

Screening for Public Housing Community-specific Safe Sleep Risks

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National Center for Health in Public Housing (NCHPH)

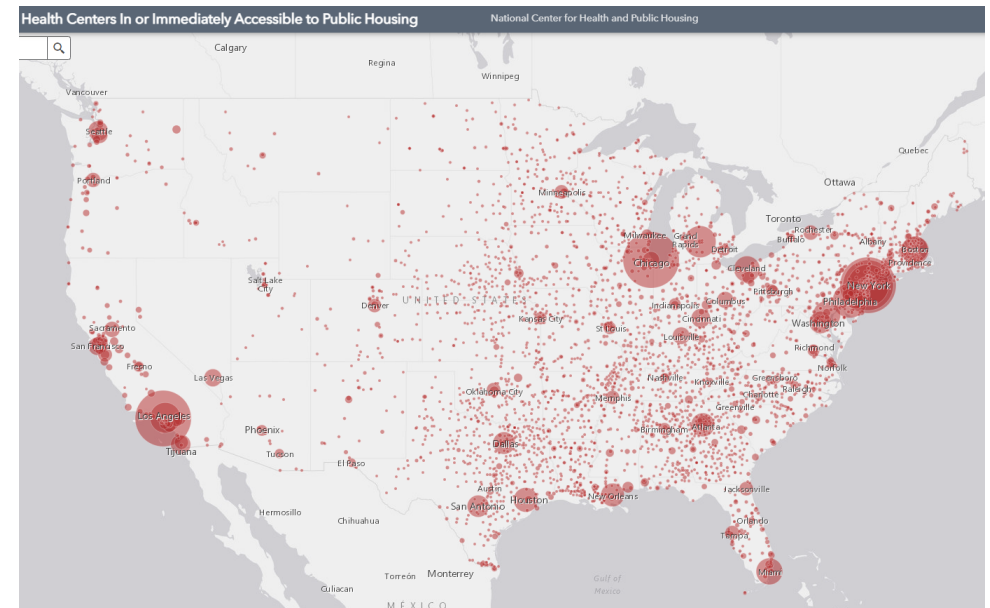
- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Health Centers Close to Public Housing

- 1,373 Federally Qualified Health Centers (FQHC) = **30 million patients**
- 458 FQHCs In or Immediately Accessible to Public Housing = **5.7 million patients**
- 108 Public Housing Primary Care (PHPC) = **911,683 patients**

Source: [2021 Health Center Data](#)



Source: [Health Centers in or Immediately Accessible to Public Housing Map](#)

Public Housing Demographics



1.5 Million
Residents



2 Persons
Per Household



38% Disabled



52% White



91% Low
Income



43% African-
American



26% Latinx



19% Elderly



36% Children



32% Female Headed
Households with
Children

Content Background: Safe Sleep and SUIDS/SIDS

SIDS in numbers. Reduce the risk.



1 PER
4,207

The current unexplained infant death rate in the UK for live births.



168

SIDS claims the lives of approximately 168 babies every year in the UK that's around 3 babies a week

50%

Sharing a room with your baby can halve the risk of SIDS



6x

An infant placed on their front to sleep is up to 6 times more at risk of SIDS than one placed on their back



88%

Around 88% of SIDS happen in the first 6 months of life

83%

The rate of SIDS has reduced by 83% since the Back to Sleep message was launched in 1991



5x

Babies born at low birth weight are 5 times more at risk of SIDS than babies born at a normal birth weight



50x

Sleeping on a sofa with a baby can increase the chance of SIDS by up to 50 times



63%

Boys are more at risk of SIDS than girls – 63% of unexplained infant deaths were boys in 2020



5x

In 2020 the SIDS rate was almost 5 times higher among mums under 20 compared to all other age groups



