

# Safe Sleep Roundtable Report



ASTHO SIDS/SUID/Safe Sleep Roundtable  
Jan. 24, 2014, Arlington, VA



## Executive Summary

The Association of State and Territorial Health Officials (ASTHO) convened a roundtable meeting on SIDS/SUID/Safe Sleep on Jan. 24, 2014. Sudden Unexpected Infant Death (SUID)/Sudden Infant Death Syndrome (SIDS) remain among the top five causes of infant mortality in the United States, with approximately 4,000 infants dying suddenly and unexpectedly each year. This roundtable meeting was convened to:

- Discuss existing practices, potential opportunities, and possibilities for effective policies and services to improve adoption of safe sleep practices, especially among vulnerable populations.
- Consider strategies to better integrate programs and policies that support improving safe sleep outcomes with an emphasis on health equity.
- Identify next steps for states wishing to adopt and incorporate best practices in promoting adoptions of safe sleep practices.

Representatives from CDC, the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), state health officials, maternal and child health directors, and other relevant federal, state, and national organizations participated in the discussions.

This report summarizes the discussion and recommendations from this in-person meeting, in three sections:

- Brief background on safe sleep and meeting description and overview.
- Summary of best practices, including developing and sustaining key partnerships and coalitions, making maximal use of existing resources, disseminating messages most likely to resonate with vulnerable populations, and the use of local champions.
- Recommendations and next steps for state health departments, federal partners, departments, community organizations, and ASTHO.

For additional information, including presenters' slides, visit ASTHO's Safe Sleep web page at <http://www.astho.org/Programs/Access/Maternal-and-Child-Health/Safe-Sleep/>.

## Safe Infant Sleep

- About 4,000 infants die suddenly and unexpectedly each year. SUID/SIDS remain among the top five causes of infant mortality in the United States.
- SUID is the death of an infant younger than one year that occurs suddenly and unexpectedly, where the cause of death is not immediately obvious prior to investigation. SUID includes deaths from SIDS, unknown causes, and accidental suffocation and strangulation in bed.
- SIDS is the sudden death of an infant that cannot be explained after a thorough scene investigation, review of medical history, and autopsy. It remains the leading cause of death of babies between one month and one year of age.
- Although the exact causes of SIDS are not yet known, it is clear that infant deaths related to SIDS have decreased precipitously since the [Back to Sleep](#) campaign was introduced in 1994.
- Unfortunately, SIDS rates have stabilized, and there have been concomitant increases in other SUID causes, including a fourfold increase in accidental suffocation.

- [CDC](#) and the [National Institutes of Health](#) support the American Academy of Pediatrics (AAP) [recommendations](#) aimed at reducing the risk of death from SIDS and other sleep-related infant deaths.
- The latest [reports](#) indicate that 70.5 percent of mothers reported that their infant was laid down to sleep on his or her back most of the time and that 39.4 percent of mothers never bed-share with their infant.
- There is still much work left to be done to help all families adopt safe sleep practices.

### **Suggested Safe Sleep Best Practices and Strategies**

- Develop and sustain key partnerships and coalitions to generate interest and engagement among change agents with access to different audiences.
- Partner or collaborate with organizations with similar priorities to leverage existing resources and programs to maximize funding for safe sleep efforts.
- Align work of all areas and programs within the state health agency (e.g., WIC, maternal and child health, immunization, and the injury prevention divisions) to ensure consistent approaches and messaging regarding safe sleep.
- Incorporate safe sleep promotion into all relevant current activities funded from federal sources (e.g., Title V Maternal and Child Health Services Block Grant Program [MCH block grant] and the Maternal, Infant, and Early Childhood Home Visiting Program).
- Develop partnerships with Medicaid and Medicaid managed care to transfer specific funds to the health department for maternal and child health efforts.
- Use policy as a lever to promote safe infant sleep practices within hospitals and to consumers.
- Ensure safe sleep messaging is culturally sensitive and tailored to reach and resonate with the most vulnerable populations.
- Identify local champions to engage the community, provide valuable insight into how safe sleep issues mesh with community priorities, and serve as respected liaisons with key stakeholders.

### **Recommendations for Federal Partners, State Health Departments, Community Organizations, and ASTHO**

#### *Federal Partners*

- Support a national clearinghouse of best practices for public health education messages and materials, as well as data collection and analysis approaches.
- Develop performance measures related to safe sleep and ensure that the measures are both well aligned with state efforts and reasonable in scope.
- Support state and local health department data capacity, including providing data set access and assistance with data analysis and translation. This includes real time, actionable data to help identify areas for improvement, monitor progress, and adapt policies and programs to achieve goals.

