2016 INFANT SAFE SLEEP FOCUS GROUPS WITH PROFESSIONALS

Final Report

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Summary

Infant safe sleep is a top priority in Michigan and is one of the nine goals outlined in Michigan's Infant Mortality Reduction Plan. Strategies within this plan include promoting safer infant sleep practices, developing culturally responsive strategies for safe sleep practices to eliminate disparities, and to promote and integrate consistent safe sleep education into all programs that serve pregnant women and families with infants. With this long-term goal in mind, Michigan Department of Health and Human Services (MDHHS) and MPHI worked together to conduct focus groups aimed at examining the perspectives and experiences of public health and child welfare professionals who provide infant safe sleep messaging to families.

During July and August of 2016, MPHI staff conducted seven focus groups with 90 home visiting and child welfare professionals throughout Michigan. Focus group conversations were recorded, transcribed and analyzed using thematic content analysis over the course of four analysis meetings. Related themes were grouped together to develop 12 higher level, abstract theoretical constructs to inform safe sleep messaging and engagement activities with families. The below themes are organized into two groups: one group reflects home visitor and child welfare experiences and perceptions, and the other reflects home visitor and child welfare recommendations to increase safe sleep practices in Michigan.

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In order to improve safe sleep practices and reduce racial/ethnic disparities in Michigan, MDHHS and MPHI propose several recommendations that are divided into three strategies: 1) Enhanced Trainings and Tools, 2) Improving Engagement with Caregivers and 3) Establishing a Consistent Vision and Strategic Direction that Identifies Safe Sleep as Top Public Health Priority.

Background and Purpose

Sleep-related infant death is a leading cause of death among infants less than 1 year in Michigan. Sleep-related infant deaths include any death wherein the sleep environment was likely to have contributed to the death, including those ruled Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID), suffocation, and other causes. Asphyxia (suffocation) is the most common cause of sleep-related death. From 2010 to 2014, there were 712 sleep-related infant deaths, which is a rate of 1.2 deaths per 1,000 live births (Michigan SUID Case Registry Data, 2015).

Infant safe sleep is a top priority in Michigan and is one of the nine goals outlined in Michigan's Infant Mortality Reduction Plan. Strategies within this plan include promoting safer infant sleep practices, developing culturally responsive strategies for safe sleep practices to eliminate disparities, and to promote and integrate consistent safe sleep education into all programs that serve pregnant women and families with infants. With this long-term goal in mind, MDHHS and MPHI worked together to conduct focus groups to examine perspectives and experiences of public health and child welfare professionals who provide infant safe sleep messaging to families. The information gained through this process will be used to inform safe sleep messaging and engagement activities with families.

Methodology

Focus group participants were recruited primarily through electronic means. MPHI and MDHHS staff emailed invitation letters to Home Visiting and Child Welfare representatives across the state. Focus group locations were selected in partnership with MDHHS with respect to the raw number of unsafe sleep deaths, the sleep related infant death rate, and geographic location.

At the time of the focus group, facilitators obtained written consent from study participants. As part of the consent process, participants were informed that their participation was voluntary and that their identities would be protected by the study team. Study participants were also asked to complete a demographic questionnaire. Participants received a $25 Visa gift card for their time. If participants were unable to accept the gift card, their MDHHS office received pack 'n play(s) whose cost was equivalent to the amount they would have received via gift cards.

Between July 26th, 2016, and August 23rd, 2016, MPHI staff conducted seven focus groups throughout Michigan. These include: one focus group at the Genesee County DHHS Office on July 26th, two focus groups held at the Michigan Home Visiting Conference at the Detroit Marriott Renaissance Center in Detroit, Michigan, on August 4th and August 5th, one focus group at the Western Wayne County DHHS Office on August 9th, one focus group at the Mecosta County DHHS Office on August 10th, and two focus groups at the Kent County DHHS office on August 23rd. In addition to the seven focus groups, a one-on-one in person interview was conducted with a home visitor from Marquette County.

Focus groups lasted approximately one hour and a half and were conducted by two MPHI facilitators. The focus group question guides were created by a workgroup of partners from MDHHS and MPHI and entailed questions that were designed to: provide insight on barriers to providing safe sleep messaging and support services to families, assess satisfaction with available safe sleeping materials and resources, and to gain strategies to increase safe sleep messaging opportunities with Michigan families. Example questions are: "How do you tailor your messaging to fit families of different cultures, races and ethnicities?", "What suggestions do you have for encouraging families to achieve the safe sleep guidelines?", "What supports, trainings, and tools would be helpful to you when guiding families to achieve safe sleep?" and "What are some of the challenges that you experience when discussing the

sleep environment with families?". Given the qualitative nature of this project, if other relevant topics arose during the conversation, facilitators allowed participants to continue that discussion.

Coding and Analysis

Quantitative data from the demographic surveys were analyzed in SPSS by calculating frequencies. All focus groups were audio recorded and transcribed by a professional transcription service, Verbalink. Qualitative focus group transcripts were hand coded and analyzed in Nvivo 10, a qualitative data analysis program by a team of 10 MPHI staff members with backgrounds in infant health, qualitative and quantitative analysis, child welfare, home visiting and infant safe sleep. Coding serves as a way to label compile and organize the qualitative data. A codebook is created to reflect questions from the focus group and any broader themes that emerge. The codes included: individual/community characteristics and challenges; safe sleep interactions with families; worker knowledge, training, and experience; worker challenges and supports; getting the safe sleep message out; breastfeeding and safe sleep; take home messages; and community pride. The research team reviewed emerging themes and reached consensus on how to apply coding categories.

To safeguard coding consistency, each member of the coding team reviewed all transcripts. However, to ensure that each section of the codebook was applied consistently across transcripts, each member of the coding team was assigned a primary and secondary section of the codebook. Coders only applied their primary and secondary codes to the transcripts. Anomalies or discrepancies in coding between primary and secondary coders were brought to the group and resolved through consensus.

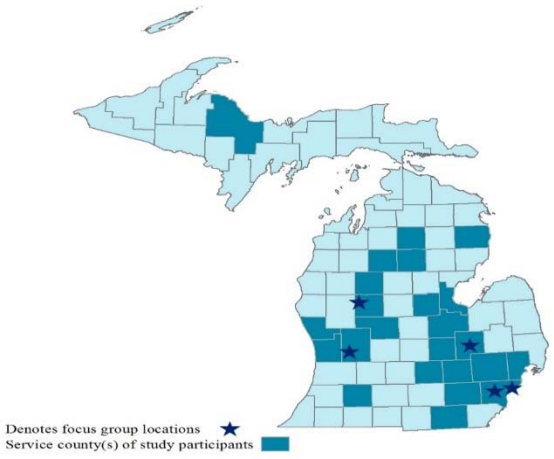
We used thematic content analysis over the course of four coding and analysis meetings to cluster ideas into a set of themes. We then further examined and grouped related themes together to develop 12 higher level, abstract theoretical constructs to inform safe sleep messaging and engagement activities with families.

Results

Focus Group Participant Demographics

Overall, study participants reported that they conducted services in 24 of the 83 counties in Michigan (Figure 1).

Figure 1. Service Counties of Study Participants, 2016.



Personal Characteristics. Table 1, located in the appendix, presents the personal characteristics of study participants. Of the 90 participants, 84 were female (95%) and 4 were male (5%). The average age of participants was 38 years and ranged from 22 to 66 years of age. More than half of participants were White (56%), 40% were Black, and 3% were from another race or multi-racial. Approximately 6% of focus group participants were of Hispanic ethnicity. The majority of participants were college graduates (58%) or had completed post graduate work or a post graduate degree (39%).

