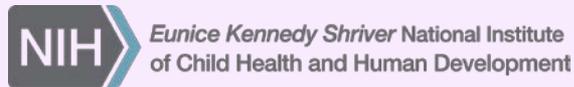
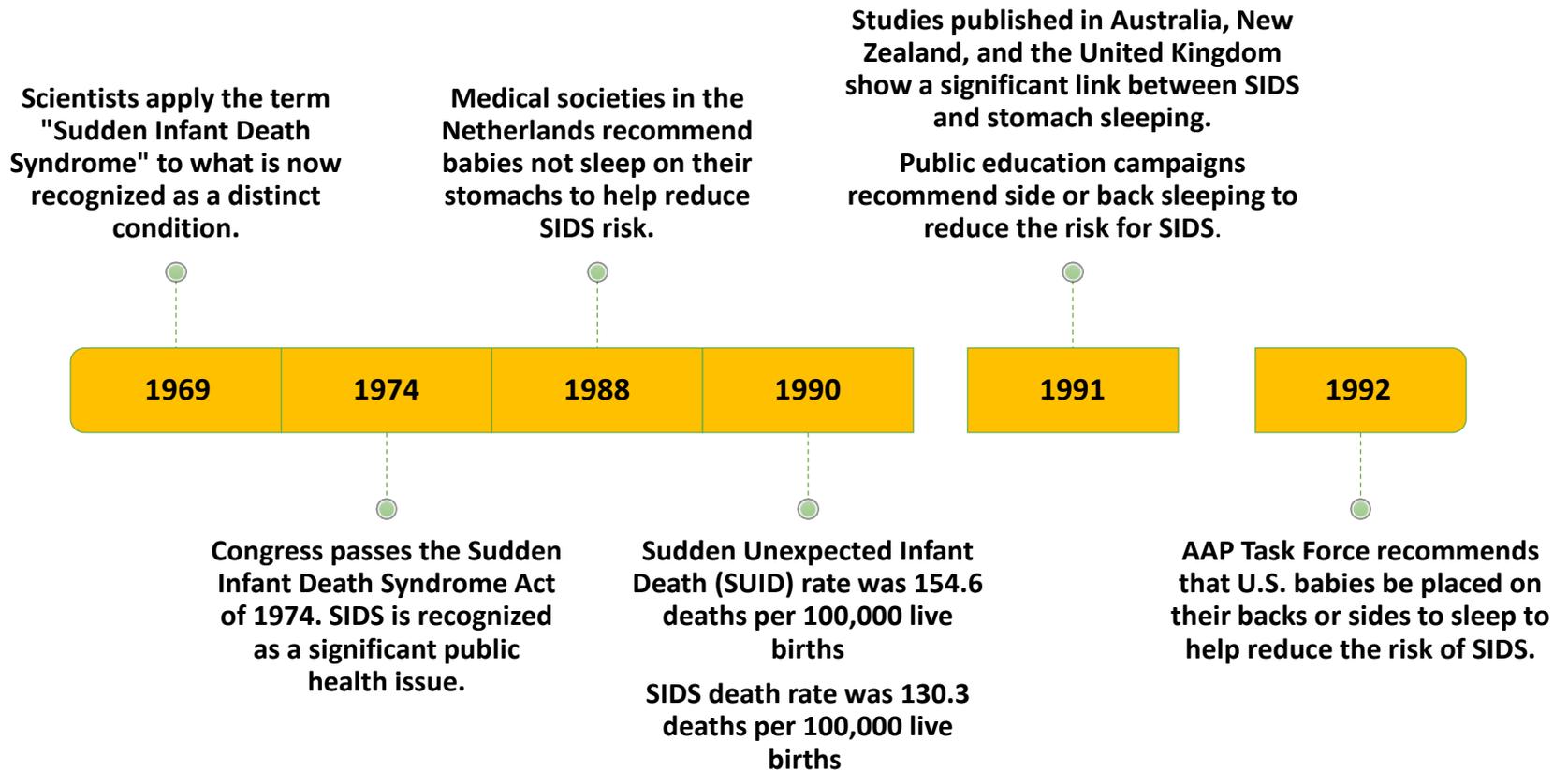


# Safe to Sleep<sup>®</sup> Campaign: A Public Education Effort

Lorena Kaplan, M.P.H., CHES, Safe to Sleep<sup>®</sup> Campaign



# Background: Sudden Infant Death Syndrome (SIDS)





## Defining Goals

- What is the threat or negative consequence we are trying to prevent?
- What is the recommended response to avert the threat or negative consequence (the specific objective of the campaign)?
- Who is the target audience?

