Our Funder

This project is supported by the Maternal and Child Health Bureau, Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).
Why NAPPSS

• Where we are now:
  – AAP Guidelines
  – Back to Sleep
  – Safe to Sleep
Why NAPPSS

• Where we are now:
  – Inconsistent messages and images
  – Challenge of integrating safe sleep and breastfeeding
  – Racial disparities persist
Why NAPPSS

• Where are we now:
  – Caregivers know the “message”, but are not changing behaviors
  – Caregivers report a need to understand the reasons for safe sleep recommendations
How We Designed NAPPSS

• Azjen’s Theory of Behavior Change
• Social-ecological Model
• Diffusion of Innovation
Azjen’s Theory of Planned Behavior

• Positive perceptions of the behavior, the actions required, and the advantages.
• Others’ beliefs about the behavior ("normative beliefs" held by others who are important to the individual, such as friends, family members, colleagues, even societal norms and pressures).
• Personal perceptions of one’s own ability, level of control, and self-efficacy to perform or change the behavior.
Public Health Examples

**Smoking:**
1. Surgeon General’s warning on cigarettes, PSAs, etc.
2. Outlawing smoking in public places; workplace policies
3. Quit lines, smoking cessation programs, medications

**Breastfeeding:**
1. “Babies are Born to Be Breastfed” campaign, SG call to action
2. Laws to support breastfeeding in workplace, in public; integration in quality standards for health care organizations
3. Peer and professional lactation supporters
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?

Knowledge Stage

• Letting people know it exists
  – Mass media
  – Brochures
  – Presentations
  – Dissemination of materials/resources

How Do We Get People to Accept New Things?

Reinforcement and Persuasion

Communication within individual’s social network (people they see/talk to regularly)

– Hearing about it from trusted, usual sources
– People who are “like me” or who I trust accept it and think I should try it

How Do We Get People to Accept New Things?

Decision/Adoption Stage—Overcoming the Barriers

• Is the innovation better, easier, more convenient, more effective, less expensive?

• **Is the innovation consistent with existing values, past experiences and needs?**

• Is the innovation perceived as easy to understand?

• Can people try it out? Any long-term commitments?

• **Is the innovation and its benefits visible?** Do adopters know someone who has used and liked the innovation?

• **Can the innovation be changed to suit the adapters needs?**

We need Safe Sleep and Breastfeeding to be everybody’s business.

How do we make sure everyone knows about safe sleep and breastfeeding?

How do we engage those who influence caregivers’ decisions in promoting safe sleep and breastfeeding?

Who can provide the settings, people and resources to hold all those conversations?
Broader cultural attitudes and political will to address child health and safety, infant mortality, and health disparities.

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.

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

Federal/state governmental agencies Governors and state legislatures.

Mothers, fathers, grandparents, siblings, other relatives, legal guardians, foster parents, babysitters, and child care /early education providers.

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

Infant Caregivers

Influencers

Organizations

Safe Sleep Experts/Leadership

Public Policy

Society
NAPPSS Actions

• 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 plan on a national level
• Move from campaigns to conversations
• Host an interactive website to share progress, engage new partners and track the plan
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 CoIIN—NICHQ
- CityMatCH

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National Action Partner Organizations

- Alaska Native Medical Center
- **American Academy of Family Physicians**
- **American Academy of Pediatrics**
- American Academy of Pediatrics & National Center for Early Childhood Health & Wellness
- **American Association of Birth Centers**
- **American College of Nurse-Midwives**
- American SIDS Institute
- Association of Clinicians for the Underserved
- **Association of Maternal and Child Health Programs**
- Association of State and Territorial Health Officials
- **Association of Women's Health, Obstetrics, and Neonatal Nursing**
- Baby & Me—Tobacco Free
- **Baby-Friendly USA**
- Beloved Community Church
- Black Women's Health Imperative
- **Carolina Global Breastfeeding Institute**
- **Centering Healthcare Institute**
- **Centers for Disease Control and Prevention**
- Charlie's Kids
- Child Care Aware
- Child Welfare League of America
- Children's Safety Network
- CityMatCH
- CJ Foundation for SIDS
- Cribs for Kids
- EMSC National Resource Center
- First Candle
- **HealthConnect One**
- Healthy Start EPIC Center
- Ideas42
- **International Childbirth Education Association**
- JSI
- Juvenile Products Manufacturers Association
- **La Leche League USA**
- **Lamaze International**
- March of Dimes
- Medstar Georgetown University Hospital
- MHA Keystone Center
- National Association of Black Owned Broadcasters
- National Association of Community Health Centers
- National Association of County and City Health Officials
- **National Association of Pediatric Nurse Practitioners**

