From Data Streams to Community Impact: Empowering Use of Statewide Systems for Local Needs

Michigan Premier Public Health Conference

Oct. 9, 2026

MDHHS

Michigan Department of Health & Human Services

Telling the Story of Michigan's Mothers and Babies

Using MI PRAMS Data to Inform Programs and Policy

Jill Hardy, MS

MDHHS
Michigan Department of Health & Human Services

Overview of Michigan PRAMS Methodology

Michigan's Black mothers are 26% less likely to begin using prescription opioid pain medication after C-section than are Michigan's White mothers.

Are There Racial Disparities in Prescription Opioid Pain Reliever Use Following Pregnancy?

Presented at the 2022 CityMatCH Conference.



What is PRAMS?

- **Pregnancy Risk Assessment Monitoring System:** A survey project that assesses the health and wellbeing of Michigan's infants and their mothers.
- CDC provides partial-funding and some technical support.
- Ongoing: yearly data collection since 1988.
- Mixed-mode: web, mail and phone.
- Population-based: reports on all MI mothers, not just those interfacing with services.

How can PRAMS Represent all Michigan moms?

MDHHS Michigan Department of Health & Human Services

2026

All live born infants in Michigan

Population ~99,400

Mothers of a triplet, twin or singleton infant with a birth certificate

Frame

98.5%

PARENT AND INFANT PROJECT

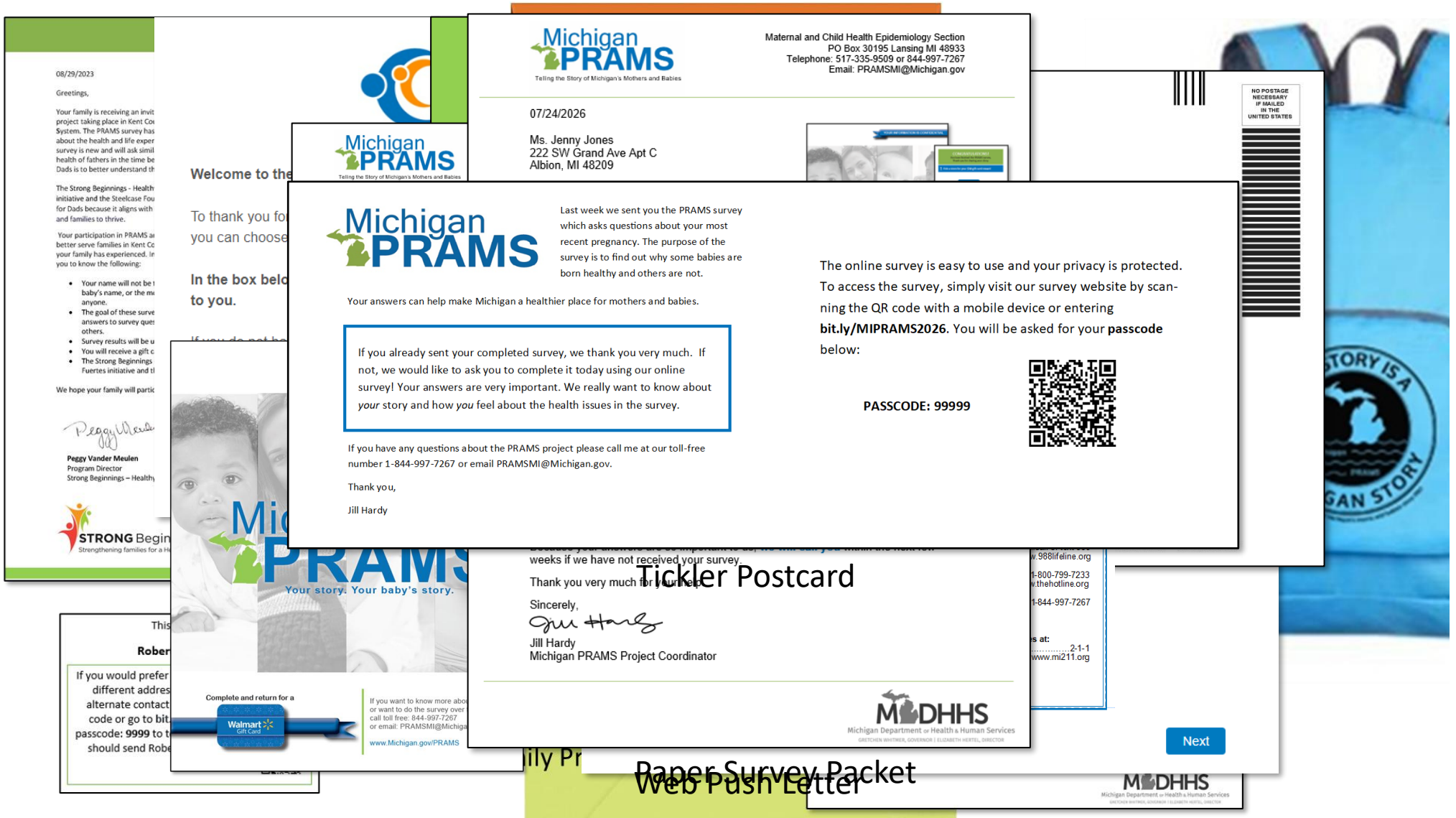
	Father listed on birth record ~88,000	Father not listed on birth record ~10,000
Rural County mother any race/ethnicity (17,229)	4%	14%
Non-Hispanic White mother Urban county (45,863)	1%	6%
Non-Hispanic Black mother Urban county (14,962)	7%	8%
Other race or Hispanic Urban county (19,954)	3%	10%

Response

2024 Unweighted Response Rate 48.9%

2024 Weighted Response Rate 51.5%

Monthly Outreach



Strengths & Limitations

- **All moms vs. only those interfacing with programs/services.**
- Random selection.
- Response rates ~ 50%.
- Weighted.
- Consistent methodology allows **comparison over time** and between states.
- Oversamples groups of interest.
  - Phase 8: Low birth weight, SE MI, Black mothers.
  - Phase 9: Rural/Urban, Black/White/Other Race or Hispanic.
- Listens to mothers / 'Honest" answers.

- Single point in time.
- **Limited ability to measure small geographic areas.**
- **Limited ability to measure systems level characteristics.**
- **Lag in data availability.**
- Limited to live births.
- Fewer respondents from some at-risk groups (non-English speaking, Age<20).
- Potential biases (responder vs. non-responders, socially desirable responses, recall bias).

What About Dads?

38.6% of Detroit dads and 40.0% Kent County Non-White or Hispanic dads experienced moderate or significant depression and/or anxiety in the postpartum period.

Kent Co. and Detroit PRAMS for Dads, 2023



Father and Infant Project (FIP)

- Partnership between MDHHS MI PRAMS team and Lurie Children's Hospital's Family and Child Health Innovation Program.
- Surveys fathers of infant's whose mother was selected to participate in PRAMS.
  - 2023 – Kent non-white or white, Hispanic dads (data available).
  - 2024 – Kent Non-white or white, Hispanic and Detroit dads (data available).
  - 2025 – Kent and Detroit dads.
  - 2026 – All Michigan dads.
  - PRAMS for Dads (P4D) (2023-Jan 2025) = Father and Infant Project (FIP) (Feb 2025-current).

Live Demo of MI PRAMS Annual Report Dashboard

About 3 in 4 (74.3%) Michigan mothers plan to vaccinate their infant as their baby's doctor recommends. About 1 in 15 (6.5%) Michigan mothers do not plan to vaccinate their infants.

