1. PROJECT IDENTIFICATION

Project Title: Healthy Tomorrows Partnership for Children (Baby Safe Sleep)

Project Number: H17MC23548

Project Director: Margarita DeSantos

Grantee Organization: Southern Nevada Health District

Address: P.O. Box 3902, 280 S. Decatur Blvd., Las Vegas, NV 89127

Phone Number: 702-759-0897

E-mail Address: desantos@snhdmail.org

Home Page: www.SouthernNevadaHealthDistrict.org

Project Period: 03/01/2016 through 02/28/2017

Total Amount of Grant Awarded: $218,725
FINAL REPORT

Narrative:

1. PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V

MATERNAL AND CHILD HEALTH (MCH) PROGRAMS: The overall goal of this project was to reduce Clark County, NV infant deaths due to unsafe sleeping environments through the design and delivery of a multi-pronged, preventative, hospital based education program to promote messages to help families create safe sleep environments for infants. According to child death data collected and analyzed by the Nevada Institute for Children’s Research and Policy (NICRP) at the University of Nevada at Las Vegas, from 2006 to 2009, a total of ninety-five child deaths in Clark County were in unsafe sleeping environments. In 2009, there were 283 child deaths in Clark County, NV of which 185 were due to Natural causes. Sixty-two percent of deaths were in infants less than one year of age. Of these, 19 deaths, both Accidental and Undetermined, occurred in unsafe sleep environments.

The project was funded under SPRANS/Title V of the Social Security Act, CDFA number 93.110. The project supported and continues to support the Title V Perinatal/Infant Health National Performance Measure related to Safe Sleep. The project was supported by the local AAP chapter form the beginning. The local chair of the Clark County chapter reviewed and approved of the sample policy on Baby Safe Sleep as amended, with permission, from the Model Hospital Policy Manual and Toolkit by the Allegheny County Health Department (ACHD)
Perinatal Periods of Risk Team. This local chair was also involved in the production of the Baby Safe Sleep video developed for the project. Two pediatricians continued to support the project throughout the term of the grant funding as members of the project's advisory body.

2. GOALS AND OBJECTIVES: The overall focus of this project was to reduce child deaths through the design and delivery of a multi-pronged, preventative education program to promote messages to help families create safe sleep environments for infants.

Goal 1 of the project was that all Clark County Hospitals with maternity units have policies/procedures and access to training to reduce infant deaths. The first objective under this goal was that eight target hospitals with maternity units in Clark County would be assessed for an infant safe sleep policy. Consultation by the project team was offered as needed. This was to ensure program sustainability at the individual hospital level and to ensure that AAP guidelines on infant safe sleep were modeled and practiced. The second objective was to provide one hour of in-service training for maternity unit nurses and support personnel in the eight hospitals on infant safe sleep practices. This was to ensure that appropriate hospital staffs were knowledgeable on infant safe sleep and were aware of the importance of modeling infant safe sleep behaviors.

Goal 2 of the project was to develop preventative educational materials for new parents/caregivers to reduce child and infant deaths. The first objective under this goal was to create or access existing culturally and linguistically appropriate written materials relative to safe sleeping practices for infants and adequate child
supervision of toddlers/older children. The project aimed to use and create educational materials/tools for new parents/caregivers that were relevant to Nevada and Clark County. As Clark County residents are transient, written materials used throughout the state of Nevada were selected to provide uniformity within the state and to promote sustainability for the project. Also, the Baby Safe Sleep video specific to Clark County, using Clark County professionals, families and statistics was developed. It was felt that this would have a greater impact on residents as opposed to materials developed for general use. A Baby Safe Sleep Resource Notebook for hospital units was developed using the amended Model Hospital Policy Manual and Toolkit, with permission, by the Allegheny County Health Department (ACHD) Perinatal Periods of Risk Team.

The second objective was to provide portable DVD players, five copies each of the video productions and the accompanying written materials to the eight target hospitals. This objective was meant to facilitate the program implementation in each of the hospitals, some of which had a streaming video system on which the Baby Safe Sleep video could be uploaded. Using these materials would provide uniform visual and auditory information to new parents/caregivers as well as the written materials which would be sent home with families. The hospital based, multi-pronged approach to parental safe sleep education included safe sleep behaviors modeled by hospital staffs, showing the video prior to maternal/infant discharge and providing the program brochure. As new parents are given much written information at discharge and these materials are often not reviewed after discharge, the multi-pronged approach was planned as a more effective form of
parental education.

