



Pregnancy Risk Assessment Monitoring System (PRAMS) Survey & Behavioral Risk Factor Surveillance System (BRFSS) Survey

Strengthening Public Health Infrastructure for
Improved Health Outcomes
Centers for Disease Control and Prevention

Background

The coordinators for the BRFSS and PRAMS surveys will use Lenovo Idea Tab Lynx to increase public awareness of the importance of their respective surveys, train stakeholders to use query systems developed for the surveys to access data that can be used for newsletters, grants, presentations, and general information about the health of the Arkansas population. The increased awareness also has the potential to help increase survey response rates.

Both these surveys were developed by The Centers for Disease and Control and Prevention (CDC). The BRFSS survey allows individual states to collect data on personal behaviors (such as smoking, drinking, not getting exercise, being overweight, not getting preventive medical care, and not using seatbelts) that are linked to the leading causes of death (heart disease, cancer, stroke, diabetes, injury) and other important health issues. Arkansas has been conducting this survey continuously since 1993.

The PRAMS is an ongoing, state-and population-based survey designed to collect information on self-reported maternal behaviors and experiences that occur before, during, and shortly after pregnancy that can affect the health of infants. Its primary purpose is to reduce infant mortality and morbidity.

- **PLAN**

Step One: Getting Started

Identify area, problem or opportunity for improvement?

The issue to improve is the lack of awareness of the surveys and the valuable resources (e.g., data query tools) available to users. The outreach effort can increase the awareness and use of data needed by internal and external stakeholders in planning programs to improve the health of Arkansans.

Estimate and commit needed resources?

\$10,115

| | | |
|--|-------|---------------|
| Equipment | | 3,725 |
| Lenovo Idea Tab Lynx (\$650*4) | 2600 | |
| Lenovo Idea Tab Lynx Keyboard Deck (\$199*4) | 796 | |
| Micr HDMI to VGA Converter (\$44.62*2) | 89 | |
| SOLO 15.6" Classic Rolling Case (\$59.99*2) | 120 | |
| Lenovo Speakers (29.99*4) | 120 | |
| Supplies | | |
| Brochures | 800 | |
| Copying | 200 | |
| Promotional items | 2,000 | |
| AT&T Beam (\$94.99*2) | 190 | |
| AT&T Data Connection (\$50*2) | 1,200 | |
| Other | | 2,000 |
| Advertisement (1*2 media outlets) | 950 | |
| Registration Fee (\$125*2) | 250 | |
| Booth Reservation (\$200*4) | 800 | |
| Total Direct Costs | | 10,115 |
| Total Indirect Costs (14.45%) | | 0 |
| Total Costs | | 10,115 |

Obtain approval (if needed)?

Approval was obtained from Survey Section Chief, Health Statistics Branch Chief, Public Health Practice Director and Chief Financial Officer.

Step Two: Assemble Team

Identify & assemble team members?

Project Team:

Team members were selected by the PI project leader. To emphasize the need for quality improvement teams within the health department, an initial meeting was arranged to discuss implementing quality improvement projects. The team discussed team building strategies, defined roles and responsibilities, establishing a sense of trust, and acknowledges agency growth and change. The team members were:

- Health Program Specialist

Sabra M. Miller's role as the state BRFSS Coordinator has gained the expertise needed to develop informational sessions. With years of project management experience her leadership skills will guide the PI Project Team.

- Health Program Specialist Supervisor

Ruby D. Brown manages the PRAMS office and facilitates an active steering committee composed of community members.

- Project Improvement Manger

Letitia de Graft-Johnson directs the agency's Office of Performance Improvement and serves as a quality improvement resource. Letitia serves as the mentor for this project.

- Survey Section Chief

The Health Statistics Survey Section Chief is needed to guide the survey staff and help navigate through the health department system.

- Performance Improvement Team Members

Tsai Mei Lin, Eric Tedford, Latonya Bynum, Charlotte Caldwell, Dr. Michelle R. Smith, Rupa Sharma, John Morgan, Warren Bankson (IT division), and Dr. Jennifer Dillaha monitor, manage and evaluate ADH quality improvement projects implemented by the PI Team.

Discuss problem or opportunity for improvement? Identify team member roles and responsibilities?

Purpose Statement:

Our purpose is to reduce the number of complaints from the State of Arkansas residents who participate in the Behavioral Risk Factor Surveillance System Survey (BRFSS) and Pregnancy Risk Monitoring Survey (PRAMS). While increasing awareness of communities and Arkansas Department of Health Staff, to ensure accurate information is being communicated.

