innovation hub

AMCHP | *Explore. Build. Share.*

# MCH Innovations Database

## Practice Summary & Implementation Guidance

# Let's Talk Community Chats

Let's Talk Community Chats create safe spaces where families can engage in open, culturally responsive conversations about safe sleep practices, breastfeeding, and overall well-being with trusted community messengers including doulas, lactation consultants, grandparents, and dads to promote infant safety and family well-being.

Cutting-Edge | Emerging | **Promising** | Best

| Location | Topic Area | Setting |
|---|---|---|
| Georgia | Access to Quality Healthcare; Family & Youth Engagement; Health Promotion & Communication; Injury Prevention & Hospitalization | Community |

| Population Focus | Date Added |
|---|---|
| Families & Caregivers; Infant; Women & Maternal | Spring 2026 |

| Contact Information |
|---|
| Alison Jacobson; First Candle; alison@firstcandle.org; (203) 966-1300 |

# Section 1: Practice Summary

## PRACTICE DESCRIPTION

Sudden Unexpected Infant Death (SUID), which includes Sudden Infant Death Syndrome (SIDS), accidental suffocation, and deaths from unknown causes, remains a leading cause of infant mortality in the United States. In 2022, approximately 3,700 infants died from SUID nationally (CDC, 2024). Although SUID rates decreased by 44% from 1990 to 1998 following the Back to Sleep campaign, progress has since slowed considerably, with only a 7% decline from 1999 to 2015 (Erck Lambert et al., 2018), and more recent data indicate concerning increases beginning in 2020 (CDC, 2024). These trends underscore the need for innovative approaches to reducing sleep-related infant deaths.

Non-Hispanic Black infants experience SUID at a very high rate, reflecting the impact of barriers and broader social determinants of health, including limited access to healthcare, culturally relevant education, and supportive services. In Georgia, the burden is substantial, with nearly four infants dying each week due to sleep-related causes, many of which are preventable (Georgia Child Fatality Review Panel, 2022). Infant care practices are also shaped by broader contextual factors, including maternal mental health, access to breastfeeding support, economic stress, and the availability of consistent and reliable health information.

Despite efforts to promote safe sleep recommendations, adherence remains inconsistent, and knowledge alone does not consistently translate into safe sleep practices. Traditional health education approaches alone are often insufficient to support behavior change, particularly given the tension between safe sleep recommendations and the realities families navigate in their daily lives (Moon et al., 2024). Caregivers often receive conflicting or inconsistent guidance from multiple sources and must navigate competing demands and challenges that influence decision-making. These findings are consistent with local focus group data, where families described a need for practical, trustworthy, and culturally relevant guidance that reflects their lived experiences.

In response to these identified gaps, the Let's Talk Community Chats program was developed as a relationship-centered, conversational approach to engaging families around infant safety. This practice centers the whole family and caregiving network and shifts from traditional instruction-based education toward facilitated dialogue delivered by trusted community members with lived experience who are representative of the communities they serve. Community Chats address safe sleep, breastfeeding, infant product safety, stillbirth risk reduction, and perinatal mental health. Through open conversation, participants are encouraged to share experiences, ask questions, and explore strategies that are feasible within the context of their daily lives, while also connecting families to local resources and support services.

Through this approach, the Let's Talk Community Chats model was implemented in the Atlanta Perinatal Region from 2022 to 2025 through funding from the U.S. Department of Health and Human Services Office of Minority Health. The goal of Let's Talk Community Chats is to improve safe sleep practices and reduce sleep-related infant deaths by increasing caregiver knowledge, confidence, and engagement through trusted relationships. This practice is grounded in principles of health wellness, cultural humility, and respect for lived experience, and is designed to address the barriers that influence how families receive, interpret, and apply infant care guidance.

