

**Tennesseans Teaming Up for Change: Statewide Infant Mortality Summit
September 20, 2012
Summary—Community Action Plans**

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Abbu, Stephanie Stephanie.n.abbu@vanderbilt.edu	Anna Morad Marlee Crankshaw Barbara Engelhardt Chazlie Miller Sarah Haverstick Melinda Markham Karen D'Apolito Cheryl Major Diane Boyd	<p>Breastfeeding initiation and continuation rates in the state of TN are far below the national average which has life-long effects in terms of health for both mothers and infants.</p> <p>With family-centered care, parents are considered part of their baby's team. Active awareness of safety and participation of making their baby safe is a skill that many parents need to learn.</p>	<p>NICU—To increase human milk feedings by 10% within the next year</p> <p>Newborn Nursery—to increase exclusive breastfeeding and skin-to-skin rates by 10%</p> <p>Raise parents' awareness of safety issues and ability to protect their child initially and in the hospital and then after discharge.</p>	<ol style="list-style-type: none"> 1. NICU—Education for staff and families regarding benefits of human milk; increasing skin-to-skin and direct breastfeeding; increase lactation support 2. Newborn Nursery—implementation of Ten Steps to Baby Friendly 3. Develop a policy and a tool through which staff can assist parents to develop an individual safety plan. 	<p>Housestaff Nursing staff Families OB Everyone</p> <p>RNs NPs MDs Social Work Receptionists Outpatient—home health Nurses for Newborns DCS</p>
Ark, Pamela park@tnstate.edu	Deirdre Jones Debi Hood Lori Martin Pamela Jones		Partnering with Nashville/Davidson County Health Department for annual Incredible Baby Shower	<ol style="list-style-type: none"> 1. Provide health education multi-focus at 2013 Incredible Baby Shower <ol style="list-style-type: none"> 1a. Develop teaching topic plans and link to existing brochures 	TSU Nursing Students BSN Program

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Beaver, Vicki Vicki.beaver@nfnf.org	Vicki Beaver Gail Bright Lacey Wilkins Melanie Lutenbacher	Sleep-related deaths are a major contribution to infant mortality, particularly medically fragile infants.	Over the next 24 months there will be no sleep-related deaths in the families served by NFN with at least 4 home visits.	<ol style="list-style-type: none"> 1. Develop collaborative plan to ensure continuity of safe sleep practices between hospital and home <ol style="list-style-type: none"> 1a. Engage hospital NICU and nursery staff to develop a plan to standardize safe sleep practices 1b. Engage community groups (churches and day care) to ensure safe sleep practices 1c. All NFN clients will be assessed at each visit for a safe sleep environment 1d. All NFN clients will be taught the ABC's of safe sleep 	Local hospital nursery/NICU staff FIMR subcommittee for safe sleep MOD Program Services Committees Area day care centers Fifty Forward (grandparents) Martha O'Bryan Center Conexion Americas

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Brown, Marla Marla.brown@agapemeanslove.org	Erin Harrington Phyliss Dennis	In Memphis and Shelby County the homeless pregnant population struggles with multiple barriers. One of the most significant barriers is substance abuse. Their substance abuse issues (often used as a coping mechanism) results in increased infant morbidity and mortality.	In the next 12 months, the goals are: Provide housing stability for homeless population Reduce substance abuse Reduce smoking Improve wraparound services to provide holistic and comprehensive care that carries across disciplines Improve dialogue with clinicians. Severe disparities exist relative to homeless populations. Provide comprehensive care for mothers with history of substance abuse and infant mortality.	<ol style="list-style-type: none"> 1. Continued preservation of education regarding consequences of substance use/abuse. Conclude education component with site visit to a NICU to see harmful effects of substance abuse on babies. 2. ACRA with motivational interviewing developing meaningful ways on a step-by-step plan to replace triggers with prosocial responses. Healthier ways to deal with emotions. 	All interfaith and governmental agencies countywide Shelby County Office of Early Childhood and Youth AGAPE Child and Family Services Baptist Hospitals Methodist/LeBonheur Memphis

