

# Two Pieces of The Puzzle:



## A Collaboration Between The Pregnancy Risk Assessment Monitoring System (PRAMS) and The Federal Healthy Start Initiative

Infant mortality and low birth weight continue to be issues of concern for the maternal and child health community. Disparities in infant mortality and low birth weight rates are still persistent among racial and ethnic subgroups. For years, programs have been developed to monitor and address maternal behaviors that may contribute to adverse birth outcomes. Two of these programs are PRAMS and Healthy Start. Given today's economic and budget constraints, collaborative efforts of these programs and others are imperative to adequately identify, assess, and address maternal behaviors and conditions that prevent women from having a healthy pregnancy.



### What is PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS) is part of the U.S. Centers for Disease Control and Prevention (CDC) initiative to reduce infant mortality and low birth weight. PRAMS, developed in 1987, is an ongoing, state-specific, population-based surveillance system designed to identify and monitor selected maternal behaviors and experiences before, during, and after pregnancy. PRAMS state-specific data can be used to:

- plan and assess perinatal health programs, and
- influence maternal and child health programs and policies, for example, by identifying prevalence of risk behaviors or populations at greater risk, which in turn helps programs determine their focus.

PRAMS uses standardized data collection methods allowing data to be compared among states. The questionnaire consists of a core component used by all participating states and a state-specific component developed to address each state's particular data needs. Core component topics include the following:

- Cigarette smoking and alcohol use
- Interconceptional care
- Depression
- Barriers to care
- Medicaid and WIC participation
- Folic acid awareness
- Pregnancy intention
- Breast-feeding
- Prenatal care
- HIV counseling
- Infant health and care
- Infant sleep position
- Physical abuse
- Insurance coverage



## What is Healthy Start?

Healthy Start is a national initiative developed in 1991 by the Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB). Project sites were funded in rural and urban communities with infant mortality rates that were 1.5-2.5 times the national average. They were created as community-based maternal and child health programs aimed at reducing infant mortality in high-risk communities and addressing significant disparities in perinatal health.

The goals of federal Healthy Start projects are to improve the quality of the local perinatal system of care, to enhance the cultural competence of providers who work within the system, and to increase consumer or community voice in health care decisions. Healthy Start projects provide comprehensive services to achieve the overall goal of the program – reduction of infant mortality:

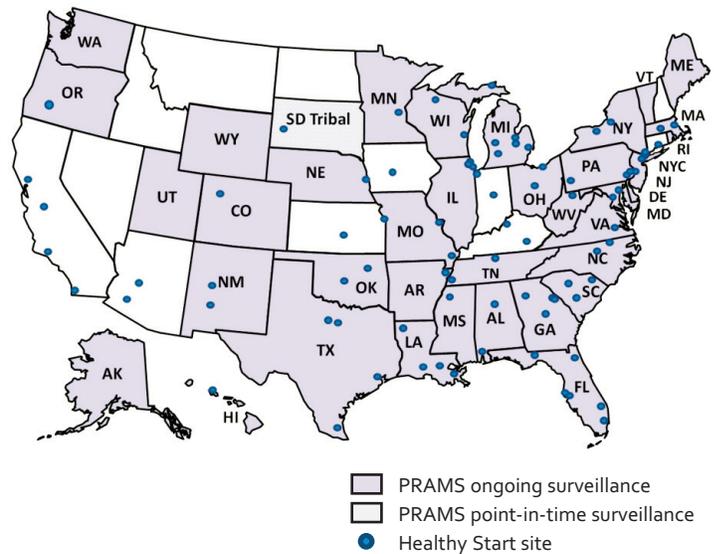
- Case Management/Care Coordination
- Direct Outreach
- Screening and referral for depression
- Interconceptional Care
- Health Education
- Family Resource Center
- Enhanced Clinical Services
- Risk Prevention and Reduction
- Adolescent Programs
- Facilitating Services
- Community Consortium

The federal Healthy Start programs were established to address significant disparities in perinatal health experienced by Hispanics, American Indians, African Americans, Asian Americans and immigrant populations. The activities of the federal Healthy Start program are designed to improve birth and pregnancy outcomes within these populations while working with providers and community stakeholders to address the risk factors associated with poor perinatal health outcomes.