## CORE COMPONENTS & PRACTICE ACTIVITES

The goal of the Let's Talk Community Chats program is to improve infant safe sleep practices and reduce sleep-related deaths by increasing caregiver knowledge, confidence, and engagement through trusted, community-based relationships. The core components of the Let's Talk Community Chats program are designed to support community-driven implementation, build trust, and facilitate meaningful engagement around infant health and safety. The program is implemented through five essential components. First, a community-driven partnership and implementation model engages a multidisciplinary team, including representatives from community-based organizations, doulas, community health workers, pediatricians, and other healthcare providers. This team was established at the onset of the project and has been engaged throughout all phases of implementation. This team supports participant recruitment, informs program design by drawing on knowledge of community needs and barriers, and aligns the program with existing community initiatives and resources. Partners also host Community Chats and serve as facilitators, ensuring the program reflects community priorities and is responsive to local context.

Second, Community Chats are led by trusted community messengers, including doulas, lactation consultants, fathers, and grandparents, who bring lived experience and credibility to the conversations. Facilitators receive training from First Candle on safe sleep guidelines from the American Academy of Pediatrics (AAP), breastfeeding support, perinatal mental health, and proper use of infant products to ensure information is accurate, nonjudgmental, and actionable.

Third, the program utilizes a conversational, relationship-centered approach that prioritizes dialogue over traditional lecture-based education, allowing participants to share experiences and engage in discussion. Fourth, Community Chats are delivered in accessible, community-based settings in partnership with trusted local organizations, reducing barriers to participation and increasing relevance.

Finally, the program integrates practical support and resource connection by linking participants to local services and providing tangible supports, such as diapers and safe sleep resources (e.g., bassinets and swaddles), to address material barriers and reinforce recommended infant care practices. Collectively, these components create a model that is responsive to community context, supports participant engagement, and promotes the adoption of safe infant care practices.

**Core Components & Practice Activities**

| Core Component | Activities | Operational Details |
|---|---|---|
| Community-Driven Partnership and Implementation Model | Engage a multidisciplinary team to support program development, recruitment, and implementation. | A multidisciplinary team, including community-based organizations, father-focused organizations, doulas, community health workers, pediatricians, and other healthcare providers, informs program design by drawing on knowledge of community needs and barriers. The team supports participant recruitment through established networks, aligns the program with existing community initiatives, and contributes to the development of a |

| | | |
|---|---|---|
| | | community resource guide connecting families to services such as perinatal mental health support, parenting resources, and clinical and community-based services. Partners also host Community Chats and may serve as facilitators, strengthening community trust and program reach. |
| Trusted Community Messengers | Facilitation of Community Chats by trained, trusted community messengers. | Facilitators include doulas, lactation consultants, fathers, and grandparents who are trusted within the community and may share lived experiences with participants. Facilitators receive training from First Candle, grounded in the Straight Talk™ for Infant Safe Sleep framework, covering AAP safe sleep guidelines, breastfeeding support, perinatal mental health, proper use of infant products, and culturally responsive communication. Training also includes trauma-informed principles to prepare facilitators to hold space for families who may have experienced previous infant loss, miscarriage, or stillbirth, and to make warm referrals to bereavement support resources as needed. Facilitators are not expected to provide clinical support, but to recognize, respond with compassion, and refer. |
| Conversational, Relationship-Centered Engagement | Facilitation of interactive, conversation-based sessions. | Sessions are structured as facilitated conversations rather than lectures. Facilitators use open-ended questions, encourage participant engagement, and adapt discussions based on participant needs. This approach supports shared learning and allows participants to explore how recommendations can be applied within their daily lives. |
| Community-Based, Accessible Delivery | Implementation of Community Chats in community and clinical settings. | Sessions are intentionally held in community and clinical settings where perinatal families already receive services and gather, including pediatrician offices, WIC offices, retail locations, community centers, and the NICU. By integrating into existing community spaces, the program reduces the burden of attending additional events and meets families where they are. Community Chats are held as recurring monthly gatherings at the same location and time to promote |

| | | |
|---|---|---|
| | | consistency, build trust, and support ongoing participation. Partnerships with community organizations further support outreach, increase trust, and ensure the program is embedded within the communities it serves. |
| Resource Connection and Support | Provision of tangible supports and connection to local services and resources. | Participants receive practical supports, such as diapers, bassinets, and swaddles, to reduce material barriers to safe infant care. Facilitators also connect families to local services through a community resource guide, including perinatal mental health support, breastfeeding resources, housing support, early intervention programs, and other community-based services. |

## COMMUNITY WELLNESS

The Let's Talk Community Chats program contributes to community wellbeing by addressing both external and interpersonal barriers that impact families' ability to implement safe infant care practices. The program was intentionally designed to reduce barriers related to access, trust, and resource availability. Community Chats are held in locations where families already receive services and gather, improving accessibility and participation. Program data demonstrate that hosting sessions in trusted, high-access locations resulted in increased engagement, with WIC-based sessions yielding the highest attendance.

