

## Insights

# How Do We Address Safe Sleep Disparities? Start by Building Trust



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Every day across the country, families wake up to an unimaginable heartbreak. The healthy baby that they put to bed passed away during the night.

Healthy babies shouldn't die in their sleep. But, despite decades of trying to reduce the number of sudden unexpected infant deaths (SUID) they still persist. And most often, their persistence affects families of color. [SUID rates](#) for American Indians, Alaskan Natives and Non-Hispanic Black babies are more than twice those of white babies.

These statistics reflect an alarming lack of equity. Yet, they also illuminate a path of promising change. If, collectively, we address these disparities, we can drastically reduce sleep-related infant deaths in the U.S. This is why the [National Action Partnership to Promote Safe Sleep Improvement and Innovation Network](#) (NAPPSS-IIN), a NICHQ-led project focused on addressing SUID, is placing disparities at the center of their improvement efforts.

Evidence-based research has shown us what needs to be done; the question now is how can we do more to address disparities in sleep-related infant deaths? And how do we build on the

[successes that already exist](#)? The answers start with building trust, says NICHQ VP of Health Equity Innovation and Founder of the Global Infant Safe Sleep Center Stacy Scott, PhD, MPA.

“Improving safe sleep practices means helping families understand the existing recommendations and why they matter. And helping them understand means having conversation built on mutual trust,” says Scott. “That trust isn’t something that just exists naturally, especially when working with underserved populations. We have to understand that these conversations are fraught with underlying tension, which stems from historic trauma and implicit bias.”

It won’t be easy to build that foundation of trust. But building it is what will make these conversations carry weight; it’s what will change perspectives and improve actions. And, as Scott explains, building that trust will start with developing authentic relationships with the communities we seek to help.

**First, she explains, we need to shift the power**, understanding that the most powerful way to promote a safe-sleep culture is [through the mothers and members in underserved communities](#). Many of these mothers rely on the advice of family and fellow community members, those that share and understand their lived experience.

“Ask yourself,” says Scott, “Who am I empowering outside of my hospital or organization to have these conversations?”

Interested in learning more about engaging in culturally sensitive safe sleep conversations? [View our webinar](#) led by Stacy Scott where she provides techniques that can help all families adopt safe sleep habits. Watch it now and help us change the numbers.

Elevating their voices, rather than voices alien to their experience, facilitates trust. We do this best through community outreach that engages third parties already active within these communities. Community health workers, home visitors and doulas all serve as trusted third parties who can connect with and inspire safe sleep community champions.

Tapping into those community voices from the outset is especially important as we seek to uncover what has not worked, Scott notes.

“We need new solutions, but those solutions will only be equitable, and they will only be trusted, if underrepresented people help build them,” she says. “We need to remember that it’s much harder to take something apart that has already been constructed.”

**Second, we need to practice sensitivity** while engaging with existing barriers. Many of these families face significant socioeconomic challenges that influence their willingness to adopt safe sleep practices. “Being sensitive to these challenges means focusing on more than their economic status though,” explains Scott. “It means trying to understand their unique experience, and the specific barriers they face because of it.”

For example, many mothers believe that their bed is the safest place for their baby. These same mothers may live in communities where gun violence is common, and burglary expected. Other mothers may not be able to afford a separate bed for their baby. These are their experiences.

These are the barriers productive safe sleep conversations would address. And, as Scott explains, when health professionals initiate conversations that stem from a sincere desire to understand these barriers, they come closer to achieving the authentic relationships needed for productive conversations.

“Practicing sensitivity also means suspending our bias about what the baby-caregiver dyad looks like,” explains Scott. Not all babies have or are cared for by mothers. In underserved communities, community members sometimes care for babies in lieu of an absent or deceased mother. These caregivers, not to mention single fathers and same-sex male partners, may feel alienated from safe sleep messaging that does not consider their perspective. Because of this, practicing inclusivity comes with any promise to practice sensitivity.

“These conversations can change outcomes,” says Scott. And having them means building trust by pausing to understand and empower those whose family’s health is at stake. When we do this, we can help stop healthy babes from dying and help spare more families from hurting.

*Would you like to hear more from Stacy Scott? She led a recent NICHQ webinar on safe sleep. [View a recording here](#) and find actionable techniques for helping families from all backgrounds commit to safe sleep habits. .*