

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

Fatherhood Talk Tuesday

Tuesday, September 13, 2022 || 3:00pm – 4:30pm ET

NICHQ
National Institute for
Children's Health Quality

HEALTHY
start
TA & SUPPORT CENTER

Fatherhood Talk Tuesday

TUESDAY, SEPTEMBER 13, 2022
3:00PM — 4:30PM ET

THE HEALTHY START TA & SUPPORT CENTER IS OPERATED BY THE NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY (NICHQ). THIS PROJECT IS SUPPORTED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) UNDER GRANT NUMBER 1 UF5MC327500100 TITLED SUPPORTING HEALTHY START PERFORMANCE PROJECT.

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FATHERHOOD TALK TUESDAY

Agenda

Housekeeping

Danisha Charles
HEALTHY START TA & SUPPORT
CENTER (TASC)

Welcome

Lazaro Lugo
TASC

Safe Sleep

Dr. Stacy Scott, PhD, MPA
GLOBAL INFANT SAFE SLEEP
CENTER (GISS); NICHQ

Grantee Site Presentation

Reginald Van Appelen
SENIOR MANAGER, COMMUNITY
COLLABORATIONS AND
PARTNERSHIPS
COUNTY OF LOS ANGELES

Wrap-up

Danisha Charles
TASC





THIS SESSION IS BEING RECORDED.



ALL PARTICIPANTS ARE MUTED UPON ENTRY. WE ASK THAT YOU REMAIN MUTED TO LIMIT BACKGROUND NOISE.



PARTICIPANTS ARE ENCOURAGED TO SHARE COMMENTS AND ASK QUESTIONS USING THE CHAT BOX.



Welcome

Lazaro Lugo

HEALTHY START TA & SUPPORT CENTER

FATHERHOOD TALK TUESDAY
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ

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Checking in

FATHERHOOD TALK TUESDAY
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The logo graphic for Healthy Start features a stylized plant with four leaves in shades of orange and red, positioned to the right of the text.

Need Support? Request Technical Assistance with TASC!



www.healthystartepic.org/

A close-up photograph of a newborn baby with dark skin and curly hair, looking up and smiling. The baby is wearing a white long-sleeved onesie with a pattern of small, dark stars. The baby is being held by a person whose hands are visible, one near the baby's head and another near the chest. The background is softly blurred, showing what appears to be a hospital or clinical setting.

SEPTEMBER

National Infant Mortality Awareness Month

we focus on bringing awareness to the rate of babies that die each year before they reach their first birthday.

The health and well-being of children and families across the globe are measured by infant mortality rates.



About Infant Mortality

Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births.

In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society.



In 2020, the infant mortality rate in the United States was 5.4 deaths per 1,000 live births.



Healthy Start believes that fathers play a role in addressing infant mortality too!

Safe Sleep

Dr. Stacy Scott, PhD, MPA

GLOBAL INFANT SAFE SLEEP CENTER, NICHQ

FATHERHOOD TALK TUESDAY
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ

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Today's Speaker



Dr. Stacy Scott, PhD, MPA

FOUNDER, GLOBAL INFANT SAFE SLEEP CENTER
EXECUTIVE PROJECT DIRECTOR AND EQUITY LEAD,
NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY (NICHQ)

Community of Committed Men Working to #KeepOurInfantsSafe

Safe Sleep Practices and National Trends for Risk Reduction

*Stacy Scott, Ph.D., MPA, Founder, Global Infant Safe Sleep Center
Executive Project Director and Equity Lead,
National Institute for Children's Health Quality*

