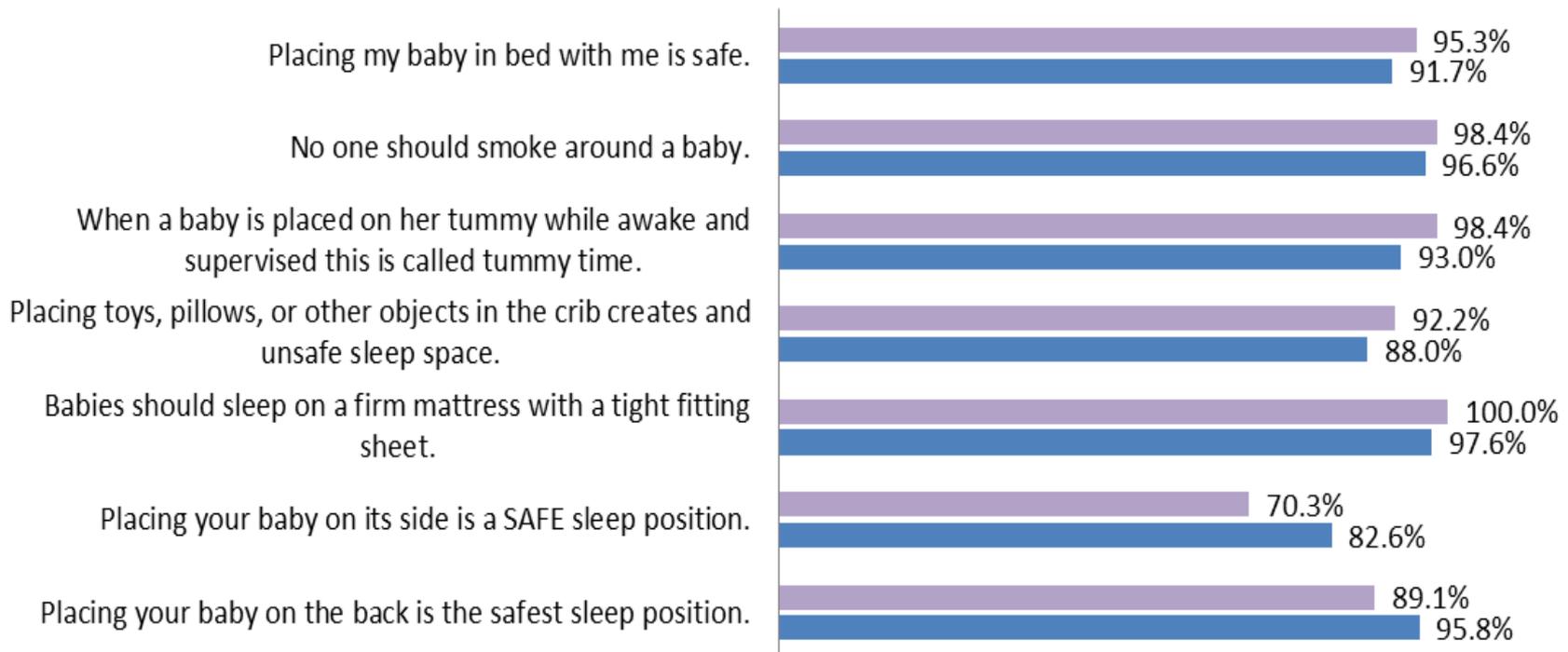
Results: Parent Surveys

- Follow Up surveys completed in English and Spanish between July-October 2013
- 10% of participants that “opted in” were contacted for a survey
- Received \$10 gift card for participation
- Demographics were similar to those of the entire group

Results: Parent Surveys

Parent Survey

■ % Correct at 3 month follow up ■ % Correct at initial survey



Results: Parent Surveys

- 93.4% of participants reported that they plan to always place their baby on his/her back to sleep after watching the safe sleep video.
- When asked at 3 months the position they most often place their baby to sleep only 65.6% indicated “back”, 15.6% said side, and 18.8% reported they most often placed their baby to sleep on their “tummy”
- 95.2% of participants planned to share the information from the video with friends, family, and other caregivers
- At the three month follow up survey 98.5% reported that they had shared the video’s information with others.



Results: Parent Surveys



Summary

- After watching the video the majority of parents recall the safe sleep messages from the video
- 14% still felt that side sleeping was a safe position after the initial video and almost 30% of the follow up call respondents felt that side sleeping was a safe position
- Almost 95% reported that they plan to share the information from the video with friends and family and over 95% indicated that they did share the information at follow up.

Questions?

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Questions?



Thank you for your participation

Please take a moment to complete our short
evaluation:

https://www.surveymonkey.com/s/NAP_Webinar040114