Michigan PRAMS, 2023



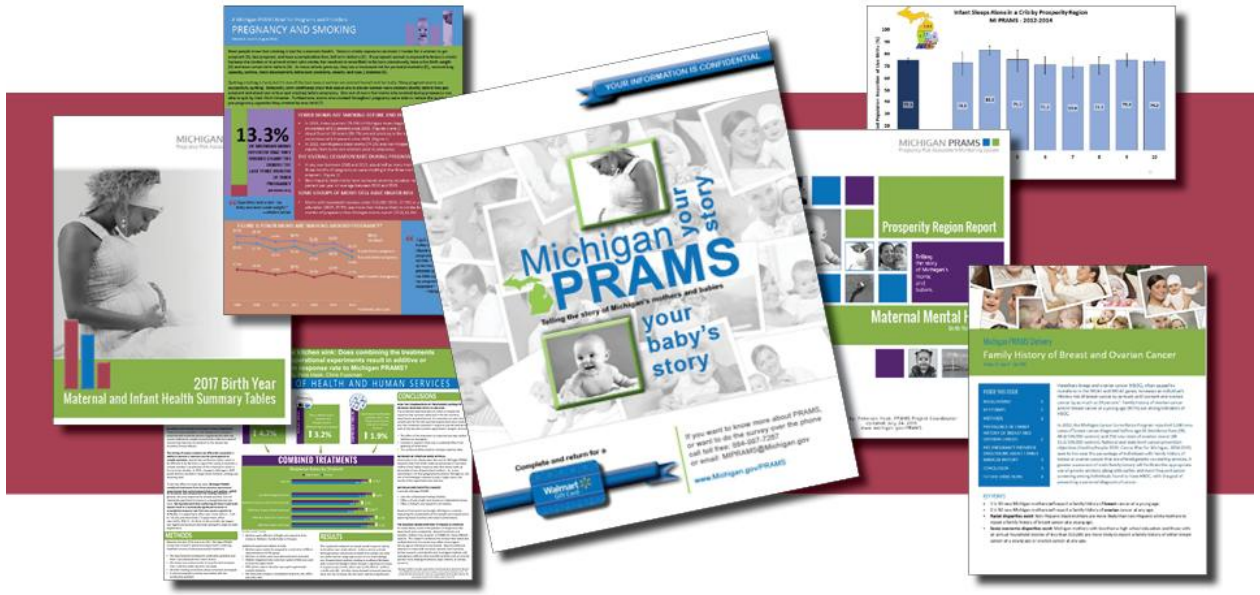
Requesting MI PRAMS Statistics

- Need: aggregate statistics based on PRAMS data.
  - Discuss desired statistics with MI PRAMS Epidemiologist or Analyst.
  - Establish a timeline.
  - MI PRAMS team provides requestor charts, tables, figures and documentation/citation guidelines.
  - Common requestors: local health departments, non-profits serving MI families, university researchers and media.
    - Media requests require MDHHS Communications involvement.
  - Uses: generally used in reports, presentations, grant applications.
  - No cost to requestor for data requests of this type.

Requesting MI PRAMS Datasets

- Need: weighted PRAMS dataset for independent analyses.
  - Discuss analytic plan with PRAMS Epidemiologist or Analyst.
  - Obtain human subjects research approval from MDHHS IRB.
  - Obtain fully executed MDHHS data use agreement.
  - PRAMS analytic team cuts a weighted PRAMS dataset.
    - Limited to variables needed for analyses.
    - Can be multiple years.
    - Birth record, PRAMS operational, PRAMS survey, and some PRAMS survey calculated variables are available.
  - PRAMS data may be linked to other data with proper approvals.
  - Common requestors: local health department epidemiologists, university researchers including graduate students.
  - Uses: for internal decision making, complex reports, peer reviewed journal articles.
  - No cost to requestor for most weighted data set requests.
  - Note: datasets resulting from these requests do not have the info needed to reweight or perform small area estimation (e.g., county-level analyses).

What else is on the MI PRAMS website?



- Previous and current years' MI PRAMS and Father and Infant Project (FIP) survey booklets for review.
- MI PRAMS annual tables prior to 2023.
- Various reports and presentations.
- Information/contacts for PRAMS and FIP data analysis or dataset requests.
- In progress: Father and Infant Project dashboard and survey question crosswalk dashboard.

Michigan PRAMS Team

Jill Hardy – Operations Specialist
Elizabeth Cunmulaj – Operations Coordinator
Erin Murphy - Operations Coordinator and Data Analyst
Mayson Lance – Epidemiologist
Chris Fussman – Maternal and Child Health
Epidemiology Section Manager

<u>Interviewers and Operations Assistants</u>
D'Shanna Watson
MiChrisha Eddins
Malika Harris

Email: MIPRAMS@michigan.gov

"I have to say, I initially ignore surveys, however, you are tenacious in your pursuit of my experiences surrounding having a child."

Detroit Dad, 2024



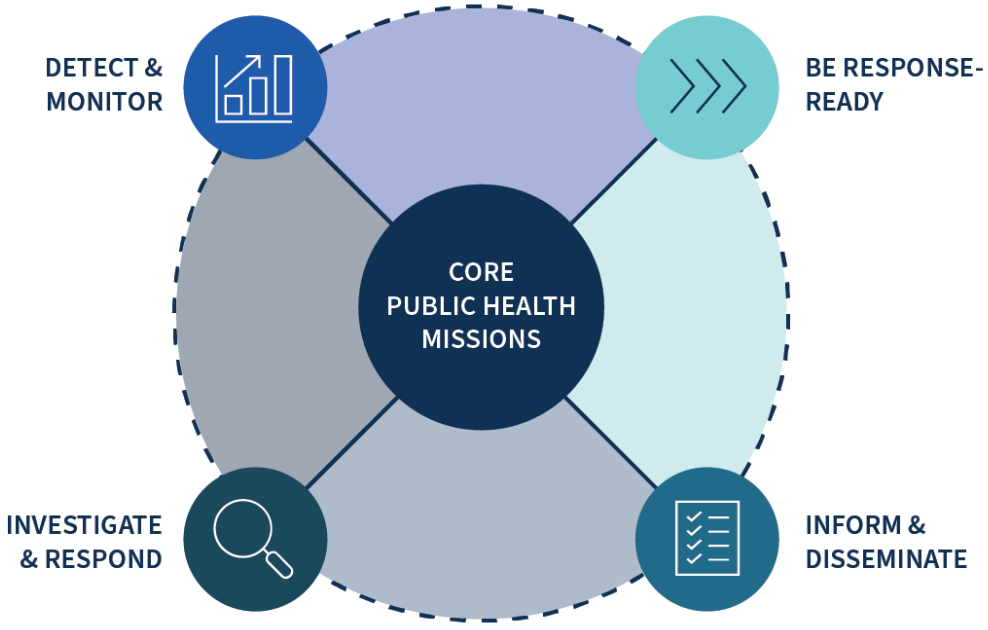
Chronicle:
Modernizing Michigan Chronic Disease Monitoring

Olivia Barth, MPH

MDHHS
Michigan Department of Health & Human Services

Modernizing Chronic Disease Data

- Public health requires up-to-date and detailed data for impactful chronic disease interventions.
- Our data systems are disconnected and introduce challenges to effective chronic disease monitoring.
- Introducing access to new data and modern tools can drive decision-making and improve health outcomes.

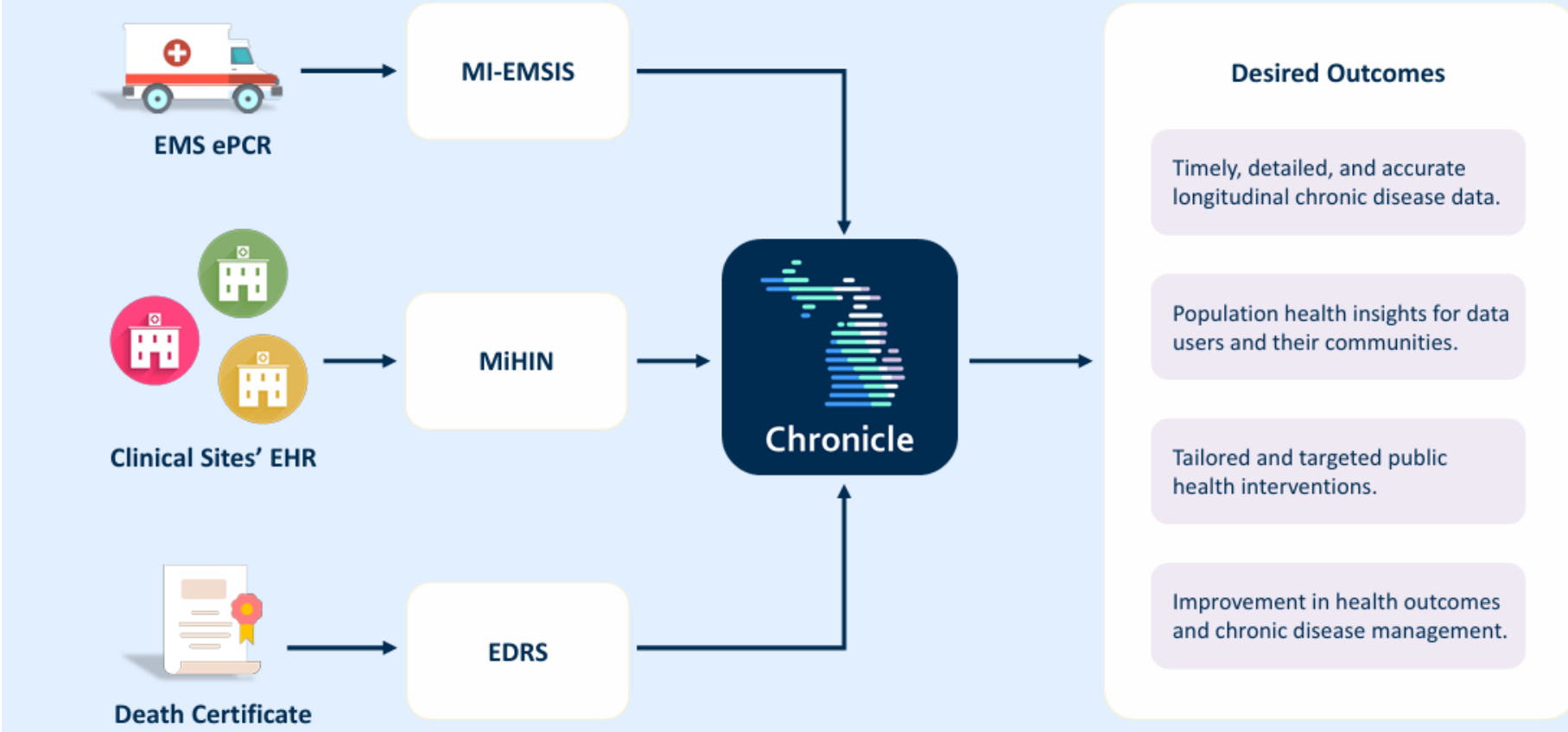


What is Chronicle?



