

PITTSBURGH HEALTH CORPS

Infant Safe Sleep Initiative

I. Site Information

Site Name and Location:

Allegheny County Health Department/ Bureau of Policy Development & Assessment/Management &Special Initiatives
3333 Forbes Avenue Suite 310
Pittsburgh PA 15213

Organization Description and Mission:

The Allegheny County Health Department was founded in 1957. Its mission is to protect the environmental and public health of 1.2 million County residents which includes the residents of the City of Pittsburgh through Pennsylvania Act 315/ the Local Health Administration Law. The ACHD assures quality public health services by promoting individual and community wellness, preventing injury, illness, and premature death or disability, and protecting the population from harmful effects of chemical, biological and physical hazards within the environment. The ACHD's Bureau of Policy Development and Assessment assists municipalities, hospitals, community organizations and collaboratives in the development of health assessments and policies to assure that public health needs of the community are met. The Bureau provides health data, public health research, and professional resources to more effectively identify public health conditions and resolutions to protect and improve the general well being of the population. The mission of PDA's Management & Special Initiatives is to monitor internal special initiatives and demonstrations, and to develop policies that assure the public health needs of the community are met.

Critical Community Need(s) to be addressed through member service:

Critical Need that PHC Member Service will address: In Allegheny County, the rate of black infants dying from infant sleep related deaths is significantly greater than white infants. The overwhelming majority of babies who die from SUID were discovered in an unacceptable sleep position or sleep location. In order to reduce the number of infants dying due to sleep related risk factors, our vision is for every Allegheny County family with a newborn to receive clear, consistent, repetitive, and culturally appropriate information regarding a safe-sleep environment for their baby. Based on local and national data, African American caregivers are more likely to place their infants on their tummy for sleep and are more likely to share a sleep surface with their infant for sleep. Parents tend to copy practices that they observed from people that they trust; parent and grandparents tend to listen to people they respect, know and trust. Education and promotional activities have been undertaken with local health care providers, home visitors and maternity hospitals. Since SIDS disproportionately affects African American families, the African American church and its leaders are important and trusted resources to support efforts to educate and promote infant related deaths risk reduction steps among its congregation. We need a PHC Member to actively engage the African American church community and inform them about infant safe sleep practices that increase risks of infant sleep-related deaths which are occurring in the community. We also need the PHC member to engage other groups, such as health clinics and home visitors who provide services to at risk families caring for infants, about current guidelines and the importance of providing consistent, repetitive, and culturally appropriate information regarding a safe-sleep environment for infants. Nationally, minority infants die from SIDS at a rate two to three times higher than white infants. In Allegheny County, SIDS rates for minority infants are 17 times those of white infants (2002-2003). SIDS is the leading

cause of death for babies 1-12 months. Babies are most vulnerable to SIDS during the 2-4 month period. Babies that sleep on their tummies have 5 times the risk of dying from SIDS than those placed on their backs; more black infants (21%) are placed on their tummies to sleep than white infants(11%). Babies who are usually placed to sleep on their back but then are placed to sleep on their stomach or side increase their SIDS risk up to 18 times greater than that of an infant who is always placed to sleep on his or her back. National data reveals that African American families are 4 times more likely to sleep with their babies than Caucasian families.

Between 2001 and 2006, there were 68 infant sleep related deaths in Allegheny County. These deaths, referred to as sudden, unexpected infant death (SUID), included deaths due to Sudden Infant Death Syndrome (SIDS), accidental suffocation and strangulation in bed (ASSB), asphyxia, and other ill-defined cases of infant mortality. Significant differences in infant race, age at birth and birth weight, and mother's age, marital status, prenatal smoking, and prenatal care were found between all live births and infants who died of SUID. Although statistical significance of variables such as sleep position and environment could not be determined due to missing or unknown data, available data support many of the recommendations related to those and other variables made by the American Academy of Pediatrics (AAP) Task Force on SIDS and the Allegheny County Health Department's publication "A Safe Sleep Environment for Infants: Guidelines for Health Care Professionals". Among SUID cases in the County, 65.2% of the infants who died were black and 31.8% were white. More black infants classified as dying of SUID were placed on their tummies or side to sleep than white infants who were classified as dying of SUID: 62.5% (20/32) of black infants were placed on their tummy or side to sleep; and 61.1% (11/18) of white infants were placed on their tummy or side to sleep. More black infants classified as dying of SUID, were placed to sleep on a bed or sofa than white infants classified as dying of SUID: 70.0% of black infants (28/40) were placed to sleep on a bed or sofa, rather than in a crib; and 52.6% (10/19) of white infants who were placed to sleep on a bed or sofa, rather than in a crib; 2 biracial babies were found on an adult bed. More black infants (n=27, 64.2%) classified as dying of SUID shared a bed with another person (mother, father, sibling, caregiver) at last sleep than did white SUID infants (n=8, 44.4%) (27/42, 64.2%) of black infants who died of SUID shared their sleep surface with another person and 44.4% (8/18) of white infants shared their sleep surface with another person; one biracial baby was sleeping alone, and one was sleeping with his father.