Goal 3 of the project was to reduce Clark County, NV infant deaths from a baseline of 19 in 2009 due to unsafe sleep practices. Objective 1 under this goal was that the project evaluator, Nevada Institute for Children’s Research and Policy (NICRP) at the University of Nevada at Las Vegas, would collect and analyze data relative to each major project intervention/activity. This analysis allowed the tracking of progress towards the overall goal and served to collect feedback from parents and consumers on the project materials. The second objective was to demonstrate reductions in Clark County, NV infant/child deaths due to the use of the preventative education program. This was a long-term objective and served to compare infant deaths due to unsafe sleep environments in 2016 to those of 2009.

3. METHODOLOGY: The program was managed by the Southern Nevada Health district and activities used to attain goals/objectives are listed and commented on below.

Goal 1: All Clark County Hospitals with maternity units have policies/procedures and access to training to reduce child deaths. This goal was met.

Objective 1: Assess existing policies/procedures relative to safe sleeping practices in eight hospitals in Clark County and provide consultation as needed. This objective was met 10/31/2016.

Activity 1: Conduct hospital assessments to insure that participating hospitals
have an internal policy on sleep positioning.

The draft Safe Sleep Practice policy from the pilot hospital was obtained by the Project Director 11/27/12. The hospital-wide policy was adopted by the hospital 6/2013.

The project team worked to contact Hospital 2 from 8/2013 to 2/2014. A champion was identified at this hospital, but this did not facilitate initial contact with the hospital. A meeting was finally scheduled with the hospital’s Director of Education 2/2014, who advised she would share the program with her manager. No contact was received from this hospital for the remainder of the calendar year. Work to re-engage this hospital began 3/2015. This hospital did not have a hospital wide safe sleep policy and referenced safe sleeping standards in their general standards of practice on the different units with infants. This hospital decided that appropriate wording be added to current policies instead of adopting one safe sleep policy in the Fall of 2015.

There was no clear management leader identified to work with the project in another hospital system (Hospitals 3 and 4). This hospital system asked that the initial meeting be delayed until after 1/2014 due to work on another project. During the course of the first meeting on 2/5/14, this hospital system reported that they no longer had a maternity unit at their third hospital. Hospitals 3 and 4 requested a delay in assessments due to internal issues. This hospital system’s safe sleep policy was approved by their management 4/18/14.

Meetings began with the third hospital system (Hospitals 5, 6, 7 and 8) 9/4/14. Educational handouts were provided to the project team for review, but not an
actual policy. The need for a hospital wide safe sleep policy was reviewed. Their safe sleep policy was approved and posted 10/12/15.

**Activity 2:** Provide sample hospital policy on infant safe sleep and assist in drafting policies as needed.

The *Model Hospital Policy Manual and Toolkit* by the Allegheny County Health Department (ACHD) Perinatal Periods of Risk Team was selected as the model and amended for Clark County needs. The Baby Safe Sleep Sample Policy was provided to the pilot hospital as part of a larger packet that included the AAP’s 2011 expansion of recommendations. Responses to parents’ reasons for not following safe sleep practices in the ACHD *Model Hospital Policy Manual and Toolkit* were incorporated into the Southern Nevada Health District’s (SNHD) Baby Safe Sleep Sample Policy packet in response to feedback from supervisory nursing staff at the pilot hospital. The project resource notebook with sample hospital policy was provided to Hospital 2 on 10/18/13, to Hospitals 3 and 4 on 2/5/14 and to Hospitals 5, 6, 7 and 8 on 9/4/14.

**Objective 2:** Provide one hour of in-service training for maternity unit nurses and support personnel in the eight target hospitals in the prevention of child deaths. This objective was met 10/31/16.

**Activity 1:** Design maternity unit curriculum for in-service training.

The Project Coordinator developed a power point presentation using materials from Cribs for Kids, the SNHD Child Care Health Consultants’ Sudden Infant Death Syndrome training class, and a Safe Sleep training class developed for a local hospital out of the University of Nevada School Of Medicine incorporating
the expanded 2011 AAP recommendations on safe sleep. The power point also provided brief information on the Project. The power point was finalized on 12/19/12 with the assistance of the SNHD Public Information Office (PIO) and comments from Nevada Institute for Children's Research and Policy (NICRP).

A pre and post-test was developed for the training class. The training class included information about the entire program and viewing of the Baby Safe Sleep DVD. The hospital training plan developed includes the evaluation protocols for the program as well as how to talk to patients and model appropriate behavior in the hospital. The Project worked with the SNHD Nurse Educator to obtain CEU’s for the one hour training. This was accomplished by January 16, 2013.

An online version of the training with voiceover lecture was also developed at the request of the pilot hospital for use in training staffs in units with infants. Feedback on the curriculum from the project’s site visit 6/2013 included the recommendations that participant involvement be increased and that local statistics on infant deaths in relation to comparable county statistics be added. This was done with both the in-person and online trainings. In terms of increased trainee participation, slides were added to facilitate reflection on the most difficult “myth busting question” posed by their clients.