The program also supports a shift in traditional power dynamics often present in health education by centering trusted community messengers and lived experience. Facilitators, including doulas, lactation consultants, fathers, and grandparents, lead conversations that prioritize dialogue over one-way instruction, shifting the role of community members from recipients of information to facilitators and leaders of the conversation. Participants consistently report feeling respected, supported, and empowered to engage in discussions about infant care.

In addition to improving access and trust, the program reduces material barriers through the provision of tangible supports, such as diapers, bassinets, and swaddles, and connection to local services, enabling families to apply recommended practices.

Evaluation data demonstrate strong reach and meaningful impact. Previous implementation of the Let's Talk model in the Atlanta Perinatal Region reached nearly 500 caregivers and families. Among participants, 99% reported increased confidence in safe sleep practices and 97% reported feeling supported and culturally respected during the program. Evaluation findings also demonstrate meaningful self-reported changes in caregiver behavior. Within one month of participation, back sleeping increased from 40% to 60%, and removal of soft objects from infant sleep areas increased from 40% to 70%. Additionally, 80% of participants reported making at least one positive change to their infant's sleep environment.

Qualitative feedback further highlights the program's impact. One birth giver shared, "Even though we received so many things—bassinet, diapers—the information you all are giving is a vital resource that will last longer than

the physical items we received." Another reflected, "I love co-sleeping with my baby, but now I understand why that's not safe. If I hadn't come to one of these events, I would have never known why that's not safe."

The program has also been intentionally implemented in communities with a high burden of sleep-related infant deaths and expanded into clinical settings, including the NICU, to reach families at increased risk. Together, these efforts contribute to community wellbeing by increasing access to trusted information, reducing several different kinds of barriers, and creating supportive environments where families are empowered to make informed decisions about infant care.

## EVIDENCE OF EFFECTIVENESS

Findings from the environmental scan conducted prior to implementation highlighted that while many caregivers were familiar with safe sleep recommendations, knowledge alone did not consistently translate into safe sleep practices. Participants described receiving conflicting information from multiple sources and identified barriers to adherence, including fatigue, limited support, space constraints, and the demands of caring for a newborn. Caregivers emphasized the need for practical, culturally relevant, and non-judgmental guidance, as well as opportunities to engage in community-based, interactive learning environments. These findings reinforced the need for a more responsive, relationship-centered approach to safe sleep education.

Evaluation findings demonstrate strong reach and positive outcomes for participating families. Since implementation, the Let's Talk Community Chats program has reached nearly 500 caregivers and families in the Atlanta Perinatal Region, the majority of whom identify as Black or African American, indicating successful reach of the intended population.

Participants consistently reported high levels of trust, satisfaction, and increased confidence in applying safe infant care practices. Across implementation, 99% of participants reported increased confidence in safe sleep practices, and 97% reported feeling supported and that their cultural perspectives were respected during the sessions.

Evaluation data also demonstrate meaningful changes in caregiver behavior. Within one month of participation, back sleeping increased from 40% to 60%, and removal of soft objects from infant sleep areas increased from 40% to 70%, reflecting improvements in two key safe sleep practices. Additionally, 80% of participants reported making at least one positive change to their infant's sleep environment. Among participants who reported bedsharing prior to attending a Community Chat, over half indicated they would no longer continue the practice following the session.

As the program expanded into clinical settings, including the NICU, outcomes remained strong. Among NICU Chat participants, 100% reported feeling comfortable and respected, and nearly all (98%) reported increased confidence in safe sleep practices and having a plan for a safe sleep environment prior to discharge.

Qualitative findings further support these outcomes, with participants describing the sessions as empowering, informative, and responsive to their needs. One participant shared, "Even though we received so many things—bassinet, diapers—the information you all are giving is a vital resource that will last longer than the physical items we received." Another participant noted, "It's always best to get information from people who look like you and relate to you."

