

12.2.14 Safe to Sleep® National Champions Tracking & Feedback Form - copy

OMB Number: 0925-0701 Expiration Date: 07/31/2017

Safe to Sleep® National Champions Tracking & Feedback Form

You are receiving this form because you completed the Safe to Sleep® Champions training in 2013. The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) of the National Institutes of Health (NIH) developed this tracking and feedback form for you to document your media and community outreach activities, and to gather feedback on your experience as a Safe to Sleep® Champion. This form covers activities completed between your Safe to Sleep® Champions training in 2013 and June 2013 (webinar-trained Champions) or October 2013 (in-person trained Champions). We appreciate your input as it will help guide future program activities and inform the best use of our resources. Respondents will receive \$10 as a thank you for completing the survey. Respondents will be notified about delivery of the incentive via email once the survey has been completed.

Completing this form is completely voluntary.

Thank you in advance for your participation!

Informed Consent

Identification of Project

Safe to Sleep® Champions Tracking & Feedback Form

Statement of Age of Subject

I state that I am at least 18 years of age, am in good physical health, and wish to participate in a survey being conducted by the National Institutes of Health, Bethesda, MD 20892.

Purpose

I understand that the purpose of the form is to track media and community outreach activities conducted by Safe to Sleep® Champions and to gather feedback on my experience as a Champion.

Procedures

I will be asked to access a Web-based form and complete the form by a specific date. The total time involved, including instructions, will be no more than 30 minutes.

Confidentiality

All information collected in this form will be kept secure to the extent permitted by law. I understand that the data I provide will be grouped with data that others provide for the purpose of reporting and presentation and that my name will not be used. Data collected will be reported only in aggregate.

Risks

I understand that the risks of my participation are expected to be minimal in nature.

Benefits, Freedom to Withdraw, & Ability to Ask Questions

I understand that this form is not designed to help me personally, but that the NIH hopes to learn about outreach activities and experiences of the Safe to Sleep® Champions. The population will include all individuals who participated in the Safe to Sleep® Champions initiative. I am free to ask questions or withdraw from participation at any time and without penalty.

Contact Information

Please contact the NICHD (nichdsafetosleep@mail.nih.gov) if you have questions regarding the form or have technical difficulties accessing the form.

Agreement to Participate *

- I have read the information about this form, and I agree to participate.
- I have read the information about this form, and I DO NOT wish to participate at this time.

Public reporting burden for this collection of information is estimated to average 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0701). Do not return the completed form to this address.

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City

State (residence) Employer/Organization Affiliation (if job involves outreach about safe infant sleep)

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https://yoursurvey.surveygizmo.com

Safe to Sleep® National Champions Tracking & Feedback Form

1. Did you complete any outreach activities in your role as a Safe to Sleep® Champion? *

Yes

No

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NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development



Please provide a detailed description of your media and community outreach activities. Where possible, please provide links and additional information detailing the impact or results of your media and community outreach activities. You will have an opportunity to upload any relevant attachments with your submission.

1. What type(s) of outreach did you conduct?

Please select the category below that best fits your outreach activity.

- Print media includes newspapers, magazines, and newsletters.
- Radio media includes radio interviews, news stories, PSAs, and radio programs.
- TV includes TV interviews, news stories, PSAs, and TV programs.
- Press includes press interviews and press releases.
- Social media includes Twitter, Facebook, blogs, and websites.
- Face to face includes presentations, meetings, and trainings.
- Other includes materials distributed, collaborations, and all other outreach.

Outreach activity 1

Outreach activity 2

Outreach activity 3

Outreach activity 4

Outreach activity 5

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2. Outreach Type: PRINT (For print media only; includes newspapers, magazines, and newsletters)
Describe activity in detail, including attachments or website links, if possible.

3. Total Number of People Reached via Circulation
Please include an estimate of the number of individuals reached, not counties, groups, etc.

4. Outreach attachments

Browse...

Upload

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5. Outreach Type: FACE TO FACE (Includes presentations, meetings, and trainings)
Describe activity in detail, including attachments or website links, if possible.

6. Total Number of People Reached via Attendees
Please include an estimate of the number of individuals reached, not counties, groups, etc.

7. Outreach Type: FACE TO FACE (Includes presentations, meetings, and trainings)
Describe activity in detail, including attachments or website links, if possible.

8. Total Number of People Reached via Attendees
Please include an estimate of the number of individuals reached, not counties, groups, etc.

9. Outreach attachments

38%





10. Did you continue outreach activities after the Safe to Sleep® Champions Initiative ended in September 2013?

- Yes
- No

11. Check the outreach categories in which you continued your activities and give the number of activities completed in each category. (Check all that apply.)

- Print
- Radio
- TV
- Press
- Social Media
- Face to Face
- Other, please specify

12. Please give the number of activities completed in each category.

Print

Radio

TV

Press

Social Media

Face-to-Face

Other

13. Please give an example of one of the outreach activities conducted.

38%





Feedback

14. What overall challenges, if any, did you face serving in your role as a Safe to Sleep® Champion for your state?
(Check all that apply.)

- Lack of response or interest from media
- Shortage of staff, time, or resources
- Limited supply of Safe to Sleep® materials
- Too few accomplishments
- Difficulty coordinating with others or contacts not following through
- Competition with other community events
- No challenges
- Other, please specify

15. What, if any, challenges did you face while conducting media outreach?
(Check all that apply.)

- Media was not responsive or did not pick up the campaign
- Shortage of staff, time, or resources
- Contact with media limited by organizational policies
- No challenges
- Other, please specify

16. What, if any, challenges did you face while conducting community outreach?
Check all that apply.

- Lack of response or interest from community organizations
- Shortage of staff, time, or resources
- Difficulty recruiting participants
- Difficulty finding location for training
- Conflict with date or time of other community events
- No challenges
- Other, please specify

17. What was your greatest accomplishment while serving in your role as a Safe to Sleep® Champion?
(Check all that apply.)

- Reaching out to others directly (e.g., presentations, training, sharing information)
- Forming additional coalitions or partnerships to help with message promotion
- Collaborating on newspaper or online article(s)
- Placing radio or TV spot(s) or securing interview(s)
- Changing organizational policies or practices
- Recruiting spokesperson(s) from the community
- Other, please specify:

18. What specific factors contributed most to your success?
(Check all that apply.)

- Point of contact at local media (print, TV, radio) outlet(s)
- Working with your organization's media staff
- Existing relationship between your organization and community organization
- Ability to build on other existing community events
- Engaging local or community partners early in the process
- Receiving Safe to Sleep® National Champions training
- Receiving support or assistance from the Safe to Sleep® campaign
- Other, please specify:

19. What could the national Safe to Sleep® campaign have done differently to help you succeed?

20. What advice or lessons learned would you share with future Safe to Sleep® Champions?

21. Please provide any additional feedback on your overall experience participating in the Safe to Sleep® Champions Initiative.

22. We appreciate your participation. Would you like to assist us by providing your feedback in the future?

- Yes
- No

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Thank You!



Thank you for taking the time to complete the Safe to Sleep® Champions form. Your feedback is very important to us. Please email any questions or additional feedback to nichdsafetosleep@mail.nih.gov.

100%

