

## City of Milwaukee Health Department Safe Sleep Summit

### Executive Summary

**Background:** Unsafe sleep plays a role in an average of 15-20 infant deaths each year in Milwaukee, and contributes to one of the highest infant mortality rates in the country. Of the 90 sleep-related deaths between 2005 and 2008, nearly 80% involved pillows, blankets, or other soft items; nearly 70% involved a shared sleep surface; nearly 70% of the infants were exposed to second-hand smoke; and 40% were not placed on their back to sleep.

These facts drove the City of Milwaukee Health Department to organize a Safe Sleep Summit on May 3, 2010. Over 200 attendees actively participated in the summit across a variety of sectors, including healthcare, business, academia, community, and faith-based organizations. The goals of the Safe Sleep Summit were (1) to interpret national, state and local data on the relationship between unsafe sleep and infant death, and (2) to build consensus around the need to act now, in a concerted fashion, to reduce deaths associated with unsafe sleep.

The “heart” of the event was a one-hour-long facilitated discussion, at round tables with 8-10 people each, to identify innovative ideas to reduce deaths associated with unsafe sleep. Nineteen tables discussed the following questions:

1. What is the most creative safe sleep strategy your organization or sector is currently implementing?
2. What new creative strategies would you like to see your organization or sector implement to promote safe sleep?
3. What innovative ideas would you like to see other sectors implement?

**Outcomes:** The suggestions for preventing and reducing the number of infant deaths due to unsafe sleep environments mainly focused on stronger coordination and integration of existing programs, combined with:

- **Working across sectors to create a holistic and comprehensive plan.**
- **Using culturally competent, clear, consistent, and data-supported messages.**
- **Streamlining existing programs** such as Cribs for Kids® and making these programs consistent across project sites.
- **Developing and distributing products or other incentives that reinforce safe sleep practices** such as portable cribs.
- **Expanding approaches to addressing safe sleep practices prior to the baby’s birth.**
- **Taking advantage of nontraditional venues for prevention** by modeling safe sleep practices in jails, at baby showers, food pantries, and so on.
- **Standardizing datasets to record and report on prenatal care and birth outcomes** in health care institutions and other service providers as well.
- **Identifying and obtaining funding and resources** – such as business, community, and foundation partnerships, fundraisers led by schoolchildren, the private sector, and manufacturers – to continue and expand successful initiatives.

**Next Steps:** Next steps should include a) prioritizing recommendations and suggestions; b) developing a multi-layer action plan that multiple groups can add to and be accountable for; c) identifying other campaigns/initiatives to connect with; and d) maintaining clear communications among all partners (such as via the safe sleep website).

## Results: Highlights

Participants in the Safe Sleep Summit generated over 650 ideas and potential activities to prevent and reduce the number of infant deaths due to unsafe sleep environments.

In some cases the proposed activities challenge our *usual way* of approaching unsafe sleep practices but more often than not, participants simply wanted more to be done, at all levels, inside their organizations and across the city.

The suggestions from the participants fell into six main categories, and the highlights from each category are summarized here:

### 1. Who do we need to reach?

- a) Family members
- b) Students at all levels
- c) Teachers, babysitters, child-care providers
- d) Healthcare providers and service agency staff
- e) Community members

### 2. What do we need to share?

- a) Clear messages and materials
- b) Culturally competent messages
- c) Products / incentives
- d) Cribs for Kids®

### 3. When do we reach them?

- a) Around pregnancy
- b) Across the lifespan

### 4. Where do we reach them?

- a) Home visits
- b) Healthcare settings
- c) “Where they’re at”

### 5. How do we spread the message?

- a) Parenting classes & seminars
- b) Assessing individual needs
- c) Community events
- d) Modeling safe sleep practices
- e) Media campaigns

### 6. What else needs to be done?

- a) Changing policy
- b) Educating staff
- c) Collaborating with manufacturers & industry
- d) Data, research, & evaluation
- e) Getting buy-in across sectors

*Detailed tables containing results of all of the participants’ comments and suggestions are presented on the following pages.*

*This report then concludes with an appendix containing acknowledgements and a description of the conference and the methods by which these results were obtained.*

## Results: Details

The following charts summarize participant ideas regarding opportunities for prevention and intervention activities and initiatives, grouped into six main categories. In each chart, the left column contains policies, activities, and approaches that are currently being implemented at the program-, organizational-, or citywide-level; and the right column contains participant suggestions for doing more.