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Bufwack, Mary MARYUNHS@aol.com	Darla Crowder Will Wyatt	37206 and 37207 zip codes have a high number of patients that do not have access to prenatal care.	Increase the number of patients that receive prenatal care Increase the number of patients that get preconception and interconception services and education	1. Develop an outreach campaign that targets the high-risk population (African-American and Hispanic) 1a. Health education/Health Promotion 1b. Culturally-relevant awareness campaign that targets high-risk cultures 1c. Partner with other local organizations to educate high-risk patients about prenatal care and the importance of women's health 1d. Educate high-risk groups about interconception care and prenatal care by using educational materials (fliers media, PSAs, etc)	Community Insurance companies Local, state, and federal government Hospitals Clinicians
Claude, Misty Misty.claude@tn.gov	Amy Daughtry Sharon Woodard Kyla Webb Valerie Lee	In the Mid-Cumberland Region, Dickson County has been identified as one of the highest rates of infant mortality (12.1 in 2010).	Over the next 12 months, reduce the # of infant deaths by 1%.	1. Improve access to prenatal care 1a. Identifying healthcare providers for OB care (NP, PA, Midwives, MDs) 1b. Compile resource list (provider list) 1c. Consider incentives for prenatal care compliance (ie gas card) 2. Follow up for positive pregnancy test 2a. Collaborate with UT Extension, hospitals to provide prenatal classes 2b. Enroll all high risk pregnancies into HUGS for monthly follow-up to measure compliance	Community health councils Health Departments Local health care providers Local hospitals Local businesses Schools Faith-based community
Cobb, Robin Robin.cobb@belmont.edu	Angela Lane Carrie Harvey Lorretta Bond	Sleep-related infant deaths occur when a baby dies from suffocation or strangulation in the sleep environment. In 2012, __ babies in Davidson County died from sleep-related infant deaths.	Over the next 12 months, reduce the number of infants (0-12 months) who die from sleep-related deaths in Davidson County.	1. Incorporate "Safe Sleep" content into Ob/Peds courses/clinical/community health 2. Disseminate educational materials (door hangers, brochures, fliers, posters) to community constituents during Belmont-sponsored events (ex. Nursing Night, Community Baby Shower, Hope Clinic, Health Fair)	Students Faculty Hospitalized Patients Outpatients Community members

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Conner, Shavetta Shavetta.conner@tn.gov	Myrtle Russell Karen Codjoe	Lack of awareness and huge disparities in infant mortality rates in rural settings.	Increase awareness of factors that impact infant mortality. Three year goal: engage rural counties in West Tennessee around issue of infant mortality. Target counties with highest IM rate to establish county-specific plan to reduce IM. (Benton, Henry, Crockett, Haywood, Lauderdale, Fayette)	1. Present data to community groups in counties with highest IM rates.	AHEC TDH Health Councils UT Extension Churches HBCU Student Ambassadors U of Memphis
Escobar, Rebecca Rebecca.escobar@baptisthospital.com	Luisa Tejada Magdalena Hernandez Teresa Medina	Reduce gestational diabetes in Latina women during pregnancy.	Over the next two years, reduce gestational diabetes in Latina women cared for at Clinica Nueva Vida.	1. Provide nutrition education materials in Spanish; exercise, food preparation 2. Education of the risks for Latina women for gestational diabetes 3. Education of BMI and other related information 4. Encouraging social networking by attending Centering Group at clinic 5. Referral to Nutritionist for counseling if BMI over 30	Baptist Hospital Clinica Nueva Vida St. Thomas

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Frazier, Kanetha Kanetha.frazier2@nashville.gov	LaQuinta Henry	<p>Sleep-related infant deaths are at a rate of 20% and has grown from 61 to 131 from 2005-10.</p> <p>Tobacco use in TN is ranked #9 increasing prenatal exposure to second-hand smoking and third-hand smoking.</p>	<p>Increase by 2% the number of Early Head Start (EHS) pregnancies that receive prenatal information on the ABC's of infant safe sleep.</p> <p>Over the next program year introduction smoking cessation materials to all EHS families.</p> <p>Increase literature available on the dangers of secondhand smoking.</p>	<ol style="list-style-type: none"> 1. Provide educational posters, fliers, and door hangers for new parents when enrolled in pregnant mom program 2. Devote a month's parent meeting theme to safe sleeping. 3. Train EHS family Services Specialist Nurse and teachers on the 5A's approach to smoking cessation. 	EHS Family Service specialist (educated at enrollment and FPA) EHS Nurse (educate during home visits) Pregnant moms (receive education) EHS teachers (identification of exposed infants) MNHD (be available for resources) Metro Action Commissioner (provide finance for training and literature) EHS staff (receive training and education, distribute materials)
Haverstick, Sarah Sarah.haverstick@vanderbilt.edu		<p>Work collaboratively to reduce the amount of infant deaths that occur due to lack of education and knowledge of safe sleep in the Davidson County area.</p>	<p>Increase the awareness of safe sleep.</p> <p>Decrease the amount of sleep-related infant deaths that occur in Davidson County.</p>	<ol style="list-style-type: none"> 1. Various members of our staff can assist families with developing a safe sleep plan and also a safety plan. 	Media outlets Faith-based organizations Pediatricians Parents and families and friends involved in the care of the child Work to collaborate with other departments and agencies that focus on our same goals