Welcome

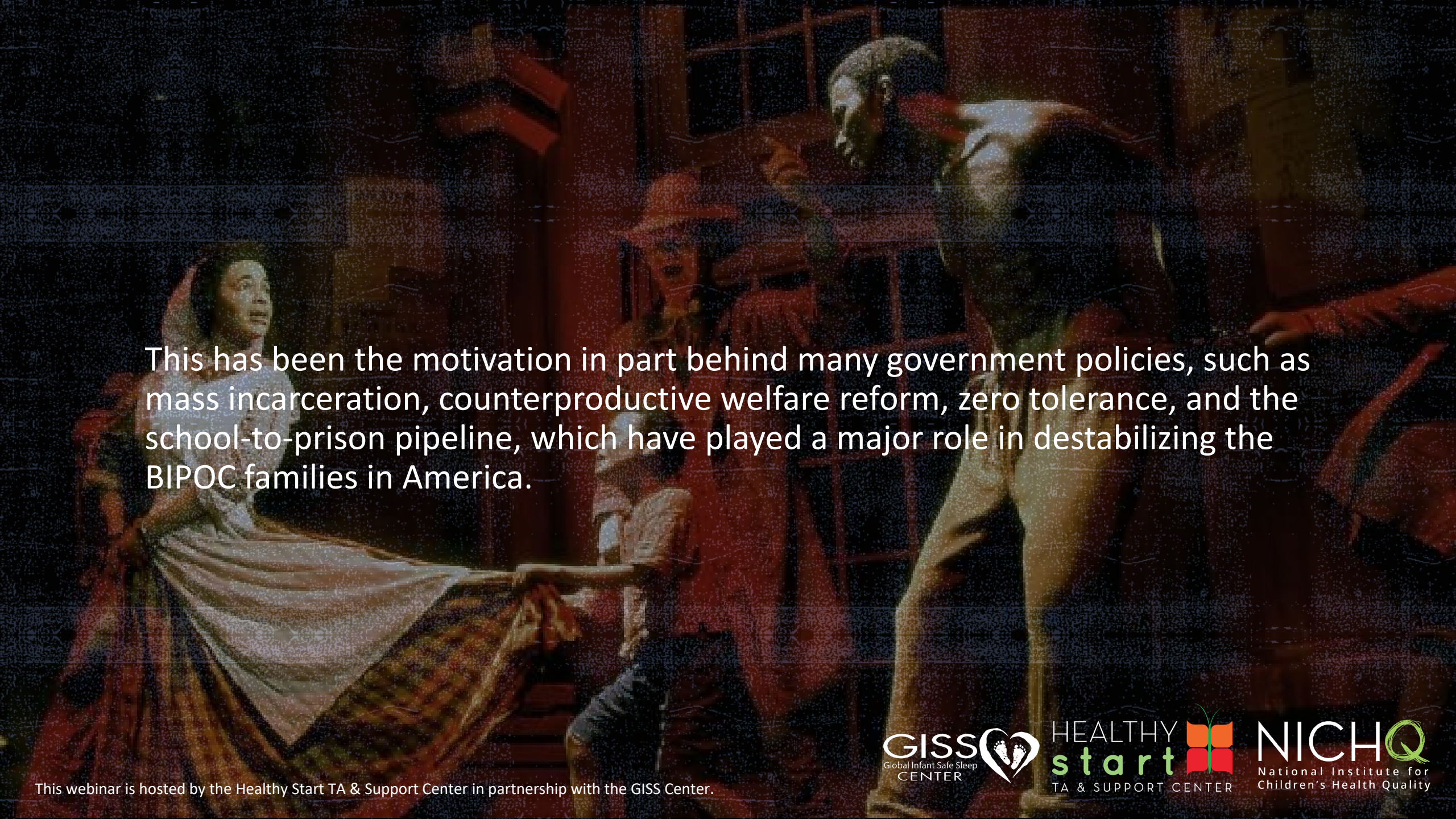


Today's Areas of Focus

- Empowering communities of men to become change agents, addressing prevailing gender norms detrimental to maternal and child health.
- Influence coalition building in designated communities by providing an arena for which male-focused, community-driven organizations can bring awareness of the impact of SIDS and other sleep-related causes of infant Death.



It is understood that generations of perniciousness, including false historical narratives characterizing BIPOC men as “uncommitted fathers,” even labels like “baby daddy,” has unfairly shaped the public perception of entire populations of people.



This has been the motivation in part behind many government policies, such as mass incarceration, counterproductive welfare reform, zero tolerance, and the school-to-prison pipeline, which have played a major role in destabilizing the BIPOC families in America.

This webinar is hosted by the Healthy Start TA & Support Center in partnership with the GISS Center.



Dad + Mom = Healthy Baby

Most maternal and child health programs seek to address the health needs of women and children by engaging and educating pregnant women and mothers.

This focus on women, and a tendency to think about family planning, pregnancy, childbirth and child health as “women’s business,” has often led to men being excluded from spaces and services in which they could learn more about reproductive, maternal, and child health.

(Jessica Davis, Stanley Luchters, Wendy Holmes, Centre of International Health, Burnet Institute, Australia, wpq3)

Although there has been increasing recognition of the need to include men in maternal and newborn health services since the mid-1990s, actual progress towards engaging men in maternal and child health has been a slow, developing process.

(Briefing paper from the Centre for International Health, Burnet Institute, Australia.)



As we work to reduce infant mortality in high-risk communities, a platform is needed to develop leadership among men, build coalitions, and influence policy to enhance male involvement in the maternal and child arena.



What Can a Community of Committed Men Do?



This webinar is hosted by the Healthy Start TA & Support Center in partnership with the GISS Center.





Keep Our Babies Safe

Working to Reduce Sleep-related Infant Death

This webinar is hosted by the Healthy Start TA & Support Center in partnership with the GISS Center.





This webinar is hosted by the Healthy Start TA & Support Center in partnership with the GISS Center.



What is sleep-related infant death?