- Chronicle is an automated, near real-time, longitudinal, chronic disease monitoring system.
- Chronicle links disparate clinical, pre-hospital and death record data on several chronic conditions, including:
  - Asthma, cardiovascular disease (CVD), chronic kidney disease (CKD), diabetes, hypertension, high cholesterol, sickle cell and stroke.
- Access to longitudinal data on chronic conditions is critical to informing interventions that effectively address prevention, management and reduction of health disparities.

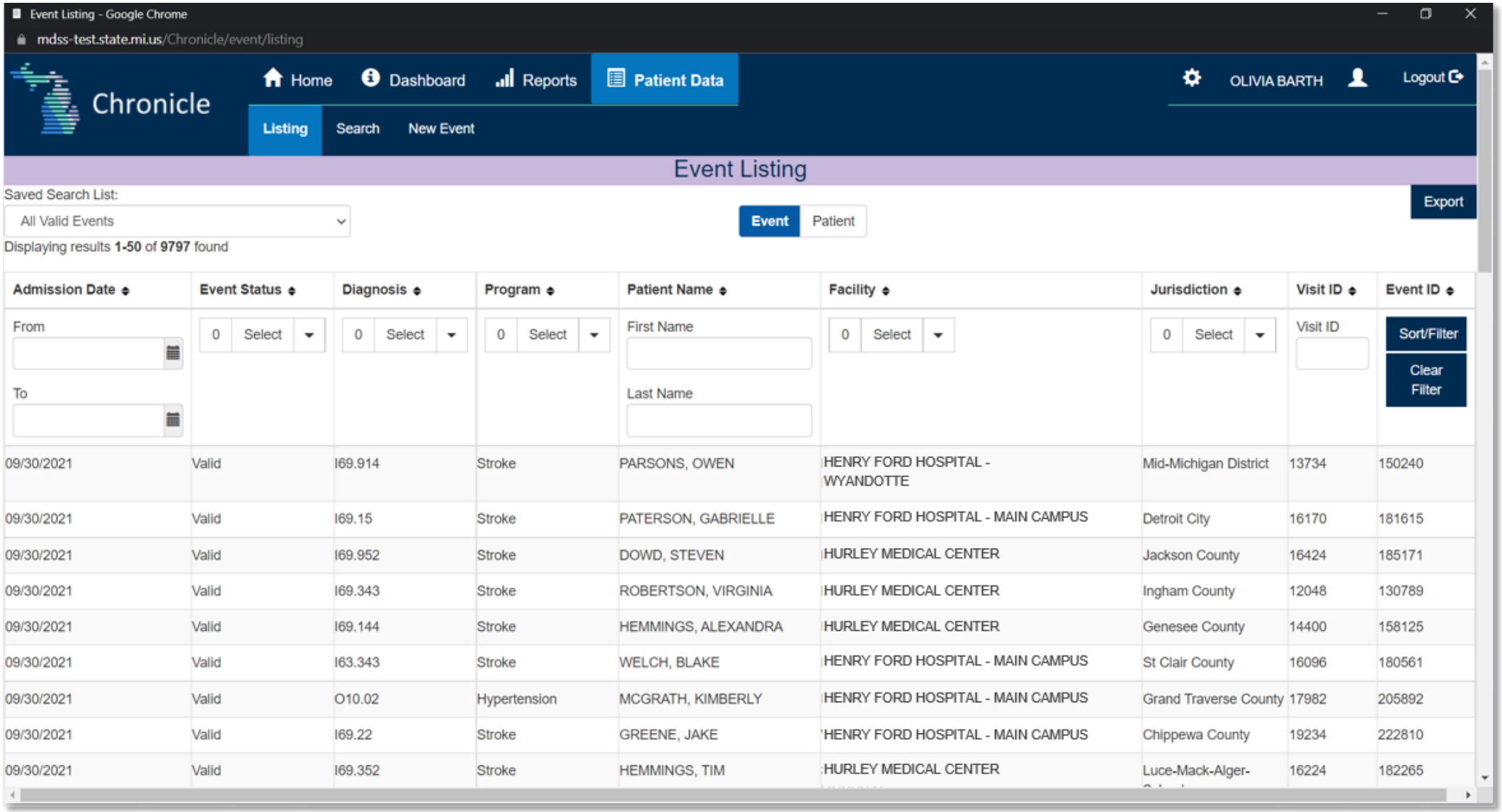
What is Chronicle?



Abbreviations: EDRS, Electronic Death Registration System; EMS, emergency medical services; ePCR, electronic patient care record; MiHIN, Michigan Health Information Network.

Current State

- Data Sources:
  - Health care encounter data from seven hospitals
  - Statewide emergency medical services (EMS) encounter data
  - Statewide death record data
- Ongoing Projects:
  - Refining case definitions.
  - Examining EMS encounter rates across Michigan.
  - Exploring methods for identifying high risk and high utilizer individuals.
  - Analyzing stroke readmissions.
  - Analyzing EMS transport refusal rates for cardiovascular disease.