#### *State Health Departments*

- Institutionalize safe sleep messages and priorities into systems that already serve families.
- Ensure that public messages about safe sleep are consistent, clear, and tailored to the desired audience.
- Consider how promoting safe sleep can be incorporated into state procurement to require contractors and state grantees incorporate safe sleep messages, as appropriate.

- Explore potential partnerships with Medicaid and Medicaid managed care to support safe sleep practices.
- Make use of any flexibility in federal funding (e.g., Title V, home visiting) to support safe sleep programming.
- Enhance partnerships with breastfeeding and WIC communities.

#### *Community Organizations*

- Document and share successes related to safe sleep through a clearinghouse of best practices.
- Collaborate with Medicaid and other managed care organizations and engage CMS to connect resources where they are most needed.
- Standardize professional development and educational opportunities related to safe sleep.
- Provide consistent, culturally appropriate messaging related to safe sleep practices.

#### *ASTHO*

- Utilize MCH block grant performance measures by working with MCHB to ensure that the MCH block grant priorities and national performance measures regarding infant mortality reduction are well aligned with promoting safe sleep.
- Reach out to Medicaid and other managed care organizations to identify and disseminate potential funding mechanisms to promote safe sleep practices.
- Develop mechanisms to promote adoption of best practices in promoting safe sleep (e.g., state success stories, dedicated time during all member calls, webinars).
- Work with federal partners to develop a complete list of resources where state and local health departments can obtain additional capacity to analyze infant mortality data.
- Invite additional stakeholders to join ASTHO's safe sleep promotion initiative.

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## Background

Approximately 4,000 infants die suddenly and unexpectedly each year. SUID is the death of an infant less than one year that occurs suddenly and unexpectedly, where the cause of death is not immediately obvious prior to investigation. SUID includes deaths from SIDS, as well as accidental suffocation and strangulation in bed. The exact causes of SIDS are not yet known, but it is clear that infant deaths related to SIDS have decreased precipitously since the [Back to Sleep](#) campaign was introduced in 1994.

Safe infant sleep behaviors can reduce risk of SIDS and SUID. [CDC](#) and [NIH](#) support the AAP [recommendations](#) aimed at reducing the risk of death from SIDS and other sleep-related infant deaths. These recommendations include:

- Place the infant on its back to sleep every time.
- Use a firm sleep surface, such as a crib mattress covered by a fitted sheet.
- Room-share, but do not bed-share.
- Keep soft objects and loose bedding out of the crib (e.g., stuffed animals, pillows).
- Avoid overheating by dressing the infant appropriately for the environment.
- Get regular prenatal checkups.
- Avoid secondhand smoke and do not smoke while pregnant.
- Breastfeed.

## Roundtable Purpose and Goals

ASTHO convened a group of federal, state, and local partners to discuss priorities in promoting safe sleep practices to reduce the incidence of sleep related infant death, which is the leading cause of post-neonatal infant mortality in the United States. The goal of the roundtable was to identify the top three to five priorities for ASTHO, collaborators, and partners regarding safe sleep and develop an action plan for addressing those priorities. The three desired outcomes of the roundtable included:



## Description of the Roundtable

Twenty-nine participants from 20 organizations, including three federal agencies (CDC, National Institute of Child Health and Disease [NICHD], and HRSA), and representatives from seven states (AK, AR, KY, MD, OH, TN, and WI) convened to discuss national and state initiatives on safe sleep. (See Appendix for complete list of participants.) The day-long roundtable included presentations by federal agencies and

states describing their best practices. The presentations were followed by in-depth discussions of several topics, including:

- Developing effective messages for vulnerable populations.
- Addressing the tension between risk-reduction messages and strict avoidance of unsafe sleep practices.
- Identifying existing effective models and opportunities for replicating them.
- Maximizing opportunities to leverage existing programs and funding streams to promote the adoption of safe sleep practices.

The group ended the roundtable by summarizing the themes raised during the day and identifying action steps that could be undertaken by state health departments, federal agencies, community organizations, and ASTHO to promote increased adoption of safe sleep practices, especially by vulnerable populations. What follows is a summary of the best practices that were identified, as well as the action steps for the different key stakeholders.