- A sudden, unexpected infant death that occurs during an observed or unobserved sleep period, or in a sleep environment
- 3500 Infants die of sleep-related infant deaths, including sudden infant death syndrome (SIDS), ill-defined deaths, and accidental suffocation and strangulation in bed
- Sleep-related deaths encompass unexplained sudden death in infancy/SIDS and accidental deaths

Moon RY, Carlin RF, Hand I; AAP Task Force on Sudden Infant Death Syndrome; AAP Committee on Fetus and Newborn. Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Pediatrics. 2022;150(1):e2022057990

Sudden Unexpected Infant Death (SUID):

Death of an infant younger than 1 year of age that occurs suddenly and unexpectedly

Sudden Unexpected Infant Death (SUID)

- Includes all unexpected deaths:
 - Death without a clear cause, such as SIDS
 - *One-half of all SUID cases are SIDS*
 - Death from a known cause, such as suffocation
 - *Many unexpected infant deaths are accidents, but a disease or something done on purpose can also cause a baby to die suddenly and unexpectedly*
- Full investigation includes a complete autopsy, death scene examination, and clinical history review

<https://safetosleep.nichd.nih.gov/safesleepbasics/risk/reduce>

Sudden Unexpected Infant Death (SUID):

- After a full investigation, may be diagnosed as:
 - **Suffocation**: No air reaches a baby's lungs; usually caused by a block in the airway
 - **Entrapment**: Baby gets trapped between two objects, such as a mattress and wall, and can't breathe
 - **Infection**: Baby has a cold or other infection caused by a virus or bacteria that makes breathing difficult

<https://safetosleep.nichd.nih.gov/safesleepbasics/risk/reduce>

Sudden Unexpected Infant Death (SUID):

- **Ingestion**: When a baby takes something into the mouth that blocks the airway or causes choking
- **Metabolic diseases**: Conditions related to how the body functions that can lead to problems with breathing
- **Cardiac arrhythmias**: When a baby's heart beats too fast or too slow and affects breathing
- **Trauma** (*accidental or non-accidental*): Baby experiences an injury
- **SIDS**: *Sudden Infant Death Syndrome*

<https://safetosleep.nichd.nih.gov/safesleepbasics/risk/reduce>

Accidental strangulation or suffocation in bed

An explained sudden and unexpected infant death in a sleep environment (bed, crib, couch, chair, etc.) in which the infant's nose and mouth are obstructed or the neck or chest is compressed from soft or loose bedding, an overlay, or wedging causing asphyxia

Moon RY, Carlin RF, Hand I; AAP Task Force on Sudden Infant Death Syndrome; AAP Committee on Fetus and Newborn. Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. *Pediatrics*. 2022;150(1):e2022057990

Sudden Infant Death Syndrome (SIDS):

SIDS is the Sudden, unexplained death of a baby younger than 1 year of age that doesn't have a known cause after a complete investigation (complete autopsy, examination of the death scene, and review of the clinical history).

Brain
Abnormalities
Genetic
Polymorphism
Genetic
Mutations
Triple Risk Model

<https://safetosleep.nichd.nih.gov/safesleepbasics/risk/reduce>

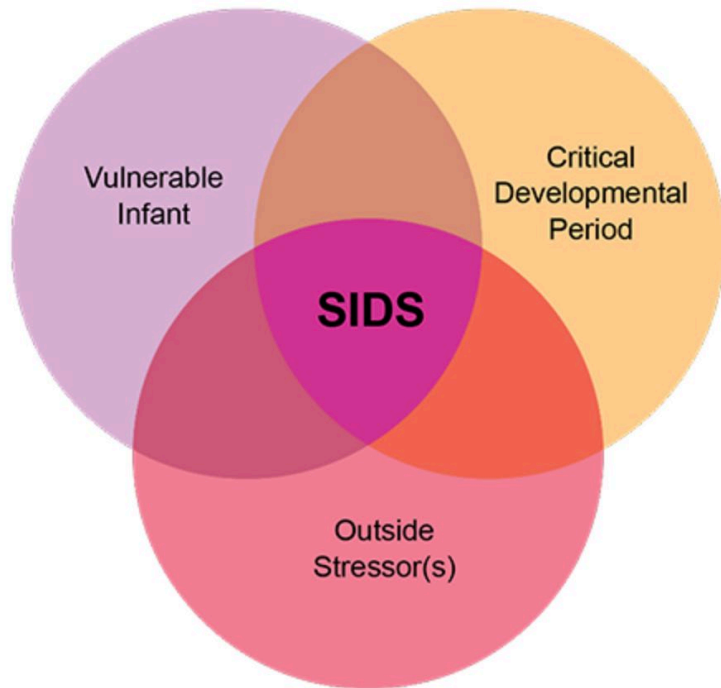
This webinar is hosted by the Healthy Start TA & Support Center in partnership with the GISS Center.