Professional Characteristics. Within their current position, participants' experience ranged from 2 months to 25 years, with a median of 3 years of experience. Participants represented both Child Protective Services and a variety of home visiting programs. Forty percent of participants worked in various types of home visiting programs, 36% worked in Child Protective Services, 7% in a director or supervisory role, 6% as a health educator, and 4% in a program coordinating role (Table 2).

Safe Sleep Education. Table 3 presents the average frequency and time spent discussing safe sleep with clients. Forty-two percent of participants reported that they educated families on safe sleep, on average, once per week, 20% of participants educated families on safe sleep, on average, once per month, 13% of participants educated families, on average, once every few months, and 4% of participants educated on safe sleep every day. Some participants indicated that the frequency in which they educated families on safe sleep varied depending on their caseload (number of infants under 12 months) and on the families' needs. Forty-four percent of participants reported spending 10 to 20 minutes discussing safe sleep with clients and 41% spent less than 10 minutes discussing safe sleep with clients.

Materials for Safe Sleep Education. The majority of study participants (92%) reported currently using brochures when educating clients on safe sleep, 60% of participants reported using safe sleep flyers, and approximately 30% of participants reported using other types of materials (Table 5). These materials included videos, signed agreements with clients to sleep their infant safely, refrigerator magnets, onesies, door hangers, and Pack 'n Plays.

Figure 2 displays satisfaction with the materials used to educate clients on safe sleep. Generally, there was high satisfaction with educational materials used. Eighty percent of study participants were very satisfied or satisfied with the brochures they used and 84% were very satisfied or satisfied with the other types of materials they used when educating clients on safe sleep. A smaller percent of participants indicated that they were satisfied with the safe sleep flyers (69%), however, only 2% reported being dissatisfied with these materials.

Training on Safe Sleep. The majority of participants (72%) were confident in their ability to educate families on safe sleep (Table 5). Slightly over one-quarter of participants were somewhat confident (27%) and only 1% of participants were not confident in their ability to educate families on safe sleep. Nearly three-quarters of study participants (74%) received formal training on safe sleep and 26% did not (Table 6).

The MDHHS (76%), the MDHHS safe sleep website (74%), the local health department (73%), and local crib giveaway programs (73%) were resources or service supports that were available to the majority of study participants (Table 7). A safe sleep trainer was available to 62% of participants and local community agencies, such as local hospitals, pregnancy services, faith-based organizations, were available to 52% of participants.

Figure 3 displays the accessibility of safe sleep resources and service supports. Of resources that were available to participants, the MDHHS safe sleep website was the most accessible resource (82%), followed by the MDHHS (68%), local health departments (58%), local community agencies (57%), and crib giveaway programs (55%). A safe sleep trainer was the least accessible resource. Only 44% of participants said a safe sleep trainer was 'very accessible', 33% said that it was 'somewhat accessible', and 24% said a safe sleep trainer was 'not accessible'.

Qualitative Results

The qualitative results are grouped into two categories. The first group reflects child welfare and home visitor experiences and perceptions while delivering safe sleep education to caregivers, while the second set of findings reflect their suggestions on how to increase safe sleep practices in Michigan.

Provider Experiences and Perceptions with Safe Sleep Education Delivery

Challenges of Everyday Life Trump Concerns on Safe Sleep

Providing safe sleep education to caregivers can be difficult, particularly to families who face other challenges, like living in poverty. Often, the personal, interpersonal and community challenges experienced by those living in poverty trumped family concerns about safe sleep. The focus group participants noted some of the challenges.

> *And I think, too, moms have so many other things on their plates. You know, they're trying to figure out how they're gonna get their rent paid, they're trying to figure out how they, you know, are gonna get—you know, try and go find a job, or they're thinking about the boyfriend that's cheatin' on 'em. And just all these other things…so it's really not that high up on the priority list, really, when they have all these other things that they need to try to get done.*
>
> Home Visitors Conference, 8/4/16

> *The sisters' mother with her minor child is all living in the home with five dogs, and this home has fleas, scabies, cockroaches, bedbugs. She's caring for 15 people by herself 'cause her other sister's not doing anything 'cause she has severe mental health issues that causes here to continuously lose her job. Well, she's not gonna be able to pay it off when she's trying to remediate bugs, pay for new windows, and all that good fun stuff. But she can't pay for bug remediation or new windows or doors or anything like that, or to even move temporarily, because she's busy taking care of 15 children on $15.00 an hour while driving back and forth to Lansing. So she's stuck between a rock and a hard spot right now.*
>
> Genesee County, 7/26/16

Specific concerns centered around the ability for families to access needed resources, such as transportation, food and water.

> *There's a lot of poverty in the homes, a lot of substance abuse, domestic violence…I don't know. Poverty is probably – and now with the water crisis, and here in Genesee County that's causing a lot of more issues with families that we have. They can't meet their concrete needs – No water. Evictions, no transportation.*
>
> Genesee County, 7/26/16

> *I work up in Northern Michigan, and we have some very little resources, but even if you have 'em, people aren't getting medical care because there's no transportation. You can ride the bus, and if you get on the bus to go to the doctor's, it's all day. You're gone 12 hours without your kids, and*

you pay a lot of money. There's just no way to get anywhere. Everybody's 20 or 30 miles out of town, and you can give all the cribs you want away, but they can't get them anyway.

Home Visitors Conference 8/5/16

I think the transientness of our families sometimes just in general, like some people don't have a, like their own house – so they, like they'll stay three nights with one person, stay three nights with another person and they just rotate.

Genesee County,7/26/16

Our customers don't have vehicles, and so they're not gonna pack up a pack 'n play to go visit their cousin for the day.

Genesee County, 7/26/16

Although the safe sleep message focuses on safety from hazards in the sleep environment, families additionally worry about other hazards outside of the sleep environment. From their perspective, sleeping with their baby keeps them safe from those outside hazards.

You know, and I have a lot of families that safety, they really, truly fear for the safety of their child if that child's not right next to them if there is gun violence and, you know, other types of violence that are happening in the home. And so, for them, it's, they feel they're safer closer to them.

Home Visitors Conference 8/5/16

That is a huge thing going on in the homes, not all, but a pretty big percentage, is the bedbugs. Basically, they're not having the baby in the pack and play or having the baby in the crib and having the baby close to them because they do not want the baby to get bit by bedbugs. But they're in their bed as well. That's what – that's the conflict that they have.

Kent County, 8/23/16

Finally, several workers mentioned almost not wanting to bring up the safe sleep topic because it seemed like a small issue to deal with, considering everything else their families have to worry about.

It's even hard to bring it up sometimes, too, when they're laying all this out on the table, everything that's going on with them, and then it's like, 'Well, make sure your baby's on their back.'

Home Visitors Conference, 8/4/16

I think it's almost hard sometimes, in some visits, to reinforce it, because they're so overwhelmed. So that's a lot. It's very low on their list when they have all that going on.

Home Visitors Conference, 8/4/16

It's not going to happen to me

Optimism bias is the general belief that negative things won't happen to the person. It's the belief that the person is more likely to experience good rather than bad outcomes. Focus group participants talked often about client perspectives on the likelihood that their infant would die in an unsafe sleep environment. For many moms, their inexperience with loss made them less likely to believe that they could potentially lose a child.

Well, if a person has already had a child and nothing happened, then that's their point of reference.

Home Visitors Conference, 8/4/16

Seems I think the more children they have, the less of a priority it becomes, not necessarily because they don't want to keep that baby safe, but because they've already had this many survive without it.

Home Visitors Conference, 8/5/16

Other respondents talked about the power of having a mother tell her story when it happened to her.

A lot of times people don't really look at safe sleep until it hits home, until something happens to someone they know.

Mecosta, 8/8/16

People don't think that it's going to happen to them, and that's the hard part is that people don't really listen until they know somebody or they see it on Facebook in the area.