# Enhancing Knowledge: The WHATs, HOWs, and WHYs of Safe Infant Sleep

- WHAT is SIDS?
- HOW can I reduce the risk of SIDS?
- WHY is a baby less likely to aspirate (“choke”) if placed on the back to sleep?
- Frequently Asked Questions & Answers

# Knowledge is Necessary...

**...but not sufficient to change behavior.**

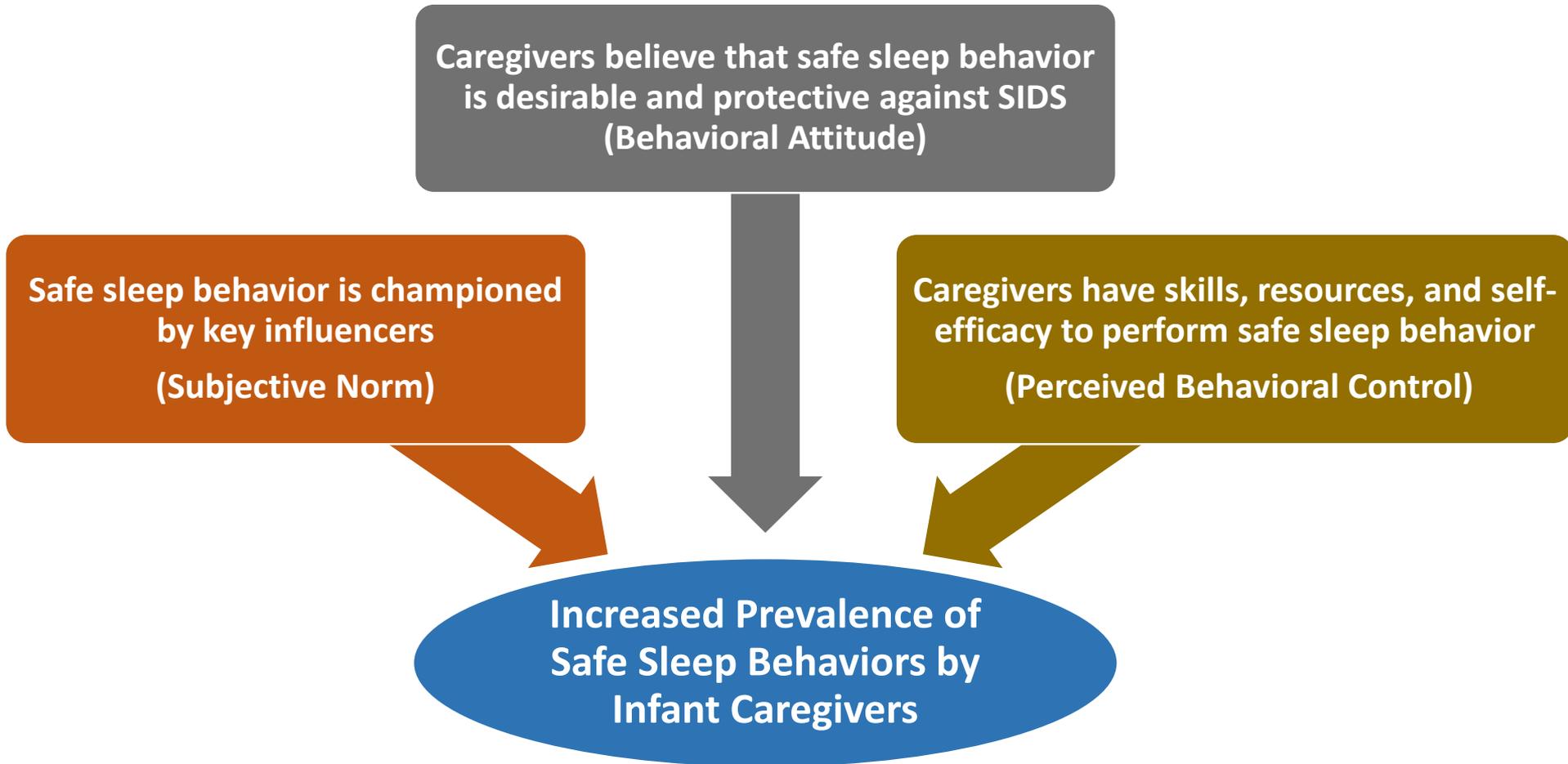
# Sample Elements of Behavior Change

Key Element	Definition	Strategies for Behavior Change
Threat	A danger or harmful event of which people may or may not be aware	Raise awareness that the threat exists, focusing on severity and susceptibility
Response Efficacy (“Outcome Expectations”)	Perception that a recommended response will prevent the threat from happening	Provide evidence that the recommended response will avert the threat
Self-Efficacy (“Efficacy Expectations”)	An individual’s perception of or confidence in their ability to perform a recommended response	Raise individuals’ confidence that they can perform the response
Barriers	Anything that inhibits an individual from carrying out a recommended response	Assist individuals in brainstorming ways to address the barriers
Benefits	The positive consequences resulting from performing a recommended response	Raise awareness about the benefit of practicing the recommended response

