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To: Office of Management and Budget (OMB)

Through: DHHS Report Clearance Officer
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Subject: **Generic Sub-Study, Safe to Sleep Champions Tracking and Feedback Form (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 Safe to Sleep[®] (STS) National Champions (NC) program. NC is a volunteer program designed to enlist interested members of the general public and health care professionals in conducting local media outreach activities (in print, radio, television, and social media), and community outreach activities on behalf of the STS campaign.

NICHD will collect information using the STS NC Tracking and Feedback form (Attachment 3). The form collects information on the types of media hits and media outlets Champions have been able to contact and the target audiences of these various outlets, as well as types of community outreach activities conducted. This information will be used to track the Champions' activities and the total number of people reached. Champions will also be asked to comment on any challenges they faced, lessons learned, as well as accomplishments. This information will be used to identify areas where additional guidance is needed from NICHD and to adjust training activities to improve the program's overall usefulness and effectiveness.

Circumstances Making the Collection of Information Necessary

The NICHD launched the Safe to Sleep[®] campaign (formerly Back to Sleep), a national public health education campaign, in 1994 to raise awareness to reduce the risk of sudden infant death syndrome (SIDS). The overarching campaign is based on the recommendation by the American Academy of Pediatrics (AAP) to have babies sleep on their backs to reduce their risk of SIDS. In 2011, the AAP released recommendations for safe infant sleep that went beyond SIDS and addressed the shared risk factors for other sleep-related causes of infant death (e.g., accidental suffocation, entrapment, and overlay). The NICHD expanded the campaign to incorporate these new messages and the campaign name changed to the Safe to Sleep[®] (STS) campaign in the fall

of 2012. In addition to reinforcing the message that back sleeping is best, the expanded campaign communicates the overall impact of a safe sleep environment on a baby's health.

Since the STS campaign began, the NICHD has conducted a number of trainings with health professionals on safe sleeping to help reduce the risk of SIDS. With the expanded STS campaign, NICHD would like to continue training health professionals as well as train community members to educate parents and other caregivers on safe infant sleep practices. The NICHD developed the STS National Champions (NC) program to help achieve this goal. NC is a volunteer program inviting people to become a local Champion by participating in trainings. Programs such as the U.S. Department of Health & Human Services' (HHS) *We Can!* (Ways to Enhance Children's Activity & Nutrition) initiative and the Office on Women's Health's BodyWorks program have initiated a similar approach to expand their community-based public health education programs on a national level.

The NICHD will recruit Champions nationally through online promotion efforts and by spreading the word to targeted audiences through maternal child health focused organizations. NICHD will also conduct promotion through state health departments with their own safe sleep initiatives. Efforts to recruit Champions on a national scale will focus on identifying maternal child health professionals and the general public —particularly parents, including those who have lost an infant to a sleep-related cause of death, and other family caregivers.

People recruited for the NC training will attend one, web-based or in-person training with approximately 20 participants each. After receiving the training, participants will fulfill the Champion role by engaging in media outreach strategies, including promoting the STS campaign through print, television, and radio media outlets, and community outreach such as material dissemination at local churches and daycares. Champions can also conduct social media promotions through blogging and posting information on social networking sites such as Twitter and Facebook. The Champions' efforts are intended to educate the public and engage local and regional news outlets.

Champions will be asked to complete the Safe to Sleep® National Champions Tracking and Feedback Form (Attachment 3) after they have completed at least two media and/or community outreach activities. This information will be used to make adjustments to training activities in order to improve the program's overall usefulness and effectiveness.

Purpose and Use of the Information Collection

Data collected using the STS NC Tracking and Feedback form will be used to identify and describe media and outreach activities of the STS Champions, taking note of the most successful activities in promoting the STS campaign messages. Information on the successful cases will be used to identify factors that contributed most to an activity's success. Additionally, these cases will be assessed to determine if these factors can be implemented in future trainings and perhaps replicated in similar populations and/or with similar media venues and outreach vehicles. Information collected on challenges and lessons learned will be used to make adjustments to the training sessions, materials, and overall program, as well as to identify areas where additional NICHD guidance is needed. The data collection form will also be used to gather descriptive data on the program (e.g., number of people reached through media and community outreach, number and types of outreach projects).

The respondent universe for the STS NC program will be health professionals (e.g., state health department employees, nurses, etc.) and the general public, particularly parents, including those who have lost an infant to a sleep-related cause of death, and other family caregivers. Respondents will be identified when they register for the web-based and in-person trainings. All participants who attend the STS NC training program will be asked to complete and submit the Tracking and Feedback form. Approximately 1,000 participants are expected to be recruited for the STS NC program.

The STS NC trainings occurred over a year ago from February – June 2013. Given the time lapse between the trainings and the duration of the survey (30 minutes), respondents will receive remuneration in the amount of \$10 for completing the STS NC Tracking and Feedback form in an effort to increase response rates. The \$10 incentive will be provided via an electronic gift card. There is extensive literature to support the use of incentives, primarily monetary incentives, as a supplement or complement to other efforts of encouragement to ensure recruitment of a representative sample and an increased response rate.^{1,2} In social science research studies, findings indicate that respondents who receive these tokens of appreciation provide valid input, and their inclusion makes for a more representative sample.

Completion of the form will be voluntary. Personally identifiable information (PII) will not be obtained from the respondents; however, email addresses will be obtained of those who completed the survey so they may be contacted to receive the remuneration. 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 table.

Category of Respondent	No. of Respondents	Participation Time - Cost	Response Burden/Cost
State, local, tribal governments	250	30/60 - \$12.52	125/\$3,130 cost
Totals	250	30/60 – \$12.52	125/\$3,130 cost

¹ Singer, E., and Ye, C. (2013). “The use and effects of incentives in surveys.” The Annals of the American Academy of Political and Social Science, 645, 112-141.

² Bricker, Jesse. 2013. “Survey Incentive Fees, Data Quality, Nonresponse, and Survey Administration.” Presented at the Annual Conference of the American Association for Public Opinion Research, Boston, MA.

Cost to the Federal Government

The approximate cost to the government for this sub-study data collection effort is \$4,203.44. 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)	2%	\$2,266.92
NICHD PRA/OMB Liaison	GS-14-4 (\$116,887)	0.05%	\$584.44
Contractor Staff* (Health Communication Associate)	\$130,208	1%	\$1302.08
Operational Costs for Data Collection Activities (e.g., printing, postage, equipment), non-labor			\$50
Total			\$4,203.44

*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.