Together, these findings demonstrate that the Let's Talk model is an effective approach in increasing caregiver confidence, supporting behavior change, and delivering culturally responsive, trusted guidance to families.

# Section 2: Implementation Guidance

## COLLABORATORS AND PARTNERS

The Let's Talk Community Chats program was built on a foundation of community-centered partnerships that were essential to its design, implementation, and ongoing success.

| Practice Collaborators and Partners | | | |
|---|---|---|---|
| **Partner/ Collaborator** | **How are they involved in decision-making throughout practice processes?** | **How are you partnering with this group?** | **Does this collaborator have lived experience/come from a community impacted by the practice?** |
| Multisectoral Team (including representatives from organizations such as Healthy Mothers, Healthy Babies Coalition of Georgia; Center for Black Women's Wellness; March of Dimes; Emory Decatur Hospital; Emory University School of Medicine; Atlanta Fire Rescue Department; Atlanta Doula Collective; GNR Public Health; and Safe Kids Cobb County) | The multisectoral team guides program development, implementation planning, and continuous quality improvement. Members review program data, inform recruitment and engagement strategies, and provide input on program design, resource development, and expansion. The team plays a central role in decision-making across all phases of the program. | Partners participate in regular multisectoral team meetings, contribute expertise and feedback, and support alignment with existing initiatives and systems. | Yes, in part. The team includes representatives from community-based organizations and individuals with lived experience, as well as system-level partners. This combination supports both community-informed and systems-level decision-making. |
| Community-Based Implementation Partners (e.g., Ready Set Push, Reaching Our Brothers Everywhere (R.O.B.E), Best | These partners inform program delivery through their direct work with families and provide feedback that shapes ongoing program refinement. Some partners who participated in the multisectoral team also | Partnerships include hosting Community Chats in trusted community settings, supporting participant recruitment, and | Yes. These organizations are embedded within the communities served and often led by individuals with lived experience. Their involvement ensures the program remains responsive, relevant, and grounded in community needs. |

| | | | |
|---|---|---|---|
| Birthing Services, Adlena's Embrace) | serve as implementers, strengthening alignment between program design and delivery. | in some cases serving as facilitators. Partners also contribute to refining outreach strategies and resource connections. | |
| Trusted Community Messengers | Facilitators provide ongoing feedback on session content, participant engagement, and emerging needs, which informs program refinement and quality improvement. Their lived experience shapes how information is delivered and adapted. | They are trained by First Candle and serve as facilitators for Community Chats. They also participate in debrief conversations and complete structured feedback forms following each session. | Yes. Many facilitators share lived experiences as parents, caregivers, or birth workers and are trusted members of the communities served, increasing the relevance and acceptance of the program. |
| Healthcare Partners (Grady Memorial Hospital and NICU Staff, pediatrician office, Fulton County WIC office) | Healthcare partners support program expansion and adaptation within clinical settings. The Grady team played a key role in enabling implementation of the Let's Talk model in the NICU and provided input on how to effectively integrate the program within this environment. | Partnerships include providing space for Community Chats within clinical settings, supporting participant recruitment, and offering input to ensure the program fits within the clinical environment. | Not necessarily lived experience in the same way as community members; however, they bring clinical expertise and work closely with the populations served. |
| Evaluation Partner (A-Cubed Consulting) | Leads evaluation design and implementation, including development of data collection tools, data analysis, and interpretation of findings. Evaluation results inform program | Partnership includes ongoing collaboration on evaluation planning, tool development, data review, and | Not directly; however, their role is essential in assessing program effectiveness and ensuring that outcomes reflect the experiences and needs of the populations served. |

