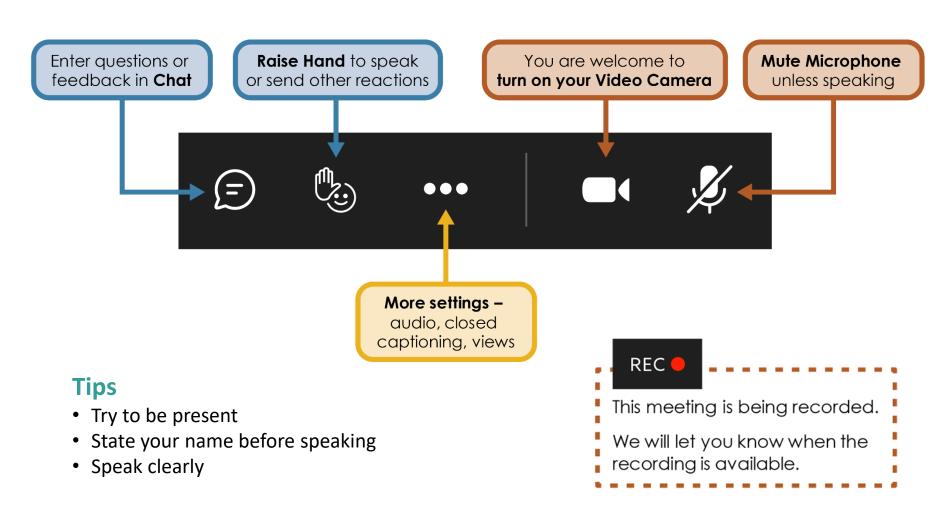


WA PRAMS Advisory Committee June 17, 2024



MS Teams Features We Will Use Today





Land Acknowledgment

10:00 - 10:30	Welcome & Introductions
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10:30 - 10:35	February	Meeting Evaluation
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AC Member Roles 10:35 - 10:50

10:50 - 11:00Break

11:00 - 11:25DOH Surveys across the Lifecourse

11:25 - 11:50What more can we learn about pregnancy and

birth experiences in Washington State?

11:50 – Noon Announcements & Wrap-up





Welcome & Introductions

- Welcome to the Washington Pregnancy Risk Assessment
 Monitoring System Advisory Committee → WA PRAMS-AC
- Introductions:
 - Name
 - Organization and/or Role
- Group Question Join at Menti.com enter code 9566 5795

WA PRAMS-AC: Feb Meeting Feedback

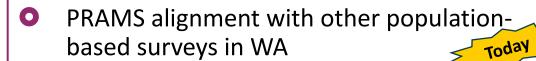
Responses: 8 (61%)



- 100% appropriate level of technical detail
- 100% good meeting length
- 50/50 Split meeting cadence 3x or 4x/yr

Suggested Topics

AC Roles



- Collaborations with academic institutions
- PRAMS for Dads
- Providing context for other initiatives, e.g.,
 Perinatal Mental Health Capacity Bldg
- PRAMS data use at county-level
- Questionnaire development