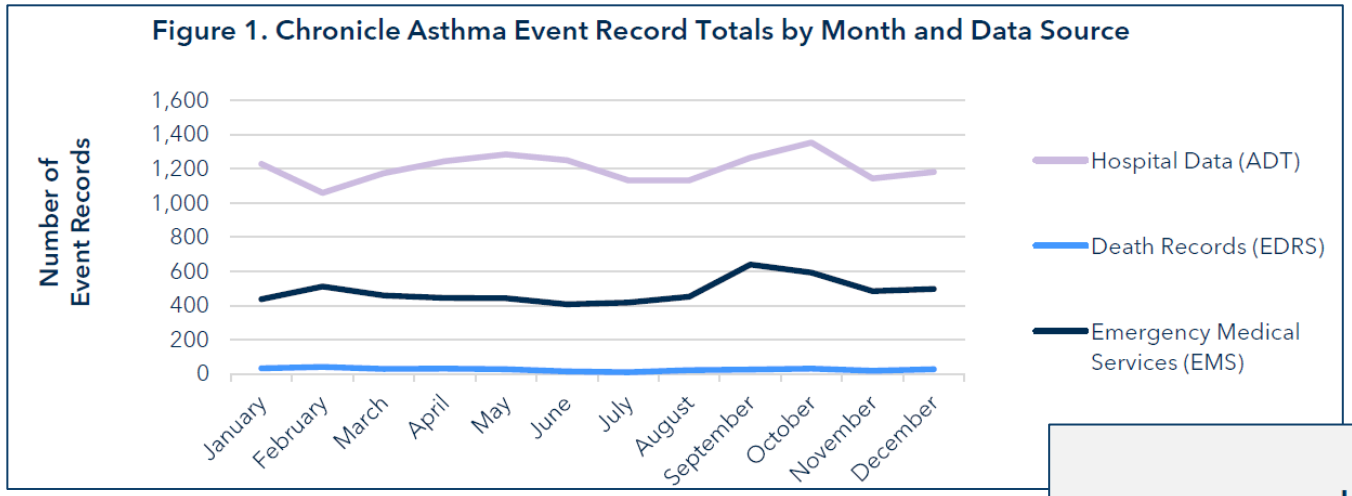
***Note: This is fake/test data.**

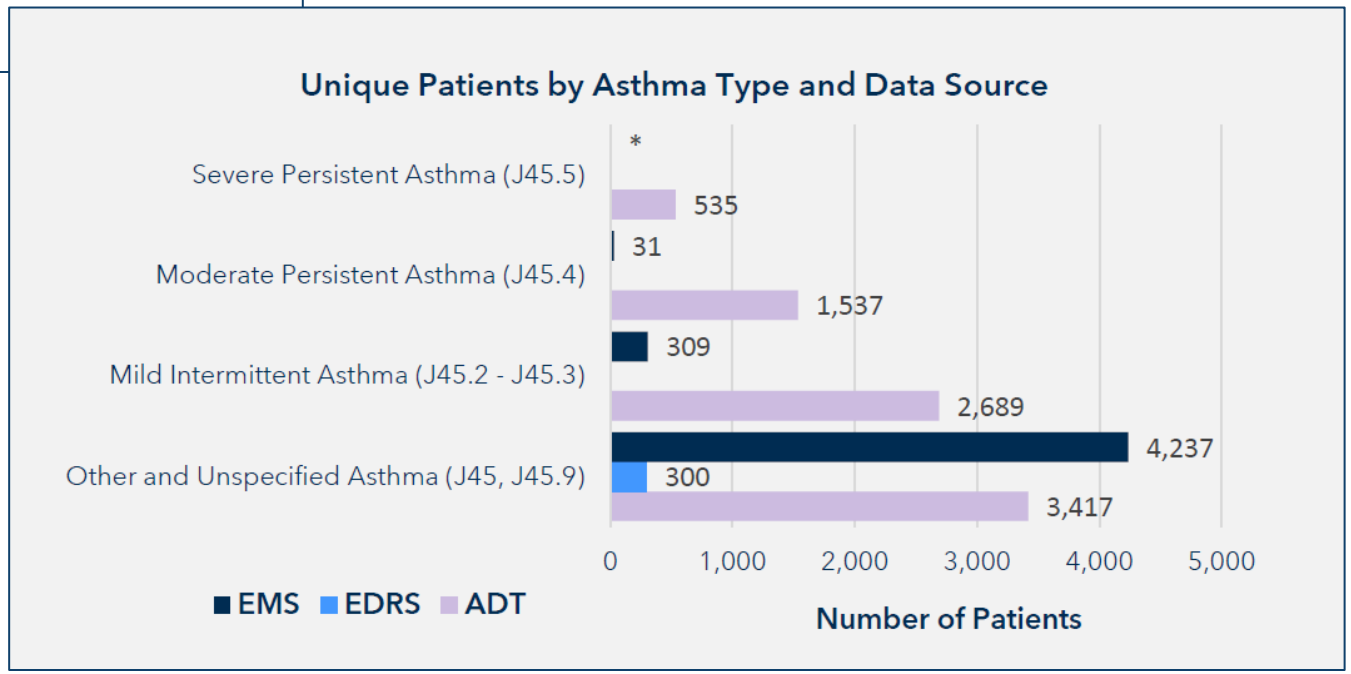
2025 Chronicle Data

In 2025, Chronicle collected data on a total of 355,439 unique individuals.

	Asthma	CVD	CKD	Diabetes	Hypertension	High Cholesterol	Sickle Cell	Stroke
Encounters:								
Hospital Encounters	14,460	103,952	23,450	45,749	71,971	52,009	2,597	8,646
EMS Encounters	5,893	37,417	744	11,571	11,234	-	412	17,707
Death Records	336	43,052	7,778	5,765	23,513	15,088	28	10,353
Unique People:	11,792	118,886	19,969	37,718	76,544	47,355	861	31,165

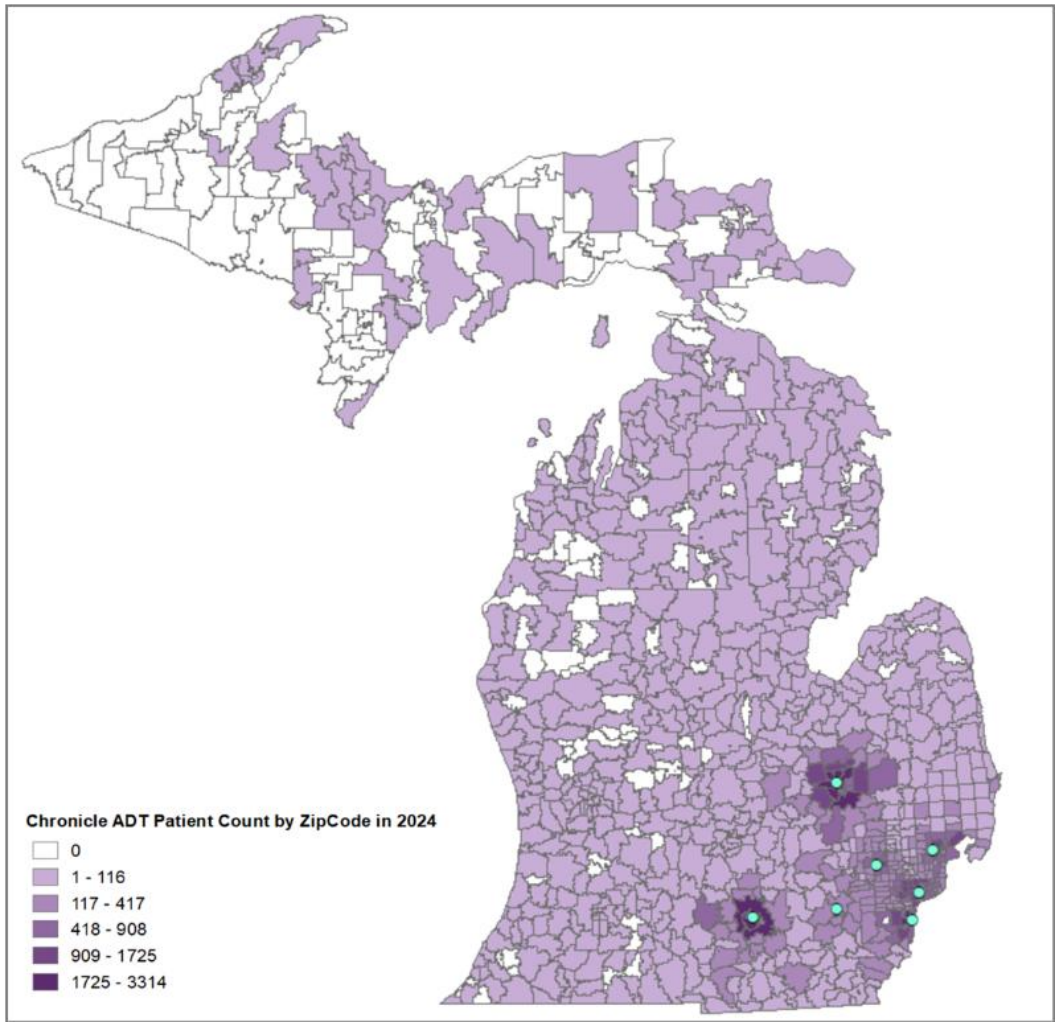
2025 Chronicle Data





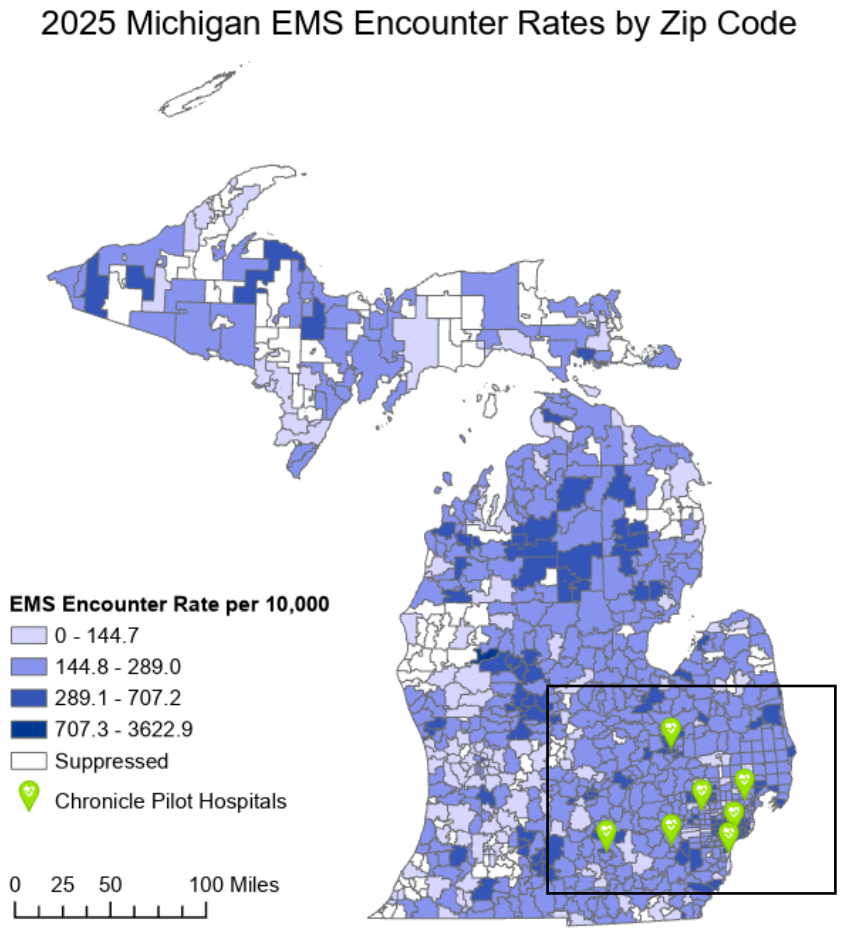
Data Source: MDHHS Chronicle (2025). Includes hospital encounter, EMS encounter, and death record data where a diagnosis, primary impression, or cause of death for asthma was recorded.

