3 Personnel, Training, and Steering Committee

The careful screening and selection of staff is critical to the overall success of PRAMS. Strong leadership abilities, good communication skills, and a marked enthusiasm for PRAMS are essential attributes for PRAMS staff. In addition to the Project Director, <STATE> has a minimum of two full-time equivalents (FTEs) which may be divided among several employees. The following is the CDC recommended staffing pattern for PRAMS projects. Each of these positions is described below.

3.1 Project Director

The Project Director will spend at least 10% of his/her time on PRAMS. The duties and responsibilities of the Project Director are to:

- Oversee administrative aspects of PRAMS; hire and supervise PRAMS staff.

- Coordinate PRAMS among appropriate state units (e.g., Department of Health's Vital Records, Maternal and Child Health, Epidemiology) and CDC.

- Assure state compliance with the PRAMS protocol.

    - Review PRAMS protocol and see that it is properly implemented.
    - Oversee the development and selection of state-specific questions.
    - Monitor PRAMS surveillance activities.

- Oversee the timely analysis, dissemination, and use of PRAMS data.

    - Present reports and updates and disseminate PRAMS data to the Steering Committee, health department, and other public and private groups.
    - Use findings from PRAMS for the development, modification, and evaluation of programs.
    - Develop policies pertaining to analysis and dissemination (e.g., review process, access to data).

- Oversee the preparation and submission of annual cooperative agreement renewal applications (e.g., interim progress reports) to CDC's Procurement and Grants Office (PGO).

- Participate in CDC site visits.

Protocol Development Task

Describe the staffing for your PRAMS Project Director here.

<NAME>, <TITLE> from <OFFICE> will serve <##>% of time as <STATE>'s Project Director.

Specific duties and responsibilities (particularly as they differ from the CDC-recommended staffing plan) are:

3.2 Project Coordinator

The Project Coordinator will spend 60%-100% of his/her time on PRAMS and will have primary responsibility for the day-to-day management of PRAMS. A successful Project Coordinator has a basic understanding of research methods and is familiar with computer programs such as word processing (WordPerfect or Microsoft Word), Windows, file management, SAS, and has a willingness to learn SUDAAN (SUrvey DAta ANalysis), the software for survey data analysis. The duties and responsibilities of the Project Coordinator are to:

- Provide overall management of PRAMS.
- Participate in CDC site visits, training programs, and workshops.
- Train and supervise PRAMS staff, including telephone interviewer and Web-CATI training, PRAMS software training, human subjects training.
- Act as the liaison between <STATE> (including the Project Director and the Steering Committee) and CDC in matters that relate to PRAMS on an ongoing basis.
- Organize the Steering Committee and convene and attend meetings.
- Oversee the development of the protocol's state-specific sections.
    - Complete the state-specific sections of the PRAMS protocol and revise as necessary.

    - Ensure that CDC receives revisions to the protocol.
    - Participate in the protocol review during CDC site visits.

- Oversee the development of the state's questionnaire.

    - Direct the internal working group in the development and selection of state-specific (i.e., standard and/or state-developed) questions.
    - Oversee and perform the pretesting of state-developed questions.

- Apply for and obtain Institutional Review Board (IRB) approvals, inform IRB of procedural changes and other revisions, and obtain annual continuation approval. In the event of an adverse event, the Project Coordinator is also responsible for reporting this event to the CDC and the local IRB.

- Oversee sampling procedures and ensure that monthly samples are prepared in a timely manner.

- Ensure that annual birth file is sent to CDC (in requested format – currently the 1999 or 2003 NCHS format with some additional PRAMS and state-specific variables appended) no later than December 1 following the end of each birth year.

- Oversee data collection procedures.

    - Develop a high level of proficiency with all PRAMS software, including PRAMTrac, COMMENT, Web-CATI, QDS, and PONDER.
    - Select and prepare participation incentives or rewards.
    - Oversee the mailing of PRAMS questionnaires, including verification checks.
    - Oversee maintenance of schedule for mail and telephone follow-up.
    - Maintain relationship with Steering Committee members and other state (WIC, Medicaid, etc.) and non-state (hospitals, etc.) agencies to ensure access to contact information for mail and telephone follow-up.
    - Oversee location of telephone numbers for telephone follow-up.
    - Oversee and conduct telephone interviews as necessary.