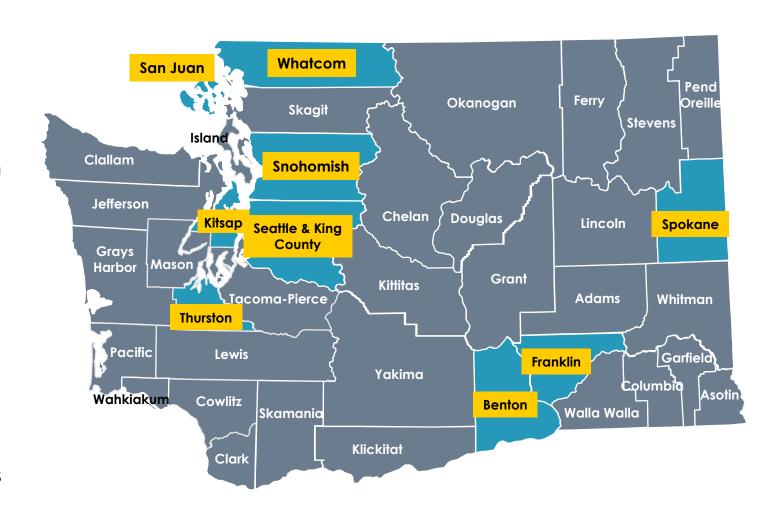
Advisory Committee

ROLES, EXPECTATIONS & OPPORTUNITIES

Advisory Committee: Recruitment

Representatives

- Community Voices
 - Birthing support; LGBTQ, immigrant communities
- Tribal Organizations & Tribes
 - American Indian Health Commission
 - Həłmxiłp Indigenous Birth Justice
 - Urban Indian Health Institute / Seattle Indian Health Board
- Local Health Jurisdictions
 - Benton-Franklin
 - San Juan
 - Snohomish
 - Whatcom
- State Agencies / Entities
 - DOH MCH, Genetics, HEZ
 - DSHS WA Fatherhood Council
 - HCA Medicaid maternity programs
 - UW MCH epi



Advisory Committee: Charter

Purpose: Provide input on strategic direction and planning of the WA PRAMS survey and findings

Scope:

- Identify priority public health topics:
 - Emerging health concerns
 - Initiatives needing monitoring or evaluation
 - Key policy issues
- Advise on questionnaire content, optional supplemental survey modules, and methodological questions as needed
- Advise on application of findings and dissemination of data and results
- Identify champions to lead data dissemination and encourage participation in the survey

Authority & Decision Making:

- Recommendations from the Committee will be reached by consensus, backup by majority vote
- All recommendations from the Committee will be considered by the WA PRAMS team
- Decisions relating to implementation of the Committee's recommendations will rest with the PRAMS Principal Investigator

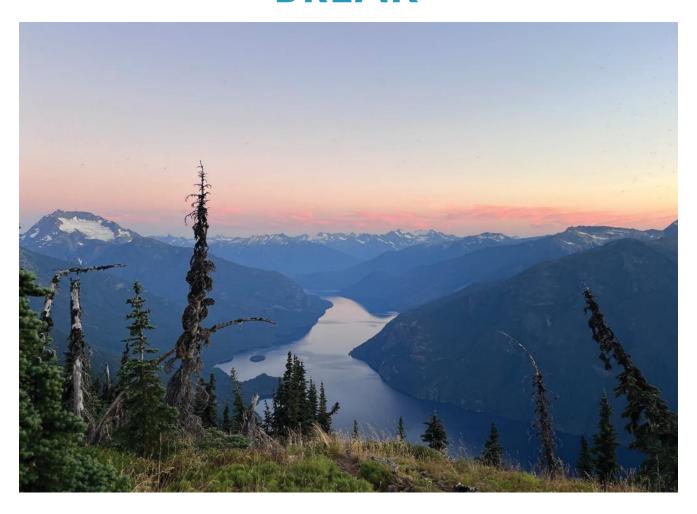
Advisory Committee: Charter

Purpose: Provide input on strategic direction and planning of the WA PRAMS survey and findings

Membership & Expectations:

- Membership is intended to reflect the voices of maternal and child health professionals and communities across Washington. Members may be recruited from community groups, maternal and infant health advocates, universities, Tribal organizations, and local and state public health.
- Meetings will be held annually (minimum) with in-person and virtual attendance options
- Members will receive periodic updates from the DOH WA PRAMS Team
- Members should prepare for meetings in advance by reading provided materials and/or consulting with experts within their own organizations and communities
- Attendance at meetings by non-members is welcome