## Best Practices

### *Developing and Sustaining Key Partnerships and Coalitions*

Several of the states described the importance of developing and sustaining partnerships and coalitions in promoting their safe sleep campaigns. These partnerships serve multiple purposes, including:

- Generating interest and achieving engagement among change agents with access to different audiences.
- Bringing additional untapped resources to the work.
- Converting potential opponents to supporters.

Some illustrative examples of successful partnerships are described below:

**Arkansas' Sisters United.** The Arkansas Department of Health (ADH) developed a collaboration with the 42 graduate chapters of African American sorority chapters in the state. ADH learned that these communities wanted to participate in reducing infant mortality and welcomed the opportunity to be involved in a health issue of such significance to their communities. Sorority leaders were invited to ADH to be introduced to the issues and welcomed by the health department director, which conveyed the importance of the initiative. ADH subsequently held an infant mortality conference for the sorority leaders and members to provide training on folic acid, flu shots, breastfeeding, and safe sleep; informational material to share with sorority members; and talking points to use in discussions with other community members. Twenty-one of the chapters were awarded NICHD community grants, which allowed them to integrate the issues into their community work in schools, churches, and other locations. The chapters hosted Safe to Sleep baby showers and members who were also health professionals developed YouTube [videos](#) that are shared in multiple venues to identify myths and promote safe sleep behaviors. ADH identified that well planned and structured workplans were important for success. The department has since held a second infant mortality conference that also included a representative from an African American fraternity so that the effort will now be expanded to Brothers United.

**Maryland Department of Health and Mental Hygiene partnerships.** The Maryland Department of Health and Mental Hygiene (MDHMH) has established a partnership with all birthing hospitals in the

state to engage them in providing standard discharge education regarding safe sleep practices. The department developed an educational video covering best practices for safe infant sleep, which is being shown in WIC offices, federally qualified health centers, and pediatrician and obstetric provider offices, as well as through the state's home visiting program. MDHMH has also engaged nontraditional partners who can share safe sleep messages with their constituents, such as the Department of Motor Vehicles service locations, during jury duty, and in substance abuse treatment sites.

**Ohio's Safe Sleep Initiative.** The Ohio Department of Health set a goal of reducing unintentional sleep-related deaths for infants in the state from 38 per 100,000 by 10 percent by September 2016. To achieve this, it enacted a departmentwide policy regarding safe sleep and convened the Ohio Collaborative to Prevent Infant Mortality, which included 123 birthing hospitals, six children's hospitals, state agencies, childcare providers, and baby product providers, among other key stakeholders. A primary area of attention is on ensuring consistent promotion of the AAP guidelines. Of particular interest is the participation of the Ohio Hospital Association, which has adopted infant mortality as an area of focus. In addition, there has been bipartisan interest in disparities related to prematurity and infant mortality.

**Tennessee's Sleep Baby, Safe and Snug.** The Tennessee Department of Health (TDH) has devised a broad public awareness campaign that includes partnerships with the WIC and home visiting programs. In addition, Tennessee is working with all 66 of its birthing hospitals to develop model safe sleep policies for use in their maternity units and nurseries. TDH developed model PowerPoints, flip charts, and other supporting materials for the hospitals to use in their trainings, and the hospitals have agreed to educate staff at least annually, perform quarterly compliance audits, and distribute a board book depicting safe sleep messages to all new parents. The book was authored by a family who lost their infant in a sleep-related death.

**Children's Health Alliance of Wisconsin.** The Wisconsin Department of Health Services is supporting the Children's Health Alliance of Wisconsin to develop, support, and sustain statewide infant and child death reviews. In addition, the department has worked with the Children's Hospital of Wisconsin to support its hospitalwide safe sleep efforts, including the adoption of the AAP safe sleep policy and the development of a best practice toolkit that other hospitals in the state can use.

#### *Making Maximal Use of Existing Resources*

Many participants said that finding specific funding for safe sleep efforts is difficult and described creative ways to leverage existing resources and programs to promote safe sleep practices. Not surprisingly, some of these efforts overlapped with the efforts described above to build partnerships and collaborations with organizations whose priorities would align with this issue, but which may not have been directly engaged in it previously. Several themes illustrating best practices emerged during the discussion:

**Align priorities of current programs.** State health departments have an opportunity to explicitly align the work of their divisions and programs to include a focus on safe sleep practices as a way of decreasing infant mortality. As an example, participants raised the importance of collaboration among WIC, maternal and child health, immunization, and the injury prevention divisions, which may not usually interact or overlap in their activities. Safe sleep promotion is an area where their work can be synergistic.

