**Change Request**

**Pregnancy Risk Assessment Monitoring System**

(OMB Control No. 0920-1273; Exp. date 11/30/2022)

May 14, 2021

**Summary**

We request OMB approval to add a group of previously OMB-approved questions as a supplemental module to measure emerging issues related to the social determinants of health (SDOH) on the Pregnancy Risk Assessment Monitoring System (PRAMS). The module may be voluntarily adopted by sites.

**Background and Justification**

The Pregnancy Risk Assessment Monitoring System (PRAMS) provides data that is not available from other sources. PRAMS is approved to collect information on maternal behaviors and experiences before, during and shortly after pregnancy on a variety of topics, including those related to the social context of childbearing. The COVID-19 pandemic has widely exposed the impact of structural factors in the environments where individuals live, learn, work, and play on access to health services and health outcomes. PRAMS is a key data source used by CDC, states, jurisdictions, and researchers to monitor prevalence of maternal behaviors and experiences, investigate emerging issues in the field of reproductive health and to assess impacts of programs and policies aimed at reducing health problems among mothers and babies.

PRAMS is approved to provide states the option of collecting supplemental modules on an individual basis to address state-specific priorities or special topics. A supplemental module with pre-grouped questions on the social determinants of health will be made available to states.

Given this module mirrors content collected on existing PRAMS standard modules, is harmonized to include existing OMB-approved questions from other Federal surveys, and the overall approved burden hours will not be impacted, this module is submitted as a non-substantive change.

The proposed supplemental module is found in the appended document (Appendix A). Suggested minor modifications to previously approved OMB questions from other surveys are noted. The minor changes are to ensure similar formatting to the existing PRAMS survey to which the questions will be appended, eliminations of some response options to reduce question length, and rephrasing of some introductory statements for consistency across the module.

**Burden Estimate**

No change to the burden estimate is requested.

**Effect of Proposed Changes on Currently Approved Instruments and Attachments**

Non-substantive change for optional data collection module on Social Determinants of Health.

OMB approval is requested, effective immediately.

**Appendix A**

|  |  |
| --- | --- |
| **Original Question** | **PRAMS SDOH Supplement Proposed Questions** |
| **Housing Insecurity** | **Housing Insecurity** |
| 1. **What is your living situation today? (CMS AHC Health-Related Social Needs Screening Tool Q1)**
	1. I have a steady place to live
	2. I have a place to live today, but I am worried about losing it in the future
	3. I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus, or train station, or in a park)
 | 1. **What is your living situation today?**
	1. I have a steady place to live
	2. I have a place to live today, but I am worried about losing it in the future
	3. I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus, or train station, or in a park)
 |
| 1. **Think about the place you live. Do you have problems with any of the following? Choose all that apply (CMS AHC Health-Related Social Needs Screening Tool Q2)**
	1. Pests such as bugs, ants, or mice
	2. Mold
	3. Lead paint or pipes
	4. Lack of heat
	5. Oven or stove not working
	6. Smoke detectors missing or not working
	7. Water leaks
	8. None of the above
 | 1. **Think about the place you live. Do you have problems with any of the following? ~~Choose~~ Check all that apply**
	1. Pests such as bugs, ants, or mice
	2. Mold
	3. Lead paint or pipes
	4. Lack of heat
	5. Oven or stove not working
	6. Smoke detectors missing or not working
	7. Water leaks
	8. None of the above
 |
| **Economic Security** | **Economic Security** |
| 1. **During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? (BRFSS)**

**Read**YesNo**Don’t Read**Don’t Know/ Not sureRefused | 1. **During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?**
2. Yes
3. No
 |
| 1. **During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services? (BRFSS)**