BREAK





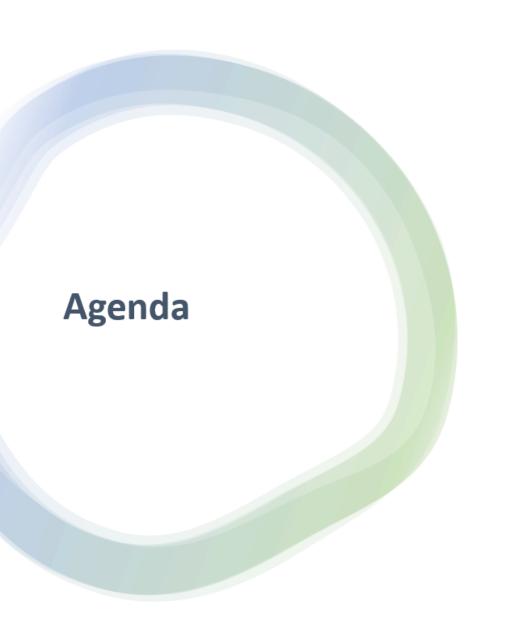
DOH SURVEYS ACROSS THE LIFE COURSE



Center for Epidemiology Practice, Equity & Assessment

Anar Shah, MPH and Caryn Chalmers, MPH





- WA DOH surveys across the life course
- Child Wellness Survey
 - Background
 - Survey Goals
 - Survey Topics
 - Timeline
 - Advisory Groups
- Questions

Surveys through the life course

Pregnancy Risk
Assessment
Monitoring System
(PRAMS)

Pregnancy and early infancy

Child Wellness Survey (CWS)

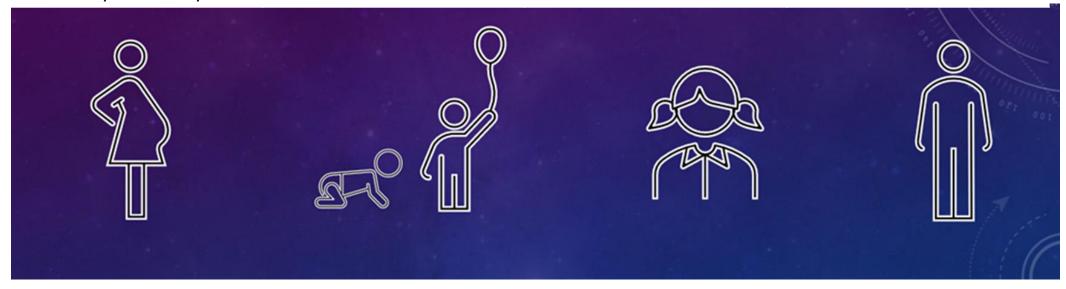
6 months -11 years

Healthy Youth Survey (HYS)

12 – 18 years

Behavioral Risk Factor Surveillance System (BRFSS)

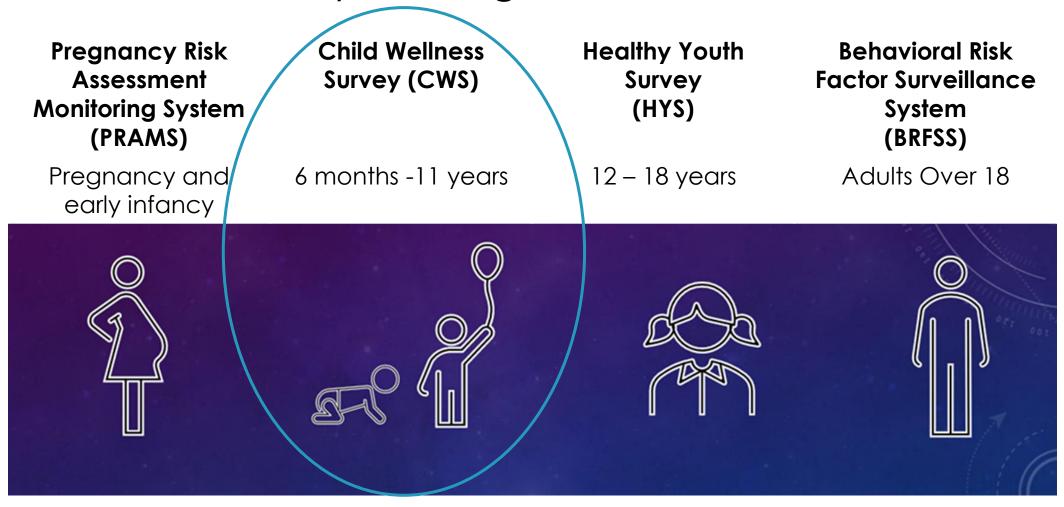
Adults Over 18





WHY Surveys – what we love about them?

