Safe Infant Sleep: Innovative National and State Efforts to Protect Our Youngest

December 9th, 2015
Meeting Orientation

- If you are having any technical problems with the webinar please contact the Adobe Connect hotline at 1-800-416-7640 or type your question into the Q&A box.
- For audio, listen through computer speakers or call into the phone line at 866-835-7973.
- Type any additional questions or comments into the Q&A box on the left.
Presenters

Suzanne Bronheim, PhD

Rachel Heitmann, MS
Among children <1, SIDS was the 3rd leading cause of death in 2012

### 10 Leading Causes of Death by Age Group, United States - 2012

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
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<th>45-54</th>
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<tr>
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<td>Congenital Anomalies 4,939</td>
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<td>Unintentional Injury 807</td>
<td>Unintentional Injury 11,908</td>
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<td>Unintentional Injury 15,034</td>
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<td>Malignant Neoplasms 11,337</td>
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<td>Congenital Anomalies 167</td>
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<td>Homicide 339</td>
<td>Homicide 138</td>
<td>Homicide 173</td>
<td>Malignant Neoplasms 1,574</td>
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<td>Suicide 6,758</td>
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<td>Cerebrovascular 128,546</td>
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<td>Unintentional Injury 1,168</td>
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<td>Heart Disease 67</td>
<td>Congenital Anomalies 160</td>
<td>Heart Disease 956</td>
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<td>Placenta Cord. Membranes 1,018</td>
<td>Influenza &amp; Pneumonia 93</td>
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<td>Complicated Pregnancy 159</td>
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<td>Benign Neoplasms 40</td>
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<td>Congenital Anomalies 401</td>
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<td>Septicemia 27,022</td>
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**Data Source:** National Vital Statistics System, National Center for Health Statistics, CDC. Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.
## Leading Causes of Fatal Injury, United States, 2010

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1 - 4</th>
<th>5 - 9</th>
<th>10 - 14</th>
<th>15-19</th>
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<tbody>
<tr>
<td>1</td>
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<td>3,610</td>
<td>Drowning 436</td>
<td>MVT 354</td>
<td>MVT 452</td>
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<td>MVT 203</td>
<td>Drowning 134</td>
<td>Suicide 168</td>
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<td>MVT</td>
<td>Drowning 89</td>
<td>Homicide 163</td>
<td>Drowning 117</td>
<td>Poisoning 3,183</td>
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<td>4</td>
<td>Drowning</td>
<td>Fire/Burn 39</td>
<td>Homicide 151</td>
<td>Homicide 58</td>
<td>Suicide 2,046</td>
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<td>5</td>
<td>Suffocation</td>
<td>Suffocation 39</td>
<td>Suffocation 134</td>
<td>Suicide 80</td>
<td>Suicide 1,824</td>
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</tbody>
</table>

**SUID = Sudden Unexplained Infant Death**

**Data Source:** NCHS, Multiple Cause of Death File, 2010
SUID/100,000 live births
Safe Infant Sleep:
Innovative National and State Efforts to Protect Our Youngest

Wednesday, December 9, 2015
3:00-4:00 PM Eastern Standard Time
Why NAPPSS?

• The National Action Partnership to Promote Safe Sleep (NAPPSS) is part of the Maternal and Child Health Bureau’s efforts to measurably reduce infant mortality.
Why NAPPSS?

- Where we are now:
  - AAP Guidelines
  - Back to Sleep
  - Safe to Sleep®

- Many efforts at the state and local levels, but no comprehensive national strategy
Why NAPPSS?

