

TITLE OF INFORMATION COLLECTION: NICHD Safe to Sleep® Campaign Healthy Native Babies (HNB) Focus Group Guides

PURPOSE:

The NICHD launched the Safe to Sleep® (STS) 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 campaign was expanded in 2012, to incorporate the American Academy of Pediatrics’ (AAP) 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 goals of the STS campaign are to: improve knowledge of SIDS and other sleep-related causes of infant death and risk-reduction behaviors among parents, caregivers, and the medical community; increase awareness of and educate stakeholder groups on the expanded STS campaign and its new resources; and contribute to the reduction of the SIDS death rate and other sleep-related causes of infant death. The STS campaign activities help to promote campaign messages to professional and lay audiences, train individuals and health professionals on safe sleep positions and environments for infants, and teach ways to reduce SIDS/Sudden Unexpected Infant Death (SUID). The STS campaign also supports the NICHD mission to ensure children have the chance to achieve their full potential for healthy and productive lives by contributing to the reduction of mortality rates from SIDS and SUID in the U.S.

The *Healthy Native Babies (HNB) Project* was implemented, starting in 2003, to increase culturally relevant risk reduction education offered by service providers to American Indian and Alaska Native (AI/AN) families about SIDS and other sleep-related causes of infant death, with the goal of reducing risk behaviors associated with Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. The HNB Project has developed and disseminated communications materials for parents and caregivers, and has developed and implemented trainings for service providers. These efforts are conducted in the five Northern Tier Areas of the United States Indian Health Service (IHS): Alaska, Bemidji, Billings, Great Plains and Portland. The purpose of the Healthy Native Babies Project information gathering activities is to obtain input from tribal and urban Indian community stakeholders to inform project development activities for future phases of the project.

NICHD has considered expanding the HNB Project model to include messages from other communications efforts for delivery in tribal and urban Indian communities. Therefore, in order to improve the quality of materials and activities for future phases of the HNB Project, we will conduct focus groups to obtain input from tribal and urban Indian community stakeholders in the five IHS areas of Alaska, Bemidji, Billings, Great Plains and Portland. The findings of these focus groups will be used to tailor the delivery of health campaigns related to safe infant sleep practices and SIDS risk reduction, as well as other topics, such as the reduction of elective deliveries before 39 weeks, postpartum depression, appropriate gestational weight gain, and preconception and interconception care.

DESCRIPTION OF RESPONDENTS:

Respondent groups will include service providers and community health representative from the following fields: clinical and public health, maternal and child health, health education, mental health, child care/early childhood, social service, and child welfare. Mothers, fathers, and foster parents/guardians of children under a year of age and community elders will also be selected as focus group respondents. All respondents must be 18 years of age or older. Respondents will be selected from tribal and urban Indian communities in each of the five IHS Areas of Alaska, Bemidji, Billings, Great Plains, and Portland. Selection criteria for the focus group respondents will include: 1) prior participation in HNB Project trainings (both previous participant and non-participant communities); 2) level of maternal and child health capacity; 3) tribe size; 4) geographic location; and 5) tribal or urban Indian status.

TYPE OF COLLECTION: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group |
| <input checked="" type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: ___ Jamelle E. Banks _____

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

Respondents will receive remuneration through recruitment companies contracted to obtain participants. The amount of remuneration is based on pay scales these companies follow. Based on feedback from recruitment professionals, focus group participants will receive \$40 for

participating in an in-person focus group. The participation in the focus group will require approximately 2.5 hours (150 minutes). The focus group will be conducted for 120 minutes and an additional 30 minutes will be built in to allow time for the consent process, completion of the recruitment screener (if not completed prior to), and the provision of remuneration.

It is standard practice to offer recruited respondents some form of remuneration for the time they spend engaged in a focus group. 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, especially among not-yet-served and minority populations.^{1,2} Small amounts of money, a free meal or snack scheduled around the time of the focus group, and/or remuneration for parking and/or transportation are most often used. Studies have found that respondents who receive these tokens of appreciation provide valid input, and their inclusion makes for a more representative sample.

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time (in hours)	Burden
Private Sector	50	2.5	125
Totals	50	2.5	125

FEDERAL COST: The estimated annual cost to the Federal government is \$33,000.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Participants will be recruited by local contacts via maternal and child health (MCH) programs or tribal health leadership. We will recruit 10 participants in order to ensure 8-10 participants for each focus group (10 focus groups total). Focus group facilitators will be provided with first name and phone number of potential participants in order to confirm participation. During the

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.

confirmation call, the focus group facilitator will complete a basic demographic screener with participants to ensure that the potential participant meets the criteria for the respective respondent group. If the facilitator is unable to reach the potential participant or the participant does not have a phone, the screener may be completed at the time of the focus group. Participants will sign a log to confirm receipt of remuneration.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain
2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Attachments

Generic Clearance Templates

- 1) **0925-0643_Gen Clearance Template_HNB_Focus Group Guides_Priv-Sector**

Focus Group Guides

- 3) **0925-0643_HNB_Focus Group Guide GENERAL PROVIDERS**
- 4) **0925-0643_HNB_Focus Group Guide HEALTH PROVIDERS**
- 5) **0925-0643_HNB_Focus Group Guide ELDERS**
- 6) **0925-0643_HNB_Focus Group Guide FATHERS**
- 7) **0925-0643_HNB_Focus Group Guide MOTHERS**

Recruitment Screeners

- 8) **0925-0643_HNB_focus group Family Recruitment Screener**
- 9) **0925-0643_HNB_focus group Professional Recruitment Screener**