

MCHB/ DHSPS September 20, 2005 Webcast

MCHB/DHSPS's National SIDS Awareness Month All Year Long:

State and Federal Strategies to Reduce Risk for Infant Death

JOHANNIE ESCARNE: Good afternoon. My name is Johannie Escarne from the division of Healthy Start and perinatal services in the Maternal and Child Health Bureau. On behalf of the division, I would like to welcome you to this webcast titled National SIDS Awareness Month All Year Long: State and Federal Strategies to Reduce Risk for Infant Death.

Before we introduce our presenters today, I would like to make some technical comments. Slides will appear in the central window and should advance automatically. The slide changes are synchronized with the speaker's presentation. You do not need to do anything to advance the slides. You may need to adjust the timing of the slide changes to match the audio using the slide delay control at the top of the messaging window.

We encourage you to ask questions at any time during the presentation. Simply type your question in the white message window to the right of the interface, select Question for Speaker from the dropdown menu and hit Send. Please include your name or your state or organization in your message so that we know where you are participating from. The questions will be relayed to the specific speakers periodically throughout this broadcast. If we do not have the opportunity to respond to your question during the broadcast, we will email you afterwards. Again, we encourage you to submit questions at any time during the broadcast. On the left of the interface is the video window. You can adjust the volume of the audio using the volume control slider, which you can access by clicking on the

loudspeaker icon. Those of you who have selected accessibility features when you registered will see text captioning underneath the video window.

At the end of the broadcast, the interface will close automatically and you will have the opportunity to fill out an online evaluation. Please take a couple of minutes to do so. Your responses will help us plan for future broadcasts in this area and improve our technical support. We are pleased today to have several speakers who will discuss various aspects of SIDS awareness campaign. In order to allow ample time for the presentation, we will defer the question and answer session to follow the presentation. However, again we encourage you to submit the questions via email at any time during the presentation. Without further delay, we would like to welcome our presenters and the audience and introduce our speakers and begin the presentation.

LORI COOPER: Thank you, Johannie. I'm Lori Cooper, I'm the executive director of the national SIDS infant death and impact. Which is a partnership of the SIDS mortality program and the Maternal and Child Health Bureau. I'm pleased to bring you a round-up today of more than 10 states and three federal programs that are working on reducing the risk for infant death and doing it in a wide variety of ways. So I want to tell you quickly. Each of our speakers will be identified with their contact information. And so I will not be taking the time to introduce them now. We do welcome you to contact them individually after the program if you have questions and to follow up with questions during the program, as Johannie just described to you.

I would like to take a minute to talk about Project Impact and some of the work that we're doing to create awareness. So if we can just move to the next slide. We are working with the association of clinicians for the underserved. I think some of you may be familiar with the education calendar that we did with them in 2004. We're coming back in 2006, in October, for national SIDS awareness month. We have worked with them to develop some information on a safe sleep environment with a particular focus on moving people away from using adult sleep surfaces. And the discussion that we have on the calendar includes the other aspects of the safe sleep environment, such as temperature and bedding. And smoking and so forth. What is important about this from my perspective for all of the people who are watching is that we're very excited to work with the Association of Clinicians for the underserved because it's a relatively new partnership between a group that has not worked previously with the SIDS and infant death community.

So we're pleased to -- if we move to the next slide, we're pleased to work with ACU, and they distribute the calendar to 10,000 people around the country, primarily leaders in maternal and child health and public policymakers. So they deliver it to the 500 key public policymakers that live in Washington, D.C. on Capitol Hill. Now I would like to -- let me catch up the slides for a minute. Can you move that? Okay. This is the national SIDS and infant project impact is located in Virginia and if you go one more slide, please. We'll just give you a quick shot at the calendar. We are also located, co-located with the National SIDS and infant death resource center. So here is our contact information. And can we move to the next one? Thank you. This is the calendar that you saw in 2005. I hope that all of you who are watching had a chance to receive this. And we're going to be

distributing that, as I said, again in 2006, or shortly before 2006. Now, I would like to introduce Carol Kennedy from the National SIDS and Infant Death resource center and they will tell you interest resources they have available at the center. Carol.

CAROL KENNEDY: Hi, everyone. We're very excited about some new publications that are hot off the press. Most of them in the area of grieve and bereavement. I'm going to read you the titles and you are welcome to call me to find out more about the publications. One is selected resources for grieving parents, families, friends and other care givers. The next one is call the death of the child. The grief of the parents, a lifetime journey. The next one is called after sudden infant death, facing anniversaries, holidays, and special events. And then we have an information sheet titled helping children cope with grief when an infant dies. And most of these are revisions of earlier pieces, so we're very excited to revise them again and update them. They're listed on the front page of our website which is WWW.SIDScenter.org. If you click on order form on the website, they will all be listed on the order form so that we can send you copies. We're going to be doing a mailing of all of these publications to the SIDS program in the states, bereavement organizations, Healthy Start grantees, all of our federal partners.

I'm sure I'm leaving out some groups. But there will be quite a few that will receive these publications. We will send quantities to everybody. We're very excited about that. We also have just produced an information sheet called safe sleep for your baby around the clock, birth to 12 months. That's listed on the website front page, as well. Pardon me. I'm speaking now on behalf of Susan because she's not going to be on the call. But the

resource center is assisting the national center for cultural competence to distribute the DVD that was just produced this year. And it's titled infusing cultural and linguistic confidence and to help promotion training. It was produced for sudden infant death and other infant death programs of the MCHB to support risk reduction with the birth community. Some of you may have received this already. If you haven't and you would like to order it, feel free to either call us and the toll free number is 866-866-7437. And you can also download the order form from our website and either fax that to us or give us a call. We don't have online ordering yet, but our website is improving every day. And we're hoping to have online ordering sometime in the near future.

Other activities that we're involved in, we have the journal alert that we produce once a week. That's listed on the SIDS and infant death list serve. I'm sure Lorie will be talking about that again. You can also access previous journal alerts by month on our website. Feel free to do that. What they are are just abstracts of research that we've come across related to maternal and child health, SIDS and infant death and still birth, as well. So we've been very excited about those journals. We will also be exhibits at a couple bereavements conferences this year. We're looking forward to farther reach of all of our publications. I think since my voice is starting to go, that is it. Please feel free to call me if you have any questions.

LORI COOPER: Great, thank you, Carol. Does someone have a question? Okay. We're now going to go across the country to Washington State, and to Keri Wagner, who is in

Washington state. Keri is going to tell us about the activities that are going on in that area.
Keri.

