



PRAMS

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

PRAMS Data to Action/Success Stories Template

This template is intended for use by PRAMS sites to describe the impact of their data collection and dissemination activities. The form aims to collect **detailed** information in a format that is conducive to creating a success story. Each section in the template is followed by a self-check, which outlines relevant criteria that should be addressed in that section.

1. DATA TO ACTION/SUCCESS STORY TITLE:

Fetal Alcohol Syndrome Presentation

SELF-CHECK – Have you:

- ☐ Captured the overall message of the story?
- ☐ Included an action verb?
- ☐ Captured the reader's attention?
- ☐ Avoided acronyms?

2. PROBLEM OVERVIEW: BRIEFLY DESCRIBE THE PUBLIC HEALTH PROBLEM THAT WAS ADDRESSED IN THIS DATA TO ACTION EXAMPLE/SUCCESS STORY.

Fetal Alcohol Spectrum Disorder (FASD) is a diagnosis that represents a group of conditions that can occur in individuals whose mother drank during pregnancy. FASD is a leading cause of preventable intellectual disabilities and can be mitigated if women are aware of the effects of alcohol use during pregnancy and choose to abstain during pregnancy. In Wyoming, between 2007 and 2010, 5.8% of women used alcohol in the last three months of their pregnancy. During the same time period only 69.2% of Wyoming women who received prenatal care discussed the effects of alcohol during pregnancy with their provider.

SELF-CHECK – Have you:

- ☐ Described the problem being addressed and why it's important?
- ☐ Provide an emotional hook in addition to public health data?
- ☐ Specified the affected population(s)?
- ☐ Describe the extent of problem using current PRAMS data and/or other state databases (i.e. Vital Records, BRFSS, WIC, Medicaid, etc.)?

3. PRAMS DATA USED: LIST THE TOPICS AND YEARS OF PRAMS DATA THAT WERE USED

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PRAMS data on alcohol consumption in the 2 years before pregnancy, 3 months prior to pregnancy, the last 3 months of pregnancy as well as information about binge drinking during these time frames was used from 2007-2010. Additionally data from discussion with provider about alcohol's effect during pregnancy from 2007-2010 were used.

SELF-CHECK – Have you:

- ☐ *Provided a list of the PRAMS indicators and years of data that were used?*



4. PARTNERS AND PLAYERS: WHO WERE THE COLLABORATORS?

- PRAMS Program: Amy Spieker and Ashley Busacker collected information from WY PRAMS on alcohol use before and during pregnancy as well discussion with health care providers about alcohol's effects during pregnancy. This information was presented to the Wyoming FASD work group.
- Wyoming FASD work group: The work group is organized by Maggie Loghry and is focused on raising awareness, collecting data, and informing providers about FASD. Elizabeth DePrince-Smith is a member of the work group and presented at the brown bag lunch series.
- Wyoming Family Residency Program: This program is a family medicine residency program. The office hosts a brown bag lunch series to inform residents and providers of pertinent information to their practice.

SELF-CHECK – Have you:

- ☐ Identified the role of PRAMS staff in the story?
- ☐ Provided a list of the other individuals, groups or organizations?
- ☐ Described the role or function of these other individuals or groups?

5. DATA TO ACTION/SUCCESS STORY NARRATIVE: WHAT HAPPENED?

The newly formed Wyoming FASD work group meets monthly to discuss raising awareness of FASD in Wyoming. Due to the difficulty in estimating prevalence of FASD, the data committee provided PRAMS information about alcohol use during pregnancy in Wyoming and discussions that occur between patients and providers surrounding alcohol's effects during pregnancy at the November meeting. This information was well received by the work group. It was decided that a productive way for the group to look at FASD was through the patient-provider relationship and ensuring providers were having a conversation with their patients and that they had accurate information. After some discussion, it was decided a good place to begin this information dissemination was at the brown bag lunch series hosted by the Wyoming Family Medicine Residency Program. The presentation included general information about FASD and Wyoming PRAMS information on alcohol use during pregnancy and the prevalence of patient-provider discussions on the topic. The presentation was given by Elizabeth DePrince-Smith, a member of the FASD work group and the Department of Health programming staff, on January 28th.

SELF-CHECK – Have you:

- ☐ Described the story of the data to action example/success story from start to finish?
- ☐ Specified the different steps taken in enough detail for a reader to understand the process that occurred?
- ☐ Noted WHEN it took place?

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6. OUTCOMES & IMPACT: HOW IS LIFE DIFFERENT AS A RESULT OF THE ACTIVITY? THIS IS THE MOST CRITICAL PIECE OF THE STORY. *SHORT-TERM AND *INTERMEDIATE OUTCOMES MUST BE DOCUMENTED.

A. *SHORT-TERM OUTCOMES: This includes early outputs of the process such as relevant publications, meetings with stakeholders and other MEASURABLE products or activities:

- A data brief was created regarding PRAMS information about alcohol use in pregnancy. This data was presented to the Wyoming FASD work group.
- Collaboration between the Department of Health and the Wyoming Family Medicine Residency Program was strengthened.

