Taking Action with Evidence: Implementation Roadmap

National Performance Measure #5

For Assistance:
Please contact Temi Makinde
tmakinde@amchp.org
Brief Notes about Technology

Mute your line by using the mute function on your phone or by using *6 to mute/un-mute

Asking a Question

You can type your questions into the chat box (shown right)

Raise your hand. Using the icon at the top of your screen (example shown right)

Active Participation = 😊

For technical problems, please contact Temi at tmakinde@amchp.org
Downloading Files

1. Navigate to the file you want to download.

2. Click the 'Download File(s)' button.

3. Select the file 'Participant Homework.docx' and click 'Click to Download'.

4. Save the file to your computer.
Brief Notes about Technology

• Today’s webinar will be recorded

• The recording will be available on the AMCHP website at www.amchp.org

• Please complete the survey to be emailed at the conclusion of the webinar
Practice Poll

• *What is your favorite winter activity?*
  
  – Skiing or Snowboarding
  – Ice skating
  – Keeping warm by the fire
  – Super Bowl Parties
  – Other
  – I’m more of a warm-weather person
Objectives

• Describe efforts to date by MCHB and its partners in compiling the existing knowledge base of evidence pertaining to NPM #5

• Identify resources and partners from which to select existing evidence-based strategies based on the alignment of the state/territory’s Title V needs assessment findings with the NPM

• Evaluate potential strategies through the lens of current issues and opportunities in the field related to the NPM

• Share feedback with MCHB and its partners on additional technical assistance needed to identify evidence based strategies and subsequently, define measures
Featuring

**Moderators:** Megan Phillippi, Christina Ratleff, MPH, AMCHP

- **Erin Reiney**, Director, Injury & Violence Prevention Programs, Division of Child, Adolescent and Family Health, MCHB/HRSA
- **Cynthia Minkovitz, MD, MPP**, Professor, Johns Hopkins Bloomberg School of Public Health
- **Marilyn A. Kacica, MD, MPH**, Medical Director, Division of Family Health, New York State Department of Health
- **Suzanne M. Bronheim, PhD**, Associate Professor of Pediatrics, Georgetown University Center for Child and Human Development
Welcome & Opening Remarks

Erin Reiney, MPH, CHES
Director, Injury & Violence Prevention Programs,
Division of Child, Adolescent and Family Health,
Maternal & Child Health Bureau
Health Resources & Services Administration
U.S. Department of Health & Human Services
EREiney@hrsa.gov
STRENGTHEN THE EVIDENCE BASE FOR MCH PROGRAMS

Cynthia Minkovitz, MD, MPP,
January 14, 2016

A collaborative activity of the Women’s and Children’s Health Policy Center at Johns Hopkins University, the Health Resources and Services Administration, Welch Medical Library at Johns Hopkins University, and the Association of Maternal and Child Health Programs.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC28257, MCH Advanced Education Policy, $1.65 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Goal

- To provide support and resources to assist State Title V Maternal and Child Health (MCH) programs in developing evidence-based or evidence-informed State Action Plans and in responding to the National Outcomes Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures.
6 Objectives

1) Convene a Team of MCH Experts
2) Provide reports, including critical reviews of the evidence of effectiveness of strategies to address National and State Performance Measures
3) Provide technical assistance to State Title V MCH programs
4) Develop web-based supports and resources for State Title V programs
5) Establish an online platform for sharing best practices via a “Community of Practice”
6) Maintain and enhance an MCH digital library
Environmental Scans

- Compilations of strategies to advance performance for each of the 15 National Performance Measures (NPMs)

- Environmental Scans include:
  - **Reviews and Compilations**: identifies existing compilations for strategies that intend to improve performance for each measure; these include both scholarly reviews and compilations that have been produced by key organizations in the field
  - **Frameworks & Landmark Initiatives**: includes conceptual models underlying strategy implementation, these may or may not be explicitly highlighted in the Reviews and Compilations section; landmark initiatives include seminal programs/policies related to each NPM
  - **Data Sources**: indicates sources (e.g. PubMed), as well as criteria (search terms, publication date), and link to search strategy; also selected organizational websites
  - **Inclusion & Exclusion Criteria**: denotes types of studies, setting, populations of interest that were included in our search, and exclusion criteria
Strengthen the Evidence for MCH Programs:
Environmental Scan of Strategies

National Performance Measure (NPM) #5: Safe Sleep
Percent of infants placed to sleep on their backs

Introduction

This environmental scan identifies collections of strategies to advance performance for NPM #5, Safe Sleep. The information provided in this document focuses on strategies to achieve the NPM, not on the content of care or specified health outcomes. Please note that the quality of the evidence in this compilation has not been evaluated, and that data sources describing a single strategy, rather than a collection of strategies, have been excluded.