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Isenhour, Warren Warren.isenhour@nashville.gov	Carolyn Riviere Nakishua Gauldin Kim Wyche-Etheridge Carol Hopkins Donna Summers	Impact of infant mortality in North Nashville as it relates to health equity. Form community groups at the consumer level to identify potential options for addressing the problem.	Improve access to care in North Nashville. Improve access to healthy nutrition. Have a collaborative community group that represents the entire community.	<ol style="list-style-type: none"> 1. Provide accessible clinic hours (nights and weekends) 2. Increase quality and quantity to general public 3. Approach businesses, churches, schools, health care providers <ol style="list-style-type: none"> 3a. Identify potential needs and facilitate a grant funded community effort 	Community clinics Grocery stores
Johnson, Jacqueline Jacqueline.johnson@tn.gov	Glenda King Loraine Lucinski Christopher Power Kimothy Warren	Approximately 50% of all pregnancies in Tennessee are unintended.	By 2014, decrease unintended pregnancies by 3%.	<ol style="list-style-type: none"> 1. Develop reproductive life planning counseling skills checklist for health care providers 2. Develop marketing campaign 	Home visitors (Loraine) TAPP Coordinators (Kimothy) Family Planning (Jacqueline) Potential parents (Christopher) WIC (Glenda)

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Mastronardi, Alicia Alicia.mastronardi@knoxcounty.org	Miranda Malone Kim Christenson Rita Hillhouse Charlene Ellis Terri Geiser	Sleep-related infant deaths account for 20% of child fatality infant cases reviewed in East TN & Knox for 2010.	Over the next 24 months, reduce infant deaths related to unsafe sleep environment in East TN and Knox.	<ol style="list-style-type: none"> 1. Target infant caregivers, prenatal and pediatric providers, and public health educators with the ABC message 2. Safe Sleep conference reaching 200 prenatal pediatric providers 3. Implement safe sleep hospital initiative in four major hospitals in the area 4. Implement Cribs for Kids program in our area 	Health care providers (provide education to new parents; model safe sleep in hospitals; educate staff on safe sleep) Health education/public health (increase media on this issue; model safe sleep in homes via home visiting agencies; provide education to healthcare providers and public) Community (ask faith-based organizations to get word out ex. "Safe Sleep Sundays"; encourage parents to share message with peers and grandparents)
Mays, Autumn Autumn.mays@tn.gov	Sandy Halford Sherri Smith Danni Lambert	East Region Health Department staff are unaware of infant mortality data, risks, and other factors. Hospitals in East TN are not modeling "safe sleep" practices.	Educate all East TN local health department staff by 10/1/2013. Educate all East TN birthing hospital staff about "Safe Sleep" within two years. Develop "Safe Sleep Certification" method for hospitals (long-term goal).	<ol style="list-style-type: none"> 1. Pre-test to assess knowledge base 2. Post-test to assess increase in knowledge 3. Nursing supervisory staff will educate hospital staff 4. Hospital staff will model "Safe Sleep" 5. Hospital staff will educate new parents about "Safe Sleep" 	Regional Office/MCH Director to schedule/facilitate meeting/training at each local health department MCH Regional Office staff will educate at Thursday program meetings All residents in East Region All birthing hospitals and OB staff in East Region