| | | | |
|---|---|---|---|
| | refinement, continuous quality improvement, and reporting. | synthesis of findings to guide program improvements and decision-making. | |
| State Agency Partner (Georgia Department of Public Health) | Provides data and strategic guidance that inform program planning, geographic targeting, evaluation, and sustainability. Supports alignment with statewide safe sleep initiatives and funding opportunities. | Partnership includes sharing county-level SUID data, providing educational materials, and supporting sustainability through funding and collaboration. | No. This is a state-level partner; however, their role is critical in addressing population-level challenges and supporting intentional resource allocation. |
| Safe Sleep Supply Partners (e.g., Chicco, Helping Mamas, Love to Dream, Regal Lager, Boppy) | These partners support program implementation by ensuring access to tangible resources that address material barriers to safe infant care. Their contributions help inform decisions related to resource distribution and participant support. | Partnerships include providing infant care and safe sleep items such as diapers, bassinets, swaddles, and breastfeeding support pillows, which are distributed to participants during Community Chats and through direct outreach efforts. | No. These are corporate and nonprofit partners; however, their contributions directly support families by reducing material barriers and increasing access to safe sleep and infant care resources. |
| Families and Participants | Participant feedback collected during and after Community Chats informs program refinement, including discussion topics, facilitation style, site selection, and resource needs. Family perspectives are central to shaping how conversations are guided | Engagement occurs through participation in Community Chats, real-time discussion, and structured feedback mechanisms. | Yes. Families are the primary population impacted and bring lived experience that directly informs program relevance, accessibility, and effectiveness. |

| | | | |
|---|---|---|---|
| | and what information is prioritized and integrated into continuous quality improvement processes. | | |

## REPLICATION

The Let's Talk Community Chats model was implemented by First Candle in the Atlanta Perinatal Region from 2022 to 2025, with funding from the U.S. Department of Health and Human Services Office of Minority Health, and represents the strongest example of the program in action. Building on this work, the program expanded into a NICU setting in the Atlanta area and is continuing with additional funding, demonstrating the model's potential for sustainability across settings. First Candle is also now piloting the model in Indiana, demonstrating the potential for replication across diverse geographic contexts.

The NICU setting required meaningful adaptation. Preterm and low birth weight infants are 2 to 3 times more likely than healthy term infants to die suddenly and unexpectedly (Goodstein et al., 2021), making the NICU an important setting for safe sleep education. Let's Talk NICU Chats complement the medical care families receive by bringing supportive, trust-based conversations directly to families navigating the earliest and most fragile days of parenthood. Facilitators support families in understanding the transition to safe sleep practices at home, as some infants in the NICU may initially be positioned on their stomachs or sides for medical reasons.

Successful replication requires understanding the specific needs and barriers of the community being served and adapting the program accordingly. Key adaptations include identifying and engaging community-based partners, updating the community resource guide to reflect local services, and recruiting facilitators who reflect and are trusted within the communities served. It is essential that facilitators mirror the communities they serve. For example, in settings with non-English speaking families, facilitators should speak the languages commonly spoken in the community and program materials should be available in those languages. The conversational structure, whole-person approach, and facilitator training content should remain consistent across settings to preserve program fidelity.

Flexibility in session format and location is also critical for maximizing reach. Organizations replicating this model should assess community need and consider a range of settings including WIC offices, community centers, pediatrician offices, and clinical settings such as the NICU to meet families where they are.

## INTERNAL CAPACITY

Successful implementation of the Let's Talk Community Chats program requires a core team with capacity across program coordination, facilitation, community engagement, and evaluation. Key personnel include a Local Coordinator responsible for overall program management, partner coordination, scheduling, and logistics; three Community Facilitators including a doula or lactation consultant, a father or support person, and a grandparent who are trusted within the communities served and lead Community Chat sessions; and an Evaluation Coordinator to support data collection, analysis, and reporting. In clinical settings such as the NICU, a clinical champion such as a neonatologist or nurse who can support integration and staff buy-in is also recommended.

First Candle plays an active role in supporting program implementation, providing structured facilitator training grounded in the Straight Talk™ for Infant Safe Sleep framework, and offering ongoing monthly check-ins to support local teams throughout implementation. This partnership is designed to ensure that local coordinators, facilitators, and community partners have the guidance and resources they need while maintaining ownership of the program within their communities.

Prior to implementation, it is strongly recommended that organizations convene a multisectoral team of community partners to better understand the needs and barriers of the communities they will serve. This planning phase is essential for building the relationships and trust that support effective program delivery and creates opportunities for cross-sector learning and alignment throughout implementation.