Researching the Causes of SIDS

- **Most scientists believe** babies who die of SIDS are born with one or more conditions causing unexpected responses to internal and external stressors common during an infant's life
- **Many researchers argue** finding cause or causes of SIDS lies in a deeper understanding of the development and functions of the brain and nervous system of infants, including those who succumb to SIDS



The Triple-Risk Model




All three elements must be present for a sudden infant death to occur:

- Baby's vulnerability is undetected
- Infant is in a critical developmental period that can temporarily destabilize his or her systems
- The infant is exposed to one or more outside stressors that he or she cannot overcome because of the first two factors

If caregivers can remove one or more outside stressors, such as placing an infant to sleep on his or her back instead of on the stomach to sleep, they can reduce the risk of SIDS.³

<https://safetosleep.nichd.nih.gov/safesleepbasics/risk/reduce>





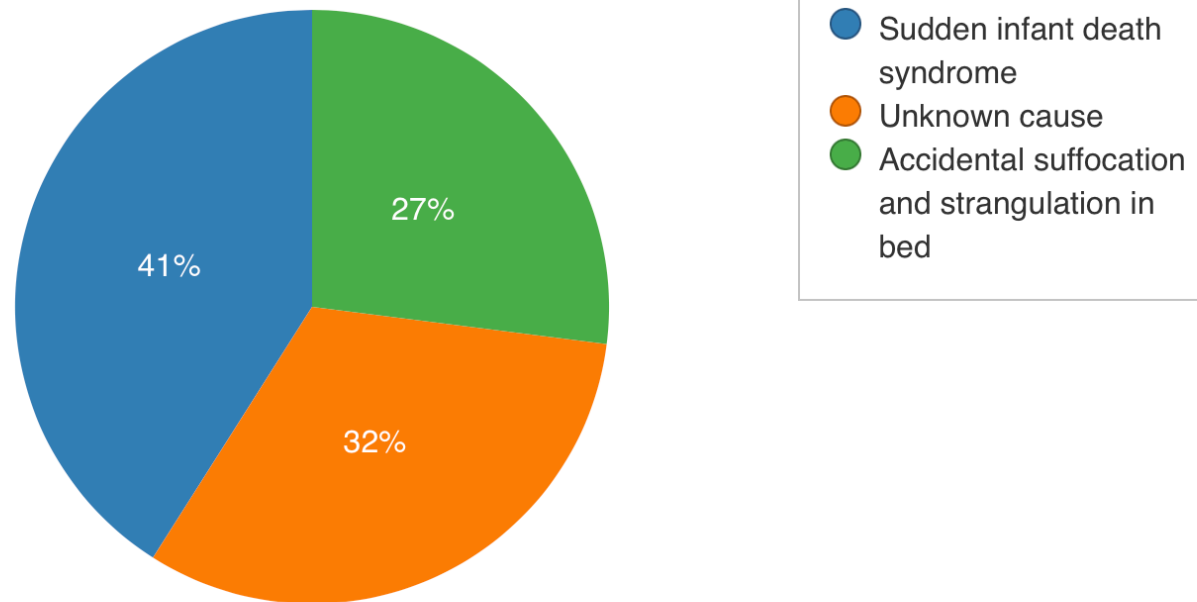
Sudden Unexpected Infant Death

By the Numbers

This webinar is hosted by the Healthy Start TA & Support Center in partnership with the GISS Center.



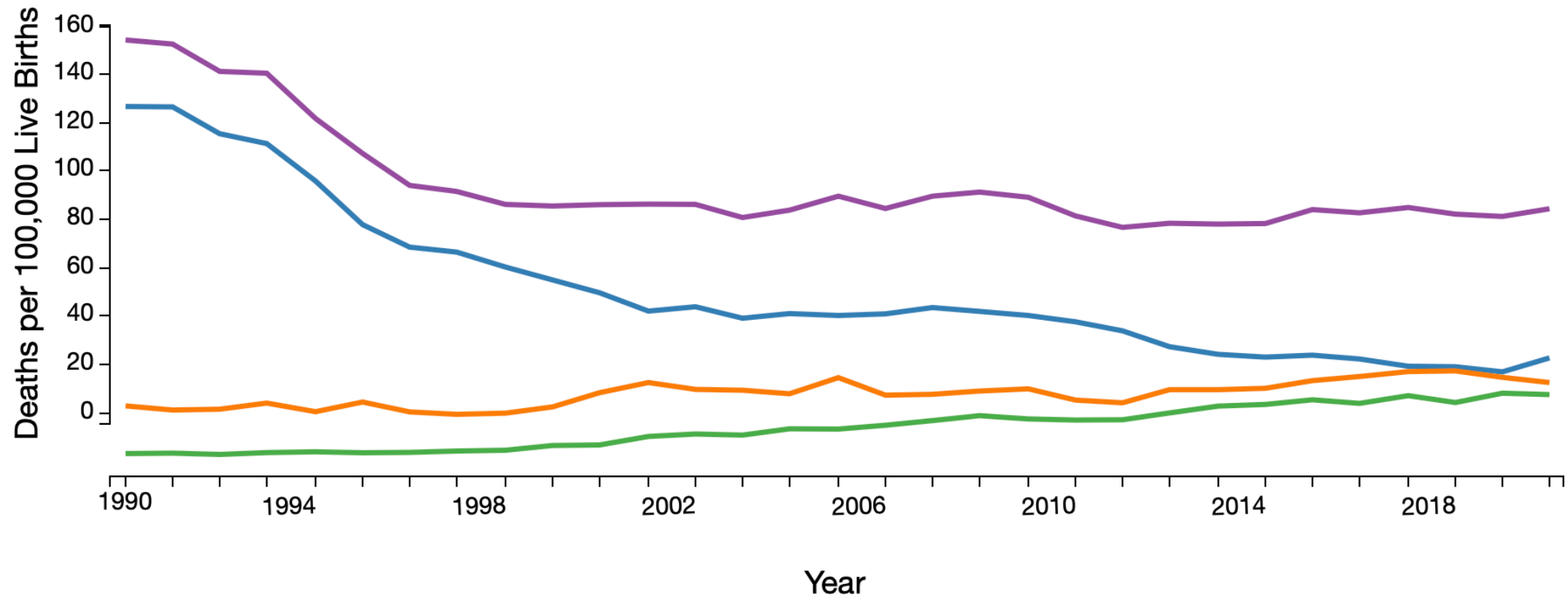
Breakdown of Sudden Unexpected Infant Deaths by Cause, 2020



