Mini Supporting Statement A

Kappa Safe Infant Sleep Community Engagement Project

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Contact Information

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**Mini Supporting Statement A**

**A.1 Circumstances Making the Collection of Information Necessary**

This is a request for a new sub-study clearance under the general clearance for the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) Safe to Sleep® (STS) public education campaign. Despite the overall success of the STS campaign in helping to reduce U.S. SIDS rates, African American infants remain at higher risk for SIDS than do white babies. To address this disparity, NICHD and Safe to Sleep® collaborators and partners, such as Kappa Alpha Psi Fraternity, Incorporated (Kappa) are working together with and within African American communities to educate caregivers and help keep babies safe during sleep. Submissions for the Kappa Safe Infant Sleep Community Engagement Project (Kappa Project) will be used to assess event attendees’ understanding of safe infant sleep and the reach of STS campaign materials and messages; to gauge the effectiveness of tailored campaign educational sessions and monitor and improve campaign activities conducted by mini-grantees throughout the United States. These STS campaign activities help to promote campaign messages to professional and lay audiences, train individuals and health professionals on safe sleep practices and environments for infants, and teach ways to reduce the risk of Sudden Unexpected Infant Death (SUID), Sudden Infant Death Syndrome (SIDS) and other sleep related causes of infant death.

**A.2 Purpose and Use of the Information Collection**

The purpose of this information collection is to enhance NICHD-supported outreach efforts in African American communities by tailoring messages, education strategies, and materials salient to this community and measuring the resulting change in knowledge and intent to practice safe infant sleep.

The Kappa Project will educate local communities by conducting safe sleep educational forums in to primarily African-American audiences throughout the United States. Each mini-grantee (up to 60) will be responsible for educating a minimum of 25 community members on safe infant sleep. The objective is to inform African-American audiences of the dangers of sharing a sleep surface with an infant and the importance of following all safe infant sleep recommendations from the American Academy of Pediatrics. Up to 60 mini-grantees will collect information from community respondents who attend Kappa Project public education events. Mini-grantees will complete an application to describe their proposed project scope, community benefit, and project budget; tracking of grant-funded activities; to ensure complete project records, and to give permission to use their video/images on NICHD communications. Event attendees will be asked to complete a survey at each event to indicate their knowledge before their participation in an educational session and to indicate their knowledge after they have participated in the educational session; to give permission to use their video/images on NICHD communications (ex: photo/video consent form); to record their attendance and participation in an event.

Data collected by the STS campaign may be used in aggregate by a number of audiences, including STS campaign staff, NICHD leadership, STS campaign collaborators, Federal SUID/SIDS Workgroup members, SUID/SIDS stakeholders, clinical and maternal and child health professionals, parents and caretakers, and the general public. These audiences may use the collected information to: 1) develop new campaign materials, and/or training curricula; 2) monitor and improve campaign activities; 3) make decisions about current and future campaign activities; 4) inform current and future campaign activities; and 5) inform strategies used to influence target audiences’ practices and behaviors. The STS campaign staff, NICHD leadership, and Kappa will be the primary users of the information. Most of the information collection for this audience will be for campaign assessments. The campaign assessment data will not be generalizable, but will be contextually based. The information will also be used internally to make decisions about implementation effectiveness and to improve campaign components or the campaign, in general. Community respondents may include maternal and child health service providers, parents and caretakers, and the general public. Respondents may include unregulated child care providers (i.e. babysitters) of ages ranging from children (ex: 10 years old) to grandparents (70+ years old). Community members under age 18 will not be asked to complete the video consent and sign in sheet.

Frequent reporting creates opportunities for campaign adjustments, which will help campaign staff to prevent shortcomings and quickly address concerns. This sub-study clearance will allow campaign staff to: 1) gather feedback on campaign activities expeditiously and effectively; 2) be better able to monitor and improve campaign implementation; 3) assess the utilization and behavioral practices of target audiences; and 4) assess the effectiveness of mini-grantees’ outreach activities.

Information collection under this sub-study consists of:

* any change in safe sleep knowledge, attitudes, and intent to practice safe sleep after a training session;
* the number of mini-grantee outreach events held; and
* mini-grantee’s effectiveness during training sessions.

In summary, this sub-study for the generic clearance will be small in scale, designed to obtain results frequently and quickly to guide campaign development and implementation, inform campaign direction, and be used internally for campaign management purposes.