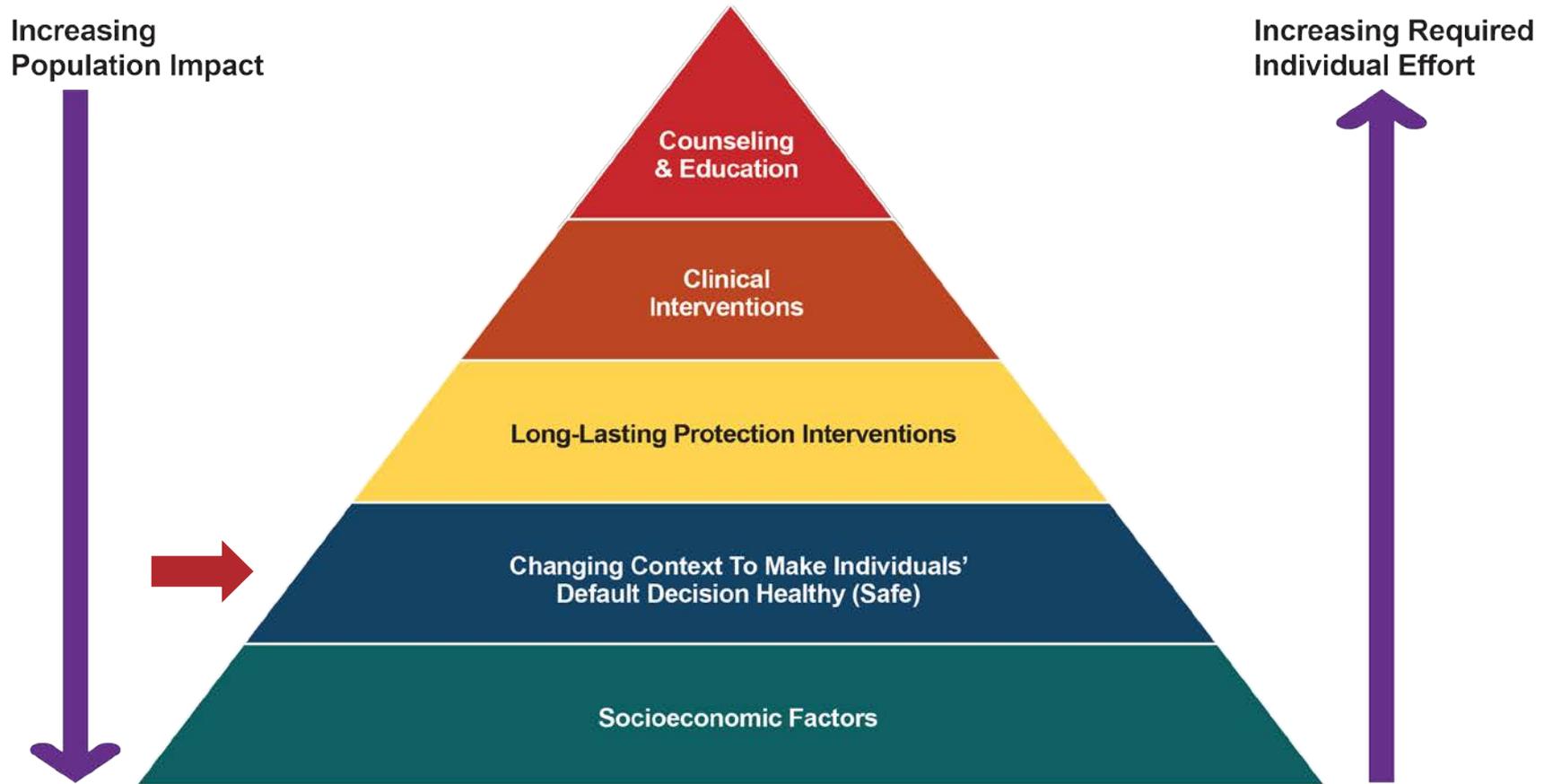
<https://nnlm.gov/archive/pnr/eval/witte.html> Accessed on March 14, 2017.

Elements derived from the Health Belief Model (Hochbaum G, Rosenstock I, Kegels S, 1952)

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



# Health Impact Pyramid



# Back to Sleep Campaign

1994–2011



# Target Audiences (Influencers)

## Infant Caregivers and Public At-Large

- Primary caregivers
- Decision-makers or decision-influencers

## Health Care Providers

- Membership of American Academy of Pediatrics
- American College of Obstetricians and Gynecologists

## Maternal and Infant Service Providers

- All U.S. hospitals with newborn nurseries
- Local clinics of the Special Supplemental Nutrition Program for Women, Infants, and Children
- Childcare centers and licensed childcare homes

# Communication Strategy #1: Increase Awareness

**Target Audiences:** Infant Caregivers and Public At-Large

**Inputs:**

- Evidence base
- Sudden Infant Death Syndrome Act of 1974
- Back to Sleep Campaign Materials



# Communication Strategy #1: Increase Awareness

## Outputs and Supporting Resources:

### ○ Public Service Announcements

- 6,700 radio stations
- 1,000 television stations

➤ **Intended impact:** amplify message of back sleeping and lower risk for SIDS; promote back-sleeping as “new normal”

### ○ Partnership with manufacturers of baby products (ex: safe sleep messages on baby cereal boxes)

➤ **Intended impact:** Reinforce back sleep message and establish this sleeping position as “new normal”



## Communication Strategy #2: Engage Influencers

**Target Audiences:** Health Care and Maternal and Infant Service Providers

**Inputs:**

- **1994:** U.S. Surgeon General Joycelyn Elders, M.D. “Healthy infants should be placed on their back or side to sleep to reduce the risk of SIDS.”
- **2005:** AAP Task Force on SIDS recommends that U.S. babies be placed to sleep solely on their backs because the back sleep position is associated with the lowest SIDS risk.