Kent County, 8/23/16

Unless it affects you or your sister or somebody you know closely, most women think, 'This can't happen to me.'

Home Visitors Conference, 8/4/16

According to these participants, they often hear that the mothers believe that if the baby is struggling, they will wake up. All of these factors play into the mother's belief that they will not have their infant die in an unsafe sleep environment.

Conflicting Information from Other Trusted Sources

The message deliverer's role plays a large part in the caregivers' ability to trust the information given to them and apply it. If the caregiver receives information from a trusted source that conflicts with information from home visitors or child welfare workers, they are more likely to follow the advice from the trusted source.

Family members are often considered the most trusted source of information. Unfortunately, they sometimes provide information based on their personal experiences that conflicts with the AAP safe sleep messaging. Caregivers trust their family members because they have successfully raised their own healthy children or simply because they trust the motivations of family members over the provider.

…most times, our families feel that the aunties and the grandmothers are the experts, and so their aunties or grandmas have placed their babies on their tummies or on their sides. And so they look to the experts, and so sometimes it's challenging to have that conversation in a room where you have a mom and those supportive figures as well.

Home Visitor's Conference, 8/4/16

Sometimes it's the parents who are just giving unsafe, unhealthy advice, and they go ahead and take it because that's really all they really have.

Kent County, 8/23/16

In addition, medical providers are also considered a trusted source by caregivers. For many caregivers, medical provider advice regarding sleep practices is paramount to other sources.

> *A lot of our clients say, 'Well, the doctor told me to sleep with the baby, because that comforts the baby.' And we just have to explain why we think it's unsafe, but of course they're gonna go with their doctor. They feel like they're the medical specialist.*

Home Visitor's Conference, 8/5/16

Inconsistency or lack of medical providers making safe sleep education a top priority also communicates to families the unimportance of practicing safe sleep.

> *I've had clients tell me that the hospital didn't tell them anything.*

Kent County, 8/23/16

> *I found there's a discrepancy amongst hospitals, what's handed out, or what's given.*

Kent County, 8/23/16

Message Not Getting Through to Families

CPS workers and home visitors provide safe sleep information to families, but the message is not always getting through. It was a topic mentioned quite often by home visitors and child welfare workers. They sometimes offered theories as to why the message wasn't getting through, much of which is covered under different themes within this report. Overall, they recognized that at the level of the individual, the parents they work with may not change their behavior based on their knowledge of safe sleep alone.

> *The clients that I educate, in class, they're very receptive of the information, but I don't believe they're practicing it at home.*

Home Visitors Conference, 8/5/16

> *We recently had a death in this county, and I had a case with the family prior to that, and it was when the baby was born. And I went into the hospital to give them all the information and start talking about safe sleep, and they're like, 'Oh, my gosh, we've heard it so many times. It's fine. We've got it.' And then two months later - baby dies, unsafe sleep.*

Kent County, 8/23/16

One factor the participants offered as to why their safe sleep messaging may not always get through to families was whether the person they were teaching had prior experience raising an infant. If the individual had had previous children and did not practice safe sleep, or if the CPS worker didn't come into contact with the family until the infant was several months old and the family hadn't been practicing safe sleep, then they were apt to think they knew more about it than the safe sleep messenger, because they had been acting contrary to the message and nothing bad had happened.

> *Even if it's a relative placement for a foster child, they tend to see us as still a bad guy, and that we're just trying to make them follow these things. So that's the biggest problem I think we face, is just getting them to actually, 'No, like this is really what you need to do,' because most of the time, again, they've had kids of their own. They know what they're doing. They don't need to listen to you.*

Mecosta County, 8/8/16

The participants expressed frustration as a result of this lack of follow-through on the part of the families that they service. They acknowledged that as providers, it was challenging for them to try to get clients and even friends and family to recognize unsafe sleep as a problem and act accordingly.

> *I think that, as professionals, we have to come out of that professional role even in our inner circles and we have to say, 'Look – we just can't have this anymore.' Because these are our jobs, and I don't want – I am tired of seeing our babies die, you know? Whether it's Detroit or Saginaw or whatever county, you know, I'm tired of that. Because we say it's 100 percent preventable, you know, but they're not listening, but are we doing the jobs that we're supposed to be doing as well?*

Home Visitors Conference, 8/5/16

> *I feel like everyone is doing such a good job. You know, CPS is getting the message out better, giving the messages at the hospitals. Anyone coming in, Early On and visiting nurses, they're all giving the message. I just don't know that it's – I don't know. I mean everyone's spreading the message. You see the billboards, you know, or have the commercials. Everybody is, everyone is pushing it, and it's still happening. 'Cause I know for years they've been saying what else? Like what else can we do? I don't know.*

Genesee County, 7/26/16

Several participants at multiple sites mentioned that they felt the lay public doesn't realize how often these deaths occur. Whether it was the lack of the stories of these deaths being covered by the news, or that the numbers of sleep-related infant deaths for the state and the counties are not widely publicized, families may have the impression that unsafe sleep deaths are rare events.

> *That's the hard part is that people don't really listen until they know somebody or they see it on Facebook in the area. 'Oh, that child from Grand Rapids. Like, did you see that mom posted that thing on TV8?' And then it starts to circulate, and – but unless they know of it, or – because I'll say statistics to my families, and they'll be like, 'Well, I haven't heard of that. I didn't see that on the news.' Because it didn't happen if it's not on the news. So I think the hard part is that if it's not – doesn't have media attention to it, then they don't really think that it's important, or that it doesn't happen in this area. So they're really shocked to hear how many children actually die in our county, or in Michigan in general.*

Kent County, 8/23/16

Focus group participants also noted that the history of sleep-related infant deaths being referred to as Sudden Infant Death Syndrome (SIDS) makes it difficult for some families to understand why the safe sleep guidelines would make a difference in protecting their children.

> *I have families who had a family member die and we have that, I try to use that as a conversational piece, put they cannot acknowledge that it was a sleep-related death. That SIDS terminology, it's still out there, so it's this magic thing that happened, you know, this terrible thing that happened.*

Home Visitors Conference, 8/5/16

> *And some people still say SIDS. That's what people recognize it anymore as SIDS. Yeah, because it was just kind of put off, like it was some crazy fluke. Like a biological thing that just happens.*

Mecosta County, 8/8/16

Although hospitals are required by law to teach safe sleep to parents at time of delivery, focus group participants often noted that the quantity and quality of that safe sleep teaching varies widely from hospital to hospital, if it is being provided at all. This systemic level challenge was identified as making their jobs as safe sleep messengers more difficult, because what they are teaching families is not necessarily being properly reinforced by doctors and nurses at the hospital.

> *But I think there's also inconsistency. Some hospitals do it religiously. Some hospitals don't. Some just kind of go through the motions, and say, 'Hey, you know safe sleep?' 'Yep.' If a parent says yes, they don't proceed. So I think there's a little bit of inconsistency on that.*
>
> Genesee County, 7/26/16

> *I was going to say, because my mom two weeks ago had her baby in _____, and she told me that they didn't tell her anything about safe sleep.*
>
> Mecosta County, August 8

Path of Least Resistance: Comfort and Convenience

One of the questions that generated a lot of discussion during the focus groups was when participants were asked what they thought the reasons were when families chose not to practice safe sleep. A variety of responses were generated; one of the most frequent was what we termed "the path of least resistance." For reasons of comfort for their child and/or convenience for themselves, not practicing safe sleep was seen as just being easier for some of their clients than practicing it.

Clients told their child welfare workers or home visitors that for their own convenience, they sometimes felt that they had to ignore the safe sleep guidelines.

> *I definitely – the biggest pushback I get is 'I'm exhausted, the baby won't sleep. I have to sleep.' So that is definitely above [safe sleep concerns]. I think we get that, and they say, 'If I don't get sleep, I'm not going to go to work. Then if I don't go to work, then I'm not going to be able to provide food for my child, or I'm not going to be able to provide this for my child. So I need my sleep.' I've gotten that a lot, too.*
>
> Mecosta County, 8/8/16

> *I also think that a big one is – it's like with the sleep, like the swings and the bouncy seats and stuff, is, well, they fell asleep in there, so now I'm going to clean, or be able to make food. And so I'm not going to move them, because then they're going to wake up. And then my house is still going to have mounds of dishes, and then CPS is going to say 'You have a dirty house.'*
>
> Mecosta County, 8/8/16

There was some discussion in the groups that the convenience factor may come into play even when families attempt to practice safe sleep. The fact that their infant wakes up multiple times a night and needs to be tended to can cause the safe sleep plan to not be successful throughout the night.

> *It's convenient. A lot of times they'll put them down in a like a good, safe sleep environment the first time, like at night when they go to bed. But then when baby's waking up, like every couple hours in the nighttime and they're just tired and exhausted, baby sleeps better with them, so that's what they're going to do.*
>
> Kent County, 8/23/16

Some participants noted that their clients sleep with their infants because it makes it more convenient to breastfeed.

> *But I think just naturally, people kinda get caught up in convenience. 'It's convenient for me to have the baby laying right here next to me. I breastfeed, so I can just – boop! You know, lay him or her on the boob, and then they're back to sleep.'*
>
> Home Visitors Conference, 8/4/16

> *Like people I know being like – that they – you know what I mean, like you're doing breastfeeding, you need to co-sleep, and blah blah blah. And, 'It's better for us.' Absolutely. When you go to the breastfeeding conference every year, they're all about co-sleeping.*
>
> Kent County, 8/23/16

Focus group participant clients sometimes told their workers that their infants were less comfortable when safe sleep was practiced than when it wasn't.

> *Some parents say the mattress is too hard, they don't like it, they want it to be soft, and they just don't like the crib, and 'She just won't sleep in it,' so they feel like putting them in their comfortable, soft cushiony mattress in their bed is more comfortable for the baby than their own crib.*
>
> Wayne County, 8/8/16

> *I asked to see baby. He's in there in the pack 'n play, pillows, blankets, everything. She was like, 'Well, it's cold in here. The air is on.'…I'm like, 'No, you have to get everything out of there.' She's like, 'It's so hard, though; it's so hard in the pack 'n play.' So she wants him to be comfortable…So yeah, it's uncomfortable maybe the first couple of nights, the baby's crying, not used to the big bed or the pack 'n play. Babies adjust. They'll be fine.*
>
> Genesee County, 7/26/16

Home visitors and child welfare workers noted that there is a lack of support for women and families when the pressures of lack of sleep and convenience are at odds with the safe sleep guidelines, most often when traditional types of support services are not available.

> *I think a lot of times, the reason why they seem to go back to reverting to the what isn't safe is just fatigue themselves. 'I don't know what else to do. The only way she'll fall asleep is if she's laying on her stomach.' It's hard for me to say, and I'm not in that position. I don't know what it's like to only have had an hour of sleep here and there for the last seven days. And it's not like if you look – like an addict can call their mentor or a 1-800 number to say, "I feel like I'm gonna use," or – I don't know. I don't know about a tangible – I don't know what there is out there. I mean is there something for them? Is there somebody they could call?*
>
> Home Visitors Conference, 8/5/16

> *They have breastfeeding support groups after you give birth; why can't you have a safe sleep support group? Or integrate it in the breastfeeding one? And just talk about it in there and vent about it, bitch about it, whatever you have to do and support each other. Because breastfeeding is hard, too. And they come together and you realize that…I think it would be good to tie it right in there, incentivize it if we have to: 'Come to this, get a gift card.' I don't know. 'Give us your opinion why aren't you sleep – why aren't you trying it in the crib?'…What about like working in mental health, like a suicide hotline? What about something like that for parents, like fussy baby hotline? And that could prevent like shaken baby, too. Like even if it's in the middle – like man it in the*

middle of the night…Call and vent to me about how much the baby's crying. Let me give you something – you don't have a clear head in the middle of the night, here's some ideas on the spot…Something even in like the internet or on your phone, so like when [crosstalk] 3:00 in the morning by myself it's like, 'Is anyone else awake?' Just because it's convenience. I know a lot of people like internet forums now so just having a website or something to give them so in case you need help in the middle of the night or just so that you know you're not alone, like here's a website; you can talk to other moms or things like that.

Kent County, 8/23/16

Openness to receiving the message dependent on rapport with child welfare and home visitors

A caregiver's willingness and ability to receive, absorb and apply the safe sleep message is dependent on the relationship and rapport built with the home visitors or CPS worker. There were a variety of reasons explored by the focus group participants to explain why this is a factor.

Home visitors and child welfare workers are influenced by a variety of interpersonal challenges when attempting to build a rapport with families. Child welfare workers in particular noted the struggle with getting families to receive the message from them. The desire to not have CPS in their home makes opening up a real dialogue about safe sleep a challenge.

We're already not really happy that you're here, and we're going to tell you what you want to hear.

Mecosta County, 8/10/16

A provider's desire to maintain rapport can also impact their delivery of the message. In an attempt to maintain gains made with the family and continue to having a positive working relationship with the caregiver, providers may package the safe sleep message differently.

Well, we don't want to scare them, either. We do want to get back into the home again.

Home Visitor's Conference, 8/4/16

They don't want to push it to jeopardize those relationships they've built.

Mecosta County, 8/10/16

In general home visitors and child welfare workers felt families at times held negative opinions about them and their role in their home. These negative opinions sometimes impacted the caregiver's ability to accept the validity of the safe sleep message.

…often when we go into these homes we might be mandated. I mean the last thing they want is another person coming into their house to disrupt everything.

Home Visitor's Conference, 8/5/16

They don't want us there to begin with. So that's our biggest barrier. Pretty much anything that we say, they're not going to listen to it, or they're going to defy it intentionally just because they don't like where this information came from.

Mecosta County, 8/10/16

The participants noted that if other sources were supporting the message this could help the caregiver's openness to their messaging.

…sometimes they block out anything we have to say, so anybody on the other side of us, like doctors, the WIC office, somebody, can provide information as well.

Genesee County, 7/26/16

Providers who felt they had a strong relationship with the clients felt they were successful at getting caregiver's to practice safe sleep.

I attempt to try to have the best rapport with my families, and right off the bat I tell them that, you know, I'm not there to judge them and we all make mistakes, and my goal is to have their baby develop normally, and that's what I'm there for.

Home Visitor's Conference, 8/5/16

Once a caregiver is comfortable with their provider that rapport built allows them to have a more thorough dialogue with their providers about the barriers they have to practicing safe sleep.

Provider Level of Safe Sleep Knowledge Varied

Throughout the focus groups, participants demonstrated a varying level of knowledge regarding the safe sleep message. Some providers demonstrated a high level of understanding regarding the complete safe sleep message. Other providers required additional knowledge to fully understand the safe sleep message. Focus group participants identified that consistent messaging of the safe sleep topic is critical for their job.

Consistency, just making sure we're all saying the same thing.

Wayne County, 8/9/16

Participants said that they use the brochure mostly to explain sleep positioning by using the pictures. They explained that they share the state of Michigan sleep related death numbers with families which helps them explain what the statistics are and how many babies are dying each year.

…like I don't think people realize that the rates have gone up, and that it really is a problem. I think it just something that people think happens to other people.