**Ensure consistent approaches and messaging regarding safe sleep across all areas of the department.** State health departments have the authority to ensure that all communication coming directly from the

department or funded through departmental grants or contracts includes accurate safe sleep messaging consistent with the AAP policy statement.

**Incorporate safe sleep promotion into all relevant federally funded activities.** MCH block grant funded programs and the Maternal, Infant, and Early Childhood Home Visiting Program both include objectives related to decreasing infant mortality; promoting safe sleep would be well within the funding priorities. States can devise ways to use the initiatives and programs funded from these sources to improve the adoption of safe sleep practices.

**Develop partnerships with Medicaid and Medicaid managed care.** In Ohio, the Medicaid managed care program provides infant sleep sacks and portable cribs to promote safe sleep practices. This support occurred after the Ohio Medicaid program determined that this investment was aligned with its funding priorities. In Tennessee, the state Medicaid program had developed a program to transfer specific funds to the health department for maternal and child health efforts, which allows the state to receive the federal match on the funds, thus expanding the potential pool of resources.

**Use policy as a lever.** In 2011, the [Maryland Infant Mortality Epidemiology Work Group](#) reviewed data and made recommendations on the best ways to reduce infant mortality. One clear recommendation was to ensure infant safe sleep. In April 2011, MDHMH requested initial public comment on the use of bumper pads in infant cribs. MDHMH collaborated with partners such as hospitals, academic experts, and health professionals to initiate a process to ban crib bumpers in Maryland. In June 2013, Maryland became the first state to issue a statewide ban on the sale of crib bumpers. The [ban](#) includes "... pads of nonmesh material resting directly above the mattress in a crib, running the circumference of the crib, or along any length of the interior sides of the crib ..." and prohibits the shipment and sale of these products in the state. So far, the department has received positive feedback from consumers and retailers about the ban.

#### *Disseminating Messages Most Likely to Resonate with Vulnerable Populations*

Participants agreed that previous safe sleep messaging, which was not culturally tailored and possibly alienating, did not reach the most vulnerable populations, such as Native American, Alaska Native, African American, and Latino families, perpetuating racial and ethnic disparities in sleep-related infant death.

There was much discussion about using the "ABC" messaging framework: Alone, on their Back, and in a Crib. In particular, participants stressed that some components of this message pose a challenge, particularly among families who are receiving alternative advice from other family members or advocates promoting co-sleeping as an important element of breastfeeding and enhancing infant attachment. The advice against bed-sharing poses particular issues. The group acknowledged significant tension between supporting a "risk reduction" approach to providing information about the settings in which it is particularly dangerous to bed-share versus a "no exceptions" approach, which some worry may alienate those who believe in bed-sharing as a way to promote successful breastfeeding.

Federal agencies, state health departments, and local partners have all been heavily engaged in work to enhance the effectiveness of the safe sleep campaign messages. Some examples include:

**NICHD Safe to Sleep Campaign.** This campaign includes culturally tailored messages. NICHD is also providing mini-grants to community organizations to disseminate it. It is also developing strategies for dissemination of safe sleep images, including working with the advertising industry.

**Extensive use of focus groups.** States have used focus groups to identify barriers to adopting the ABC message, such as concerns that infants will choke if placed on their back, concerns about warmth and comfort if infants sleep alone, and skepticism regarding the changing sleep advice given over the years. In response to concerns about choking, Cribs for Kids—an organization that educates parents and caregivers on the importance of practicing safe sleep and provides portable cribs to families who, otherwise, cannot afford a safe place for their babies to sleep—has developed a video that clearly and persuasively demonstrates how choking is actually more likely if infants are on their stomachs. Families have indicated that they do not want to be told what to do, but instead need to know why they should adopt a particular practice. States have reached out to influential groups, such as tribal elders, grandparents, older maternal figures, and religious leaders, to identify possible improvements.

### *Use of Local Champions*

States said that identifying local champions for their safe sleep efforts was a highly effective way to achieve engagement in the community. The local champions provide valuable insight into how safe sleep issues mesh with the priorities of the community and serve as respected liaisons with key stakeholders.