Surveys through the life course



Background: Statewide Child Wellness Survey

Approved through Foundational Public Health Services in March 2022

Planning started July 2022

Parents of children 6 months to 11 years

Understand what families need to support health across lifespan

Two-year survey cycle with expedited first cycle

Allow for county- or region-level estimates

Background

- CWS is modeled after **Best Starts for Kids Survey**, which is part of the evaluation component for the BSFK levy that was funded in King County in 2015.
- Most of their survey questions are from the **National Survey of Children's Health** and revised based on feedback from their advisory group. King County also added questions related to COVID-19, impacts on child and family, and challenges with childcare.



Sampling Goals

Representative sample

Allow county or region-level estimates and race-specific estimates

Reflect race and ethnic diversity across Washington

Identify disparities so can address inequities

Initial implementation focus on children 6 months to 5 years

Pilot approaches for identifying representative sample of school age youth, 6-11 years

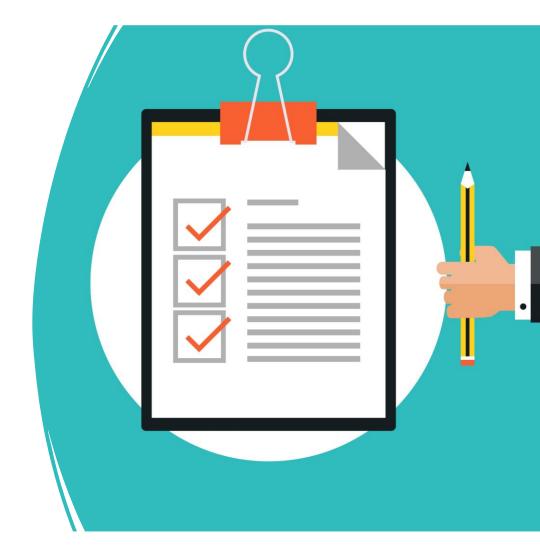
Allow for county-, Tribal- or other region-specific oversample

Integrate with BSKHS for statewide estimates

Survey Topics

Same as BSKHS for first cycle:

- Child well being
- Parent-child connection
- School experiences
- Child & after-school care
- Basic needs
- Demographics
- PLUS Immunization