Activity 2: Conduct training using the curriculum developed.

On 2/15/13, a one-hour in person training was conducted with 17 select staff at the pilot hospital. The online version of the Baby Safe Sleep power point training with voiceover lecture was made available to pilot staff in units with infants. The
pilot hospital required that all staffs in units with infants complete the training. By
3/17/13, 214 pilot hospital staff had completed the training.

In-person training at Hospital 2 began on 5/13/15 with 27 targeted staff and
was completed for all staffs in 10/2015. All staffs in units with infants were
required to complete the on-line training. This hospital added a voiceover for the
project power point training. They had requested the project power point training
without the voiceover.

Training with Hospital 3 began 5/13/14 and with Hospital 4 on 5/20/14.
Training with both hospitals was completed by 9/3/14 with 127 staffs trained. All
trainings were in-person. The hospitals did not make the training mandatory for
nursing staffs, but incorporated it into their annual competencies.

Training at hospitals 5-8 was initiated on 8/7/15 with 27 targeted staff. The
online training with the program power point for staff in units with infants was
provided. All staffs were trained by 10/31/16.

**Goal 2:** Develop preventative educational materials for new parents/caregivers to
reduce child and infant deaths. This goal was met.

**Objective 1:** In the first six months of Year 1, develop two,
culturally/linguistically relevant video productions on safe sleep practices for
infants and on adequate supervision of toddlers/older children. This objective was
met 12/18/12.

**Activity:** Begin development of the video productions within 120 days of project
award.

On 8/22/12, a meeting of the Project team was held with the SNHD Public
Information Office (PIO) representative and the videographer selected by the PIO to discuss the development of the video, to establish a timeline for video completion and to establish a plan for recruiting local families to videotape. In meetings with the pilot hospital, it was discussed that physicians featured in the video not be associated with any particular hospital to avoid appearances of partiality to any one hospital system. As a result, a county coroner and physicians from two medical schools were recruited for the video. A draft video was presented to the Project team on 10/29/12 with the draft accepted. The English version of the “Baby Safe Sleep” video was shown at a planning meeting with pilot hospital supervisory nursing staff 11/27/12 with no recommendations for changes received. “Baby Safe Sleep” video, in English and Spanish was finalized on 2/5/12. The videos were shown to the Advisory Board for the Project, the Clark County Child Death Review Team, on 12/18/12 with no recommendations for changes received.

Recommendations from the site visit 6/2013 included adding a local family who experienced an infant death due to unsafe sleep practices to the video. A family willing to participate in the video was never found. It was thought that a family that had a near fatality due to unsafe sleep practices could be recruited. This family had been served by one of the grantee’s home visiting programs. However, the family had moved out of the area and could not be located. The video was also requested in Mandarin Chinese by Hospital 5, this was finalized 7/2015.

Working with vendors acquired through the SNHD’s PIO, to produce the
videos kept costs to a minimum as did the in-kind contributions of individuals featured in the video and PIO/project team in developing the script.

**Objective 2:** Create or access existing culturally and linguistically appropriate written materials relative to safe sleeping practices for infants and adequate child supervision of toddlers/older children. This objective was met 8/2015.

**Activity:** Develop/select written/educational materials within 120 days of project award and as needed or requested.

The project team selected the ABC brochures (available in English and Spanish) on safe sleep available through Cribs for Kids as these materials are supported by the Nevada Department of Public and Behavioral Health and because these materials would then be consistently used statewide. This occurred at the initial project team meeting on 3/20/12.

The pilot hospital requested posters and crib cards as well, so the project team had posters developed for the project by expanding and modifying the selected brochures on safe sleep. A second hospital also requested crib cards. Crib cards could not be found for purchase, so they were developed by modifying the selected brochures 8/2015. Using the NV vendor which the state supported Cribs for Kids agency used kept material development and printing costs at a very reasonable level.

**Objective 3:** Provide DVD players, 5 copies each of the video productions and accompanying written materials for the eight target hospitals. This objective was met 1/2017.

**Activity:** Provide 5 portable DVD players and 5 copies each of the video
productions for each unit with infants to the target hospitals.