This compilation includes the following sections:

- **Reviews and Compilations**: Identifies existing compilations for strategies that intend to improve performance for each measure
- **Frameworks and Landmark Initiatives**: Frameworks includes conceptual models underlying strategy implementation; Landmark Initiatives include seminal programs/policies related to the NPM
- **Data Sources**: Indicates sources, search criteria, links to search strategy and selected organizational websites
- **Inclusion and Exclusion Criteria**: Denotes types of studies, setting, populations of interest and exclusion criteria

Technical assistance for State Title V MCH programs related to using evidence to inform State Action Plans, selection of strategies, and development of evidence-based or evidence-informed Strategy Measures may be requested at [http://www.semch.org/technical-assistance.html](http://www.semch.org/technical-assistance.html)

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• Intervention strategies include:  
  • Family-focused interventions  
    • Provide print educational materials (e.g. “Back to Sleep” crib cards), visual displays (e.g. posters), and videos or DVDs  
    • Distribute resources (e.g. portable cribs, wearable blankets, “This Side Up” infant t-shirt)  
    • Offer educational sessions (e.g. group-based, one-on-one, peer educational models)  
  • Interventions aimed at health professionals  
    • Change organizational policies  
    • Provide educational methods (e.g. in-service education, train-the trainer models)  
    • Incorporate assessment of sleep environment into nursing care assessment  
    • Create/distribute patient-education resources (e.g. safe sleep checklists) | [http://dx.doi.org/10.1007/s10900-015-0060-y](http://dx.doi.org/10.1007/s10900-015-0060-y) |
| AMCHP Innovation Station [Target: A,B] | • Back to Sleep Training for Nursery Room Nurses  
  • Location: Missouri  
  • Training aimed at improving the knowledge, skills and beliefs of hospital nursing staff regarding proper positioning of infants during sleep  
  • Back to Sleep training curriculum was developed in two versions: a train the trainer format in which a group of nurses were trained and then encouraged to train other staff members, and a computer-based version | [http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/Back%20to%20Sleep_2015.pdf](http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/Back%20to%20Sleep_2015.pdf) |
Highlights from the Review for NPM #5

• Reviews and Compilations include:
  • 4 compilations of strategies
  • 4 organizational websites

• Frameworks and Landmark Initiatives include:
  • 3 organizational websites describing influential programs
  • 1 resource with national standards for safe sleep practices
Examples of Strategies for NPM #5

• States
  • Work with hospitals to develop standard curricula for providers
  • Support programs that provide safe sleep products to low-income families

• Community Organizations
  • Provide group education at community venues (e.g. churches, health fairs)
  • Create and disseminate printed educational materials (e.g. safe sleep crib cards, pamphlets) for child care providers, nursery staff, and families

• Health Care Practices and Providers
  • Implement safe sleep policies
  • Display visuals in hospital rooms depicting safe sleep environments
Technical Assistance

- Complement ongoing HRSA investments and expertise among discretionary grantees

- *Strengthen the Evidence* team focused on TA related to evidence to inform strategies to achieve progress on state identified priorities
  - Varying levels of TA intensity
  - Recognize continuum of available evidence
  - Individual vs. groupings of states depending on needs

- Types of TA requests
  - Identifying possible strategies
  - Evaluating a selected strategy
  - Providing evidence relating to specific strategies
  - Adapting strategies for a specific population
  - Developing evidence-based or evidence-informed strategy measures

- Sample activities: In depth evidence reviews, connect states with MCH consultants, work collaboratively to provide communities of practice
Evidence-based or –Informed Strategy Measures (ESMs)

• “…the measures by which states will directly measure their impact on the NPMs.”
• Align with selected NPMs and strategies proposed to enhance performance on the NPMs
• Assess evidence-based or –informed practices that impact individual population-based NPMs.