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Molder, Deborah Deborah.molder@tn.gov	April Scott Denise Hobbs Tammie Howell Elaine Williams	Sleep-related infant deaths occur in rural communities (South Central Region). Co-sleeping deaths appear to be a main cause.	Over the next 12 months reduce the number of co-sleeping deaths. Investigate and review data of co-sleeping in our region.	1. Provide educational materials 1a. Meet as a group quarterly to discuss	Parents Community non-profits that provide service Pediatricians Hospitals DCS Home visiting programs
Nelson, Valencia vnelson@marchofdimes.com	Jamila Batta Tesia Williams Callie Hirstein Tamara Currin	Preterm births continue to lead in high occurrences of preterm birth –related morbidities in mortality in TN.	Decrease preterm birth rate by 8% by year 2014. Decrease preterm birth rate to 9.6% by 2020.	1. Establish statewide coalition of both traditional and non-traditional leaders to implement cross-regional public awareness initiative carrying babies to term. 2. Work with HEN to implement awareness and QI support via hospital networks and systems.	
Riviere, Carolyn Carolyn.riviere@nashville.gov	Serena Neuman Burns Rogers Amanda Holley Dr. Sandra Thomas-Trudo Brook McKelvey	Because of a lack of continuity of care (ie mom sees different providers), conditions are misdiagnoses or not treated impacting maternal and child outcomes (for data see the FIMR report)	Provide documentation of care that travels with the patient. Reduce fetal/infant deaths and poor birth outcomes resulting from lack of continuity.	1. Create a prematurity diary 2. Find willing providers to pilot test 3. Get the pilot going	MCO's OBs Community action team Midwives and other prenatal care providers

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Sartin, Joan Joan.sartin@tn.gov	JoAnn Hunnicutt Cheryl Murphy Deborah Wilson	Infant mortality is affected by maternal health (preconceptual and interconceptual)	<p>The Medicaid population of childbearing age will receive preconception education within two years</p> <p>Meidcaid population of childbearing age will demonstrate a decrease in tobacco use by 2% within two years</p> <p>Within two years, increase efforts to educate women of childbearing age by 50%.</p>	<ol style="list-style-type: none"> 1. Identify women of childbearing age <ol style="list-style-type: none"> 1a. Develop preconceptual educational materials 2. Identify women who admit to smoking <ol style="list-style-type: none"> 2a. Review/revise smoking identification or questions on HCA 3. Develop appropriate target substance abuse messages of childbearing age. <ol style="list-style-type: none"> 3a. Conduct a focus group of child bearing age who admit to smoking or drug abuse. 	

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Sherfy, Liz Elizabeth.a.sherfy@tn.gov	Tina Ayers Carolyn Isbell John Rust Monica Turner	In Upper Cumberland we identified 23 infant deaths in 2010. We want to know “why” and drill down the reasons.	Over the next 3 months, study the data and identify why these infants died and what were contributing factors. Overall goal is to reduce the number of infant deaths by ___% (all actually) and make changes related to the causes. We must find out causes first.	<ol style="list-style-type: none"> 1. Review infant mortality board data 2. Collaborate with home visitors to get real picture 3. In-depth study and review of available data 4. Look at 3-year average data 5. Meet in 6 weeks (November 7th at 9 AM) to review information and develop action to put forth 	Infant Mortality Board Vital Records Home Visiting Agency staff members John Rust—informal focus group with home visiting agencies Liz Sherfy—obtain detailed information on 23 deaths from Infant Mortality Board Monica Turner—identify community stakeholders (where are babies born, available prenatal care, others)
Smith, Jennifer Jennifer.smith@uwrutherford.org	LaShan Mathews Lacey Wilkins D'Ann Lynn	Lack of knowledge and awareness of issues and causes of infant mortality. Limited access to quality healthcare.	Educate community members and stakeholders in Rutherford County. Identify resources and eliminate barriers to access quality health care (transportation, child care, copays, insurance, etc)	<ol style="list-style-type: none"> 1. Facilitate Community meetings 2. Develop/gather educational materials 3. Provide an up-to-date resource inventory 4. Identify gaps in services 	Rutherford County Schools Murfreesboro City Schools Media partners Community centers Health Department Daycares Transportation services Case managers/social workers Drop-in day cares Community agencies Hospitals/clinics