Where we are now:

• Caregivers often know the safe sleep “message,” but are not changing behaviors
• Caregivers report a need to understand the reasons for safe sleep recommendations
• Racial disparities persist
Our Integrated Approach—Breastfeeding and Safe Sleep

• Breastfeeding is protective.
• The field has addressed feeding and sleeping separately—families don’t.
• Need to bring together the power of these important behaviors

Source: United States Breastfeeding Committee.
A Theory-Driven Approach

• Azjen’s Theory of Behavior Change
• Social-ecological Model
• Diffusion of Innovation

Read more about our approach at
http://nappss.org/conceptual-model.php

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Azjen’s Theory of Planned Behavior

Conceptual Framework for Increasing Adoption of Safe Sleep Behaviors by Infant Caregivers

- Infant caregivers believe that safe sleep behavior is desirable and protective against SUID. (Behavioral Attitude)
- Safe infant sleep behavior is championed by key influencers of infant caregivers. (Subjective Norms)
- Infant caregivers have skills, resources and self-efficacy to implement safe sleep behavior. (Perceived Behavioral Control)

Increased prevalence of safe infant sleep behaviors by infant caregivers.

Model derived from the Theory of Planned Behavior (Azjen, 1985)
Public Health Examples

Smoking:
1. Surgeon General’s warning on cigarettes, PSAs, etc.
2. Outlawing smoking in public places; workplace policies
3. Quit lines, smoking cessation programs, medications

Car seats:
1. Education for parents, public campaigns
2. Laws requiring car seats
3. Local fire departments install car seats

Drunk driving:
1. MADD, SADD campaigns
2. Stricter DUI laws and enforcement
3. Designated drivers

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How Do We Get People to Accept New Things?

- Diffusion is the process in which an innovation is communicated through certain channels over time among members of a social system. This is a two-way communication that leads to diffusion.

How Do We Get People to Accept New Things?

**Three stages**  
Campaigns—One way communication  
• Letting people know it exists—media, brochures

Conversations—Two way communication  
• Reinforcement/Persuasion—input from trusted others who approve of the innovation  
• Decision/ adoption—can I make it work, will I like it?

Moving from Campaigns to Conversations

This is the new frontier!

How do we do this?
Who can help us?
How do we train people to be effective?—Looking at other models including lactation consultants, health educators, etc.
Social Ecological Model

We need Safe Sleep to be everybody’s business.

Who provides the influence and support needed in Azjen’s second step?

National Action Partnership to Promote Safe Sleep
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Infant Caregivers

Mothers, fathers, grandparents, siblings, other relatives, legal guardians, foster parents, babysitters, and child care/early education providers.

Influencers

People who have contact with infant caregivers in daily life and natural settings.

Organizations

FIMRs, CDRs, safe sleep coalitions, injury prevention coalitions, state SIDS/SUID programs, CoLlN teams, Safe to Sleep® Campaign; First Candle, CJ Foundation for SIDS, Cribs for Kids, AAP’s Task Force on Sudden Infant Death Syndrome, etc.

Safe Sleep Experts/Leadership

Level 1. Organizations that can directly motivate or require influencers to promote safe sleep.

Level 2. Organizations that can influence, impact or require programs/agencies, businesses that serve caregivers of infants to promote safe sleep.

Public Policy

Federal/state governmental agencies Governors and state legislatures.

Society

Broader cultural attitudes and political will to address child health and safety, infant mortality, and health disparities.
How NAPPSS Is Meeting the Challenge

• Create a national action plan
• Engage a strategic national coalition to populate the plan with concrete actions
• Create Action Teams to implement key components of the plan on a national level
• Integrate safe sleep and breastfeeding promotion
• Move from campaigns to conversations
• Host an interactive website to share progress, engage new partners and track the plan

National Action Partnership to Promote Safe Sleep
Funded by the U.S. Maternal and Child Health Bureau (grant number UF7MC26937-01-00)
NAPPS Steering Committee

• Georgetown Members
  – Rochelle Mayer
  – Suzanne Bronheim
  – John Richards
  – Susan Lorenzo
  – Keisha Watson

• External Leadership
  – Barb Himes, First Candle
  – Mary Adkins, Tomorrow’s Child
  – Megan Renner, USBC
  – Rachel Moon, Chair AAP SIDS Task Force
  – Maureen Perkins, MCHB Project Officer
  – Lorena Kaplan, NICHD Safe to Sleep® Campaign

National Action Partnership to Promote Safe Sleep
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Expert Leadership Group

