

PRAMS indicators selected for multi-state Infant Safe Sleep Collaborative

Problem Overview

The death of an infant is a tragedy for both the family and society. The United States ranks poorly (2008=28th) internationally for infant mortality. In 2011, HRSA Regions IV and VI states were asked to participate in an infant mortality summit designed to identify best practices and effective strategies to reduce future infant deaths. Following a face-to-face meeting in January 2012, common themes identified by participating states were compiled into five collaborative improvement and innovation networks (COINs), each structured with state participants and a leadership team. These five areas are considered key elements to successfully reducing future infant deaths in the United States.

Program Activity Description

State PRAMS provided data to the Safe Sleep COIN in July, 2012. The Safe Sleep Coin leadership used the data to create a SUID/SIDS/Safe Sleep fact sheet. PRAMS staff approved the final version of the fact sheet for distribution at the HRSA Regions IV and VI COIN meeting in Washington, DC on July 23, 2012.

The Safe Sleep COIN leadership shared fact sheets and data summaries along with programmatic information to about 25 safe sleep team participants at the Washington, DC COIN meeting in July 2012. Attendees included HRSA/MCHB staff, state participants from HRSA Regions IV and VI, including Medicaid medical directors and Title V MCH directors. After discussing concerns over data quality for SUID/SIDS mortality rates, COIN participants determined that the team focus should be on safe sleep practices instead of broader SUID/SIDS deaths. In September, the COIN team adopted the PRAMS measures for their COIN team outcomes. The COIN team submitted the proposal to expert contactors from IHI, NICHQ, and Abt Associates and received approval for these measures to be identified as the official COIN outcome measures.

Program Activity Outcome

The desire to use PRAMS data as part of the HRSA COIN process sparked conversations with federal leaders from HRSA, CDC, and other organizations to investigate the potential of providing more timely PRAMS data on a more frequent basis, perhaps quarterly, to improve the ability of PRAMS state to measure progress in the safe sleep COIN. If approved, this represents one of the first multi-state prospective proposals for using PRAMS data to improve protective behaviors associated with infant mortality.