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Snodgrass, Carla Carla.snodgrass@pcat.org	Kristen Rector Marcia Slagle Amy Campbell-Pitz	There is a lack of information re: infants that die from non-accidental, sleep-related or poor birth related outcomes.	Encourage inclusion of these deaths in infant mortality review Review key stakeholders from Safe Baby Committee	<ol style="list-style-type: none"> 1. Evaluate how the AHT/SBS intervention is included in infant mortality plan 2. Utilize data to develop and implement education 3. Review trends of trauma to infants that cause both death and long-term disability 	TDH—Rachel Heitmann PCAT
Spears, Allysceaeioun Allysceaeioun.b.spears@tn.gov	Jennifer Spann Lori Waller Lolita Bryson Vanessa Montgomery Charlayne Frazier Renee Roberson	Pregnant adolescents' knowledge of the importance of prenatal care.	Over the next 24 months, increase the number of pregnant adolescents reached through the TENNderCare Program.	<ol style="list-style-type: none"> 1. Provide listing of pregnant adolescents to Community Outreach for targeted outreach. <ol style="list-style-type: none"> 1a. Develop dissemination process 1b. Develop script for outreach 1c. Enhance reporting/recording processes currently used 1d. Develop referral process for TennCare MCO OB Case management programs and Health Department programs (eg WIC, HUGS) 2. Conduct phone outreach to pregnant adolescents through the Nursing Call Center. <ol style="list-style-type: none"> 2a. Develop script for outreach 2b. Enhance reporting/recording processes currently used 	TENNderCare Community Outreach Nursing Call Center (A Spears) MCOs (TennCare) Outreach Division

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Thomas, Carla Carla.thomas@nashville.gov	Robert Taylor Mark Lollis Tashia Richards-Brown Lillian Maddox-Whitehead	Too many AA babies in the 37208 zip code are dying before their first birthday. More than 13% per 1,000 die before their first birthday in this zip code.	Over the next 12 months, reduce the # of deaths in 37208 from 3 to 0.	1. Provide consistent and even messages that encourages collaboration within our community. Create a consistent message throughout the community so that our clients do not get mixed messages of what infant mortality is. 1a. Work with faith-based community to increase spirituality 1b. Work with colleges/universities to encourage higher community education 1c. Fiscal responsibilities 1d. With MDHA, allow resident association meetings to be the voice of change for the community	Vanderbilt University—Deborah Wage (Lillian Maddox-Whitehead) Mt. Zion/Ephesians/Friendship Churches—Bishop Walker, Dr. Fitzgerald, Jimmy Greer (Tashia Richards-Brown) Fisk University—Elizabeth Stewart (Robert Taylor) Meharry Medical College—Leah Alexander (Lillian Maddox-Whitehead) TN State University—Dr. Kanu (Mark Lollis) Citizens Bank/US Bank (Mark Lollis) MDHA—Janet King (Carla Thomas)
Thomas, Jill Jill.thomas@mtsu.edu	Jo Edwards Cindy Chafin	There is no consistent data collection to clearly identify cause of death in child death.	Improve data collection by providing training to first responders on SUIDI form.	1. Host two train-the-trainer conferences for first responders 2. Instruct attendees on Tennessee law	Tennessee Department of Health MTSU Center for Health & Human Services

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Tibbs, Calonda Calondra.tibbs@shelbycountyttn.gov	Laura Gansman Danielle Hobbs Robbie Spearman Jamila Batts Jennifer Kmet Brenda Kyles Yvonne Madlock Juanita White Eula Lee-Whitaker Gwendolyn Wright	<p>Many fetal/infant losses occur among women who have experienced a previous loss. Black women, ages 20-30 years, are at increased risk.</p> <p>Chronic disease and infection before and during pregnancy increase risk for poor birth outcomes.</p>	<p>Improve interconception health of women experiencing loss.</p> <p>Reduce LBW and prematurity.</p> <p>Increase access to public health and community resources.</p>	<ol style="list-style-type: none"> 1. Education <ol style="list-style-type: none"> 1a. The HALO Initiative 1b. Provider Education 2. Support <ol style="list-style-type: none"> 2a. Identify/establish support programs for women with previous loss 2b. Increase marketing, etc to inform on availability of community resources 	Women with loss Schools Faith-based communities Mental Health Health Care OB/GYNs Pediatricians
Trivett, Engie ebtrivette@charter.net	Dr. Stephen May Dr. Mike DeVoe Heather Mullins Christen Minnick Jackie Neas Patti Wilson		<p>Reduction of infant mortality related to prematurity and extreme prematurity in the NE TN perinatal region related to substance abuse.</p> <p>Continue the safe sleep communication program to NE TN Perinatal Region.</p> <p>3% reduction in birth certificate-reported smoking.</p>	<ol style="list-style-type: none"> 1. Survey practices to see how many are testing and what they are doing with results. <ol style="list-style-type: none"> 1a. Track and report # of practices who do screen vs. those who do not to committee 1b. Provide referral resource materials for substance abuse 1c. Determine ACOG recommendations and provide education to practices and providers 2. Implement successful media campaign and measure numbers of sleep-related deaths over period. <ol style="list-style-type: none"> 2a. Provide safe sleep materials to facilities and practices 3. Contact Dr. Bailey for current programs in smoking cessation. <ol style="list-style-type: none"> 3a. Provide support to Dr. Bailey's current initiative for smoking cessation through practice and public initiatives 	