**SUID/SIDS Focused Organizations**
- Cribs for Kids
- CJ Foundation for SIDS
- First Candle
- National Center for Child Death Review
- National Fetal/Infant Mortality Review Program
- Tomorrow’s Child

**SUID/SIDS Researchers**
- Eve Colson, M.D., Yale School of Medicine
- Michael Goodstein, M.D., York Hospital
- Carrier Shapiro Mendoza, Ph.D., MPH Centers for Disease Control and Prevention
- Fern Hauck, M.D., M.S., University of Virginia School of Medicine
- Barbara Ostfeld, Ph.D., SIDS Center of New Jersey
- Lena Camperlengo, R.N., Dr. PH

**National Public Health Membership and Advocacy Organizations**
- American Academy of Pediatrics
- Association of MCH Programs
- Association of State and Territorial Health Officials
- Children’s Safety Network
- Safe Kids Worldwide
- National Resource Center for Health and Safety in Childcare
- Safe Sleep CoILN—NICHQ
- CityMatCH

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National Action Partnership to Promote Safe Sleep
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NAPPSS Coalition Members
(Learn more at nappss.org)

Early Childhood Care; Maternal and Child Education and Wellness
- Baby & Me—Tobacco Free
- Centering Healthcare Institute
- Child Care Aware
- National Healthy Start Association
- Emergency Medical Services for Children National Resource Center
- Lamaze International
- National Military Family Association
- National WIC Association
- Healthy Start EPIC Center
- National Child Care Association
- Parents as Teachers
- Text4Baby
- Zero to Three

Health Care Provider Organizations
- American Academy of Family Physicians
- Coalition for Quality Maternity Care
- American Academy of Pediatrics
- American College of Nurse Midwives
- Association of Clinicians for the Underserved
- Association of Women’s Health, Obstetric and Neonatal Nurses
- National Association of Pediatric Nurse Practitioners
- National Institute for Health Care Management

National Action Partnership to Promote Safe Sleep
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NAPPSS Coalition Members

Racial/Cultural-Specific Advocacy and Service Organizations
• Alaska Native Medical Center
• Beloved Community Church
• Black Women’s Health Imperative
• National Birth Equity Collaborative
• National Council of Urban Indian Health
• National Urban League
• The Links, Incorporated Potomac Chapter
• Urban Indian Health Institute

Breastfeeding Advocacy and Support Organizations
• Baby-Friendly USA
• La Leche League USA
• United States Breastfeeding Committee
• United States Lactation Consultant Association

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NAPPSS Coalition Members

Health and Human Service Systems Organizations
• American Association of Birth Center
• Child Welfare League of America
• ideas42
• Keystone Center
• March of Dimes
• MedStar Georgetown University Hospital
• Michigan Health & Hospital Association
• National Association of County & City Health Officials
• National Association of Community Health Centers
• National Center for Health in Public Housing

Media
• National Association of Black Owned Broadcasters
• Native Health News Alliance

Businesses
• Wendy’s Bloggers
• Juvenile Products Manufacturers Association

National Action Partnership to Promote Safe Sleep
Funded by the U.S. Maternal and Child Health Bureau (grant number UF7MC26937-01-00)
Purpose of the National Action Plan to Increase Safe Infant Sleep—A Call to Action

• The Plan informs the actions of NAPPSS, but it is national—not just to be implemented by NAPPSS and the Coalition Members.

• The Plan organizes current and potential actions based on theory to produce behavior change

• The Plan provides an organized way to gather information about actions across the country to support behavior change

• The Plan can be used as a foundation for state and local decision-making and fund-seeking for their efforts.
National Action Plan

Vision

We envision a world where all babies sleep safely—each night and each naptime—and wake up healthy and strong.
National Action Plan

Mission

The National Action Partnership to Promote Safe Sleep (NAPPSS) will develop and implement a practical National Action Plan to Increase Safe Infant Sleep and partner to support breastfeeding among infant caregivers by activating systems, supports, and services to systematically work together to make safe infant sleep a national norm.
National Action Plan

Overarching Principles

1. Ensure that actions are designed to support all individuals and are effective for populations who experience the highest rates of sleep-related infant deaths.

2. Incorporate values and principles of cultural and linguistic competence to ensure that actions are respectful and effective for infant caregivers from all backgrounds.
National Action Plan

Overarching Principles

3. Engage infant caregivers and their communities in designing, implementing, and evaluating actions to promote safe sleep practices.

4. Activate the systems and services that touch families to work together to ensure that all babies sleep safely each night and each naptime.
National Action Plan

Overarching Principles

5. Honor caregiver’s experiences of caring for infants by integrating the promotion of safe sleep practices and breastfeeding to reduce SUID/SIDS deaths.

6. Recognize that families are the ultimate decision-makers each day and night in the moments of personal choice about how to care for their infants.
National Action Plan

Goal 1: Infant caregivers will understand the advantages of safe sleep practices and breastfeeding; develop positive perceptions of these practices; and adopt such practices.

Strategies

1.1: Share consistent, accurate, evidence-based and culturally competent information with infant caregivers about current safe sleep and breastfeeding recommendations and why they are important.

- Action 1.1.1: Create approaches to disseminating accurate and consistent information through mass media and advertising.
- Action 1.1.2: Reinforce awareness of the recommendations through the use of appropriate images in media.
- Action 1.1.3: Create approaches to disseminating accurate and consistent information in social media.
- Action 1.1.4: Engage infant caregivers in the development of content and approaches to delivering information that address diverse beliefs, values and practices.
National Action Plan

Goal 1: Infant caregivers will understand the advantages of safe sleep practices and breastfeeding; develop positive perceptions of these practices; and adopt such practices.

Strategies

1.1: Share consistent, accurate, evidence-based and culturally competent information with infant caregivers about current safe sleep and breastfeeding recommendations and why they are important. (continued)

• Action 1.1.5: Mobilize national organizations of health care professionals, programs that serve infant caregivers and their communities to develop or update positions and policies.

• Action 1.1.6: Mobilize organizations of health care professionals, programs that serve infant caregivers and their communities to audit their websites, publications and media resources to insure they reflect best practices in images and information.

• Action 1.1.7: Mobilize organizations of health care professionals, programs that serve infant caregivers and their communities to support training for their constituents on providing accurate and consistent information.

• Action 1.1.8: Create and implement policies in health care settings and other programs serving infant caregivers and their communities to provide consistent and accurate information and modeling.
Goal 1: Infant caregivers will understand the advantages of safe sleep practices and breastfeeding; develop positive perceptions of these practices; and adopt such practices.

Strategies

1.2: Promote actions that use shared conversations with infant caregivers that identify their concerns and barriers to implementing safe sleep behaviors and breastfeeding and that seek solutions, in partnership, to these challenges.

- Action 1.2.1: Create content and approaches for shared conversations that resonate with caregivers and reflect cultural beliefs, values and practices and support them in creating goals.

- Action 1.2.2: Develop methods for implementing shared conversations through existing relationships and programs.

- Action 1.2.3: Train health care professionals and others who interact with infant caregivers on how to have conversations about safe sleep behaviors and breastfeeding.
National Action Plan

Goal 2: Individuals and groups who are trusted by infant caregivers and who influence infant caregiver’s child-rearing beliefs and practices will understand the importance of safe sleep behaviors and breastfeeding, and will effectively communicate their protective benefits.

Strategies

2.1: Engage these trusted individuals and groups in systems-wide effort to promote safe sleep and breastfeeding.

- Action 2.1.1: Utilize focus group and other methods to learn perceptions, beliefs and values of community members who influence infant caregivers to inform promotion efforts.
- Action 2.1.2: Provide training and toolkits for action to community groups and systems to integrate safe sleep and breastfeeding promotion into their policies and activities.
National Action Plan

Goal 2: Individuals and groups who are trusted by infant caregivers and who influence infant caregivers’ child-rearing beliefs and practices will understand the importance of safe sleep behaviors and breastfeeding, and will effectively communicate their protective benefits.