- Manage contracts related to PRAMS, if applicable (e.g., data collection, data management, telephone surveillance, analytic support).

- Oversee data management procedures.

    - Supervise and evaluate data entry.

- Oversee editing and correction of data files.
- Oversee generation of monthly batch reports; review and submit reports to CDC.
- Oversee quality control of PRAMS data (including verification of data).
- Monitor telephone interviewers (regardless of whether interviewers are in-house or contracted).
- Establish and monitor security and confidentiality of PRAMS data.

- Participate in the analysis and dissemination of PRAMS data.

  - Oversee development of state analysis plan.
  - Organize analytic workgroup.
  - Implement policies pertaining to analysis and dissemination (e.g., review process, access to data).

- Prepare annual cooperative agreement renewal applications (e.g., interim progress reports).

- Oversee maintenance of inventory and supplies for PRAMS.

Protocol Development Task

Describe the staffing for your PRAMS Project Coordinator here.

<NAME>, <TITLE> from <OFFICE> will serve <##>% of time as <STATE>'s Project Coordinator.

Specific duties and responsibilities (particularly as they differ from the CDC-recommended staffing plan) are:

3.3 Data Manager

An appropriately qualified and committed Data Manager will be able to assume responsibility for most of the day-to-day PRAMS operational activities. The person in this position will generally spend 100% of his/her time on PRAMS. A successful Data Manager has good communications skills (for both telephone

interviews and communicating with CDC personnel), strong computer skills (including knowledge of word processing, Windows, and file management), and the ability and willingness to be trained in new and technical areas. The duties and responsibilities of the Data Manager are to:

- Execute the day-to-day activities of PRAMS in collaboration with the Project Coordinator and CDC.

- Inform the Project Coordinator of PRAMS activities on a frequent basis.

- Conduct data collection.

    - Develop a high level of proficiency with all PRAMS software, including PRAMTrac, COMMENT, Web-CATI and QDS.
    - Prepare participation incentives or rewards.
    - Prepare and mail PRAMS questionnaires, and conduct verification checks.
    - Maintain schedule for mail and telephone follow-up.
    - Locate telephone numbers for telephone follow-up.
    - Conduct telephone interviews as necessary.
    - Enter completed questionnaires.

- Conduct data management.

    - Edit and correct data files as necessary. Generate Compare Report using PRAMTrac software to assist in this process.
    - Generate monthly batch reports and data files for PRAMS using PRAMS software and send to CDC.
    - Ensure quality of PRAMS data.
    - Maintain security and confidentiality of PRAMS data.

- Assist in maintaining inventory and supplies for PRAMS.

- Participate in CDC site visits, trainings, and workshops, including the initial installation and training visit.

Some state PRAMS projects have additional support staff to assume some of the data collection responsibilities above. In these states, the data manager may take on additional responsibilities, such as preparing the monthly sample, analyzing PRAMS data, or other responsibilities.

Protocol Development Task

Describe the staffing for your PRAMS Data Manager here.

<NAME>, <TITLE> from <OFFICE> will serve <##>% of time as <STATE>'s Data Manager.

Specific duties and responsibilities (particularly as they differ from the CDC-recommended staffing plan) are:

3.4 Telephone Interviewers

Most states have additional staff who are responsible for conducting telephone interviews. In some cases, these persons are with the state health department, and in other cases, the state PRAMS office has contracted with an outside organization to perform telephone interviews. For states that contract with another organization to conduct telephone interviews see **Appendix X (Contracting Guidelines)** for information on the process for working with the contractor. Some states, typically those with small phone operations, have the Data Manager perform telephone interviews in conjunction with the Data Manager's regular duties.

Protocol Development Task

Describe the staffing for your PRAMS Telephone Interviewer(s) here.

1. <NAME>, <TITLE> from <OFFICE> will serve <##>% of time as <STATE>'s Telephone Interviewer.