# Communication Strategy #2: Engage Influencers

**Target Audiences:** Health Care and Maternal and Infant Service Providers

**Outputs and Supporting Resources:**

- **Continuing Education**

- Self-study course teaches nurses about SIDS, SIDS risk reduction, and easy ways to model and communicate safe sleep messages to caregivers

- **Dissemination of Campaign Materials**

- Membership of AAP
- American College of Obstetricians and Gynecologists
- All U.S. hospitals with newborn nurseries
- Local clinics of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Childcare centers and licensed childcare homes

➤ **Intended impact:** Increase awareness of new evidence base and safe sleep recommendations; update provider practices

# Communication Strategy #3: Tailor the Message

**Target Audience:** African American Communities

## **Inputs:**

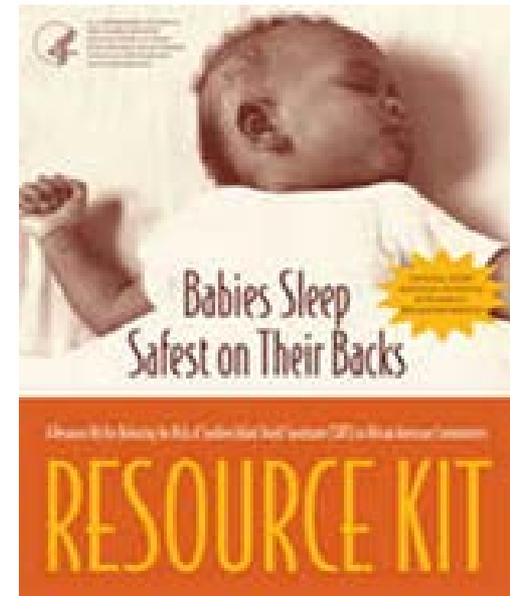
- **1997:** Research shows that African American (AA) mothers are less likely to put their babies on their backs to sleep
- U.S. Surgeon General David Satcher reaches out to racially and ethnically diverse communities with Back to Sleep messages through news releases and PSAs
- Meeting with AA organizations to identify, discuss, and plan strategies for spreading safe sleep messages within AA communities
- Anecdotal evidence of matriarchal (grandmother) resistance to back sleep position

# Communication Strategy #3: Tailor the Message

**Target Audience:** African American Communities

## Outputs and Supporting Resources:

- Develop *Babies Sleep Safest on Their Backs: A Resource Kit for Reducing the Risk of SIDS in African American Communities*
- National training workshops on SIDS risk reduction with partner organizations, including:
  - Alpha Kappa Alpha Sorority, Inc.
  - Women in the National Association for the Advancement of Colored People
  - National Coalition of 100 Black Women
- **Intended impact:** Train influencers to spread the message of safe infant sleep and address barriers in a culturally sensitive way



# Communication Strategy #3: Tailor the Message

**Target Audience:** American Indian/Alaska Native (AI/AN) Communities

## **Inputs:**

- **2002:** Aberdeen Area Infant Mortality Study of Northern Plains Indians finds that AI/AN infants in this area were *less likely* to die of SIDS if their mothers received visits from public health nurses before and after giving birth
- Community-driven strategies for increasing SIDS awareness and reducing the number of infant deaths in Native communities with input from the Indian Health Service and other national AI/AN organizations

# Communication Strategy #3: Tailor the Message

**Target Audience:** American Indian/Alaska Native (AI/AN) Communities

## **Outputs and Supporting Resources:**

**2005:** Launch *Healthy Native Babies Project* to create culturally appropriate materials and messages for use in the five IHS regions of the Northern Tier of the United States with the highest SIDS rates

- **Intended impact:** Train influencers to spread the message of safe infant sleep in a culturally sensitive way