Characteristics of ESMs

- Relate to the selected strategy and are in the pathway to achieving a National Performance Measure (NPM) or a State Performance Measure (SPM)

- Link to an objective the State hopes to accomplish by tracking the measure
2015 Baseline, NYS Birthing Hospitals

- 63% (128/204) of nurseries and 64% (76/118) of birthing hospitals do not have safe sleep policies.
- 41% (84/204) of nurseries do not provide any training on safe sleep for their staff.
- 32%* of facilities do not train staff on 2011 AAP safe sleep recommendations.
- 40%* of nursing staff have not been trained in safe sleep practices.

*Preliminary Data
Selection Criteria for ESMs

- **Measurable**
  - Reliable and valid
  - Data available or planned over time to track progress
  - May be a percentage, rate, ratio or number, or an indicator of achievement of an activity (e.g. development of standards or guidelines)

- **Meaningful**
  - Related to the NPM and state priority objective
  - Incorporates stakeholder input for feedback/buy-in
  - State specific
Contact Us

• Technical Assistance Requests
  http://www.semch.org/technical-assistance.html

• Project Coordinator, Stephanie Garcia
  sgarci22@jhu.edu

THANK YOU!!!

www.semch.org
http://mchlibrary.jhmi.edu/
OPPORTUNITIES AND EXAMPLES IN THE TITLE V FIELD
Previous efforts and activities


  - Showcases state-specific examples of utilizing Pregnancy Risk Assessment Monitoring System (PRAMS) data to guide decision making in infant safe sleep programs.
Innovation Station Spotlight: Tennessee Safe Sleep Hospital Project

- Program goal: to reduce infant mortality in Tennessee by reducing the number of preventable sleep-related deaths.

- All Tennessee birth hospitals participated in this project and will complete the following objectives:
  - Develop a safe sleep policy that incorporates the latest recommendations for infant sleep as defined in the American Academy of Pediatrics 2011 Clinical Report
  - Provide safe sleep training to all staff who provide care to infants (nursing, physician, care partners, etc) on at least an annual basis
  - Implement safe sleep practices in the hospital per the hospital policy
  - Monitor staff compliance with safe sleep policy at least quarterly

- Partner hospitals received:
  - Free “Sleep Baby, Safe and Snug” board book for each birth in their facility
  - Free TDH “ABCs of Safe Sleep” materials
  - Free Recognition on TDH website
  - Signed certificate from TDH Commissioner
  - Press release template


January 14, 2016
Current and Future Efforts

How do states plan to increase the rate of infants placed in a safe sleep environment?

• 33 jurisdictions selected NPM 5
• Common themes → education, training, and building public awareness is **golden**
  – Providing safe sleep education and training to parents and caregivers including grandparents and child care facility staff
  – Hospital and health care providing training, resources, toolkits, and safe sleep policy adaption
  – Partnership with WIC, MIECHV Home Visiting, and other community agencies to promote consistent safe sleep messaging
  – Partnership with first responders to administer Direct On Scene Education (DOSE) on safe sleep—provide pack and plays or cribs
  – Media and social marketing campaigns to raise public awareness
Poll

• Do these strategies/themes **resonate** with your state action plans?
  – Yes
  – No
  – Unsure
New York State Safe Sleep Initiative for National Performance Measure #5: Percent of Infants Placed to Sleep on Their Backs

Marilyn Kacica, MD, MPH
Medical Director, Division of Family Health
New York State Department of Health
Presentation Overview

• Background – NYS Data

• Strategies for Safe Sleep
  – Develop and disseminate a unified safe sleep message
  – Support quality improvement initiatives for birthing hospitals and communities
  – Build on a performance metric approach for all Title V programs

• Resources
Background
Although the state rate for infant mortality, at 5/1,000 live births in 2012, is well below the national average, there are marked disparities. Sleep practices vary among population groups that mirror the infant mortality differences.
NYS Sudden Unexpected Infant Death (SUID) Rate by Race/Ethnicity

Data Source: NYS Vital Statistics data 2008-2012
Infants Placed to Sleep on their Backs  
2001-2012