**Read**YesNo**Don’t Read**Don’t Know/ Not sureRefused | 1. **During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?**
2. Yes
3. No

  |
| **Neighborhood/Built Environment** | **Neighborhood/Built Environment** |
| 1. **Thinking about the last 12 months or so, when you are here at home, how much does each of the following bother, disturb or annoy you? (DOT Neighborhood Environment Survey)**
	1. Not at all
	2. SlightlyModerately
	3. VeryExtremelya. Noise from cars, trucks, trains or other road trafficb. Smells or dirt from road trafficc. Smoke, gas or bad smells from anything elsed. Litter or poorly kept up housinge. Noise from aircraftf. My neighbors’ noise or other activitiesg. Any other noises you hear when you are here at home If this bothers or annoys you, what is the noise?h. Undesirable business, institutional or industrial propertyi. A lack of parks or green spacesj. Inadequate public transportationk. The amount of neighborhood crimel. Poor city or county servicesm. Any other problems that you notice when you are here athome If this bothers or annoys you, what is the problem?
 | 1. **Thinking about the last 12 months ~~or so~~, when you are ~~here~~ at home, how much does each of the following bother, disturb or annoy you?** Not at allModeratelyExtremelya. Noise from cars, trucks, trains or other road trafficb. Smells or dirt from road trafficc. Smoke, gas or bad smells from anything elsed. Litter or poorly kept up housinge. Noise from aircraftf. My neighbors’ noise or other activities~~g. Any other noises you hear when you are here at home If this bothers or annoys you, what is the noise?~~h. Undesirable business, institutional or industrial propertyi. A lack of parks or green spacesj. Inadequate public transportationk. The amount of neighborhood crimel. Poor city or county services~~m. Any other problems that you notice when you are here athome If this bothers or annoys you, what is the problem?~~
 |
| **Food Insecurity** | **Food Insecurity** |
| 1. **“The food that I bought just didn’t last, and I didn’t have money to get more.” Was that often, sometimes, or never true for you in the last 12 months?** **(Current BRFSS Module 45)**
	1. Often true
	2. Sometimes true
	3. Never true

**During the past 12 months, how often did the food that you bought not last, and you didn’t have money to get more. Was that… (Modified BRFSS Module 45)****Read:*** 1. Always
	2. Usually
	3. Sometimes
	4. Rarely
	5. Never

**Don’t Read*** 1. Don’t know/not sure
	2. Refused
 | 1. **6. During the past 12 months, how often did the food that you bought not last, and you didn’t have money to get more. Was that…**
	1. Always
	2. Usually
	3. Sometimes
	4. Rarely
	5. Never
 |
| 1. **“I couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for you in the last 12 months? (BRFSS Module 45)**
	1. Often true
	2. Sometimes true
	3. Never true

**During the past 12 months how often were you unable to afford to eat balanced meals. Was that….** **(Modified BRFSS Module 45)** **Read:**1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

**Don’t Read**1. Don’t know/not sure
2. Refused
 | 1. **During the past 12 months how often were you unable to afford to eat balanced meals. Was that….**

 1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
 |
| **Transportation Insecurity** | **Transportation Insecurity** |
| 1. **In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (CMS AHC Health-Related Social Needs Screening Tool 5)**Yes No
 | 1. **In the ~~past~~ last 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?** Yes No
 |
| **Healthcare Access/Literacy** | **Healthcare Access/Literacy** |
| 1. **During the past 12 months, have you DELAYED getting medical care because of the cost? (NHIS)**
	1. Yes
	2. No
 | 1. **~~During the past~~ In the last 12 months, have you DELAYED getting medical care because of the cost?**
	1. Yes
	2. No
 |
| 1. **Since the hurricanes or disaster , have you felt that you have needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues? (PRAMS ZPER 2.0)**
	1. Yes
	2. No -->Go to Question X
 | 1. **Since ~~the hurricanes or disaster~~ your new baby was born, have you felt that you have needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?**
	1. Yes
	2. No → Go to Question 12
 |
| 1. **Were you able to get the mental health services that you needed? (PRAMS ZPER 2.0)**
	1. Yes --> Go to Question 11
	2. No
 | 1. **Were you able to get the mental health services that you needed?**
	1. Yes --> Go to Question 12
	2. No
 |
| 1. **Which of these statements explain why you did not get the mental health treatment or counseling you needed? (NSDUH 2019 ADMT27)**
	1. You couldn’t afford the cost.
	2. You were concerned that getting mental health treatment or counseling might cause others your neighbors or community to have a negative opinion of you.
	3. You were concerned that getting mental health treatment or counseling might have a negative effect on your job.
	4. Your health insurance does not cover ~~any~~ mental health treatment or counseling.
	5. Your health insurance does not pay enough for mental health treatment or counseling.
	6. You did not know where to go to get services.
	7. You were concerned that the information you gave the counselor might not be kept confidential.
	8. You were concerned that you might be committed to a psychiatric hospital or might have to take medicine.
	9. Some other reason or reasons.