Mecosta, 8/10/16

So they're really shocked to hear how many children actually die in our county, or in Michigan in general.

Kent County, 8/23/16

One worker described that when they first started, they didn't know there was a focused training on safe sleep so it was pretty much people in the office teaching each other about what safe sleep is. Some workers felt that it should be a mandatory training that is highly recommended. Workers also recommended that they have a specific training or curriculum when explaining to clients about the safe sleep message that includes a section on culture specific guidelines and that the messaging is constant throughout the state.

And I hope that as we go forward in our work, it's that you guys will come up with the training and add that culture piece in there. What's the best conversation for that? Because I didn't know what the best conversation was for that.

Home Visiting Conference, 8/5/16

Walking the line between respecting beliefs and providing relevant information

Focus group participants work with clients from a wide range of racial, cultural, and ethnic backgrounds. Clients include Caucasian, African-American, Hispanic/Latino, and Native American families, in addition to African, Burmese, and Nepali immigrants. When language barriers weren't hindering the delivery of safe sleep messaging, many focus group participants reported that cultural norms among their clients regarding sleep undermined their adoption of safe sleep practices.

> *We run into many different cultures where co-sleeping is something that they do back in their country or their home and they've grown up with that, so the cultural part of it here we try and push what they feel is Westernized beliefs...but that's not the way they were raised.*
>
> Wayne Focus Group, 8/9/2016

Respondents described the difficulty of advocating for practices that were unfamiliar to their clients and acknowledged the importance of risk reduction.

> *And when we come in as an outside resource and tell a family or a group of people that some practice that they've had for decades and years is wrong, they start looking at us like, "Who are you to tell me what's happening here?"…We can go in all the time and say, "Your baby should be in a crib." But if we know for sure that that parent is co-sleeping with their child, then I don't think we're doing our due diligence unless we say, "If this is what you're choosing to do, then this how you reduce the risk to the child".*
>
> Home Visitors Conference, 8/8/2016

When faced with cultural barriers to safe sleep messaging such as those described above, focus group participants reacted differently. While some developed strategies for navigating the challenging conversation (first quote), others felt they didn't have the skills necessary to overcome their clients' resistance to adopting safe sleep practices (second quote).

> *We'll have some dialogue with the mom, "Tell me about your cultural beliefs around sleep for babies. What is it that's typically done in your culture?" And depending on what they say, we'll make a response, "Okay, totally understand and respect your cultural beliefs and values, but I just want to make sure you're informed, educated. Here's some factual statistical type of information that we know to be true", and just kind of walk that line pretty carefully.*
>
> Mecosta Focus Group, 8/10/2016

> *…how do you really teach about the culture piece?...Because I'm like, "Oh my goodness, I really don't know what to say to him." But that is an issue. You know, how do we address that? And I hope that as we go forward in our work, it's that you guys will come up with the training and add that culture piece in there. What's the best conversation for that? Because I don't know the best conversation for that.*
>
> Home Visitors Conference, 8/5/2016

These quotes illustrate the tension many participants feel between respecting the cultural beliefs of their clients while still encouraging safe sleep practices.

Provider Suggestions for Increasing Safe Sleep Practices

The second section of findings includes themes that reflect ideas from home visitors and child welfare workers on how to increase safe sleep across the state.

More Pack N Plays Please and Less Red Tape to Access

Focus group participants identified pack 'n plays as a critical resource for their job. Workers felt that they were being ineffective when educating clients on safe sleep without the ability to provide a safe sleeping surface. An overwhelming majority of focus group participants said they need more access to pack 'n plays with less paperwork, and a shorter turn-around time. Workers described spending a lot of time trying to procure pack 'n plays for clients and even spending money from their own pockets when they weren't able to locate one. They also described feelings of anxiety leaving a household knowing there was no crib for the infant until the proper sleeping surfaces were made available. Some workers stated how, rather than completing the State Emergency Relief (SER) application, they used other means to obtain pack 'n plays because they believed it to be easier and quicker. One worker described having to complete the SER paperwork three times for the same client because the application processing time was delayed and the 30-day requirement for a face-to-face meeting had expired.

> *…We need to be able to at any point give any person that doesn't have a safe sleep environment for the child, a safe sleep environment, because otherwise we look silly going out and saying 'Oh, hey, so I'm glad we've covered all this stuff. Now I really want to talk to you about something so important, your child's life, but then oh, you don't have one and you can't get one?, Okay, just remember I told you.*
>
> Genesee County, 7/26/16

> *…well, you have to fill out an SER, which takes of course a week, maybe two weeks or three weeks. So that's a big challenge when you're asking them to do something, but you don't have the funds readily available for them to do it.*
>
> Mecosta County, 8/10/16

Toolkit with Simple, Visual, Real and Consistent Messaging

Many participants spoke about the materials that they use to teach safe sleep. Respondents often spoke of four general areas: 1) the need for an improved safe sleep message; 2) examples of tools they already use; 3) the timing of the message and 4) consistency across all disciplines.

Improved safe sleep messaging fell into the areas of using multiple media outlets including radio, TV or social media. It also encompassed the need to reinforce that it's not just the substance-impaired parents whose babies die and the need to include messages to dads. Many felt that using older materials meant that young moms can't relate. The words "simple" and "graphics" came up as suggested methods of getting through to moms.

> *Maybe more pictures that – you know, the signs that are more universal, so like the circle with the X in it, that this is no, this is not the way to do it, but then happy face by the way it is. But something that's very universal.*

Kent County 8/23/16

Multiple respondents felt that the pamphlet that shows the windpipe in a prone versus supine position was helpful. In addition, many noted the commercial that shows a woman changing positions through the night as she sleeps. Other references to brochures, swaddler give-away programs, safe-sleep pledges and magnets were noted as being used frequently. Brochures with pictures were especially helpful as they assisted providers with families who may have low literacy levels.

> *A video that we use is a young lady who, she gets in the bed with her baby, and she places the baby by her hip, and it seems average to a person that sleeps with their infant, like, "Okay, this is normal every night." But then it shows how many times she tosses and she turns and she flails and she bumps around. So, you can see, when we have the groups, they're like, "Oh, wow, that was heavy." Because you don't think about how much you move around in your sleep, and of course, she went to bed, she kissed her baby, and it was not intentional, but that—putting your infant to sleep and having no worries and waking up and now you've damaged them. So that's one of the videos that we use.*

Home Visitors Conference, 8/4/16

> *Yeah, we do use brochures. I like the one-page brochure that I believe is from the Michigan Department of Health and Human Services. Just because a lot of my families, I do question their literacy, and I really like that I can present that to them and go over it with them.*

Home Visitors Conference, 8/4/16

> *Because I think sometimes they look at the ones who can't read, or they're kind of embarrassed that – admitting that they can't read. So we kind of utilize like the pictures to their level of understanding, to assist them with the safe sleep.*

Kent County, 8/23/16

Workers also indicated that the safe sleep message is not being provided early enough to families and that families are not able to sufficiently focus on the message due to too many other things going on (i.e. such as hearing the message right after giving birth) or that unsafe sleep habits are already formed by the time they are hearing the message. It was also brought up multiple times that educating children and teenagers is important, as the next generation will be knowledgeable from a much earlier age and carry that knowledge with them as they grow and have children of their own.

> *I'd really like to stress OBGYN and pediatrics. It's just because it's personal to me, but my daughter's expecting a baby, and she's almost 30 weeks, and the only place she has heard about safe sleep was from me, because I have this job.*

Mecosta County, 8/10/16

> *And I liked that starting early, you know, with the little, the small kids and with the magnets and letting them see a safe sleep environment. And so then that becomes the standard for them, so I like that.*

Home Visitors Conference, 8/4/16

Finally, providers described the need to have a consistent message across all professionals and media outlets that interact with families.

