

[Draft for mail merge and auto-penning]

March XX , 2005

Dear Jane Doe:

In 2003, you attended one of the Sudden Infant Death Syndrome (SIDS) Summits sponsored by the National Institute of Child Health and Human Development (NICHD) and hosted by the Alpha Kappa Alpha Sorority Inc. (AKA), the National Coalition of 100 Black Women (NCBW), and the Women in the National Association for the Advancement of Colored People (WIN). A goal of these summits was to encourage you, the participants, to foster SIDS education activities in your communities. Enough time has elapsed for us to now look back and see what we have accomplished in the two years since the summit meetings. The sponsors and hosts of the summit meetings are interested in understanding how helpful these meetings were in getting the SIDS risk reduction messages into African American communities. By understanding the outcomes of these summit meetings, the NICHD can better plan future events and activities.

To help the NICHD assess the outcomes from the summit meetings, we are asking all participants to fill out a short survey being conducted by IQ Solutions. We would like to know more about any related community activities that you personally conducted or any community activities in which you participated since attending the summit.

Enclosed is a copy of the brief survey. We would appreciate it if you could please take a few minutes to answer the questions and return the survey to us by [INSERT DATE] in the postage paid envelope that has been provided. All personal information and any responses concerning the feedback on the summits will be kept completely confidential and analyzed at the aggregate level. If you have conducted any SIDS related activities and would like to tell us more about them, there is a place on the survey to provide your name and telephone number so that an IQ Solutions staff member can contact you to talk about them.

Please feel free to call Ms. Jane Manahan at (301) 657-3077, ext. 305 if you have any questions about the survey. We appreciate your help in making our outreach efforts to reduce the risk of SIDS as effective as possible. Thank you for your time.

Sincerely,

Yvonne T. Maddox, Ph.D.
Deputy Director

Enclosures

P.S. I am enclosing a current copy of the NICHD Community Connections newsletter in case you have not seen it yet.

10/31/2007

Survey about the 2003 SIDS Summit Meetings

2003 SIDS Summit Experience

- 1.) Which SIDS summit meeting did you attend? (please check all that apply)
- ☐ Los Angeles, CA January 31-February1, 2003
- ☐ Tuskegee, AL March 14-15, 2003
- ☐ Detroit, MI May 30-June1,2003
- 2.) I attended the summit meeting because:
(please check all that apply)
- ☐ Personal experience with SIDS
- ☐ I am a government employee.
- ☐ I am affiliated with a sponsoring organization (*Please specify*) _____
- ☐ I am a member of the media
- ☐ I am (or will be) a parent or grandparent
- ☐ I have an interest in the subject matter
- ☐ Other (*Please specify*) _____
- 3.) If any specific summit activities motivated you to become active in local SIDS-related activities or projects please check all that apply.
- ☐ Evening reception
- ☐ Plenary session
- ☐ Networking luncheon
- ☐ Breakout sessions/workshops
- ☐ Closing ceremony
- ☐ Other (*Please specify*) _____
- 4.) Since the summit meeting, have you attended other SIDS-related educational conferences?
- ☐ Yes ☐ No
- 5.) If yes, did these conferences involve any of the following organizations? Please check all that apply.
- ☐ Local government agencies
- ☐ Other local organizations
- ☐ State government agencies
- ☐ Other state organizations
- ☐ National government agencies
- ☐ Other national organizations
- ☐ Other (*please specify*) _____
- 6.) Did any of your experiences at the SIDS summit lead to other activities or collaborations unrelated to SIDS?
- ☐ Yes ☐ No

* Public reporting burden for this collection of information is estimated to average 15 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 (0925-0532). Do not return the completed form to this address.

- 7.) If yes, please describe below the health or social issue involved in those activities or collaborations
- _____
- _____
- 8.) If you have been involved in any of the following activities since the summit meetings, please check all that apply.
- _____ Using SIDS resource kits at presentations
- _____ Handing out SIDS resource kit materials
- _____ Talking formally about SIDS at community functions
- _____ Talking informally about SIDS with friends and neighbors
- _____ Meeting with community leaders about SIDS education and activities
- _____ Using the media (television, radio, newspapers) to educate the public about SIDS
- _____ Other (Please specify) _____

SIDS-Related Activities Since the Summit

- 9.) Below is a table that lists SIDS-related activities. For each type of activity that you conducted, or in which you were involved, since the summit, please check all boxes that apply.