CWS 2024 TIMELINE

- Finalize survey
- Security review
- DSAs



- Data collection (3 waves)
- Pilot 6-11
- Convenience sampling

Jan-March

Apr-May

Jun-Dec

Winter 2024-25

- Accessing datasets
- Sampling frames
- Sample selection

- Data cleaning
- Data dissemination

CWS 2026 TIMELINE

- Planning for second survey administration
- Survey revision

- Survey administered and data collection
- Convenience sampling

May-Oct 2025

Winter 2025

Jan - Sept 2026

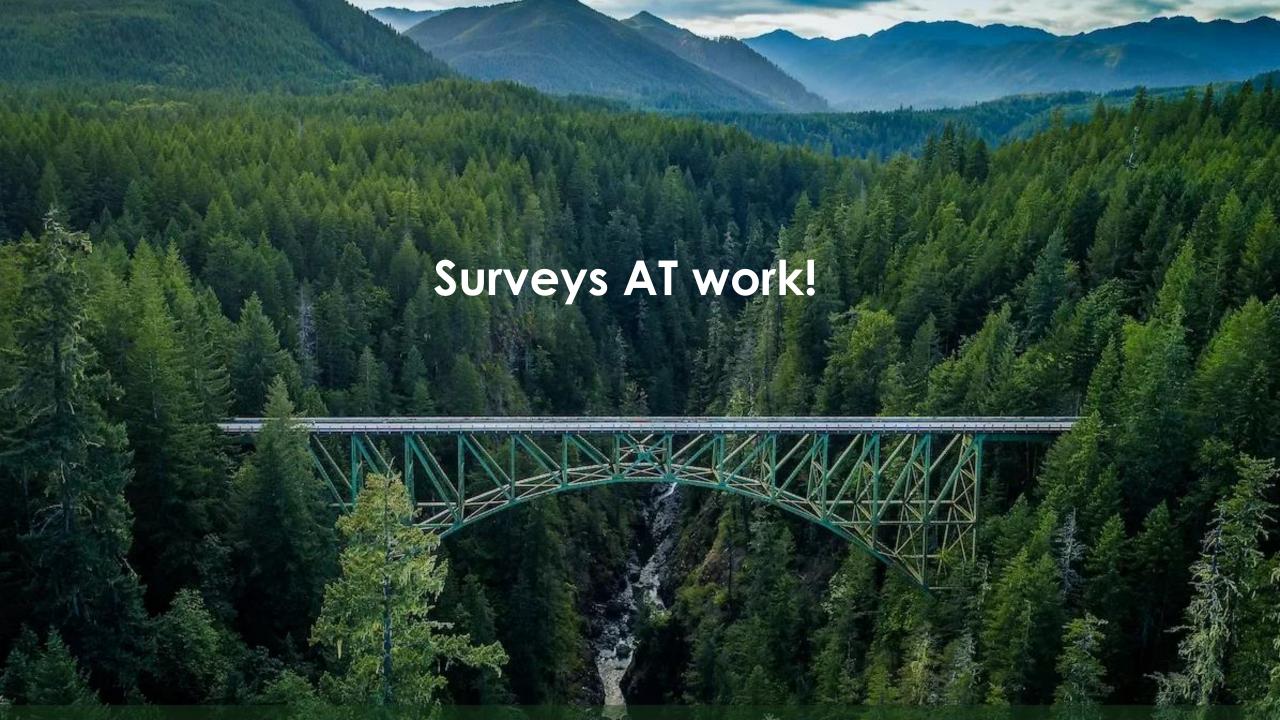
Oct - Dec 2026

• Sample selection

- Data cleaning
- Data dissemination

Advisory Groups





Questions? Comments?

Caryn Chalmers (she/her)

CWS Coordinator

Child.Wellness@doh.wa.gov

Anar Shah (she/her)

CWS Epidemiologist

Anar.Shah@doh.wa.gov

Maayan Simckes (she/her)

Population Survey Supervisor

Maayan.Simckes@doh.wa.gov







WHAT MORE CAN WE LEARN ABOUT PREGNANCY AND BIRTH EXPERIENCES IN WASHINGTON STATE? PRAMS PARTICIPANTS TOLD US.

A Qualitative Analysis of Back-Page Comments Washington State PRAMS, 2018-2021

Acknowledgements

Hannah Gorman

Healthy Youth Survey
Epidemiologist & Coordinator

Center for Epidemiology Practice, Equity, and Assessment (CEPEA)

Teal Bell

PRAMS/Perinatal Health Epidemiologist

Office of Family & Community Health Improvements (OFCHI)

Kate Meehan

Epidemiologist

Office of Family & Community Health Improvements (OFCHI)

Brynn Stopczynski

Epidemiologist

Office of Family & Community Health Improvements (OFCHI)

Presentation Purpose

- Share a coding process for back-page comments that can be replicable moving forward
- 2. Share major themes and trends identified in back-page comments from 2018-2021
- 3. Discuss findings and potential future applications of analysis