	Percentage
Sudden infant death syndrome	41%
Unknown cause	32%
Accidental suffocation and strangulation in bed	27%

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality Files. Rates calculated via [CDC WONDER](#).

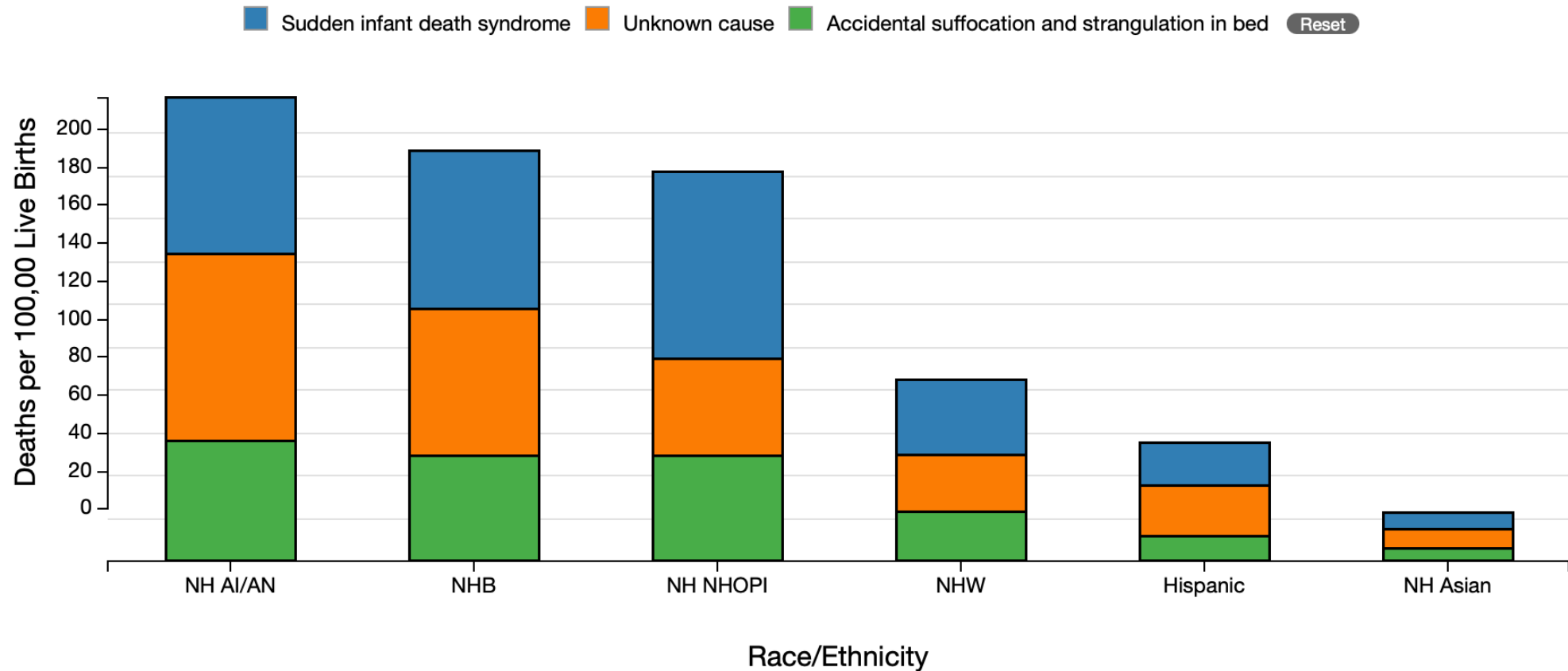
Trends in Sudden Unexpected Infant Death by Cause, 1990–2020



■ Sudden infant death syndrome ■ Unknown cause ■ Accidental suffocation and strangulation in bed ■ Combined SUID rate

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality Files. Rates calculated via [CDC WONDER](#).