1/3

Over a third of SIDS deaths could be avoided if no women smoked during pregnancy

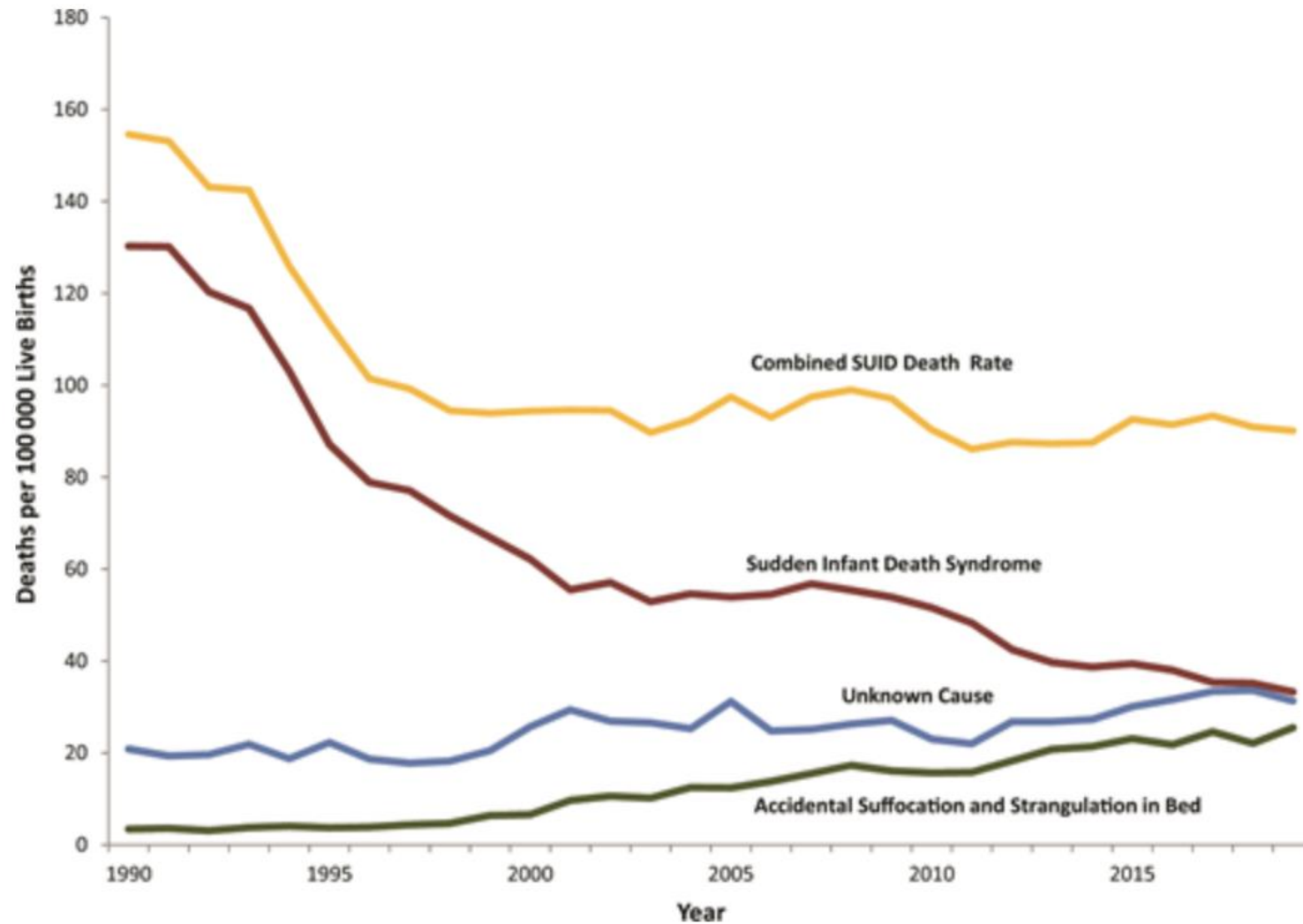
Produced by The Lullaby Trust December 2021