## Why Work Together?

PRAMS and Healthy Start share the common mission of reducing infant mortality and low birth weight. Healthy Start is a proven evidence-based model that is having a positive impact on maternal behaviors in communities.<sup>1</sup> PRAMS can provide the data to evaluate these programs. Because the Healthy Start projects provide direct services to the population surveyed by PRAMS, this contact can improve the visibility of PRAMS to



potential respondents and provide guidance on how to improve PRAMS operations (e.g., response rates) and direct PRAMS priorities, such as research agendas. Healthy Start success stories can also provide a voice and provide examples of the utility of PRAMS data. This collaboration can promote the quality and usefulness of PRAMS and Healthy Start for addressing and influencing maternal and child health programs and policies. By working together at the national and state level, programs can help each other better achieve measurable results that address infant mortality and low birth weight.

### PRAMS AND HEALTHY START SITES, 2010

PRAMS is conducted in 37 states, New York City, and a South Dakota Tribal Project. There are 104 Healthy Start projects in 38 states, DC, and Puerto Rico.

## How are we already working together?

PRAMS states and Healthy Start sites are already collaborating in several areas. These areas include Healthy Start representation on PRAMS Steering Committees to inform project guidance and data sharing to inform needs assessments, initiatives, and campaigns. Below are other examples in which PRAMS and Healthy Start work together to establish the common goal of improving the health of mothers and babies.

<sup>1</sup><http://mchb.hrsa.gov/healthystart/phase1report/intermediateOutcomes.htm>



## OBTAINING COMMUNITY LEVEL DATA

### *Georgia PRAMS and Enterprise Community Healthy Start*

Georgia's Enterprise Community Healthy Start (ECHS) and Georgia PRAMS are sharing their data in efforts to improve ECHS's ability to deliver core services and to improve knowledge about health service utilization and health outcomes of the population served by ECHS. Georgia PRAMS is oversampling the two rural counties served by ECHS, and ECHS promotes Georgia PRAMS in its communities and encourages its clients to participate in the PRAMS survey. Pending institutional review board approvals, ECHS client data will be linked with PRAMS survey data for those ECHS clients that responded to the survey. This will allow inferences and comparisons to be made about maternal behaviors and outcomes of women served by ECHS and other Georgia women with similar profiles.

Specifically, the linked data can be used by ECHS to:

- strengthen health education approaches where clients show the greatest lack of understanding of a specific topic,
- identify client sub-groups, such as teens, who need additional services,
- target staff education to improve their effectiveness, and
- pinpoint opportunities for improvement in interconceptional care.

PRAMS will be able to evaluate a number of topics, which include:

- how perinatal programs impact influenza vaccination among pregnant women, and
- how ECHS impacts breastfeeding initiation and duration.



## EVALUATING A PROGRAM

### *New York City PRAMS and Healthy Start Brooklyn Program*

Healthy Start Brooklyn (HSB) and New York City PRAMS are collaborating to identify methodologies for assessing family planning practices during the interconceptional period to support HSB participation in the Healthy Start's Interconception Care Learning Community (ICC-LC). ICC-LC is a partnership supported by MCHB's Division of Healthy Start and Perinatal Services and its members include Healthy Start grantees and an expert work group, composed of leaders in women's health, primary care, and public health. The community works to advance the quality and effectiveness of interconception care in Healthy Start project areas by focusing on improving the health of high-risk woman through the implementation of evidence-based practices and innovative community-driven interventions.

While investigating validated family planning data instruments, it became immediately apparent to HSB that PRAMS family planning questions would be the best option for the program for a variety of reasons:

- PRAMS has a nationally recognized and validated data collection instrument,
- New York City PRAMS collects data on women residing in the five boroughs,
- the program can compare its population to other groups around the country, and
- the survey question can be self-administered and easily integrated into the HSB's other data collection instruments.

