Program Description
The Indiana State Department of Health Sudden Unexpected Infant Death Prevention Program (SUID PP) promotes strategies to prevent infant deaths that occur as a result SUID. Many of these deaths are preventable and occur as a result of unsafe sleep, including Accidental Suffocation and Strangulation in Bed (ASSB), as well as other sleep–related causes, like Sudden Infant Death Syndrome (SIDS). The SUID PP follows guidelines issued by the American Academy of Pediatrics and works to promote the use and expansion of evidence-based practices that support the reduction of SUID in local communities and throughout the State of Indiana. The SUID PP interprets data provided by the Child Fatality Review (CFR) and Fetal-Infant Mortality Review (FIMR) processes, in addition to vital records data, to identify high-risk areas and works to develop strategies based on the particular factors impacting local communities. The SUID PP then works to engage local prevention partners to provide them with the unique data of their individual communities. The SUID PP develops tools and provides tools that can assist local partners in providing effective outreach to their communities, in the areas of the highest risk, while addressing the risk factors most commonly present in SUID deaths in the population they work with.

The Indiana State Department of Health (ISDH) Fatality Review and Prevention Division is requesting applications from local and statewide service providers and organizations (nonprofit organizations, hospitals, local health departments, community care centers, rural health centers, WIC locations, schools, social service agencies, health care providers, child care providers, community mental health agencies, child abuse prevention agencies, faith-based community resources, substance use/abuse service providers, etc.) to implement SUID prevention education and outreach programs to decrease the rate of preventable unsafe sleep-related deaths in infants 0-12 months of age. Potential grantees must demonstrate the need for the proposed injury prevention activities and provide documentation that all proposed activities are supported by the local CFR and/or FIMR team.

Programs and activities should partner with existing agencies/organizations that provide services/resources to children and families, and be administered per an evidence-based or promising practice model. More information on evidence-based or best-practices related to SUID Prevention

CDC Understanding Evidence http://vetoviolence.cdc.gov/apps/evidence/#&panel1-1
CDC Vital Signs: Safe Sleep for Babies https://www.cdc.gov/vitalsigns/safesleep/
Prevent Child Injury Safe Sleep Toolkit http://www.preventchildinjury.org/toolkits/safe-sleep
Provider/Staff Qualifications
To ensure collaboration with the local CFR team, this Request for Applications (RFA) requires intensive collaborations with many individuals, agencies and groups in the targeted community(ies). It is imperative that successful SUID Prevention providers meet all the requirements of the RFA in order for the application to be considered for review and selection process.

From the beginning of the planning process, successful applicants **must** contact and partner with the local CFR and/or FIMR team(s) in the community(ies) that are proposed to provide the service. SUID Prevention applicants and CFR or FIMR teams are required to work together to develop the proposal and budget in response to this RFA. Contact Gretchen Martin, at gmartin1@isdh.in.gov, for a list of all local CFR/FIMR teams and chairpersons. A letter of support from each local CFR team is **required as an attachment with the SUIDP application.** Applications without the required letter(s) of support will not be considered for review.

**Required Components of Service or Program**
Funds **must** be used, to increase communities’ capacity to reduce SUID rates by partnering with other local, regional, and state partners to build a network of consistent outreach, messaging, and collaboration that will support caregivers. Strategies will include, but are not limited to:

a. Support the formation of a local coalition or community action team, identify SUID prevention needs and develop a coordinated approach to build capacity and collaboration.

b. Utilizing an existing coalition to determine most needed SUID prevention needs and increase community programming that promotes safe sleep practices, SUID prevention

c. Building multi-disciplinary training networks by working with partners impacting caregivers and ensuring safe sleep messaging in being shared not only with parents and caregivers, but those that impact decision making and care in an infant’s life, like grandparent engagement, partnering with medical providers, non-traditional partners, school programs, etc.

d. Efforts to address disparate populations and equitable access to services/resources must be part of the service delivery program.

In addition to the above, funds should be used to implement one or more of the following best practice SUIDP activities:

1) Provide standard education provided or approved by ISDH SUID PP around safe sleep and connection to services/resources; promote ISDH provided or approved messaging and media guidelines related to SUID prevention events/programs; promote and distribute existing safe messaging Public Service Announcements and media campaigns related to SUID prevention and safe sleep topics.
2) Provide guidance/training using IDH SSP provided resources to organizations on developing/implementing SUID prevention programs/policies.

3) Participate in DOSE and provide training to other partners through the DOSE train the trainer program.

Additional Required Sections to Application Narrative, Proposed Services and Activities section: In addition to required narrative sections as outlined in RFA, SUID prevention applicants must describe the need for SUID prevention programs/activities in the community of choice using data/information provided by the local CFR/FIMR team and/or local/state mortality/morbidity data and other relevant sources. Data and information provided by the local CFR/FIMR team must not contain any identifiable information regarding a deceased child or incident. Applicants may attach provide charts, graphs and/or photographs to illustrate the data/need as attachments.