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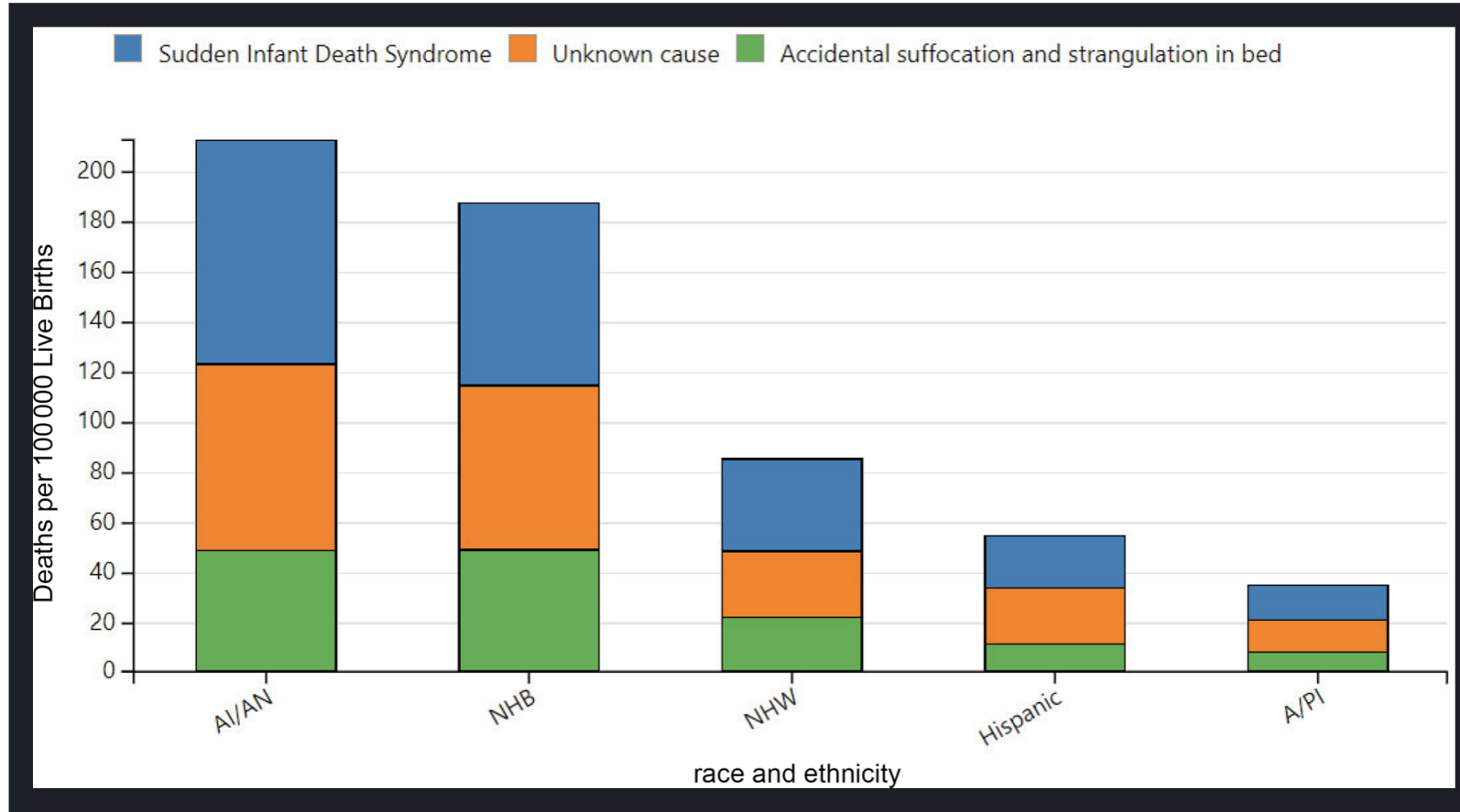
[Link: Full Report](#)

Epidemiology of Safe Sleep



[Link: Full Report](#)

Disparities in SUIDS/SIDS Deaths



[Link: Full Report](#)