Some examples include:

- The Alaska Department of Health and Social Services partnered with Alaskan tribal health groups.
- Arkansas partnered with pediatricians who were former members of African American sororities to promote safe sleep behaviors through web videos.
- The Baltimore City Health Department partnered with a local barbershop owner and father as part of an effort to educate fathers about safe sleep practices.
- The Ohio Department of Health enlisted the participation of two state senators in the Ohio Collaborative to Prevent Infant Mortality.

## **Recommendations and Next Steps**

Roundtable participants identified a series of recommendations and next steps for the different groups represented at the roundtable that would move safe sleep promotion work forward in a meaningful way. The opportunities for each group are described below.

### *Federal Partners*

**Support a national clearinghouse.** Participants identified a real need for one location where states and other partners could go for best practices regarding public health education messages and materials, as well as data collection and analysis approaches. There was strong consensus that given limited and contracting resources among many state health departments, it was critical to share the benefit of materials and programs among health departments so that each state would not have to repeat the same investment of time and resources. Participants also stressed that such a clearinghouse would promote consistency in the message and approach adopted by different states, which would decrease potential confusion stemming from contradictory approaches. The [MCH Library](#) was identified as a possible location for such a clearinghouse.

**Develop performance measures related to safe sleep.** Participants understand that MCH block grant performance measures related to safe sleep are currently being developed. They strongly recommended

that the federal working group ensure that the measures are well aligned with state efforts and are reasonable in scope.

**Data capacity support.** Participants identified a need to support state and local health departments in their capacity to access data sets and analyze and translate the data.. States indicated that they may lack adequate analytic capacity to devote to this particular issue as a result of budget and staffing cuts. Participants also indicated that local health departments also often lack this capacity. However, the group stressed the importance of real time, actionable data to state and local efforts to identify areas for improvement, monitor progress, and adapt policies and programs to achieve the goal of decreasing sleep-related infant deaths. The group identified several potential sources of technical assistance to states that should be promoted, including CDC MCH epidemiology assignees, Council of State and Territorial Epidemiologists fellows, and CDC public health prevention specialists. The group also suggested that the National Center for Review and Prevention of Child Deaths could be utilized to even greater advantage through its custom reports.

### *State Health Departments*

**Institutionalize safe sleep messages and priorities into systems that already serve families.** State health departments can maximize the dissemination of coordinated safe sleep messages and the promotion of safe sleep practices throughout all divisions that come into contact with families of young children, such as WIC, breastfeeding promotion, prenatal care, immunization, injury prevention, substance abuse treatment, smoking cessation, home visiting, and many others.

**Ensure that public messages are consistent, clear, and tailored to the desired audience.** The states and federal agencies have invested substantial time and resources into focus groups and other ways of gaining insight into why vulnerable populations have been skeptical regarding safe sleep recommendations. States can acknowledge that the recommendations have changed because more is now known regarding sleep-related deaths. Federal, state, and community public education campaigns should include messages that are sensitive to and address this skepticism. The messages must also be consistent, noncontradictory, and specifically aimed at reasons given by the most vulnerable groups for their reluctance to adopt recommended safe sleep practices. States can maximize their public health education campaign investment by using GIS mapping of sleep-related infant deaths to do targeted media buys in the most affected regions or neighborhoods.

**Consider how promoting safe sleep can be incorporated into state procurement.** State health departments can require that contractors and grantees who receive state funding incorporate appropriate safe sleep messages and policies into any work they do that is aligned with areas of potential overlap. This will ensure that state resources are being used to promote safe sleep priorities in a manner consistent with the state's approach.

**Explore potential partnerships with Medicaid and Medicaid managed care to support safe sleep practices.** States are developing relationships with Medicaid programs that could expand the potential pool of resources states can invest in infant mortality reduction.

**Make use of any flexibility in federal funding.** States should learn from each other how to use core funding from the Title V block grant, home visiting, injury prevention, WIC, and other sources to develop an integrated approach that builds synergy for the state's safe sleep initiative.

**Enhance partnerships with breastfeeding and WIC communities.** State health departments must confront the current tension between breastfeeding advocates and safe sleep promotion efforts. Participants highlighted the potential conflict between messages from breastfeeding and WIC counselors and the safe sleep guidelines. States can begin to address the issue by ensuring that representatives from both these groups are included in the coalitions they are building. Finding areas of common ground and building consensus are first steps. Incorporating data and evidence obtained from infant death review will also be important to answer questions regarding the risk of bed-sharing among exclusively breastfeeding mothers—a point of particular contention among bed-sharing advocates.