Data Source: CDC Pregnancy Risk Assessment Monitoring System (PRAMS) data 2001-2012
NYS Infants Placed to Sleep on their Backs 2012

Data Source: CDC Pregnancy Risk Assessment Monitoring System (PRAMS) data 2012
In New York State, more than 90 infants die each year due to sleep-related causes – this is more than FOUR KINDERGARTEN CLASSROOMS
Strategies for Safe Sleep
NYS’s Main Strategy

• Develop a unified message about safe sleep through participation in the national Infant Mortality Collaborative Improvement and Innovation Network (IM-CoIIN)
IM-CoIIN Partners

• NYS Office of Children and Family Services
• Community-based organizations
• Birthing hospitals at all levels of care
• NYS hospital associations
• Local health departments, i.e. New York City Department of Health and Mental Hygiene
• National Institute of Children’s Health Quality
• And more!
Strategies to Implement the Message

• Work with the perinatal regionalization structure and New York State Perinatal Quality Collaborative (NYSPQC) for a hospital-based initiative
• Provide safe sleep resources to all caregivers (~234,000 births/year) at hospitals/birthing centers
• Work with home visiting programs on a community-based initiative
• Implement a safe sleep media campaign
Utilize a Quality Improvement Approach

– Encourage birthing hospitals to model safe sleep behaviors and educate new parents
– Empower community outreach programs to help parents and other caregivers practice safe sleep
– Initiate a statewide media campaign to spread the message
The Role of Title V

• Use a performance management approach to:
  • Identify baseline targets
  • Measure and track progress
  • Discuss barriers and possible solutions
  • Solicit input from subject experts
  • Plan/Do/Study/Act: Adjust activities based on results and revised priorities
New York State Perinatal Quality Collaborative (NYSPQC) Hospital-based Safe Sleep Project
NYSPQC History

NYSPQC is an ongoing collaborative that includes DOH, birthing hospitals, provider experts and NICHQ. It has addressed:

- Central line infection reduction in NICUs
- Preterm birth reduction
- Maternal hypertension and hemorrhage

NYSPQC is now a vehicle for the NYS hospital-provider safe sleep strategy.
NYSPQC’s Mission

To provide the best and safest care for women and infants by preventing and minimizing harm through the translation of evidence-based practice guidelines to clinical practice.
NYSPQC’s Strategy

This is achieved through collaboration among participants and the utilization of quality improvement science.
NYSPQC Safe Sleep Project

Collaborate with NYS birthing hospitals

• Improve provider education (MD, RN, hospital staff)
• Improve patient education (i.e., mom, dad, guardian)
• Ensure that safe sleep practices are modeled by hospital staff before mom and baby are discharged
NYSPQC Safe Sleep Project

Reach **all hospital staff members** who come in contact with newborns

- Well baby nurseries and room-in settings
- Special care nurseries
- NICU
NYSPQC Safe Sleep Project

• Began in September 2015 and will last ~12 months

• 82 NYS birthing hospitals participating in the initiative:
  – 17 Regional Perinatal Centers (RPCs)
  – 28 Level III birthing hospitals
  – 14 Level II birthing hospitals
  – 23 Level I birthing hospitals
2015 Baseline, NYS Birthing Hospitals

- 63% (128/204) of nurseries and 64% (76/118) of birthing hospitals do not have safe sleep policies
- 41% (84/204) of nurseries do not provide any training on safe sleep for their staff
- 32%* of facilities do not train staff on 2011 AAP safe sleep recommendations
- 40%* of nursing staff have not been trained in safe sleep practices

*Preliminary Data
NYSPQC Safe Sleep Project

• Improvements in safe sleep practices achieved by:
  – Collaborating across hospital teams to share and learn;
  – Implementing policies to support safe sleep practices;
  – Educating health care professionals so they understand, actively endorse and model safe sleep practices; and
  – Providing infant caregivers education and opportunities so they have the knowledge, skills and self-efficacy to practice safe sleep for every sleep.
NYSPQC Safe Sleep Project

- Major project activities include:
  - In-person learning sessions
  - Monthly coaching webinars
  - Professional education
  - Monthly data submission through web-based portal (NYSDOH HCS)
  - Access to expert clinical and quality improvement faculty
  - Access to project website (www.nyspqc.org)
  - Utilization of project e-mail listserv
Professional Education

