



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:

Wyoming Home Visiting and PRAMS

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.

Wyoming Public Health Nursing (PHN) provides home visitation to eligible pregnant women and new mothers through a home-grown program called Best Beginnings (BB). BB utilizes a research based curriculum called Partners for a Healthy Baby developed by Florida State University. Legislation enacted in 2000 mandated home visiting in all counties to serve all women, especially those who are high risk. The Wyoming Department of Health updated the data system tracking this information and is now able to report on demographics of the individuals served through BB. No evaluation of the BB program has been completed.

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

PRAMS questions have been added to the data collection sheets in the BB System. At BB intake women are asked about the stressors they experienced in the last 12 months. The responses from BB enrollees were compared with the responses to the PRAMS survey from 2013. An abstract was submitted to the CSTE Conference in 2016 and a poster was presented on the work.

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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?

MCH Epidemiology completed the analysis and shared the results from BB and PRAMS with the Title V MCH program and the PHN program.

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?

We were able to use newly available on our home visiting population to better understand who the program serves and at what point during their pregnancy or postpartum period they are served. We used PRAMS data to compare the women served through BB home visiting to Wyoming moms overall.

An analysis of BB data around referrals, visits, and maternal characteristics was completed. To further understand the women served through home visiting we compared the stress experience of women in BB to the overall Wyoming population using PRAMS data. The same stress question from PRAMS is asked at intake to the BB program. The results were surprising. Women enrolled in the BB program were significantly more likely to experience zero stressors in the past 12 months compared with all Wyoming women.

This result was presented to the PHN and Title V programs in Wyoming. This presentation added to a growing desire from program staff to evaluate the BB program to ensure that we are delivering it to the people we intend to help and getting improved outcomes.

Since the presentation, a BB evaluation team including representatives from MCH Epi, Title V, and PHN has formed. The team has outlined their evaluation goals, developed a program logic model, determined the evaluation stakeholders, developed measures and data sources, and is in the process of finalizing the data collection pieces.

This evaluation provide information to program staff about the success of their program and identify potential programmatic changes to help the BB program run more efficiently and effectively.

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:

The short term outcome of this analysis was a poster presentation at the 2016 CSTE conference and a presentation of stress among women in BB and PRAMS to PHN and MCH staff.

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.

As a result of the analysis and presentations, MCH, PHN, and MCH Epidemiology determined a need to evaluate the BB program. The evaluation team was assembled in the fall of 2016 and has made significant progress in planning the evaluation. The evaluation will be completed by June of 2017.

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.

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The long term goal of the BB evaluation is to ensure that the programmatic operations and outcomes meet the goals of the program.

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

An evaluation of the BB home visitation in Wyoming using PRAMS data for a comparison group was presented as a CSTE poster and to program staff in Wyoming. The unexpected outcome that women enrolled in the BB program experience less stressors compared with Wyoming women over all, further a discussion of a BB evaluation to action.

A BB evaluation team was created with representatives from MCH, MCH Epi, and PHN. The team has outlined their evaluation goals, developed a program logic model, determined the evaluation stakeholders, developed measures and data sources, and is in the process of finalizing the data collection pieces. A completed evaluation is expected in June 2017.

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: 01/10/2017

12. PRAMS PROGRAM MANAGER: Lorie Wayne Chesnut, DrPH, MPH

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.