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National Action Partner Organizations

• National Birth Equity Collaborative
• National Center for Fatality Review and Prevention
• National Center for Health in Public Housing
• National Child Care Association
• National Council of Urban Indian Health
• National Fetal and Infant Mortality Review Program
• National Healthy Start Association
• National Military Family Association
• National Resource Center for Health and Safety in Child Care and Early Education
• National Urban League
• National WIC Association
• Native Health News Alliance
• NICHQ
• NIHCM Foundation
• Parents as Teachers
• Reaching Our Sisters Everywhere, Inc.
• Safe Kids Worldwide
• Text4Baby
• The Links, Incorporated Potomac Chapter
• U.S. Consumer Product Safety Commission
• UCSF Benioff Children's Hospital Oakland
• United States Breastfeeding Committee
• United States Lactation Consultant Association
• Urban Indian Health Institute, SIHB
• Wendy's Bloggers
• ZERO TO THREE

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Wisdom Council Purpose

• Provide cultural perspectives on NAPPSS work
• Gather information from diverse populations about conversations approach
• Offer review and advice on conversations approach information and resources

National Action Partnership to Promote Safe Sleep
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Wisdom Council Members

• Representatives from:
  – Alaska Native Medical Center
  – Black Women’s Health Imperative
  – HealthConnect One
  – National Birth Equity Collaborative
  – National Council of Urban Indian Health
  – Native Health News Alliance
  – Reaching Our Sisters Everywhere

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NAPPSS Actions

• 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
Strategic Action Plan

Overarching principles:

1. Ensure that actions are designed to support all individuals and are effective for populations who experience the highest rates of sleep-related infant deaths.

2. Incorporate values and principles of cultural and linguistic competence to ensure that actions are respectful and effective for infant caregivers from all backgrounds.

3. Engage infant caregivers and their communities in designing, implementing, and evaluating actions to promote safe sleep practices.

4. Activate the systems and services that touch families to work together to ensure that all babies sleep safely each night and each naptime.

5. Honor caregiver’s experiences of caring for infants by integrating the promotion of Safe Sleep and breastfeeding to reduce SUID/SIDS deaths.

6. Recognize that families are the ultimate decision-makers each day and night in the moments of personal choice about how to care for their infants.
Strategic Action Plan: Goal 1

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

Strategies:

• 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.

• 1.2 Promote actions that use shared conversations with infant caregivers that identify their concerns and barriers to implementing safe sleep behaviors and breastfeeding and that seek solutions, in partnership, to these challenges.
Strategic Action Plan: Goal 2

Goal 2: Individuals and groups who are trusted by infant caregivers and who influence infant caregiver’s child-rearing beliefs and practices will understand the importance of safe sleep behaviors and breastfeeding, and will effectively communicate their protective benefits.

Strategies:
- 2.1: Engage these trusted individuals and groups in systems-wide effort to promote safe sleep and breastfeeding.
- 2.2: Enlist these trusted individuals and groups as safe sleep “champions” who have the motivation, knowledge, and skills to engage in meaningful conversations with mothers, fathers, and other infant caregivers to promote safe sleep behaviors and breastfeeding.
Goal 2: Individuals and groups who are trusted by infant caregivers and who influence infant caregiver’s child-rearing beliefs and practices will understand the importance of safe sleep behaviors and breastfeeding, and will effectively communicate their protective benefits.