	Used Resource Kit Materials	Spoke In Public	Prepared Public Service Announce- ments	Worked with Community Leaders	Organized Workshops or Meetings
Number of Times Activity was Conducted					
Once					
Twice					
Three or more times					
Target Audience					
Healthcare workers					
Teachers					
Childcare workers					
Families					
Government officials					
Religious leaders					
Community advocates					
Other (specify next page)					
Financial Supporters for Activities					
AKA					
NCBW					
WIN					
NICHD					
CJ Foundation					
Local government Organization					
Healthcare organization					
Other (specify next page)					
Level of Impact					
Community					
State					
Regional					
National					

- 10.) If you checked "Other" in the above table or would like to describe your activities in more detail, please do so here

- 11.) Thinking of the SIDS-related activities you listed above, if you experienced any of the following obstacles to your work, please check all that apply.

- ☐ not enough financial support
☐ lack of community interest
☐ difficulty attracting audiences
☐ need for more materials
☐ need for different materials
☐ not enough staff/volunteers
☐ other problem (please specify) _____

- 12.) Since the summit meeting, which materials in the SIDS resource kit materials have you had a chance to use? Please check all that apply.

- ☐ resource guidebook
☐ training guide
☐ video
☐ hanger with *Back to Sleep* logo and messages
☐ refrigerator magnets
☐ sample advertisement

- 13.) Please evaluate the Kit by checking the most appropriate response for each item in the Kit

	Very Useful	Useful	Somewhat Useful	Not Useful
Resource Guidebook				
Training Guide				
Video				
Hanger with <i>Back to Sleep</i> logo and messages				
Refrigerator Magnets				
Sample Advertisement				

- 14.) Do you feel that the materials supplied in the kit were adequate to meet your needs?

- ☐ Yes
☐ No

If not, what other materials would you like to see included in the kit?

Would you like to tell us more about your activities?

We are very interested in hearing more about your work to reduce the risk of SIDS. The information that you have provided in this survey is very useful, but we would also like to know more about your work and how you think the program can be improved. If you would be willing to talk with us briefly on the phone, please provide your name and a phone number, and the best time to reach you.

Name _____ Phone number _____

Best time to reach you _____

This information is for scheduling purposes only. Your survey and interviews responses will, of course, be kept strictly confidential.

Background Information

I live in: _____ *(Please include city, state, and zip code)*

I am:

_____ Female

_____ Male

I am:

_____ 20 -30 years of age

_____ 31 – 40 years of age

_____ 41 – 50 years of age

_____ 51 – 64 years of age

_____ Over 65 years of age

I am currently employed as a:

_____ Healthcare provider

_____ Teacher

_____ Community activist

_____ Religious leader

_____ Government employee (other than healthcare)

_____ Childcare provider

_____ Writer/producer

_____ I am currently not working

_____ Other *(please specify)*

Thank you so much for your cooperation. Your help is greatly appreciated.

Interview Protocol for Follow-up Interviews (Post Survey)

Hello, my name is _____. I am calling from a research and evaluation firm called IQ Solutions in the Washington DC area. We have been hired by the National Institute of Child Health and Human Development (NICHD) to conduct an evaluation on the SIDS Summits co-sponsored by the National Institute of Child Health and Human Development (NICHD), the Alpha Kappa Alpha Sorority Inc. (AKA), the National Coalition of 100 Black Women (NCBW) and the Women in the National Association for the Advancement of Colored People (WIN).

When we spoke earlier, you said that this would be a good time to speak with you about the SIDS-related activities you have been involved in since the SIDS summits– Is this still a good time for you? *[If YES, proceed --- If NO, ask them when they have the time and reschedule the interview]*

Please remember, anything you say here will be kept in the strictest of confidence – We will not use your name in the report.

Public reporting burden for this collection of information is estimated to average 30 minutes, including the time for reviewing instructions. **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 (0925-0532)

Let me first thank you for your help in this study – Your input is greatly appreciated.

To begin, we would like you to think back to the SIDS summit held in 2003. Which summit did you attend?

- _____ Los Angeles, CA
- _____ Tuskegee, AL
- _____ Detroit, MI

What was the best thing about the summit?

Was there anything you might change about the summit?

We are very interested in hearing about any of your SIDS-related activities since the summit. Can you please tell us about these activities?

Probes

How many people attended this activity? _____

What kinds of people attended your activity?

Where was this activity held?

How did you sponsor this activity?

How did people hear about your activity?

How did you advertise your activity?

Did you use the resource kit?

No _____

Yes ____ *If yes, how did you use the resource kit?*

What other materials did you use? -

Who helped you with your activity?

Did any of the partner organizations participate in your activity?

Are you planning any more SIDS-related activities? If so, what are they?

Has your activity prompted others to involve themselves in SIDS-related activities? If so, can you please tell us about them?

[END PROBE]

Is there anything else about your SIDS-related activity or the summits themselves that you would like to tell us about that we haven't discussed?

Once again _____ [insert name], we want to thank you for taking this time to help us – We really appreciate the information you have given us and want to assure you that your input is most valuable. If you have any questions, my name once again is _____ and my telephone number is _____

END