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Vincent, Lisa Lvincent@hamiltontn.gov	Ione Farrar Judith Miller	Some pregnant women who have had poor birth outcomes in Hamilton County have knowledge deficits regarding pre-conception care, birth spacing, family planning, prenatal care, educational components, elective delivery prior to 39 weeks, safe sleep, etc.	Over the next 12 months, increase the awareness of the community of the Text-4-Baby program.	<ol style="list-style-type: none"> 1. Distribute Text4Baby posters and tear pads across the county. 2. Utilize social media. 	OB providers Pediatricians Early childhood education/caregivers Baby merchandise retailers Large employers Hospitals Public health/community clinics City government/county government
Wage, Deborah Deborah.wage@vanderbilt.edu	Anne Pruett	Breastfeeding has been shown to be a protective factor for moms and babies, but moms often have difficulty accessing support to begin and successes once they leave the hospital.	Provide breastfeeding/lactation support to breastfeeding mothers in an outpatient community arena	<ol style="list-style-type: none"> 1. Utilize VUMC space for community breastfeeding support group <ol style="list-style-type: none"> 1a. Identify and engage leadership (professional/grassroots) 	VUMC LaLeche League Public Health Department Berry Hill and surrounding community
Weatherly, Jennifer Jennifer.weatherly@nashville.gov	Elizabeth Cook Linda Shaw Kathryn Lagun Jessica Owens	Sleep-related deaths include strangulation and suffocation that occur in the sleep environment. In 2010, 12 babies in Davidson County died from sleep-related deaths.	In 2012, Metro Home Visiting programs will have zero sleep-related deaths.	<ol style="list-style-type: none"> 1. Assess sleep environment 2. Educate families on the importance of safe sleep pre and post-natally 3. Connect families with resources to obtain cribs or pack and plays 	Local hospitals Churches Schools Pediatricians Health Department (For all these, provide education on safe sleep to families; help families obtain tools for safe sleep)

Team Leader and Email	Team Members	Problem Statement	Goals	Strategies and Objectives <i>(Strategies listed by number, objectives listed with number/letter below each strategy)</i>	Stakeholders
Wooten, Roxanne Roxanne.wooten@tn.gov	Patrick Long Elise Bishop Jan Beville	Childhood Fatality Review teams identified an unacceptable number of infant deaths due to unsafe sleep practices.	Reduce by minimum of 50% sleep-related deaths in Bradley County.	<ol style="list-style-type: none"> 1. Form community stakeholder group 2. Plan to implement County Summit meeting 3. Hospital Education 4. United Way Success by 6 5. Ready by 21 	Hospital Physicians (all) Coordinated School Health BICC United Way Lee University Commitments from regional staff
Wright, Karen Karen.wright@signalcenters.org	Gail Crawford Amy Harness Kathy Ennis Mel Chambers	In 2010, there were 129 sleep-related infant deaths in the State of Tennessee.	Educating medical personnel about the importance of talking about safe sleep to parents Educating child care providers about safe sleep Educating parents about safe sleep Educating community about safe sleep	<ol style="list-style-type: none"> 1. Nurses and physicians should be aware of and able to educate parents on necessity of ABC's of safe sleep. Ask questions at discharge about crib. 2. Continue safe sleep training for all staff. 3. Distribute information to share with parents. 4. Talk with new parents and prenats about not co-sleeping, etc. 5. Collaborate with WIC workers to help educate. 6. Media—Facebook, Twitter, Text4Baby, newspaper. 7. Health fair, community baby showers, open houses, Human Resources, Higher Education support groups, paper information. 	Hospitals DHS NAPNP TOPSTAR TECTA Higher Ed Early Intervention HUGS Faith-based