Sudden Unexpected Infant Death by Race/Ethnicity, 2015–2019



NH AI/AN = Non-Hispanic American Indian/Alaska Native; NHB = Non-Hispanic Black; NH NHOPI = Non-Hispanic Native Hawaiian/Other Pacific Islander; NHW = Non-Hispanic White; NH Asian = Non-Hispanic Asian

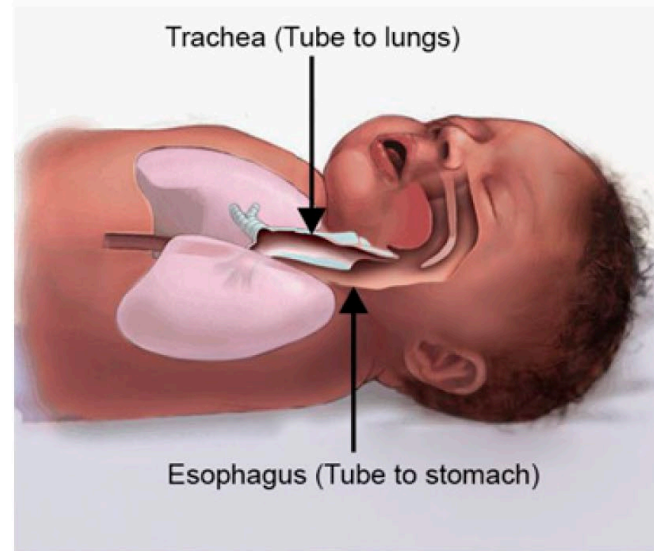
Risk Factors

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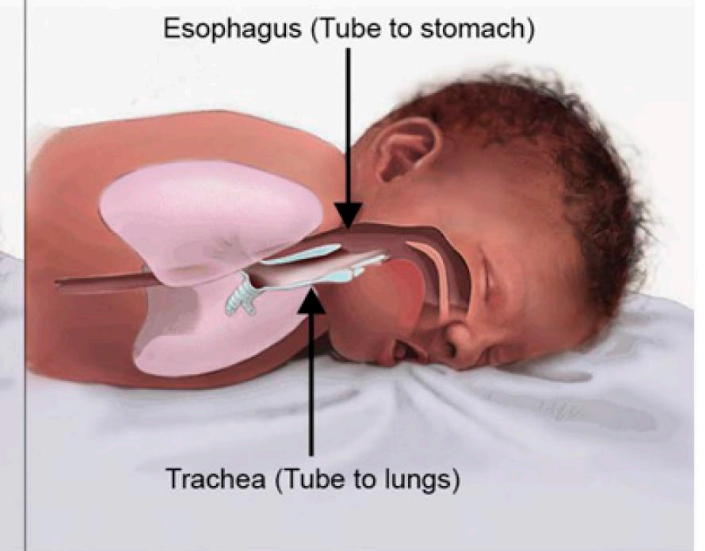


Sleep on their stomachs

Infant in the back-sleeping position



Infant in the stomach-sleeping position



Sleep on soft surfaces, such as an adult mattress, couch, or chair or under soft coverings



Sleep on or under soft or loose bedding



This webinar is hosted by the Healthy Start TA & Support Center in partnership with the GISS Center.



Get too hot during sleep



**Exposed to
cigarette smoke
in the womb or
environment,
such as at home,
in the car, in the
bedroom, or
other areas**



Sleep in an adult bed with parents, other children, or pets

This situation is especially dangerous if:

The adult smokes, has recently had alcohol, or is tired

The baby is covered by a blanket or quilt

The baby sleeps with more than one bed-sharer

The baby is younger than 11 to 14 weeks of age



Safe Sleep Guidelines

A Level Recommendations

FROM THE AMERICAN ACADEMY OF PEDIATRICS | POLICY STATEMENT | JUNE 21, 2022

A-Level Recommendations from AAP

Back to sleep for every sleep

Use a firm, flat, non-inclined sleep surface to reduce the risk of suffocation or wedging/entrapment



A-Level Recommendations from AAP

Feeding of human
milk is recommended
because it is
associated with a
reduced risk of SIDS



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A-Level Recommendations from AAP

It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for at least the first six months



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A-Level Recommendations from AAP

Keep soft objects, such as pillows, pillow-like toys, quilts, comforters, mattress toppers, fur-like materials, and loose bedding, such as blankets and nonfitted sheets, away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment/wedging, and strangulation



A-Level Recommendations from AAP

Offering a pacifier at
naptime and bedtime
is recommended to
reduce the risk of
SIDS



A-Level Recommendations from AAP

Avoid smoke and nicotine exposure during pregnancy and after birth

Avoid alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth



A-Level Recommendations from AAP

Avoid overheating and head covering in infants



This webinar is hosted by the Healthy Start TA & Support Center in partnership with the GISS Center.



A photograph of a pregnant woman with her hands resting on her belly. She is wearing a black top and light blue jeans. The background is a soft, light-colored gradient.