## PRACTICE TIMELINE

The table below provides a general timeline for implementing the Let's Talk Community Chats program. Once launched, Community Chats are held monthly at consistent locations to foster trust and continuity with families. Timelines may vary based on organizational capacity, existing community partnerships, and the scope of implementation. The planning phase typically spans up to 6 months and is critical for establishing the relationships and infrastructure needed to support effective program delivery. Implementation activities are ongoing and may be adapted based on community needs, available funding, and evaluation data.

| Phase: Planning/Pre-Implementation | | |
|---|---|---|
| **Activity Description** | **Time Needed** | **Responsible Party** |
| Convene community partners to build understanding of community context and secure buy-in | 2–3 months | Local Coordinator; First Candle |
| Conduct community needs assessment to understand SUID burden, identify highest-need areas, and assess barriers families are facing | 2–3 months | Local Coordinator; First Candle |
| Recruit and train community facilitators | 2–4 months | Local Coordinator; First Candle |
| Secure session locations in settings where perinatal families already gather (e.g., WIC offices, | 1–3 months | Local Coordinator |

| | | |
|---|---|---|
| community centers, pediatric and prenatal clinics) | | |
| Develop and adapt program materials including a local community resource guide | 1–3 months | Local Coordinator; First Candle |

## Phase: Implementation

| Activity Description | Time Needed | Responsible Party |
|---|---|---|
| Deliver monthly Community Chat sessions | Ongoing (monthly) | Community Facilitators; Local Coordinator |
| Collect participant data and facilitator feedback after each session | Ongoing (monthly) | Local Coordinator; Evaluation Coordinator |
| Hold monthly check-in meetings to assess program impact and adjust as needed | Ongoing (monthly) | First Candle; Local Coordinator; Evaluation Coordinator |

## Phase: Sustainability

| Activity Description | Time Needed | Responsible Party |
|---|---|---|
| Review evaluation data and refine program content | Quarterly | Local Coordinator; First Candle; Multisectoral Team |
| Identify and pursue sustainability funding opportunities | Ongoing | Local Coordinator; First Candle |

| | | |
|---|---|---|
| Expand program to new sites and train additional facilitators | As funding allows | Local Coordinator; First Candle |
| Share program findings with community partners and broader audiences through webinars, presentations, or reports | Ongoing | Local Coordinator; First Candle |

## PRACTICE COST

The budget below provides an estimated one-year budget for implementing the Let's Talk Community Chats program at one location. This accounts for five months of planning and pre-implementation, six months of monthly Community Chat events, and one month for evaluation and summarizing findings.

Key costs include staffing, facilitator stipends, safe sleep supplies, evaluation, and technical assistance from First Candle. Costs will vary based on geographic context, organizational infrastructure, and available funding. Safe sleep supplies such as bassinets, swaddles, and diapers represent a significant budget line but may be secured at low or no cost through community partnerships, corporate donations, and organizations such as local diaper banks. For more information on program costs, please contact First Candle directly.

| Budget | | | |
|---|---|---|---|
| **Activity/Item** | **Brief Description** | **Quantity** | **Total** |
| Facilitator Training | One-time training conducted by First Candle for facilitators and host organization | 1 | ~$7,500-$10,000 |
| Local Coordinator | Program management, partner coordination, and logistics (0.3 FTE based on a salary of approximately $60,000) | 1 | ~$18,000 |
| Doula/Lactation Consultant Stipend | $200 per event, includes travel | 6 events | $1,200 |

| | | | |
|---|---|---|---|
| Father/Support Person Stipend | $200 per event, includes travel | 6 events | $1,200 |
| Grandparent Stipend | $200 per event, includes travel | 6 events | $1,200 |
| Refreshments | $50 per event | 6 events | ~$300 |
| Supplies | Diapers, wipes, swaddles, bassinets (approximately 10 per session); costs may be reduced through community partnerships and corporate donations | 6 events | ~$7,800 |
| Evaluation | Data collection, analysis, and reporting | 1 | $5,000 |
| First Candle Technical Assistance | Ongoing support, monthly check-ins, and program implementation guidance | 1 | $8,500 |
| | | **Total Amount:** | **~$53,200** |

## LESSONS LEARNED

Many lessons were learned during the implementation of the Let's Talk Community Chats program. One of the most significant was the importance of a dedicated planning phase and the early establishment of a multisectoral team. This team created opportunities that strengthened both implementation and sustainability. Early collaboration with the Georgia Department of Public Health Safe Sleep Program supported dissemination of county-specific data to better understand SUID rates and geographic patterns, increased access to state educational materials, and contributed to securing funding to sustain this work.