#### *Community Organizations*

**Document and share successes through a clearinghouse of best practices.** Participants agree that there are many positive examples of innovative and promising strategies that could be spread and adopted in other settings. Community organizations need to describe their success stories to colleagues to improve the dissemination of effective approaches. Participants recommend that organizations develop success stories for ASTHO to share. It would be beneficial to have community resources on safe sleep.

**Collaborate with Medicaid and other managed care organizations and engage CMS.** Medicaid is a critical partner in connecting resources to infants' caregivers. Organizations and retailers can work with CMS to improve strategies and make information and safe products more accessible to families.

**Standardize professional development.** Community organizations are poised to provide professional development opportunities to public health, medical professionals, and emergency personnel.

**Provide consistent, culturally appropriate messaging.** A community organization can reach a niche audience and deliver powerful, tailored messages to vulnerable populations.

#### *ASTHO*

**Utilize MCH block grant performance measures.** Participants agreed that ASTHO should work with HRSA and MCHB to ensure that the MCH block grant priorities and national performance measures regarding infant mortality reduction are well aligned with promoting safe sleep.

**Reach out to Medicaid and other managed care organizations to identify and disseminate potential funding mechanisms.** Medicaid has an important role to play in sustainability of infant mortality reduction efforts generally and safe sleep promotion specifically. ASTHO should work with federal partners to further describe and share mechanisms for state Medicaid support of safe sleep initiatives. Identify what proportion of states have a specific mechanism for transferring funds from the Medicaid program to promote safe sleep.

**Develop mechanisms to promote adoption of best practices.** Participants recommended that ASTHO use state success stories and dedicate time during all member calls, webinars, and other meetings and events to encourage states to implement best practices related to increasing use of safe sleep practices.

**Work with federal partners to develop a complete list of resources where state and local health departments can obtain additional analytic capacity.** ASTHO and federal partners should work together to compile and disseminate a list of resources to enhance state and local health department capacity to obtain timely data sets and analyze and translate the data (e.g. CDC MCH epidemiology assignees).

**Invite additional stakeholders to join ASTHO's future safe sleep roundtables.** ASTHO can use its position as a respected convener to invite additional key stakeholders to join the effort.

- Connect with the national presidents of African American sororities and fraternities to enlist their local chapters' support.
- Reach out to the breastfeeding community, such as the AAP breastfeeding committee, U.S. Breastfeeding Committee, and national, state, and local breastfeeding coalitions.
- Together with state and federal officials, reach out to the American Association of Advertising Agencies to initiate discussions regarding depiction of safe sleep environments in advertisements aimed at parents of infants.
- Other groups to potentially invite include:
  - The Association of SIDS and Infant Mortality Programs.
  - Children's trust funds across the states.
  - The faith community, such as women church leaders and wives of pastors.
  - Hospital associations.
  - Federally qualified health centers.
  - The American Heart Association (which potentially could incorporate safe sleep messages into CPR classes).
  - Groups involved in healthcare delivery, including family practitioners, nurse practitioners, nurse midwives, and community health workers.

## List of Participants

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## Meeting Agenda

### SIDS/SUID/Safe Sleep Roundtable

Date: January 24, 2014

Time: 8:30 a.m. – 4:00 p.m.

Location: ASTHO Offices, 2231 Crystal Drive, Suite 450, Arlington, VA

Goal: Identify the top 3-5 priorities for ASTHO, collaborators, and partners around safe sleep and develop an action plan for addressing those priorities.

#### Desired Outcomes:

1. Discuss existing practices, potential opportunities, and possibilities for effective policies and services to improve adoption of safe sleep practices, especially among vulnerable populations.
2. Consider strategies to better integrate programs and policies that support improving safe sleep outcomes with an emphasis on health equity.
3. Identify next steps for states wishing to adopt and incorporate best practices in promoting adoption of safe sleep practices.