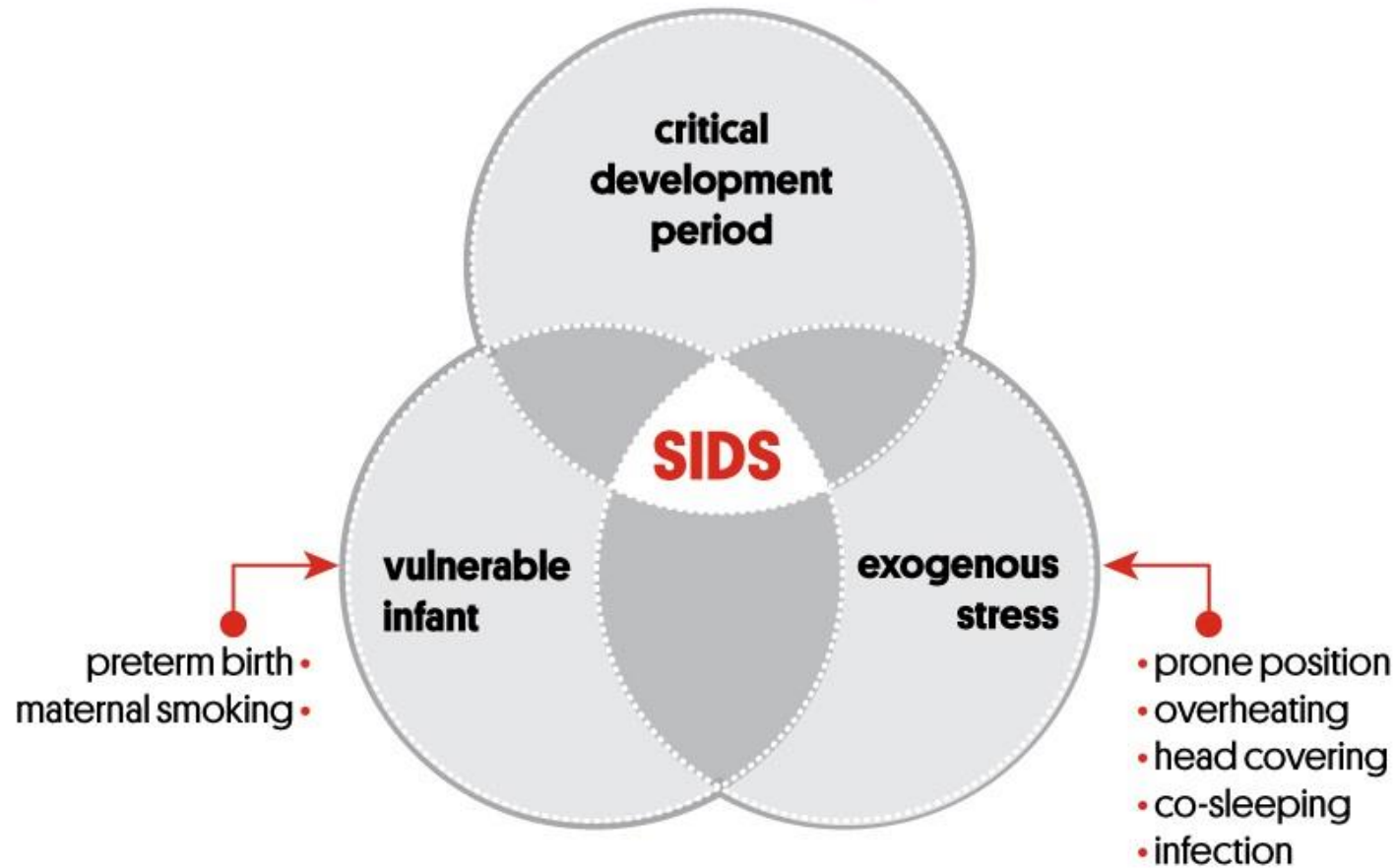
Housing-Specific Safe Sleep Risks



[Link:](#) Full Report

Triple Risk Model

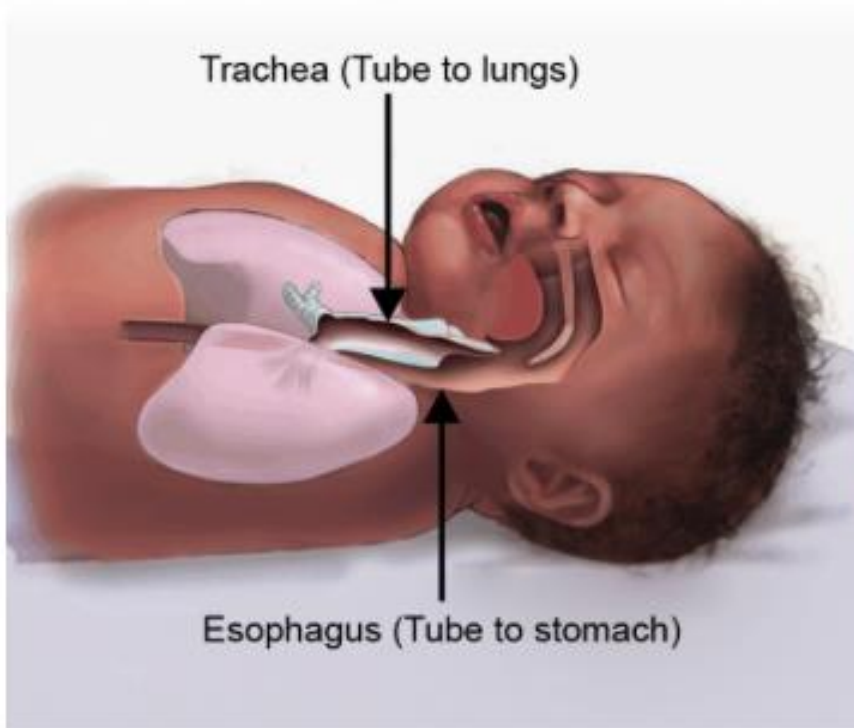
SIDS
Sudden Infant Death Syndrome
2-4 months of age