KERI WAGNER: Hello, everybody. We are the SIDS Foundation in Washington. We're a very small non-profit out here. We serve the state of Washington. We also informally serve parts of the Oregon, Idaho, Montana and Alaska that don't currently have their own SIDS foundations. So like many of you, we're small, but we do a lot. One of the things that we have been concentrating on, awareness month and throughout the year is training the childcare providers. As most of you probably know, the rates are high in childcare. That's something we're concerned about. Here in Washington, it is a requirement if you are a licensed childcare provider that babies have to sleep on their backs. So that's one thing that has helped us a lot when we're doing education and training, most providers already know that that's a requirement that charge is in their care have to sleep on their backs while at their daycare. They can lose their license if they violate that regulation.

There are still a lot of questions and ambiguities and things they're not sure, so we saw a need to do training for childcare providers. Recognizing that they're busy and have a lot going on, we partnered with our state childcare licensing authority so that they can get credit for attending the training that we did. So if you are a licensed childcare provider, you have to have a certain number of hours of training in order to maintain your license. So we kind of piggybacked on that. By coming to our training, they get a couple credit hours, which is a great incentive to get there and get the valuable information. So what we've done the couple times that we've done this so far is do a presentation, usually for about an

hour. I just kind of talk about SIDS rates and SIDS facts and what it is and what it isn't, and what we know about risk factors versus cause, which we don't know, that type of thing. Then I allow plenty of time for questions, because I find that they have a lot of very good and sometimes very hard to answer real world scenarios in dealing with parents and parents who might not be following recommendations at home.

So having time for questions and answers has been really helpful. I think it's one of the most valuable parts of the training. Of course, I send them home with lots of information and literature that they can share with their parents. We have a childcare provider pledge that we have gotten somewhere along the way, and I give them that that they can display. It's a matter of finding the connection at your state childcare licensing, so that they can get the credit. I think that really helps in getting people there. Once they're there, they are very receptive to the information. My experience has been they have good questions and good discussion.

LORI COOPER: Thank you, Keri. The title of this presentation is National SIDS Awareness Month All Year Long: State and Federal Strategies to Reduce Risk for Infant Death. And next, we're going to go to New York State and hear from Marie.

MARIE CHANDICK: Hello and thank you for inviting all of us on to the call today. I do appreciate the notion of SIDS awareness all year long. I'm the director of the New York state program. I'm also the president of the association for SIDS and Infant Mortality program. So maybe I'll share with you a little bit of our state perspective, as well as just a

couple of observations about the national impact. Many of the centers that are in existence today began currently with service to families after Sudden Unexplained -- Sudden Infant Death Syndrome. And in the past, the back to sleep program was really an awareness of the bereavement services. That remains to be a part of the SIDS activities, for parents to be mindful who are bereaved from SIDS. As the Back to Sleep Campaign came into being after the 1992AAP recommendation, as we all know, a lot of information and pamphlets became available so that we could say something that could be helpful to families in order to reduce risk.

There were many sponsors of that campaign, and in subsequent years we saw at conferences many innovations in terms of taking the material and customizing it for special populations, for certain regions of the country. And we did some of that here in New York State, as well. The information part of that you see is something that we developed here in 1999 in collaboration with a SIDS alliance affiliate and with several small grants. We designed this card to take the risk reduction messages and make them as simple as possible, and we wanted a low-cost, easy to reproduce card that could be a part of the interaction with families.

There was also an infant T-shirt, with small grant money we were able to print with the please put me on my back to sleep message, which was a nice gift. We also promoted education to hospital, Public Health Departments, and other professionals about using this card. It continues to be in circulation today. The New York State Department of Health includes this in their catalog of material. The governor has promoted this risk reduction

effort, and especially in the early 1990, 2000, and those years. And to date, we've distributed 300,000 of these in New York state. The health professionals are very enthusiastic about something that they can use that's rather modest that they can include easily in other packets. But I also want to put a plug in also for the material developed by the back to sleep campaign, which we actively use and promote. The videos are helpful. The materials developed by the National Sudden Infant Death resource center is very valuable to professionals on the state level. We have a lot of good feedback about this particular effort in New York State because we paid attention also to certain literacy level issues and trying to make it affordable and reproduced. So we've been very happy with this. And again, applaud the efforts across the country.

Many of those on the call today have really taken leadership in their state with developing programs, materials, and models that are showcased in national conferences, including the ASIP annual meeting. We applaud those efforts and really appreciate sharing materials. So be in touch if there's anything else that you might have as far as a question. Thanks.

LORI COOPER: Thank you, Marie. And congratulations on the expansiveness of taking the back to sleep campaign so deeply into your state and so consistently. We are now going to hear from Judy, who will speak about some work that is going on in the Aberdeen area in South Dakota. And I just wanted to say, I heard a rumor that if we got a call-in and representation from all 50 states on this, that the Maternal and Child Health Bureau would double the block grant. Is that true? Oh, I guess it was just a rumor. Okay. But keep those

calls and letters coming in. We're looking forward to hearing from any listeners who want to tell us about what's going on in your state. Obviously, we couldn't line up all 50 of you at one time, but we would really like to hear from you informally at the end of this conversation, if you would like to share with us what's happening in your state, either for SIDS awareness month in October or throughout the year. So now, I'll turn it over to Judy, who is the maternal and child health coordinator for Indian Health Services.

JUDY THIERRY: Good afternoon, everybody. Jacqueline, who was actually the project director for the northern plains Healthy Start, which is in four states, not only South Dakota, which you see on the slide, but North Dakota, Nebraska, and Iowa, is the project director for 15 tribes who have Healthy Start projects. The Aberdeen area is the actual funder through the Healthy Start grant. And the northern plains serve about 25% of all the pregnant women in the Aberdeen area that are American Indian or Alaska-native. That means about 31% of the women on the reservations. We were able to provide additional resources for the Healthy Start sites and that was around SIDS and infant mortality. So these 15 sites now have individual projects that are enhancing their perinatal high risk population that they're dealing with from prenatal to interconception. Jacqueline, unfortunately was not able to be on the call presentation today, as she's on an annual leave. I don't know if anybody else is attending from the four-state area, but would really welcome your questions and comments as we proceed on the call. There's a fair amount of activity. I know there's some discussion now with first candle SIDS alliance to do some child daycare mixed with early Head Start and Healthy Start sites training.

So there's many opportunities to engage at the state level with the tribes, as well as with various agencies in the national level. Around SIDS and infant mortality reduction. My contact information is there for you all. I'd be happy to talk by phone or email on this subject. Thank you.

LORI COOPER: I'm sorry. There's a little delay because I forget to unmute. Thank you, Judy. Now we're going to hear from Chris O'Meara who is in North Carolina. Chris.