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8:30	<i>Welcome and Introductions</i>
8:45	Meeting purpose and agenda review <i>Objective: Review meeting purpose and plan for roundtable discussion</i>  Overview of ASTHO's Healthy Babies Initiative and other key maternal and child health initiatives <i>Objective: ASTHO will provide participants with a context for the working session by noting current ASTHO initiatives/work, highlighting priority areas related to safe sleep, identifying the gaps that currently exist and partnerships that need to be initiated or developed, addressing health equity issues</i>
9:00	Overview of current work at CDC, HRSA, and NIH <i>Lena Camperlengo, Division of Reproductive Health, CDC/ONDIEH/NCCDPHP</i> <i>Erin Reiney, Division of Child, Adolescent, and Family Health, HRSA/Maternal and Child Health Bureau</i> <i>Shavon Artis, National Institute of Child Health and Human Development, NIH</i>
9:15	Welcome from ASTHO Executive Director <i>Paul Jarris</i>
9:30	Highlighting best and promising state practices <i>Objective: Provide participants with examples of best and/or promising practices or programs for promoting safe sleep</i>  <i>State Presentations: AK, AR, MD, OH, TN, WI</i>

## SIDS/SUID/Safe Sleep Roundtable Agenda continued ...

10:30	Wellness break
10:45	Best and promising state practices continued
12:00	<p>Lunch – small group discussions (with ASTHO notetakers)</p> <p><i>Objective: Reflect on state presentations—lessons learned and potential opportunities for partnership to prepare for facilitated discussion</i></p> <p><i>Small groups (Suggested):</i></p> <ul style="list-style-type: none"><li>• <i>Vulnerable populations/health equity</i></li><li>• <i>Partnerships</i></li><li>• <i>Safe sleep messaging</i></li></ul>
1:00	<p>Facilitated Discussion: Synthesis of small group discussion</p> <p><i>Objective: Reflect on small group discussions—themes, successes, barriers to frame the rest of the afternoon</i></p>
1:15	<p>Facilitated Discussion: Existing models and opportunities for replicating</p> <p><i>Objective: Identify innovative ways that state health departments can work with partners to improve safe sleep</i></p> <ul style="list-style-type: none"><li>• <i>How are state health departments and partners working together?</i></li><li>• <i>Best practices at overcoming barriers to vulnerable populations adopting safe sleep behaviors</i></li><li>• <i>What programs or policies are currently in place?</i><ul style="list-style-type: none"><li>○ <i>Increase WIC participants, prenatal care consumers, new families at hospitals, etc., who receive safe sleep messages</i></li><li>○ <i>Increase programming and policies to reduce health disparities</i></li></ul></li><li>• <i>What opportunities exist to work together?</i></li><li>• <i>What might be ASTHO's contribution?</i></li></ul>
2:15	Wellness break
2:30	<p>Facilitated Discussion: Leveraging resources</p> <p><i>Objective: Identify ways to work with existing or minimal resources and setting short-term/long-term priorities</i></p> <ul style="list-style-type: none"><li>• <i>What are realistic expectations?</i></li><li>• <i>What are the barriers or gaps? What are possible solutions?</i></li><li>• <i>What are feasible strategies for implementing short-term/long-term policies and practices?</i></li></ul>
3:30	<p>Closing comments and next steps</p> <ul style="list-style-type: none"><li>• <i>Identify 1-3 actions state health officers could take in short and medium term to increase the numbers of families practicing safe sleep behaviors</i></li><li>• <i>Identify 1-3 actions ASTHO can take immediately and over medium term to support states in this work</i></li><li>• <i>What partnerships are missing?</i></li></ul>
4:00	Adjourn

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## Resources and Websites

American Academy of Pediatrics Recommendations for Safe Sleep  
<http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284>

Arkansas Sisters United Training Video on Safe Sleep  
<http://www.youtube.com/watch?v=wfudqfhjVgs>

ASTHO Safe Sleep  
<http://www.astho.org/Programs/Access/Maternal-and-Child-Health/Safe-Sleep/>

CDC Information on SIDS  
<http://www.cdc.gov/sids/>

Child Health USA 2013: Reports of Safe Sleep Behavior  
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Maryland Infant Mortality Epidemiology Work Group Findings from Data Analysis and Over all Recommendations  
[http://dhmh.maryland.gov/babiesbornhealthy/pdf/IM\\_Epi\\_Work\\_Group\\_%20Report\\_Final\\_Aug\\_24\\_2011.pdf](http://dhmh.maryland.gov/babiesbornhealthy/pdf/IM_Epi_Work_Group_%20Report_Final_Aug_24_2011.pdf)

MCH Library  
<http://www.mchlibrary.org/suid-sids/index.html>

National Institutes of Health Information on SIDS and Safe Sleep  
<http://www.nichd.nih.gov/sts/Pages/default.aspx>