***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

1. 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.**

1. 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

1. 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.

1. **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

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

\_\_\_\_Yes (Please tell us what problems you had: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_No

1. **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

1. **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

1. **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?
2. **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**

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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

1. **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

1. **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**

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

­­­­\_\_\_PowerPoint Presentations

\_\_\_Health Education Activities

\_\_\_None

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

\_\_\_\_Yes

\_\_\_\_No

**Feedback on the Training**

1. 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

1. 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

1. Please tell us how we can improve the Training.
2. What challenges have you experienced in conducting health education or training on SIDS and other sleep-related causes of infant death?
3. What successes have you achieved in conducting health education or training on SIDS and other sleep-related causes of infant death?

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| --- |
| **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 *Healthy Native Babies Project* 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*.