

**Healthy Native Babies Project Train-the-Trainer Follow-Up Assessment**

Thank you for participating in this follow up assessment. It should take no longer than 15 minutes to complete. The questions are about your activities since attending the *Healthy Native Babies Project Train-the Trainer* session in [fill in training location for each IHS Area cohort]. This assessment will refer to the *Healthy Native Babies Project Train-the Trainer* session as 'the Training'. You may want to refer to your calendar to answer questions about activities conducted since attending the Training.

First, the following are general questions about your work.

1. **Since attending the Training**, has your job changed? That is, do you work for a different agency or organization, have you changed positions within the same agency, or have your responsibilities changed substantially?

Yes  
 No → → SKIP TO QUESTION 3

2. What type of work are you currently employed in? CHECK ALL THAT APPLY.

Public Health Nursing  
 Community Health Representative  
 WIC  
 Other Home Visiting (Healthy Start)  
 OBGYN or Labor and Delivery  
 Pediatrics  
 Health Education and Promotion  
 Behavioral Health  
 Injury Prevention  
 Child Care or Early Childhood Education  
 Child Welfare, Protective Services, or Social Services  
 Other Law Enforcement  
 Other (Please tell us: \_\_\_\_\_)

**Please answer the rest of the questions on this page about your current position.**

3. On average, in a year, how many of your clients or patients are parents or caregivers of American Indian/Alaska Native infants?

All  
 Most  
 About half  
 A few  
 None  
 I do not provide direct service to patients or clients

4. On average, in a year, how many trainings for service providers do you conduct in your regular work? (If you do not conduct training for service providers, please put a '0' in the space below.)

\_\_\_\_\_ Trainings

### Dissemination of Health Education Materials about SIDS and Other Sleep-Related Causes of Infant Death

Please answer the questions on this page about the entire period since you attended the training, even if your job has changed.

5. **Since attending the Training**, which health education print materials, if any, have you created using the *Healthy Native Babies Project Toolkit Disk*? CHECK ALL THAT APPLY.

Brochures  
 Flyers (8 ½ x 11 with white background)  
 Posters (11 x 17 full color)  
 Postcards  
 Other materials (Please tell us: \_\_\_\_\_)  
 None

6. Did you have any problems using the *Healthy Native Babies Project Toolkit Disk*?

Yes (Please tell us what problems you had: \_\_\_\_\_)  
 No

7. **Since attending the Training**, have you ordered any of the following *Healthy Native Babies Project* materials from the NICHD Information Resource Center? CHECK ALL THAT APPLY.

Safe Sleep for Your Baby Brochure  
 Honor the Past, Learn for the Future Flyer  
 Healthy Native Babies Project Workbook Packet  
 Healthy Native Babies Project Facilitator's Packet

8. **Since attending the Training**, which *Healthy Native Babies Project* print materials (customized materials or those ordered from the NICHD Information Resource Center), if any, have you distributed in the communities where you work? CHECK ALL THAT APPLY.

Brochures  
 Flyers (8 ½ x 11 with white background)  
 Posters (11 x 17 full color)  
 Postcards  
 Other materials (Please tell us: \_\_\_\_\_)  
 None

9. **Since attending the Training**, from what other source(s), if any, have you ordered or received health education print materials about SIDS or other sleep-related causes of infant death risk-reduction?
10. **Since attending the Training**, have you distributed print materials on SIDS or other sleep-related causes of infant death that you received from other sources in the communities where you work?

Yes  
 No

### **Risk-Reduction Education, Trainings, and Presentations on SIDS and Other Sleep-related Causes of Infant Death**

11. **Since attending the Training**, which of the following activities addressing SIDS or other sleep-related causes of infant death have you conducted? CHECK ALL THAT APPLY.

Delivered risk-reduction education to parents or caregivers in a clinic, office, or other service delivery site  
 Delivered risk-reduction education to parents or caregivers in their home  
 Delivered risk-reduction education to a community group  
 Conducted training for service providers on delivering risk-reduction education  
 Conducted training for parents, caregivers, or community members on delivering risk-reduction education to their peers  
 Presented information to service providers  
 Presented information to tribal leadership or other policy makers  
 None  
 Other activity. Please tell us: \_\_\_\_\_

12. **Since attending the Training**, to how many of your patients or clients have you delivered risk-reduction education about SIDS or other sleep-related causes of infant death?