Mission Statement:

The mission is to improve the promotion of public health surveillance and practices through data collection on health behaviors relevant to the leading causes of death, but has expanded to include other topics including infant mortality, healthcare access, use of preventive health services and emerging health issues.

Scope of Operation:

The performance improvement team provides feedback from employees from both program areas as well as the Center Director and develops tactical steps to address the needs of both programs.

Team Objectives:

PI Project will result in:

- Increased response rate,
- Increased employee satisfaction, and
- Improve employee and community knowledge

Establish initial timeline for improvement activity

Timeline for Advanced Quality Improvement Project
December 2013- November 2014

| Activities | 12/13 | 1/14 | 2/14 | 3/14 | 4/14 | 5/14 | 6/14 | 7/14 | 8/14 | 9/14 | 10/14 | 11/14 |
|---|-------|------|------|------|------|------|------|------|------|------|-------|-------|
| Preparation of educational materials- Brochures | | | | | | | | | | | | |
| Preparation of educational materials- Training PowerPoint | | | | | | | | | | | | |
| Attend planning session with LHU | | | | | | | | | | | | |
| Attend HHI Coalition meetings | | | | | | | | | | | | |
| Present educational material at LHU & community organizations | | | | | | | | | | | | |
| Monitor responses by establishing baseline | | | | | | | | | | | | |
| Assess monthly complaints | | | | | | | | | | | | |
| Assess response rate report | | | | | | | | | | | | |
| OPIM Final Report | | | | | | | | | | | | |

Develop Aim Statement (What are we trying to accomplish? How will we know that a change is an improvement? What change can we make that will result in improvement?)

To reduce the complaint rate by 10 percentage points from the current average of 20 complaints per calendar year by November 2014. The average complaint rate was computed using historical data collected during the 2012 calendar year. The project strives to increase awareness of community members and ADH staff; 90% of the complaints received were made ADH employees. Due to the lack of employee knowledge, information regarding the validity of the surveys is misreported. As the Performance Improvement Team implemented the PDSA cycle, progress has been made with no complaints recorded to-date.

Step Three: Examine Current Approach

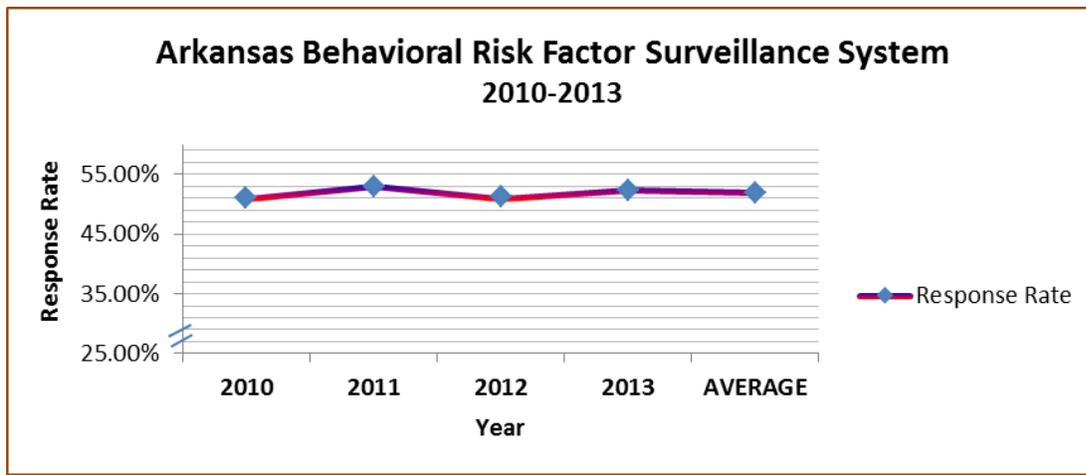
Examine current approach or process flow?

Any approach or process flow was non-existent in the BRFS & PRAMS program to increase awareness. The issue was identified while discussing potential process improvement projects within the health statistics department.

What performance improvement tools did you use? Process Map?

During the course of the grant activities, several performance improvement tools were implemented. (Please refer to Appendix A)

Obtain existing baseline data or create and execute data collection plan to understand the current approach? Analyze and display baseline data?