Some hospitals did not have a closed circuit patient education channel, so each unit with infants of all targeted hospitals received 5 portable DVD players and 5 “Baby Safe Sleep” DVDs in English/Spanish. The selected brochures and posters were also provided. Hospital 5 also received 2 copies of the Mandarin Chinese version of the DVD. Using SNHD approved vendors kept costs to a minimum. Copies of DVDs were made by the grantee’s PIO with staff time as in-kind contributions. The project only had to supply the blank DVDs on which to copy the videos. For those hospital systems that did have a closed circuit patient education channel, the project team worked with the SNHD PIO to format the project video for upload into their system. At one hospital system, just prior to beginning patient education, it was discovered that the project video had to be approved by their Patent Education Committee. This resulted in a six week delay as did the fact that the video had to be re-formatted from the version initially provided to the hospital system. Also, this hospital system’s contact for their video streaming network was out of the office for a month during this time.

There have been problems with patients taking DVDs home at the hospitals that do not have the closed circuit patient education channels. Additional DVDs have had to be supplied at two of these hospitals. However, due to the low cost involved in copying DVDs, the project has extra copies for this purpose.

Hospital 1 received their supplies 2/2013. Hospital 2 received their supplies 8/2015.

Hospitals 3 and 4 received their supplies 6/2015. Hospitals 5-7 received their
supplies 1/2016. Hospital 8 received their supplies 1/2017. This hospital opened to the public 10/31/2016.

**Goal 3:** Reduce Clark County, NV child deaths from a baseline of 19 in 2009 due to unsafe sleep practices and inadequate child supervision.

**Objective 1:** Collect and analyze data relative to each major project intervention/activity.

**Activity 1:** Develop project evaluation tools for data collection in the second half of Year 1.

A pre-and post test was developed for the Baby Safe Sleep hospital staff training class by the SNHD Project Coordinator to measure changes in knowledge and attitudes by 12/31/12. The “A Hospital Based Safe Sleep Program Outline” was developed by the project evaluator, NICRP, 12/2012 for use in presenting the program to hospitals as well as a Baby Safe Sleep survey to be used with new parents to measure knowledge and attitudes about safe sleep after viewing the video. The draft survey was left with supervisory nursing staff at the pilot hospital 11/27/12 for review and feedback. The survey was finalized and translated into Spanish by 12/31/12. A follow-up parent survey was also developed by NICRP for use with parents a few months after discharge. This document was translated into Spanish 8/1/13.

The NICRP project staff developed an infant Sleep Position Audit tool for use to monitor program impact on behavior in the hospital. In addition, NICRP collected data on unsafe sleep related fatalities for the annual report of child deaths based on reviews conducted by the Clark County Child Death Review
Team, including tracking hospital of birth for these fatalities throughout the grant period.

Activity 2: Collect and analyze data relative to each major project intervention/activity for the targeted hospitals.

Pre- and post-training sleep position audits were conducted at seven targeted hospitals beginning 12-6-12. Results were discussed in the applicable yearly Evaluation Reports shared with participating hospitals. Neither pre- nor post-training audits were conducted at Hospital 8 as they did not open to the public until 10/31/17 and not enough time was available to complete both audits prior to the end of the grant period. Also, many staffs from Hospitals 5-7 previously trained transferred into this hospital. The Director of Maternity Services at this hospital transferred from Hospital 5 where she had been the identified lead on this project.

Staff training began with Hospital 1 in February 2013. 214 staff members were trained by 3/17/13. 197 staffs completed the pre-training survey and 214 completed the post-training survey. Pre-surveys were not completed at the initial in-person training due to a miscommunication. Staff surveys and trainings at hospitals 2-7 continued through 1/2017. Surveys for Hospital 8 were not collected due to reasons previously stated.

In calendar year 2014, when working with Hospitals 3 and 4, the use of employee ID numbers for the surveys was incorporated into surveys. This was done because staff at the pilot hospital did not use names consistently on the pre and post training surveys. However, some staffs did not know their ID number
and did not fill in their name and/or ID number consistently. There were also delays in the staff completion of pre-surveys at these two hospitals which delayed the entire process. Staff surveys were completed in pieces and it was difficult to determine which location the paper surveys came from. This may have been due to the lack of a clear management leader at this system and to the fact that the program was implemented in two hospitals at once. The project’s point of contact at this system also changed during the course of implementation.

Patient education on safe sleep using the Baby Safe Sleep program began 3/18/2013 at the pilot hospital. This hospital implemented the patient education with a hospital-wide kick-off. Over 3300 participants have been trained with the program at the participating hospitals. The project has numbers on those participants ≥ 18 years of age that completed surveys. In December 2014, the project began providing hospitals with Halo sleep blankets to offer parents as an incentive to complete surveys after viewing the video.

Prior to discharge, participating hospitals were asked to show the brief Baby Safe Sleep video to parents. This video provided information on infant safe sleep practices. Parents were asked to complete a brief survey available in English and Spanish after viewing the video. The survey assessed knowledge and attitudes about safe sleep and asked questions about behaviors regarding sleep location and positioning. It also asked if parents would be willing to be contacted for a follow-up survey with a $10 Wal-Mart gift card as an incentive.

The patient education at Hospital 2 began September 2014. Hospitals 3 and 4 initiated parent education 12/2014. The hospital system comprised of Hospitals 5,
6, 7 and 8 began educating parents using the program May 2016.

**Objective 2:** Demonstrate reductions in Clark County, NV infant deaths due to the use of the preventative education program.

**Activity:** Review of annual Clark County Child Death Review reports beginning in Year 2 by NICRP to assess any changes in infant deaths due to unsafe sleep practices with special attention given to hospital of birth.

NICRP monitored infant deaths due to unsafe sleep practices throughout the grant period. This was reported in the applicable yearly Evaluation Reports. The monitoring of hospital of birth began in Year 2 of the grant.

4. **EVALUATION:** The hospital based safe sleep program was composed of five key components to establish an environment promoting safe sleep practices for infants.

   The first component was to review/establish a comprehensive policy on sleep positioning. To ensure program sustainability, hospitals were audited for an internal policy on sleep positioning for infants. All participating hospitals were provided with the sample safe sleep policy included in the program resource notebook. The goal was that all participating hospitals have a policy in place. Draft policies were reviewed by the project team and feedback was obtained from the hospitals as to whether a policy was in place or established.

   The second component consisted of sleep position audits in units with infants before and after staff training to monitor program impact on behavior in the hospital. These were conducted by the program evaluator along with a hospital
representative, unannounced, on infants under one year of age. Sleep position, location and clothing were observed, recorded and reported to designated hospital staff. The process was repeated after staff training to measure/compare changes in behavior.

The third component was hospital staff training on safe sleep. A one hour training, in person and on-line was made available to participating hospitals. Staff completing the training was asked to complete a pre and post-training survey to measure any changes in knowledge and attitudes after the training. Comments on the training were also collected.

Patient education on safe sleep was the fourth component of the program. New parents/caregivers were asked to view the program video prior to hospital discharge. Parents/caregivers were asked to complete a survey to measure knowledge and attitudes after viewing the video. Comments on the video were also solicited on the survey. A follow-up telephone survey was conducted on at least 10% of parents opting-in one-three months after discharge to measure any changes in attitudes/behavior over time.

The last component was data collection and monitoring. The program evaluator created several data collection tools including the position audit tool and staff/parent surveys. Data collected was used to improve the program and monitor the impact of the educational tools used in the hospital. The data collected on program impact was also used to promote the program and support implementation in other hospitals. The program evaluator also continued to monitor infant fatalities in Clark County related to unsafe sleep practices to
measure any changes over time.

5. RESULTS/OUTCOMES: At the end of the grant period, eight Clark County hospitals had implemented the program. In 2012, the latest year for which a report on child deaths in Clark County is available, there were 18 infant deaths due to unsafe sleep practices. One of the major challenges in implementing the program was the delay between orientation meetings and the onset of staff training at hospitals. This often occurred because of staff changes and work on other projects by hospitals. Identifying a clear champion/leader in a top management position at a hospital also facilitated the implementation of the program. It was more difficult to implement the program in hospitals where a Clinical Educator or multiple managers of separate units were identified as program contacts.

Program supplies were also delivered to a system of hospitals due to a physical move by the grantee prior to the completion of staff training. This affected the collection of staff post-surveys by the project. It was learned that the complete collection of staff surveys was insured by delivery of program supplies after staff surveys were complete.

Also for this project with limited staff, implementation in more than one hospital at a time proved to be a challenge, especially in terms of the collection of surveys.

Four of the implementing hospitals are seeking or considering seeking certification under project partner, Cribs for Kids. All eight hospitals are continuing with the program without project intervention.

Over the course of this project, surveys were collected on 3133 individuals.
The ethnic and racial breakdown of these individuals is as follows:

Ethnicity-Hispanic/Latino 1087  Not Hispanic/Latino 1172

Unrecorded Ethnicity-545

Race-American Indian/Alaskan Native 16  Asian 265

Black/African American 270  Native Hawaiian/Pacific Islander 43

White 946  Multiracial 131

Unrecorded Race-1133

Information was missing on 329 individuals.