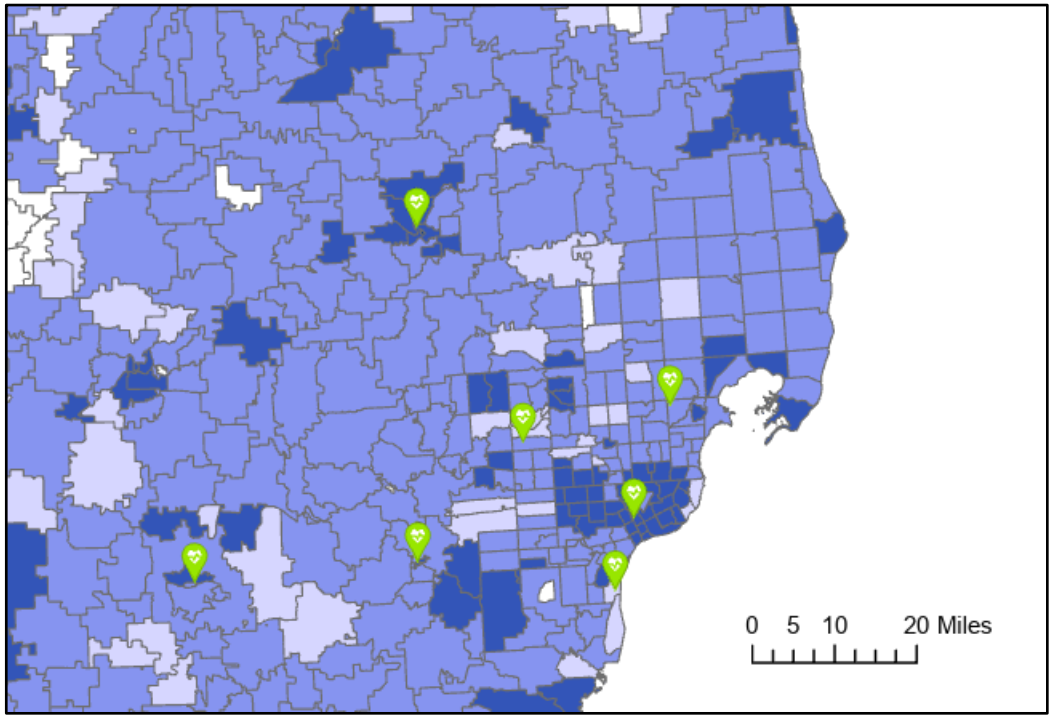
Chronicle Data Coverage



Data Source: MDHHS Chronicle ADT Hospital Encounter Data (2024). Displays unique number of patients by Zip Code that had a hospital encounter and diagnosis of asthma, CVD, CKD, diabetes, high cholesterol, hypertension, sickle cell, or stroke.

Chronicle Data Coverage





Data Source: MDHHS Chronicle Mi-EMSIS (2025). Includes EMS encounters for chronic disease primary impressions: asthma, CVD, CKD, diabetes, high cholesterol, hypertension, sickle cell, and stroke.

Strengths

- Up-to-date, near real-time chronic disease data.
- EMS encounter and death record data is statewide.
- Connects and harmonizes data across hospital encounters, EMS encounters and death records.
- Collects patient-level data over time.
- Collects multiple chronic diseases in one registry.
- Identifying high utilizers and high-risk individuals.
- System user access with search and filter functionality.

Limitations

- Hospital coverage is incomplete; only seven hospitals contributing data.
- Data before 2023 is unavailable.
- Bias towards individuals interacting with the health care system or those with more severe outcomes/conditions.
- Cannot distinguish primary diagnosis in ADT data.
- Doesn’t include medications, lab results, or social determinants of health data (yet).
- When data is exported may influence data analysis due to live data feeds.
- Case definitions are based on ICD-10 codes only.

Next Steps

- Exploring emergent trends in the data.
- Sharing aggregate data on up-to-date chronic disease trends.
- Onboarding local health department users.
- Exploring supplemental data sources and increasing interoperability.



Next Steps

- Chronic Disease Reporting:
  - The Michigan Chronic Disease Registry (MiCDR) Advisory Board was convened in 2025.
  - Chronic conditions can be nominated for statewide mandatory reporting.
  - The Board will review and recommend whether a condition should be reportable to MDHHS for public health monitoring.

Board Member(s)	Representing
Jim Lee	Michigan Health and Hospital Association
Sophia Hines **Peter Blank**	MDHHS Public Health Administration (2)
Amy Parris	Chronic Disease Organization Representative
Brenda Gray	Local Health Department Representative
Dara Barrera	Michigan State Medical Society
J. Adam Oostema	Emergency Medical Services Representative
Kevin Dombkowski	Chronic Disease Research Representative
Jillynn Oesterle	Community-Based Organization Representative
Gerald Morris	Tribal Health Agency Representative
Saima Mansuri	Health System Representative
Kenneth Cabine	General Public Representative

How can you use it?

- Assess burden of chronic disease disparities by geography or demographic categories.
- Assess trends over time.
- Support your jurisdiction’s community health assessments.
- Inform targeting of resources or interventions.

Michigan Chronicle Team

Beth Anderson
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Olivia Barth
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Jennie Lekich
Chronicle Informaticist

Hailey Zuverink
Chronicle Epidemiologist

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Statewide Systems

- Established
  - Michigan Behavioral Risk Factor Surveillance System (MiBRFSS)
  - Pregnancy Risk Assessment Monitoring System (PRAMS)
- Emerging
  - Chronicle

MiBRFSS

MDHHS
Michigan Department of Health & Human Services

What is it?

- Annual, statewide telephone surveys of Michigan adults aged 18 years and older.
  - Part of the national BRFSS coordinated by the CDC.
- Only source of state-specific, population-based health estimates among Michigan adults.
  - Health behaviors, medical conditions and preventive health care practices.
- Conducted since 1989.
  - Landline and cell phone started in 2011.

What's on it?

Michigan.gov/BRFS

Michigan BRFS Annual Questionnaires

Keeping Michigan Healthy › Communicable & Chronic Diseases › Epidemiology Services ›

Below you will find links to the Michigan Behavioral Risk Factor Survey

- 2026 MiBRFS Questionnaire (PDF)
- 2025 MiBRFS Questionnaire (PDF)
- 2024 MiBRFS Questionnaire (PDF)
- 2023 MiBRFS Questionnaire (PDF)
- 2022 MiBRFS Questionnaire (PDF)
- 2021 MiBRFS Questionnaire (PDF)
- 2020 MiBRFS Questionnaire (PDF)
- 2019 MiBRFS Questionnaire (PDF)
- 2018 MiBRFS Questionnaire (PDF)
- 2017 MiBRFS Questionnaire (PDF)
- 2016 MiBRFS Questionnaire (PDF)
- 2015 MiBRFS Questionnaire (PDF)
- 2014 MiBRFS Questionnaire (PDF)
- 2013 MiBRFS Questionnaire (PDF)
- 2012 MiBRFS Questionnaire (PDF)
- 2011 MiBRFS Questionnaire (PDF)
- 2010 MiBRFS Questionnaire (PDF)

2024 MiBRFSS Questionnaire

2024 Michigan Behavioral Risk Factor Survey

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Section 71: Family Planning (repeat of Section 34) ... 84
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CDC Core Questions

- The **fixed core** contains standard questions that are asked by every state each year.
- The **rotating core** consists of questions that are collected every other year by every state. In off years, the rotating core questions are offered as optional modules.