> *We come out into the homes, and that's great, but they need to see it on the TV, they need to hear about it on the news. They need to see it or hear it on the radio. Hear it in the doctor's office.*

And a lot of people are, I think, big on social media, so it's like, let's try to tie somehow into social media somewhere to try and catch their attention so that they recognize the seriousness of it.

Home Visitors Conference, 8/4/16

Creating a Safe Sleep Community

Focus group participants identified the importance of unifying and empowering the support system surrounding the mother and child. One participant expressed the valuable significance of presenting the safe sleep message to all family members, caregivers, and key players. Another worker spoke about the positive impact of community events to increase participation among support system members. Participants felt that education needed to be both engaging and interactive while providing opportunity for learning, discussion, and questions.

Incorporate everybody in there because I think oftentimes if this is only the mother hearing this message that's not hearing not to sleep with this baby. The grandma's not hearing- the aunt, or the babysitter that's like you said, you got to get everybody involved because if it's just, everything's centered around the mother and I think we need to change that concept.

Kent County, 8/23/16

So what we've done is baby safety showers, where not only are you inviting the client, but now you're inviting the client's friends, the best friend, the girl friend, the daddy, the grandma, the auntie- you're getting them all there, and then you have an opportunity, we do it in a very engaging and interactive way to provide that education.

Home Visitors Conference, 8/4/16

One respondent reported, through education and empowerment, they were able to help fathers become allies for mothers when navigating through family dynamics to advocate for safe sleep for their babies:

One of the things that we do in our community is a dad's initiative in September where we have all dads come and we put them through a course where they have to take the baby, change the baby, put the baby in a car seat, take the baby out of the car seat, put up a Pack 'n Play, put the baby safely on his or her back. Have a conversation with someone who might be a grandma, you know, 'I want my son, daughter placed on his her back.' Take the baby, give it back to the grandma, undo the Pack 'n Play—you know, this whole obstacle course while we're educating them on the importance of placing babies safely to sleep. So I just think that fathers and those male figures need to be at the table, you know? There should not be a separation.

Home Visitor's Conference, 8/4/16

Community and partnered relationships are vital to support the safe sleep message. Workers felt that consistency of the safe sleep message is needed on all levels. Collaboration with communities, hospitals, churches, corporate stores, and school systems are needed for additional support. One worker identified corporate stores as a valuable source to market safe sleep practices. Partnering with major corporate stores can send a visual message to consumers on importance of retail involvement.

I think it's a collaborative effort, so you would have to involve the entire. I think it involves everyone, so that's the schools, that's the hospitals, that's churches. It's agencies. It needs to be a broader approach too it because it's gonna take a village, not just the state.

Home Visitors Conference, 8/4/16

If you look at Target, Target- at least at Kent County, they only have the mattress and the sheet. They have removed their blankets. They removed all of the little stuffed animals. And so in Target across at least Grand Rapids I'm aware of, they got the message. And so, to me that's encouraging. They're listening you know?

Kent County, 8/23/16

Innovative Ideas to Increase Safe Sleep

Providers mentioned multiple ways state and local agencies could think outside the box to improve the impact of the safe sleep message on caregivers. One suggestion a provider made would help address the needs of caregiver during the most challenging times to practice safe sleep.

What about like working in mental health, like a suicide hotline? What about something like that for parents, like fussy baby hotline? And that could help prevent like shaken baby, too. Like even if it's in the middle – like man it in the middle of the night. We've got – I used to order a crisis pregnancy line and I'd work in the middle of the night. I'd work at home; I'd just dispatch it out to my phone and get our knowledge base – give tips over the phone. Call and vent to me about how much the baby's crying. Let me give you something – you don't have a clear head in the middle of the night, here's some ideas on the spot.

Kent County, 8/23/16

Another provider talked about the need to incorporate modeling of putting a baby to sleep safely into the education.

Before I leave the home, I tear the crib apart to how it should look like. I mean, really, okay, no more bumpers. We're taking this blanket out. We're taking this afghan out. This is the fitted sheet. This is how it should look. And I know when I've left, they knew how it looked.

Kent County, 8-23-16

I think that if they would show a little bit more of the realness about, "Hey, this is what you're supposed to do but these things could happen. Like being real about what those barriers could be, that it's not going to necessarily be like, "Okay, wrap this baby up and I'm going to put the baby on its back in the crib on its back and this baby's going to go to sleep and I'm going to walk away." Like show something real so that this baby might start screaming as soon as you walk away from that crib.

Kent County 8/23/16

When providers are able to display successful safe sleep environments the parents can feel more confident about their ability to practice the message as well.

Recommendations

In addition to the suggestions above provided by the focus group participants, MDHHS and MPHI propose several recommendations to improve safe sleep practices and reduce racial/ethnic disparities in Michigan. These strategies are divided into three strategies: 1) Enhanced Trainings and Tools, 2) Improving Engagement with Caregivers and 3) Establishing a Consistent Vision and Strategic Direction that Identifies Safe Sleep as Top Public Health Priority.

1. Enhanced Trainings and Tools
    - Provide a standardized toolkit that gives all providers the same information and messaging. When provider information regarding sleep practices differ, caregivers often defer to their most trusted source to determine which advice to follow. Ensuring that all public health and health care professionals have access to the same resources, will help to standardize the message. The toolkit should be updated regularly and able to be customized per discipline.
    - Medical providers need to be educated on safe sleep. Health care providers were one of the largest barriers to getting across the safe sleep message due to the fact that their opinions are more trusted than CPS workers or home visitors. Medical professionals often secure a higher level of trust from caregivers simply due to their medical training and background. Having medical professionals support home visitor and child welfare education is a key component to getting caregivers to practice safe sleep.
    - Increase the level of support for safe sleep teaching at birthing hospitals. Across all focus group sites, the varying levels of quality regarding safe sleep teaching in hospitals was noted. In light of the 2014 law that requires hospitals to provide safe sleep education to all parents at the time of delivery, this is an opportunity to increase support to birth hospitals to provide quality safe sleep education. Safe sleep education provided to hospitals should include the 2016 update to the AAP guidelines and should be based in a peer to peer learning exchange. This might be accomplished through a partnership with the Michigan Health and Hospital Association.
    - Include incidence of sleep-related infant death occurrence in Michigan in education campaigns. Several focus group participants noted that educational materials that include how often sleep-related infant deaths occur in Michigan and in the individual counties would be helpful to them. They also felt that more detailed data about increased incidence by race or what the prevalence of the specific risk factors were in the death cases could help them hone their messages and make those messages hit home with families. Workers felt as though the lack of hearing of these deaths in the media made it more difficult for them to relate the importance of the guidelines to families. Materials could include more testimonials from mothers who lost their infant because of unsafe sleep.
    - Eliminate any teaching tools that use the term SIDS; increase the use of the word suffocation. A number of child welfare workers and home visitors noted that the historical prominence of the term SIDS, and the fact that it is sometimes still used, makes it harder for families to understand why the safe sleep guidelines could prevent their infants from dying. Historically, it was always noted that SIDS was not preventable. Participants noted that many of the families that they service do not have a very high education level, and using concrete terms like suffocation may assist in their understanding of why the message is what it is, and why it is important. In addition families need to be educated on the diagnostic shift to understand why the term SIDS is no longer used in Michigan.
    - Put a stronger emphasis on room-sharing to encourage both breastfeeding and safe sleeping. Some participants noted that if their client breastfed, she may tell them that it was easier to sleep with her infant, in order to facilitate nursing. The encouragement of room-sharing so that nursing facilitation can take place without bed-sharing may address this issue. It may also be a message

that breastfeeding advocates can support, so that moms aren't getting conflicting information depending on who is providing it to them.