Site Supervisor assigned to support member:

M.J. O'Malley (Peggy)

Public Health Administrator III

412-578-8350

412-578-8025

pomalley@achd.net

II. Service Description

Service Activities/Responsibilities:

The African American church community, home visiting agencies, and the local physician community are 3 important groups that have been identified to promulgate infant safe sleep education.

1. Throughout the service year, the PHC member along with members of the Infant Safe Sleep Church Outreach Committee (ISSCOC) will engage local African American churches and their congregation about addressing the issue of infants dying due to unsafe sleep conditions. The PHC Member will contact 20 church leaders about the ISSCOC's goals/objectives, and seek their support in addressing this issue. Depending on the church's resources and needs, the PHC Member will assist in providing power point presentations or small group educational discussions with church's congregation. The Member will collaborate with the church groups

on how to incorporate the infant safe sleep issue within their health ministry or other established group, and within church group that includes grandparents. The member will participate in developing a method to assess the impact of the education provided to the congregation and the impact of hand fan distribution of the congregation's knowledge and behavior with a minimum of 3 churches. The member's services will support the ACHD's and the ISSCOC's efforts to permeate the church community with important public health information about infant safe sleep through church community messengers. The Member will keep an inventory of the materials distributed and maintain a log of contacts and activities.

2. The PHC member will support physicians who provide care to parents/caregivers of infants in their efforts to educate maternity patients. The PHC Member will conduct infant safe sleep education/intervention a minimum of 2 days/week at health clinics serving at risk populations with maternity and infant patients.
3. The PHC Member will assist in encouraging local home health agencies in improving their data collection about infant safe sleep and SIDS. The member will attend HVN quarterly meetings; the member will set up meetings with appropriate contact HVN agency person (18 minimum) to address the issue.

Overall Service Goals:

1. The PHC Member will set up a minimum of 20 workshops at church site or designated site. Of the 20 sites, the PHC member will collaborate with a minimum of 3 churches to enhance the infant safe sleep education and outreach efforts within the church's health advisory or other appropriate group.
2. The PHC member will provide infant safe sleep information to church members at health fairs and other church events; the PHC member will participate in a minimum of 20 church fairs/events and distribute over 1000 pieces of health information.
3. The PHC Member will conduct infant safe sleep education sessions with prenatal and postpartum patients at local health care centers that provide either maternity and/or infant care. The PHC member will conduct evaluation based on education encounter on a minimum of 100 prenatal patients and 100 post partum patient who delivered a healthy infant.
4. The PHC member will attend Home Visiting Network meetings where they will meet with home visiting agency personnel, and will help with organizing its yearly training seminar. Additionally, the member will assist with implementing recommendation from the "Assessment of Infant Sleep Position and Environment Data Routinely Collected by Home Visiting Agencies in Allegheny County".

Outcome Measures:

1. Based on pre/post test results, 85% of participants completing both the pre and post test will indicate that they plan not to place infant on tummy for sleep, not sleep with their infant, not to place infant on couch for sleep, not to allow anyone to sleep with their baby, not to allow baby to sleep with toys or loose bedding in sleep area.
2. Based on postpartum survey, 85% of participants completing both the pre and post test and the post partum survey will indicate that they are not placing infant on tummy for sleep, not sleeping with infant, not placing infant on couch for sleep, not allowing anyone to sleep with their baby, not allowing baby to sleep with toys or loose bedding in sleep area.
3. By June 2011, compared to results of the "Assessment of Infant Sleep Position and Environment Data Routinely Collected by Home Visiting Agencies in Allegheny County", there will be a 25% increase in the number of HVN agencies that include infant safe sleep data in a retrievable format

and 50% in the number of HVN agencies that plan to incorporate infant safe sleep data in a retrievable format within the next year.