Annual

- General Health
- Healthy Days
- Health Care Access
- Chronic Disease
- Tobacco Use
- Alcohol Consumption
- Exercise
- Immunization
- HIV/AIDS

Even-Year Rotating Core

- Oral Health
- Breast/Cervical Cancer
- Prostate Cancer Screening
- Colorectal Cancer Screening

Odd-Year Rotating Core

- Hypertension Awareness
- Cholesterol Awareness

Three-Year Core

- Seat Belt Use/Drinking and Driving
- Immunization (include Shingles)
- Sleep
- Falls

Four-Year Core

- Fruits and Vegetables
- Exercise (Physical Activity)

CDC Optional Questions

- Each year, the CDC offers a selection of standardized optional modules that states can elect to add to their questionnaire.

2024 CDC Optional Questions	# Questions	Version
Prediabetes	2	A, B, C
Arthritis	1	A, B, C
Cancer Survivorship: Type of Cancer	3	A, B, C
Prostate Cancer Screening	5	A, B, C
Cognitive Decline	5	A, C
Caregiver	9	C
Social Determinants of Health	10	B, C
Other Tobacco Use	3	A, C
Sugar-Sweetened Beverage	2	A, B, C
Firearm Safety	3	A, B, C
Random Child Selection	6	A, B, C
Childhood Asthma	2	A, B, C
Sexual Orientation and Gender Identity (SOGI)	2	A, B, C
Family Planning	3	A, B, C
Reactions to Race	6	B, C

State-added Questions

- Questions of special interest to the state that are not offered as optional modules.
- State-added questions allow states the flexibility to address their unique health issues.

2024 State-Added Questions	# Questions	Version
Arab/Chaldean Origin	1	A, B, C
City of Detroit	1	A, B, C
Cancer Survivorship	5	A, B, C
Cancer Genomics	2	A, B, C
Indoor Tanning	1	A, B, C
Adult Lead Exposure	12	A
Child Lead Exposure	3	A
Food Security	6	A, B, C
Childhood Social Support	6	B
Adulthood Social Support	3	B
Adverse Childhood Experiences	11	A, B, C
Tobacco Cessation	4	A, C
Other Tobacco Use	1	A, C
Exposure to Secondhand Smoking	2	A, C
Hepatitis C	1	B,C
Oral Health	1	A

2024 MiBRFS

- 211 questions:
  - 90 CDC core.
  - 62 CDC optional.
  - 59 state-added.
- Oversampled counties: Alpena, Tuscola and Muskegon.
- Target: 7,500 completed interviews and additional 1,068 in oversampled counties.
- Final sample: 11,149.
- Average survey length: 32.3 minutes.

Annual Analysis

- Data are weighted by the CDC to adjust for the probabilities of selection, and a raking weighting factor is used to adjust for the distribution of the Michigan adult population based on eight demographic variables.
  - Telephone source (landline or cell phone), race/ethnicity, education level, marital status, age by gender, gender by race/ethnicity, age by race/ethnicity, and renter/owner status.

- All analyses are performed using SAS-callable SUDAAN® to account for the complex sampling design.

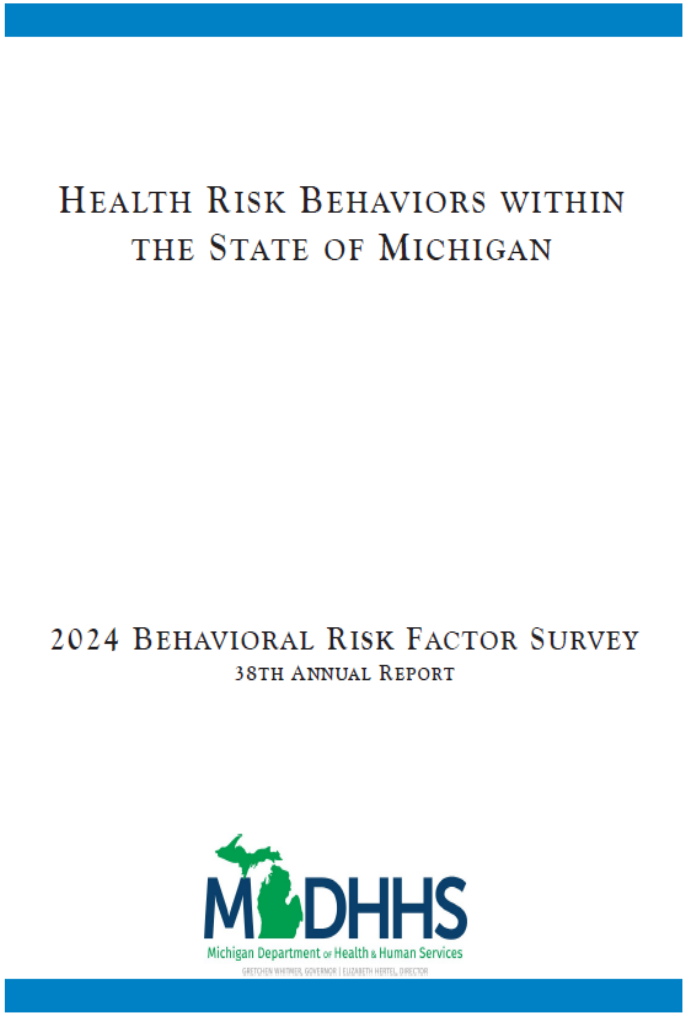
Annual Analysis

- Data suppression rules:
  - A denominator of less than 50 respondents.
  - Relative standard error (RSE) of greater than 30%: RSE=(Standard Error/Point Estimate)*100.

- Results are available via Michigan.gov/BRFS and are sent out via our email distribution list.
  - Email MIBRFSS@michigan.gov to be added to list.

How can you access it?

- Tables available at Michigan.gov/BRFS:
  - Single Year
    - Standard
    - Age and Gender
    - Race/Ethnicity
  - Three Year
    - Expanded Race/Ethnicity
    - **Regional and Local Health Department**
    - Prosperity Region
    - Emergency Preparedness Region



MiBRFSS Dashboard

Michigan Behavioral Risk Factor Surveillance System (MiBRFSS) Dashboard, 2026

Introduction

Welcome to the 2026 Michigan Behavioral Risk Factor Surveillance System (MiBRFSS) Dashboard.

This interactive dashboard was created by the Lifecourse Epidemiology and Genomics Division in the Michigan Department of Health and Human Services to provide the chart and table displaying the 2020-2024 five-year health trends and the 2024 prevalence estimates for risk factors and health indicators by demographic factors, e.g. age, education, gender, household income, and race/ethnicity in Michigan. The data presented in this dashboard are from the MiBRFSS, 2020-2024. The table provides accompanying 95% confidence intervals. Technical notes and frequently asked questions for survey respondents and data users are also included.

What is the Michigan Behavioral Risk Factor Surveillance System (MiBRFSS)?

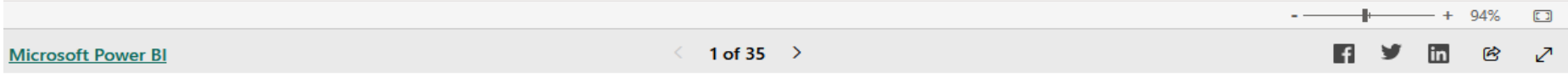
The MiBRFSS comprises annual, statewide telephone surveys of Michigan adults aged 18 years and older and is part of the national BRFSS coordinated by the CDC. The MiBRFSS follows the CDC BRFSS protocol and use the standardized English core questionnaire that focuses on various health behaviors, medical conditions, and preventive health care practices related to the leading causes of mortality, morbidity, and disability. Landline and cell phone interviews are conducted across each calendar year. Data are weighted to adjust for the probabilities of selection and a raking weighting factor is used to adjust for the distribution of the Michigan adult population based on eight demographic variables. All analyses are performed using SAS-callable SUDAAN® to account for the complex sampling design.

Notes

In this dashboard, the prevalence is the estimated percentage of people in Michigan with a specific health condition during a specific year. Prevalence estimates and 95% confidence intervals are suppressed when total unweighted sample size for a demographic category was fewer than 50 respondents and/or have a relative standard error of greater than 30%. Under these circumstances, the demographic category is left blank or is not shown. Some variables are not asked every year or asked in the BRFSS.

