

Dialogue Creates Effective Risk Reduction Training

NORTH CAROLINA

THE HEALTH CONCERN

One hundred infants die of Sudden Infant Death Syndrome (SIDS) each year in North Carolina at a rate that exceeds the national average. SIDS accounted for two-thirds of all North Carolina childcare deaths from 1997-2004. SIDS disproportionately affects African American families, double the rate for Whites, reflecting an unacceptable disparity. The SIDS rate among Latinos has begun to increase.

Despite educational efforts of the North Carolina (N.C.) Back to Sleep Campaign for SIDS Reduction that back sleeping decreases SIDS risk and is recommended, North Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) 2003 data indicate that 15% of North Carolina babies sleep on their stomach and 16% sleep on their side. According to PRAMS data, African American infants are more likely to sleep on the stomach or side compared to White infants. A grandmother living in the household is a predictor for infants to be positioned on their stomach for sleeping. The message on infant back sleep position appears to have less impact on the behavior of many families who are most at risk.

In addition, since 2001, the state's previous decline in SIDS deaths began to level off due in part to a coding shift. There

The Health Concern Continued

has also been a startling rise in accidental suffocation and strangulation infant deaths associated with unsafe sleep circumstances. In 2005, 32 of 36 accidental asphyxiation deaths were in bedsharing situations.

Therefore, the N.C. Back to Sleep Campaign reinforced its messages to encompass safe sleep practices and a safe sleep environment to prevent accidental infant deaths.

THE STRATEGY

The N.C. Back to Sleep Campaign recognized the need for effective messages and modeling of recommended behaviors, presented by trusted “voices” that resonate with the populations at high risk and that match their language and literacy levels. Public and private partner involvement is at the core of the statewide SIDS risk reduction efforts. Community members, as well as childcare and health and social service staff, contribute to development of educational messages and formats for print materials. During the statewide initiative to train childcare providers about Infant/Toddler Safe Sleep and SIDS Risk Reduction in Child Care (a project called ITS-SIDS), “Our trainers told us that we needed a program for families, too,” reports Christine O’Meara, Campaign Coordinator for the N.C. Back to Sleep Campaign for SIDS Risk Reduction. The Baby’s Easy Safe Sleep Training (BESST) was created for families to address the SIDS disparity gap and to reach parents and other caregivers.

Focus groups, key-informant interviews, and survey use are an integral part of the materials development process for input on message content and comprehension, overall user friendliness, and aesthetic appeal. Feedback on the issue of infant sleep care is obtained routinely during educational programs, and this information is



woven into new or revised materials. “We learned about the important role of grandmothers and their influence on child-rearing practices from African American community members as well as the research literature. With that knowledge, we designed print and broadcast messages that included dialogue between a grandmother and a mother,” says O’Meara. Another important step in the process of brokering information between the intended audience and findings from research and epidemiology is to field test and then modify the educational messages before disseminating them.

The BESST initiative trains professionals who are members of their community to disseminate infant safe sleep messages. The

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BESST program, designed to tap into existing networks, includes trainers with access to individuals caring for infants (e.g., Community Health Advocates, Parents as Teachers, Smart Start Partnerships, and Child Care Health Consultants). BESST trainers convene parenting classes or convey safe sleep messages more informally in one-to-one exchanges. Both the BESST and the ITS-SIDS training activities incorporate principles of adult education and social marketing.



THE ACTION

The BESST program uses a hands-on train-the-trainer strategy but relies on a low-tech, easily portable approach to reach families at high risk. Because North Carolina is a mostly rural state, any educational strategy needs to be easy to use in areas with lower population density and limited technology. A tabletop flip chart illustrated with drawings depicting families from the intended audience is the primary visual aid. Educational materials for BESST were designed to reflect and resonate with the state's African American and Latino populations. One format uses a tableau design with pictures and conversational dialogue telling a story (fotonovela) in which parents take steps to create a safe sleep environment for their baby. The fotonovelas, printed in English or in Spanish, include population-specific pictures and are on a basic literacy level. Literary features of suspense and humor were incorporated into one fotonovela. An African American lead trainer and an African American artist worked

on BESST. The illustrations and the language of the flip chart and of the corresponding BESST training was modified for the Latino community. BESST trainers were recruited from community health programs, health departments, and statewide and community-based childcare support programs.

The multimedia dissemination of the infant sleep safety and SIDS risk reduction messages includes radio, television, and billboard paid advertising combined with in-kind public service announcements for viewing. Throughout predominately rural North Carolina, radio advertisements are effective in reaching families. Radio advertisements have included African American actors in the role of mothers, grandmothers, and fathers. Billboard postings, the result of a partnership with the North Carolina Outdoor Advertising Association, featured an African American infant with a SIDS risk reduction message.

WHY IT WORKS

The N.C. Back to Sleep Campaign and its component projects (ITS-SIDS and BESST) are successful for several reasons. It is a statewide effort that brings an array of private and public resources and strategic partnerships to support the ongoing process of creating and improving the messages, materials, and outreach approaches. It is housed in the North Carolina Healthy Start Foundation, connecting it to the broader set of initiatives to improve outcomes for infants in North Carolina. The North Carolina Healthy Start Foundation's reputation, and the statewide reach of these programs, makes it easier to tap into the existing network of local resources and individuals to

serve on advisory groups. These programs were funded by a variety of public and private organizations to support staff and to develop educational resources to equip trainees with training, technical support, and materials. Private foundations and the media have helped underwrite training and materials development. Most important, for ensuring the cultural competence of the BESST project, for example, were the committed involvement of many members of the affected communities and the sustained opportunity for dialogue with those trained. The ebb and flow of SIDS risk reduction-related information is a two-way process.

THE NCCC PERSPECTIVE

The National Center for Cultural Competence (NCCC) chose this promising practice because it exemplifies key values of culturally and linguistically competent health promotion that include the following:

- Chooses formats that address audience preferences, literacy levels, and language;
- Elicits reactions from the intended audience and modifies materials and approaches based on their input; and
- Results in the reciprocal transfer of knowledge and skills between all collaborators and partners.

Additional NCCC resources on cultural and linguistic competence in health promotion follow:

- ***Infusing Cultural and Linguistic Competence into Health Promotion Training***
<http://www.11.georgetown.edu/research/gucchd/nccc/projects/sids/dvd/index.html>

- ***A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials***

http://www11.georgetown.edu/research/gucchd/nccc/documents/Materials_Guide.pdf

En español: http://www11.georgetown.edu/research/gucchd/nccc/documents/Materials_Guide_Spanish.pdf

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ABOUT THE NATIONAL CENTER FOR CULTURAL COMPETENCE

The NCCC provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education, and advocacy.

The NCCC uses four major approaches to fulfill its mission including (1) Web-based technical assistance, (2) knowledge development and dissemination, (3) supporting a “community of learners,” and (4) collaboration and partnerships with diverse constituency groups. These approaches entail the provision of training,

technical assistance, and consultation and are intended to facilitate networking, linkages, and information exchange. The NCCC has particular expertise in developing instruments and conducting organizational self-assessment processes to advance cultural and linguistic competency.

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