SELF-CHECK – Have you:

- ☐ Identified the specific short-term outcomes of the activity (e.g., title & date of publication, publication web link, name and date of stakeholder meeting, number of individuals to whom report was disseminated & example of their affiliations, dissemination channels, etc.)?
- ☐ Described how the outcome addressed the public health problem?
- ☐ Avoided use of broad, sweeping statements such as “A fact sheet on breastfeeding was created and distributed to stakeholders”?

B. *INTERMEDIATE OUTCOMES: This includes RESULTS of the short-term outcomes—what did those products or activities lead to? For example, a media campaign was launched, legislation was introduced and passed, a new program was funded, a program was changed to better address client needs, etc.

- Information from the PRAMS data presentation to the work group was taken in addition to general information about FASD to create a presentation to share with different groups within the community. The first presentation was at a Brown Bag Lunch seminar at the Wyoming Family Medicine Residency Program. This presentation was an opportunity to communicate with providers about the importance of conversations about alcohol's effects during pregnancy during prenatal care as well as a time to discuss signs and symptoms of FASD.

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SELF-CHECK – Have you:

- ☐ Identified the specific intermediate outcomes of the activity (e.g., name & date of media campaign/program/legislation, who is the campaign/program/legislation targeted for, what is the timeframe of the activity)?
- ☐ Described how the outcome addressed the public health problem?
- ☐ Avoided use of broad, sweeping statements such as “The WIC program changed their form to gather more information”?

C. LONG-TERM OUTCOMES: This includes the measurable changes in the behaviors or health outcomes of the target population. Such changes may be difficult to directly attribute to the efforts described in the intermediate impact, but efforts should be made to monitor and evaluate the activities that are implemented.

There are no long-term outcomes to report at this time.

SELF-CHECK – Have you:

- ☐ Identified the specific long-term outcomes of the activity (e.g., increase in breast feeding in Hospital A, increase knowledge of folic acid use among teens surveyed by PRAMS, expanded coverage of health care for low income women using Title X clinics, etc.)?
- ☐ If a measurable long-term outcome is not presented, have you included plans to monitor or evaluate the impact of the described activity so that a long-term outcome can be documented in the future?
- ☐ Avoided use of broad, sweeping statements such as: “There was a noticeable increase in breast feeding rates” or “Significant amount of money was saved”?

7. STORY ABSTRACT: PROVIDE A SHORT 1-2 PARAGRAPH SUMMARY OF YOUR STORY AND THE OUTCOMES

Fetal Alcohol Spectrum Disorder (FASD) is a leading cause of preventable intellectual disabilities and can be mitigated if women are aware of the effects of alcohol use during pregnancy and choose to abstain during pregnancy. A workgroup surrounding the topic of FASD was created to address the topic in Wyoming. Data from Wyoming PRAMS was presented to the workgroup to help frame the problem in the state. In Wyoming, between 2007 and 2010, 5.8% of women used alcohol in the last three months of their pregnancy. During the same time period only 69.2% of Wyoming women who received prenatal care discussed the effects of alcohol during pregnancy with their provider.

Based on this information the work group chose to create a short presentation that could be shared with providers regarding the importance of discussing alcohol use during pregnancy at prenatal care visits as well as signs and symptoms for detection of FASD. The first presentation of this information was to the Wyoming Family Medicine Residency Program in Cheyenne. The

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process allowed us to design a presentation tailored to providers and spread information about FASD and also strengthen the relationship between the Wyoming Family Medicine Residency Program and the Department of Health. The goal is for the FASD workgroup to create other opportunities to share this information within the provider community and to continue to partner with the Wyoming Family Medicine Residency Program on other topics of importance to the Department of Health.

SELF-CHECK – Have you:

- ☐ *Summarized the problem, program/activity, and outcomes?*
- ☐ *Provided conclusions that effectively wrap-up the story?*

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8. CHECK IF ANY OF THE FOLLOWING ARE BEING SUBMITTED TO COMPLEMENT YOUR STORY: (CHECK ALL THAT APPLY)

- ☐ Testimonials
- ☐ Quote from Partner/Participant
- ☐ Sample of Materials Produced
- ☐ Press Release
- ☐ Promotional Materials
- ☐ Photo(s) of Project
- ☐ Video/Audio Clip
- ☐ Other (Explain:)

9. HOW WOULD YOU CATEGORIZE THE DATA TO ACTION EXAMPLE/SUCCESS STORY? (CHECK ALL THAT APPLY)

- ☐ Appropriation of funds
- ☐ Policy change
- ☐ New program started
- ☐ Existing program revised
- ☒ Increased visibility for an organization, program or issue
- ☐ Capacity building of an organization or group
- ☐ Other

10. CONTACT INFORMATION:

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11. DATE SUBMITTED:

12. PRAMS PROGRAM MANAGER: Amy Spieker

Overall Style Reminders

- ☐ Keep messages simple and concise
- ☐ Use bullets, if appropriate.
- ☐ Stick to the facts. Do not interject an opinion unless you attribute it to someone.
- ☐ Include direct quotes if they strengthen the story.
- ☐ Limit use of acronyms. If you use acronyms, spell them out on first mention.
- ☐ Use plain language and avoid jargon. Terms should be clearly understood by a non-public health audience
- ☐ Avoid using passive voice (e.g., "Trainings were provided."). Use active voice (e.g., "X partner provided Y trainings."), and be clear about who is doing the action in every sentence.