CHRIS O'MEARA: Thank you, Lori. And thank you for this opportunity to share with my colleagues some of what we're doing in North Carolina to reduce sudden infant death syndrome. The focus of the back to sleep campaign in North Carolina over the last three years has really been to target the childcare arena. And we partnered with the North Carolina division of child development, who is the licensing agency for childcare, to develop a project called infant and toddler safe sleep and SIDS risk reduction in childcare, or ITS-SIDS for short. To date, we have trained over 30,858 childcare providers in two-and-a-half years. This is a train the trainer model. And it's been very well received. I wanted to just address a little bit of the shift in thinking that we've undergone over the last couple of years with the back to sleep campaign.

When we address SIDS risk reduction in childcare, we really have reframed the issue to emphasize infant sleep safety. Which is a significant part of SIDS risk reduction. And childcare providers, as you know, are in tune with safety. Safety is a key word for them. But this has also involved a little bit of a shift in the concept for childcare providers,

because we're helping them to tune in to sleep safety. It's conceptual shifting. They've been involved in safety while the infant is awake. So now we've introduced observing and visually checking infants while they sleep on a regular basis. North Carolina had changes over the last couple of years with the introduction of a SIDS law in December 1, 2003. And then the childcare licensing regulation to support the legal mandate were enforced May 1, 2004, which accounts for the huge number of childcare providers that have participated in the training. Now, after three years, we are transitioning from the spray and pray approach to provide more in depth training and technical assistance to the trainers who then will work more closely with the childcare providers. The focus has been to really help the providers develop the safe sleep policy so that they meet licensing requirements and so that they tailor some of their policies to behaviors that they can reasonably accomplish, as long as they're in line with the safe sleep rules.

We are going to be addressing the appropriate use of the alternative sleep position waivers that both are law and are legal requirements and our licensing requirements allow. We allow both a physician waiver and a parent waiver, but certain age restrictions apply. We'll reinforce the visually checking sleeping infant appeared the requirement that providers have to document this practice. And we'll promote communication of the policy with parents. So that's what we're doing in the childcare arena. It was mentioned that we would like to do the same thing in hospitals that we've been able to accomplish in the childcare setting. And that is to work with key partners to examine infant policies in hospitals and to assist hospitals in developing safe sleep standards, as well as training for

nursing staff and parent education. So that is the next frontier for the North Carolina back to sleep campaign. I think that concludes my presentation.

LORI COOPER: Okay. Thank you, Chris. Good luck with the hospitals. You've done an amazing job with the childcare aspect. Now we're going to go to Elizabeth Cushman who is in Michigan and works on the Inter-Tribal Council of Michigan, Inc.

ELIZABETH CUSHMAN: I want to say a few words about our Healthy Start program. It is a nursing home program. Six are tribal reservations, very rural and isolated areas and one is an urban area, serving an urban Indian population. In total, we serve 27 counties in Michigan. Concentrated in the north part of the state and the Upper Peninsula. Something unique about how they started is that it serves women prenatally and two years postpartum. So there is an opportunity to work with the family over the long run and do education as well. I think that's an important strategy in the Indian Country. My contact information is there. Please feel free to contact me with any questions or suggestions or shared experiences. I don't know if they're showing the first slide yet. Just a quick comparison of five-year average infant mortality rates in Michigan. The top two lines, the blue and the pink lines show our project area, which is American Indian and then the statewide rate for American Indian.

I just included this slide to show the significant disparity that exists for the American Indian population, compared to statewide all races and statewide White rates, as well as with the U.S. average. On the next slide it shows SIDS rates. What we find is that the SIDS rate

among American Indian, Michigan is more than six times higher than it is for White infants. And, in fact, this disparity in SIDS accounts for about 60% of the overall disparity in infant mortality. So it's clear that if we're going to reduce infant mortality, we really have to get a handle on what's going on with all of these American Indian SIDS deaths. Okay. Just some challenges. Like many populations, there's a lack of accurate reporting of true SIDS versus accidents and other causes. When we look at our statewide data for American Indians, as well as all population groups, very often deaths are coded as SIDS that don't meet the three criteria of having had an autopsy, a death scene investigation, and the home interview.

Another challenge we face is that there is a community value and a norm related to co-sleeping. Paired with an absence of recognition of all these SIDS deaths actually being accidental and preventable. And, of course, the date of limitations and reporting issues sort of aggravate the situation. We have found through our FMIR process, which we're about into three years of it, that it's often not just co-sleeping that's the factor we're finding, there's also a chaos environment. We also have seen a resurgence against of interest and priority being placed on breastfeeding as a traditional practice. We see a behavior link between breastfeeding and co-sleeping. The challenge for us is figuring out how to promote breastfeeding with all the benefits that it provides and protection of diabetes and increases the engagement of mothers and awareness and bonding with infants. How we can protect that without increasing co-sleeping along with it. Another huge challenge we face is just the very, very high smoking prevalence which we know is a risk factor. We have about a 40% maternal prevalence and about a 70% family prevalence. Even the

infants whose mothers don't smoke, chances are there's another member in the home that does.

There are unique cultural issues in the context of working in the Indian Country. We've certainly seen that the back to sleep campaign has not quite reached Indian families the way it has reached other population groups and that the messages haven't been heard in the Indian Country. Some strategies and solutions that we are trying to incorporate into our Healthy Start project, advocating from improved ratio reporting and cause of death reporting. Again, we can get the message to the community about these preventable SIDS deaths if we have the data to back it up and we can show the connection there. So we as a project have developed some educational materials for parents which relate to being sure that if they are American Indian, their infant is reported as such on the birth certificate, because a lot of American Indian infant deaths never get reported because they get reported under a different race. So we're trying to encourage parents to be sure that the proper race of the infant is reported. We're also looking at doing some education with funeral directors and other people who fill out death certificates, again to try to improve that ratio reporting. And ultimately improve the accuracy of our data.

I mentioned our FMIR project, and we've learned quite a bit from that. It's very challenging to do FIMR on a statewide basis, rather than a countywide basis. We have good support in Michigan for that. So we're glad to get it started. We have put a special focus on trying to review post neonatal deaths, because that's where our disparity is highest. I don't have it on my slide, but we did learn a lot from the Aberdeen area SIDS study that was

conducted a few years ago, which found that public health nurse visits are a very protective factor. That's exactly what our Healthy Start program is. So we've as a project tried to advocate for Healthy Start type programs to be permanently funded, not just a special sort of demonstration thing. But recognized and funded as part of the conventional public health approach to maternal and child health. We've also been participating on a national level with a project, sort of spearheaded by NICHD to develop a culturally specific educational tools for Indian Country. Again recognizing that the back to sleep campaign hasn't really come up in Indian Country. We've participated in focus groups and other efforts to develop Native American specifically and regionally specific educational materials that would work like back to sleep. And we're waiting to hear on the next phase of that project. It's proposing to develop a toolkit and a CD with materials and advertisements and things that can be used at the local level and then to disseminate them and do training across the country on the materials.