- Average 51.85 % response rate over the last four years, meets the CDC standard of a 40% rate for landline phones. The data is collected by ICF Macro International in Martinsville, Virginia.

| Pregnancy Risk Assessment Monitoring Survey | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 2013 Batch Completion | | | | | | | | | |
| AR 2013 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 |
| MAIL | 58 | 51 | 54 | 54 | 48 | 41 | 40 | 44 | 49 |
| PHONE | 6 | 9 | 9 | 5 | 15 | 12 | 11 | 13 | 10 |
| Overall | 64 | 60 | 63 | 59 | 63 | 53 | 51 | 57 | 59 |

- The table displays the total number of completed mail and phone survey per batch during 2013 calendar year (Jan-Dec).
- The 2013 response rate is unavailable due to limited staff to perform data entry operations.
- The most recent response rate available to ADH Prams is 55% recorded for 2011, CDC target goal for each program is 65% overall during a calendar year.

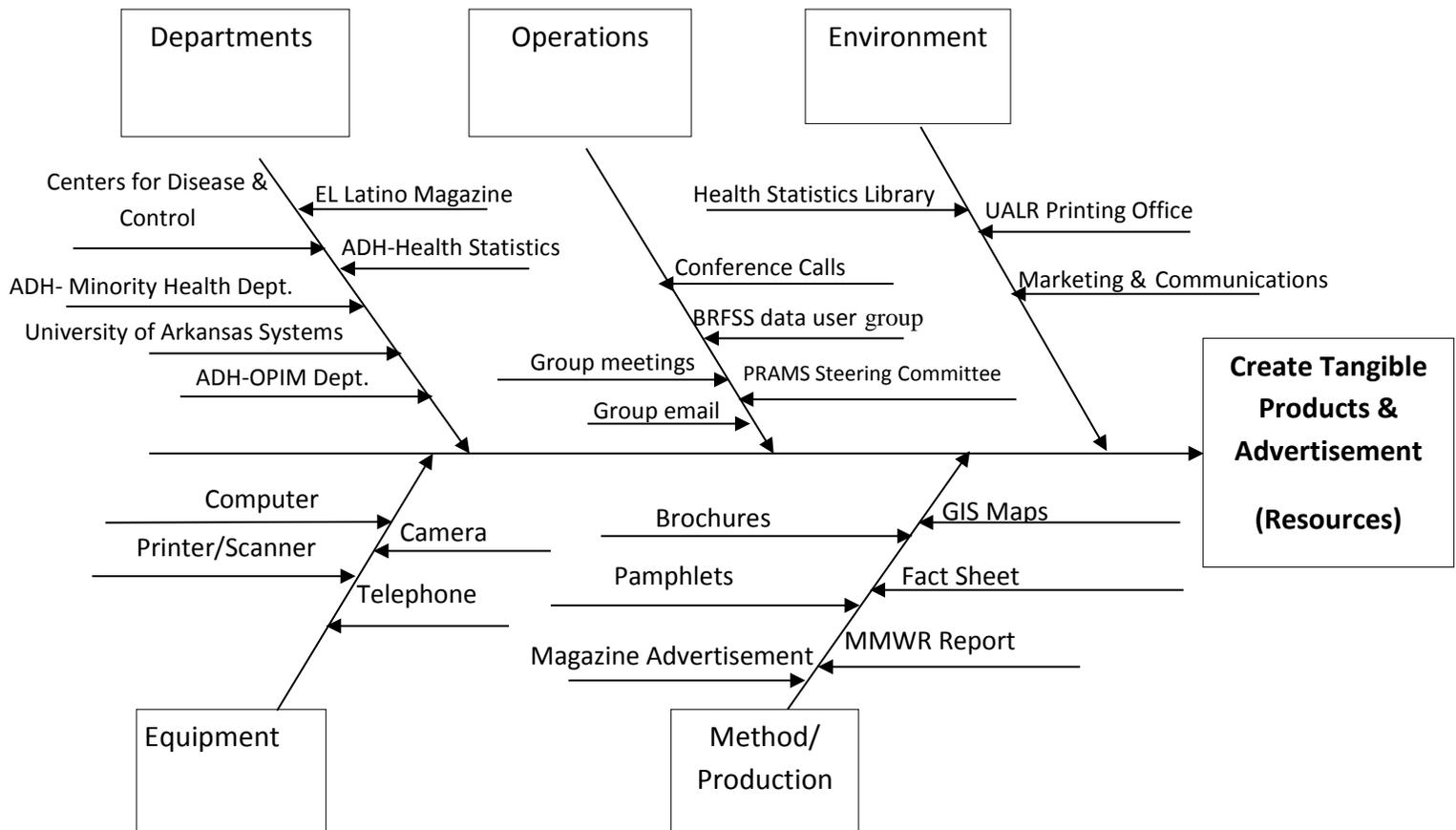
Determine root cause or causes of the problem? How did you determine root cause or causes? Fishbone Chart? How did you agree on root cause?

