

### Tennessee Launches Safe Sleep Campaign

*Tennessee is using data from its [Child Fatality Review Team \(CFR\)](#) to focus state agencies, hospitals, and parents on reducing sleep-related infant deaths. State CFR reports provide professionals in public health with actionable information on sleep-related deaths, thanks to recently improved methods of data collection and better training for local teams.*

The Tennessee CFR process began in 1995, when the state legislature passed a [law](#) mandating the creation of the teams and requiring annual reports, including policy options to improve the well-being of Tennessee's children. The 34 local teams review the deaths of anyone younger than 19 and a state team compiles the results. Over the last several years, the state increased its support for a robust review process, placing a bigger emphasis on data quality and training for the local review teams. The state team now meets quarterly, rather than yearly, which allows the Tennessee Department of Health (TDH) to react faster to changing trends.

The CFR data's depth helps TDH re-arrange its public health prevention priorities to address current trends. According to Michael Warren, director of the Division of Family Health and Wellness at TDH, "Having high-quality data on topics like safe sleep allows us to drill down and find out the key risk factors associated with those deaths so that our prevention efforts can be most appropriately targeted."

Tennessee's overall infant mortality rate is higher than the national average, but has declined since 2006. During the same period, however, sleep-related deaths have been increasing, with a high of 131 deaths in 2010. Warren says that this trend is similar to one playing out in many states, and hypothesizes that part of the reason for the apparent increase may be that increasingly effective CFR teams have been better about classifying infant deaths. The most recent data available shows that sleep-related deaths decreased in 2011, but state officials are reluctant to call it a trend. They hope that the work of the safe sleep campaign will spread the message of safe sleep environments and practices and keep the trend on the decline.

### Steps Taken:

- Tennessee launched its safe sleep campaign in June 2012 with the release of print materials, bus ads, and statewide radio public service announcements (PSAs).
- TDH developed PSAs to increase public awareness of safe sleep practices. Statewide [radio messages](#) went over the ABCs of safe sleep, which state that infants should sleep alone on their backs in a crib. Bus ads targeted the three largest metropolitan areas with the highest incidences of sleep-related deaths: Chattanooga, Memphis, and Nashville.
- The campaign also developed [print materials](#), including a poster, a door hanger, and a longer flyer with more detailed information that can be used to educate new parents.

- In Tennessee, 109 infants died of sleep-related causes in 2011.
- The most common causes were not sleeping in a crib or bassinette, sleeping with others, and not sleeping on their backs.
- About 20 percent of the state's overall infant mortality rate can be attributed to sleep-related causes.

- TDH included different groups in designing educational materials. It convened focus groups and marketing surveys to collect feedback from communities most impacted by sleep-related infant mortality, which were largely minority communities.
- Tennessee's safe sleep campaign is working with other agencies and groups to hardwire policy changes.
- TDH equipped and launched small teams at the state Infant Mortality Summit in September 2012. About 100 stakeholders—hospital personnel, local health department representatives, and others—had to register for the meeting in groups of three to five people and submit an action plan at the end of the day-long meeting, describing their strategies for continued work in their communities. Several infant mortality topics appeared on the summit's agenda, including one session on safe sleep.
- TDH also held a safe sleep conference in November 2012, convening about 100 stakeholders to discuss campaign activities.
- The state director of injury prevention and detection and the maternal and child health director staff the campaign part-time. The project has a variety of funding sources, including a grant from the CDC Center for Injury Prevention and Control, a HRSA Maternal and Child Health Block Grant, and some Medicaid dollars through the state Fetal Infant Mortality Review team (FIMR).
- The campaign is the product of relatively few resources and little staff time. To spread its message, TDH relied on its relationships with other organizations in its target communities, including the East Tennessee Safe Sleep Initiative and several subgroups of larger injury prevention and FIMR projects.

### Results:

- The safe sleep campaign is a testament to the power of relationships. Through innovative partnerships, TDH has successfully leveraged its resources so the campaign is able to have a much larger impact than its small size would suggest.
- The focus group feedback on the campaign materials served two purposes: (1) it confirmed that the materials were easy to read and understand, and (2) it increased community buy-in. Receiving that community buy-in was especially important

### ***Sleep Baby, Safe and Snug***

- Tennessee is implementing a new portion of the safe sleep campaign beginning in 2014.
- TDH purchased enough children's board books, called [\*Sleep Baby, Safe and Snug\*](#), for every birth in the state.
- Written by a pediatrician, the book is designed to creatively educate parents about safe sleep as they read to their children.
- Hospitals that partner with TDH get the books to give to parents for free, as well as public recognition.
- In exchange, hospitals must develop a safe sleep policy, educate staff, and monitor and report on compliance.
- Tennessee worked with the publisher, [Charlie's Kids Foundation](#), to make the purchase.

#### **For more information:**

<http://safesleep.tn.gov/hospitals.shtml>

because the focus groups were largely made up of African-Americans, who are the material's target audience because they are disproportionately impacted by sleep-related infant death.

- Several teams from the Infant Mortality Summit chose safe sleep as the issue to work on in their communities. Some of the teams' activities have been educating their communities and participating in safety baby showers. One team of hospital personnel developed a safe sleep policy for its hospital ([Hospital Safe Sleep Project](#)). The teams have been able to reach communities with the safe sleep message in a way TDH alone could not.
- Some of the campaign's most tangible successes came from its work with other agencies and hospitals to make policy changes that encourage safe sleep. The campaign is still new, but early successes include:
  - Putting safe sleep policies in place in hospitals. Some examples include general requirements for nurses to talk to families about safe sleep practices before discharge and model good behavior. This is especially important for NICUs, some of which now require staff to point out the change in sleeping position when nurses move preemies from their stomachs to their backs to sleep.
  - Paper vouchers for food or infant formula go to 38,000 families enrolled in WIC every month. TDH reached out to WIC to put a safe sleep message (the ABCs of safe sleep) in the blank space on the vouchers, which is the largest reach TDH has achieved thus far.
  - Beginning in the summer of 2013, every new mom in Tennessee—more than 80,000 per year—will receive a “welcome baby” informational packet by mail. The packet includes a letter from the governor and first lady welcoming the new Tennessean and a door hanger with the safe sleep checklist on it, among other resources for new parents.
  - About 14,000 of the year's new babies will meet the home-visiting program's definition of “high risk.” In conjunction with the recently-expanded Maternal and Infant Early Childhood Home Visiting program (MIECHV), high-risk babies will receive a home visit conducted at the parents' request—regardless of enrollment in MIECHV or other home visiting programs—where professionals will cover a variety of topics, including safe sleep.
  - TDH worked with the Department of Children's Services to develop safe sleep protocol for infants going into foster care placements. Caseworkers must assess the sleeping environment for safety and educate new foster parents about the issue. These placements can happen quickly and families may not have time to prepare for an infant's arrival—for example, by purchasing a crib. Consequently, it was important to build a policy for safe sleep assessment into the natural chain of events because it could be overlooked during the hectic placement process.

### Lessons Learned:

- TDH found that the messaging around the CFR reports was key to convincing the health department bureaus and other state agencies to take action on safe sleep. More robust data allowed TDH and its many projects to reorganize their priorities and focus on issues, including safe sleep, that lend themselves to public health prevention activities.
- TDH used social math—which “mak[es] concrete comparisons of information to familiar concepts,” according to the FrameWorks Institute—to make its data on safe sleep “sticky” for staff they hoped to convince. For instance, staff members said, “109 infants died from sleep-related causes in 2011—the equivalent of five kindergarten classrooms.” TDH's audience, which

is used to data-driven presentations, said that this type of analogy drove home the importance of preventing these deaths.

- TDH found that changing policies was effective because it helped systemize positive behaviors. These changes were typically easy to implement, free or low-cost, and permanent. By changing policies, TDH also ensured that the safe sleep message was getting to people from the top-down as well as the bottom-up through community education groups.
- Tennessee combined funding from a variety of resources for this campaign. A single grant could not have produced such broad outcomes, so TDH leveraged several grants with very specific outcome requirements to contribute to safe sleep activities that fit the grant's purposes but still contributed to the whole of the campaign. For example, grants with more flexibility supported core activities, such as printing materials and covering meeting costs.
- Tennessee encourages other states to take advantage of the national momentum around safe sleep. Several national organizations are focused on the issue and developing resources and funding for states to use, including the [National Institute of Child Health and Human Development's Safe to Sleep](#), HRSA's [Collaborative Improvement & Innovation Network to Reduce Infant Mortality](#), and [CDC's Center for Injury Prevention and Control](#).

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