Finally increased community level education on sleeping environments. I noted from the inside, and by that I mean looking at how at the local community level we can craft messages. Some things that have gone on at some of our Healthy Start sites include a cradle board making project. A cradle board is an automatic back to sleep device. Integrating traditions and messages and educating across the generations, because grandmas and aunts have a huge influence on what actually happens in infant care in the home. So we try to reach out to all generations. Then my last slide, breastfeeding promotion and support would place SIDS sleep in environment and prevention. We're really trying to address smoking head on. It's an epidemic in Indian Country in our part of

the country. We have a campaign called take it outside. On the website you can download some of our print ads. They're fairly in-your-face ads.

We have posters, billboards, advertisements that have been in travel newspapers, point of sale, little table tents that are in some of our travel convenience stores. It really kind of tells parents, you know, you need to protect your children from secondhand smoke because they will develop these health problems, lung cancer and premature death. We've had radio spots as part of that campaign, too. For as long as I've been working in Indian Country, it's really the most aggressive sort of tell it like it is campaign I've ever seen. Again, there is a cultural context in which we have to try to walk the line between respecting the traditional role of tobacco and recognizing it as a sacred plant and distinguishing that between cigarette addiction and talking frankly about what the true health aspects are of that. And then finally, we developed a culturally specific curriculum for smoking cessation that people leading groups can use along with freedom from smoking.

The University of Michigan has a kick the habit curriculum that's been pretty successful. The culturally specific curriculum incorporates tradition, the four directions, using traditional spirituality to help with cessation and again really emphasizing the distinction between sacred tobacco use and cigarette addiction. Those are some of the things going on that our Healthy Start project is collaborating with. We're just looking forward to making more progress on the very, very challenging issue. Thank you.

LORI COOPER: Thank you, Elizabeth. And now we're going to go not too far away, still in Michigan, to hear from Sondra Frank.

SONDRA FRANK: Thank you. Thank you.

LORI COOPER: Sorry.

SONDRA FRANK: No, that's okay. I'm from Michigan SIDS. Elizabeth that was fascinating. We're a few hundred miles south and facing many of the same challenges, but it's just fascinating to listen to the experiences you're having in Indian Country. We are the -- a little bit of history. We were founded by families probably around 25 years ago. We were an alliance at that time. Since then, we've also become the Title V MCH infant death program and combine both aspects of that work. Picking up where Elizabeth left with the statistics on SIDS. We have had 71% decline in SIDS rates since 1994, which is pretty startling. Our post neonatal rate has remained constant for about six or seven years. As we started looking more deeply into these causes of death, we are finding out that there is a diagnostic shift.

One of the exciting things that's happened within the last week, we've been informed that we'll be receiving some research money to analyze the post neonatal deaths from 1994 through 2004. We're hoping to have the 2004 data to confirm what we, as I said, believe is a diagnostic shift. We'll have Jim Kemp and others working on that project with us. What we're doing, like so many other states and other programs, we have moved from back to

sleep to safe sleep, understanding that back to sleep, it was as you said, did not necessarily reach many of the populations of American Indian, as well as the African-Americans here in Michigan. We learned from back to sleep, which was pretty much a public awareness campaign. We handed out the brochures and posters. We were the lead organization on back to sleep for Michigan. We had not influenced health providers, nor had we reached certain target populations. So with infant safe sleep, we wanted to change the way we did business. We wanted to look at systems change, and that's how we are approaching the safe sleep is from a systems perspective.

As some of you may have seen on the list serve that we have convened a work group that created an infant safe sleep report that was endorsed by our governor and our children's family, and from that endorsement new funds have been allocated to address infant safe sleep in Michigan. It's very new. It's only two months old. And tomorrow's child is the recipient of those funds. It's about \$250,000 to focus solely on infant safe sleep.

Specifically on the 11 communities with the highest racial disparity. What we found from that work group report and from our work, tomorrow's child work with communities is the lack -- that these cultural values and beliefs were a barrier to change. So we went with the assumptions that as systems change, we have to institutionalize safe sleep teaching and practice. I want to give you just a quick overview of the work plan that we've created to implement the \$250,000 allocation.

First, as some of you are familiar, we've been working with hospital systems, health systems to instance institutionalize safe sleep practices. And we have three of the Detroit,

three major health systems. All of them now have a safe sleep project in place, funded by different funders. We're very creative in our funding. That would be at Detroit medical center, St. John's systems, as well as Henry Ford. With the new \$250,000, we're going to move the project into mid Michigan and focus on our two major health systems here in the mid part of the state. Again, to institutionalize safe sleep. In fact, we met with one of them today to put together their oversight committee. We have also submitted healthy tomorrow's grant to see if we can expand this particular aspect of the project to the west side of the state. So the work plan for the \$250,000 includes hospital based intervention. We're going to pilot a health plan, three health plans. To our knowledge, we don't have safe sleep going in an institutional sense, so we have identified three large HMOs to work with us. And please to say their foundation will be matching the monies for that project.

We are doing childcare intervention piece. In fact that's where my colleague, Mary is today. She's training their licensing personnel who will then work with providers. We have a comprehensive plan to interact and to educate the childcare licensing people, as well as the -- we have four Cs here which are the local, region childcare association and then in turn, they will teach the providers themselves. We are also the central resource for the safe sleep materials. I think probably some of you have seen them. We have brochures in foreign languages and posters in several foreign languages and DVDs. We continue to be the central source for those. We probably sent over 1 million brochures. The good news and the bad news here is that all of the state agencies are promoting safe sleep from top to bottom. And they're ordering huge quantities of these materials. We're hoping the \$250,000 lasts. And the last piece that we're doing with the \$250,000, is focus groups.

We've seen preliminary runs and we are finding some new populations, new target populations, particularly teen moms, who are really at highest risk. So we're going to do some focus groups with them.

And that's a quick overview of the activities here. I'm very pleased with the way, not just the administration, but it seems like the whole state now has joined in a concerted effort to address infancy sleep. It involves our colleagues from CDR and FIMR. With this new money, we're reaching into the provider community and letting them know it's not just a public health problem, but it's everyone's problem. So I thank you for the opportunity to talk with you about what we're doing in Michigan. And delighted to hear from all of you on your work. Thank you.

LORI COOPER: Thank you. Next up, we're going to go to New England and we'll hear from Mary McClain who is the project coordinator for the Massachusetts center for SIDS.