2. <NAME>, <TITLE> from <OFFICE> will serve <##>% of time as <STATE>'s Telephone Interviewer.

3. <NAME>, <TITLE> from <OFFICE> will serve <##>% of time as <STATE>'s Telephone Interviewer.

Describe the specific duties and responsibilities for each person mentioned above. Specify which interviewers conduct Spanish interviews, as applicable.

If your state has a telephone contract, identify the contracting agency and the primary contact person. Also describe the scope of contracted services (e.g., phone calling only, telephone number searches).

3.5 Other Operational Staff

Some states use staff beyond the Project Coordinator, Data Manager, and Telephone Interviewers to accomplish the daily PRAMS activities related to operations. Examples might include data entry staff, temporary workers, and staff that assist with mailings.

Protocol Development Task

Identify any additional staff involved in PRAMS operations. Describe the roles, responsibilities, and level of effort (percent of time) for each person.

3.6 Spanish-Speaking Staff

States that provide Spanish materials will need to have Spanish-speaking staff available for women in the PRAMS sample. In addition to Spanish-speaking interviewers, a Spanish-speaking person must be available to answer questions about the program. A Spanish-speaking person must also be available during questionnaire revisions to review the mail and telephone surveys.

Protocol Development Task

If your state uses Spanish materials, identify Spanish-speaking staff that will be available for answering general questions about the program and for reviewing translations of questionnaires and other materials.

3.7 Vital Records Contact Person

There are several tasks in the development of PRAMS that require knowledge of and access to birth records. For instance, computer programs are written to create the PRAMS sampling frame, to draw the sample, and to generate the monthly sampling files. (See **Sections 6.5a – 6.5c** for further discussion of these files.) When the programs are finalized, they are executed on a monthly basis and the appropriate files are provided to the Project Coordinator.

A new PRAMS state must make contact with and ensure the involvement of the Vital Records Contact Person early in the development of PRAMS. The time commitment of this person is substantial during the development phase of the project, but is minimal after data collection begins. This person must have solid computer programming skills, preferably in SAS, with a basic understanding of sampling methodology. A few PRAMS states have supported a portion (10%-15%) of the Vital Records Contact Person's FTE to ensure that PRAMS maintains sufficient involvement of this individual with PRAMS-related activities. The duties and responsibilities of the Vital Records Contact Person are to:

- Develop sampling procedures and sampling computer programs. Submit sampling programs to CDC for review and approval.
- Work with the Project Coordinator and CDC on any changes to procedures or programs (e.g., changes in stratification or to file layouts).
- Complete development activities for **Chapter 4 (Sampling)**.
- Prepare monthly sample files in a timely manner.
- Provide annual birth file (in requested format – currently the 1999 or 2003 NCHS format with some additional PRAMS and state-specific variables appended) to CDC no later than December 1 following the end of each birth year.

Protocol Development Task

Describe the staffing for your PRAMS Vital Records Contact Person here.

<NAME>, <TITLE> from <OFFICE> will serve <##>% of time as <STATE>'s Vital Records Contact Person.

Specific duties and responsibilities (particularly as they differ from the CDC-recommended staffing plan) are:

After data collection begins, some PRAMS states have the Vital Records Contact Person run the sampling programs each month and provide the sample files to the Project Coordinator, while in other states, the Project Coordinator is responsible for running the programs each month. If the person who will draw the monthly samples is not the Vital Records Contact Person, identify the name and position of the person who will draw the sample.

3.8 Data Analysts

As with the Vital Records Contact Person, the involvement of individuals who will eventually analyze PRAMS data is assured at an early stage in PRAMS development. Data analysts provide input into all components of PRAMS, particularly into plans for stratification, question topics, and plans for analysis and appropriate dissemination of findings. Some states have supported a portion (10%-25%) of one or more analysts' positions to ensure that PRAMS maintains sufficient involvement of these individuals with PRAMS.

PRAMS data analysts should have the following abilities:

- Experience and skills in basic statistical and epidemiologic analytic principles.
- Knowledge of and skills in SAS programming.
- Knowledge of or willingness to be trained in SUDAAN software.
- Willingness to be trained in the use of PONDER.
- Familiarity with vital records and with other state maternal and child health (MCH) data sources.
- Experience in working with these data and in planning ways to address state needs for additional data.
- Knowledge of MCH issues and state programs.