### 1. WHO do we need to reach?

Summit participants identified a **broad** audience for safe sleep strategies, including:

- Mothers
- Fathers
- Siblings
- Grandparents
- Aunts and uncles
- Other family members
- Teachers
- Babysitters
- Teens/ high school students
- School children
- College students
- Health care providers
- Pediatric/Medical/Nursing students/residents
- Service agency staff
- Child care providers
- Foster parents
- Community members

### 2. WHAT do we need to share?

Clear Messages/Materials	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Offering information on safe sleep through several venues:               <ul style="list-style-type: none"> <li>○ DVDs</li> <li>○ Posters</li> <li>○ Pamphlets/brochures/handouts</li> <li>○ Door hangers</li> <li>○ Magnets</li> <li>○ Model crib/visual display</li> <li>○ Birthday cards with safe sleep messages</li> <li>○ Bed clothing</li> </ul> </li> <li>• Using clear messages such as:               <ul style="list-style-type: none"> <li>○ Back to sleep, tummy to play</li> <li>○ Safest way to sleep with your baby is ABC: <u>A</u>lone, <u>B</u>ack, <u>C</u>rib</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Using more <u>pictures</u> of (culturally-specific) safe sleep situations – babies sleeping on their backs in an empty (but inviting-looking) crib, in the same room as parents</li> <li>• Providing information that:               <ul style="list-style-type: none"> <li>○ Includes local statistics on unsafe sleep and infant deaths</li> <li>○ Is presented in a very simple readable format</li> <li>○ Shares a personal story to show the face of infant mortality</li> </ul> </li> <li>• Creating a safe sleep nursery rhyme book that is endorsed and handed out at delivery</li> <li>• Using clear messages such as:               <ul style="list-style-type: none"> <li>○ Safe Sleep Zone</li> <li>○ Make Milwaukee a Safe Sleep Zone</li> <li>○ Please put me back to sleep</li> <li>○ Sleep sacks/halos that say “wrong way” on the back</li> <li>○ Prevent harm, share room not bed</li> </ul> </li> </ul>

## Culturally Competent Messages

Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Building respectful, trusting relationships with families</li> <li>• Sharing information in a non-threatening environment</li> <li>• Emphasizing room sharing versus bed-sharing</li> <li>• Using the anecdote when talking with grandparents how when they were younger, car seats and seat belts were not used, but now they have been demonstrated safe and are legally mandated</li> <li>• Training our providers to provide more culturally competent care</li> <li>• Facilitating an environment where honest conversation about sleep can occur</li> </ul>	<ul style="list-style-type: none"> <li>• Educating individuals on <u>all</u> risk factors associated with unsafe sleep (smoking, alcohol or drug use, exhaustion, bed-sharing)</li> <li>• Using more family-friendly/approachable materials (for example, culture and language appropriate)</li> <li>• Engaging peer promoters/"big sisters" to support families and share safe sleep messages</li> <li>• Crafting messages that address the cultural norms of bed-sharing</li> <li>• Addressing reasons why parents might be reluctant to follow safe sleep practices:               <ul style="list-style-type: none"> <li>○ Addressing the ability for mother and baby to bond (while not bed-sharing)</li> <li>○ Teaching parents techniques aimed at helping babies fall asleep safely</li> </ul> </li> <li>• Explaining <i>why</i> safe sleep recommendations are being made (supported by data)</li> </ul>

## Products/Incentives

Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Providing products and incentives that facilitate safe sleep such as:               <ul style="list-style-type: none"> <li>○ Bag sleepers/halo sleepers/sleep sacks</li> <li>○ Car seats</li> <li>○ Infant body suits/"onesies"</li> <li>○ Pack 'n Play® sheets</li> <li>○ Swaddlers/swaddling blankets</li> <li>○ Some of the materials have safe sleep messages printed on them, such as "Back to sleep, tummy to play," "This side up"</li> </ul> </li> <li>• Providing these products through the <i>Stork's Nest</i>, an incentive program where families earn points based on attending prenatal care visits</li> </ul>	<ul style="list-style-type: none"> <li>• Providing more materials with safe sleep messaging on them</li> <li>• Providing educational DVDs that parents can take home about safe sleep</li> <li>• Distributing bed attachments as well as portable cribs</li> <li>• Expanding the <i>Stork's Nest</i> program to include safe sleep education</li> </ul>