MARY MC CLAIN: Yes, thank you, Lori. Hello, everyone. I appreciate the opportunity, as well, to participate today. The Massachusetts sudden infant death center began in 1975. It's one of the original SIDS programs. And our primary mission was two-fold, to provide bereavement support to families and training and education for those professionals who would be involved with families at the time of the most intense crisis. Our mission has expanded through the years. And particularly during our pilot demonstration grant that we had received from Maternal and Child Health Bureau from '94 to '98, we were able to learn that we could transfer the model that we had been using for families whose children died

suddenly and unexpectedly to families whose children died of all causes of death, including medical illness and accidental death. At the same time we began to incorporate risk reduction messages for all causes of infant mortality in our bereavement work, as well as our training program. We developed risk reduction brochures, one for pre-pregnancy risk reduction for negative outcomes, and one brochure for parenting. Which included the safe sleep and back to sleep messages. What has, I think, happened as a result of the back to sleep campaign, we, as well here in Massachusetts, had a 50% decline at least, well over 50% decline in deaths due to SIDS between 1995 and 1996, which was quite remarkable.

And we began, then, to make sure that our risk reduction messages were incorporated into all of the training that we do, which includes bereavement training for nurses and social workers who provide home visits to families, for police cadets coming through the police academies. We have institutionalized training for those police cadets that have trained well over 7,000 new police officers coming into our commonwealth. Training them in regards to death investigation, when a child dies, but including all risk reduction messages as part of that curriculum. Childcare providers, of course. And one of the things that has been very, very important here is our work with the child fatality review team. We are mandated to participate on all local and statewide policy making teams. And my colleagues on those teams who are reviewing infant deaths were impressed with the fact that many of our babies now at the time of death are sharing a sleep surface with other adults and sometimes other family members. And so as the result of recommendations from local teams, the messages Department of Public Health, in collaboration with us at

the SIDS center, prepared a document entitled Give your Baby the Gift of Safe Sleep, which we hope will be coming out within the next two or three weeks, or very soon anyway. So we are now really focusing on this aspect, as are others on the call here today, on the full messages of safe sleep environments.

The other aspect of risk reduction which we will be focusing on this year will be for nurses in hospital settings and dealing with core competencies. Developing from the core competency publication of the association of SIDS and infant mortality program, and really focusing on what nurses need in regards to being competent around the issues of sudden unexpected infant deaths and safe sleep environments. And just lastly, I want to say that the -- while SIDS awareness continues all year long, it does help me at this time of the year and traditionally looking at October acids awareness month, it's a time to really think to address and revise teaching our messages, our various curriculum that we use, and to spend time reviewing the literature and making sure that we translate from research into clinical practice what is so very important. And this provides an opportunity to do that.

One last thing I would like to say in terms of public education, for those of us who do participate in fund raising and conduct fund raising events, we educate at those events, as well, in regard to safe sleep environments. We always have to get the messages out.

Thank you so much for giving me the time.

LORI COOPER: Thank you, Mary. And Mary and I just had a chance to talk before this presentation, and one of the groups that she was getting the word out to were Road

Racers, so you never know where you can get the message. I want to support that in trying to get to all populations. Next we're going to go to SIDS of Illinois and hear from Nancy. I'm not sure if it's Nancy or Pam.

NANCY: Nancy. This is Nancy from SIDS of Illinois and Pam and I are the co-directors for SIDS of Illinois. We want to thank you for allowing us to participate. Just a couple of things that we're doing here in Illinois. Of course, we spent a lot of years doing training of childcare providers and so we've kind of moved a little bit away from that, because we've been doing it for many, many years. We still continue to update our training program that we initiated, I think it was September or August of 2000 that we presented it. So we continue to update that, if anybody is interested in seeing that. We do lots of police officers, like Mary was talking about. We started out starting with the grief sensitivity and how these first responders and police officers can help the families in this acute grieving period and what their roles should be and what they can be and how they can facilitate the grieving process and we put the risk reduction information in at the end. Because I always find there are officers who have babies or are going to have babies or are grandparents. It's a good thing.

We are part of the closing the gap project. We are one of the funded partners, we've been working on this. We're in year two of the project. Probably our biggest thing that we've done to date for closing the gap is our immediate campaign and it's been so far well received, although I'll tell you it's quite graphic. It is -- there is a baby in a casket. And then there is a message. Most of the babies in Cook County are happening in the adult bed,

not only with sleeping with parents or other adults, but a lot of infant deaths where they're sleeping with children, siblings, whatever. We've just had a number of incidents where a child -- we are trying to get these babies into cribs and working hard to find money to provide cribs. So that has been very well received, even though it was a scary campaign for us to put on, because we weren't sure how it would be received. It's gotten a lot of good responses from nurses. It's been in nurse's news letters. Started on the 28th, we will begin our third annual Russell Rush group. He is an uncle who is a DJ in Illinois. He sits on the roof of McDonalds and broadcasts his show and collects money until he raises what his goal is. The first year, he raised about \$24,000, took 12 days. Pam and I had to be there the whole time. The last year, he was up for six days and he raised \$34,000. We're hoping for an even better turnout this year. So we're working on that. Along with Russell, we have done 10 second, 15 second, 30 second, and 60 second PSAs that are running throughout the state of Illinois.

We're working with NBC in the Chicago area to get some television PSAs. It's part of closing the gap. We've been doing nursing training in hospitals where they deliver babies. It's a comprehensive program and it takes two hours for us to teach it. We're trying to get all the nurses in want hospital to be trained so everybody is giving out the same message. We have this past year put together and distributed probably 50,000 copies each of English and Spanish in our low literacy brochure. We found that we needed something that had a lower literacy reading rate. We've also included unsafe surfaces. We talked about not bed sharing with your baby. We have prenatal message on there. It's comprehensive. But it is at a lower reading level. Not very text heavy. It is gender neutral

and race neutral. In October, we're doing our 15th annual car raffle. It was started by a SIDS parent. This year it's a Nissan sports car, two-seater. We usually raise about \$35,000 from that. That's a good program for us. We're initiating a new program this year, the canister program. We have pictures of some of our SIDS babies on them and we have been working with the Naperville rotary and they will help us. And they will help us raise money. We are part of the CDRT and chamber group, so we're getting a lot of information from them. So we're excited to sit on those teams, as well. I'm trying to talk fast so I don't take more than five minutes of my time. I'm sorry. I cannot stay on this call. If you have questions or want to see our materials, call me. Our number is on the web. You can email me at Nancy @ SIDSillinois.org. Check our website.