For more information regarding the skills and duties of the data analyst, see **Chapter 7 (Analysis, Use, and Limitations of PRAMS Data)**.

Protocol Development Task

Identify the person(s) who will analyze the PRAMS data. In some states, the Project Coordinator or Data Manager has primary responsibility for PRAMS analysis.

1. <NAME>, <TITLE> from <OFFICE> will serve <##>% of time as a PRAMS Analyst.

2. <NAME>, <TITLE> from <OFFICE> will serve <##>% of time as a PRAMS Analyst.

3.9 Staff Training

Necessary training materials and other documentation for staff training are provided by or arranged for by CDC. These trainings cover the following areas.

3.9a Training Materials for Development and Testing of State-Developed Questions. These materials are available on the **Inside PRAMS Web site.** Materials cover topics such as assessment of the quality of individual questions (Question Appraisal System) and cognitive interviewing techniques (Cognitive Interviewing Guide). Staff involved in any aspect of the question development should review these materials. Your CDC program manager is available to discuss these techniques upon request.

3.9b Telephone Interviewer Training. This training is performed before or immediately following the initiation of data collection. The Project Coordinator is responsible for training telephone interviewers; CDC has developed tools that the Project Coordinator can use for training purposes (see the **PRAMS Telephone Interviewer Training Manual and Video**). The Project Coordinator should review these materials carefully and is encouraged to consult with his/her program manager before conducting interviewer training. The Data Manager and all Telephone Interviewers should attend the initial training. Thereafter, refresher training should be conducted at least once per year to review any changes and to discuss any issues that may arise. Full training sessions should be conducted on an as-needed basis (i.e., hiring of new staff).

In addition to basic interviewer training, relevant staff will need to receive training on the use of the Web-CATI system. CATI system training sessions are available for interviewers and supervisors. Video recordings

of the CATI trainings are available for training new staff. State PRAMS staff and contract staff involved with telephone interviewing are required to participate in these trainings. Prior to the trainings, staff should review the "How To" manuals that document the CATI system. There is an interviewer version and a supervisor version of these manuals. Supervisors should become familiar with the interviewer procedures and participate in the interviewer training in addition to the supervisor training. Interviewer and supervisor staff should be encouraged to practice using the CATI system in training mode prior to going live with telephone interviews.

3.9c PRAMTrac, QDS, Web-CATI, and COMMENT Data Collection Systems Training. This training is performed at the PRAMS software installation site visit when the initial monthly sample has been drawn and staff are ready to initiate data collection activities. CDC provides training in the operation and use of PRAMTrac, QDS, Web-CATI, and COMMENT data entry systems. CDC provides documentation, online help, and/or telephone support for each software system. It is not possible for CDC to provide access to the Web-CATI system or copies of the PRAMTrac software and documentation manual prior to the installation site visit because the layout and setup of the software is dependent on various decisions at the state level. Thus, the PRAMTrac system is not finalized until all project decisions have been made. Attendance at the training session by the Project Coordinator and Data Manager is essential. If the software will be running on a LAN, the LAN administrator will be needed for portions of the training sessions. Other personnel, such as the Vital Records Contact Person or the Project Director, may attend training sessions, as appropriate. Telephone interviewers and supervisors should participate in the Web-CATI training. Future staff members hired to work with PRAMS will be trained by the Project Coordinator. CDC may provide additional staff training under special circumstances. When the training is completed, PRAMS staff are strongly encouraged to utilize CDC user support services for PRAMTrac, QDS, and COMMENT (or the CDC CATI contractor's e-mail or toll-free telephone user support for Web-CATI) when questions arise concerning use of the software.

3.9d SUDAAN (Software for SUrvey DAta ANalysis) Training. This training is needed after the state has collected a minimum of one year of data, has a weighted data set, and is ready to begin data analysis. Staff who perform data analysis will attend a SUDAAN training session. CDC will facilitate the process of obtaining training in the use of SUDAAN.