• **Public Health Live** webinar
  – PHL is a monthly webcast series designed to provide continuing education opportunities on public health issues
  – Broadcasts are free and available to all who are interested in furthering their knowledge of public health
  – Over 800 participants from 30 states
Can We Prevent Infant Sleep-Related Deaths?  
What You Need to Know  
11/19/15

http://www.albany.edu/sph/cphce/phl_1115.shtml  
Free CEU credits available
Featured Speaker

Michael H. Goodstein, MD, FAAP
Attending Neonatologist, York Hospital
Clinical Associate Professor of Pediatrics, Penn State University
Medical Director of Research, Cribs for Kids®
NYSDOH
Community-based Safe Sleep Project
Community-based Safe Sleep Project

**Purpose:**
- To assess effectiveness of education on caregiver safe sleep practices given by home health aides

**Participants:**
- Six community-based organizations (CBOs) from across the state
  - NYS IM-CoILN safe sleep team stakeholder organizations; Maternal and Infant Community Health Collaborative (MICHC) members; and Maternal, Infant and Early Childhood Home Visiting (MIECHV)
Community-based Safe Sleep Project

• **Measurement:**
  – Participating organizations complete caregiver surveys 30-60 days after the initial visit where safe sleep guidelines are discussed and modeled

• **Data collection and reporting:**
  – Each site reports the results of a maximum of 20 caregiver surveys per month
  – Data used to identify where improvements in safe sleep practices are achieved or might be sought
Statewide Media Campaign
Text-4-Baby Safe Sleep

- A safe sleep message in 160 characters or less
  - NYS expectant and new moms enroll in this educational campaign
  - Texts were released on November 19th

1) “Follow the ABCs of Safe Sleep. Babies should sleep **Alone**, on his or her **Back** in a safety approved **Crib**. From the start and for every sleep.”

2) “For more helpful safe sleep hints visit: health.ny.gov/safesleep”
A Safe Sleep Media Campaign in Public Spaces

Posters placed in shopping malls, bus shelters, convenience stores and beauty salons

As seen on elevator doors at the Palisades Center Mall in West Nyack, NY
Banner Ads Placed on Digital Media Sites

Online Banner Analytics: Visuals

BabyCenter 320x50

This Slow Cooker Mac And Cheese Is Game-Changing

Julie R. Thomson
Huffington Post
October 6, 2015

When slow cooker season hits, there’s
More Banner Ads
Electronic Media Results

• “Online banner placement performance was strong across the board with an average click-through rate of 0.34%, significantly exceeding the industry standard benchmark of 0.09%.”

• “Search ads on Google demonstrated an average click-through rate of 2.25%, more than double the industry standard benchmark of 1%.”

• “Clicks to website ads on Facebook are effectively driving increased traffic to the Safe Sleep landing page.”
Brochures, magnets and plastic static clings are provided to all birthing hospitals for each new family.
Brochures

Two-page brochures:
English  Korean
Spanish  Chinese
Italian  Russian
Haitian  Creole

Available at
www.health.ny.gov/safesleep
Websites

New York State Perinatal Quality Collaborative
http://www.albany.edu/sph/cphce/neo_public/safe_sleep.shtml

New York State Department of Health Safe Sleep
http://www.health.ny.gov/safesleep
For Questions Contact:

NYS IM-CoIiN Project
Empire State Plaza
Corning Tower, Room 870
Albany, NY 12237

Phone: 518/473-9883
Fax: 518/474-1420
Email: NYSIMCoIiN@health.ny.gov
Taking Action with Evidence: Implementation Roadmap NPM 5
Thursday, January 14, 2016 | 4:00-5:00PM, EST
Where are we headed?

What are critical developments or new themes in this specific area that states should be mindful of in the next 1-5 years?

National Action Partnership to Promote Safe Sleep
Funded by the U.S. Maternal and Child Health Bureau (grant number UF7MC26937-01-00)
Where are we headed?

- 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

National Action Partnership to Promote Safe Sleep
Funded by the U.S. Maternal and Child Health Bureau (grant number UF7MC26937-01-00)
Where are we now?

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
How will we get there?