**Which of these statements explain why you did not get the mental health treatment or counseling you needed?** (**(NSDUH 2019 ADMT27A)**1. You didn't think you needed treatment at the time.
2. You thought you could handle the problem without treatment.
3. You didn't think treatment would help.
4. You didn't have time (because of job, childcare, or other commitments).
5. You didn't want others to find out that you needed treatment.
6. You had no transportation, or treatment was too far away, or the hours were not convenient.
7. Some other reason or reasons.
 | 1. **Which of these statements explain why you did not get the mental health treatment or counseling you needed?**
	1. You couldn’t afford the cost.
	2. ~~You were concerned that getting mental health treatment or counseling might cause others your neighbors or community to have a negative opinion of you.~~
	3. ~~You were concerned that getting mental health treatment or counseling might have a negative effect on your job.~~
	4. Your health insurance does not cover any mental health treatment or counseling.
	5. Your health insurance does not pay enough for mental health treatment or counseling.
	6. You did not know where to go to get services.
	7. You were concerned that the information you gave the counselor might not be kept confidential.
	8. You didn't want others to find out that you needed treatment. **(NSDUH 2019 ADMT27A)**
	9. You were concerned that you might be committed to a psychiatric hospital or might have to take medicine.
	10. You had no transportation, or treatment was too far away, or the hours were not convenient **(NSDUH 2019 ADMT27A)**
	11. You didn't have time (because of job, childcare, or other commitments) **(NSDUH 2019 ADMT27A)**
	12. Some other reason or reasons.
 |
| 1. **Looking at card CS-2, in the last 12 months, how often did {your/{PERSON}'s} doctors or other health professionals explain things about {your/his/her} health in a way that was easy to understand? (Medical Expenditure Panel Survey)**
	1. Never
	2. Sometimes
	3. Usually
	4. Always
 | 1. **~~Looking at card CS-2~~, In the last 12 months, how often did your~~/{PERSON}'s}~~ doctor~~s~~, nurse, or other health professionals explain things about ~~{~~your/~~his/her}~~ health in a way that was easy to understand?**
	1. Never
	2. Sometimes
	3. Usually
	4. Always
 |
| **Discrimination** | **Discrimination** |
| 1. **During your life, how often have you felt that you were treated badly or unfairly in school because of your race or ethnicity? (YRBS)**
	1. Never
	2. Rarely
	3. Sometimes
	4. Most of the time
	5. Always
 | 1. **During your life, how often have you felt that you were treated badly or unfairly ~~in school~~ because of your race or ethnicity?**
	1. Never
	2. Rarely
	3. Sometimes
	4. Most of the time
	5. Always
 |
| 1. **During your life, how often have you seen your parents, other family members treated badly or unfairly because of the color of their skin, language, accent, or because they are from a different country or culture? (YRBS)**
	1. Never
	2. Rarely
	3. Sometimes
	4. Most of the time
	5. Always
 | 1. **During your life, how often have you seen your parents, other family members treated badly or unfairly because of the color of their skin, language, accent, or because they are from a different country or culture?**
	1. Never
	2. Rarely
	3. Sometimes
	4. Most of the time
	5. Always
 |
| **Social Support** | **Social Support** |
| 1. **How often do you get the social and emotional support you need? (BRFSS)**

**Read** * 1. Always
	2. Usually
	3. Sometimes
	4. Rarely
	5. Never

**Don’t read*** 1. Don’t know/not sure
	2. Refused
 | **16. How often do you get the social and emotional support you need?** 1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
 |
| **Well-Being** | **Well-Being** |
| 1. **Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? (BRFSS)**

**Read:*** 1. Always
	2. Usually
	3. Sometimes
	4. Rarely
	5. Never

**Don’t Read*** 1. Don’t know/not sure
	2. Refused
 | **17. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?** 1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
 |