LORI COOPER: Thank you, Nancy, very much. I hope that people are realizing there is a wealth of models media, strategies that you can pick up throughout this presentation. And I'm using that to segue into a moment with -- actually there is a little error here, it's the Office of Minority Health resource center in Washington, D.C. Monique was not able to be here. So I will tell you about this campaign. The secretary, Mike, launched it a few miscellaneous -- months ago. It's a campaign in relation to the closing the gap initiative to reach the American Indian community. I can share with you today a couple of audio PSAs that were done with the safe sleep community with some wonderful gospel singers well known in the community speaking to the issue of SIDS. The campaign also includes information on reducing the risk for cancer and general behaviors for good health throughout your life. But we're, of course, focused on this aspect of the campaign that is to reduce SIDS and infant death.

So I'm going to ask the University of Illinois, the tech people to play now the two 30-second PSAs and they'll just play them one after the other. It will give you a chance to hear them. Also, this material and other material that is part of the no what to do for life campaign, there's a wide range of material for use in the African-American community and it's available if you contact the resource center. The Office of Minority Health is working with about 200 partners around the country. So I encourage you to get in touch with the resource center. Let's take a listen to these now to just hear what they've been doing with the stay safe community.

AUDIO TAPE: Hi, I'm Nicole C. Mullen. Know "Know What To Do For Life". Call 1-800-444-6472. A message from the U.S. Department of Health and Human Services, Office of Minority Health.

AUDIO TAPE: I'm Michael and Heidi Stampley. On the road we're gospel artists. At home, just mom and dad. If you are a parent or care for a child -- Sudden Infant Death Syndrome, also known SIDS African-American babies are twice as likely to die from it.

>> Place babies on their backs to sleep.

>> Call 1-800-444-6472. Know what to do. Office of Minority Health.

LORI COOPER: I hope that perhaps some of you have already heard those PSAs, because they have been out in the community. If you haven't and you'd like them to be played in your community, call the number that's on that slide and you can get these

materials free. And then you need to, of course, work with your local radio stations. That would be another webcast that we would do. We can't go into it right now. But if you actually want some strategies on that, feel free to call project impact and we can talk with you. In the meantime, it is also of interest I think that the Office of Minority Health is developing some materials for outreach in the African-American community, as well. I think it was their plan to release those in the next couple of months. I'm sorry. I meant to say American Indian community. I'm sorry. So their focus, that will be the next focus of this campaign. I now would like to go to Georgia and hear from the Centers for Disease Control. I think that we have Kay and Terri Shapiro on the line and Terri Davis. I'm not sure who is speaking, so please introduce yourself and we're glad to have you as part of the conference.

KAY: Hi, good afternoon. This is Kay. And yes, we're all here. Keri and Terri and I in Georgia. Thank you for inviting us to speak today and give you a brief update on what we're doing. As many of you know, CDC has been collaborating with a number of national organizations to develop a standard investigation protocol and forum and training curricula and materials for the investigation of sudden unexpected, unexplained infant deaths in the United States. And what we're currently doing right now is the forum is essentially in a final draft version and we hope to have the form complete by the end of this year, the end of 2005, and released in early 2006. We are meeting with our national Steering Committee in September, and they will be reviewing the final version of the form. We're also developing training materials for infant testing investigations and at that meeting we'll also -- they'll

also be viewing final draft versions of the training materials, including the 23 training modules, as well as the video that goes along with the training.

We'll have our first pilot training in November, with testing investigators, including medical examiners and others who are involved in infant testing investigation. And at that pilot, the pilot training, we'll be looking at the materials. And at that point and afterwards for the remainder of the year, we'll be revising the training materials and modules accordingly. And then finally, we will be conducting our first regional train the trainer academy in St. Louis. It is scheduled to take place in March 2006. We are going through the process of selecting the individuals that will be attending this four-day training. We're working with Doctor Steven Clark and colleagues around the nation to determine how to select these individuals and how to assess that training for these individuals. And then finally, we're continuing to do promotion of the form and the training materials. Among those involved in infant death investigations, Terri Davis and Keri have been working diligently this summer giving lectures around the country to a very diverse group of individuals, including police, sheriffs, other law enforcement, death scene investigators, medical examiners, coroners and forensic nurses. So that's the update here from CDC, and we welcome any questions. Again, we thank you so much for your time.

LORI COOPER: Thank you very much, Kay. And we are now going to go to Virginia and hear from Betty from the SIDS mid Atlantic program.

BETTY: Thanks, Lori and thank you for inviting me to be here today. And I'd much rather be here than on jury duty, so I'm glad I'm here. We've done very much of the same kind of things that some of the other speakers have talked about. But a few things that no one yet has talked about today. And we're a very small organization, but we cover a large area. The whole commonwealth of Virginia, Washington, D.C., and Maryland are the three areas where we provide services. We do run a -- [INAUDIBLE] and no one has mentioned that today. We've given away over 1,000 cribs in a two-year period. If I advertised the program, we could have given away five times that many, if we had the funding. And I think the reason that our cribs program has been as successful as it's been, we've not had a death among any of the babies who have received a crib. So we're really pleased about that. But it's been a wonderful mechanism for getting -- [INAUDIBLE] from some of the agencies and communities that otherwise may not buy-in the message. So we've had tremendous success from a multi-cultural group. We're really pleased about that. We also do the childcare training.

Maryland and Virginia are two very, very different states. In Maryland, all childcare providers must be trained in back to sleep and SIDS risk reduction. Of course in Virginia, it's voluntary. So it's been interesting just looking at the distances between the two states. However, we have a very active child healthcare consultant who is in Virginia, and I took the training so I could be part of it. And the materials that they've developed in the toolkit format for their childcare providers, which includes the back to sleep, safe sleep, SIDS risk reduction messages are really excellent. So if anyone is interested, I'd be happy to send that out. We've done a lot of education with nurses and find that hospital nurses are

probably the most resistant to changing their behavior. And their behavior includes putting babies on their tummies to sleep. So there's a lot of work to be done there.

We're very fortunate to partner with our FIMR and child fatality review teams in Virginia. In Virginia, the child fatality review team just published their report from the deaths that they reviewed, child deaths reviewed in 2002, the reports came out in 2005. And they dedicated part of that report to the significance of sleeping arrangements. And found that in 23 of 28 undetermined child deaths, in appropriate sleeping arrangements were implicated in the deaths. They consider those also to be preventable. So that document is really helpful to us and we will be going forward to try to get some funding. We have no funding. We have a new program that is just starting this evening for parents. It's a different format for a support group for parents. It's really based on post traumatic stress disorder work. And it's an intense eight-week support group, facilitated by a licensed clinical social worker who has done a lot of work with families who have suffered post traumatic stress, including families who are affected by 9-11. So I don't have an evaluation on that yet, because we're just starting it, but I'm very excited about that. And then I've also been doing some education with childcare educators. I've been very pleased with the response.

