

PRAMS Data to Action/Success Stories Template – Example*

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.

** This example is based on a true story from New Mexico PRAMS*

1. DATA TO ACTION/SUCCESS STORY TITLE:

Example: Legislation Enacted in New Kansas (NK) to Support Breastfeeding Women at Work

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.

Example: Breastfeeding has important health benefits for both the infant and the mother. Breastfed infants have fewer upper respiratory and gastrointestinal illnesses. Women who breastfeed have reduced risks of some cancers. An analysis of NK PRAMS data found that employed mothers are 30% less likely than non-working mothers to start breastfeeding or to continue nursing their infants. And among working mothers, those employed by companies/employers with open or flexible breastfeeding policies were 25% more likely to breastfeed at least nine weeks, compared to those who were not allowed ample break time or said it was hard to breastfeed or pump at work. One working mother commented, "It was so hard to try to pump in the bathroom stall on my 15 minute break. It was uncomfortable, and I was constantly worrying about germs."

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.)?

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

Example:

Topic: Breastfeeding initiation and continuation by employment status and by workplace policy

Data Years: New Kansas PRAMS data 2003-2004

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?

Example:

*New Kansas PRAMS Staff, New Kansas Department of Health WIC breastfeeding program staff
State task force breastfeeding advocates, and Researchers at the University of New Kansas*

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?

Example: At the suggestion of members of the New Kansas PRAMS steering committee (members from the State Task Force on Breastfeeding), New Kansas PRAMS staff conducted an analysis of PRAMS breastfeeding data by work status. Their findings indicated that employed mothers are less likely than non-working mothers to start breastfeeding or to continue nursing their infants. And among working mothers, those employed by companies/employers with open or flexible breastfeeding policies were more likely to breastfeed at least nine weeks, compared to those who were not allowed ample break time or said it was hard to breastfeed or pump at work. These findings were published in an online fact sheet and distributed to Steering Committee Members. Individuals from the State Task Force contacted colleagues at the University of New Kansas and together worked out a strategy to contact the legislature. These groups were able to identify a representative interested in supporting a bill. As a result, Janet Gonzalez - D introduced a bill requiring flexible break times and a physical private location (not a bathroom) for breastfeeding and/or pumping. The bill was passed and a law was signed into effect in March 2007. When the Phase 6 PRAMS survey was developed, NK PRAMS staff received input from the members of their Steering Committee that had championed the issue. They recommended the development and inclusion of a state-specific question on the PRAMS survey that asks about the items addressed in the new law. This question was developed and implemented, and the NK Phase 6 survey is collecting data that can be used to measure and evaluate the impact of the new legislation.

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:

Example:

New Kansas PRAMS staff analyst Betsy Williams conducted an analysis of the 2003-2004 NK PRAMS data in March of 2006. A short report entitled “Barriers to Breastfeeding in the Work Place in New Kansas” was published in May 2006 (web-link: www.NKdoh.pramsfactsheet). The purpose of the report was to draw attention to disparities in breastfeeding rates between working and non-working mothers in NK.

New Kansas PRAMS Coordinator shared hard copies of the report with the NK Steering Committee at the annual PRAMS steering committee meeting in July of 2006. Representatives from the NK WIC program, state breastfeeding coalition, tobacco cessation team, local hospital medical director, and other department of health programs including HIV, family planning, injury and immunization were also in attendance and received copies of the report. In addition, the report was distributed to the NK PRAMS mailing list that included MCH partners across the state.

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.

Example: A House Bill 312 (HB312) that would require NK employers to allow breastfeeding and flexible break times for nursing or pumping milk was introduced (Janet Gonzalez- D) for the 2007 legislative session. The bill was intended to institute policies that support working women who want to continue breastfeeding after returning to work. The bill passed in March of 2007.

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)?

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- 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.

Example: The Phase 6 PRAMS survey includes a state-specific question that asks specifically about the items addressed in the new law to help track improvements in work policies related to breastfeeding, and potentially to observe increases in the percentage of working mothers that are able to continue breastfeeding.

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

Example: In New Kansas, an analysis of 2003-2004 PRAMS data indicated that employed mothers are less likely than non-working mothers to start breastfeeding or to continue nursing their infants. These data were published in a report and shared by the PRAMS staff with the NKDOH WIC breastfeeding program staff and state task force breastfeeding advocates, including researchers at the University of New Kansas at the annual PRAMS Steering Committee Meeting in July 2006. State Task Force Breastfeeding advocates brought the issue to representatives from the state legislature. A bill that would require NK employers to allow breastfeeding and flexible break times for nursing or pumping milk was introduced (Janet Gonzalez- D) for the 2007 legislative session. The bill was passed in March of 2007. In 2009, NK PRAMS added questions to their PRAMS survey that could be used to evaluate the impact of the bill for working women in New Kansas.

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:

Name:
Title:
Organization:
Phone:
E-mail:

11. DATE SUBMITTED:

12. PRAMS PROGRAM MANAGER:

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.