



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 Title V Needs Assessment – Safe Sleep 2020

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

Beginning in November 2018, the Wyoming Maternal and Child Health (MCH) Unit, along with the Needs Assessment Steering Committee began conducting the 2021-2025 Title V Needs Assessment to choose MCH priorities to focus efforts on over the next five years. The Women and Infant Health (WIH) Program, within the MCH Unit, specifically relied heavily on PRAMS data to help determine its priorities.

The WIH Program was exploring choosing infant safe sleep as a priority as the Wyoming PRAMS data indicate that, while the majority of infants in 2018 (85.7%) were put to sleep on their backs, the majority were also often put to sleep in an unsafe sleep environment. In 2018, only 29.6% of women reported their infant was placed to sleep on a separate approved sleep surface (always or often sleeps alone, usually in a crib, bassinet, or pack and play, and not usually in a standard bed, couch, sofa, armchair, car seat, or swing) and only 32.6% reported their infant was placed to sleep without soft objects or loose bedding (not usually sleep with blankets, toys, cushions, pillows, or crib bumper pads). This information helped drive the decision for the WIH program to choose safe sleep as a priority.

To further explore potential strategies the program could implement to work on safe sleep in Wyoming, further analysis of PRAMS data took place. 2016-2018 PRAMS data also highlighted disparities around infant safe sleep, and indicated that differences exist for women reporting their infants are put to sleep in a safe sleep environment based on income status, and Medicaid, as well as Women, Infants, and Children Program (WIC) enrolment. In addition, no difference was observed between women of different income levels and reporting their providers discussed with them/counseled them on the components of a safe sleep environment. These results indicate that disparities around barriers to providing a safe sleep environment potentially exist between women of different socioeconomic statuses, and that these disparities could also be better addressed (PRAMS, 2016-2018).

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

PRAMS data from 2016-2018 were used to describe the current sleep environments Wyoming infants are put to sleep in, as well as provide a baseline of safe sleep environments and describe the observed disparities between different groups of women.

4. PARTNERS AND PLAYERS: WHO WERE THE COLLABORATORS?

Primary collaborators were Wyoming MCH Epidemiologists and the Women and Infant Health Program Manager. Input from the Wyoming Maternal and Child Health unit and other program stakeholders was taken into account when developing strategies, using a data driven approach.

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

Results: Using Wyoming PRAMS data (2016-2018), it was seen that 76.8% of women reported their infants always or often slept alone in their crib or bed. This differed by income level with women reporting incomes $>300\%$ FPL also reporting that their infant slept alone always or often (86.7%) significantly more than women reporting incomes 0-100% FPL (70.7%) and 101-200% FPL (73.4%) (PRAMS, 2016-2018).

Women reporting incomes $\geq 301\%$ FPL reported their baby slept in a crib, bassinet, or Pack & Play significantly more (94.1%) than women reporting incomes of 0-100% FPL or 101-200% FPL (80.9% and 85.1%). Women reporting higher incomes were also reporting significantly less that their baby slept with a blanket (53.7%) compared to women reporting incomes 0-100% FPL (74.7%) or with toys, a cushion, or a pillow (5.5%) compared to women reporting incomes 101-200% FPL (13.2%).

The above observed disparities did not reflect what the data depicted in regards to provider counseling on safe sleep environments. There was no difference seen in provider counseling on safe sleep environments observed by income level (PRAMS, 2016-2018).

After the Women and Infant Health program had chosen safe sleep as a priority of focus for the next 5 years based on the result of initial PRAMS data, a more in-depth look into PRAMS data around safe sleep helped the program to determine to focus its efforts around safe sleep on the disparities observed in sleep environments, specifically in regards to women of different income levels and socioeconomic statuses. PRAMS data showed that there are barriers faced in Wyoming for certain groups of women which does not include access to education and counseling by providers. The Women and Infant Health program now plans to focus efforts on better understanding these barriers and exploring further ways to assist in addressing the barriers.

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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 decision was made to move forward with Safe sleep as a selected priority for the 2021-2025 Title V Needs Assessment, with a focus on disparities and barriers to providing a safe sleep environment for infants.

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.

The Woman and Infant Health Programs will explore expanding their partnership with Wyoming Public Health Nursing (PHN) Program in order to address potential barriers experienced by the women PHN serve in being able to provide safe sleep environments for infants. The WIH program is also planning on exploring different strategies that could be implemented over the next 5 years to also address barriers in providing safe sleep environments for infants in Wyoming, with a focus on the disparities seen by income level.

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.

A more in-depth analysis of PRAMS data around safe sleep was conducted and plans were made for a more robust surveillance of this data over the next 5 years, along with additional analyses. MCH Epidemiology and the Woman and Infant Health Programs will continue to monitor PRAMS data around safe sleep practices to evaluate the strategies implemented and determine if the desired decrease in the percent of women reporting their infants are placed to sleep in unsafe environments is observed. MCH Epidemiology and the WIP program also plans to use the results of the data analysis to continue to explore ways to work with partners to expand providing education on safe sleep to women to also include discussing barriers and developing further ways to help women overcome these barriers in being able to provide a safe sleep environment for their infants.



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

The Wyoming MCH Unit's Women and Infant Health Program utilized PRAMS data as part of the 2021-2025 Title V Needs Assessment in order to make more data driven decisions in choosing its priorities and areas of focus over the next 5 years. An initial look at the data around sleep environments, including infants being reported as being put to sleep on a separate approved surface and without soft objects or loose bedding assisted the program in choosing safe sleep as a priority area. Just over a quarter (29.6%) of women in 2018 reported their infant was placed to sleep on a separate approved sleep surface and 32.6% reported their infant was placed to sleep without soft objects or lose bedding (PRAMS, 2018).

A more in-depth analysis helped the program decide to focus its efforts in tackling this priority on disparities observed to be experienced by women of differing income levels. Women reporting incomes >300% FPL also reported that their infant slept alone 'always' or 'often' (86.7%) significantly more than women reporting incomes 0-100% FPL (70.7%) and 101-200% FPL (73.4%). In addition, women reporting higher incomes ($\geq 301\%$ FPL) also reported their baby slept in a crib, bassinet, or Pack & Play significantly more (94.1%) than women reporting incomes of 0-100% FPL or 101-200% FPL (80.9% and 85.1%). These women also reported significantly less that their baby slept with a blanket (53.7%) or with toys, a cushion, or a pillow (5.5%) compared to 74.7% and 13.2%, respectively, of women reporting incomes 101-200% FPL (PRAMS, 2016-2018).

No difference was observed however, between women of different income levels and the proportion of them reporting their provider discussed/provided education on a safe sleep environment with them. PRAMS data showed that there are barriers faced in Wyoming for certain groups of women, which do not include access to education and counseling from providers around safe sleep. The Women and Infant Health program now plans to focus efforts on better understanding these barriers and exploring further ways to assist in removing them.

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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: 10/28/2020

12. PRAMS PROGRAM MANAGER: Martha Kapaya

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.