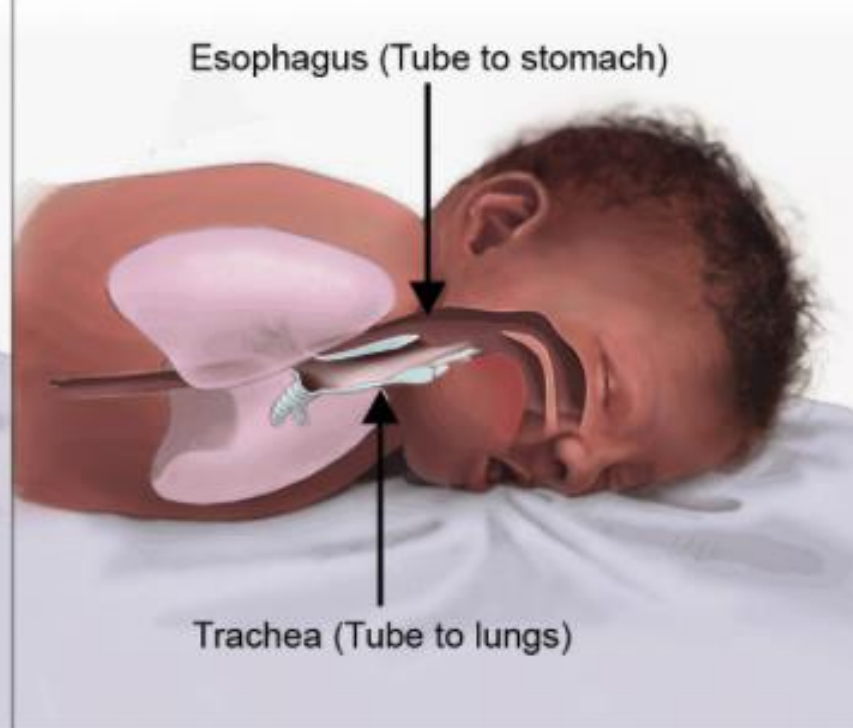
[Link: Full Report](#)

Anatomy of Safe Sleep

Baby in the back sleeping position



Baby in the stomach sleeping position



[Link: Full Report](#)

Safe Sleep Recommendations: American Academy of Pediatrics

TECHNICAL REPORT

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Evidence Base for 2022 Updated Recommendations for a Safe Infant Sleeping Environment to Reduce the Risk of Sleep-Related Infant Deaths

Rachel Y. Moon, MD, FAAP,^a Rebecca F. Carlin, MD, FAAP,^b Ivan Hand, MD, FAAP,^c and THE TASK FORCE ON SUDDEN INFANT DEATH SYNDROME and THE COMMITTEE ON FETUS AND NEWBORN

[Link:](#) Full Report

Level A Recommendations

TABLE 2

Summary of Recommendations With Strength of Recommendation

A level recommendations:
Back to sleep for every sleep.
Use a firm, flat, noninclined 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 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 6 mo.
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 smoke and nicotine exposure during pregnancy and after birth.
Avoid alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth.
Avoid overheating and head covering in infants.
It is recommended that pregnant people obtain regular prenatal care.
It is recommended that infants be immunized in accordance with guidelines from the AAP and CDC.

[Link:](#) [Table 2: Summary of Recommendations.](#)

Level B/C Recommendations

B level recommendations:
Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.
C level recommendations:
There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.
Continue research and surveillance on the risk factors, causes, and pathophysiological mechanisms of sleep-related deaths, with the ultimate goal of eliminating these deaths entirely.

Based on the strength-of-recommendation taxonomy for assignment of letter grades to each of its recommendations (A, B, C)¹¹: level A, the recommendation is on the basis of consistent, good-quality, patient-oriented evidence; level B, the recommendation is on the basis of inconsistent or limited-quality, patient-oriented evidence; level C, the recommendation is on the basis of consensus, usual practice, opinion, disease-oriented evidence, or case series for studies of diagnosis, treatment, prevention, or screening. Patient-oriented evidence measures outcomes that matter to patients: morbidity, mortality, symptom improvement, cost reduction, and quality of life. Disease-oriented evidence measures immediate, physiologic, or surrogate end points that may or may not reflect improvements in patient outcomes (eg, blood pressure, blood chemistry, physiologic function, pathologic findings). NICHD, Eunice Kennedy Shriver National Institute of Health and Human

[Link: Table 2: Summary of Recommendations.](#)

Screening Tools: BISQ-R

Brief Infant Sleep Questionnaire – Revised

Please answer a few questions about your family.

1. What is your relationship to your child?

- Mother
- Grandparent
- Father
- Other

2. What is the highest degree that you completed?

- Less than high school/secondary
- High school/secondary
- College/university
- Graduate (e.g., MS, MD, JD, Ph.D.)
- Prefer not to answer

3. How old is your child (in months)?

_____months

4. Was your child premature (born before 37 weeks' gestation)?

- Yes
- No
- I don't know

[Link: Screening Tool](#)

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Thank you!