Purpose of Analysis and Creating a Qualitative Dataset

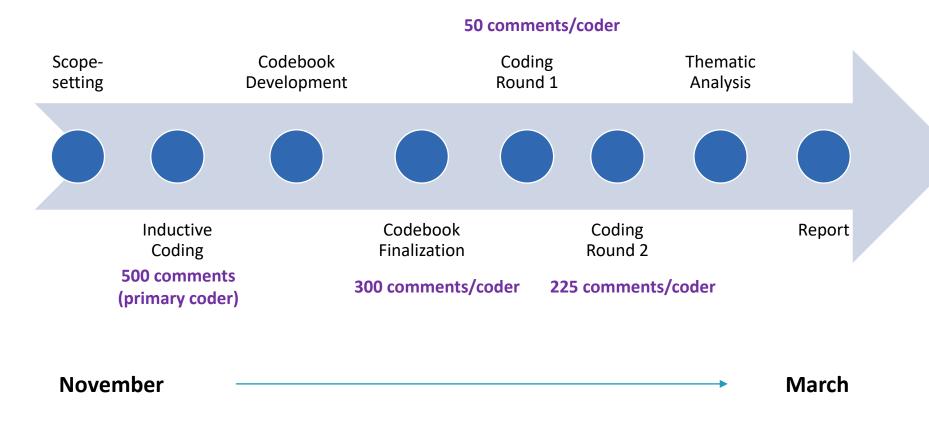
Purpose of Analysis

- Outlining and utilizing a lean, broad codebook to identify major themes and trends from PRAMS back-page comments
- Future replicability

Creation of a Qualitative Dataset

- Created PRAMS data file that includes survey data AND open-ended responses and back-page comments
- Exported back-page comments from 2018-2021 to excel file

Coding Timeline



Codebook

	COVID-19	Parental Leave	Oiscrimination & Inclusion	Substance Use
() \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Survey	Doulas & Midwives	Provider Experience	Non-Birthing Person Experience
	Postpartum Maternal Care/Support	Birth Experience	Access/Barriers to Care	Pregnancy Loss/ Infertility
	Prenatal Care/Support	Maternal Mental Health	Infant Care	Other



Findings (with a caveat)

Strengths & Limitations

Strengths

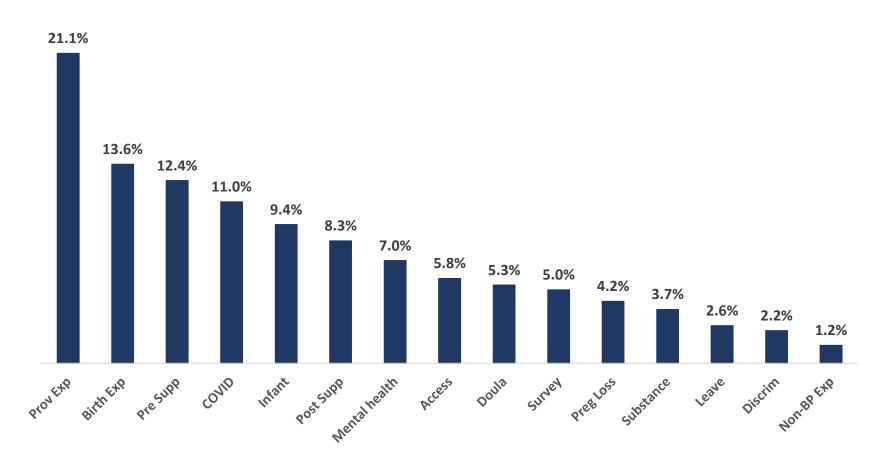
- Will capture respondents' thoughts in their own words
- Can touch on topics not included in survey or provide nuance

Limitations

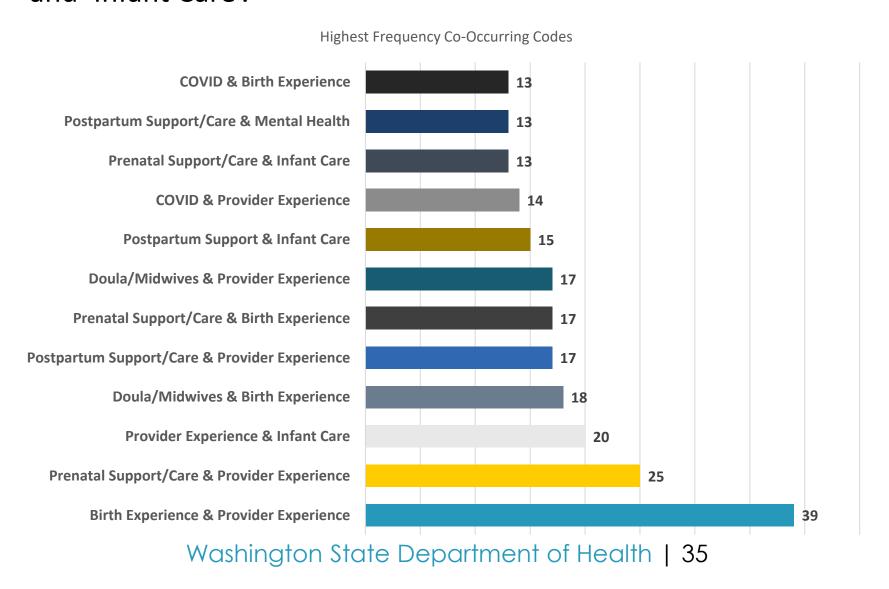
- Not representative
- Large variation in types of comments