Strategies

2.2: Enlist these trusted individuals and groups as safe sleep “champions” who have the motivation, knowledge, and skills to engage in meaningful conversations with mothers, fathers, and other infant caregivers to promote safe sleep behaviors and breastfeeding.

• Action 2.2.1: Utilize existing programs that support infant health to promote safe sleep and breastfeeding.
• Action 2.2.2: Engage and train community members including, but not limited to EMS providers, child care and early education providers, faith and cultural leaders, extended family, community social and service organizations to promote safe sleep and breastfeeding.
National Action Plan

Goal 2: Individuals and groups who are trusted by infant caregivers and who influence infant caregivers’ child-rearing beliefs and practices will understand the importance of safe sleep behaviors and breastfeeding, and will effectively communicate their protective benefits.

Strategies

2.3: Actively promote safe sleep and breastfeeding within all systems and programs that serve families with an emphasis on populations who experience the highest rates of sleep-related infant deaths.

• Action 2.3.1: Provide training and toolkits for action to state coalitions and programs, community groups, healthcare organizations, and other systems to integrate safe sleep and breastfeeding promotion into their policies and activities.
• Action 2.3.2: Empower child care and early education providers with training to implement supportive policies and practices.
Goal 2: Individuals and groups who are trusted by infant caregivers and who influence infant caregivers’ child-rearing beliefs and practices will understand the importance of safe sleep behaviors and breastfeeding, and will effectively communicate their protective benefits.

Strategies

2.3: Actively promote safe sleep and breastfeeding within all systems and programs that serve families with an emphasis on populations who experience the highest rates of sleep-related infant deaths. (continued)

• Action 2.3.3: Mobilize national organizations of health care professionals and state and local programs that serve infant caregivers and their communities to share communication on safe sleep and breastfeeding through existing communication resources, social media, websites, newsletters, list serves, blogs, etc.

• Action 2.3.4: Engage state Title V Maternal and Child Health (MCH) programs to explore how to integrate safe sleep and breastfeeding messaging into state and local MCH programs.

• Action 2.3.5: Convene action gatherings of community leaders to develop and promote strength-based approaches to infant health, safety, and resilience among families adversely affected by health inequities.
National Action Plan

Goal 3: Infant caregivers will be empowered, through knowledge, access to resources and confidence, to integrate safe sleep practices and breastfeeding within the realities of their lives.

Strategies

3.1: Equip infant caregivers with the skills and supports to reach their goals for feeding and sleeping their infants.

- Action 3.1.1: Create content for conversations and a process to help infant caregivers develop individualized plans for implementing and sustaining behaviors to reduce the risk of SUID/SIDS.
- Action 3.1.2: Develop mechanisms to provide infant caregivers quick and easy access to resources and supports to deal with challenges encountered in implementing and sustaining safe sleep and breastfeeding.

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Goal 3: Infant caregivers will be empowered, through knowledge, access to resources and confidence, to integrate safe sleep practices and breastfeeding within the realities of their lives.

**Strategies**

3.2: Provide access to best practice training and supports so that infant caregivers understand sleep/wake/feeding patterns in infancy and learn how best to comfort and settle their infants in ways that are consistent with safe sleep practices.

- Action 3.2.1: Develop and deliver through health care professionals, state and community programs and electronic/social media information about realistic expectations for infant sleep and feeding patterns and coping with the challenges of parenting infants.

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National Action Partnership to Promote Safe Sleep

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National Action Plan

Goal 3: Infant caregivers will be empowered, through knowledge, access to resources and confidence, to integrate safe sleep practices and breastfeeding within the realities of their lives.

Strategies

3.3: Create processes for infant caregivers, regardless of their financial or housing status, to have safety-approved safe sleep surfaces and equipment needed to support and sustain breastfeeding.