The multisectoral team also expanded program reach and integration. Through these partnerships, First Candle connected with a neonatologist who became a NICU champion and supported implementation of Let's Talk events within the NICU setting. Representatives from community-based organizations who participated in the team also became program implementers, supporting recruitment and facilitating Community Chats. The team

served as ongoing thought partners, contributing to evaluation development, outreach strategies, and continuous program refinement.

Another key lesson was the importance of securing community buy-in prior to implementation. Engaging partners early ensured the program was aligned with community needs and priorities, contributing to stronger participation, trust, and overall program success.

## NEXT STEPS

Sustainability planning has been a central focus of the Let's Talk Community Chats program, with efforts aimed at building capacity, strengthening partnerships, and embedding the model within existing community and clinical settings. A key sustainability outcome was securing funding through the Georgia Department of Public Health to continue Let's Talk Community Chats in the NICU setting beyond the initial grant period. This partnership, established early in implementation, demonstrates how intentional relationship-building can support long-term sustainability.

One of the most meaningful outcomes of the Let's Talk Community Chats program is not the sessions themselves, but the trained community facilitators who remain in each community long after initial funding ends. By recruiting and training facilitators who are members of the communities being served, the program embeds safe sleep education capacity directly into those communities. These trusted messengers continue to share evidence-based guidance through their ongoing work as doulas, lactation consultants, fathers, and grandparents long after formal programming concludes.

Future efforts will focus on expanding the Let's Talk model to additional communities and settings, with intentional placement in areas with a high burden of sleep-related infant deaths. Data will continue to inform site selection to ensure the program reaches families most impacted by inequities in infant health outcomes. Additional efforts will focus on strengthening partnerships and increasing access to tangible supports to enhance program impact.

## RESOURCES PROVIDED

- In Summer 2025, First Candle hosted focus groups with birth givers who attended Let's Talk Community Chats and facilitators who led them in Atlanta. Participants shared their experiences, insights, and hopes for healthier babies and stronger families. Video recordings of these focus groups are available at https://vimeo.com/showcase/11967983.

- For more information and updates on the Let's Talk Community Chats program, visit https://firstcandle.org/programs/lets-talk-community-chats/.

## APPENDIX

### References


- Centers for Disease Control and Prevention [CDC]. (2024). *Data and statistics for SUID and SIDS.* Retrieved from https://www.cdc.gov/sudden-infant-death/data-research/data/index.html

- Erck Lambert, A. B., Parks, S. E., & Shapiro-Mendoza, C. K. (2018). National and state trends in sudden unexpected infant death: 1990–2015. *Pediatrics, 141*(3), e20173519. https://doi.org/10.1542/peds.2017-3519

- Georgia Child Fatality Review Panel. (2022). *Georgia Child Fatality Review Panel Annual Report: Calendar Year 2022.* Georgia Bureau of Investigation. Retrieved from https://dofs-gbi.georgia.gov/document/document/2022-cfr-annual-report/download

- Goodstein, M. H., Stewart, D. L., Keels, E. L., & Moon, R. Y.; Committee on Fetus and Newborn; Task Force on Sudden Infant Death Syndrome. (2021). Transition to a safe home sleep environment for the NICU patient. *Pediatrics, 148*(1), e2021052045. https://doi.org/10.1542/peds.2021-052045

- Moon, R. Y., Mindell, J. A., Honaker, S., Keim, S., Roberts, K. J., McAdams, R. J., & McKenzie, L. B. (2024). The tension between AAP safe sleep guidelines and infant sleep. *Pediatrics, 153*(4), e2023064675. https://publications.aap.org/pediatrics/article/153/4/e2023064675/196919/The-Tension-Between-AAP-Safe-Sleep-Guidelines-and