It's been wonderful. And many of them are -- [INAUDIBLE] advice about bed sharing. Particularly when I show them the pictures of babies who were beautiful and healthy one day and dead the next day. And lastly, we also had a program we called stop smoking, stop SIDS. We've received funding from the American -- [INAUDIBLE] foundation, who

developed the smoking cessation program specifically for pregnant women and we worked with some of the other smoking cessation programs. That program has also been very successful. I'm from Virginia to back those states. My county seal has a tobacco leaf on it. So you can imagine in this program, some of the healthcare providers in Virginia have been challenged. Thank you for giving me the opportunity to speak and to participate in this webcast. It's been terrific.

LORI COOPER: Thank you, Betty. I'm happy to say that we have Karen with us from the division of Healthy Start and perinatal services and I would like to ask Karen if you might be able to bring us up to date on any activities that are related to SIDS and infant death reduction, risk reduction, that are going on?

KAREN: Sure, I'd be happy to. Our main program is the Healthy Start program to reduce infant mortality and the factors that are associated with infant mortality. And we are also more in the programmatic side. You just heard about the campaign on SIDS that's associated with closing the health gap. On the programmatic side, we are administering annual grants to four states that were identified under closing the gap with high rates of infant mortality, proportionate to the population of African American and these states are Mississippi, Michigan, South Carolina, and Illinois. And our division is administering the funds to help those states increase awareness about the causes of infant mortality in African-American community.

In addition to SIDS, it includes preterm delivery, low birth weight, smoking as was just mentioned, as well as a number of other risk factors. And we are also collaborating with the bureau of primary healthcare with HRSA who is doing another programmatic component of closing the health gap in conjunction with their perinatal health disparity collaboratives. And they are working with community health centers within the same four states to develop a guideline, using a change model within their community health systems for prenatal care and for following maternal and infant care postpartum. And they are in the end of their first year of piloting. They went through a process where they involved a number of consultants to look at what were the factors associated with these adverse outcomes of SIDS, of low birth weight, preterm delivery.

What should prenatal care include. And then they selected pilot sites within those four states, and though pilot sites are just finishing up this calendar year in implementing some of their recommended changes in their healthcare system. And then once all of that pilot phase is finished, this will become another health disparity collaborative that is opened up to all health community centers in the same method that the asthma collaborative, the depression collaborative, the obesity collaborative, a number of the health disparities collaboratives were. So it's another opportunity on a broader level to increase activities and hopefully decrease risks and rates of infant mortality and SIDS across the country.

LORI COOPER: Wonderful. Thank you. I hope that everybody's feeling the way I do, which is there is so much going on and there are many questions to ask, so send in your questions. And we'll be getting to that in just a few minutes. I wanted to speak for one

minute about the C.J. Foundation for kids, Wendy Jacobs, the program director is not able to join us. But next month, for SIDS awareness month, the C.J. Foundation will be launching a public awareness campaign in eight cities. You can go on to their website. It's the C.J. Foundation for SIDS, you'll have to Google it because I don't have the exact address here. But they're going to be putting these ads on billboards and bus posters and so forth. You can download samples of the ads on the website for mchcom.com. UIC was kind enough to put them on there for you. Those will be running in the next three months. So some programs may want to even hook in with their work and combine and integrate your programs. I'd also like to say, if you liked this webcast, then please stay in touch. Those of you who have not joined the list serve that is posted by project impact, I urge you to go to our website, the address which I do know, WWW.SIDS project impact.com. It's one of the early slides in this presentation. There you can find the instructions for joining the list serve, which is a way to keep this conversation going.

There have been so many amazing ideas and some real progress and steps forward, including evidence-based strategies, which we're all in love with and required to look for. And a wide range of imaginative other applications. But I think what we're seeing as SIDS continues to decline is a systematic way of approaching how we're no, sir going to provide bereavement support for infant deaths and how we're going to continue to reduce risk for the accidental infant deaths and other infant deaths that all of the programs have been serving for some time where we see the numbers beginning to increase as the diagnosis may continue to shift. I now would like to turn it back over to Johannie, because we have a number of questions. I want to thank everybody for their presentations and I want to thank

everyone for staying with us on the website. Please use these last minutes to send your questions and comments. If there is something that you have going on that we need to know about. Thank you.

JOHANNIE ESCARNE: Thank you, Lori. The first question, I believe it's for Terri Wagner. As you cover Alaska, is this -- and I believe this is childcare training being done in Alaska?

TERRI WAGNER: No, it's not being done in Alaska, because, while we serve Alaska, we have offices in Seattle and a small branch office in Spokane and no funding to travel very much. So if there are people in Alaska who want to talk to me, work together to see if we can get some grant funding to come out there, I'd be thrilled to do that. But at this point it's not feasible for us to fund the training there.

JOHANNIE ESCARNE: Thank you. The next question is can we get a copy of the flyer that you have on your slide? I don't remember which flyer that would be.

UNIDENTIFIED SPEAKER: On my slide?

JOHANNIE ESCARNE: It might be Marie's slide. Marie's flyer.

JOHANNIE ESCARNE: Yeah, I don't think I have a flyer on my slides.

MARIE CHANDICK: This is Marie. There's contact information on the web -- on this program. So please use that, either the phone number or the email and be in touch.

JOHANNIE ESCARNE: Thank you. The next question also has a comment. We are finding that in some communities, such as the African-American community that are disproportionately affected by SIDS are not aware of this issue and not making the changes in sleep positions. I think New York City has done good work on how to -- [INAUDIBLE]. Might Mary or others who are doing something related to this issue comment?

UNIDENTIFIED SPEAKER: That's directed to Marie Chadwick.

MARIE CHANDICK: Again, there are initiatives all across New York state in partnership with maternal child health professionals, as we all have spoken about. New York City, the New York City office of the New York state center for sudden infant death has taken a lot of leadership, as we all have, in promoting SIDS risk reduction through many, many partnerships across the city. There are perinatal coalitions. The city department of health has an infant mortality review and risk reduction committee. The New York City office is housed in the office of chief medical examiner, so again the leadership around compassionate bereavement service to families is obviously a big part of that. There are other initiatives regarding help for families with death scene investigators who are again trained and very sensitive to needs of families. So again, I think there are many aspects of this work.

You know, some of it remains historically for all of us attention to the needs of bereaved families, education to make sure that in every way possible professionals know how to attend to the needs of those families. And then the risk reduction centers are multiple and for sure the program in New York City has been there since the inception of the program back in the 1970's, so there are many, many partnerships. Please be in touch with me if you have specific interests or would like to learn about how to be more involved. Again, go to that slide and be in touch.

LORI COOPER: Thank you. Marie, are you also working with the national center for cultural competence on some of those?