• Action 3.3.1: Provide a systematic process within communities to assess the need for providing safe sleep surfaces and assure resources to provide them.
• Action 3.3.2: Provide a systematic process to help families understand and access breastfeeding equipment (e.g. breast pumps, etc.).
• Action 3.3.3: Engage cultural and community leaders to create culturally appropriate approaches to providing safe sleep surfaces.
National Action Plan

Goal 3: Infant caregivers will be empowered, through knowledge, access to resources and confidence, to integrate safe sleep practices and breastfeeding within the realities of their lives.

Strategies

3.4: Engage community systems and supports as partners in promoting safe sleep and breastfeeding to help families address housing insecurity, substandard housing, safe childcare, neighborhood violence, household violence, and other threats to the safety and well-being of infants in their care.

- Action 3.4.1: Engage organizations at the national and local levels that address these issues to join coalitions to address safe sleep and breastfeeding.
- Action 3.4.2: Develop mechanisms to support families to deal with the socioeconomic challenges that impede safe sleep and breastfeeding practices.
Let’s Get Moving!

• Action Teams
• Developing “Conversations” approaches
• Engaging all of you in implementing the plan!
Action Team Topics

Action Teams—Taking Action at the National Level

• Child Care and Early Education Settings
• Organizational Outreach and Promotion
• Organizational Self Assessment
• Public Media

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Conversation Approaches

- Work of NAPPSS for next two years
- Tasks include tapping the knowledge and networks of NAPPSS Coalition Members and other experts to:
  - Engage families and community members from a range of racial, cultural and ethnic backgrounds to provide input to content and suggested approaches to conversations
  - Learn from safe sleep and breastfeeding experts evidence base for the content
  - Learn from current efforts using conversation approaches (such as motivational interviewing) to develop an approach
  - Develop a tool kit and training for implementation of the approaches (including how to adapt for local communities)
  - Disseminate through the NAPPSS Coalition
Assuring Cultural and Linguistic Competence

• Ensure that all work groups have members who bring cultural perspectives of groups most affected by SUID/SIDS

• Create a structure to include all such coalition members to inform the entire NAPPSS process and the conversation approaches.

• Integrate an equity lens in the planning of activities to implement action team goals
How can the plan support your work?

• A way to organize and plan activities to achieve behavior change
• A way to give justification of current or proposed activities to funders
• A way to relate your work to others across the country
• A way to see what others are doing to support the plan

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How can the National Coalition support your work?

• NAPPSS can connect you with the national coalition members’ networks at the state and local level (a way to get more groups to the “table”)

• NAPPSS Action Teams will address issues at the national level—such as safe sleep and breastfeeding in child care—that can support state and local efforts

National Action Partnership to Promote Safe Sleep
Funded by the U.S. Maternal and Child Health Bureau (grant number UF7MC26937-01-00)
What Can You Do?

Go to [www.nappss.org](http://www.nappss.org) to:

• Document what you are doing to support implementation of the plan—share your successes, document our progress

• Sign up as a Friend of NAPPSS to receive updates on Action Team activities and progress on implementing the plan
Sharing Your Actions

Interactive GOALS
To read the strategies and actions under each of the three goals below, please click on the goal itself or the down arrow to the right. After you expand the goal, you will see all the strategies and actions displayed.

Click on each action to access a fillable form to let us know what you and/or your organization are doing to promote this action. NAPPSS staff will collect these actions and will further populate this plan with your input. To close expanded goals, strategies, and actions, click on the corresponding text again or the up arrow to the right. Roll over hotlinked words to see their definitions.

Check back often, as we add more actions from the field—remember, this is a living document that will grow with time and use.

**GOAL 1:** Infant caregivers will understand the advantages of safe sleep and breastfeeding; develop positive perceptions of these practices; and adopt such practices.

- **Strategy 1.1:** Share consistent, accurate, evidence-based and culturally competent information with infant caregivers about current safe sleep and breastfeeding recommendations and why they are important.

- **Action 1.1.1:** Create approaches to disseminating accurate and consistent information through mass media and advertising.

- **Action 1.1.2:** Reinforce awareness of the recommendations through the use of appropriate images in media.

