

MIMS Inventory Survey - FINAL

iQ Score: Fair

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Q1

Please read the following informed consent about this research study and select from the options below.



Project Title: Maryland Infant Mortality Study

This evaluation is being conducted by Drs. Devlon Jackson and Marie Thoma in the School of Public Health at the University of Maryland, College Park. We are inviting you to participate in this survey because you have been identified by other leaders in this field. The purpose of this survey is to identify and understand existing programs in Maryland that address infant mortality or its risk factors, such as preterm birth, birth spacing, smoking, or substance abuse. Your participation is crucial to providing a comprehensive understanding of our state programs. The survey should take no longer than 20-30 minutes to complete.

The survey is completely voluntary. You may stop taking the survey at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you would otherwise qualify.

The information you provide in the survey will be shared with the Maryland Health Care Commission (MHCC) in the form of a published final report. The final report will include basic information on your program, including information on types of services, providers, clients served, program costs, and data on the effectiveness of your program (if available). Additional information on your program's funding sources, sustainability, best practices, and challenges will be described in the aggregate, and not linked back to any specific program in the report. At the end of the survey, you will be asked if you are willing to be re-contacted to if any of the survey responses require further clarification. In addition, if we plan to use any direct quotes that connect back to your program, we will follow-up directly for permission.

There is no more than minimal risk to participating in the study. While there are no direct benefits to participation, we hope that the health and well-being of Maryland infants will be improved through a better understanding of your program needs. The risk of loss of confidentiality will be minimized because we will store the data you provide in a locked office on a password protected computer.

No information on you, as the respondent completing the survey, will be included in the report and your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger, or if we are required to do so by law.

If you would like a copy of this information, please print this page for your records, or email mthoma@umd.edu to request a copy.

If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:

University of Maryland College Park
Institutional Review Board Office
1204 Marie Mount Hall
College Park, MD 20742
Email: irb@umd.edu
Telephone: 301-405-0678

For more information regarding participant rights, please visit:
<https://research.umd.edu/irb-research-participants>

■ Q2



This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects. After reading the above information, please indicate whether you would like to participate. Please choose one of the following:



- ☐ YES, I would like to participate.
- ☐ NO, I do not want to participate.



Condition: NO, I do not want to partic... Is Selected. Skip To: End of Survey.

Page Break

■ Q3



What is the name of your organization? As a reminder, only basic information on your organization will be shared in a final report. All other findings will be aggregated.



■

Q22



What type of organization is this considered?



- ☐ Department of Health
- ☐ Department of Social Services
- ☐ Other government agency
- ☐ Hospital
- ☐ University
- ☐ Private non-profit
- ☐ Self-employed/contractor
- ☐ Other. Please specify

■ Q4



Please list the name of your program or programs that address infant mortality or risk factors for infant mortality?



■

Q25



For each program listed above, approximately how long has each program existed? (Describe separately below and specify units in years or months)



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■ Q6 What types of services are offered within your program(s) you listed above? (CHECK ALL THAT APPLY)



- ☐ Home Visiting
- ☐ Peer Support
- ☐ Safe Sleep
- ☐ Health Literacy
- ☐ Teen Pregnancy Prevention
- ☐ Smoking Cessation
- ☐ Substance Abuse
- ☐ Housing
- ☐ Nutrition
- ☐ General Prenatal Care
- ☐ Group Prenatal Care
- ☐ Fetal Infant Mortality Review
- ☐ Pregnancy support/navigation
- ☐ Referral services
- ☐ Other. Please specify

■ Q8 What types of providers offer these services within your program (s)? (CHECK ALL THAT APPLY)



- ☐ Physicians
- ☐ Nurses
- ☐ Nurse practitioners
- ☐ Nurse midwives
- ☐ Physician Assistants
- ☐ Health Educators
- ☐ Mental health providers (including substance abuse counselors)
- ☐ Social workers
- ☐ Community Health Workers/Pregnancy Navigators
- ☐ Health Administrators
- ☐ Other. Please specify

Display This Question:




If What types of providers offer these services within your program (s)? (CHECK ALL THAT APPLY)
Physicians Is Selected





■ Q9 You selected physicians. Please describe their roles and responsibilities related to your program(s).









Display This Question:
If What types of providers offer these services within your program (s)? (CHECK ALL THAT APPLY)
Nurses Is Selected





Q12


You selected nurses. Please describe their roles and responsibilities related to your program(s).







Display This Question:
If What types of providers offer these services within your program (s)? (CHECK ALL THAT APPLY)
Nurse practitioners Is Selected





Q50


You selected nurse practitioners. Please describe their roles and responsibilities related to your program(s).







Display This Question:
If What types of providers offer these services within your program (s)? (CHECK ALL THAT APPLY)
Nurse midwives Is Selected





Q51


You selected nurse midwives. Please describe their roles and responsibilities related to your program(s).







Display This Question:
If What types of providers offer these services within your program (s)? (CHECK ALL THAT APPLY)
Physician Assistants Is Selected





Q14

You selected physician assistants. Please describe their roles and responsibilities related to your program(s).











Display This Question:


 Q13

If What types of providers offer these services within your program (s)? (CHECK ALL THAT APPLY)
Health Educators Is Selected









Display This Question:


 Q52

If What types of providers offer these services within your program (s)? (CHECK ALL THAT APPLY)
Mental health providers (including substance abuse counselors) Is Selected









Display This Question:


 Q53

If What types of providers offer these services within your program (s)? (CHECK ALL THAT APPLY)
Health Educators Is Selected








Display This Question:

 Q15

If What types of providers offer these services within your program (s)? (CHECK ALL THAT APPLY)
Community Health Workers/Pregnancy Navigators Is Selected



**Display This Question:**

If What types of providers offer these services within your program (s)? (CHECK ALL THAT APPLY)
Health Administrators Is Selected



Q16

You selected health administrators. Please describe their roles and responsibilities related to your program(s).

**Display This Question:**

If What types of providers offer these services within your program (s)? (CHECK ALL THAT APPLY)
Other. Please specify Is Selected



Q17

You selected Other. Please describe their roles and responsibilities related to your program(s).



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Q20

On average, how long would a typical client receive services from the time they begin your program to when they stop receiving services from your program(s)? If you have more than one program, use the longest period of time across all programs.



- ☐ less than a month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ 1-2 years
- ☐ Over 2 years




Q21

On average, how frequently would a typical client receive services from your program(s)? If you have more than one program, use the program that provides the most frequent services.



- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ A few times a year
- ☐ Once a year
- ☐ Less than once a year

 Q23 On average, how many clients does your program(s) serve per year? Please enter an approximate number (total) for each type of client.



Infants

0

Pregnant women

0

Non-pregnant mothers (including postpartum)

0

Fathers

0

Other individuals. Please specify

0


Total

0


 Q31 How does your program(s) reach potential clients? (CHECK ALL THAT APPLY)

☐ Direct marketing/advertising☐ Referral from a medical professional☐ Referral from social service professional☐ Referral from an education professional☐ Referral from early intervention services☐ Self-referral, word of mouth☐ Referral from other entity. Please specify☐ Other outreach. Please specify

Page Break

 Q36 What sources of funding are used to sustain the services you provide in your program(s)? (CHECK ALL THAT APPLY)

☐ Federal grants or contracts☐ State grants or contracts☐ Local grants or contracts☐ Private foundation grants or contracts☐ Private insurance reimbursement☐ Public (Medicare/Medicaid) reimbursement☐ Philanthropic donations☐ Other. Please specify

 Q35 If available, please provide an approximation of your total annual costs for your program(s).



 Q37 Is future financial sustainability of your program(s) a concern?

☐ Yes☐ No☐ Maybe

Display This Question:

If Is future financial sustainability of your program(s) a concern? Yes Is Selected

And Is future financial sustainability of your program(s) a concern? Maybe Is Selected



Q38

You indicated that sustainability might be a concern. Please elaborate on any concerns.



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Q45

We are interested in understanding *best practices* in your program(s). What has *worked well* for providing effective services?