6. PUBLICATIONS/PRODUCTS:

a. Baby Safe Sleep training power-point with and without voice over lecture for professionals

b. Caregiver Baby Safe Sleep training power-point for caregivers/foster parents

c. Baby Safe Sleep video/DVD (English/Spanish/Mandarin Chinese) for consumers/families

d. “Awareness Effort Continues to Curb Crib Deaths Throughout Valley”-newspaper article, Las Vegas Sun for consumers/families

e. PSA Warns Parents About Baby Sleeping Dangers-TV interview KVVU Las Vegas Fox Channel 5 for consumers/families. Available from Jennifer Sizemore, Southern Nevada Health District, P.O. Box 3902, Las Vegas, NV 89107, 702-759-1225, sizemore@snhdmail.org

f. Police Warn About Unsafe Sleeping Habits-TV interviews KLAS Las Vegas Channel 8, KSNV Las Vegas Channel 3 for consumers families. Available from
Jennifer Sizemore, Southern Nevada Health District, P.O. Box 3902, Las Vegas, NV 89107, 702-759-1225, sizemore@snhdmail.org

g. Baby Safe Sleep Hospital Based Safe Sleep Program Years One-Four Evaluation Reports for professionals

h. “Clark County Child Deaths Decline”- newspaper interview, Las Vegas Review Journal for consumers/families

i. “Rock-a-Bye-Baby”-newsletter article, The Perspective, SNHD for consumers/families/professionals

j. “Safe Sleep”-newsletter article in Childlife for Children’s Hospital of Nevada, 2013, childrenshospitalofnevada.org

k. Baby Safe Sleep power point for Amerigroup for professionals

l. “Healthy Tomorrows Partnership For Children Baby Safe Sleep-A Hospital Based Safe Sleep Program” webinar/power point, Children’s Safety Network, for professionals

m. Baby Safe Sleep power point for Nevada Advisory Board on Maternal and Child Health for professionals and policymakers

n. Baby Safe Sleep crib card for consumers/families, professionals

6. DISSEMINATION/UTILIZATION OF RESULTS: Information on the project was provided to the Southern Nevada Maternal Child Health Coalition and the Nevada Maternal Child Health Advisory Board to engage professionals and policy makers involved in Maternal and Child Health. A Resolution supporting the project was obtained from the Maternal Child Health Advisory Board in 2014. This was used in recruiting hospitals for the project. The Advisory Board
expressed interest in replicating the project in Northern Nevada.

The project video (in English, Spanish and Mandarin Chinese) was and remains posted on the Southern Nevada Health District’s U- Tube where it is accessible to consumers. In 2012, the Las Vegas Metropolitan Police Department (LVMPD) provided an interview for the local NBC-affiliate news channel on infant safe sleep. A link to the Baby Safe Sleep video was provided. This demonstrated the LVMPD’s support for the project and introduced a larger community of consumers to the video. The LVMPD was also provided with the Baby Safe Sleep DVD.

In 2013, the pilot hospital launched a hospital-wide campaign with their implementation of the program. This campaign led to awareness of the program by Amerigroup, a Nevada Medicaid Managed Care Organization. Amerigroup invited the project team to present the program to 20 case managers, patient relations staff and utilization managers. Support for the program was obtained. Also in 2013, a meeting was held with the Las Vegas-Clark County Library District’s Executive Director and the project was discussed. Fifteen Baby Safe Sleep DVDs were given to the Library District for cataloging for use by patrons.

The project evaluator, NICRP participated in a “mic night” at the Las Vegas Downtown Project’s learning village 10/2013. One of the programs presented was the Baby Safe Sleep project. This presentation led to an article in the Las Vegas Sun newspaper. Also in 2013, the Fall 2013 issue of the SNHD’s e-newsletter, The Perspective, included a feature, “Rock-a-Bye Baby,” highlighting safe sleep practices and included the project video imbedded in the article.
The Clark County Department of Child and Family Services (DCFS) selected the Baby Safe Sleep program for the training of foster parents and other caregivers. The training power point developed for hospital staff was amended for foster parents/caregivers and was provided to DCFS along with copies of the DVDs and brochures in late 2013.

The Baby Safe Sleep project was presented at a Children’s Safety Network webinar in April 2014. This provided nationwide exposure to the project and led to contacts in California who provided additional recommendations on the video.

During the summer of 2014, the Nevada Division of Public and Behavioral Health held a safe sleep awareness event in Northern Nevada. The event and news release listed the SNHD’s Baby Safe Sleep program as a reference for Southern Nevada residents. Also in 2014, a local non-profit, Baby’s Bounty, began providing free infant safe sleep classes for the community in collaboration with the local Head Start program. The non-profit chose the project’s written materials and video for use in their quarterly classes.

In July 2015, work began with the Clark County Public Communications Office on a Safe Sleep PSA in English and Spanish to air on the Clark County video network. The English and Spanish program brochures as well as the Caregiver Training power point were provided to the county’s representative. The PSAs aired in the Fall of 2015 and featured footage from the Baby Safe Sleep video and poster as well as a reference to the SNHD for more information.