3.9e ***Human Subjects Training.*** This 4-module training will be performed on a quarterly basis for all new PRAMS staff (on-site/off-site, contractors/staff). CDC developed the training curriculum; the Project Coordinator will be the trainer for <STATE> PRAMS staff. The purpose of the training is to ensure that all PRAMS staff are knowledgeable about human subjects protections and understand the implications of breaches in protocol. Refresher trainings should be conducted at least once per year, and all modules should be repeated in the case of a breach in protocol.

3.9f ***PONDER (PRAMS On-line Data for Epidemiologic Research)*** As with SUDAAN, this training is needed after the state has collected a minimum of one year of data, has a weighted data set, and is ready to begin data analysis. Staff who perform data analysis will complete a web-based PONDER training session that will be offered by CDC.

Note: Remember it is the project staff responsibility to update Chapter 9 timeline when trainings have been completed/attended and to forward the updated chapter and all pertinent information (sign up sheets, etc.) to their CDC PRAMS Program Manager.

3.10 Steering Committee

The Steering Committee advises PRAMS staff in the development and selection of state-specific questions and on the use, dissemination, and application of findings. The Steering Committee may use PRAMS findings to guide recommendations for developing or modifying intervention programs or for securing resources for program changes. Agenda items for Steering Committee meetings may include any of these topics, as well as emerging issues with the <STATE> PRAMS project or with the CDC, such as questionnaire evaluations, response rate issues, data availability, and data needs of the Steering Committee members.

The Steering Committee meets at least once annually and is limited to approximately 10 to 15 members who have various areas of expertise necessary to assist in specific areas of data analysis (e.g., family planning policy, prenatal care, specific topics – smoking, injury, nutrition, etc.). The committee includes a multi-disciplinary mixture of individuals from the public and private sector as well as from the academic community. To the extent possible, the Steering Committee is limited to local representatives, as travel expenses to Steering Committee meetings are not reimbursed by cooperative agreement funds. It may be beneficial to periodically re-assess the membership to ensure active participation and a fresh perspective.

Protocol Development Task

Specify the frequency with which your state's Steering Committee will meet (committee should meet at least annually). Generally, the Steering Committee will meet more often during the initial development and start-up of PRAMS, during questionnaire revisions, and when data analysis begins.

Use the following table as a guide in selecting your state's Steering Committee. Your state's Steering Committee will likely not include representatives from each of these organizations; CDC strongly recommends limiting the size of the Steering Committee to between 10 and 15 individuals. Not all organizations listed will be applicable in your state, or there may be other appropriate organizations in your state that are not included in the table. After your Steering Committee has been selected, complete the table below.

<STATE> Steering Committee		
Name	**Title**	**Organization**
		State Department of Health (Example: Maternal and Child Health, Family Planning, Epidemiology, Vital Records)
		Medicaid
		State Department of Family and Children Services
		Public Health Departments/Public Hospitals (Physicians and Nurses)
		State Department of Human Services (Office of Planning, Research, and Development)
		State Department of Social Services

		State Department of Health Education
		Indian Health Service
		Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
		Office of Alcoholism and Drug Abuse
		Community Mental Health Center
		Sudden Infant Death Syndrome (SIDS) Project
		State Chapter of the American College of Obstetricians and Gynecologists
		State Chapter of the American Academy of Pediatrics
		State Medical Association
		Other Physician Professional Organizations
		State Chapter of the Nurses Association of the American College of Obstetricians and Gynecologists
		State Perinatal Association
		Other Nursing Professional Organizations
		Physicians or Nurses Practicing in the Community
		Medical, Nursing, and Public Health Departments of Universities (Faculty from Obstetrics and Gynecology, Pediatrics,

		Neonatology, Family Practice, Biostatistics Research, Epidemiology, Sociology, Anthropology, Nutrition)
		Family Planning Organizations (Clinical Services Director)
		State or Local Family Planning Organizations (Members)
		Foundations (March of Dimes, etc.)
		Health Policy Research Organizations
		Hospital Association (or other Hospital Representative)
		Other Organizations