MARIE CHANDICK: Yes, there have been a number of meetings and educational programs that have taken place in New York City. You know, Susan and others connected with the cultural competence center has participated. There have been region II activities that have really been instituted through the work of Shirley Smith, our Region II maternal child health consultant. So, yes, you know, there's specific need to be aware, as all of you experiencing, but especially in the New York area, the many people from many cultures, you know, that's an area that we are attentive to and are continuing to remain focused on education and awareness.

JOHANNIE ESCARNE: Thank you. The next question is for Elizabeth. Could you say more about your home visit program, what has been your experience with sharing safe

sleep messages? Are other areas covered, such as domestic violence and injury prevention? Also, please share any information on funding home visitation programs.

ELIZABETH CUSHMAN: Wow, okay. Our home visiting program is basically a case management model, where we enroll women, hopefully while they're pregnant, but they can enroll at any point up to two years postpartum. It's focused on the mother and children. But sometimes we include fathers and other members of the family. While they're pregnant, we try to see them at least once a month. And then we adjust that based on risk. If there's a lot of things going on, then it is as often as needed. It's sort of a cross between -- it's really kind of similar to the nurse family partnership model. But we just don't have the capacity to do something quite that intense. But we do, you know, full assessments, health education. We also do community-based education. All of our home visitors are R.N.'s. We also have outreach workers who are Native American community members at each site.

What else can I say about it? We, you know, have been developing protocols over the years as we've become -- as we've learned and as we've gone along. We do some office visits. Domestic violence is a huge issue. We find that between 25 and 30% of our clients have experienced domestic violence at some point. So, you know, have a positive history. At any given point between 10% and 12% are in an active violent situation. That's a huge issue for us. A lot of times we find that our clients will speak to our program nurses about issues like substance abuse and domestic violence and other kind of difficult things, whereas they won't speak to the prenatal care provider. So it's been positive in that

aspect. The safe sleep education we do, it kind of varies. Unfortunately, depending on sort of the convictions and experience of the nurse providing it.

We're trying to get everybody on board with a standard protocol and a standard set of messages. To be honest, it's been challenging because, you know, there's still sort of mixed belief in co-sleeping, as, you know, an independent risk factor. Everybody acknowledges that, you know, along with substance abuse and along with secondhand smoke and all the other things we often see in those cases, you know, that that is a very risky situation. But co-sleeping in and of itself is still not, you know, we still have a couple nurses who are really kind of holding out on that. Again, I think it's because of this commitment to breastfeeding, commitment to traditional ways. It's one thing that we're constantly up against is the strength of the family experience. And if a mother has co-slept with three previous children and her mom did it and her grandma did it, you know, you're up against a lot to try to convince, you know, convince her that she is doing something risky. So those are some of the issues around that.

We try to present the message in as objective as a way as possible and provide alternatives, talking about, you know, father involvement. You know, he can bring the baby to you in bed and take the baby back to the crib. Positioning the crib right next to the bed, things like that. We talk a lot about over heating. A lot of our clients live in very crowded houses with multiple extended families. And also we have eight months of winter up here, so the heat is on a lot and the windows aren't open. And then you add secondhand smoke in there. Sometimes we think that over heating can be a big issue, too. So we try to

address that. We use a whole variety of materials. We have materials from the state. We have materials from Indian Health Service. We have materials we've developed. We're looking forward to this new set that are going to be coming out.

Let's see. I think they also asked about funding. Funding is really tough. I mean, we firmly believe that, you know, this sort of add-on to prenatal care should be a standard part of the care and services that all women receive. And that's one thing that's been good about Healthy Start, it's not income-based. We have a target population. That target population is defined as high risk. But it's a population as a whole. So it's not like we have to qualify each individual. And that, I think, is really, really important. Because over the years our communities, our troubled communities have come to see Healthy Start as a normal thing you do. When you are pregnant, you call the Healthy Start nurse. It's not something for irresponsible people, people who had child protection involvement. It's just seen as a standard kind of fun thing to do. And again, I wish that that was funded by the conventional public health system as just a standard part of the care we provide to women, especially first-time moms who really need a lot of education and support.

I think another unique aspect to our program is that we do have the freedom and the time to spend with clients to address a whole host of issues. Self-esteem issues. Depression. We screen everybody for depression at several points. We've got that flexibility. Women who come home with high risk infants. A lot of times they've been transferred to a regional center, and, you know, they can fall through the gap. A lot of those infants need follow up visits and the health department sometimes learns about them, sometimes they don't. But

the Healthy Start nurses are so in touch with families on the community level, they can -- if they hear of an infant coming home, they can be sure and get out there. Again, I wish we could do Medicaid for such instances, because it saves so much money in the long run as a preventive strategy. We have started to try to participate, Michigan does have a program called maternal support services, infant support services, which is just in the process of being totally revamped. And it does pay for home visits for Medicaid-enrolled high risk women and their infants. But it's, again, it's only for Medicaid and it's limited.

And like every other state, we're going through a huge budget crisis. So as they're revamping the program, we know they're doing it with an eye to spend less money and serve fewer people, probably. So I don't know in terms of long-term sustainability this is going to offer much. But it's tough. We've looked into some private insurance from reimbursement for certain types of home visits. You know, if there's a diagnostic code that can be used to get reimbursement for infants with health problems, things like that.

Healthy Start and there was -- let's see. Healthy families America I think is the other big -- and then nurse family partnerships are the three big federal programs that I know of that fund home visits. March of Dimes does some. But again, those are limited funds and vary by state. I think that I've addressed all the topics, I guess.

JOHANNIE ESCARNE: Thank you, Elizabeth.

ELIZABETH CUSHMAN: Sure.

JOHANNIE ESCARNE: A couple of more questions. I'll see how many we can get. The first one I think is for Kay at CDC. How do we hear more about the training conference at St. Louis in March.

KAY: I'm going to have Terri Davis answer that. She's our training coordinator.

TERRI DAVIS: What would you like to know about the training? How you get involved? Or how we plan to do it?

JOHANNIE ESCARNE: The question was just how do we get some more information.

TERRI DAVIS: Just contact me at T Davis 5 @ CDC.GOV.

JOHANNIE ESCARNE: Thank you. I believe we're running short on time. If we have not answered your questions, we will get your questions to the appropriate speaker and make sure that your question is answered in the form of an email. On behalf of the division of Healthy Start and perinatal services, I would like to thank our presenters and audience for participating in this webcast. I'd also like to thank our contractor, the center for the advancement of distance education at the University of Illinois at Chicago, school of public health, for making this technology work. Today's webcast will be archived and available in a few days on the web side mchcom.com. We encourage you to let your colleagues know about this website. Thank you and we look forward to your participation in future webcasts.