***SUBMISSION OF INFORMATION COLLECTION***

***UNDER GENERIC CLEARANCES***

***DATE OF REQUEST:*** \_\_\_\_\_7-26-10\_\_\_\_\_\_\_\_\_

***SUB AGENCY (I/C):*** \_\_\_\_\_\_NICHD\_\_\_\_\_\_\_\_\_

***TITLE:*** \_\_\_\_\_\_\_\_\_\_\_Healthy Native Babies Post-training Survey\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***GENERIC CLEARANCE UNDER OMB#*** ­\_0925-0532\_\_ ***EXP. DATE:*** \_\_1/31/2011\_\_\_\_\_\_\_\_\_\_\_

# ***ABSTRACT:***

The *Healthy Native Babies Project* conducted 14 one-day training sessions in 2009 to assist health professionals and community workers with skills needed to effectively communicate SIDS risk-reduction messages to American Indian and Alaska Native families. Attendees received a Workbook, Resource CD, and Toolkit CDROM to assist them in providing outreach efforts in local communities. A follow-up post-training survey is proposed to find out if attendees have been conducting outreach in their communities over the last year and utilizing the information, materials, and tools provided. We would also like to know the reasons for not conducting outreach and/or the challenges faced along with any other suggestions as we move forward with the project. The survey will be sent out to all 152 attendees via email with a link to complete the survey online using a web-based survey tool.

***TOTAL ANNUAL BURDEN APPROVED:*** \_1961\_\_\_\_\_\_\_\_\_

***BURDEN USED TO DATE:*** \_\_\_120.4\_\_\_\_\_\_\_

***BURDEN THIS REQUEST:*** \_\_26 hours\_\_\_\_\_\_\_\_

***IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?***

\_\_\_\_\_\_YES \_\_\_\_\_\_NO\_\_\_x\_\_\_N/A

***OBLIGATION TO RESPOND:***

\_\_\_x\_\_\_ VOLUNTARY

\_\_\_\_\_\_ REQUIRED TO OBTAIN OR RETAIN BENEFITS

\_\_\_\_\_\_ MANDATORY

***HOW WILL THIS SURVEY BE OFFERED?***

\_\_\_x\_\_ WEB SITE

\_\_\_\_\_ TELEPHONE INTERVIEW

\_\_\_\_\_ MAIL RESPONSE

\_\_\_\_\_ IN PERSON INTERVIEW

\_\_\_\_\_ OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***CONTACT INFORMATION:***

NAME: \_\_\_\_\_\_\_\_\_\_\_\_Shavon Artis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_301-435-3459\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: [\_\_\_\_\_\_\_\_\_\_\_\_artiss@mail.nih.gov](mailto:____________artiss@mail.nih.gov) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_