Q46

We are also interested in understanding the *challenges* that you face in your program(s). What are some obstacles that might inhibit you from providing effective services?

Q47

We are also interested in approaches that you have used to enhance cost savings within your program(s). What, if any, strategies have you adopted to enhance cost savings?



Q59

In addition to the services that you already provide, what additional services do you think are needed or would be important to include to help the clients that you serve?



Q41

Have you evaluated the effectiveness of your program(s)? This may include examining program participation, client knowledge, risk factors for infant mortality (such as preterm birth, low birthweight, smoking), or infant mortality.

☐ Yes☐ No

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Q19

How would you describe the population served by of your program(s)? (CHECK ALL THAT APPLY)

☐ Specific race or ethnicity. Please specify all

☐ Low-income families

☐ Teenagers

☐ Pregnant women

☐ Postpartum women

☐ Rural area

☐ Urban area

☐ Suburban area

☐ Women with substance abuse concerns

☐ Women with specific medical conditions or concerns (e.g., diabetes). Please specify all

☐ Women with specific mental health conditions or concerns. Please specify all

☐ Other. Please specify

Q27

We are interested in the demographic characteristics of the individuals served by your program. For the next few questions, please provide an *approximation* (it does not have to be exact) of the proportion of each group served by your program(s).

Q26

In general, how would you describe the racial distribution of the population that you serve? For each category, include a *percent value* that represents the approximate proportion served by your program(s).

Non-Hispanic Black or African American

0 %

Non-Hispanic White

0 %

Non-Hispanic Asian

0 %

Non-Hispanic American Indian/Alaska Native

0 %

Non-Hispanic Native Hawaiian or other Pacific Islander

0 %

Non-Hispanic other race

0 %

Hispanic/Latino

0 %

Total

0 %

Q29

In general, how would you describe the age range of the population that you serve? For each category, include a *percent value* that represents the approximate proportion served by your program(s).

< 20 years

0 %

20-24 years

0 %

25-29 years

0 %

30-34 years

0 %

35-39 years

0 %

40+ years

0 %

Total

0 %

Q30

In general, how would you describe the level of education of the population that you serve? For each category, include a *percent value* that represents the approximate proportion served by your program(s).

Less than high school degree	<div>0</div> %
High school degree	<div>0</div> %
Some college/Technical or trade school	<div>0</div> %
Bachelor's degree	<div>0</div> %
Master's degree or higher	<div>0</div> %
<hr/>	
Total	<div>0</div> %

Q34

In which Maryland counties do your clients generally reside? (CHECK ALL THAT APPLY)

☐

 Allegany County

☐

 Anne Arundel County

☐

 Baltimore County

☐

 Baltimore City

☐

 Calvert County

☐

 Caroline County

☐

 Carroll County

☐

 Cecil County

☐

 Charles County

☐

 Dorchester County

☐

 Frederick County

☐

 Garrett County

☐

 Harford County

☐

 Howard County

☐

 Kent County

☐

 Montgomery County

☐

 Prince George's County

☐

 Queen Anne's County

☐

 Saint Mary's County

☐

 Somerset County

☐

 Talbot County

☐

 Washington County

☐

 Wicomico County

☐

 Worcester County

Q33

In general, how would you describe the geographic area of the population that you serve? For each category, include a *percent value* that represents the approximate proportion served by your program(s).

Rural	<div>0</div> %
Urban	<div>0</div> %
Suburban	<div>0</div> %
<hr/>	
Total	<div>0</div> %

■ Q42 Please provide any links to resources (e.g., program reports published online) that may assist us in compiling information about your program.



■ Q40 In addition to your own program, are you aware of any other Maryland programs that address infant mortality or its risk factors? If yes, please list the names of those programs or organizations.



■ Q55 Is there anything additional you would like to share?



■ Q61 In the case that we may need to follow-up to briefly clarify any responses or provide additional details in the report, do we have your permission to re-contact you using the same email address?



☐ Yes, I am willing to be re-contacted. Include an email address to be contacted. The same email address that was used for this survey may be specified again.



☐ No, I do not wish to be re-contacted

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End of Survey

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