A-Level Recommendations from AAP

It is recommended
that pregnant
people obtain
regular prenatal
care

A-Level Recommendations from AAP

It is recommended that infants be immunized in accordance with guidelines from the AAP and CDC



A-Level Recommendations from AAP

Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS



A-Level Recommendations from AAP

Supervised, awake tummy time is recommended to facilitate development and to minimize the risk of positional plagiocephaly (flat head)

Parents are encouraged to place the infant in tummy time while awake and supervised for short periods of time beginning soon after hospital discharge, increasing incrementally to at least 15 to 30 mins. total daily by age 7 week



A-Level Recommendations from AAP

It is essential that physicians, nonphysician clinicians, hospital staff, and childcare providers endorse and model safe infant sleep guidelines from the beginning of pregnancy



A-Level Recommendations from AAP

It is advised that media and manufacturers follow safe sleep guidelines in their messaging and advertising to promote safe sleep practices as the social norm



A-Level Recommendations from AAP

Continue the NICHD “Safe to Sleep” campaign, focusing on ways to reduce the risk of all sleep-related deaths. Pediatricians and other maternal and child health providers can serve as key promoters of the campaign messages





What's wrong with this picture?

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CHANGING A TRADITION CHANGING A POSITION

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Key Messages for Grandparents/Caregivers

- Put the baby to sleep in a crib or bassinet (non-inclined sleep surface) on their back
- Do not use crib bumpers or blankets
- Offer a pacifier
- Make sure babies are immunized
- Don't smoke in your house or around baby
- Do not overheat



Back to sleep for every sleep

Use a firm, flat, non-inclined sleep surface to reduce the risk of suffocation or wedging/entrapment

Feeding of human milk is recommended because it is associated with a reduced risk of SIDS

It is recommended that pregnant people obtain regular prenatal care

It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for at least the first six months .

Supervised, awake tummy time is recommended to facilitate development and to minimize the risk of positional plagiocephaly (flat head)

Keep soft objects, such as pillows, pillow-like toys, quilts, comforters, mattress toppers, fur-like materials, and loose bedding, such as blankets and nonfitted sheets, away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment/wedging, and strangulation

Offering a pacifier at naptime and bedtime is recommended to reduce the risk of SIDS

Avoid overheating and head covering in infants

It is recommended that infants be immunized in accordance with guidelines from the AAP and CDC

Avoid smoke and nicotine exposure during pregnancy and after birth

Avoid alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth

Spread the Word!
#Keepourbabiesafe



Be a Safe Sleep Coach

Join us in communicating the important role men have in being able to teach other men such as fathers, grandfathers, uncles, brothers, and other community stakeholders about the ways to reduce SIDS and other sleep-related causes of infant death



<https://safetosleep.nichd.nih.gov/safesleepbasics/risk/reduce>

This webinar is hosted by the Healthy Start TA & Support Center in partnership with the GISS Center.





Questions



This webinar is hosted by the Healthy Start TA & Support Center in partnership with the GISS Center.

Thank You

Stacy Scott, Ph.D., MPA

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National Institute for Children's Health Quality

sscott@nichq.org



Grantee Site Presentation

Reginald Van Appelen

LOS ANGELES COUNTY
HEALTHY START

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Maternity
Assessment
Management
Access
Service Synergy

Los Angeles, CA

Reginald Van Appelen
Senior Manager, Community
Collaborations and Partnerships



Health Services
LOS ANGELES COUNTY

DISCOMFORT
Self

AGREEMENT

- Lean into your discomfort (take risks).
- Remain open and curious.
- Do things on purpose with purpose.
- Trust the process.
- Allow us to see you (dive in vs discuss).
- Challenge yourself...thoughts, ideas, traditions, everything you know.
- Allow yourself to become vulnerable and transparent.
- Confidentiality – lessons learned/stories stay in the room.
- Honor multiple truths, but also honor impact.
- Self-Care is important/create healthy boundaries.

Fatherhood Mission

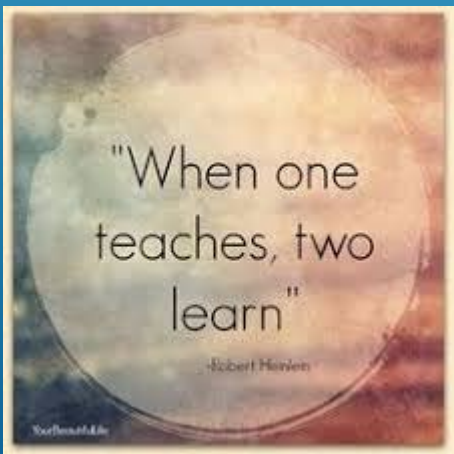


Reach: “Remember: despite how open, peaceful, and loving you attempt to be, people can only meet you, as deeply as they’ve met themselves.” – Matt Kahn

Teach: advise, coach, demonstrate, develop, inform, instruct, nurture, polish, prepare & sharpen (each one teach one).