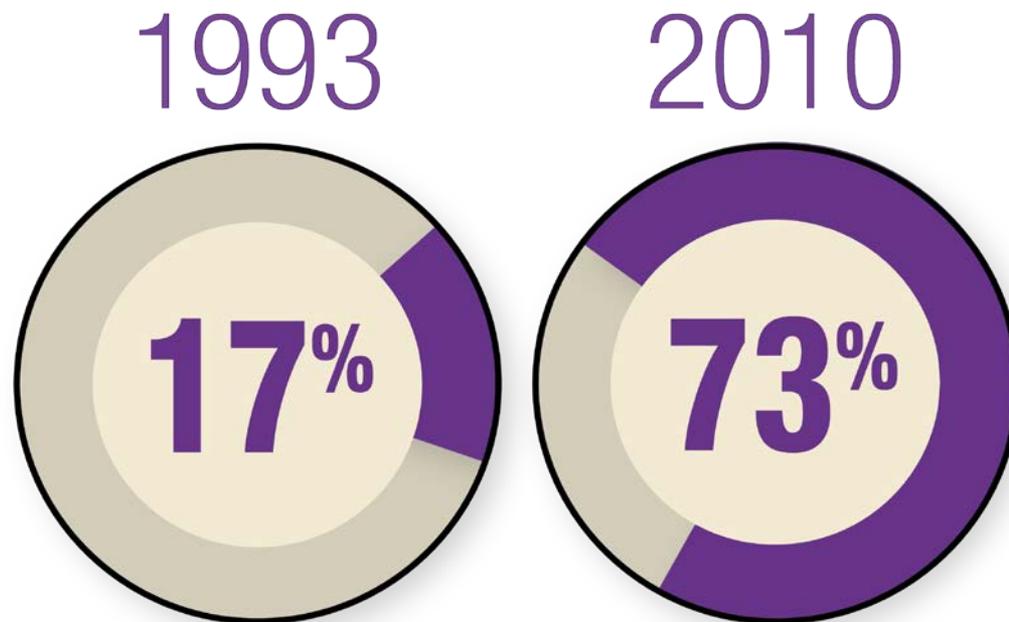


# Campaign Evaluation Metrics

- **Quantitative:** Surveillance Data
  - CDC/NCHS, National Vital Statistics System, Compressed Mortality File
- **Quantitative:** NICHD Clearinghouse Data
  - Number of calls, by caller category and topic
  - Number of publication orders, by publication type and requester category
- **Quantitative:** National and Regional Surveys
  - The National Infant Sleep Position Study
- **Qualitative:** Focus Groups

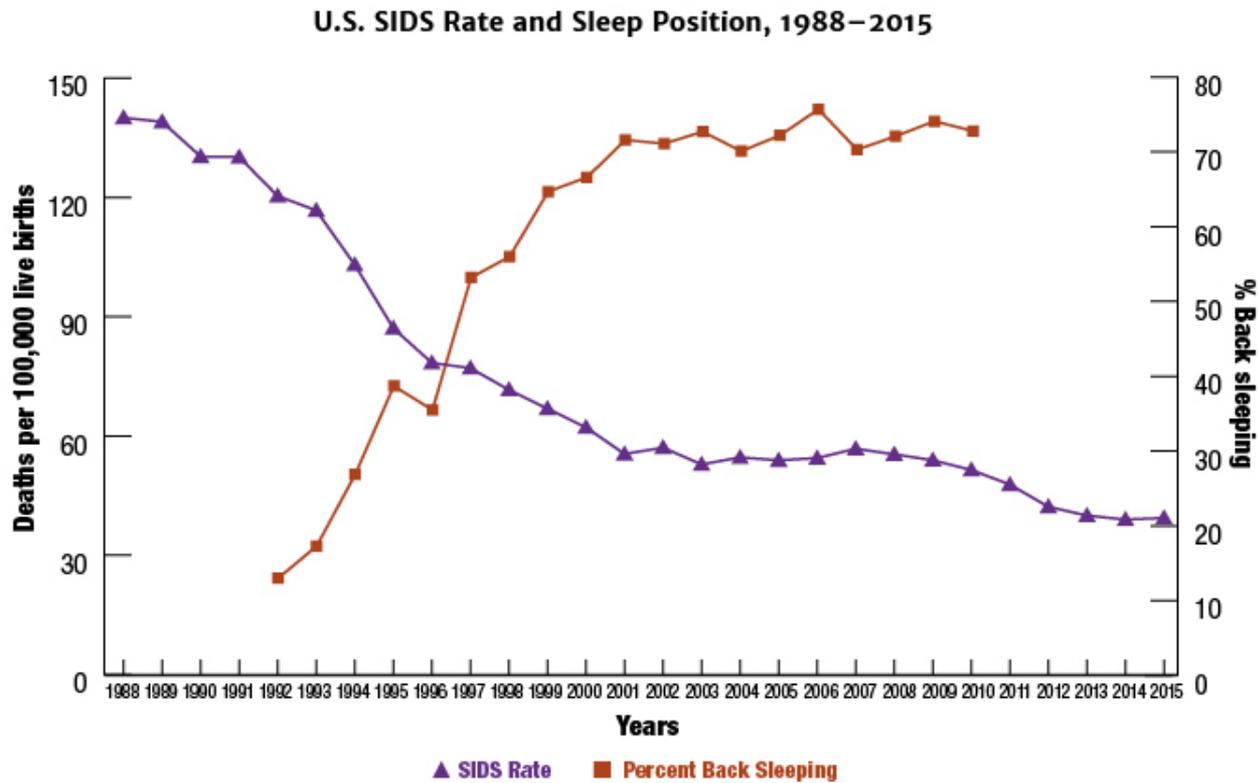
# Behavior Change

The proportion of **infants placed on their backs** to sleep increased from **17%** to **73%**.