- **Action 1.1.3:** Create approaches to disseminating accurate and consistent information in social media.
Let’s Keep Talking

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INNOVATIVE SAFE SLEEP INITIATIVES IN TENNESSEE

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Section Chief, Injury Prevention and Detection
Content

- Sleep-Related Infant Deaths in Tennessee
- Statewide Safe Sleep Campaign
  - Hospital Policy Project
  - WIC educational module
  - Safe Sleep Floor Talker Project
  - DOSE Program
- Data Trends
Sleep-Related Deaths In Tennessee, 2008 - 2013

Source: Tennessee Child Fatality Review, 2008-2013
Tennessee Sleep-Related Deaths 2008-2013

Contributors to Sleep-Related Deaths

- Infant found not sleeping in crib or bassinette: 77%
- Infant sleeping with other people: 55%
- Infant found not sleeping on back: 51%
- Unsafe bedding or toys in sleeping area: 44%
- Infant sleeping with obese adult: 7%
- Drug-impaired adult sleeping with infant: 2%
- Alcohol impaired adult sleeping with infant: 1%
- Adult fell asleep while breastfeeding: 1%
- Adult fell asleep while bottle feeding: 1%

Source: Tennessee Child Fatality Review, 2008-2013
*Multiple factors may have contributed to each death, therefore percentages do not sum to 100%.
Safe Sleep Campaign

- Statewide campaign launched in 2012 to promote the ABC’s of safe sleep: Babies should *always* sleep **ALONE**, on their **BACK** and in a **CRIB**
- New projects added in 2014 and 2015
  - Hospital Policy Project
  - WIC online educational module
  - Floor Talker Project
  - DOSE Program
Hospital Policy Project

- Develop and implement hospital Safe Sleep policy
- Policies must, at minimum, address requirements for:
  - Annual education to all perinatal staff on Safe Sleep recommendations
  - Requirements for staff to model Safe Sleep recommendations
  - Education for parents
- Required to report compliance on an annual basis
Hospital Policy Project

- As policies are submitted to TDH, partner hospitals receive:
  - Free “Sleep Baby, Safe and Snug” board book for each birth
  - Free TDH “ABCs of Safe Sleep” materials
  - Free educational flipchart
  - Free Recognition on TDH website
  - Signed certificate from TDH Commissioner
  - Press release template
Hospital Policy Project Results

- Average completion time of policies
  - All 71 hospitals developed and implemented policies within 1 year

Time Taken for Policy Submission

- 60% in 1-3 months
- 27% in 4-6 months
- 7% in 7-9 months
- 6% in 10-12 months
Hospital Policy Project Results

Type of Training Provided to Hospital Staff

- Reading materials: 88%
- In person: 66%
- Video: 22%
Hospital Policy Project Results

Type of Education Provided to Families

- Reading materials: 93%
- In person: 84%
- Video: 16%

Percent
## Hospital Policy Project Results

<table>
<thead>
<tr>
<th>Crib Audit Frequency</th>
<th>Number of Hospitals</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>13</td>
<td>30.2</td>
</tr>
<tr>
<td>Weekly</td>
<td>9</td>
<td>20.9</td>
</tr>
<tr>
<td>Quarterly</td>
<td>9</td>
<td>20.9</td>
</tr>
<tr>
<td>Less than quarterly</td>
<td>7</td>
<td>16.3</td>
</tr>
<tr>
<td>Blank</td>
<td>3</td>
<td>11.6</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100%</td>
</tr>
</tbody>
</table>
**Hospital Policy Project Results**

<table>
<thead>
<tr>
<th>Overall Impact</th>
<th>Average Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants not in safe sleep environment</td>
<td>-45.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Crib Audit Measures</th>
<th>Average Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants had a toy or an object in crib</td>
<td>-51.9%</td>
</tr>
<tr>
<td>Infants not asleep on their back</td>
<td>-43.9%</td>
</tr>
<tr>
<td>Infants not sleeping in crib</td>
<td>-48%</td>
</tr>
<tr>
<td>Infants had a blanket in crib</td>
<td>No decrease</td>
</tr>
</tbody>
</table>
Hospital Policy Project Successes and Challenges