- Include discussion of infant comfort and development in safe sleep teaching. Infants communicate through crying. Child welfare workers and home visitors in this study reported that often, their clients would interpret their infants' cries to mean that they "didn't like" their crib, or lying on their backs. They also sometimes expressed that they didn't think that a crib or pack 'n play mattress could be comfortable for an infant, because they were perceived to be too hard. Some workers noted that they will actually demonstrate that they can get the baby to sleep in the safe location so that the mother could model the method later. Others would educate their clients about how babies don't need to be any warmer than adults and don't need super-soft surfaces in order to be comfortable enough to sleep.
- Ensure that MDHHS child welfare staff are aware of the mandated safe sleep training, and encourage home visitors, developmental assessment clinic providers and others who interact with families to participate in safe sleep trainings. Despite being in effect since 2014, several child welfare workers were not aware of the mandate requiring all child welfare workers be trained in safe sleep. Additional outreach efforts should ensure that staff are made aware of the mandate and are made aware of available trainings. Home visitors also would benefit from a standardized training on safe sleep to ensure message consistency,
- The safe sleep message needs to be updated to be more culturally responsive and sensitive. Cultural practices related to sleep often act as barriers to the adoption of safe sleep practices. A curriculum should be developed for providers that includes roleplaying exercises meant to demonstrate how to address resistance to safe sleep messaging in a culturally responsive manner. Furthermore, participants should be coached on the best way to deliver risk reduction messaging in the event that their client is hesitant to adopt safe sleep practices.

2. Improved Engagement with Families
    - Assist clients with meeting their basic needs so that they can focus on safe sleep. Providers need to meet families where they are when providing safe sleep education. Beginning with a caregivers basic needs and moving them towards reduced risk. Many of the clients that child welfare workers and home visitors work with are living in poverty. With poverty comes chaos that doesn't afford caregivers with the opportunity to focus on safe sleep. If workers can assist clients with meeting their basic needs such as food, transportation and housing, caregivers will be better able to engage in safe sleep practices.
    - Educate all family members regarding the importance of safe sleep. Often older family members are not familiar with changes in the safe sleep message that may have occurred since they raised their children. Educating family members on the reasons behind the new safe sleep practices can help create additional trusted sources advocating for the infant to sleep safely. While this is often difficult, workers did state that utilizing current statistics and comparing safe sleep to other public health movements (i.e. seat belt laws) helped family members recognize that knowledge changes over time and that many practices have also changed over time. This technique seemed to be more relatable to families. An important component of that teaching should also acknowledge

the change in practice and explain why the practice has changed to assist those family members in understanding the importance of safe sleep practices.

- Empower caregivers (parents) to teach the safe sleep message to their family members and other providers. Caregivers should assume the role of teacher regarding their infant's sleep practices. However, they need to be equipped with the tools necessary and talking points to teach their family members and others caring for their infant regarding safe sleep. Providing caregivers with the tools to teach others will deepen their understanding of the safe sleep message and allow them to become a trusted source of information for their family members.
- Utilize risk management and risk reduction communication techniques to increase safe sleep compliance. Risk management communication principles entail the identification, assessment, and prioritization of risk. It also includes the subsequent provision of resources and strategies to minimize the probability of negative outcomes. There were dozens of examples throughout the focus group transcripts wherein child welfare workers and home visitors acknowledged the fact that many families are being taught about safe sleep and may even express annoyance at having to be told about it visit after visit, but that exposure and knowledge alone was often not enough to change behavior. There are likely a variety of factors that play into this phenomenon, including a family's inability to address *all* of the associated risk factors *all* of the time. Pairing the reasons given throughout this report for why the message doesn't always get through to families with established risk management and risk reduction principles (e.g., working to reduce risk factors in stages) may increase the efficacy of the message and the likelihood that families will act on their knowledge.
- When providing safe sleep education to clients, workers should engage the client using a variety of different behavioral change methods, including modeling. The social cognitive theory of behavior change is often used in health communication. This theory stresses the importance of observing modeled behavior when encouraging behavior change. In this instance, modeling methods could include interviewing techniques that encourage the client to participate, personal demonstration, and the use of visual aids. To better prepare workers, career development opportunities that would improve interviewing techniques should be made available to workers. In addition, educational materials and other types of media should be readily available and easy for workers to access. It is important, however, that materials are kept up-to-date as they lose their effectiveness. Providers should also model ways to calm a fussy baby and successfully help babies sleep in safe environments.
- Encourage child welfare workers and home visitors to develop safe sleep plans with their clients. Many respondents noted that safe sleep teaching materials outline the tenets what the American Academy of Pediatrics recommends, but doesn't put that information into the context of the real world. They said their clients might be perfectly capable of learning those tenets and repeating it back to them, but that the reality of what it's like to care for a newborn isn't reflected in the teaching materials. They felt it would be helpful to work with clients to prepare for the challenging moments when they are having a hard time getting their baby to sleep, similar to Abusive Head Trauma prevention efforts that work to assist families with ways to calm a fussy baby and cope with excessive crying.

- Develop and implement supportive resources available to parents at all hours of the night, when parents/caregivers have the most need. A number of participants noted that when the wheels come off the safe sleep plan, it's generally in the middle of the night when moms can feel isolated and not have support people, whether family, friends or professionals, to turn to for advice when their child won't sleep. They likened the need to that of an addict with their mentor, someone who is suicidal calling a hotline, or the breastfeeding support groups that are in existence. They felt that something along one of those lines should be tried for safe sleep, to decrease the chance that a frustrated parent might just give up in the middle of the night and practice unsafe sleeping.
- Educate providers on how to build working relationships with caregivers. A strong working rapport with families or lack thereof plays a vital role in the caregiver's ability to understand and apply the safe sleep message. Providers need specific tools to gain the trust of the caregiver's they work with. The absence of that positive relationship is detrimental to delivering the safe sleep message and can interfere with following safe sleep practices. Providers need specific tools to develop positive working relationships with their clients.
- Explore ways to ensure retention of home visitors and CPS workers. Rapport building with families takes time and is built over multiple visits. In order for families to build that rapport, experienced workers who are assigned to the same family for a long period of time is necessary. Retaining experienced workers and employing methods to increase caregiver's ability to understand and apply the safe sleep message should be a top priority.
- The safe sleep message needs to be provided earlier and by various professionals. Workers strongly felt that the safe sleep message needs to be shared much earlier with families. The safe sleep message should be shared early on in pregnancy with families and be continually shared through the pregnancy, post-birth and throughout the first year of the child's life. Workers suggested that OB-GYNs, stores that sell baby items, community-based organizations that interact with families during and after pregnancy, hospital physicians and nurses, faith based groups and pediatricians should all be involved in spreading the safe sleep message so that families hear the message often and consistently.
- The next generation needs to be educated on safe sleep practices now. Workers also discussed that youth needed to be included in safe sleep education. Workers noted that including children in safe sleep education now would increase their awareness of safe sleep practices and become more of a societal norm over time.
- Use risk reduction methods when working with families. Risk reduction methods help families reduce individual risks for safe sleep one-by-one when they are unable or unwilling to remove all risks.

3. Establish a Consistent Vision and Strategic Direction that Identifies Safe Sleep as Top Public Health Priority

- Adopt a two-tiered approach to eliminating sleep related deaths. Safe Sleep should be treated as a public health crisis that has its own specific programming and dedicated professionals throughout the state who work with families to achieve the goal of practicing safe sleep. In addition to this

targeted intervention safe sleep education should continue to be woven into all programming that intersects with infant caregivers to best support the targeted efforts.