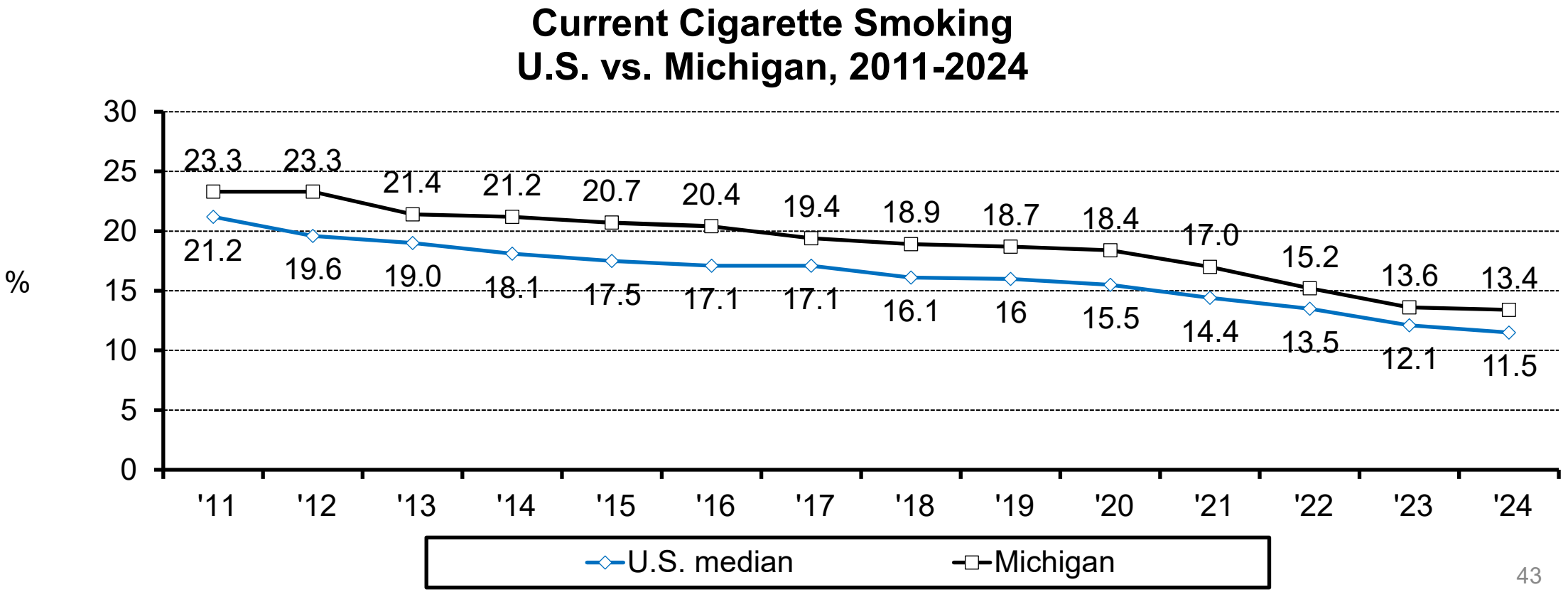
Using the MiBRFSS Dashboard

To navigate through the dashboard, use the arrow at the top left corner of the page to go back to the table of contents or go to the next page. To toggle between charts and tables , press the image of charts or tables. For more information or to request additional data, please send email to MIBRFSS@michigan.gov.



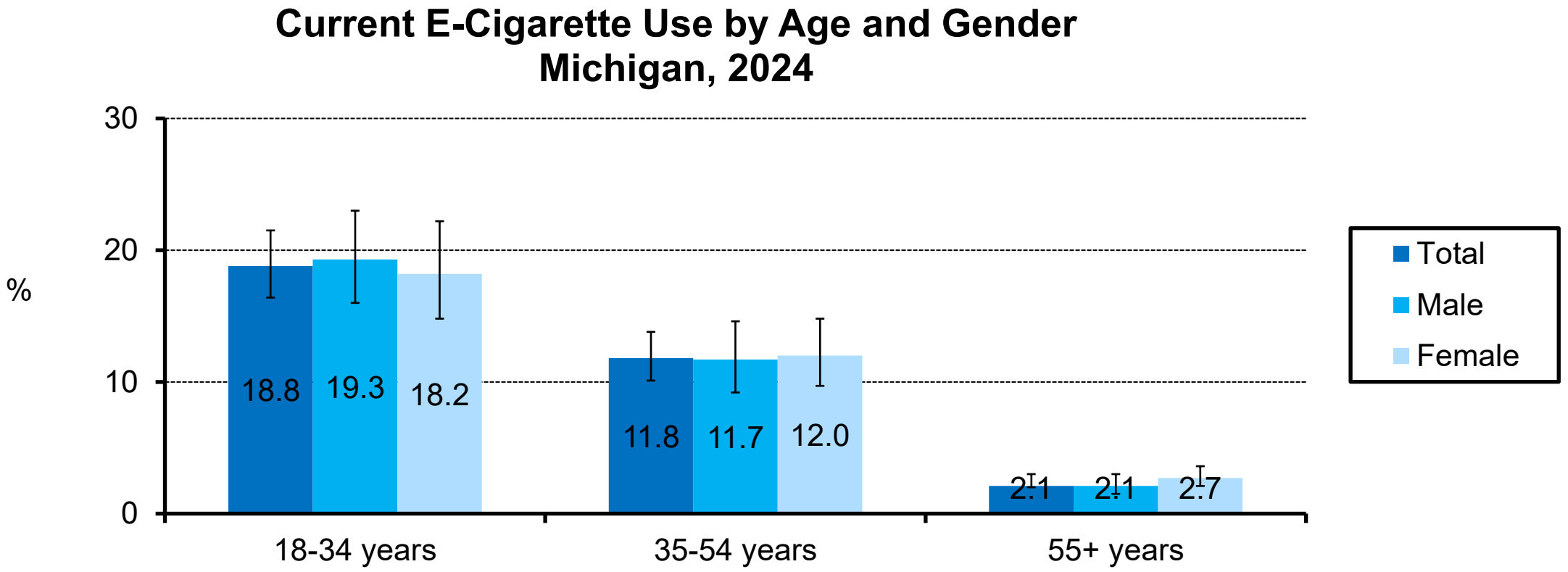
How can you use it?

- Compare to Michigan and U.S. over time:



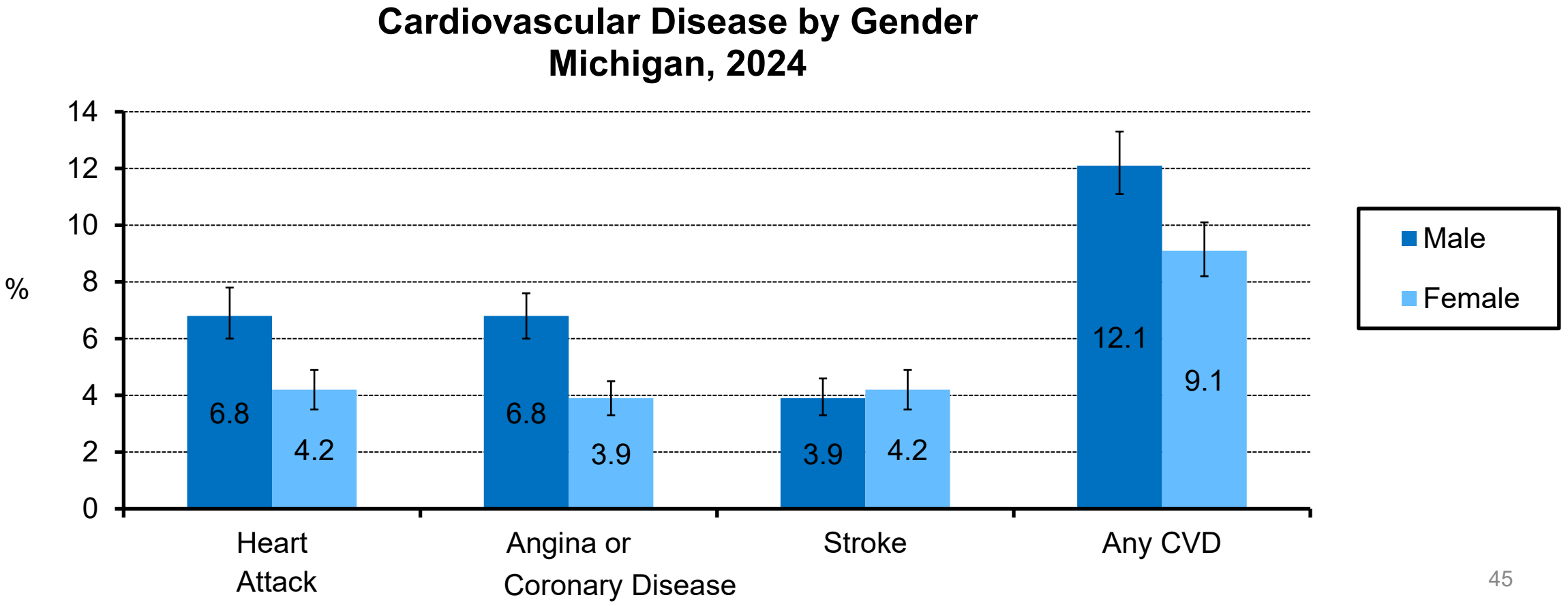
How can you use it?

