

## Safe Sleep Outreach Project Assessment Form

Public reporting burden for this collection of information is estimated to average 3 minutes per response, 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.

Please fully complete this form, and return it to your presenter. Your feedback is very important. Thank you. Do NOT write your name on this form.

**Host organization:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

**Activity type:** \_\_\_\_\_

<b>BEFORE This Program</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1) In my home, the place where baby sleeps has soft bedding (example: pillows, blankets, toys, bumpers, or other soft items).	1	2	3	4	5
2) I know that the safest place for baby to sleep is in the same room as the caregiver but in his or her own crib or bassinet.	1	2	3	4	5
3) Putting baby on his or her back to sleep is important to reduce the risk of SIDS.	1	2	3	4	5

**Please complete the sections below AFTER the program**

<b>AFTER This Program</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1) In my home, the place where baby sleeps has soft bedding (example: pillows, blankets, toys, bumpers, or other soft items).	1	2	3	4	5
2) I know that the safest place for baby to sleep is in the same room as the caregiver but in his or her own crib or bassinet.	1	2	3	4	5
3) Putting baby on his or her back to sleep is important to reduce the risk of SIDS.	1	2	3	4	5

<b>Program Assessment</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1) Presenter demonstrated expert knowledge on safe sleep.	1	2	3	4	5
2) After completing this program, I know ways to reduce the risk of SIDS and other sleep-related causes of infant death.	1	2	3	4	5
3) This program taught me safe infant sleep habits that I can use in my home with my family.	1	2	3	4	5
4) I would share this information with friends, family, and other caregivers who take care of babies.	1	2	3	4	5

**I would like more information about:**

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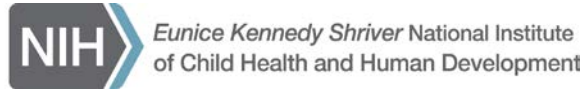
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## Alabama Safe Sleep Outreach Project Activity Tracking Form

Public reporting burden for this collection of information is estimated to average up to 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.

<b>Organization:</b>	
<b>Date of Report:</b> (Month/Day/Year)	
<b>Contact Person:</b>	
<b>Telephone:</b>	
<b>Email:</b>	
<b>Address:</b>	

1. What geographic area did the project activity serve? *(include county and ZIP code for each area)*
2. Please describe all of the SIDS/safe infant sleep outreach activities that you conducted during this grant cycle (January 9, 2017, through July 31, 2017). Be as specific as possible. Please use additional pages if needed.
  - Total Number of Events:
  - Total Number of Participants Who Attended Events:

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**All Activity Tracking Forms must be turned in at the Closing Meeting on August 4, 2017.**

Alabama Safe Sleep Outreach Project

Activity	Description	Event Date	Number of Attendees	Activity Audience	Encounter: Awareness vs. Educational
<p><u>Example:</u> Safety Baby Shower</p>	<p>Desha County Health Unit representatives partnered with church officials from First Baptist Church Day Care Center in McGehee to train parents and child care providers on safe infant sleep using the Safe to Sleep® educational video and print materials. The Bruce Family Endowment provided a supplementary in-kind donation for this education initiative, which covered meal expenses for training participants.</p>	<p>1/9/2016</p>	<p>35</p>	<ul style="list-style-type: none"> <li>— Expecting mothers</li> <li>— New parents</li> <li>— Grandparents</li> <li>— Church members</li> </ul>	<p>Educational</p>

*All Activity Tracking Forms must be turned in at the Closing Meeting on August 4, 2017.*

Alabama Safe Sleep Outreach Project

3. Which safe infant sleep messages were the hardest for training participants to understand? Please explain.
4. What parts of this project worked well and would you do again to make your outreach successful? Please explain.
5. Do you feel you have the information and resources you need to raise awareness about ways to reduce the risk of SIDS and to promote safe infant sleep in your community?
- Yes
- No

If no, what types of information or resources would be most helpful to you?