**A.3 Use of Information Technology to Reduce Burden**

Whenever possible, the NICHD uses advanced technology to collect and process data to reduce respondent burden and make data processing and reporting more timely and efficient. Campaign activities associated with these data collections are, however, designed to reach community members that may not have reliable access to computers and or fast-speed internet. While the NICHD STS campaign makes project forms available to mini-grantees in both electronic (downloadable) and hard-copy formats, they are only required to submit their collections in hard-copy format. Past mini-grantees from similar community outreach projects have expressed to campaign staff that electronic transfer of data files is not practical because they may not have the necessary equipment (ex: scanner) or the sufficient bandwidth that is required to submit these data.

For these data collections, a privacy impact is not required because no sensitive information is being collected and individual responses are not shared or stored electronically. Collected data will be stored in locked filed cabinets, with limited staff access, at NICHD offices or approved and secure off-site storage sites. In this collection, the number of questions was held to the absolute minimum required for the intended use of the data.

**A.4 Efforts to Identify Duplication**

The NICHD STS campaign works closely with the STS campaign collaborators and other national partners, like Kappa. The collaborators and partners represent the federal, professional, and national leaders in the field of SUID/SIDS. The NICHD staff, collaborators and partners have reviewed other campaign data collections and have determined that the data needed for African American-specific community outreach and education is unique.

**A.5 Impact on Small Businesses or Other Small Entities**

N/A

**A.6 Consequences of Collecting the Information Less Frequently**

This sub-study is intended to be an information collection from a single encounter with participants. A single methodology (e.g., survey) is planned to be administered once per project per specific respondent group. Any less frequent response would not yield useful data for campaign planning and management improvements.

**A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

This survey will be implemented in a manner that fully complies with 5 C.F.R. 1320.5.

**A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency**

N/A

**A.9 Explanation of Any Payment of Gift to Respondents**

There is extensive literature to support the use of incentives, primarily monetary incentives, as a supplement or complement to other efforts of persuasion to ensure recruitment of a representative sample, especially among not-yet-reached and minority populations.[[1]](#footnote-1),[[2]](#footnote-2),3 In studies for both commercial market research and social sciences, findings indicate that respondents who receive these tokens of appreciation provide valid input, and their inclusion makes for a more representative sample. It is standard practice in commercial market research to offer recruited respondents some form of remuneration for the time they spend engaged in a focus group, in-depth interview, and sometimes an online survey. Small amounts of money, a free meal or snack, remuneration for parking and/or transportation, and/or a raffle are most often used.

For this sub-study, mini-grantees have the option to offer a free meal or snack, and/or entry into a raffle as an incentive to increase event attendance. The recommended limit for meal or snack expenses, per session participant, is $5 or less. When raffle prizes are offered, the mini-grantees are instructed to select prizewinners at random and to distribute no more than $100 in raffled items (e.g.: one-piece sleepers) per 25 event participants and no more than $200 for door prizes (e.g. safety-approved portable play yards).

**A.10 Assurance of Confidentiality Provided to Respondents**

Authority for the collection of the information requested from mini-grantees and community members comes from the authorities regarding the establishment of the National Institutes of Health, its general authority to conduct and fund research and to provide training assistance, and its general authority to maintain records in connection with these and its other functions (42 U.S.C. 203, 241, 289l-1 and 44 U.S.C. 3101), and Section 301 and 493 of the Public Health Service Act. These records will be maintained in accordance with the Privacy Act System of Record Notice 09-25-0200 covering “Clinical, Basic and Population-based Research Studies of the National Institutes of Health (NIH), HHS/NIH/OD,” published on September 26, 2002 (Vol. 67, pages 60742-60784).

PII will only be collected to the extent necessary. Data will be stored in locked filed cabinets, with limited staff access, at NICHD offices or approved and secure off-site storage sites. Respondents will be informed of security through explanatory text on the cover of forms and applications. In addition, respondents will be advised of the purpose of the information collection, the use of information collection, NICHD sponsorship, that their participation is voluntary, and that they may choose to discontinue or have their name and/or related information withdrawn at any time. Information will be presented in de-identified and aggregate form.

**A.11 Justification for Sensitive Questions**

This data collection will not include sensitive questions

**A.12.1 Estimated Annualized Burden Hours**

**A.12-1 Estimated Annualized Burden Hours**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Form Name**  | **Type of Respondent** | **Number of Respondents** | **Number of Responses per Respondent** | **Average Burden Per Response** **(in hours)**  | **Total Annual Burden Hour**  |
| **A. Kappa Mini-Grant Application Form** | Kappa Safe Infant Sleep Community Engagement Project Applicant  | 72 | 1 | 30/60 | 36 |
| **B. Activity Tracking Form** | Kappa Safe Infant Sleep Mini-grantee Representative  | 60 | 1 | 30/60 | 30 |
| **C. Before-and After-Activity Knowledge Check** | Community Members  | 1500 | 2 | 3/60 | 150 |
| **Totals** |  | 1632 | 3132 |  | **216** |

