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2011 Innovations Awards Application

DEADLINE: MARCH 28, 2011

ID # (assigned by CSG): 2011- _____

Please provide the following information, adding space as necessary:

State: Missouri

Assign Program Category (applicant): Children and Families (Use list at end of application)

1. **Program Name:** Safe Cribs for Missouri
2. **Administering Agency:** Missouri Department of Health and Senior Services (DHSS)
3. **Contact Person (Name and Title):** Karen Schenk RN, BS, Public Health Consultant Nurse
4. **Address:** 930 Wildwood, P.O. Box 570, Jefferson City, MO 65102-0570
5. **Telephone Number:** 573-751-6266
6. **FAX Number:** 573-751-6185
7. **E-mail Address:** Karen.Schenk@health.mo.gov
8. **Web site Address:** <http://health.mo.gov/living/families/babies/safesleep/index.php> (this website is not specific to the program)
9. **Please provide a two-sentence description of the program.**
The program collaborates with local public health agencies and maternal child home visiting programs to provide a safe crib and crib education to families who could not otherwise afford one.
10. **How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 28, 2011 to be considered.**
The program started in April 2010.
11. **Why was the program created? What problem[s] or issue[s] was it designed to address?**
In 2006 there were 20 deaths reported in Missouri from suffocation of infants under the age of one due to unsafe sleep practices. By 2007 the numbers increased 130 percent to 46 deaths. In 2008 there were 68 Missouri residents under the age of one year whose deaths were attributed to unsafe sleep practices, a rate of 0.84 per 1,000 live births. Forty were white (a rate of 0.61 per 1,000 live white births) compared to 27 black (a rate of 2.16 per 1,000 live black births). Black infants are 3.5 times more likely to die than white infants due to unsafe sleep practices.

In 2005 the American Academy of Pediatrics (AAP) published its most recent recommendations for infant sleep to reduce the risk of SIDS and other sudden infant deaths:

- Infants should be placed for sleep in a supine position (wholly on the back) for every sleep. Side sleeping is not as safe as supine sleeping and is not advised.
- Use a firm sleep surface: Soft materials or objects such as pillows, quilts, comforters, or sheepskins should not be placed under a sleeping infant. A firm crib mattress, covered by a sheet, is the recommended sleeping surface.
- Keep soft objects and loose bedding out of the crib: Soft objects such as pillows, quilts, comforters, sheepskins, bumper pads, stuffed toys, and other soft objects should be kept out of an infant's sleeping environment. Loose bedding such as blankets and sheets may be hazardous. If blankets are to be used, they should be tucked in around the crib mattress so that the infant's face is less likely to become covered by bedding. The bedding can be placed so that the infant's feet are able to reach the foot of the crib (feet to foot), with the blankets tucked in around the crib mattress and reaching only to the level of the infant's chest. The infant could also be placed in a sleep sack that is designed to keep the infant warm without the possible hazard of head covering.
- Do not smoke during pregnancy: Maternal smoking during pregnancy has emerged as a major risk factor in almost every study of SIDS. Avoiding an infant's exposure to second-hand smoke is advisable for numerous reasons in addition to SIDS risk.
- A separate but proximate sleeping environment is recommended: The risk of SIDS has been shown to be reduced when the infant sleeps in the same room as the mother. A crib, bassinet, or cradle that conforms to the safety standards of the Consumer Product Safety Commission is recommended.

Healthcare professionals, in working with pregnant and postpartum women, found that many women were unaware of the AAP recommendations and if they were aware, were often unable to afford the purchase of a crib, so were bed sharing with their infant or placing the infant in another unsafe sleep situation.

12. **Describe the specific activities and operations of the program in chronological order.**

The Safe Cribs for Missouri program was established as a collaborative effort between the Bureau of Genetics and Healthy Childhood and the local public health agencies (LPHA) and maternal child home visiting programs in Missouri, in counties not currently served by a "safe cribs" program. The LPHA or home visiting program sends a crib referral to the program manager based on established criteria. Upon approval, the crib, a Graco Pack 'n Play, is ordered and shipped directly to the referral source at no cost to them or to the client. Upon receipt of the crib, two educational visits are completed with the mother/family. The initial visit can be completed on site or at the mother's home. During the educational session, the mother is educated on the principles of safe sleep for her infant, including crib safety, how to set up and use the crib, "back to sleep", "tummy time", dangers of bed sharing, and the importance of making sure that everyone who cares for the infant understands and demonstrates "safe sleep" principles in caring for the infant. In addition mothers/families are educated on the dangers of smoking including secondhand smoke, car seat safety, and any other issues they choose to address. The mother is given the crib during this visit. Four to six weeks postpartum, or four to six weeks after the delivery of the crib if the crib was delivered to the mother postpartum, a home visit is completed to follow-up on the educational information that was provided during the initial visit and to assure the mother/family is using the crib safely with the infant. LPHAs who participate in the program are reimbursed for the educational visits.