The root cause or causes of the problem was determined by conducting a brainstorming activity, developing an agenda and face-to-face meetings to explain the importance of quality improvement task.

Additional information provided to team members included: performance improvement methods, background information on affinity diagrams, an overview of the process, agendas and why they were chosen to participate.

Using the affinity diagram, determined the most important issue identified is the lack of awareness of the BRFSS and PRAMS survey due to resources not being available to community, organizations and internal programs. (Refer to Appendix B for Brainstorming Activity)

BRFSS/PRAMS Performance Improvement Project Cause and Effect Diagram
Project: To improve the lack of awareness of the surveys and resources



Revise Aim Statement based on baseline data (if needed)?

Based on the baseline data the aim statement continues to fulfill the PI project purpose.

Step Four: Identify Potential Solutions

Identify all potential solutions to the problem based on the root cause or causes? How did you identify potential solutions? Pick best solution? Review model or best practices to identify potential improvements?

The root cause for lack of public awareness of the surveys is the absence of a plan for a more assertive approach to promote awareness. Both programs have been involved in providing presentations to interested agencies/persons regarding their respective surveys. However, a different approach is needed to educate and train a larger audience.

The root cause of the issue of poor health status is related to a number of factors such as the social, economic, environmental, political, and individual characteristics. For example, poverty is a strong determinant of health, and Arkansas has historically always had a high poverty rate compared to the U.S overall.

Step 5: Develop an Improvement Theory

Develop a theory for improvement?

If the BRFSS and PRAMS programs implement a public awareness campaign to Arkansas residents using tangible products, advertisement, and outreach the activities could possibly increase the survey response rate.

Develop a strategy to test the theory?

The staff will use Lenovo Idea ThinkPad's to train stakeholders to use query systems developed for the surveys to access data that can be used for newsletters, grants, presentations, and general information about the health of the Arkansas population.

- **DO**

Step 6: Test the Theory

Carry out the test?

The staff implemented activity milestones to execute performance improvement project to increase public awareness in the target area (Refer to Appendix C). An evaluation tool was developed to assess the knowledge of participants using a pre/posttest during educational sessions (Refer to Appendix E). Collect, chart, & display to determine effectiveness of the test?

Document problems, unexpected observations, and unintended side effects?

- **STUDY**

Step Seven: Study the Results

Determine if your test was successful?

Informational Session & Assessment

During the Southwest Little Rock Coalition meeting, assessment of the participants scored an average of 59% on the BRFSS/PRAMS pretest. A significant difference was recognized in the post test results with a score of 85%. The presentation included a PowerPoint and interactive session on how to retrieve data, and navigate the BRFSS/PRAMS website and query system. The PRAMS Coordinator was unable to attend the first session due other work obligations.

The UAMS-College of Public Health Surveillance class averaged 76% on pretest results and 91% on posttest. The Performance Improvement Team includes members of the survey team, vital statistics and administration, the pretest average was 85% and posttest results averaged 95%. This assessment served as dual functioning cross training and team building technique.



Picture One. Participants in observational group completed BRFSS/PRAMS Pretest then began exploring BRFSS website on tablets.

Picture Two. The Southwest Community Coalition observational group participated in the post-test after the BRFSS Coordinator conducted interactive educational session.

Did you have unintended side effects? Is there an improvement? Compare results against the baseline data and the measures of success stated in the Aim Statement? Did the results match the theory/predictions? Do you need to test the improvement under other conditions?

| Challenges/Lessons Learned | | |
|--|--|---|
| Objective | Outcome | Resolution |
| Lenovo Tablets used in educational session | Budget analyst required additional quote and approval from procurement and contracts | Require meeting with all essential personnel during program planning meeting. |

| | | |
|--|---|---|
| Performance Improvement Team implement knowledge of project by meeting monthly | Meetings have been postponed due to inclement weather | A schedule should have been set from October 2013-May 2014 for all meetings, taking in account of bad weather for conference calls. |
| BRFSS & PRAMS Coordinator current job duties responsibilities and program issues have reduced time allocated for PI project. | Delayed progress of objectives starting and finishing in the allotted time. | To set aside time for grant writing and other primary job responsibilities. |
| Presentation to the local HHI meeting | The original date was set for January 2014 due to other obligations, it was difficult to reschedule due to prior approval needed. | Continuous communication with HHI manager and public health educator to assist with scheduling presentation. |
| Governed the group by a visionary leadership style | Team didn't take the project seriously, assuming that it would be a waste a time. Many projects get started that never finish in the health department. | Should have adapted a different leadership style to lead the PI team. Have learned that it's okay to change styles according to the needs of the project. |

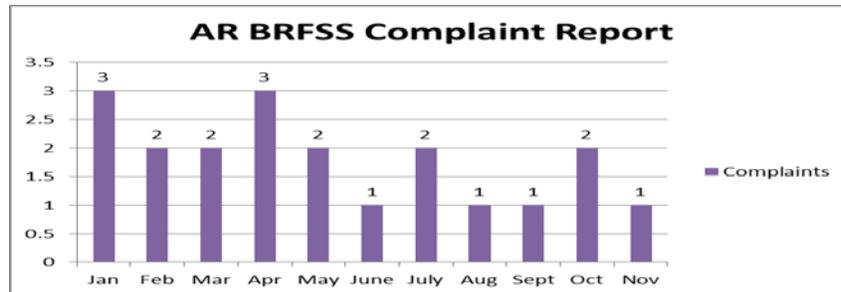
▪ **ACT**

Step Eight: Standardize the Improvement of Develop a New Theory

If your improvement was successful then standardize the improvement?

Steps were implemented to increase the response of phone and mail surveys. At the completion of the project the PRAMS Coordinator reviewed pre-post test results, respondent suggestions regarding services delivery and determined that a process revision was needed.

The BRFS program has been able to record a drop in the complaint rate over the project period. As a result of the program implementation, steady feedback indicates the improvements will produce a higher response rate.



- AR BRFFS Coordinator resolves survey complaints with an expectation to reduce residents contacting the Attorney General Office
- Residents can reach the coordinator directly or by calling ICF Macro International call center
- Total number of complaints for 2013 calendar year is 20 our goal is to reduce the number by 10%

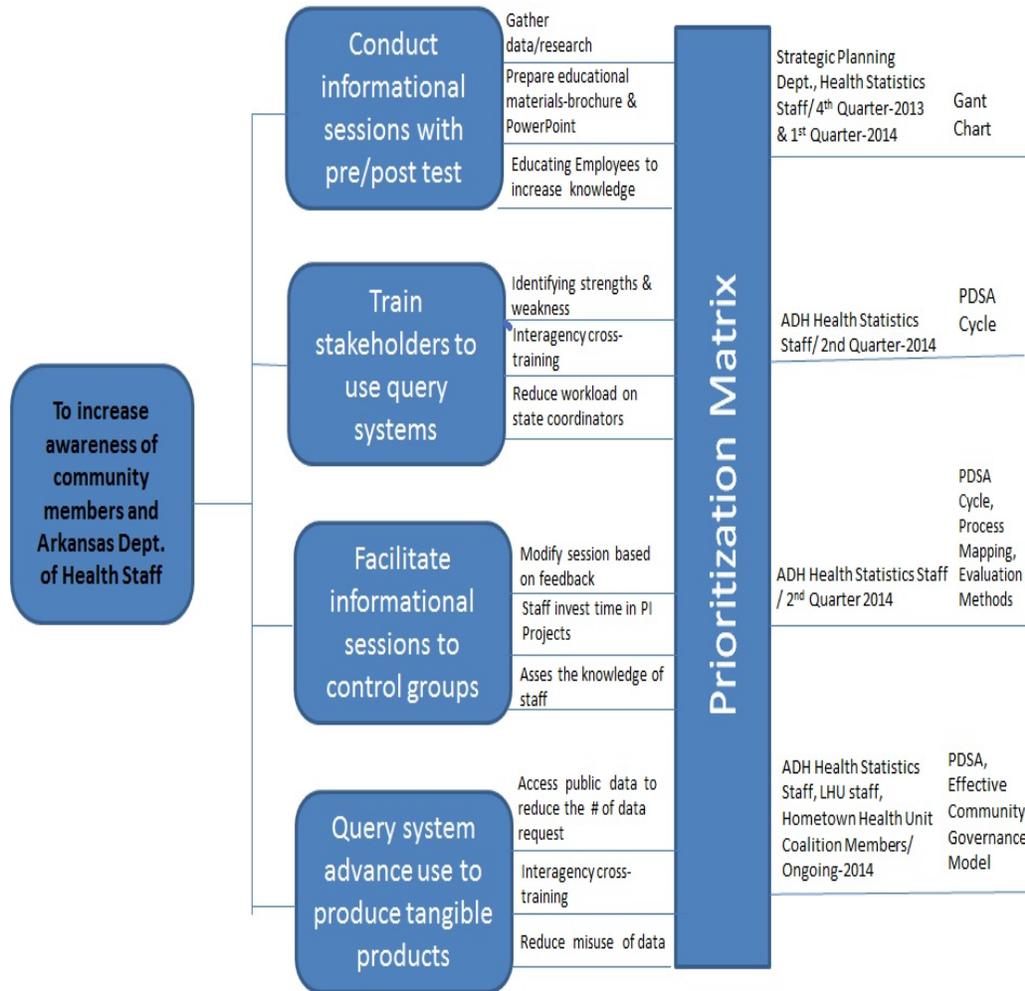
Step Nine: Establish Future Plans

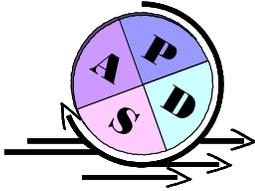
Take steps to preserve your gains?

The BRFFS and PRAMS Coordinators have implemented steps to increase awareness of the programs by networking with communities, internal programs and organizations. The team measurement of whether improvement efforts lead to change in the desired direction or contributed to unintended results will be evaluated.

APPENDIX A: Performance Improvement Tools

Tree Diagram





Date Begun: October 2013

Date Ended: November 2014

Project Team: Sabra M. Miller and Ruby Brown

| | |
|--------------------------------------|---|
| I D E N T I F Y | <ul style="list-style-type: none"> ● Reduce complaint rate by 10 percentage points from the current average of 20 complaints per calendar year. ● The project strives to increase awareness of community members and ADH staff, 90% of the complaints has been received by other ADH employees. Due to the lack of employee knowledge information regarding the validity of the surveys is misreported.) |
| G O A L | <ul style="list-style-type: none"> ● Goal-The BRFSS and PRAMS survey coordinators will host educational sessions using Lenovo tablets |
| P L A N | <p>The BRFSS & PRAMS programs provide data collection methods on health risk indicators and infant mortality for the state of Arkansas. Both programs are facilitated by a single staff member responsible for resolving issues related to complaints. Complaints from Arkansas residents are contributed by lack of ADH employee knowledge of the survey program (See Appendix D). Staff unaware of the current data collection methods, are unable to provide factual information to concerned residents. The PI Team participated in a brainstorming activity and produced an affinity diagram . The discussion following birthed the projects goals and objectives.</p> <ul style="list-style-type: none"> ● Objectives: ● The outreach efforts include providing informational sessions to ADH staff, local health units, and community organizations (nonprofits and for profits). Evaluation methods include pre/posttest assessments. ● Train stakeholders to use query systems |

| | |
|-----------------------|---|
| | <ul style="list-style-type: none"> ● Facilitate informational sessions to control groups (observational group, and ADH Performance Improvement Team) ● Use of query systems will provide data access to be used for development of newsletters, grants, and presentations; and compile general statistical information about the health of the Arkansas population. |
| D O | The program coordinators scheduled an informational session with the Hometown Health Improvement-Southwest Community Coalition on January 12, 2014. The coordinator rescheduled the presentation for March 2014, pre/posttest were administered. Due to administrative requirements, equipment was unable to be purchased prior to the date. |
| S T U D Y | After delaying the informational session the coordinators were able to send the educational PowerPoint to several performance improvement team members for review. With their assistance modifications were made that will increase the knowledge of the target audience. An increase of communication will increase participants' scores on the post test. |
| A C T | The pre/post will be sent for review by performance improvement team members to evaluate. The coordinators will rehearse presentation using both tablets and laptops to avoid technology shortfalls. The PI Team members conducted two additional informational sessions at the University of Arkansas Medical Sciences, and Arkansas Department of Health, Health Statistics Branch. The program coordinators participated World Fest/Racial and Cultural Diversity Commission, Arkansas Breastfeeding Coalition Workgroup, Helena/West Helena Health Expo, Instituto de los Mexicanos en el Exterior-Ventanilla de Salud/23 rd binational health week. The total participants reached by the Performance Improvement Project reached approximately 600 residents. The El Latino magazine advertisement has over 200 pick-up locations throughout Central Arkansas; the weekly readership is over 24,000. (Refer to Appendix D) |

EFFECTIVE COMMUNITY GOVERNANCE MODEL



- The ECG Model is used as a quality improvement assessment tool to engage Arkansas Department of Health Performance Improvement Team, Local Health Unit and Hometown Health Initiative coalitions to implement and assess community involvement. The PI Team will execute best practices and quality tools to increase by-in, community relations, overall health status and kick-off a health awareness initiative.
- The BRFSS/PRAMS Program is teaming up with local health units and hometown health coalitions through instrumental public health activities. With a recent celebration of 100 years of service to the state residents, Arkansas Department of Health continues to promote its growth and development in the local community.
- Informational sessions were conducted during the Southwest Little Rock Hometown Health Initiative March meeting, University of Arkansas Medical Sciences College of Public Health Surveillance Class, Arkansas Department of Health Performance Improvement Team meeting, World Fest/Racial and Cultural Diversity Commission, Arkansas Breastfeeding Coalition Workgroup, Helena/West Helena Health Expo, Instituto de los Mexicanos en el Exterior-Ventanilla de Salud/23rd binational health week. The pre/posttest measured the increase of knowledge gained from participants in each session. The conversation stemmed inquiries to improve the skill set of other related programs such as Arkansas Public Health Association and Arkansas Society of Public Health Education membership base. The PI Team provided copies of leadership material acquired during the PI practicum course. These materials were distributed among executive members who brought about conversation to schedule future leadership training.
- The HHI coalition's members have used the information gained to educate other colleagues in their perspective field. This has increased legitimate request for data and resources.

APPENDIX B: ROOT CAUSE ANALYSIS/BRAINSTORMING

ADH PERFORMANCE IMPROVEMENT TEAM

Diagram 1:

Diagram 2:



- **Diagram 1: Team Leaders Letitia DeGraft-Johnson and Sabra Miller explaining quality improvement methods.**
- **Diagram 2: Team Members posting ideas derived from brainstorming activity**



- **Diagram 3: Picture of random posted notes (each containing one idea or thought)**
- **Diagram 4: PI Team Affinity Diagram**

APPENDIX C: Activity Milestones

| Activity Name | Start Date | End Date | Milestone | Due Date | Description & Comments |
|---------------------------------------|------------|----------|--|----------|--|
| Preparation of education materials | Oct-13 | Nov-13 | Brochure | Nov-13 | program description w/health indicators |
| | | | Training Powerpoint | Nov-13 | powerpoint slides and interactive online training |
| Attending 5 health fairs in 5 regions | Oct-13 | Sep-14 | Planning with LHU staff | Sep-14 | Assesment of educational materials needed |
| | | | Attending HHI Coalition meetings | Sep-14 | Assesment of educational materials needed |
| | | | Present at HHI Coalition & other community organizations' meetings | Sep-14 | Presentations of educational materials |
| Deliver educational sessions to 6 LHU | Nov-13 | Aug-14 | Planning with LHU staff | Jun-14 | Assesment of educational materials needed |
| | | | Present at LHU | Aug-14 | Presentations of educational materials |
| Monitor responses | Aug-14 | Sep-14 | Establish a baseline of BRFS & PRAMS response rate | Jan-14 | Design and establish spreadsheet of current & new material available |
| | | | Assess monthly response rates | Sep-14 | Record and assess changes from previous months |
| | | | Complete report of changes and design upcoming year plan | Sep-14 | Completed report with analyses, graphs, and tables as needed |
| Preparation of final OPIM report | Aug-14 | Sep-14 | Writing completed progress report | Sep-14 | Completed report with analyses, graphs, and tables as needed |

APPENDIX D:



November 13, 2014

Dear collaborators,

It is a pleasure to write this report for all of you. We certainly appreciate the time and effort that you produced in the planning, and realization of the Binational Health Week and the National Latino Awareness AIDS Day in combination with the Mexican Consulate from Little Rock, AR, and Arkansas Human Development Corporation. Thanks to the effort of AHDC who obtain mini grants and thanks to that, was possible to provide food and entertainment, gift cards and more to the event. All of us are very pleased with the success.

The data from our efforts and people served is as follows:

TOTAL OF PEOPLE ASSISTED: 300

| <i>Organization name</i> | <i>Screenings provided</i> | |
|---|---|------------------|
| Behavioral Nick Rios, Anarela Celliti, Pat Griffin and Monserrat Ochoa. | Mental Health orientation-consultation | |
| Healthy Smiles, Dr. Patricia Zarruk, | Visual Dental | |
| Easter College | Blood pressure, and blood glucose | 132 |
| Eye Care Dr. Tomas Cannon | Glaucoma | 32 |
| ADH, JCSSI, AHDC | HIV testing | 43 |
| Walgreen's Jack Lin, PharD ,MBA | Flu Shoots | 99 |
| Volunteers | Flor Lopez, Genoveva Wendrell, LULAC students, Yolanda Amaya volunteers, Youth Challenge, Judith Ruano, Stephanie and Graciela Palmerin, Rosa Hatch and sister | |
| Speakers | Frederik Love, Jessie Sierra, Dr. Jose Turcios, Miriam Ibrahim, Consul Edgardo Briones, Sue Espinoza, Leticia Nunez-Argote interpreter, Sabra M. Miller, Ruby Brown | |
| Food | "Neveria Tino and El Jarocho restaurant" | 250 meals served |
| Physical Activity | Sergio Valdivia Zumba Football team Titanics and Conway team | |
| Media Newspaper | El Latino, Hola Arkansas, Hispanic | |
| Media Radio | La Z, La Pantera | |
| More than 25 organizations | | |
| Mexican Consulate | donation | |

(Note: if you notice that individual or some organization is not listed let me know and please forgive the omission) Once again, thank-you for all your support, and efforts; and we hope that this outcome is in the benefit of your work plan and job description. THANKS TEAM!

Sincerely,

Elvira A. Wendrell , B.A.

Sue Espinoza

El Latino Newspaper Advertisement




Behavioral Risk Factor Surveillance System

El Sistema de Vigilancia de Factores de Riesgo del Comportamiento (BRFSS por su sigla en inglés) es un sistema de encuestas telefónicas digitales al azar que se lleva a cabo en 50 estados, Washington, D.C. y 3 territorios de los Estados Unidos bajo los lineamientos del Centros para el Control y la Prevención de Enfermedades (CDC por su sigla en inglés). Este programa, BRFSS, ha sido realizado desde 1993 por el Departamento de Salud de Arkansas (ADH), financiado y bajo los lineamientos de El Sistema de Vigilancia de Factores de Riesgo del Comportamiento (BRFSS) al azar selecciona los residentes de Arkansas (hogares) cada mes para realizar encuestas por medio de líneas telefónicas fijas y celulares. La participación es voluntaria, y todas las respuestas son mantenidas en confidencia.

La encuesta deja que los Estados reúnan datos sobre los riesgos a la salud (tales como: fumar, beber, obesidad, pérdida de aseguranza y el uso del cinturón en automóviles) que están conectados a las causas de muerte (enfermedades de corazón, cáncer, ataques al corazón, diabetes, y lesiones) y otros temas sobre salud.

EL PROGRAMA: BRFSS ESTA DESIGNADO PARA:

- Evaluar las necesidades de cuidados de salud de las comunidades de Arkansas.
- Identificar las disparidades en los cuidados de salud y entender porque ocurren estas diferencias.
- Concientizar a las comunidades sobre la importancia de estas encuestas.

Para más información llamar al coordinador de proyectos BRFSS al 1-800-462-0599 Ext 2003
www.brfss.ar.gov

Helena Health Expo



2014 World Fest



APPENDIX E:

Arkansas Department of Health/ Centers for Disease and Control

BRFSS/PRAMS Pre-Test & Post Test

Please circle the answer you think best describes the statement or answers the question.

1. Arkansas ranks 25th in overall health for the nation? TRUE FALSE
2. The Behavioral Risk Factor Surveillance System surveys children and adolescents under age 18?
TRUE FALSE
3. The BRFSS Survey can be completed via online? TRUE FALSE
4. Choose the ways to assess health indicators by surveillance methods.
 - a. Telephone interviews TRUE FALSE
 - b. cellphone interviews TRUE FALSE
 - c. text surveys TRUE FALSE
 - d. web surveys TRUE FALSE
 - e. mail surveys TRUE FALSE

4. How can surveys impact the health of residents in Arkansas?

Please provide one example: _____

5. Only women who have recently given birth (2 to 4 months) can participate in the survey.
TRUE FALSE
6. The PRAMS survey is a random sample that collects information from new mothers about their experiences and behaviors before, during, and after their pregnancy that might affect the health of their baby.
TRUE FALSE
7. Information in the PRAMS survey includes pregnancy intention, smoking, drinking, prenatal care, breastfeeding, and flu vaccinations.
TRUE FALSE
8. The PRAMS survey information is collected through mail or phone interviews.
TRUE FALSE