**A.12-2 Annualized Cost to the Respondents**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Respondents | Total Annual Burden Hours | Median Hourly Respondent Wage Rate\* | Respondent Cost |
| Community Members  | 150 | $18.12 | $2,718.00 |
| Kappa Safe Infant Sleep Project Applicant/Mini-grantee Representative  | 66 | $18.12 | $1,196.00 |
| **TOTAL** | 216 |  | $3,914.00 |

\*Bureau of Labor Statistics: The wage rates were obtained from https://www.bls.gov/oes/current/oes\_nat.htm

Occupation title “All Occupations”, occupation code 00-0000

**A.13 Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers**

Expenses are not anticipated. Respondents will not need capital equipment, on-going recordkeeping operations, or services to complete the information collection.

**A.14 Annualized Cost to the Federal Government**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |
| NICHD Safe to Sleep® Program Staff/Project Oversight | GS-13-7 | ($113,755) | 2% |  | $2,275.00 |
| **Contractor Cost** |
| Contractor Staff (Program Manager) |  | $160,290 | 2% |  | $3,206.00 |
| **Other Cost** |
| Operational Costs for Data Collection Activities (e.g., printing, postage, equipment), non-labor |  |  |  |  | $200.00 |
| Total Annualized Cost to the Federal Government | $5681.00 |

**A.15 Explanation for Program Changes or Adjustments**

N/A. This is a new sub-study clearance request.

**A.16 Plans for Tabulation and Publication and Project Time Schedule**

The proposed sub-study may include quantitative summaries such as frequencies, cross tabulations, and measures of central tendency to yield descriptive reports of change in knowledge, attitudes, practices, and qualitative synopses to identify themes in recommendations for program improvement. This sub-study will not involve inferential statistical analyses and parametric tests. The findings gleaned from the sub-study are intended to be used by program staff to disseminate information about the Kappa Project, fine-tune STS campaign objectives and tailored outreach strategies for the NICHD, and improve campaign management and implementation in African American communities.

Results from information collections may be presented in reports, briefs, executive summaries, and presentations to the NICHD Offices and Branches, NIH, or HHS. Additionally, some information, depending on the content (e.g., updated STS campaign brochures and dissemination materials), may be released to the Kappa Project collaborators and the public through website, email, or a newsletter. The respondents will be informed of the plans to release this information.

|  |  |
| --- | --- |
| **Application Informational Sessions**  | **Please Check Province Schedules**East Central Province CouncilSouth Eastern Province CouncilMiddle Eastern Province CouncilSouthern Province CouncilSouthwestern Province CouncilWestern Province CouncilSouth Central Province CouncilMiddle Western Province Council |
| **Application Informational Call** | March 26, 2018 8:00 p.m.April 30, 2018 8:00 p.m. |
| **Application Due Date** | May 14, 2018 |
| **Mini-Grant Status Notification Sent to Applicant** | May 24, 2018 |
| **Mini-Grant Recipients Orientation Webinars** | May 31, 2018 – 8:00 pm ETJune 2, 2018 – 10:00 am ETJune 3, 2018 – 7:00 pm ET |
| **Deadline for Required Paperwork** | June 8, 2018  |
| **Funds Distributed to Mini-Grantee** | June 15, 2018 |
| **Funding Cycle Begins** | June 17, 2018 (Father’s Day) |
| **Funding Cycle Ends** | August 31, 2018 |
| **Deadline for Required Paperwork** | September 15, 2018 |
| **Mini-Grant Recipients Closing Updates**  | C. Roger Wilson Leadership Meetings |

**A.17 Reason(s) Display of OMB Expiration Date is Inappropriate**

We are not requesting an exemption to the display of the OMB Expiration date.

**A.18 Exceptions to Certification for Paperwork Reduction Act Submissions**

This survey will comply with the requirements in 5 CFR 1320.9.

1. Yu S, Alper HE, Nguyen A-M, et al. The effectiveness of a monetary incentive offer on survey response rates and response completeness in a longitudinal study. *BMC Medical Research Methodology*. 2017;17:77. doi:10.1186/s12874-017-0353-1. [↑](#footnote-ref-1)
2. Knoll M, Soller L, Ben-Shoshan M, et al. The use of incentives in vulnerable populations for a telephone survey: a randomized controlled trial. *BMC Research Notes*. 2012;5:572. doi:10.1186/1756-0500-5-572.

3. Singer, E, and Cong, Y. 2013. "The Use and Effects of Incentives in Surveys." *Annals of the American Academy of Political and Social Science*, 645(1): 112-141. [↑](#footnote-ref-2)