Cribs for Kids <sup>®1</sup>	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Providing portable cribs for families who need them</li> <li>• Sharing the Cribs for Kids<sup>®</sup> safe sleep education intervention when distributing cribs</li> <li>• Demonstrating how to use the cribs safely</li> <li>• Conducting follow-ups to evaluate retention of information and implementation of safe sleep best practices</li> </ul>	<ul style="list-style-type: none"> <li>• Combining all Cribs for Kids<sup>®</sup> distribution sites in the City of Milwaukee under one program to improve consistency and training effectiveness</li> <li>• Expanding the message that the cribs are available for families in need</li> <li>• Evaluating the effectiveness of the program and the intervention on changing sleep practices</li> </ul>

### 3. WHEN do we reach them?

Around Pregnancy	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Encouraging families to contact their Health Maintenance Organization as soon as they find out they are pregnant</li> <li>• Providing safe sleep education: <ul style="list-style-type: none"> <li>○ Prenatally - during prenatal care visits, group prenatal care, classes, and Prenatal Care Coordination (PNCC) visits</li> <li>○ During well-child visits</li> <li>○ Postpartum – on the unit and in the NICU</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Referring individuals prenatally to public health programs</li> <li>• Providing safe sleep education at pre-conception and inter-conception visits</li> <li>• Addressing and planning for a safe sleep environment <i>before</i> the infant is born</li> </ul>

Across the Lifespan	
Current Activities:	Suggested Activities:
	<ul style="list-style-type: none"> <li>• Educating individuals across the lifespan (from young children to the elderly) about safe sleep</li> </ul>

<sup>1</sup> City of Milwaukee Cribs for Kids<sup>®</sup> program: <http://www.milwaukee.gov/cribsforkids>

#### 4. WHERE do we reach them?

Home Visits	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Using teams of nurses, health professionals, social workers, and community health workers to provide in-home visits both prenatally and postnatally</li> <li>• Using home visits to follow-up with parents to reinforce safe sleep messaging</li> </ul>	<ul style="list-style-type: none"> <li>• Providing written and verbal materials during <u>all</u> home visits, regardless of purpose (e.g., parent teaching, child welfare, etc.)</li> <li>• Offering home visits to <u>all</u> parents</li> <li>• Asking to see the sleep environment and helping families arrange the bedroom and sleeping arrangements</li> <li>• Utilizing volunteers and/or faith based organizations to help with education, outreach, and follow-up care</li> </ul>

Health Care Settings	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Providing education to families in:               <ul style="list-style-type: none"> <li>○ Prenatal care clinics</li> <li>○ Neonatal intensive care units</li> <li>○ Labor and delivery and postpartum units</li> <li>○ Pediatrician offices</li> </ul> </li> <li>• Enforcing internal safe sleep policies by:               <ul style="list-style-type: none"> <li>○ Modeling back to sleep, halo sleepers, and safe swaddling in the nursery/NICU</li> <li>○ Sending the sleepers and swaddling blankets home with families at discharge</li> <li>○ Hourly rounding to correct unsafe sleep</li> <li>○ Including signs on safe sleep (back to sleep, etc.) in cribs and on the walls</li> <li>○ Providing educational materials on safe sleep throughout the hospital stay</li> <li>○ Using a “crib card” that features a cute poem about a safe sleep environment<sup>2</sup></li> </ul> </li> <li>• Using a <i>Safety Corner</i> for families that includes a 45 minute session, 1:1 with a health educator, DVDs, role modeling, setting up a crib and using a doll for placement, and telephone follow-up</li> <li>• Integrating a “family coach” to work with families in the NICU, including safe sleep practices</li> <li>• Meeting across systems through the Milwaukee Health Care Collaborative</li> </ul>	<ul style="list-style-type: none"> <li>• Providing education to families across <u>all points of care</u> using an information kiosk, a bulletin board, or hand-outs</li> <li>• Providing education to families using multiple venues, including closed circuit hospital television, during pre-conception and inter-conception visits</li> <li>• Using culturally appropriate photos of safe sleep as artwork in the halls</li> </ul>

<sup>2</sup> Available through the Wisconsin Association of Perinatal Care, [www.perinatalweb.org](http://www.perinatalweb.org)

“Meet them where they’re at”	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Providing health fairs for new families with various informational sessions, giveaways, and access to resources</li> <li>• Educating families through their Health Maintenance Organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing the message (via posters, handouts) at:               <ul style="list-style-type: none"> <li>○ Women, Infant and Children (WIC) offices</li> <li>○ District attorney / Legal / Law Enforcement offices</li> <li>○ Alcohol or Drug Abuse (AODA) Services</li> <li>○ During mental health visits</li> <li>○ Within child care coordination services</li> <li>○ Retail stores and malls</li> <li>○ Day cares</li> <li>○ Food pantries</li> </ul> </li> <li>• Identifying organizations that serve the families at highest risk for poor infant outcomes and sharing safe sleep messaging/materials with them</li> <li>• Finding more ways to meet with families one-on-one</li> <li>• Sharing messages in the prison and jail populations</li> <li>• Sharing safe sleep packets at baby showers or with party planners</li> </ul>

## 5. HOW do we spread the message?

Parenting/Caregiving Classes/Seminars	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Incorporating safe sleep and tummy time into infant care classes that cover CPR, infant massage, etc.</li> <li>• Providing educational programs aimed at fathers</li> <li>• Providing food and incentives to increase attendance</li> </ul>	<ul style="list-style-type: none"> <li>• Offering safe sleep classes to a <u>broad audience</u> (all family members; other caregivers)</li> <li>• Encouraging <u>all</u> families to attend a safe sleep seminar prior to giving birth</li> <li>• Offering support groups that specifically deal with sleep issues</li> <li>• Following up with families, asking “how does the baby sleep,” and addressing any issues</li> <li>• Work with the Girl Scouts to create a training badge on safe sleep</li> <li>• Identifying resources for families that address multiple aspects of parenting prevention (before it reaches crisis point)</li> </ul>

Assessing Individual Needs	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Talking one on one with families about their sleep practices and how to make them safer</li> <li>• Assessing for mental health needs (such as prenatal or postpartum depression)</li> <li>• Reviewing risk factors, and providing anticipatory guidance to address them</li> <li>• If individuals decide to co-sleep, sharing strategies to help them reduce risk</li> <li>• Asking at discharge, “what are your plans for your baby’s sleeping environment when you get home?” to get an idea of what they <i>plan</i> to do before doing teaching on what they <i>should</i> do</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring that <u>every</u> mom is connected with some kind of educational support, follow-up, or group</li> <li>• As an introduction to reviewing risk factors, asking all families, “where did your baby sleep last night?”</li> <li>• Offering respite care</li> <li>• Providing more resources/support for families to focus more on parenting</li> <li>• Supporting young parents</li> <li>• Recognizing and addressing other important factors that can affect infant sleep and outcomes, including: <ul style="list-style-type: none"> <li>○ Poverty / unemployment</li> <li>○ Racial disparities</li> <li>○ Prematurity</li> <li>○ Chronic disorders (e.g., hypertension, diabetes)</li> <li>○ Poor housing conditions</li> </ul> </li> </ul>

Community Events	
Current Activities:	Suggested Activities:
<p>Increasing community awareness of adverse birth outcomes by:</p> <ul style="list-style-type: none"> <li>• Providing safe sleep seminars</li> <li>• Publicly sharing Fetal and Infant Mortality Review data<sup>3</sup></li> <li>• Presenting at public events, safety fairs, and hospital seminars</li> <li>• Having school children sponsor a “walk for babies” to raise funds and increase awareness</li> <li>• Providing informational bulletin boards made by college students with statistics on unsafe sleep, numbers of infant deaths, and recommendations for safe sleep</li> </ul>	<ul style="list-style-type: none"> <li>• Targeting venues to reach grandparents, such as senior living centers, faith-based or social organizations, etc.</li> <li>• Holding more community “safe sleep summits” or round tables (with a meal) to share information about safe sleep</li> <li>• Working to change the “culture” to encompass safe sleep practices</li> <li>• Working with local firefighters and other volunteers to canvass neighborhoods, going door-to-door to share safe sleep information</li> <li>• Encouraging and empowering communities to take ownership of the problem, which can support a social change movement</li> <li>• Using a broad-based initiative model such as the Harlem Children’s Zone</li> <li>• Offering “Safe Sleep Saturday Nights”: providing overnight care for infants of parents who want to go out drinking – it could be staffed by college students who want to earn extra credit</li> </ul>