Alabama Safe Sleep Outreach Project

6. With 1 being not at all helpful and 5 being very helpful, check a box to describe how helpful you felt the following materials were in your outreach work.

a. Promotion materials (such as flyer template, sample social media posts, sample advertisement)

1 Not at all helpful	2	3	4	5 Very helpful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Educational presentations

1 Not at all helpful	2	3	4	5 Very helpful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Event planning materials (such as tips and tricks handout, planning checklist)

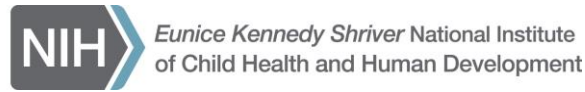
1 Not at all helpful	2	3	4	5 Very helpful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. Educational materials (such as educational flipbook, safe sleep brochure, one-page handout)

1 Not at all helpful	2	3	4	5 Very helpful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**All Activity Tracking Forms must be turned in at the Closing Meeting on August 4, 2017.**



## **Safe Sleep Outreach Required Forms Checklist for Closing Meeting**

***Please bring all of these items to the closing meeting on August 4, 2017. Use this checklist to make sure you have all of the required items.***

Public reporting burden for this collection of information is estimated to average 1 minute per response, 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.

\_\_\_\_\_ **Completed Sign-In Sheets**

\_\_\_\_\_ **Completed Safe Sleep Outreach Project Assessment Forms from event attendees**

\_\_\_\_\_ **Completed Safe Sleep Outreach Project Activity Tracking Form**

\_\_\_\_\_ **Signed Photo/Video Release Forms**

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***All Sign-In Sheets, Activity Tracking Forms, and Project Assessment Forms must be turned in at the Closing Meeting on August 4, 2017.***



## Alabama Safe Sleep Outreach Project Sign-In Sheet

Public reporting burden for this collection of information is estimated to average 1 minute per response, 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.

**Event Type:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Location:** \_\_\_\_\_

Name (please print)	Signature



**Alabama Safe Sleep Outreach Project Sign-In Sheet**

<b>Name (please print)</b>	<b>Signature</b>

**Alabama Safe Sleep Outreach Project Sign-In Sheet**

<b>Name (please print)</b>	<b>Signature</b>

**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

2. 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.**

3. 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

4. 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.

5. **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

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

\_\_\_\_ Yes (Please tell us what problems you had: \_\_\_\_\_)  
\_\_\_\_ No

7. **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

8. **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

9. **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?
10. **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**

11. **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: \_\_\_\_\_

12. **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

13. **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

14. **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**

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

\_\_\_ PowerPoint Presentations  
\_\_\_ Health Education Activities  
\_\_\_ None

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

\_\_\_ Yes  
\_\_\_ No

#### **Feedback on the Training**

17. 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

18. 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

19. Please tell us how we can improve the Training.

20. What challenges have you experienced in conducting health education or training on SIDS and other sleep-related causes of infant death?

21. What successes have you achieved in conducting health education or training on SIDS and other sleep-related causes of infant death?

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 <i>Healthy Native Babies Project</i> 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*.





## *Healthy Native Babies Project* **Materials Distribution Tracking Form**

The purpose of this form is to provide a framework for reporting on your *Healthy Native Babies Project* distribution activities funded by the resource stipend. Please call 1-888-996-9916 if you have any questions.

**Tribe/Organization Name:**

Contact Name:

City:

State and Zip Code:

Phone Number: (Including Area Code)

Email:

IHS Area:

**Resource Stipend Report Components**

Please respond to each of the following sections.

**I. Materials Distributed** – Please describe type and number of *Healthy Native Babies Project* materials that were made available for distribution, at locations or during events, and describe the number actually distributed to the target population, if known.

<i>Healthy Native Babies Project</i> (HNB) Material Type	Setting or Event	# Provided to Setting/ Event	# Distributed to target audience (if known)*
Example: Poster	Various community locations	20	20
Example: Brochure	Tribal Home Visiting Project	50	25

\*The number distributed to target audience is the actual number of materials handed out. This number would be less than the number provided to the setting/event if there were leftover copies. Provide an estimate if exact number is not known.

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**II. Activities** – Describe the community outreach activities conducted with your *Healthy Native Babies Project* resource stipend including the specific types of activities used to reach parents, caregivers, or hard to reach groups. Use the table to report the number of individuals reached through the outreach activities.

- Brief narrative:

Outreach Activity (e.g., home visit, community event)	Number of Individuals Reached				
	Parents/ Caregivers	Elders	Community at large	Service Providers	Other:

**III. Results of Activities** – If you conducted assessments of your organization’s outreach activities that used *Healthy Native Babies Project* materials, please describe your results. For example, please share the results of satisfaction assessments, feedback from parents or service providers on the *Healthy Native Babies Project* messages or materials, or pre and post-test results.

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**IV. Distribution Successes and Challenges** – Describe the successes and challenges you experienced in distributing *Healthy Native Babies Project* materials. Your responses will be used in the development of future *Healthy Native Babies Project* activities and resources.

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