



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:

Using PRAMS Data to Teach Safe Sleep

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.

Each year in the United States, more than 4,500 infants die suddenly of no immediately obvious cause, Sudden Unexpected Infant Deaths (SUID). In 2009, the infant mortality rate in Wyoming attributable to SUID was 127/100,000 infants; higher than the national rate of 53.9/100,000 infants. Infant sleep position and sleep surface have been identified as modifiable risk factors for Sudden Infant Death Syndrome (SIDS), which constitute about half of all SUID cases every year. Consistently placing a healthy baby on his/her back to sleep for naps and at night has been found to reduce the risk of SIDS. PRAMS data from Wyoming from 2007-2010 indicate that 77.9% of women most often placed their infant to sleep on his/her back, 13.6% placed their infant to sleep on the side, and 6.5% placed them to sleep on their stomach. In addition to sleep position, placing an infant to sleep on their own sleeping surface has been shown to reduce the risk of SIDS/SUID. Wyoming PRAMS data from 2007-2008 indicated that about a quarter of mothers always or almost always shared a sleeping surface with their infant.

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)?

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- ☐ 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

PRAMS data on infant sleep position (07-10) and co-sleeping (07-08) was used to characterize some modifiable risk factors for SIDS.

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 Staff: Angi Crotsenberg and Ashley Busacker
Maternal and Family Health Section: Charla Ricciardi
Wyoming Safe Kids

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 Title V Needs Assessment resulted in a Maternal and Family Health (MFH) State Priority to “Reduce the rate of unintentional injury among children and adolescents.” This priority was decided upon based on a variety of data including PRAMS pilot project data on infant safe sleep. In addition to presenting injury information to MFH staff, Ashley Busacker presented WY PRAMS safe sleep data to the Wyoming Injury and Violence Prevention Planning Group in 2011. Members in the planning group include MFH staff, Stride Learning Center, Wyoming Safe Kids, Prevent Child Abuse Wyoming and other partners. The idea for a safe sleep display was developed in a subsequent meeting between MFH and Wyoming Safe Kids when discussing options for displays at the Safe Kids Day events in May of 2012. It was decided that a visual of how a child should look when in a safe sleep environment and position would be the most impactful. The display consists of a portable crib that has no blankets, bumpers, or toys only a baby in a swaddle sleep sack placed on its back. The display also includes a banner and brochures that discuss safe sleep. The display was taken to Laramie, Hot Springs, Park, and Campbell counties for Safe Kid Days. In August and September Wyoming Safe Kids called hospitals to discuss the display and the messaging it could provide to new moms and their families. As of November there were 10 hospitals signed up to take the display and at least one



that already had one. Many hospitals noted that the display paired nicely with the swaddle sleep sack distribution program run through the Public Health Nursing offices in each county.

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?

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:

The short term outcome of presentation of the PRAMS safe sleep data was the development of the safe sleep display to use at the Safe Kids Days.

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.**

Based on the success of the display at the Safe Kids Days, the Safe Kids organization took the next step and began to contact hospitals about the possibility of utilizing the display to message the safe sleep environment. Through this continued out reach 11 hospitals in the state have or will participate in displaying the safe sleep environment in their Mother Baby Units.

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.**

We have 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”?

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

WY PRAMS safe sleep data was presented at an Injury and Violence Prevention Coalition meeting. PRAMS data from Wyoming from 2007-2010 indicate that 77.9% of women most often placed their infant to sleep on his/her back, 13.6% placed their infant to sleep on the side, and 6.5% placed them to sleep on their stomach. Wyoming PRAMS data from 2007-2008 indicated that about a quarter of mothers always or almost always shared a sleeping surface with their infant. The data was impactful and contributed to the decision for the Wyoming Safe Kids organization to design a safe sleep display depicting a safe sleep environment for their Safe Kid Days in four counties. Following the success of the displays in the counties, Wyoming Safe Kids contacted hospitals about using the displays in their Mother Baby Units, and 11 hospitals have already adopted or plan to adopt the display in the next year.

SELF-CHECK – Have you:

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

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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Title: Child and Adolescent Health Coordinator
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Name: Amy Spieker
Title: PRAMS Program Coordinator
Organization: Wyoming Department of Health
Phone: 307-777-5769
E-mail: amy.spieker@wyo.gov

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.