In October 2016, the project team was invited to join the Safe Sleep Sub-Committee under the NDPBH to work on statewide initiatives to promote safe
sleep practices throughout the state. Meetings with this group have continued on a regular basis. The grantee also worked with the NDPBH to air Cribs for Kids Safe Sleep PSAs with the SNHD listed as a reference in November of 2016. The PSAs produced by the Clark County Public Communications Office was shared with the NDPBH during this process. In December 2016, copies of the Baby Safe Sleep video were provided to a small health department in a southern state at their request. They were also advised that the video was available on the SNHD’s U- Tube.

7. FUTURE PLANS/SUSTAINABILITY: One of the objectives of this project was that eight target hospitals with maternity units in Clark County would have a hospital-wide infant safe sleep policy. Consultation by the project team was offered as needed. This was to ensure program sustainability at the individual hospital level and to ensure that AAP guidelines on infant safe sleep were modeled and practiced. Seven of the implementing hospitals have such a policy. One hospital has incorporated applicable wording on safe sleep practices into their existing unit policies. All have incorporated patient viewing of the Baby Safe Sleep video into their discharge planning process. The program continues at all of the implementing hospitals without project involvement.

Prior to the end of the grant period, the grantee purchased brochures in English and Spanish for the implementing hospitals to assure a supply beyond the grant. Requests for brochures in the future will be funneled through the NDPBH. The project team selected the ABC brochures (available in English and Spanish) on safe sleep available through Cribs for Kids as these materials are supported by the
Nevada Department of Public and Behavioral Health.

The Baby Safe Sleep video in English, Spanish and Mandarin Chinese remains on the Southern Nevada Health District’s U-Tube where it is accessible to the larger Clark County community. The project members remain engaged with the Washoe County Cribs for Kids, the state supported Cribs for Kids organization in Nevada and with the Nevada Safe Sleep Sub-Committee so that safe sleep education efforts in Nevada continue.

It was recommended by the site visit team to invite physicians and residents to attend the program trainings in implementing hospitals. The pilot hospital is providing the Baby Safe Sleep training to all new pediatric residents on an ongoing basis.

The pilot hospital also made the Baby Safe Sleep staff training part of their staff’s annual mandatory training for all staff in units with infants. Hospital 2 has incorporated viewing of the video and the provision of project written materials as part of their discharge planning process. Nursing staff in units with infants are trained using the on-line training power point. This hospital added their own voiceover lecture to ensure that staff view the entire training and do not skip slides.

Hospitals 3 and 4 have incorporated the staff training into their skills fair that is conducted periodically with nursing staff. The hospital system encompassing Hospitals 5-8 developed their training policy/procedure to include all healthcare providers in units with infants.

Program materials including copies of the DVDs were provided to a large
obstetrical care provider that serves the hospital system encompassing Hospitals 3 and 4. Work plans through the Nevada Safe Sleep Sub-Committee include mailing samples of the brochures, which have been made more colorful, to pediatric and obstetrical providers throughout the state of Nevada.

This project fits in with the National Title V plan to decrease infant mortality by promoting safe sleep messaging. The grantee and its community partners will continue to work with the NDBPH’s Title V program to decrease infant mortality as a result of unsafe infant sleep practices.

While infant deaths due to unsafe sleep practices/environments in Clark County have not decreased in the short term since the project began, it is hoped that long-term, with continued implementation in 80% of the hospitals in the greater Las Vegas area and with continued population-based initiatives through the Safe Sleep Sub-Committee, the infant deaths will decline. It must be noted that Southern Nevada accounts for approximately 72% of Nevada’s population, so a decrease in infant mortality due to unsafe sleep practices will have a large impact on overall Nevada statistics. In addition, four implementing hospitals are seeking or considering seeking certification under program partner, Cribs for Kids. This same partner has committed to working towards certifying additional Clark County, Nevada hospitals.
ANNOTATION

The Baby Safe Sleep project was a new, collaborative effort partnering the Southern Nevada Health District with the Nevada Institute for Children’s Research and Policy at the University of Nevada at Las Vegas and eight local hospitals to reduce child deaths. The project developed a hospital based education program to reduce infant deaths in Clark County, NV. The project targeted the prevention of infant deaths due to unsafe sleep practices.

