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 WIC Program and PRAMS: Collaboration to Improve Service Delivery for Wyoming Moms |

   **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.**

   | Women who are enrolled in WIC may have different health risks and outcomes than women who are not enrolled in WIC. In order to meet the needs of WIC Moms, WIC health professionals need to understand the unique characteristics of this population. The collaboration undertaken by Wyoming’s WIC and PRAMS program benefit not only women throughout Wyoming but also supports the on-going work of PRAMS, improving response rates for both mail and phone. |

   **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**

   | Data from 2012 and 2013 was used to create a comprehensive report that compared WIC Moms to women who were not enrolled in WIC. Included in this report were preconception, breastfeeding, smoking/alcohol use, intimate partner violence, stress during pregnancy, and many more topics. One fact sheet (Wyoming WIC Program Special Report: Maternal Substance Use During Pregnancy) was produced in 2016 with four others targeted for release in 2017. |
4. Partners and Players: Who were the collaborators?

Wyoming WIC partners, both at the state and local level, partnered with Wyoming PRAMS staff. The collaboration began with the special report, highlighting similarities and differences between the WIC and non-WIC population. From this, specific fact sheets were proposed, with WIC staff asking specific data-related questions for PRAMS analysts to address. Though these discussions, ways that WIC could support PRAMS were identified and this was the catalyst for future activities.

5. Data to Action/Success Story Narrative: What happened?

The Wyoming PRAMS program itself was the beneficiary of the next step in this collaboration. Names drawn each month for the PRAMS sample include a large proportion (approximately one third) of women who are also enrolled in Wyoming WIC. With the long-term goal to improve PRAMS response rates, a computer query was created by David Spindler, AAS, MCP, WIC Technical Analyst, to search the WIC database to identify current phone numbers and accurate mailing addresses for women in the PRAMS sample. This is particularly important given the frontier designation of Wyoming, where many small communities deliver mail only to a post office box, not to the street address. Wyoming PRAMS had access to address and phone information from birth certificates but this document often lacked needed rural post office box information. The WIC query provided PRAMS with better contact information, improving response rates for both mail and phone.

After the basic query had been written, Sarah Mauch, Performance Analyst for the Bureau of Planning Services at the Iowa Department of Public Health, contacted Wyoming to learn more about how the Wyoming PRAMS program worked with Wyoming WIC. Through a series of discussions, her questions helped Wyoming WIC professionals to refine their query and the resulting program was shared with the Iowa WIC team.

As reported by Ms. Mauch, “Similar to Wyoming PRAMS, Iowa PRAMS uses client information from WIC to update contact information for mothers selected in the PRAMS sample. Iowa WIC recently switched to the same data management system used in Wyoming. Wyoming generously shared script for creating a matched list of women in both WIC and PRAMS for Iowa PRAMS. This list allows Iowa PRAMS to identify new addresses and phone numbers throughout the activity schedule.”

5/19/2012
Noted WHEN it took place?


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

Short-term outcomes include more accurate contact data for women selected for Wyoming’s PRAMS program. This includes improved mailing address information and additional phone numbers for this population. Improved response rates will result in improved case ascertainment and improved data quality.

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.

Intermediate Outcomes expected include a more representative sample for Wyoming’s PRAMS program. This, in turn, leads to improved information about the WIC population in Wyoming, which will be passed on to WIC professionals practicing at both the state and local level.

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.

Last Updated 4/19/2011
Further, the collaboration between the Wyoming PRAMS and WIC programs result in improved service delivery for WIC Moms.

As noted by Lisa Caldwell, MD, RD, LD, IBCLC, WIC Breastfeeding Coordinator/State Supervisor, “PRAMS provides data to understand differences in behaviors between WIC clients and non-WIC clients in order to address health disparities that are specific to clients participating in WIC, such as smoking rates and barriers to quitting smoking. Recently, PRAMS data has helped us to better understand behaviors that are linked with breastfeeding initiation and duration and top reasons for stopping breastfeeding; this data lends support to our current counseling and ongoing support provided in clinic.”

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

Beginning with a report comparing the characteristics of the Wyoming WIC population to those not enrolled in WIC, a collaboration was created that benefits not only the Wyoming WIC program but the Wyoming PRAMS program as well. In fall 2016, WIC partners created a special data query program that will improve PRAMS data quality and completeness. The result has been increased response rates through both mail and phone, providing better and more complete information about the health behaviors of women who complete the PRAMS survey. The ultimate goal result will be improved service delivery for women. This resource will also be shared with other states.

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
- [x] Quote from Partner/Participant
- [x] 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
- [x] 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.

_Last Updated 4/19/20115_