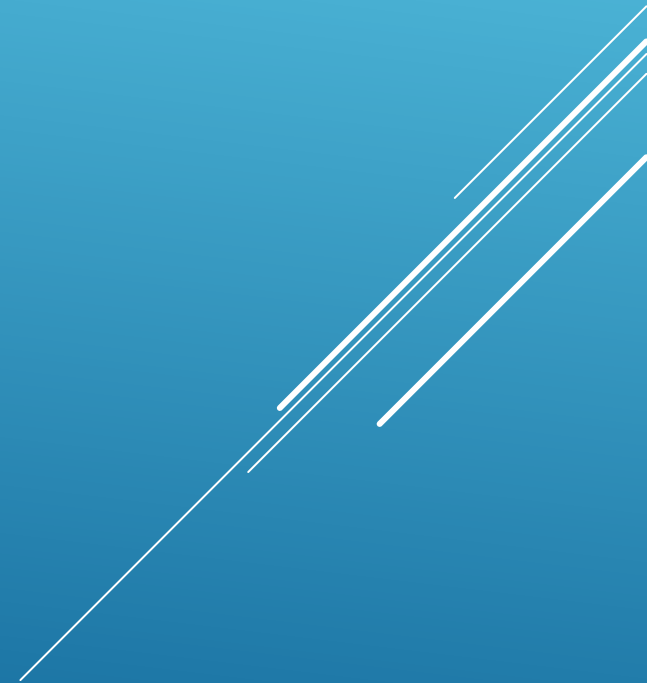
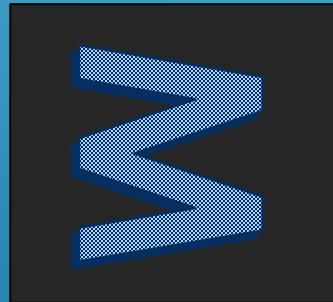
Mend: better, cure, **heal**, rebuild, recover, rectify, reform, renew, renovate, & restore.

Send: Fatherhood Ambassadors: “Be the change you want to see in the world.” – Gandhi (pay it forward).



Do You See What I See

Honor multiple truths, but also honor impact.



Do You See What I See

Honor multiple truths, but also honor impact.

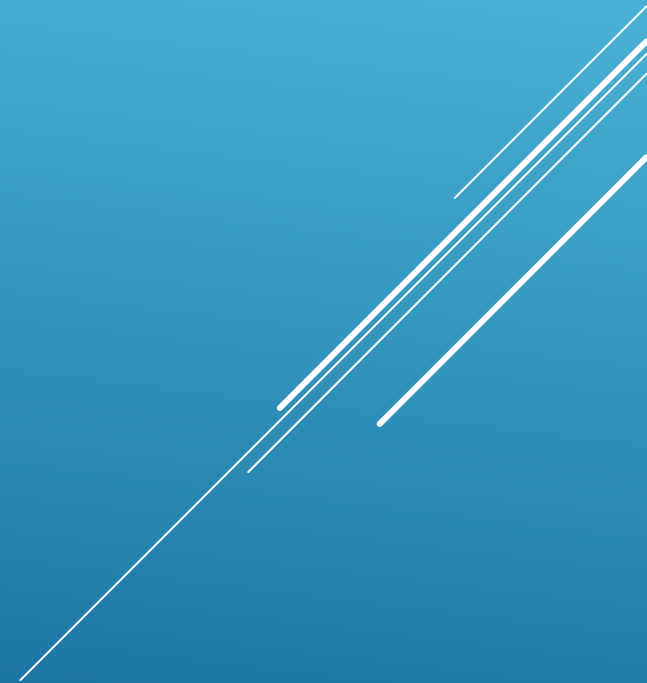
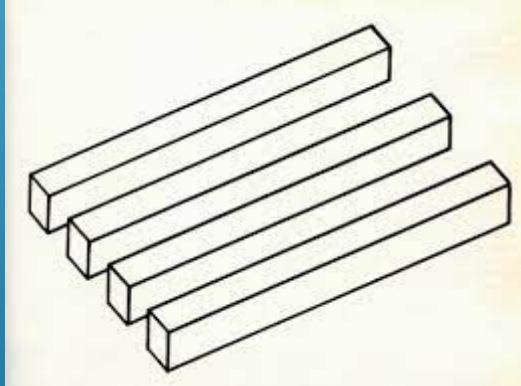


9



Do You See What I See

Honor multiple truths, but also honor impact.



World View

Influenced by experiences throughout our lifetime

What I Believe/See

E
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What I Don't Believe/See



Satisfaction Survey

*YOUR FEEDBACK IS EXTREMELY VALUABLE AND WILL HELP
ENSURE OUR OFFERINGS MEET YOUR SUPPORT NEEDS!*

Next Fatherhood Talk Tuesday: Positive Parenting & Mental Health

TUESDAY, OCTOBER 11
3:00PM – 4:30PM ET

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Healthy Start Fatherhood Summit

THEME

FRIDAY, OCTOBER 21

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*FATHERHOOD TALK TUESDAY
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ*

Upcoming Deadlines & Events

Deadlines

September 15 HSMED-II
REPORT (CSV OR XML) DUE

Events

Wednesday, September 21
from 12-1 pm ET:
NETWORKING CAFÉ: STAFF
RECRUITMENT



Thank you!

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