13. **Why is the program a new and creative approach or method?**

The Missouri Department of Health and Senior Services, Bureau of Genetics and Healthy Childhood was aware of a limited number of "safe cribs" programs in Missouri serving less than 10% of Missouri's 115 counties and the City of St. Louis. Based on the success of the Cribs for Kids program in Pennsylvania,

Missouri began the Safe Cribs for Missouri Program, with its own adaptations, in April 2010. The new approach included collaboration with the local public health agencies and maternal child health home visiting programs in Missouri with the state department of health coordinating the program.

14. **What were the program's start-up costs? (Provide details about specific purchases for this program, Staffing/needs and other financial expenditures, as well as existing materials, technology and staff already in place.)**
There were no start-up costs. The program was implemented by a staff member already in place as an added duty and promotional materials were developed within the Department at no cost. Cribs are only purchased as referrals are received and approved. Educational visits are paid as completed.
15. **What are the program's annual operational costs?**
Annual operating costs are based upon \$219.99 per crib which includes the cost of the crib and two educational visits.
16. **How is the program funded?**
Funding for the program has come from various sources including the Maternal and Child Health Block Grant (Title V), the Emergency Medical Services Block Grant, and the Children's Trust Fund. The program is working to secure additional funding through corporate donations and grants.
17. **Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.**
No
18. **What equipment, technology and software are used to operate and administer this program?**
Referrals are faxed to the program manager. An Excel spreadsheet is used to track costs, reimbursement and ordering of cribs.
19. **To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.**
In its present format, yes. Pennsylvania has a program like it called Cribs for Kids but it is non-governmental. The DHSS program was started by Karen Schenk, Public Health Consultant Nurse, 930 Wildwood, P.O. Box 570, Jefferson City, MO 65102-0570. 573-751-6266, Karen.Schenk@health.mo.gov.
20. **Are you aware of similar programs in other states? If YES, which ones and how does this program differ?**
Yes, in Pennsylvania. However, it is non-governmental and not done through local public health agencies and maternal child home visiting programs in the state.
21. **Has the program been fully implemented? If NO, what actions remain to be taken?**
Yes
22. **Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.**
To date the program has been successful in providing 400 cribs and educational sessions in 40 counties in Missouri. The counties served, especially in the southeast region, have the highest incidence of infant mortality in the state. There have been two unfortunate incidents that occurred with families receiving cribs. In one incident, the infant was placed in foster care and the crib was not taken with the infant; the infant died bed sharing in a foster care setting. In another incident, one new mother of twins did not heed the warnings provided during the crib educational sessions, and rather than placing her infants in the two cribs that had been provided to her, she bed shared with the infants; she rolled over on one of the twins causing the infant to die from suffocation. To date there have been no other incidents that the program manager has been made aware of and the program has been well received in the state.

23. **How has the program grown and/or changed since its inception?**

Due to the large number of cribs being requested, eligibility standards for all providers were established to provide even distribution of cribs around the state.

24. **What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?**

Funding

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2011 Innovations Awards Application Program Categories and Subcategories

Use these as guidelines to determine the appropriate Program Category for your state's submission and list that program category on page one of this application. Choose only one.

Infrastructure and Economic Development

- Business/Commerce
- Economic Development
- Transportation

Government Operations and Technology

- Administration
- Elections
- Information Systems
- Public Information
- Revenue
- Telecommunications

Health & Human Services

- Aging
- Children & Families
- Health Services
- Housing
- Human Services

Human Resources/Education

- Education
- Labor
- Management
- Personnel
- Training and Development
- Workforce Development

Natural Resources

- Agriculture
- Energy
- Environment
- Environmental Protection
- Natural Resources
- Parks & Recreation
- Water Resources

Public Safety/Corrections

- Corrections
- Courts
- Criminal Justice
- Drugs
- Emergency Management
- Public Safety

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This application is also available at www.csg.org.