Successes

- Positive feedback from parents and families on educational materials
- Hospitals have been very creative with the implementation strategies

Challenges

- Hospital nursery staff turnover
- Sending books out in a timeframe that works for each hospital
Hospital Safe Sleep Policy Project

Practical Tips for Implementation

- Allow enough staff time for technical assistance to hospitals
- Provide templates of all materials (sample crib audit tool and sample policy)
- Ensure a staff person at each hospital is assigned to be the safe sleep contact
WIC Online Educational Module

- Module focuses on safe sleep and breastfeeding
- Feedback obtained from staff and parents
- Module pilot tested in two metro areas and two rural regions
- Pre/Post test measures behavior and intent
WIC Module Successes and Challenges

Successes

- 181 WIC parents have completed the module in WIC classes
- Positive feedback from WIC parents

Challenges

- Creating slides on safe sleep and breastfeeding
- Time to program module
Safe Sleep WIC module

Practical tips for implementation

- Engage all stakeholders in the beginning of project
- Obtain feedback from both professionals and parents
Safe Sleep Floor Talkers

- Large sticker designed to place on the floor
- Distributed to clinics, stores, agencies and businesses serving parents
- 446 placed in 18 months
Floor Talker Placement Sites

- Stores: 18%
- Health Departments & WIC: 28%
- DCS / Child Advocacy Centers: 11%
- Doctor’s Offices & Hospitals: 19%
- Other: 6%
- Unknown: 11%
- Child Care Centers: 7%

Unknown: 11%
Floor Talker Successes and Challenges

Successes

- Engaged additional partners in safe sleep (ex: grocery stores and businesses)
- Connected people with other resources

Challenges

- Tracking placement
- Evaluating impact
Safe Sleep Floor Talkers

Practical tips for implementation

- Require commitment from business/agency
- Keep a list of all floor talker recipients
- Partner with community businesses and state agencies (ex: WIC, DCS, grocery stores)
- Creative placement
DOSE Program

Direct On Scene Education
- Facilitated by Lt. James Carroll, Ft. Lauderdale Fire Department
- Participants from 30 departments, covering 18 counties
- Utilizes First Responders to educate households with pregnant women and infants about the importance of safe sleep
  - Safe sleep kits
  - Cribs
DOSE Program

Safe Sleep Kit and Crib Distribution by Agency

- **Fire**: 206 Kits, 14 Cribs
- **EMS**: 11 Kits, 0 Cribs
- **Police**: 158 Kits, 2 Cribs
DOSE Program

Practical tips for implementation

- Monthly reporting – utilize Survey Monkey
- Kit Distribution
- Communication with participating agencies
- Encourage agencies to utilize opportunities other than emergency calls (i.e. car seat checks)
DOSE Program Successes and Challenges

Successes

- Other agencies/venues have expressed an interest in utilizing safe sleep kits to distribute to families
- Increased media attention on safe sleep

Challenges

- Collecting monthly numbers
- Staff turnover at participating agencies
Success: SUID Reduction

Data Source: Tennessee Department of Health, Division of Family Health and Wellness, Child Fatality Review Database System.

Number of Infant Deaths

<table>
<thead>
<tr>
<th>Year</th>
<th>SIDS</th>
<th>Suffocation</th>
<th>Undetermined</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>8</td>
<td>119</td>
<td>3</td>
</tr>
<tr>
<td>2013</td>
<td>2</td>
<td>112</td>
<td>3</td>
</tr>
</tbody>
</table>

10% decrease from 2012 to 2013.
Success: IM Reduction

Data Sources: Tennessee Department of Health; Division of Policy, Planning and Assessment; Office of Health Statistics; Birth and Death Statistical Systems and Tennessee Vital Statistics Annual Bulletins. Starting in 1934, data are restricted to TN residents.
Contact Information

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Thank you for attending our webinar!

Please take our brief evaluation:

https://www.surveymonkey.com/r/BBBTHM2