<sup>3</sup> Available at: <http://www.milwaukee.gov/InfantMortality.htm>

Modeling Safe Sleep Practices	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Praising parents when they use safe sleep practices</li> <li>• Using sleep sac/halo sleepers in the nursery and NICU (open cribs)</li> <li>• Demonstrating swaddling, back-to-sleep, and other safe sleep techniques, and re-visiting those demonstrations across multiple classes (prenatally, postnatally, and at infant care classes)</li> <li>• Providing cribs for infants and reinforcing a safe sleep policy in homeless and domestic violence shelters</li> </ul>	<ul style="list-style-type: none"> <li>• Focusing more education on teaching babies how to sleep</li> <li>• Having families “demonstrate” safe sleep situations and praise them for the behavior we want to see</li> <li>• Supporting breastfeeding (without bed-sharing)</li> </ul>

Media Campaign	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Implementing a media campaign that includes: <ul style="list-style-type: none"> <li>○ Milwaukee Health Department’s “final resting place/tombstone” ad on billboards</li> <li>○ YouTube videos on safe sleep<sup>4</sup></li> <li>○ Letters to the editor/articles in local papers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Media attention that presents each death as a tragedy</li> <li>• Considering a “Most of Us” campaign versus scare tactics.</li> <li>• Providing accurate information for the media, including: <ul style="list-style-type: none"> <li>○ A uniform message</li> <li>○ Guidelines for safe sleep images</li> <li>○ Regular newspaper and newsletter articles (on a quarterly basis to reinforce the message)</li> </ul> </li> <li>• Engaging with marketing and media firms to implement a creative, full media campaign that includes: <ul style="list-style-type: none"> <li>○ Local media stars (Brewers, Bucks, a “safe sleep mentor,” musicians)</li> <li>○ Doctors speaking in plain language</li> <li>○ “On hold” phone messaging</li> <li>○ Public Service Announcements (TV, radio)</li> <li>○ Billboards, Bus ads</li> <li>○ Social media (Facebook, Myspace)</li> <li>○ Text messaging / Website messages</li> <li>○ Signs/posters in local retail/business establishments</li> </ul> </li> <li>• Working towards a national campaign with a spokesperson such as Oprah, Michelle Obama, or Morgan Freeman</li> </ul>

<sup>4</sup> Available at <http://www.youtube.com/watch?v=YvBJg7d0OWQ>

## 6. WHAT else do we need to do?

Changing Policy	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>Implementing and enforcing organizational policies that support safe sleep</li> </ul>	<ul style="list-style-type: none"> <li>Working with insurance companies and the state to fund pre- and inter-conception care</li> <li>Advocating for legislation requiring a satisfactory response to “where will your baby sleep,” and access to a crib if they don’t have one, similar to the legislation around infant care seats</li> <li>Addressing policies around unsafe child care and sending mother’s back to work</li> <li>Working to increase paid Family and Medical Leave to 6 months for mothers and fathers</li> <li>Looking for successful models from other states</li> </ul>

Staff Education	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>Educating service providers on safe sleep and adverse birth outcomes</li> <li>Using established, evidence-based education curriculums to teach staff (such as the NICHD safe sleep curriculum<sup>5</sup>)</li> <li>Providing tools for educating parents and educational materials across all settings</li> <li>Convening internal “topic committees” to provide recommendations for how organizations can help address the issue</li> </ul>	<ul style="list-style-type: none"> <li>Make completion of a safe sleep curriculum (with competency documentation) mandatory for staff.</li> </ul>

Collaborating with Manufacturers/Industry	
Current Activities:	Suggested Activities:
	<ul style="list-style-type: none"> <li>Demanding that manufacturers sell baby-safe products (for example, no bumper pads)</li> <li>Encouraging/collaborating with manufacturers to:               <ul style="list-style-type: none"> <li>Include safe sleep messages on their websites</li> <li>Depict safe sleep cribs in advertising</li> <li>Help sponsor a safe sleep campaign</li> <li>Design a safe product to address the situation</li> </ul> </li> </ul>

<sup>5</sup> Available at [http://www.nichd.nih.gov/publications/pubs\\_details.cfm?from=&pubs\\_id=5685](http://www.nichd.nih.gov/publications/pubs_details.cfm?from=&pubs_id=5685)

Data, Research and Evaluation	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Analyzing and disseminating infant mortality data to support the safe sleep messages that are being sent</li> <li>• Evaluating some programs to demonstrate what is working (for example, retention and behavior changes of caregivers)</li> <li>• Comparing fetal and infant mortality review data over time</li> <li>• Using the data to support safe sleep recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluating all programs to demonstrate what is working</li> <li>• Utilizing data to understand the scope and impact of the problem and utilizing this data to drive prevention efforts</li> <li>• Standardizing data sets to record and report on prenatal care and birth outcomes from system to system, county to county, etc.</li> <li>• Supporting greater service provider accountability by using strong evaluation methodology</li> <li>• Conducting focus groups to learn from families the reasons for co-sleeping and what might help them change their ideas</li> <li>• Researching harm reduction strategies</li> <li>• Sharing information about SIDS deaths with providers (“how do I as a provider know I made a difference?”)</li> </ul>

Getting Buy-In Across Sectors	
Current Activities:	Suggested Activities:
<ul style="list-style-type: none"> <li>• Implementing and enforcing safe sleep policies across sectors, such as in shelters</li> <li>• Working on a materials to be placed in local retail establishments with information about safe sleep, infant mortality, or maternal/prenatal health</li> <li>• Encouraging businesses not to depict unsafe sleep environments in advertisements, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Engaging all sectors in <u>one</u> collaborative effort (e.g., Safe Sleep Coalition) to reduce duplication and support one consistent message</li> <li>• Reaching a consensus on whether we will provide strategies to help those who decide to bed-share to make it safer</li> <li>• Having providers, retailers, families, daycare providers, babysitters, etc., pledge to reinforce safe sleep practices and publicly demonstrate the pledge through names in the paper, plaque in the office</li> <li>• Providing consistent safe sleep education materials for community organizations/faith-based institutions to distribute</li> <li>• Working together to create a social change movement by engaging community leaders</li> <li>• Maintaining a consistent message across sectors</li> <li>• Strengthening collaborations with other sectors, including: <ul style="list-style-type: none"> <li>○ Faith-based organizations</li> <li>○ Firefighters</li> <li>○ Day care providers</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>○ Consumer groups</li><li>○ College Student Organizations</li><li>○ Retailers</li><li>○ Block watch clubs</li><li>○ Businesses (corner stores, liquor stores, bars, beauty &amp; barber shops, etc.)</li><li>○ Criminal justice (jail, probation, parole)</li><li>○ Local politicians/Legislators</li><li>○ Pharmacists</li><li>○ Professional development organizations</li><li>○ Medicaid/Health Maintenance Organizations</li><li>○ Alcohol or Drug Abuse treatment providers</li><li>○ Local media</li></ul>
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## Appendix A: Acknowledgements and Methods

### **Acknowledgements**

The City of Milwaukee Health Department (MHD) acknowledges the support of the event's host, Wheaton Franciscan – St. Joseph, and its sponsors, Children's Hospital of Wisconsin and Managed Health Services, whose generous contributions made the event possible.

MHD also recognizes the Center for Urban Population Health and the University of Wisconsin-Milwaukee School of Public Health provided facilitators to stimulate conversations on creative solutions to promote infant safe sleep practice.

