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Through: DHHS Report Clearance Officer
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Subject: **Generic Sub-Study, Healthy Native Babies Project Materials Distribution
(OMB No. 0925-0701, Expiration Date: 07/31/2017)**

The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) propose conducting an assessment of its Healthy Native Babies (HNB) Project Materials Distribution activities. The HNB Project is a collaboration between the NICHD and representatives from five American Indian and Alaska Native (AI/AN) communities in the U.S. Northern Tier - Aberdeen, Alaska, Billings, Bemidji, and Portland. This innovative collaboration is part of the Safe to Sleep® (STS) campaign and aims to spread safe sleep messages within AI/AN communities. As part of this project, the NICHD provides tribal governments and community-based organizations across the Indian Health Service (IHS) areas with HNB Project materials tailored to the AI/AN communities. Materials include brochures, door hangers, one-page flyers, and training materials. Participating organizations receive resource stipends to copy and distribute HNB materials during home visits, local community events, and/or through their organization's training workshops.

The NICHD will collect information using the HNB Project Materials Distribution Tracking Form (Attachment 2). The tracking form collects information on the types of materials distributed (e.g., brochures), the location of distribution (e.g., community event, home visit), the number of materials provided to all participants, and the number of materials distributed to the target population(s). Participating organizations will also be asked to describe the activities conducted, the results of these activities, and successes and challenges in distributing materials.

Circumstances Making the Collection of Information Necessary

The rate of Sudden Infant Death Syndrome (SIDS) has declined by about 50 percent since the NICHD-led *Back to Sleep* campaign was initiated in the early 1990s. This decline has occurred in all segments of the population, although the decline has been less in American Indian communities. Today, American Indian infants are almost three times as likely to die from SIDS as white infants. The Aberdeen Area Infant Mortality Study, a study of Northern Plains Indians, found that infants were less likely to die of SIDS if their mothers received visits from public health nurses before and after giving birth. This study was funded by three agencies of the Department of Health and Human Services: the Indian Health

Service (IHS), NICHD of the National Institutes of Health, and the Centers for Disease Control and Prevention (CDC).

In 2002, the NICHD, other federal partners, and American Indian and Alaska Native (AI/AN) stakeholders met to address the high SIDS rates in AI/AN communities. From these collaborations, the NICHD developed an outreach initiative called the Healthy Native Babies (HNB) Project. The HNB Project has developed adaptable, culturally-appropriate SIDS risk-reduction materials and implemented train-the-trainer sessions on SIDS risk-reduction in AI/AN communities. Project materials include brochures, flyers, posters, postcards, and hands-on training activity items (e.g. flipchart, risk continuum poster). The HNB Project train-the-trainer sessions are provided to health professionals and lay community members so they may learn about SIDS risk-reduction behaviors and teach this information to parents, caregivers, and other community members.

In 2014, the NICHD sought to further its outreach efforts in AI/AN communities across the IHS areas and developed the HNB Materials Distribution project. This project provides resource stipends to tribal governments and community-based organizations to copy and distribute HNB Project materials across the IHS areas. Twelve organizations received the stipend in 2014. These organizations were selected by a peer review process based on information they provided on their Resource Stipend Application. Participating organizations are instructed to provide the HNB materials at local outreach events, home visits, or in their organization's training workshops. At each event, the organizations track how many materials were distributed and to what audiences. Distribution of these materials is intended to increase awareness of and educate parents/caregivers, service providers, and the general public on safe sleeping practices and environments for infants 0-12 months.

The 12 organizations will report on their activities at the end of the six-month funding period using the HNB Project Materials Distribution Tracking Form. Information collected will be used to assess how many materials were distributed, to identify what materials are most needed or popular among the target population(s), to understand participating organizations' experiences with the distribution program, and to make adjustments to current and future materials in order to improve the campaign's overall effectiveness and efficiency.

Purpose and Use of the Information Collection

Data collected using the HNB Project Materials Distribution Tracking Form will be used to identify and describe distribution activities of the 12 organizations, taking note of the most successful activities in promoting the STS campaign messages. Information on the successful cases will be used to identify components of the activities to determine if these items can be implemented in future outreach and promotion efforts and perhaps replicated in similar populations and/or with similar venues. We also plan to identify areas for improvement using information collected on the challenges experienced by program participants.

The respondent universe for the HNB Materials Distribution project will be the 12 organizations that received the HNB resource stipend. Respondents will be identified through the project applications. All 12 participating organizations will be required to complete the tracking form as part of the stipend agreement.

Respondents will not receive an incentive for completing the HNB Project Materials Distribution Tracking Form. Completion of the form is not voluntary as it is considered a part of the stipend agreement. Personally identifiable information (PII) will not be obtained from individual respondents. Identifying information will be collected at the organizational level. However, an organization representative and contact information will need to be obtained in case STS staff need to follow-up or to gather more specific information on the distribution activities. All of the information collected will be

stored on a secure server and access will be limited to study personnel. None of the information provided will be publicly disclosed except in aggregation with other responses, unless it is specifically requested and the respondent provides specific permission to allow such disclosure.

Estimate of Burden Hours and Costs

Per the NICHD Safe to Sleep Generic Clearance (0925-0701) Supporting Statement A, Section A12, the mean hourly wage for all occupations is \$25.04. This is based on labor rates from the Bureau of Labor Statistics for June 2013 (<http://www.bls.gov/news.release/empsit.t19.htm>). The estimated participation time for this sub-study collection is 30/60 minutes which is a wage rate of \$12.52 per respondent. The estimated burden hours and costs to participants is provided in the below tables.

Category of Respondent	No. of Respondents	Participation Time - Cost	Response Burden/Cost
State/Local/Tribal Governments	6	30/60 – \$12.52	3/\$75.12 cost
Totals	6	30/60 - \$12.52	3/\$75.12 cost

Cost to the Federal Government

The approximate cost to the government for this sub-study data collection effort is \$2,001.72. The below table provides a cost breakdown for the federal government.

Sub-study Cost to the Federal Government			
Item	Grade/Salary	Percent Effort	Cost
NICHD Safe to Sleep Program Staff/Project Oversight	GS-14-3 (\$113,346)	0.05%	\$566.73
NICHD PRA/OMB Liaison	GS-14-4 (\$116,887)	0.01%	\$116.89
Contractor Staff* (Account Director)	\$262,620.80	0.05%	\$1313.10
Operational Costs for Data Collection Activities (e.g., printing, postage, equipment), non-labor			\$5
Total			\$2,001.72

*Contractor salaries are loaded and include fringe benefits (e.g., costs for health insurance, travel, paid vacation). The fringe rate is 38.5% for full-time staff and 11.5% for part-time staff.