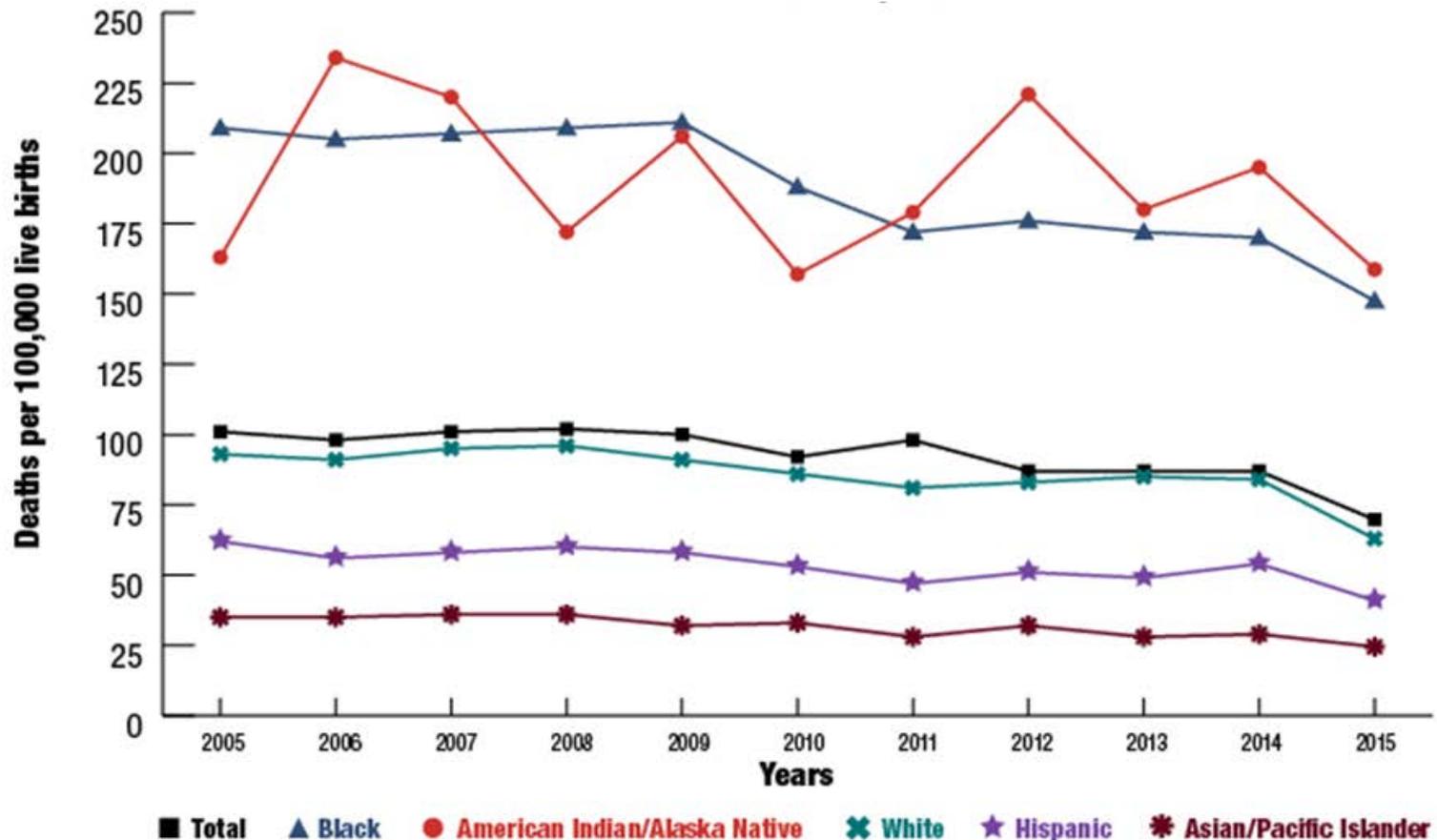
Source: Slone Epidemiology Center (n.d.). *The usual position in which mothers place their babies to sleep: Data from the national NISP telephone survey for years 1992–2010*. Retrieved March 2018 from [http://slone-web2.bu.edu/ChimeNisp/Tables\\_in\\_PDF/NISP%201992-2010%20The%20usual%20sleep%20position.pdf](http://slone-web2.bu.edu/ChimeNisp/Tables_in_PDF/NISP%201992-2010%20The%20usual%20sleep%20position.pdf)

# SIDS Rates and Sleep Positions



SIDS rate source: National Center for Health Statistics, Centers for Disease Control and Prevention, Department of Health and Human Services. Sleep position source: *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, National Infant Sleep Position Study.