- Acknowledge the efforts of workers in the field to increase morale. Many child welfare workers and home visitors voiced disappointment and frustration that their efforts to teach families about safe sleep often go unheeded. A few of them had even taught families about safe sleep just prior to those infants dying in unsafe sleep environments. The cumulative effect of hard work in vain, sometimes even resulting in death, contributes to decreased morale in workers who know they must continue to fight on the front lines of this battle for young lives. Any type of acknowledgement of that, and assistance/back-up for them in their work would be appreciated by these providers.
- Saturate the market to demonstrate the seriousness and scope of the issue. Partnering with the media, community groups, corporate stores, and hospitals. Workers stated social media as being an outlet to enforce the safe sleep message. Further information broadcasted on radios, TV commercials, use of Facebook and twitter messages from the Health Department were indicated as methods to reinforce the importance of providing a safe sleep environment for infants.
- Pack 'n plays need to be more readily available with a simplified procurement process and shorter turn-around time. Workers stated that pack 'n plays were essential for them to effectively complete their job, yet they weren't always able to obtain one in a timely manner. Pack 'n plays need to be more readily available and, for organizations that distribute them, the procurement process needs to be simplified and the turn-around time needs to be instantaneous. Workers specifically noted that Michigan's SER process was way too complicated and way too long. The MDHHS needs to improve the SER process or use an alternate process for pack N play distribution.
- Allow room for innovation. The Department should explore new and innovative ideas to tackle safe sleep education. They should look to other public health and child welfare successes and adapt safe sleep messaging to those models.

Summary

The passion and dedication of child welfare workers and home visitors to increase safe sleep practices was overwhelming. Providers felt strongly about the work they were doing to reduce sleep-related infant deaths and were committed to improving collaboration across the state. Their experiences are a very useful tool to understand how to build capacity within existing programming as well as how to grow our safe sleep efforts in Michigan. The recommendations in this report should be considered to guide the future statewide activities and efforts.

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Table 1. Personal Characteristics of Study Participants (n=90)

	N	%
Gender		
Male	4	5
Female	84	95
Race		
White/Caucasian	49	56
Black/African American	35	40
Other	3	3
Ethnicity		
Hispanic	5	6
Not Hispanic	72	94
Education		
High School/GED	1	1
Some College	2	2
College Graduate	52	58
Post Graduate Work/Degree	35	39

Missing data: Gender (n=2); Race (n=3); Ethnicity (n=13)

Table 2. Job Title among Study Participants (n=90)

	N	%
Child Protective Services	32	36
Home Visitor Social Worker	10	11
Home Visitor Nurse	7	8
Early On/Early Head Start/Strong Beginnings	7	8
Other	7	8
Director/Supervisor	6	7
Community Health Worker	5	6
Foster Care	5	6
Health Educator/Education Coordinator	5	6
Program Coordinator	4	4
Family Support Worker	2	2

Multiple responses provided; Missing data (n=1)

Table 3. Average Frequency and Duration of Safe Sleep Education (n=90)

	N	%
Average Frequency of Safe Sleep Education		
Once per week	38	42
Once per month	18	20
Once every few months	12	13
Varies, based on caseload and families' needs	8	9
Every day	4	4
Once per year	3	3
As often as needed	3	3
Several times a week	3	3
I don't educate families	1	1
Average Duration of Safe Sleep Education		
Less than 10 minutes	36	41
10-20 minutes	39	44
20-30 minutes	8	9
30-60 minutes	3	3
60+ minutes	2	2

Table 4. Materials Currently Used by Study Participants to Educate on Safe Sleep (n=90)

	N	%
Brochures	83	92
Safe Sleep Flyers	54	60
DVD/Videos	8	9
Agreement/Pledges	4	4
Magnets	3	3
Onesies	3	3
PowerPoint/Verbal communication	3	3
Door hangers	2	2
Pack 'N Plays	2	2
Posters	1	1
Sleep sacks	1	1
Swaddlers	1	1
Media	1	1

Multiple responses allowed; Missing data: Other Materials (n=1)

Figure 2. Satisfaction with Materials Used for Safe Sleep Education

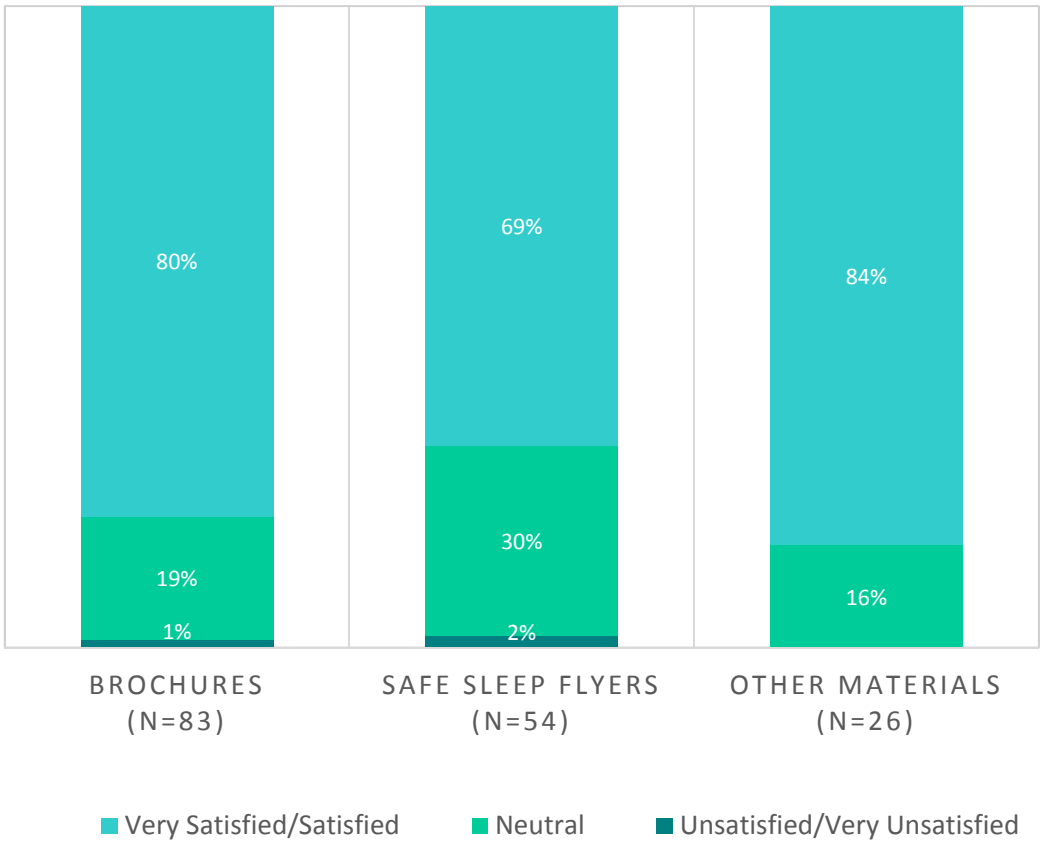

Table 5. Confidence in Ability to Educate Families on Safe Sleep (n=90)

	N	%
Not confident	1	1
Somewhat confident	24	27
Very confident	65	72

Table 6. Received Formal Training on Safe Sleep (n=90)

	N	%
Yes	67	74
No	23	26

Table 7. Availability of Resources and Service Supports (n=90)

	N	%
Local Health Department		
Yes	66	73
No	24	27
Safe Sleep Trainer		
Yes	56	62
No	34	38
MDHHS		
Yes	68	76
No	22	24
MDHHS Safe Sleep Website		
Yes	67	74
No	23	26
Crib Giveaway Program		
Yes	66	73
No	24	27
Local Community Agencies		
Yes	47	52
No	43	48

Missing data: Local Community Agencies (n=3)

Figure 3. Accessibility of Safe Sleep Resources and Service Support