In addition to the family planning questions, HSB decided to use the PRAMS breastfeeding questions as well. HSB plans to use the data to tailor family planning health education messages and to design additional program components to address identified needs.

## INCREASING RESPONSE RATES

### *South Dakota Tribal PRAMS and Northern Plains Healthy Start*

South Dakota Tribal (SDT) PRAMS was awarded to Yankton Sioux Tribe and was the first tribal-led and tribal-focused PRAMS project in the country. SDT PRAMS implemented alternative methods of contacting hard to reach American Indian women and mothers of American Indian infants on reservations and in remote rural locations by initiating a partnership with the Northern Plains Healthy Start Program. Both SDT PRAMS and the Northern Plains Healthy Start Program are based in the Great Plains Tribal Chairmen's Health Board (formerly Aberdeen Area Tribal Chairmen's Health Board).

The SDT PRAMS project provided funding to the Northern Plains Healthy Start Program so that tribal field staff could allot

time to delivering or picking up PRAMS surveys to Healthy Start participants in the communities served by the tribal field staff. This included the development of a specific protocol with scripts for the tribal field to follow, and an 8-hour training regarding procedures for the hand delivery of surveys and protection of human subjects. The tribal field staff also provided updated contact information to the PRAMS project.

The partnership was very successful in terms of reaching women, enabling SDT PRAMS to achieve a 73% response rate. It built on the strength of the Northern Plains Healthy Start's established presence in the community and potential respondents received the survey from trusted and familiar community members.



## ADDITIONAL EXAMPLES

### Michigan

- Strong Beginnings Healthy Start in Grand Rapids, Michigan uses PRAMS data for grant applications, advocacy efforts (including a successful Medicaid Family Planning Waiver to help reduce unintended pregnancy), and to inform policies and program development and implementation.
- Strong Beginnings encourages their clients to return PRAMS surveys in order to help Michigan PRAM's response rates.

### North Carolina

- The North Carolina Healthy Start Foundation has incorporated PRAMS data on infant sleep position into a statewide public education and awareness campaign to reduce the risk of Sudden Infant Death Syndrome through its "Back to Sleep" campaign.
- NC PRAMS received \$5,000 from the Healthy Start for daily operations.

### New Mexico

- The La Clinica de Familia Healthy Start Program Director is a member of the New Mexico PRAMS Steering Committee and has provided input on the PRAMS survey development.
- The Director analyzed PRAMS maternal depression data and will be presenting to providers about the screening, data, and follow up for women in La Clinica de Familia Healthy Start.

### Oklahoma

- The Central Oklahoma Healthy Start is a member of the Oklahoma PRAMS Steering Committee and is very active in PRAMS activities including: survey revisions, data dissemination, and developing fact sheets (recent topics included stressors and social support among African American maternal population and Native American perinatal health disparities).
- The Tulsa Healthy Start has also used PRAMS data for publications, grants, and advocacy.

## How can you begin to collaborate?

Information on PRAMS and Healthy Start can be found at the following websites:

- PRAMS: <http://www.cdc.gov/prams>
- National Healthy Start Association: <http://www.healthystartassoc.org/>
- HRSA MCHB: <http://mchb.hrsa.gov/programs/default.htm>



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#### PRAMS Projects:

- Georgia PRAMS
- PRAMS New York City
- South Dakota Tribal PRAMS
- Michigan PRAMS
- New Mexico PRAMS
- Oklahoma PRAMS
- North Carolina PRAMS

#### Healthy Start Projects:

- Enterprise Community Healthy Start
- Healthy Start Brooklyn
- Northern Plains Healthy Start
- Strong Beginnings Healthy Start
- La Clinica de Familia Healthy Start
- Central Oklahoma Healthy Start
- Tulsa Healthy Start
- North Carolina Healthy Start Foundation

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