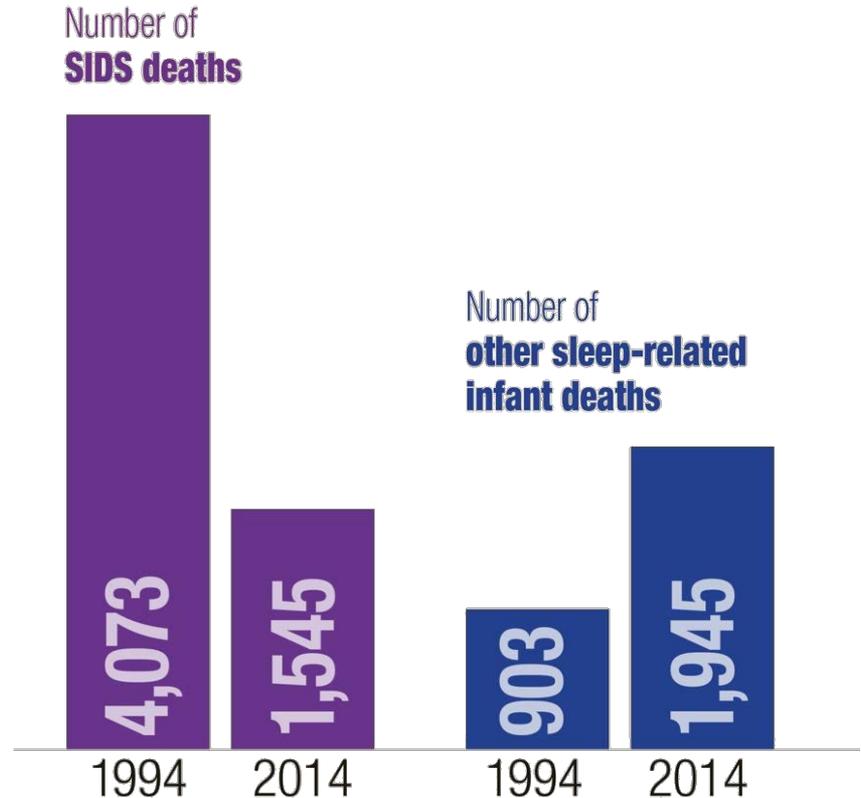
# U.S. Rates of SIDS and Other Sleep-Related Causes of Infant Death Combined for Racial/Ethnic Groups (2005–2015)



Source: Centers for Disease Control and Prevention, HHS. (2017). CDC WONDER. Mortality for 1979–1998 with ICD 9 codes; Mortality for 1999–2014 with ICD 10 codes; Compressed mortality file: Underlying cause of death. Retrieved April 25, 2017, from <http://wonder.cdc.gov/mortSQL.html>.

# Number of SIDS and Other Sleep-Related Infant Deaths (1994–2014)

While the number of **SIDS deaths** has decreased, the number of **other sleep-related infant deaths** has increased



# Safe to Sleep® Campaign

**2012–Now**



# Safe to Sleep® Campaign Collaborators

- *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD)
- Centers for Disease Control and Prevention (CDC)
- Consumer Product Safety Commission (CPSC)
- Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB)
- American Academy of Pediatrics (AAP)
- American College of Obstetricians and Gynecologists (ACOG)
- Association of SIDS and Infant Mortality Programs (ASIP)
- First Candle

# Safe to Sleep<sup>®</sup> Campaign: Tailored Materials



<http://safetosleep.nichd.nih.gov>

# Audience-Specific Resources

- General outreach
- Statewide efforts
- Health care providers
  - [Continuing Education \(CE\) Activity for Nurses](#)
  - [Questions and Answers for Health Care Providers: Sudden Infant Death Syndrome \(SIDS\) and Other Sleep-Related Causes of Infant Death](#)
- African-American communities
  - Faith-based organizations
- Spanish-speaking communities
- American Indian/Alaska Native communities
- Fathers
- Grandparents
  - [Safe Infant Sleep for Grandparents and Other Caregivers Videos](#)

Visit the Safe to Sleep® campaign website: <http://safetosleep.nichd.nih.gov>

# Campaign Evaluation Metrics

## Web-based

- Safe to Sleep® website
  - Click-through rates
- Social media
  - Impressions
  - Likes, shares, tags
- Earned media
  - Articles, media mentions
- Continuing Education module
  - Completed sessions, evaluation data