'Provider Experience', 'Birth Experience', and 'Prenatal Support' were the most commonly applied codes.

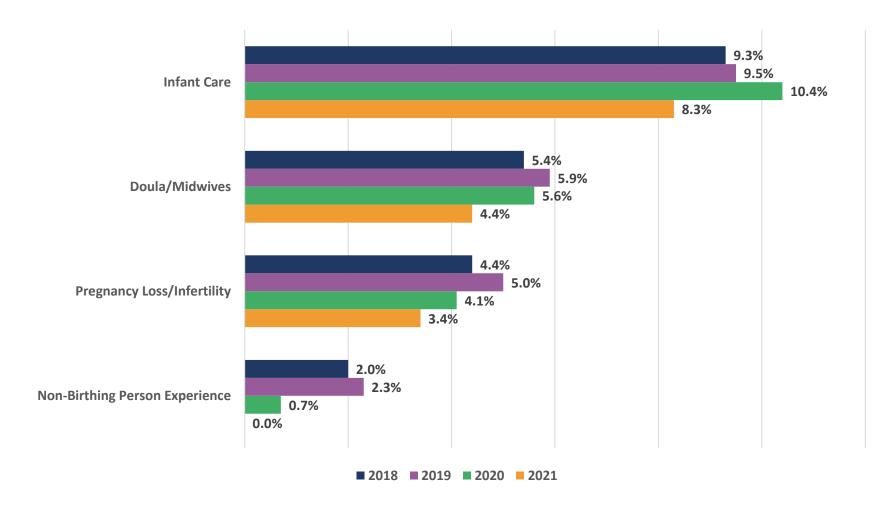
Percent of All Comments Assigned Each Code



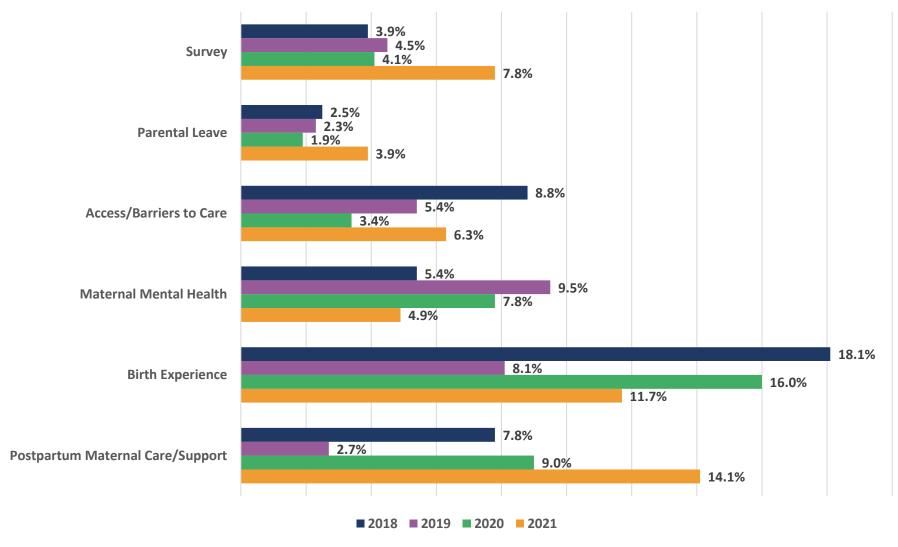
'Provider Experience' tended to overlap most frequently with other codes, including 'Birth Experience', 'Prenatal Support', and 'Infant Care'.