MHD is also grateful to the team from the Center for Urban Population Health who analyzed all of the responses and drafted this report, including:

Trina Salm Ward, MSW, Infant and Maternal Health Program Manager  
Nicole Robinson, MSW, MPH, Associate Researcher, Milwaukee Homicide Review Commission  
Melissa Lemke, MA, Research Specialist  
Kathryn Reese, MPH, Assistant Researcher  
David Frazer, MPH, Community Partnerships and Communications Manager  
Jessica Rice, MPH, Manager of Design, Analysis, and Evaluation  
Virginia Zerpa-Uriona, MPH, Outreach Specialist

*Most of all, we acknowledge the commitment of summit attendees in joining us for this critical conversation, and sharing their new and innovative ideas.*

### **Methods**

#### *Meeting Proceedings*

Attendance at the summit was limited by the venue, which could only hold approximately 250 attendees. A simultaneous webcast was also available via <http://safesleep.distancelearningcenter.com/>.

Master of Ceremonies for the event was Dr. Joan Prince, Vice Chancellor for Partnerships and Innovation, Clinical Associate Professor – College of Health Sciences, University of Wisconsin - Milwaukee. The event was kicked off with welcomes by City of Milwaukee Mayor Tom Barrett, Commissioner of Health Bevan K. Baker from the City of Milwaukee Health Department, and Dr. Seth Foldy, State Health Officer of the Wisconsin Division of Public Health. Dr. Paul Hunter, Associate Medical Director of the City of Milwaukee Health Department, Assistant Professor of the UW School of Medicine and Public Health, and Center Scientist at the Center for Urban Population Health, shared a personal story about SIDS.

Fern Hauck, MD, MS, Associate Professor Family Medicine and Public Health Sciences at the University of Virginia served as keynote speaker, and presented data on infant mortality in Milwaukee, Wisconsin, and United States. She then a) described her research on the current understanding of the pathophysiology and causal pathways of SIDS, b) outlined the American Academy of Pediatrics' recommendations for safe sleep to reduce the risks of SIDS, discussed the prevalence of risk factors for SIDS and sleep-related SUDI locally and nationally, and c) explored challenges and potential solutions to disseminating and defending the message.

A panel of SIDS and safe sleep experts including Dr. Hauck, Dr. Patricia McManus (Executive Director of the Black Health Coalition of Wisconsin), Dr. Brian L. Peterson (Milwaukee County Medical Examiner), Dr. Emmanuel Ngui (Assistant Professor of Pediatrics, Medical College of Wisconsin), and Julia Means, RN (Blanket of Love, Columbia St. Mary's) then shared their work and answered questions from the attendees.

After a brief break, attendees at each of the 19 tables began their work. A facilitator requested introductions at each table, described the upcoming discussion process, and reviewed the three questions attendees were asked to brainstorm around:

1. What is the most creative safe sleep strategy your organization or sector is currently implementing?
2. What new creative strategies would you like to see your organization or sector implement to promote safe sleep?
3. What innovative ideas would you like to see other sectors implement?

For each question, the facilitators introduced the question, provided 3 to 4 minutes of quiet time for attendees to write their individual ideas on individual post-it notes (along with the sector they represented, such as healthcare, private, government, faith-based, etc.). Attendees were then asked to prioritize their individual post-it notes from best idea to second best, etc. Facilitators remained neutral and did not generate any of their own ideas during this time.

Next, the facilitators invited each person at the table to identify their top idea, then invited each person to identify their 2<sup>nd</sup> idea, etc. After all ideas were on the table for a particular question, the facilitator asked everyone to collectively prioritize the top 3-5 ideas, and from these, the one single “absolutely the best” response to report back to the group. Facilitators devoted approximately 15-20 minutes’ discussion and brainstorming for each question.

At the end of the facilitated discussion period, each facilitator was asked to report to the larger group his or her table’s most urgent or creative/innovative idea to the larger group. All ideas, regardless of priority, that were written on post-it notes were preserved and transcribed by Milwaukee Health Department staff.

#### *Analysis/Summary Methods*

The transcribed post-it notes were shared with researchers at the Center for Urban Population Health to assist in summarizing the findings.

Responses were first categorized by question (as described earlier). Because most of the post-it notes did not note sector involved, this category was not used in the final summary.

Researchers then identified common themes within the data and summarized the findings. The summary was provided to the City of Milwaukee Health Department for review, comment, and final formatting prior to release.