## NICHD Clearinghouse

- Print publications

Number of orders, by publication and requester category

- Phone calls

Number of calls, by caller category and topic

- Email communication

Number of emails, by audience category and topic

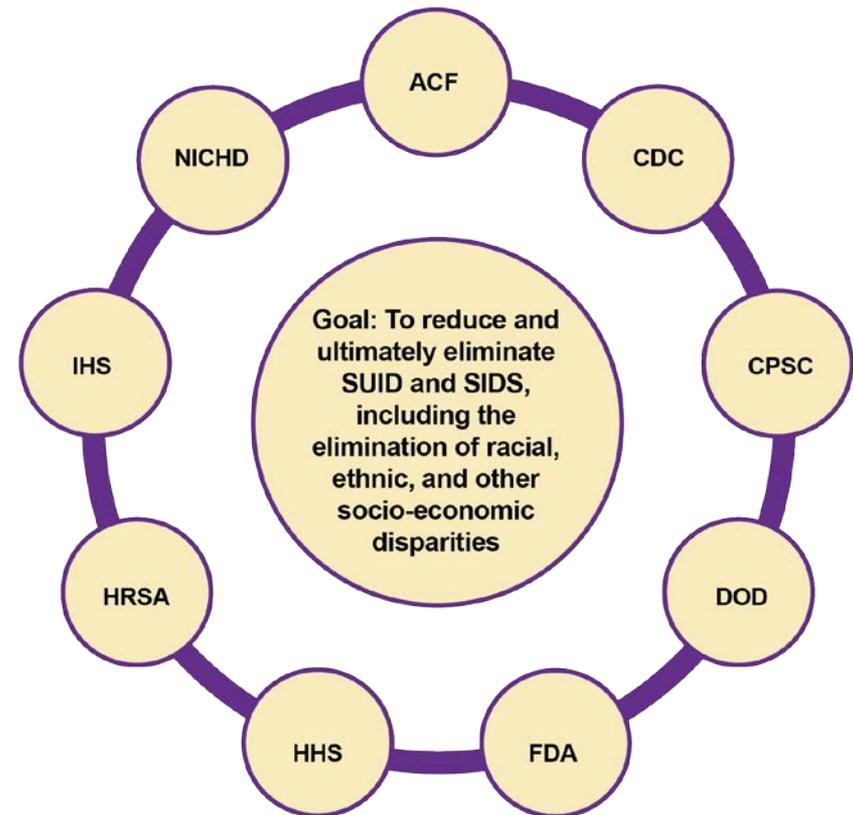


# **Coordinating Federal Strategy on Safe Infant Sleep**

# Workgroup Purpose

Coordinate federal efforts to reduce infant mortality from Sudden Unexpected/Unexplained Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS) by:

- Assuring complete and consistent communications
- Avoiding duplication of effort
- Integrating the varied perspectives and efforts of the different agencies





# Supporting National Efforts

# Sample National Collaborations

- AAP
  - AAP Task Force on SIDS
- Association of Women's Health, Obstetric, and Neonatal Nurses
  - Nurses' CE activity
- First Candle
  - Audience-specific outreach (e.g., nurses webinar)
- Kappa Alpha Psi Fraternity, Inc.
  - Fatherhood initiative on safe infant sleep
- National Action Partnership to Promote Safe Sleep
  - Safe sleep image gallery, conversation modules
- U.S. Breastfeeding Committee
  - Information sharing, bridged messaging



# Enhancing State and Community-Based Efforts

# Safe Sleep Outreach Project

- Offered in states with high Sudden Unexpected Infant Death rates
  - Three-year commitment to one state, \$50,000 total available funding per year
  - Up to \$2,000 grant award per organization per year
  
- Supports educational outreach activities on safe infant sleep, such as:
  - Safe infant sleep demonstrations
  - Trainings and workshops
  - Community awareness events
  
- Eligible applicants include nonprofit organizations, faith-based organizations, colleges and universities, etc.
  
- Requirements:
  - Reach a minimum of 50 participants (pre- and post-assessments)
  - Use Safe to Sleep® campaign materials for outreach efforts
  - Participate in orientation and closing meetings and technical assistance calls

# Safe Sleep Outreach Project

- Mississippi: 2006 to 2012
  - **2006 rank:** 2 (second-highest sleep-related infant mortality rate)
  - 108 mini-grantees completed awareness-raising and educational events
  - **2012 rank:** 7 (seventh-highest sleep-related infant mortality rate)
  - **2013 rank:** 2\* (second-highest infant sleep-related mortality rate)
    - \* *Regression of benefit after grants ended and no sustained effort in state*
  
- Arkansas: 2012 to 2015
  - **2013 rank:** 1 (highest sleep-related infant mortality rate)
  - 120 mini-grantees completed awareness-raising and educational events
  - **2014 rank:** 4 (fourth-highest infant mortality rate)
  - **2016-2017 report:** SUID deaths decreased by 62% among DHS-supervised children
    - \* *Sustained benefits with ongoing state-supported effort*
  
- Alabama: 2015 to present
  - **2014 rank:** 2 (second-highest sleep-related infant mortality rate)
  - 82 mini-grantees

# Recap: Effective Communication Tactics

- Develop a clear and action-oriented message(s)
- Disseminate via multiple and diverse channels
  - Public service announcements
  - Print – brochures, pamphlets, blogs, webpages
  - Videos
  - Presentations – scientific, lay (faith-based, sororities, health care, etc.)
  - Electronic: texts, emails, apps, social media channels
- Identify the audience(s)
- Tailor the message for each priority audience
  - Public, providers, professional groups, advocacy groups
  - Groups at increased risk
  - Groups that may require a tailored approach

# Questions?