KEY WORDS

Education
Prevention
Public Awareness Materials
Infant
Safety
Sleep
Project Title: Healthy Tomorrows Partnership for Children (Baby Safe Sleep)

Project Number: H17MC23548

Project Director: Margarita DeSantos

Grantee Organization: Southern Nevada Health District

Address: P.O. Box 3902, 280 S. Decatur Blvd., Las Vegas, NV 89127

Phone Number: 702-759-0897

E-mail Address: desantos@snhdmail.org

Home Page: www.SouthernNevadaHealthDistrict.org

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ABSTRACT

PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS: The overall goal of this project was to reduce Clark County, NV infant deaths due to unsafe sleeping environments through the design and delivery of a multi-pronged, preventative, hospital based education program to promote messages to help families create safe sleep environments for infants. According to child death data collected and analyzed by the Nevada Institute for Children’s Research and Policy (NICRP) at the University of Nevada at Las Vegas, from 2006 to 2009, a total of ninety-five child deaths in Clark County were in unsafe sleeping environments. In 2009, there were 283 child deaths in Clark County, NV
of which 185 were due to Natural causes. Sixty-two percent of deaths were in infants less than one year of age. Of these, 19 deaths, both Accidental and Undetermined, occurred in unsafe sleep environments.

The project was funded under SPRANS/Title V of the Social Security Act, CDFA number 93.110. The project supported and continues to support the Title V Perinatal/Infant Health National Performance Measure related to Safe Sleep.

The project was supported by the local AAP chapter form the beginning. The local chair of the Clark County chapter reviewed and approved of the sample policy on Baby Safe Sleep as amended, with permission, from the Model Hospital Policy Manual and Toolkit by the Allegheny County Health Department (ACHD) Perinatal Periods of Risk Team. This local chair was also involved in the production of the Baby Safe Sleep video developed for the project.

**GOALS AND OBJECTIVES:** The project’s overall focus was to reduce child deaths through the design and delivery of a multi-pronged, preventative education program to promote messages to help families engage in safe sleep practices with their infants. The first goal of this project was that all Clark County, NV hospitals with maternity units have policies/procedures and access to training to reduce infant deaths. Objective one under this goal was that eight target hospitals would be assessed for an infant safe sleep policy. The second objective was to provide one hour of training for maternity unit personnel on infant safe sleep practices. Goal two was to develop preventative education materials for parents/caregivers to reduce infant deaths. The first objective under this goal was to develop/select culturally appropriate materials relative to safe sleeping practices. The second objective was to provide program videos, written materials and DVD players to the eight target hospitals. The third goal was to reduce Clark County, NV infant deaths due to unsafe sleep practices from a baseline of 19 in 2009. Objective one under this goal
was that data would be collected and analyzed for each major project intervention/activity. The second objective was to demonstrate reductions in infant deaths due to the use of the project’s preventative education program.

**EVALUATION:** The project employed both process and outcome evaluation activities. Data collection, analysis and overall evaluation were conducted by the project evaluator, Nevada Institute for Children’s Research and Policy. The program evaluator created several data collection tools including a pre- and post-training sleep position audit and staff/parent surveys. Data collected was used to improve the program and monitor the impact of the educational tools used in the hospital. The program evaluator continued to monitor infant fatalities in Clark County, NV related to unsafe sleep practices to measure any changes over time.

**RESULTS/OUTCOMES:** The project was successful in that eight Clark County, NV hospitals had implemented the program by the end of the grant period. These hospitals are continuing with the program without project intervention. Four of the implementing hospitals are seeking or considering seeking certification under project partner, Cribs for Kids. The longer term objective of decreasing infant deaths was not attained, but continues to be monitored.

**PUBLICATIONS/PRODUCTS:** Three training power points for different audiences, two outreach power points for professionals, an educational video in three languages for consumers, crib cards, four yearly evaluation reports and a webinar resulted from the project. All of these products are listed in the Final Report Narrative.

**DISSEMINATION/UTILIZATION OF RESULTS:** Press in periodicals and local newspapers, community events and local and statewide PSA’s helped disseminate information about the project. A national Children’s Safety Network webinar also highlighted the project. Presentations on the project were also made to several local and statewide entities such as
professional coalitions, the state Maternal Child Health Advisory Board, and a Medicaid Managed Care Organization. The pilot hospital launched a hospital-wide campaign with their implementation of the program.

The project video also remains on the Southern Nevada Health District’s U-Tube.

**FUTURE PLANS/SUSTAINABILITY:** The program continues without project intervention at the eight implementing hospitals because of their safe sleep policies. Four of these hospitals are seeking or considering seeking certification under program partner, Cribs for Kids. This same partner has committed to working towards certifying additional Clark County, NV hospitals. The Las Vegas-Clark County Library District has the project DVDs available for use by parents. The Clark County Department of Child and Family Services is using the project power point for caregivers to train foster parents/caregivers. Work plans through the Nevada Safe Sleep Sub-Committee include mailing samples of the brochures, which have been made more colorful, to pediatric and obstetrical providers throughout the state of Nevada. Project team members remain actively engaged in this sub-committee and it is hoped that with continued population based initiatives infant deaths due to unsafe sleep practices will decline.