What strategies have proven most compelling?
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
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 (Azgen, 1985)
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
Funded by the U.S. Maternal and Child Health Bureau (grant number UF7MC26937-01-00)
Infant Caregivers

Influencers

Organizations

Safe Sleep Experts/Leadership

Public Policy

Society

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.

Federal/state governmental agencies, Governors and state legislatures.

Broader cultural attitudes and political will to address child health and safety, infant mortality, and health disparities.

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

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.

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

Mothers, fathers, grandparents, siblings, other relatives, legal guardians, foster parents, babysitters, and child care / early education providers.
What is your organization focusing on today?

- Engage a strategic national coalition to create a national plan and support its implementation
- Create a national action plan
- Create Action Teams to implement key components of the plan on a national level
- 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)
NAPPSS 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

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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 CoIN—NICHQ
- CityMatCH

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National Action Partnership to Promote Safe Sleep
_Funded by the U.S. Maternal and Child Health Bureau (grant number UF7MC26937-01-00)_{

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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

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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)*
The National Action Plan to Increase Safe Infant Sleep

The National Action Plan reflects Azjen’s Theory of Planned behavior and engages all the levels of the SEM model.

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

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.
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.
Action Team Topics

Action Teams—Taking Action at the National Level

• **Child Care and Early Education Settings Action Team**
  
  **Goal**: Child care and early education settings practice safe sleep and support breastfeeding.

• **Public Media Action Team**—**Goal**: Promote and publicize accurate, culturally sensitive information and images of safe infant sleep and breastfeeding through all types of media.

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Action Team Topics

Action Teams—Taking Action at the National Level

- **Organizational Self-Assessment Action Team**—Goal: NAPPSS members will conduct an organizational self-assessment of their materials, images, policies, position statements, products, and current trainings to assure they reflect accurate and consistent safe sleep and breastfeeding information and images.

- **Organizational Outreach and Promotion Action Team**—Goal: Member organizations will use their communication venues to promote and educate their networks about their roles in supporting safe sleep and breastfeeding.
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)
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
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

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How can NAPPS Action Teams Support Your Work?

• Provide national level impetus to important issues you face

• Create a range of new partners who are addressing safe sleep and breastfeeding

• Organize an approach to media and social media content that is counterproductive
How Can NAPPSS “Conversations” Efforts Support Your Work?

• Provide new approaches based in theory of behavior change to working with infant caregivers

• Integrate education on safe sleep and breastfeeding

• Move our efforts from campaigns to partnering with families
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
National Action Plan to Increase Safe Infant Sleep

NAPPSS
National Action Partnership to Promote Safe Sleep
A Wake-Up Call to Safeguard Sleeping Infants

It's time for a wake-up call. The NAPPSS project marks a new opportunity to safeguard the lives of infants at a time when understanding and reducing the risks of sleep-related infant deaths is advancing on multiple fronts. Key components are in place, including expanded professional safe sleep guidelines and a reinvigorated national campaign that has moved the needle from Back To Sleep to Safe To Sleep. But until now there has been no national coordinated strategy to engage the full set of partners to make safe sleep a national norm. Read More

NAPPSS is pleased to announce the official release of the National Action Plan to Increase Safe Infant Sleep.

Join us for a webinar hosted by HRSA’s Maternal and Child Health Bureau to learn how your work on promoting safe sleep practices and breastfeeding fits into this national framework.

Date/Time: Wednesday, October 21, 2015 2:00-3:00 p.m. EDT

Register Now

Stay Connected: Safe Sleep Is Everyone's Business

We want to connect with you. Every person who represents a group that interacts with families and infants can play a role in making safe sleep a national norm. Please sign up for our mailing list to keep in communication about NAPPSS activities and resources.

Safe Sleep Resources

Here are resources that you, as a NAPPSS Coalition Member, can share with your constituents to move forward the safe sleep agenda.

naprss.org

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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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Q&A

• Mute your line by using the mute function on your phone or by using *6 to mute/un-mute
• **Raise your hand.** Using the icon at the top of your screen (example shown right)
• You can type your questions into the chat box (shown right)
Poll

• Do you think you can apply any of the strategies or resources presented to your state action plans?
  – Yes
  – No
  – Unsure
Webinar Evaluation

Please take a few moments to provide feedback:

https://www.surveymonkey.com/r/AMCHPNPM5
Thank you!