Safe to Sleep® Campaign: A Public Education Effort

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<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1969</td>
<td>Scientists apply the term &quot;Sudden Infant Death Syndrome&quot; to what is now recognized as a distinct condition.</td>
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<td>1974</td>
<td>Congress passes the Sudden Infant Death Syndrome Act of 1974. SIDS is recognized as a significant public health issue.</td>
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<td>1974</td>
<td>Medical societies in the Netherlands recommend babies not sleep on their stomachs to help reduce SIDS risk.</td>
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<td>1988</td>
<td>Studies published in Australia, New Zealand, and the United Kingdom show a significant link between SIDS and stomach sleeping. Public education campaigns recommend side or back sleeping to reduce the risk for SIDS.</td>
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<td>1990</td>
<td>Sudden Unexpected Infant Death (SUID) rate was 154.6 deaths per 100,000 live births SIDS death rate was 130.3 deaths per 100,000 live births</td>
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<td>1991</td>
<td>AAP Task Force recommends that U.S. babies be placed on their backs or sides to sleep to help reduce the risk of SIDS.</td>
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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

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

Caregivers believe that safe sleep behavior is desirable and protective against SIDS (Behavioral Attitude)

Safe sleep behavior is championed by key influencers (Subjective Norm)

Caregivers have skills, resources, and self-efficacy to perform safe sleep behavior (Perceived Behavioral Control)

Increased Prevalence of Safe Sleep Behaviors by Infant Caregivers

Model derived from the Theory of Planned Behavior (Ajzen, 1985)
Health Impact Pyramid

Frieden, T. *American Journal of Public Health* | April 2010. Vol 100. No. 4
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%.

1993: 17%
2010: 73%

SIDS Rates and Sleep Positions

U.S. SIDS Rate and Sleep Position, 1988–2015


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® 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](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?