All patients/clients  
 Most patients/clients  
 About half of your patients/clients  
 Few patients/clients  
 None of your patients/clients  
 I do not provide direct service to patients or clients

13. **Since attending the Training**, how many trainings have you conducted for service providers on delivering risk-reduction education about SIDS and other sleep-related causes of infant death? (If you have not conducted any training, please put a '0' in the space below.)

\_\_\_ Trainings

14. **Since attending the Training**, how many trainings have you conducted for parents, caregivers, or community members on delivering risk-reduction education about SIDS and other sleep-related causes of infant death to their peers? (If you have not conducted any training, please put a '0' in the space below.)

\_\_\_ Trainings

### **Healthy Native Babies Project Support Materials and Follow up Activities**

15. **Since attending the Training**, which files from the Resource Disk have you used? CHECK ALL THAT APPLY.

\_\_\_ PowerPoint Presentations  
\_\_\_ Health Education Activities  
\_\_\_ None

16. **Since attending the Training**, have you used the *Healthy Native Babies Project Workbook*?

\_\_\_ Yes  
\_\_\_ No

### **Feedback on the Training**

17. Please think back to the Training that you attended. What parts, if any, have been the most useful in preparing you to conduct risk-reduction training for service providers on SIDS and other sleep-related causes of infant death? CHECK ALL THAT APPLY.

\_\_\_ *Healthy Native Babies Project* and SIDS risk-reduction overview  
\_\_\_ Overview of key messages for *Healthy Native Babies Project* activity workstations  
\_\_\_ Teach back demonstrations to my peers  
\_\_\_ Community outreach overview  
\_\_\_ Local training work plan development  
\_\_\_ *Healthy Native Babies Project Workbook*, Resource Disk, and Toolkit Disk  
\_\_\_ Networking with participants  
\_\_\_ None

18. What parts of the Training, if any, could be improved to better prepare you to conduct risk-reduction training for service providers on SIDS and other sleep-related causes of infant death? CHECK ALL THAT APPLY.

\_\_\_ *Healthy Native Babies Project* and SIDS risk-reduction overview  
\_\_\_ Overview of key messages for *Healthy Native Babies Project* activity workstations  
\_\_\_ Teach back demonstrations to my peers  
\_\_\_ Community outreach overview  
\_\_\_ Local training work plan development  
\_\_\_ *Healthy Native Babies Project Workbook*, Resource Disk, and Toolkit Disk  
\_\_\_ Networking with participants  
\_\_\_ None

19. Please tell us how we can improve the Training.

20. What challenges have you experienced in conducting health education or training on SIDS and other sleep-related causes of infant death?

21. What successes have you achieved in conducting health education or training on SIDS and other sleep-related causes of infant death?

Please select the option that best describes how much you agree or disagree with the statements below.					
22.	I am confident in my overall knowledge of SIDS and other sleep-related causes of infant death.	Strongly Agree	Agree	Disagree	Strongly Disagree
23.	I can educate parents and caregivers about SIDS and other sleep-related causes of infant death.	Strongly Agree	Agree	Disagree	Strongly Disagree
24.	I can help parents and caregivers reduce the risk of SIDS and other sleep-related causes of infant death.	Strongly Agree	Agree	Disagree	Strongly Disagree
25.	I can demonstrate how to make a baby's sleep environment safer.	Strongly Agree	Agree	Disagree	Strongly Disagree
26.	I can train service providers to deliver risk-reduction education about SIDS and other sleep-related causes of infant death.	Strongly Agree	Agree	Disagree	Strongly Disagree
27.	I can teach service providers to talk with mothers about how smoking or second-hand smoke exposure can increase the risk of SIDS.	Strongly Agree	Agree	Disagree	Strongly Disagree
28.	I can teach elders who smoke not to smoke inside a house or vehicle when an infant is inside.	Strongly Agree	Agree	Disagree	Strongly Disagree
29.	I will conduct training for service providers on SIDS and other sleep-related causes of infant death within the next three months.	Strongly Agree	Agree	Disagree	Strongly Disagree
30.	I will deliver risk-reduction education to parents or caregivers about SIDS and other sleep-related causes of infant death within the next three months.	Strongly Agree	Agree	Disagree	Strongly Disagree
31.	I will give out <i>Healthy Native Babies Project</i> health education print materials in the communities where I work within the next three months.	Strongly Agree	Agree	Disagree	Strongly Disagree

Thank you for completing this follow-up assessment. Your feedback will help us to improve the *Healthy Native Babies Project*.