'Infant Care', 'Doula/Midwives', 'Pregnancy Loss/Infertility', and 'Non-Birthing Person Experience' were themes that remained constant across the study period.



Several themes, including 'Maternal Mental Health' and 'Birth Experience' fluctuated across the study period.



There was a marked change in comments on 'parental leave' before and after legislative changes in Washington in 2020.

2018

...I took unpaid FMLA and we planned for it as best we could. Not having pay for 3 months was very difficult in many ways. It would benefit everyone to support families.

2020

...the new FMLA program in WA is a lifesaver! Gave me time to bond with my baby that I would have not had otherwise.



5% of all comments focused on 'survey' implementation.

I think this is a great survey and I am happy to help! Thank you for the opportunity!

This survey was alienating and offputting to fill out as a queer person married to a same sex spouse because of the language used. I would recommend revisiting the terminology used in the questions to make all terms gender neutral. (2019)

Mom stated during interview during the opioid questions that she had a few kidney infections and UTI's during pregnancy that is why she was prescribed prescription medications during pregnancy.

> for a lot of the questions like, "did your provider asked if you smoke cigarettes?" or "did your provider ask about your emotional status?" the answer was "no" because I see my health care provider on a regular basis and they didnt need to ask.

A lean, broad codebook was successful in identifying major themes and trends

Requests for additional support and information

- Additional support during prenatal and postpartum periods, especially in terms of interactions with providers and support for maternal mental health
- More information on infant care, birthing options, postpartum care for birthing people, and safe medications during pregnancy

Barriers to good care and wellbeing during pregnancy

- Health insurance and healthcare costs
- Discrimination
- Lack of resources for non-birthing people

Emerging topics

- Comments reflected that the **COVID-19** pandemic really influenced every aspect of pregnancy.
- There was also a marked change in comments on parental leave before and after legislative changes in Washington in 2020.

Next Steps

- 2022 back-page comments available
 - Add to 2018-2021 dataset
 - Code and update general themes that have emerged
- **Discussion prompts:**
 - How do these themes resonate with you?
 - What else would you be interested in related to the back page comments?
 - How do you think the comments can be used to support the WA PRAMS program?

Topics of Interest

Mental health and breastfeeding

Pregnancy is a blessing and so is breastfeeding, providers should not make you feel guilty for not being able to do either one.

Prior experiences with pregnancy

I experienced a miscarriage in April of 2017. This was a very difficult time. I felt that healthcare providers were not very sensitive to the emotional needs of a mother during this time. I would like to see that change through education for doctors, nurses and front desk staff.

Explanatory-like reasoning for substance use during pregnancy

I drank alcohol daily (3-5 drinks) throughout my entire pregnancy. Mostly malt liquor that I could afford. I used marijuana the first 3 months of pregnancy daily. I prayed a lot. My son was born 2 weeks "late" perfectly healthy. 7 lb 10 oz baby # 5 for me and #9 for dad. I exercised daily, walking and aerobics 2x per week 40 min., weight training 2x weekly 15 min."





QUESTIONS?

Announcements

- 2022 WA PRAMS data now available: Request on DOH WA PRAMS website
- WA PRAMS Spring 2024 Newsletter: Available on DOH WA PRAMS website
- CityMatCH Conference
 - September 9-11th, Seattle
 - Registration now open: <u>Conference CityMatCH</u>
- Next Meeting:
 - October 17, 10:00-Noon
 - Tentative Agenda: share WA presentations and meetings learnings from the PRAMS Grantee meeting in September

WA PRAMS Team



Coordinator	Linda Lohdefinck	
Survey Operations	Kevin Beck Silbia Moreno Karen Kirk Julie Latham	
Epidemiologist	Teal Bell	
Principal Investigator	Martha Skiles	







To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.