III. Performance Measures: The PHC AmeriCorps program is based on National Health Corps Performance Measures. Each PHC member should provide services that fall in at least one of the NHC Performance Measures below:

1. Access to Care

Does your service position include assessing eligibility for, completing paperwork for, and enrolling community members in adult/child health insurance and/or patient medication assistance programs?(please check one) YES NO

If “yes”, please provide site specifics and explain the details regarding how the member will provide service with these programs:

2. Individual & Group Health Education Instruction

Does your service position include any of the following:

Teaching health education classes, workshops, one on one sessions, leading clubs or organized activities on public health topics including home/public safety, violence prevention, smoking cessation, nutrition and exercise, asthma, diabetes, hypertension, HIV/AIDS, hepatitis and other public health topics that meet local community needs.

(please check one) YES NO

If “yes”, please provide site specifics and explain the details regarding how the member will provide health education:

The PHC Member will assist in providing infant safe sleep educational encounters or workshops to churches. Depending on the church’s resources and needs, the PHC Member will provide power point presentations or small group educational discussions with church’s congregation. The PHC Member will set up a minimum of 20 workshops at church site or designated site. Of the 20 sites, the PHC member will collaborate with a minimum of 3 churches to enhance the infant safe sleep education and outreach efforts within the church’s health advisory or other appropriate group.

The PHC Member will conduct infant safe sleep education sessions with prenatal and postpartum patients at local health care centers. The PHC member will conduct evaluation based on education encounter on a minimum of 100 prenatal patients and 100 post partum patient who delivered a healthy infant.

3. Health Screening, Testing & Immunization

Does your service position include the member organizing, coordinating, promoting and/or participating in health screenings, testing and immunization campaigns for HIV/STDs and other communicable diseases, BMI, blood pressure and other issues that respond to local needs? (please check one) YES NO

If “yes”, please provide site specifics and explain the details regarding how the member will provide service relating to health screenings, testing, and immunization:

4. Health Information & Outreach Material Distribution

Does your service position include the member distributing health education and outreach materials to individuals in underserved populations?

(please check one) YES NO

If “yes”, please provide site specifics and explain the details regarding the information that will be distributed and how it relates to the services provided by the site as a whole:

The PHC member will provide infant safe sleep information to church members at health fairs and other church events; the PHC member will participate in a minimum of 20 church fairs/events.

5. Promotion of Health Professions

Does your service description include giving the member the opportunity to be trained on health professions, health care settings, health care education opportunities, the healthcare needs of the underserved, health disparities, cultural competency, and various health related topics such as tobacco, asthma, hypertension, nutrition and HIV/AIDS? (please check one)

X YES NO

If “yes”, please provide site specifics and explain the details regarding how the member will be trained, gain experience in the health related topics mentioned:

The PHC member will attend Home Visiting Network meetings where they will meet with home visiting agency personnel, and will help with organizing its yearly training seminar. Additionally, the member will assist with implementing recommendation from the “Assessment of Infant Sleep Position and Environment Data Routinely Collected by Home Visiting Agencies in Allegheny County”. The PHC Member will provided an orientation to the problem of infant deaths due to unsafe sleep situations through reading materials, and through education provided by ISSCOC members. The member will also serve at health clinics to provide infant safe sleep education to obstetric patients.

IV. Logistical Information

Expected Schedule for Providing Service at Site:

Orientation Plan:

Public Health 101 attendance
Safe sleep subcommittee meeting attendance
HVN meeting attendance
ISSCOC/Safe Sleep Subcommittee overview
Meet with Co-Chair Safe Sleep Subcommittee
ACHD Orientation
Materials developed by other groups/prior PHC member
Weekly meetings with Site Supervisor
Ability to travel in targeted communities/week end services

Service Location(s) if different from site address:

Local churches and clinics

Additional Info (parking, transportation, ID, etc.):

Needs own car and driver’s license and insurance

Member Qualifications:

Ability to effectively provide health education to a diverse populations.
Desire to serve, and comfortable with providing health education services to at-risk families.
Comfortable working closely with physicians and staff in a medical/office setting.
Bachelor degree in health-related field not required, but experience with health issue preferred.

III. Logistical

Currently, the primary site is 3333 Forbes Avenue in the Oakland section of Pittsburgh PA. There is a possibility that the location may change over the next year due to possible sale of the building.