



Date: October 10, 2014

To: Office of Management and Budget (OMB)

Through: DHHS Report Clearance Officer
Seleda Perryman, NIH Project Clearance Officer, OPERA
Sarah Glavin, NICHD Project Clearance Liaison

From: Shavon Artis
Public Communications Branch, NICHD

Subject: **Generic Sub-Study, Healthy Native Babies Project Train-the-Trainer Follow-Up Assessment (OMB No. 0925-0701, Expiration Date: 07/31/2017)**

The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) propose conducting a follow-up survey of participants in the Healthy Native Babies (HNB) Project train-the-trainer sessions. The HNB Project is a collaboration between the NICHD and representatives from five American Indian/Alaskan 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.

NICHD will collect information using the Healthy Native Babies Project Train-the-Trainer Follow-Up Assessment survey (Attachment 1). HNB Project trainees will receive a follow-up survey 3-6 months after completing the training. The follow-up survey will gather information on the participants' community outreach and education activities since taking the training as well as their level of confidence in conducting these activities. The follow-up survey will also assess the participants' use of and satisfaction with HNB Project training tools and materials.

Circumstances Making the Collection of Information Necessary

Since the NICHD-led *Back to Sleep* campaign was initiated in the early 1990s, the rate of Sudden Infant Death Syndrome (SIDS) has declined by about 50 percent. 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 met with American Indian and Alaska Native (AI/AN) stakeholders and federal partners to address the high SIDS rates in American Indian and Alaska Native communities. A work

group was formed to create an outreach initiative focusing on the Northern Tier of the United States, where AI/AN SIDS rates are the highest. Based on a series of focus groups and discussion sessions with AI/AN parents, the NICHD, in collaboration with Native American Management Services, Inc. developed adaptable, culturally-appropriate SIDS risk-reduction materials for use in five Indian Health Service areas in the Northern Tier – Aberdeen, Billings, Bemidji, Portland, and Alaska. Under the guidance of a community-based work group, educational materials were developed based on recommendations from the five IHS areas. The outreach initiative is called “Healthy Native Babies: Honoring the Past, Learning for the Future” (HNB). HNB Project materials include a Workbook, Resource CD, and Toolkit CD ROM. The interactive CD ROM includes templates for a variety of SIDS risk-reduction educational materials. It contains photographs of American Indian and Alaska Native families and infants from the five regions, taken by local photographers. These photographs can be incorporated into educational materials such as posters, flyers, brochures, and post cards.

The Healthy Native Babies Project materials are used for outreach training activities. A number of train-the-trainer sessions have been held in the five IHS areas to familiarize people with the training resources. HNB Project training participants work in the areas of public health, health education or promotion, injury prevention, maternal/child health, childcare or child service, or other programs that reach large numbers of Native families with infants. Training participants learn how to use the tools and to create tailored, effective SIDS risk-reduction educational materials. The training also provides trainers with information about current SIDS research, risk reduction activities/messages, social marketing and community strategies, project management tools, and instructions for how to use the CD-ROM. Additionally, participants engage in hands-on activities to enhance their skill set to work more effectively and confidently on SIDS risk-reducing activities with Native families.

The HNB Project Train-the-Trainer follow-up assessment survey will be sent to participants 3-6 months after completion of the training session. The follow-up survey collects information on the participants’ use of project tools, dissemination of project materials, and level of confidence in conducting education and outreach activities. Descriptive information on post-training activities such as the number and types of education activities conducted, most frequently used HNB project materials, and most frequent type of client/patient trained, will also be collected. The collected information will help NICHD adjust training activities and tailor project materials to improve the project’s overall effectiveness and efficiency.

Purpose and Use of the Information Collection

The findings of this survey will be used to monitor and improve the HNB Project Train-the-Trainer activities and materials. Using the follow-up assessment survey, NICHD will be able to identify training components that were most helpful and areas needing improvement. Data on trainees’ accomplishments, challenges, and level of confidence in and commitment to conducting education and outreach activities will also be assessed. This information will also be used to determine how the training curriculum and HNB Project materials can be improved. Additionally, the survey will provide information on the types of materials and modes of delivery most frequently used among trainees. Based on this information, NICHD will be able to monitor and adjust training resources as needed.

The respondent universe for the Healthy Native Babies Project follow-up survey will be the training participants. Respondents will not receive an incentive for completing the follow-up assessment survey. Completion of the form is voluntary. Personally identifiable information (PII) will not be obtained from the respondents. 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 15/60 minutes which is a wage rate of \$6.26 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	63	15/60 - \$6.26	16/\$394.38 cost
Totals	63	15/60 – \$6.26	16/\$394.38 cost

Cost to the Federal Government

The approximate cost to the government for this sub-study data collection effort is \$3,324.83. 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	1.0%	\$2626.21
Operational Costs for Data Collection Activities (e.g., printing, postage, equipment), non-labor			\$15
Total			\$3,324.83

*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.