- Look within particular groups:



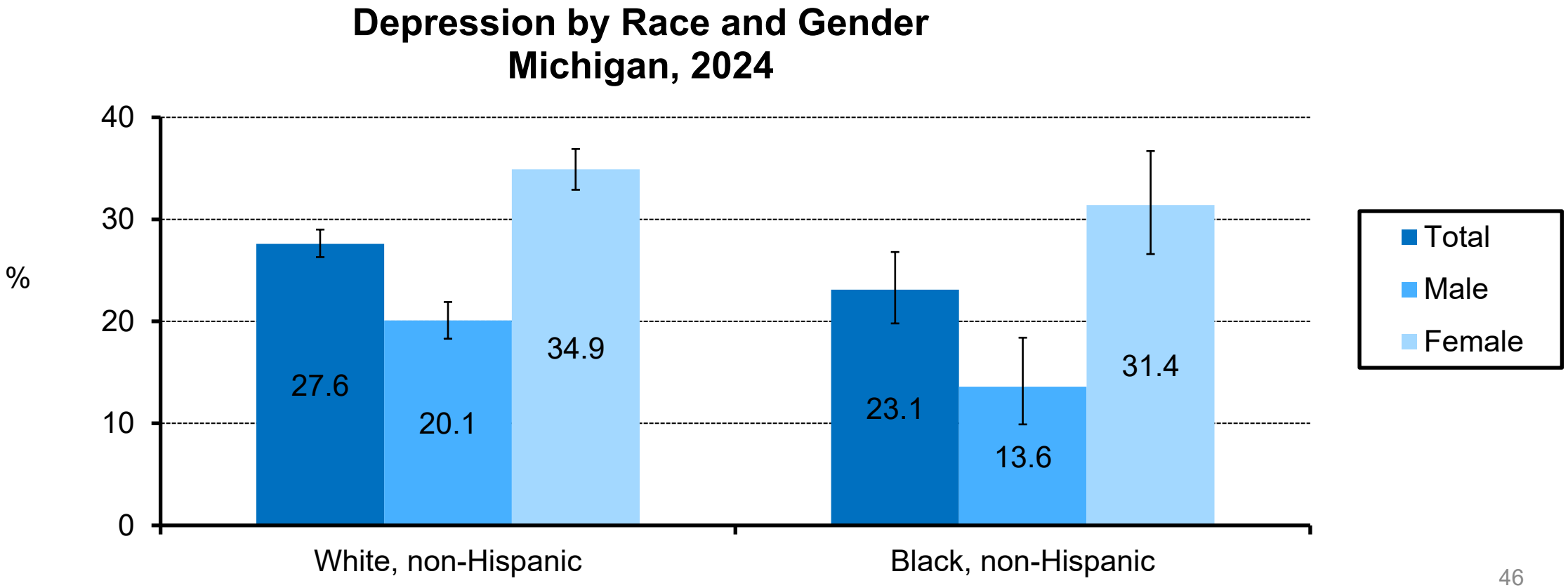
How can you use it?

- Look within particular groups:



How can you use it?

- Look within particular groups:



Data Requests

- Email MIBRFSS@michigan.gov:
  - Aggregate data requests can generally be completed within 1-2 weeks.
  - Individual-level data requests require data use agreement.
  - No cost.

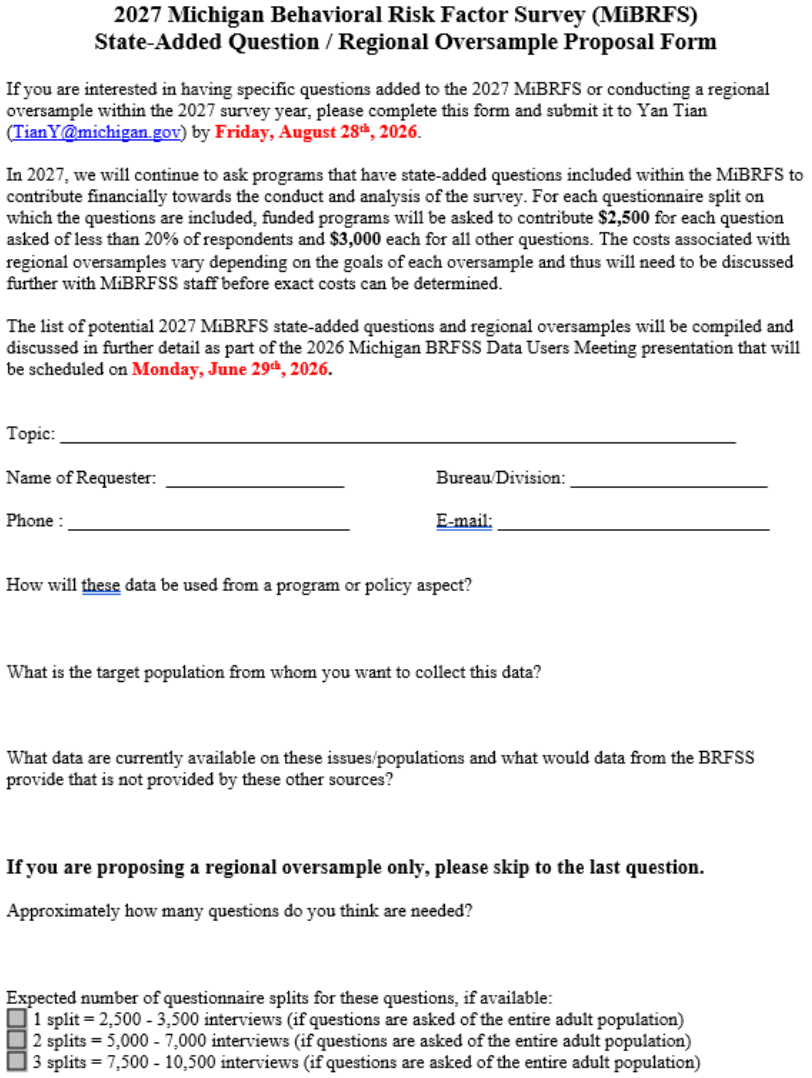
Strengths and Limitations

- Strengths:
  - Rigorous methodology.
  - Strong at the core, flexible at the edges.
  - Part of national BRFSS allows for comparisons.

- Limitations:
  - Sample size.
  - Cross-sectional:
    - Correlation, not causation.

How can you get involved?

- Annual data users meeting every summer:
  - Email MiBRFSS@Michigan.gov to be added.
- Include state-added question:
  - Question costs (per split of ~ 2,500)
    - < 20% of respondents = $2,500 per question
    - ≥ 20% of respondents = $3,000 per question
- Oversample county:
  - Exact cost will be determined with MiBRFSS team.



2027 Michigan Behavioral Risk Factor Survey (MiBRFS)
State-Added Question / Regional Oversample Proposal Form

If you are interested in having specific questions added to the 2027 MiBRFS or conducting a regional oversample within the 2027 survey year, please complete this form and submit it to Yan Tian (TianY@michigan.gov) by **Friday, August 28th, 2026**.

In 2027, we will continue to ask programs that have state-added questions included within the MiBRFS to contribute financially towards the conduct and analysis of the survey. For each questionnaire split on which the questions are included, funded programs will be asked to contribute **$2,500** for each question asked of less than 20% of respondents and **$3,000** each for all other questions. The costs associated with regional oversamples vary depending on the goals of each oversample and thus will need to be discussed further with MiBRFSS staff before exact costs can be determined.

The list of potential 2027 MiBRFS state-added questions and regional oversamples will be compiled and discussed in further detail as part of the 2026 Michigan BRFSS Data Users Meeting presentation that will be scheduled on **Monday, June 29th, 2026.**

Topic: _____

Name of Requester: _____ Bureau/Division: _____

Phone : _____ E-mail: _____

How will these data be used from a program or policy aspect?

What is the target population from whom you want to collect this data?

What data are currently available on these issues/populations and what would data from the BRFSS provide that is not provided by these other sources?

If you are proposing a regional oversample only, please skip to the last question.

Approximately how many questions do you think are needed?

Expected number of questionnaire splits for these questions, if available:
☐ 1 split = 2,500 - 3,500 interviews (if questions are asked of the entire adult population)
☐ 2 splits = 5,000 - 7,000 interviews (if questions are asked of the entire adult population)
☐ 3 splits = 7,500 - 10,500 interviews (if questions are asked of the entire adult population)

Collaboration Opportunities

- Some local health departments conduct own BRFSS-like activities.
- Over-sampling on MiBRFSS.
- CDC funds for MiBRFSS awareness.
  - MDHHS social media.
  - Partner with local health departments to distribute materials.

MiBRFSS Contact Information

- **Email**: MiBRFSS@Michigan.gov
- **Website**: Michigan.gov/BRFS
- **QR code for very brief questionnaire**:

