Missouri Safe Sleep Strategic Plan

This Missouri Safe Sleep Strategic Plan was prepared by NICHQ for and endorsed by the Missouri Safe Sleep Coalition.

The Missouri Safe Sleep Coalition and its Strategic Plan

The Missouri Safe Sleep Coalition was initiated in late 2016 by the Missouri Department of Social Services (DSS), Children's Division (CD) to exclusively focus on safe sleep for infants. The primary goal of the Coalition is to substantially reduce and eliminate injuries and deaths as a result of unsafe sleep environments and practices in Missouri through increased education, awareness, practice and training. The Missouri Safe Sleep Coalition consists of members from the Department of Social Services, Department of Health and Senior Services (DHSS), Children's Trust Fund (CTF), Infant Loss Resources, Office of Child Advocate, Children's Mercy Hospital, Generate Health St. Louis, Saint Francis Healthcare System, Nurses for Newborns, SSM Health, and the Missouri Chapter of the American Academy of Pediatrics (AAP). The Coalition members meet regularly to share expertise and work together to develop, support and distribute consistent safe-sleep messaging statewide.

As a result of the commitment of the Coalition, several projects and resources are currently in development, including the creation of a safe sleep educational brochure to be consistently distributed to the public, and a safe sleep interactive training to be used by multiple departments for direct service providers, as well as the general public.

In the beginning of 2019, the Coalition embarked on developing a statewide Safe Sleep Strategic Plan (SSSP). With funding from the Missouri Children's Trust Fund, the Department of Social Services, and the Department of Health and Senior Services, the Coalition secured the National Institute for Children's Health Quality (NICHQ) to provide safe sleep expertise and to facilitate the process of the SSSP development. A group of Coalition members formed the "core team" for the strategic planning process and meet approximately weekly over six months. With a strategic plan in place, the Missouri Safe Sleep Coalition will be driven by a clear, shared statewide goal and aims, prepared with strategies and proven programming to reduce sleep-related infant death and committed to measuring the impact on infant lives in Missouri.

The Safe Sleep Strategic Plan development focused on the following:

1. **Literature Review: Evidence-Based and Evidence-Informed Safe Sleep Practices:**
    A literature review to inform the Missouri Safe Sleep Strategic Plan examines and compiles literature and analyses of current evidence-based safe sleep practice guidelines, policies and initiatives that provide health care provider training and modeling, increase infant caregiver knowledge and education, and promote safe sleep polices at the local, state and federal level.

2. **Review of Promising Practices:**
    Promising Practices for Safe Sleep to Inform the Missouri Safe Sleep Strategic Plan identifies emerging and promising practices to promote safe sleep in other states and communities. Three national programs led by NICHQ provided significant inputs for the review of promising practices: the National Action Partnership to Promote Safe Sleep –Improvement and Innovation Network (NAPPSS-IIN), the National Safe Sleep Collaborative Improvement and Innovation Network to Reduce Infant Mortality (Safe Sleep IM CoIIN), and the Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN – 2014-2018). All were funded by the Health Resources and Services Administration (HRSA) of the U.S. Health and Human Services; these three programs represent over 20 states that have conducted specific, collaborative efforts to reduce sleep related infant deaths.

3. **Missouri Safe Sleep Coalition Convening:**
    The in-person convening of the Coalition provided all Coalition members an opportunity to discuss strategic plan goals; select and prioritize aims; develop strategies and identify activities and programs to carry out those strategies; and discuss ways to measure progress and success. Prior to the convening, NICHQ fielded a survey to safe sleep champions across Missouri to complete its environmental scan of Missouri's strategic plan needs. The survey was disseminated to coalition members, community champions, healthcare professionals and stakeholders to learn what is working in Missouri safe sleep efforts, where there are gaps and challenges, and what the opportunities are for building a statewide strategic plan to ensure that safe sleep practices are used to keep babies alive and safe in Missouri. Responses from the survey laid a foundation for robust discussions in the in-person convening and subsequent strategic planning sessions.

4. **Safe Sleep Strategic Plan:**
    Together, the literature review, promising practices review, survey of safe sleep champions, and Safe Sleep Coalition convening discussion guided the development of the Missouri Safe Sleep Strategic Plan to reduce sleep related fatalities. The plan, presented in this document includes an over-arching long-term goal and core focus areas, five aims, and multiple strategies and activities. Facilitated Coalition discussions also led to identification of potential measures to track progress and outcomes so that specific data sources and data collection strategies can be developed by the Safe Sleep Coalition as the strategic plan is rolled out.

Sleep-related Infant Death In Missouri

In 2017, over 22,000 infants died in the United States, a five percent decrease from 2013.[2] Yet, SUID rates have remained persistently high, with about 3,600 deaths occurring among U.S. babies each year. Twenty-six percent of SUIDs are caused by accidental suffocation and strangulation in bed, 38 percent by SIDS, and 26 percent from unknown causes.[3]

Missouri infant mortality rates and SUID rates are similar to or worse than national rates, with Missouri ranking 20th among U.S. in infant mortality rates.[4] Missouri's infant mortality rate in 2017 was 6.2 live births compared to 5.8 for the U.S. In 2017, 76 percent of all infant deaths not related to medical causes were related to the infant's sleep environment. 84 percent of infant sleep related deaths were determined to have been from suffocation and 54 percent occurred while the infant was sleeping in an adult bed, with 51 of 54 of those infant deaths occurring while the infant was sharing a sleep surface with an adult.[5]

> According to Missouri's Child Fatality Review Program 2017 Report, the number of infants who died in a sleep environment was enough children to fill four standard kindergarten classrooms.[5]

The statistics below from Missouri's Child Fatality Review Program 2017 Report point to the importance of focusing on social determinants of health and health equity in Missouri's safe sleep strategic planning process:

- Sixty-one percent of infants who died from SUID were white, 35 percent black, and 4 percent multi-racial.

- A black baby in St. Louis is 4 times more likely to die of a sleep-related death than a white baby.

- 71 percent of all infants who died from sleep related-deaths were in households receiving Medicaid.

SUID, SUDI and SIDS: Distinctions and Definitions from AAP Guidelines

Sudden Unexpected Infant Death (SUID), also known as sudden unexpected death in infancy (SUDI), is a term used to describe any sudden and unexpected death, whether explained or unexplained (including sudden infant death syndrome (SIDS) and ill-defined deaths), occurring during infancy. After case investigation, SUID can be attributed to causes of death such as suffocation, asphyxia, entrapment, infection, ingestions, metabolic diseases, and trauma (unintentional or nonaccidental).

SIDS is a subcategory of SUID and is a cause assigned to infant deaths that cannot be explained after a thorough case investigation including autopsy, a scene investigation, and review of clinical history. The distinction between SIDS and other SUIDs, particularly those that occur during an unobserved sleep period (i.e., sleep-related infant deaths), such as unintentional suffocation, is challenging, cannot be determined by autopsy alone, and may remain unresolved after a full case investigation. A few deaths that are diagnosed as SIDS are found, with further specialized investigations, to be attributable to metabolic (or other) disorders.[1]

Subsequently, Missouri faces multiple challenges that impact the overall infant mortality rates throughout the state. A statewide survey prior to the Missouri Safe Sleep Coalition convening provided insight on these challenges, including gaps and communities and strategies that require improvement. The coalition convening itself allowed coalition members and participants to discuss challenges and begin to discuss how to overcome them:

Inconsistent Messaging:

Messages about safe sleep environments for infants are inconsistent across the United States, within states and, specifically within Missouri. The Coalition identified this inconsistent messaging emanating from retail advertising (imagery), product promotions, health care providers, trusted messengers (family members and others), community members and even public health messaging to be one of three top challenges to Missouri's success in reducing sleep-related death. From these discussions, the Coalition committed to creating and delivering consistent messaging in an effort to *change the social norms* regarding safe sleep practices. This includes consistent, clear messages delivered through multiple media (e.g., YouTube, traditional advertising, hospital websites, posters, transit advertising); simple messages that are supported by further education and information; and messages that are resonant with the community, such as those that have a call to community action. Coalition members and participants in the state-wide survey vocalized the need for consistent language regarding the use of the terms "SIDS," "SUIDS," and "sleep-related deaths," (see definitions, previous page).

Need for Gap Assessment of the Variations in County Engagement:

While some counties and the city of St. Louis are conducting robust safe sleep programming, other counties within Missouri demonstrate little to no engagement with initiatives and strategies that are working to reduce sleep-related infant mortality. This variation was identified as an important challenge; addressing this important challenge must begin with a county-by-county assessment of practices and resources to identify the areas of greatest, immediate need, and the opportunities for community engagement within and across counties. An early, robust gap assessment of county-by-county practices and engagement in safe sleep promotion will drive the solutions to reduction in unsafe sleep practices across the state.

Health Inequity:

Given the significant disparities in SUIDS in the U.S. and in Missouri, addressing contextual factors around health equity, culture and tradition is crucial to a successful campaign. The Coalition recognizes the importance of both fully incorporating its health equity emphasis into all aspects of the campaign and having one of its five key aims focused intention. ally and specifically on health equity. The Missouri Safe Sleep Strategic Plan emphasis on health equity will specifically focus on geographic, racial disparities, and economic disparities and status, and will include programming for caregivers, community organizations, and other trusted champions who can reinforce safe sleep education, knowledge, and practices.

Finding Solutions

Hundreds of communities, states, organizations, government agencies and individuals have created and applied multiple interventions, programs, practices, campaigns, teaching methods and resources to spread safe infant sleep guidelines, information and resources to professionals, parents and caregivers. A significant amount of research demonstrates success in many of these interventions and practices, used both individually and collectively. Such successes found in the literature are accumulating to build the evidence base for certain interventions and practices.

Messaging and Public Awareness

Developing or adopting a safe sleep campaign can be used to spread health messaging to parents and caregivers, health professionals and community health workers, and the general public. This includes health advertising campaigns and educational materials and messages for families, parents and other caregivers. The primary health messaging campaign to promote safe sleep and prevent sleep-related infant death is the Safe to Sleep Campaign. The campaign and its simple, single public message is credited with reductions in sleep-related infant mortality through the 1990s. Safe to Sleep continues to provide public health messaging resources to organizations and state health agencies, and has enabled states and organizations to spread clear, consistent evidence-based health messaging. A more local approach to consistent and coordinated safe sleep messaging is demonstrated through the B'more for Healthy Babies initiative. B'more brings together communities, organizations, and resources so that every baby can have the best start possible. With mixed media and communications, the campaign reaches and educates all members of community—parents, health care providers, family members, educators, community leaders—to support safe sleep and other infant mortality reduction strategies. This initiative also demonstrates effective culturally competent messages and materials that target African American parents and families, addressing cultural barriers to safe sleep behaviors.

Caregiver and Provider Education

Messaging and campaigns alone are not enough to create consistent behavior change in caregivers' practice of safe sleep behaviors. Creating an environment that surrounds parents with safe sleep messaging, support, encouragement, and the norms to practice these behaviors consistently continues to be the aim of targeted and broad-based community programs. These include hospital healthy newborn nurseries and neonatal intensive care units that model and teach safe sleep to parents, family members and friends. Pediatricians, health centers, home visitors, community centers have developed educational programs for parents and other caregivers. Research shows the using multiple methods for teaching and messaging is key to behavior change. These methods should include one-on-one education; mothers who received individual education on safe sleep were more likely to be placing their babies in a supine position at 3 months of age than mothers who did not receive one-on-one education.

Practicing safe sleep behaviors has been an important component of Safe to Sleep from its earliest days through current practice. More than awareness, *parents need training in safe sleep practice*. Group classes in prenatal and postpartum care at maternity and health centers, individual postpartum and pre-discharge from the hospital, pediatric and gynecologist follow-up appointments, home visiting professionals or nurses all are key touchpoints for initial training on safe sleep practices for new families.

Interventions focused on training health professionals provide both safe sleep messages and appropriate modeling for families. These interventions facilitate behavior change at both the individual provider and the organizational level by increasing knowledge and awareness among providers, and by creating a culture of infant safe sleep safety. At birth hospitals and other health care facilities, staff behaviors are closely observed by parents and caregivers, stressing the importance modeling recommended behavior to result in more parents adhering to proper safe sleep practices. In Missouri, training of nurses in NICUs and well-baby nurseries using the *Curriculum for Nurses Continuing Education Program* on SIDS Risk Reduction developed by NICHD and First Candle/SIDS Alliance, resulted in a majority of participants scoring 90 percent or better on the post-test. Educational trainings and mandatory completion of safe sleep curricula also increase the occurrence and effectiveness of safe sleep conversations between health care professionals and parents. Along with proper sleep placement, parents are receiving more messages from providers about the benefits of breastfeeding, the dangers of co-sleeping, and misconceptions about the supine position.

Community Engagement

Connecting with community partners an organization that share the same goal of decreasing infant mortality activates community champions to provide education and resources and spread safe sleep messages. The Arkansas Department of Health's Office of Minority Health and Health Disparities turned to a nontraditional partner for maternal and infant health: Brothers United, an alliance of African American fraternities including Alpha Phi Alpha, Kappa Alpha Psi, Omega Psi Phi, Phi Beta Sigma and Iota Phi Theta. Members of these organizations were trained on infant mortality that review prevention strategies and provide materials for the chapters to share in their communities, establishing Brothers United members as change agents in their communities, hosting educational events that activate men as key community stakeholders for improving infant health outcomes. Another community-based training program, implemented by First Candle of Connecticut, is Straight Talk for Infant Sleep, an evidence-based training program for nurses, community health providers, social service agencies, and faith-based groups who are closely aligned with families. The goal of the training is to prepare participants to become safe sleep champions in their community by learning how to engage with families

Direct on Scene Education (DOSE) an innovative training program that utilizes first responders as safe sleep change agents, began in Florida and is not implemented in eleven states. First Responders are trained to identify and remove hazards while on scene during

emergency and non-emergency 911 calls, along with delivering education on scene to families and caregivers. If a responder arrives to an expectant mother or an infant less than one year of age, they will initiate an "environmental check" and distribute Baby Safe Sleep Kits. This unique approach to delivering materials is successful through its focus on non-healthcare or social service professionals.

Health Equity and Reducing Disparities

Financial inability to purchase a crib can lead to bed-sharing, causing higher rates of suffocation and SIDS among low-income families. Cribs for Kids offers free or reduced-cost cribs to low-income families, along with a fitted sheet, wearable blankets, and safe sleep educational materials. These education and intervention efforts have been shown to increase parental knowledge of safe sleep practices, intended use of the supine position, and avoidance of bed-sharing. In Alleghany County, Pennsylvania, over 23,000 cribs have been distributed in low-income communities since 1998. Distributing cribs allow infants who would have slept in an adult bed with a parent to sleep in their own crib.

Safe sleep practices and cultural norms have been studied in relation to social determinants of health including housing, lack of health care access, and food insecurity. Social determinants are known to place families in situations where ideal safe sleep environment may not be available. Home visiting and WIC services have presented opportunities for assessing and teaching about safe sleep practices. Community supports like these help families feel less isolated and more empowered to practice safe parenting strategies including safe sleep.

Legislation and Regulation

In 2010, the Commonwealth of Pennsylvania passed the Sudden Infant Death Syndrome Education and Prevention Act mandating consistent infant safe sleep education in all birth hospitals. Parents must receive safe sleep information prior to hospital discharge and sign that they have received and understand the information, increasing their exposure to educational materials.

Statewide implementation of educational policies and initiatives will increase knowledge among families, health care professionals, community workers, and other caregivers. Seventy-one hospitals in Tennessee adopted a safe sleep policy that requires, at a minimum, staff trainings on AAP safe sleep recommendations, correct modeling of safe sleep practices, and parent education, resulting in a decrease in any risk factors of unsafe sleep decreased by over.[8]

State and local legislation can also mandate participation in national surveillance programs. The Center for Disease Control and Prevention (CDC) supports SUID monitoring programs in 22 states and jurisdictions, covering about one in three SUID cases in the United States. The SUID and SDY (Sudden Death in the Young) Case Registry gathers information about the circumstances associated with SUID and SDY cases, along with information about the investigations of these deaths. The states and jurisdictions involved in the registry receive

access to this data and analyze SUID and SDY trends and circumstances to develop strategies that prevent future deaths. Through this data, the Michigan Public Health Institute (MPHI) discovered an increase in infant deaths within families receiving child protective services. To address this issue, MPHI worked with the Michigan Department of Health and Human Services to develop an infant safe sleep training and a policy that requires all child protection workers (e.g., foster care, child protective services) receive this training on safe sleep environments and behaviors.

In 2015, the State of Missouri's Revised Statue (RSMo) Section 210.223 went into effect on August 28, requiring: childcare facilities licensed to care for children under 12 months of age to implement and maintain a written safe sleep policy that meets the most recent recommendations of the AAP; written instructions from a licensed health care provider when an infant requires alternative sleep positions or special sleeping arrangements; successful completion of DHSS-approved safe sleep training on the most recent AAP recommendations every three (3) years. Missouri's DHSS Section for Child Care Regulation monitors compliance with this statute.

Overarching Goal and Core Focus Areas

By the end of 2022, decrease sleep-related infant death by X% from 2018 rates and decrease the disparity in sleep-related death between black and white infants by X% from 2018.

This goal statement assumes a three-year plan beginning in 2020; with percentage reductions established by the Coalition.

Following are five *core focus areas* of the Missouri SSSP to reach the goal of reducing sleep-related infant death.

1. **Messaging and Communication:**
   Focusing on messaging and communication shows how evidence and practice demonstrate the importance of public campaigns to change community and family norms related to safe sleep practices. Messaging tailored to the general public through traditional and non-traditional media allows wide spread dissemination of safe sleep messages, reaching deeply into communities through local businesses, community organizations, faith-based organizations, and other community influencers.

2. **Education:**
   Education and support are necessary to create consistent behavior change in parents' and other caregivers' practice of safe sleep behaviors. This includes a wide range, of educational programming and resources intended to be implemented throughout the state. Additionally, education ensures that that all professionals who interact with families and their infants are trained in safe sleep behaviors and model practices for parents and other caregivers is essential to increasing safe sleep across Missouri. Education will focus on families and their caregivers, child care providers, healthcare professionals, and community worker.

3. **Health Equity / Reducing Disparities:**
   Addressing health equity and reducing disparities is both a central core focus area, and imbedded throughout the messaging, education and community engagement and advocacy across the state of Missouri. This includes addressing multiple barriers, systemic disparities, social determinants of health and cultural norms that prevent adherence to safe sleep focusing on social determinants of health as a priority in community outreach.

4. **Community Engagement:**
   Community engagement involves reaching deeply into communities across the state to provide events and programs that will appeal to and motivate target audiences to promote safe infant sleep and sustain behaviors. This begins with an analysis of safe sleep messaging and programming in every county to clearly drive SSSP programming where it is most needed. Community engagement includes identifying, customizing and applying programs and interventions that have been demonstrated success in Missouri and other states and

communities, with an emphasis on engaging trusted messengers and champions in counties and communities statewide.

5. **Legislation and Regulation:**
Developing and implementing state, city, county and/or institutional policies for regulation, certification, implementation, and reporting is essential to reducing sleep-related infant deaths in Missouri. This includes statewide partnerships with agencies and advocacy groups to foster safe sleep policies, regulations, and reporting, and informing and educate policymakers and state and local legislatures and advocating for evidenced based intervention of the importance of promoting safe infant sleep as a means to reduce infant mortality.

Strategies, Activities and Recommended Programming: Workplan with Example Timelines

Problem Statement: Too many babies in Missouri are dying from preventable sleep-related death.

GOAL: By the end of 2022, decrease sleep-related infant death by X% from 2018 rates, and decrease the disparity in sleep-related death between black and white infants by X% from 2018. *Note: Reduction percentages to be established by Missouri Safe Sleep Coalition; Coalition to identify and agree to shared data sources for overall goal mesurement.* -

Aim #1: Develop a safe sleep message throughout the state of Missouri to raise awareness in all communities of the importance of safe sleep practices. [Messaging and Public Awareness]

Strategies	Activities	Responsible Parties	Monitoring/Process Measures	Year One				Year Two				Year Three			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
			Shading denotes activity (yellow = planning; green = activity; blue = refinements, continuation; white = no activity) x denotes milestone/completion												
Develop a clear and compelling safe sleep message	Draft primary and secondary messages for Coalition review; Discuss and finalize (full Coalition and other stakeholders, as appropriate); Test message among key audiences; Finalize messages	Lead: Team Members:	Completion of draft Coalition convened Testing complete Final messaging document prepared	X											
Identify state and local partner organizations to consistently disseminate the safe sleep message	List types of organizations for state and local partnership (civic orgs, health care systems, childcare providers, etc.)		List created/consensus among Coalition members	X											
	Identify specific state-wide organizations; identify Coalition members for recruitment		State-wide organizations identified; Stakeholders agree to recruitment	X											
	Identify specific organizations and businesses in each county/ community; Coalition members for recruitment		Community/county organizations identified; Stakeholders agree to recruitment		X										

Objective	Activity	Measure	Timeline
Identify diverse communities throughout Missouri for message dissemination	Identify rural communities	Communities/counties identified	X
	Identify counties and communities with racial disparities in IM or SRID		X
	Identify communities with economic disadvantage		X
Develop and implement activities to spread consistent messaging using both web-based and traditional media	Determine approach to awareness campaign (e.g., identify communications consultant, hire staff, volunteer lead)	Identify consultant/contractor or Coalition members to lead	X
	Develop communications plan	Plan developed; message adherence	(yellow) X
	Develop social media and website to raise awareness	Website developed; social media platforms engaged; message adherence	(yellow, green, blue ongoing)
	Identify traditional media (local newspapers, bus transit ads); develop and test advertising	Media identified; # PSA or story placements; message adherence	(yellow, yellow, green, blue ongoing)
	Develop flyers/educational materials in salons, barber shops, etc.; Develop materials and outreach to family influencers in communities	Collateral developed; # communities distributed to; # outlets; # materials; message adherence	(yellow, yellow, yellow, green, blue ongoing)

Resources and promising programs that NICHQ recommends corresponding to Aim #1.

Safe to Sleep® Public Education Campaign; Safe Sleep Academy *Cribs for Kids® National Infant Safe Sleep;* text4baby, *Parent Support and Education Texting Program;* Keeping the Faith: Church Peer Educators in Alameda County, California; North Carolina Healthy Start Foundation: Culturally Competent Media Messages; B'more Babies for Healthy Babies; Infant Mortality Prevention Toolkit, *NICHQ;* KidsHealth!; DE Thrives: A Quick Guide to Creating a Safe Sleeping Environment; HealthyChildren.org; American Academy of Pediatrics*: Updated 2016 Recommendations for a Safe Sleeping Environment*

Aim #2: Ensure that providers, professionals, parents and infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep. [Education: Healthcare Providers and Caregivers]

Shading denotes activity (yellow = planning; green = activity; blue = refinements, continuation; white = no activity)
x denotes milestone/completion

Strategies	Activities	Responsible Parties	Monitoring/Process Measures	Year One Q1	Q2	Q3	Q4	Year Two Q1	Q2	Q3	Q4	Year Three Q1	Q2	Q3	Q4
Reduce barriers for supporting all families to keep infants safe during every sleep	Individual one-to-one teaching/demonstration in hospital nurseries and modelling of safe sleep behaviors in hospitals		# of individual teaching sessions completed by hospital staff in nurseries with parents of newborns; integration of modeling into neonatal provider work flow				X								
	Distribute cribs to every newborn through state-wide crib distribution program		# of cribs distributed to new parents who need safe sleep arrangements for their newborn.	X											
	Conduct educational activities in communities including but not limited to group demonstration and education for new parents/birth preparation classes; community baby showers; safe sleep community awareness event(s)		# of educational or demonstration sessions provided through community centers; # of safe sleep community events; # of materials disseminated; # new parents or family influencers touched at each event.			X									

Identify and implement culturally appropriate educational materials and training resources, that adhere to message consistency, for providers, parents, and other caregivers	Identify materials and other resources from sources with demonstrated success in reaching culturally and racially diverse families and communities; adapt with consistent messaging of the Missouri campaign; disseminate in target counties and through community organizations and influencers		Completion of a set of culturally appropriate materials ready for dissemination; # materials distributed; # outlets in % counties		X																
	Develop and disseminate materials and education/ training for faith-based women's and family groups		Materials developed; # of providers, parents, caregivers and faith-based community leaders trained with these materials		X																
Train and equip health care and child care providers to provide culturally appropriate safe sleep education.	Promote and support childcare facility training and certifications. Provide access to education and certification for childcare providers.		Training program(s) identified; # of trainings implemented and completed in childcare facilities; # of centers/ individuals certified for safe sleep practice				X														
	Provide education and training to community health educators, home visitors, and other health workers		Training program identified; # of trainings implemented and completed in by health educators, home visitors, and other health workers				X														
	Assess current hospital uptake/ use of standard trainings/ certification for providers and staff; identify training programs and other resources for hospitals and provide access to support usage.		Training program identified; # of trainings implemented and completed in childcare facilities; # of centers certified for safe sleep practice;			X																

Train and equip trusted influencers in each community to educate and support mothers, parents, and other caregivers on safe sleep practices.	Develop and disseminate materials, education/training, and other resources for faith-based women's and family groups, local businesses, senior centers, etc.		Compilation of materials, talking points, and education components to train and support facilitators for faith-based and other community groups # of providers, parents, caregivers and faith-based community leaders trained with these materials.		X									
	Develop and implement Safe Sleep influencer/ambassador training program (identify components from promising practices, such as Cribs for Kids Safe Sleep Ambassador Program)		# of trainings convened, pre-post and follow-up surveys on attitude, knowledge & behavior; # and role of ambassadors participating; # of shared success stories												

Resources and promising programs that NICHQ recommends corresponding to Aim #2:

Tips for keeping infants and toddlers safe: A developmental guide for home visitors, *Head Start | Early Childhood and Learning Center;* Safe Sleep Practices Program; Healthy Childcare America Back to Sleep Campaign; Safe Infant Sleep and Breastfeeding Support: What to Consider When Looking for childcare, *National Action Partnership to Promote Safe Sleep (NAPPSS);* How Safe Sleep Savvy Are You? *NICHQ;* Bright Futures Tool and Resource Kit, *American Academy of Pediatric; Eunice Kennedy Shriver National Institute of Child Health and Human Development;* Best Practice Guidelines: Working with Families to Promote Safe Sleep for Infants 0-12 Months of Age, *Registered Nurses' Association of Ontario;* Cribs for Kids®: National Public Safety Initiative; DOSE: First Responders Training in Safe Sleep; Cribs for Kids® Hospital Safe Sleep Certification Program; Infant Mortality Prevention Toolkit, *NICHQ; American Academy of Pediatrics: Updated 2016 Recommendations for a Safe Sleep Environment.*

Aim #3: Ensure that all programs and interventions focus on increasing health equity to reduce disparities, particularly racial disparities.
[Health Equity and Culturally Appropriate Programming]

Shading denotes activity (yellow = planning; green = activity; blue = refinements, continuation; white = no activity)
x denotes milestone/completion

Strategies	Activities	Responsible Parties	Monitoring/Process Measures	Year One Q1	Q2	Q3	Q4	Year Two Q1	Q2	Q3	Q4	Year Three Q1	Q2	Q3	Q4
Reduce barriers, systemic disparities and increase cultural norms to support families to adhere to safe infant sleep recommendations	Provide trainings/certification for hospital providers and staff that address cultural and implicit bias barriers		# trainings provided; % with cultural/implicit bias component	yellow	yellow	yellow	green	blue	blue	blue	blue	blue	blue	blue	blue
	Provide education for childcare providers that address cultural and implicit bias barriers		# trainings provided; % with cultural/implicit bias component	yellow	yellow	yellow	green	blue	blue	blue	blue	blue	blue	blue	blue
	Ensure education, materials and training for community health educators, home visitors address cultural and implicit bias in communications		# trainings provided; % with cultural/implicit bias component	yellow	yellow	yellow	green	blue	blue	blue	blue	blue	blue	blue	blue
Identify diverse communities throughout Missouri for message dissemination	Identify rural communities		Communities identified	X											
	Identify counties and communities with racial disparities in IM or SRID		Communities identified	X											
	Identify communities with economic disadvantage		Communities identified	X											
Identify and recruit community partners (organizations and individuals) that are influencers with our rural and urban target audiences (race, economic status and geography)	List types of influencer organizations and specific organizations for local partnership (civic orgs, health care systems, childcare providers, faith-based organizations, local businesses) in target communities/counties		% Counties; # communities identified; lists created; # outlets identified	yellow	X (green)										
	Recruit and engage, ensuring consistent messaging and shared values and goals		# organizations recruited; roles understood; values and goals shared	yellow	yellow	green	X (green)								

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Strategy	Activity	Measure				X											
	Include hospitals and health care systems/providers as community members	# health care systems and providers engaged				X											
Develop and implement culturally congruent educational materials, social marketing messages¸ and communication strategies	Identify, adapt and provide culturally appropriate educational materials for professionals to share with families	materials developed; # materials provided															
	Develop and disseminate materials and education/training for faith-based women's and family groups, local businesses, senior centers, etc.	materials developed; # materials provided															
Focus outreach and methods to identify and address social determinants of health	Provide education and training for community health educators, home visitors, first responders, others in culturally appropriate communications with parents about safe sleep practices	education/training identified or developed; # trainings conducted; % with cultural/implicit bias communications															
	Provide parents with cribs and other infant health needs to increase safe sleep environment (such as Cribs for Kids)	# cribs provided															
	Ensure education for childcare providers conveys culturally and linguistically appropriate ways to communicate safe sleep messages	education/training identified or developed; # trainings conducted; % with cultural/implicit bias communications															

Resources and promising programs that NICHQ recommends corresponding to Aim #3.

First Candle: Straight Talk for Infant Sleep; North Carolina Healthy Start Foundation: Culturally Competent Media Messages; Tips for keeping infants and toddlers safe: A developmental guide for home visitors; text4baby Parent Support and Education Texting Program; Cribs for Kids® Hospital Safe Sleep Certification Program; Safe to Sleep® Public Education Campaign; Clinical Best Practice Guidelines: Working with Families to Promote Safe Sleep for Infants 0-12 Months of Age; How Safe Sleep Savvy Are You? *NICHQ;* Tips for keeping infants and toddlers safe: A developmental guide for home visitors; Keeping the Faith: Church Peer Educators in Alameda County, California; North Carolina Healthy Start Foundation: Culturally Competent Media Messages; B'more Babies for Healthy Babies; Safe to Sleep® public education campaign

Aim #4: Engage and activate communities and community champions to provide education, resources and spread safe sleep messages [Community Engagement]

Strategies	Activities	Responsible Parties	Monitoring/Process Measures	Year One				Year Two				Year Three			
			Shading denotes activity (yellow = planning; green = activity; blue = refinements, continuation; white = no activity) x denotes milestone/completion	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Identify and recruit community partners (organizations and individuals) that are influencers with our rural and urban target audiences (race, economic status and geography)	Conduct a comprehensive gap analysis of resources and programs in every county to identify resources; develop county-by-county plan to target programming	Lead: Members:	Assessment complete; gaps identified; county plan developed	(green)	X (green)										
	Recruit and engage, ensuring consistent messaging and shared values and goals		# organizations recruited; roles understood; values and goals shared		(yellow)	(yellow)	X (green)								
	List types of influencer organizations and specific organizations for local partnership (civic orgs, health care systems, childcare providers, faith-based organizations, local businesses) in target communities/counties		Counties/communities identified; lists created; # outlets identified		(yellow)	(yellow)	(green)								
	Include hospitals and health care systems/providers as community members		# health care systems and providers engaged		(yellow)	(yellow)	X (green)								
Train and equip trusted influencers in each community to educate and support mothers, parents, and	Develop MO-specific Safe Sleep Ambassador's training/toolkit (ex: Cribs for Kids Safe Sleep Ambassador Program) for use by community organizations		Training kit and education materials/flyers developed, tested and refined		(yellow)	(yellow)	(green)	X (green)							

Aim	Strategy / Activity	Measure	Timeline
other caregivers on safe sleep practices.	Develop materials and resources for specific influencer organizations: faith-based, community businesses, community organizations (types identified in strategy 4a)	Materials and resources developed for # types of organizations	X
	Identify, engage and equip individual influencers to be safe sleep champions (community leaders, grandmothers, fathers, health care providers)	# individual influencers engaged	X
Raise awareness, educate and equip parents for safe sleep every sleep.	Conduct programs that provide needed supports: Crib, car seats, diapers, other needs (recommended: Cribs for Kids, Sisters United community baby showers)	# organizations conducting events; # events or programs conducted; # participating parents/caregivers; % change in knowledge/behavior (for appropriate events	
	Conduct and participate in community events celebrating birth, infancy and young families (community-wide baby showers, festivals booths, health fairs, church bazaars, retail events, hospital events)	# events conducted; # attendees	

Resources and promising programs that NICHQ recommends corresponding to Aim #4

Safe Sleep Ambassador Program, *Cribs for Kids;* Keeping the Faith: Church Peer Educators in Alameda County, California; B'more Babies for Healthy Babies; Cribs for Kids®: National Public Safety Initiative; Brothers United Initiative; Kappa Alpha Psi Safe Sleep Campaign; Sisters United Initiative; Safe to Sleep® public education campaign; text4baby Parent Support and Education Texting Program; North Carolina Healthy Start Foundation: Culturally Competent Media Messages ; B'more Babies for Healthy Babies; Infant Mortality Prevention Toolkit, *NICHQ*

Aim #5: Advocate for supportive state and local policies and regulations for safe sleep practices. [Legislation and Regulation]

Strategies	Activities	Responsible Parties	Monitoring/Process Measures	Year One				Year Two				Year Three			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
				Shading denotes activity (yellow = planning; green = activity; blue = refinements, continuation; white = no activity) x denotes milestone/completion											
Inform and educate policy and law makers through legislative events and educational sessions.	Advocate/request funding for Missouri safe sleep campaign activities		Amount of funding secured; # of sources of funding (i.e., multiple departments/ agencies/counties supporting)					Timing depends on Missouri state legislative session calendar.							
	Conduct awareness activities and coordinate with communications /media activities: Safe Infant Sleep Awareness Day, Governor's proclamation; legislators recognition events by county or district		# activities conducted; # of attendees; # legislative or legislative staff attendees; # media coverage					Timing depends **solely** on Missouri state legislative session calendar.							
	Develop and implement advocacy agenda: influence changes in surveillance/measurement, including FIMR reviews; state legislation requiring retail education/ban sale of crib bumpers; mandatory SS certification of childcare centers/providers; funding for education of community public workers (EMT, first responders, police, home visitors, social workers);		Advocacy agenda identified and prioritized; # legislative actions passed into law					Timing depends on Missouri state legislative session calendar.							
Advocate for Medicaid and other state policies and regulations to facilitate safe sleep practice adherence	Advocate for funding for Missouri safe sleep campaign activities including safe sleep group education programs, hospital, health system, and childcare certification. Continue to monitor adherence to safe sleep statute.		# of campaign activities or priorities receiving state or county funding (separate from funding for the Campaign itself);					Timing depends on Missouri state legislative session calendar.							

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Strategy	Activity		Measure
	Medicaid coverage of post-partum home visit for all births, additional home health services		Added in Medicaid coverage that support safe sleep practices and education (quality/impact of adds is higher value than #)
Require and monitor safe sleep certification among hospitals, health systems and child care center/providers.	Conduct education and campaign activities to support hospital and health systems and childcare centers and systems to develop and adhere to policies consistent with AAP guidelines and MO messaging.		% hospitals with policies and certification programs, % childcare care centers with policies and certification programs,
	Provide recommendations and access to training and certification programs to hospitals, health systems and childcare providers.		# health care professionals/hospital staff certified, # childcare providers certified
Institute standardized training, policies, practices, and reporting for infant deaths and death review	Review, recommend and institute improvement to infant death review system to ensure all sleep-related deaths are identified appropriately		Specific changes in review system; record of changes implemented in individual death reviews

Resources and promising programs that NICHQ recommends corresponding to Aim #5.
National Fetal and Infant Mortality Review (NFIMR); Ohio Infant Mortality Reporting, *Baby's First Network;* Caring for our Children Basics: Section on Safe Sleep Practices and SIDS Risk Reduction, *Head Start Early Childhood Learning and Knowledge* Center*;* CCDR Health & Safety Requirements Brief #4: Reducing the Risk of Sudden Infant Death Syndrome and Using Safe Sleeping Practices, *National Center on Early Childhood Quality Assurance;* ASTHO SIDS/SUID/Safe Sleep Roundtable Report (2014); Ohio Infant Mortality Reduction Plan 2015-2020, *Ohio Collaborative to Prevent Infant Mortality*; Missouri Safe Sleep Legislation and Regulations for Childcare Centers.

Measuring Change

The ultimate measure of the Safe Sleep Coalition work is the reduction in sleep related deaths and reduction in disparities among those deaths, the proof that lives have been saved and improved by these significant efforts. A shared measurement system used among all Coalition member organizations and agencies to track progress and measure the outcomes of its five aims is critical to ensuring that the Coalition activities and goals are well-coordinated and successful. The following are brief descriptions of the plans for measuring progress and change in each aim; the workplan (separate document) contains more specific measurement and tracking activities.

The Coalition also is fully committed to identifying shared measures and data sources for measuring the ultimate Safe Sleep Strategic Plan outcome: the decrease in infant sleep-related deaths in the state of Missouri and the decrease in disparities among those deaths. As the Coalition establishes its numeric goal for the SSSP, members will discuss and identify the existing state measures that will be used to measure SSSP outcomes, whether by selecting one existing measure for the SSSP outcomes or combining synchronistic measures for a comprehensive view of the outcomes achieved.

The goal of developing and **communicating consistent and compelling messaging** throughout the state of Missouri is to increase awareness of the important of safe sleep practice among the general population and within specific caregiver audiences. Measuring increased awareness will include recording the number of activities implemented to spread messaging, the number of organizations that that have adopted and disseminated these consistent messages, and the number of counties and diverse communities that the team has worked with to disseminate messages across Missouri. In addition to tracking the amount of communications, tracking the nature of messaging and the general public understanding will demonstrate the level of consistency and clarity.

To ensure that providers, professionals, parents, infant caregivers have the **knowledge, skills, and self-efficacy** to practice safe sleep for every sleep, the safe Sleep Coalition will track the number of activities, events and program participants, and – importantly – will measure knowledge, skill acquisition and behavior change among providers and caregivers. Measuring increased knowledge and adherence to practices will include tracking the number of caregivers educated in safe sleep, professionals trained in providing culturally appropriate safe sleep education (providers, home visitors, childcare, first responders), safe sleep certified hospitals, and childcare centers certified in safe sleep practices.

To ensure that all programs and interventions focus on increasing **health equity** to reduce disparities, particularly racial disparities, the Coalition will be tracking the number of counties that have implemented programs and activities with focus on health equity by addressing racial, geographic, and economic disparities. Measures also will include changed understanding and behavior among providers and community partners about the factors in heath equity, implicit bias and delivering information and education to parents and caregivers in a culturally appropriate way.

Measures of the effectiveness of the Coalition's **community engagement** efforts to activate community champions to provide education and resources and spread safe sleep messages include record of the number of counties with organization and individual champions, the types of community champions, and the level of community activity. In addition to number of counties, the Coalition also will track the type of community partner and their influence on target audiences relevant to race, economic status and geography.

The purpose of advocating for supportive state and local **policies and regulations** for safe sleep practices is to increase the number of identified legislative actions passed into law, such as laws that establish mandatory data collection beyond SUID, or laws that require childcare centers to be accredited for safe sleep practices. Example measures of these activities include tracking the number of advocacy education sessions held to inform lawmakers, legislative events/activities sessions held or hospitals and health centers that created/implemented safe sleep policies, and ultimately the number and impact of successes in new policies and legislation action.

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