
April 1, 2014 – 3:00-4:15 p.m.

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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
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
Percent of All Deaths Among Children 1-19 Years

- Unintentional Injury
- Violence
- Cancer & Neoplasms
- Birth Defects
- CV & Heart Disease
- Infectious Diseases
- Lower Resp Disorders
- All other causes

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

SOURCE: CDC Vital Signs, 2012
US Rates Poorly Compared with Others

Rate per 100,000 population 0-14 years

SOURCE: CDC Vital Signs, 2012
Unintentional Injury Deaths and Trends among U.S. Children 0-19 Years

CDC’s Role

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

Protect the Ones You Love


Protect the ones you love
DROWNINGS

When it comes to protecting children from falls...

I protect the ones I love

www.cdc.gov/safechild
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
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

"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

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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.
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

Funded by Centers for Disease Control and Prevention, Virginia Highway Safety Office, and Obici Healthcare Foundation
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!!
Course Website
www.carsafetyeducation.org

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.

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
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

<table>
<thead>
<tr>
<th>Profession Targeted</th>
<th>Representing Organizations</th>
<th>Applicable CEs</th>
<th>CE Provider</th>
<th>Notes</th>
<th>Starting Point/Contact</th>
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<td>CME</td>
<td>CHKD</td>
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<td>CHKD continuing education; <a href="http://www.chkd.org/health-pros/education/CME">http://www.chkd.org/health-pros/education/CME</a>; Rosemarie Jenkins; <a href="mailto:Rosemarie.Jenkins@CHKD.ORG">Rosemarie.Jenkins@CHKD.ORG</a></td>
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<td>CNE</td>
<td>CDC</td>
<td>CE's for Technical Training only; Course completion certificate only</td>
<td><a href="http://cert.safekids.org">http://cert.safekids.org</a>; Kerry Chausmer, <a href="mailto:kchausmer@safekids.org">kchausmer@safekids.org</a></td>
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<td>Oksana Bilukha; <a href="mailto:OBilukha@cdc.gov">OBilukha@cdc.gov</a>; <a href="http://www2a.cdc.gov/TCEOnline/">http://www2a.cdc.gov/TCEOnline/</a>; Rhonda G. White, <a href="mailto:rhonda.white@cdc.gov">rhonda.white@cdc.gov</a>; <a href="http://cdc.train.org">http://cdc.train.org</a>; Alison T. McElvaine, <a href="mailto:amcelvaine@sophe.org">amcelvaine@sophe.org</a>; <a href="http://www.sophe.org">www.sophe.org</a></td>
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Take the Course

www.carsafetyeducation.org

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-52506.

CHKD

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

EVMS
Eastern Virginia Medical School
Thank you! Questions?

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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 Vegas
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
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.
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
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

II. 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
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.
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

<table>
<thead>
<tr>
<th>Topic</th>
<th>% Correct Post Survey</th>
<th>% Correct Pre Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding that parents will model behavior seen in the hospital</td>
<td>97.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>regarding sleep position and location.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasons stomach sleeping is unsafe</td>
<td>86.3%</td>
<td>94.9%</td>
</tr>
<tr>
<td>Bed sharing and breastfeeding</td>
<td>97.2%</td>
<td>98.0%</td>
</tr>
<tr>
<td>Nurses/hospital staff modeling appropriate safe sleep behavior</td>
<td>100.0%</td>
<td>99.5%</td>
</tr>
<tr>
<td>What is bedsharing and is it safe?</td>
<td>91.6%</td>
<td>89.3%</td>
</tr>
<tr>
<td>Are bumper pads safe?</td>
<td>98.1%</td>
<td>98.1%</td>
</tr>
<tr>
<td>What is tummy time?</td>
<td>98.6%</td>
<td>99.5%</td>
</tr>
<tr>
<td>What is the safest sleep position?</td>
<td>94.4%</td>
<td>97.7%</td>
</tr>
<tr>
<td>Reasons for back sleeping</td>
<td>84.3%</td>
<td>93.9%</td>
</tr>
<tr>
<td>What is a safe sleep environment?</td>
<td>99.5%</td>
<td>99.0%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Correct at 3 month follow up</th>
<th>% Correct at initial survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placing my baby in bed with me is safe.</td>
<td>95.3%</td>
<td>91.7%</td>
</tr>
<tr>
<td>No one should smoke around a baby.</td>
<td>98.4%</td>
<td>96.6%</td>
</tr>
<tr>
<td>When a baby is placed on her tummy while awake and supervised this is called tummy time.</td>
<td>98.4%</td>
<td>93.0%</td>
</tr>
<tr>
<td>Placing toys, pillows, or other objects in the crib creates and unsafe sleep space.</td>
<td>92.2%</td>
<td>88.0%</td>
</tr>
<tr>
<td>Babies should sleep on a firm mattress with a tight fitting sheet.</td>
<td>100.0%</td>
<td>97.6%</td>
</tr>
<tr>
<td>Placing your baby on its side is a SAFE sleep position.</td>
<td>70.3%</td>
<td>82.6%</td>
</tr>
<tr>
<td>Placing your baby on the back is the safest sleep position.</td>
<td>89.1%</td>
<td>95.8%</td>
</tr>
</tbody>
</table>
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