Strategies:
• 2.3: Actively promote safe sleep and breastfeeding within all systems and programs that serve families with an emphasis on populations who experience the highest rates of sleep-related infant deaths.
Strategic Action Plan: Goal 3

**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**.

**Strategies:**

- **3.1:** Equip infant caregivers with the **skills and supports** to reach their goals for feeding and sleeping their infants.

- **3.2:** Provide access to best practice training and supports so that infant caregivers **understand sleep/wake/feeding patterns** in infancy and learn **how best to comfort and settle** their infants in ways that are consistent with safe sleep practices.
Strategic Action Plan: Goal 3 (cont)

**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.**

**Strategies:**

- **3.3:** Create processes for infant caregivers, regardless of their financial or housing status, to have **safety-approved cribs or other safe sleep surfaces.**

- **3.4:** **Engage community systems and supports as partners** in promoting safe sleep and breastfeeding to help families address housing insecurity, substandard housing, safe childcare, neighborhood violence, household violence, and other threats to the safety and well-being of infants in their care.
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Action Teams—Taking Action at the National Level

• Child Care and Early Education Settings
• Organizational Outreach and Promotion
• Organizational Self Assessment
• Public Media

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Does this sound familiar?

- Coalition of key national organizations
- SGCTA ↔ NAPPSS Action Plan
- “Everyone can help make breastfeeding easier” ↔ “Safe sleep is everyone’s business”
- USBC Constellations ↔ NAPPSS Action Teams
- Collective Impact approach
- Neutral stewards on sensitive topics critical
- Equity lens & focus on community engagement
- Need to spread national policy & systems change work to state/local levels

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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.
What is a conversations approach?

• Underlying assumptions:
  – In the end parents and other infant caregivers will make the decisions about how and where to sleep and feed infants.
  – Behavior change is supported by approaches that first gain caregiver’s acceptance of safe sleep and breastfeeding behaviors.
  – Accomplishing behavior change is supported by two-way communication.
What is a conversations approach?

- Asking permission to share important information about keeping babies safe and healthy with key caregivers.
What is a conversations approach?

• Sharing information with explanations about why particular behaviors are recommended and how implementing those behaviors keep babies safe and healthy.
What is a conversations approach?

• Asking caregivers if they have heard this information or any other information about safe sleep and breastfeeding and what they think about the information.
What is a conversations approach?

- Asking caregivers if they have plans to implement any of the behaviors discussed. If yes, how do they plan to follow through on those plans? If no, what factors make them reluctant to implement the behaviors?
What is a conversations approach?

• Discussing behaviors that they don’t want to or feel they cannot implement to understand why and offer additional information that could address their reluctance.
What is a conversations approach?

- Problem-solving to determine how much of the preferred behavior change caregivers can and will implement and offering information about how to reduce risk or enhance benefits within the parameters of their decisions.
What is a conversations approach?

- Creating a personal action plan with caregivers about how they will sleep and feed their infants, that addresses anticipated challenges, where to seek resources and supports if new challenges arise, and a commitment to implement the plan.
What is a conversations approach?

• While a conversations approach is based on face-to-face contact, it can be used to craft effective brochures, videos and other media communications. Those materials need to reflect the person receiving the information as an active participant in the communication by anticipating potential reactions and addressing refusal, reluctance, challenges and problem solving.
From Campaigns to Conversations

• That’s a lot of conversations!
Building Systems

• Conversations approach needs to be at multiple times over multiple settings
• Need prenatal, birth and postpartum implementation
• States and communities have a role in creating integrated systems

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NAPPSS Actions

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Interactive Website

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

It's time for a wake-up call. The NAPSS 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

NAPSS 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

Safe Sleep Resources
Here are resources that you, as a NAPSS Coalition Member, can share with your constituents to move forward the safe sleep agenda.
Our Funder

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 UF7MC26937. 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. Contact: Rochelle Mayer (mayerr@georgetown.edu) or Suzanne Bronheim (bronheis@georgetown.edu)