Regions IV and VI Infant Mortality CoIIN
Participant Satisfaction Survey

We are very interested in receiving feedback on your experience with the Infant Mortality CoIIN, including recommendations about how it might be changed or improved. Your observations will help shape future activities, including work to be done by states in the national roll-out of the Infant Mortality CoIIN and other infant mortality work taking place at the local, state, and national level.

In Part I, we would like to learn about your overall Infant Mortality CoIIN experience.

In Part II, we ask you questions about your experiences with specific Strategy Teams in which you were actively involved, **but we are only asking you to answer the questions about individual Strategy Teams if you estimate <u>medium to high involvement</u> in the team(s) in # 1 below.**

Your participation in this survey is **completely voluntary**

We will provide you with the aggregate results of all responses via state-level and Strategy Team-level summary reports. **Individual responses will not be identified in these reports.**

Please respond by <mark>[Date- TBD after OMB approval].</mark>

State: _____

When did you begin participating in CoIIN? (Approximate month and year) ___/___ __

PART I. Feedback on Your Overall CoIIN Experience

Overall Infant Mortality CoIIN Experience

Please indicate your level of involvement in the five Strategy Team(s) in which you participated. Please use the table below <u>as a guide</u> to estimate your level of involvement.

Level of Involvement	Criteria to Estimate Level of Involvement
Low	Participated in less than 5 calls; no other involvement
Medium	Participated in 5-12 calls; attended at least one CoIIN Quality Improvement webinar
High	Participated in more than 12 calls; attended two or more CoIIN Quality Improvement webinars

If you indicated your level of involvement in **at least one Strategy Team** at **<u>medium or high</u>**, please complete questions 2 – 9 below.

Also complete the individual Strategy Team sections **for each team** on which your level of involvement was **medium or high**.

Strategy Team	Level of Involvement			
	None	Low	Medium	High
Early Elective Delivery				
Interconception Care				
Perinatal Regionalization				
Safe Sleep				
Smoking Cessation				

1. Overall, did your participation in the Infant Mortality CoIIN meet your expectations?
   __ Yes __ No   __ Partially

2. Were there challenges or barriers to your participation in the Infant Mortality CoIIN ?
   __ Yes __ No   (If no, skip to 4)

   2a. If yes, please indicate which of the following were challenges or barriers to your desired level of participation. Please check all that apply.
   __ Required time commitment
   __ Assigned to multiple teams
   __ Unsure of my role as team member
   __ Call schedule
   __ Not enough training to fully engage in activities
   __ Lack of resources (e.g. funding)
   __ Other (please explain) _____

3. On a scale from 1 – 4 (1=Not at all useful, 4=Extremely useful), please indicate the usefulness of CoIIN to the infant mortality work in your state: _____

4. Did your state's participation in the Infant Mortality CoIIN impact any of the following aspects of your state's infant mortality work? Please check all that apply.
   __ Creation of new activities
   __ Reinvigoration of existing work
   __ Efficiencies/improvement in ongoing work
   __ New or improved partnerships/collaborations
   __ Increased attention to and/or support of CoIIN topic areas
   __ Spread/expansion of activities
   __ Other (please explain)

   _____

5. We are interested in learning about your involvement in the Infant Mortality CoIIN Quality Improvement (QI) activities.
    a. Did you participate in any of the Infant Mortality CoIIN QI activities?
        __ Yes __ No __ ___ Not sure (If No or not sure, skip to 7)
    b. Was the QI training that was provided what you expected?
    c. __ Yes __ No __ Not sure
    d. Did the QI training provide what you needed? __ Yes __ No __ Not sure
    e. Did you apply any of the information from the QI trainings to your state's CoIIN work?
        __ Yes __ No __ Not sure

6. Did your participation in the Infant Mortality CoIIN change how you might use QI in your work in the future? __ Yes __ No _Not sure

7. How would you suggest that Infant Mortality CoIIN QI activities be improved? Please check all that apply.

    __ Offer more opportunities to receive training
    __ Provide more information during trainings
    __ Provide more access to QI experts
    __ Provide toolkit of QI resources
    __ Offer supplemental QI trainings/sessions for individual states or strategy teams
    __ Develop a QI FAQ resource
    __Other (please explain)_____

8. We are interested in learning about your use of the Information Mortality CoIIN collaborative website *(Onehub)*.
    9a. How often did you access Onehub? __ Never __ Rarely __ Sometimes __ Often

    If you never or rarely used the site, why not? _____(Skip to 9.d)

    9b. If you sometimes or often used Onehub, please indicate the different ways you used the website (check as many as apply):
        __ Accessing materials (presentations, meeting notes materials, articles, contact lists)
        __ Reading messages
        __Posting messages
        __ Uploading/sharing documents
        __ Other (please explain)_____
        _____
    9c. If you sometimes or often used Onehub, did you find the information that was available on the site useful to your Infant Mortality CoIIN related work? __ Yes __ No __ Not sure

    9d. What would have made Onehub more useful to you?
    _____

    9e. Are there other websites or methods of collaboration that you think we should have used in addition to or instead of Onehub? Please explain:
    _____

9. If the Infant Mortality CoIIN were to start over, do you have ideas about how you think it should be done differently? Please share your thinking below:

PART II. Feedback on the Individual Strategy Teams

We would like to get feedback from you on the individual components of the Infant Mortality COIIN.

Please complete the questions below for all Strategy Teams <u>in which you rated your participation medium or high</u> (Part I, Question 1).

PROGRAMMING NOTE: USING QUESTION 1 in PART 1, ADMINSTER EACH SECTION THE RESPONDENT INDICATED <u>MEDIUM OR HIGH</u> PARTICIPATING IN*

Early Elective Delivery

Please reflect on your experience working with this team to answer the following questions.

Please complete the questions below for the Early Elective Delivery Strategy Team only if <u>you rated your participation medium or high</u> (Part I, Question 1).

Early Elective Delivery Strategy Team Calls

1. Was the content of the Early Elective Delivery Strategy Team meetings what you expected?
   __ Yes   __No   __ Not sure

2. Was the content of the Early Elective Delivery Strategy Team meetings what you needed to conduct your CoIIN related work?
   __ Yes   __No   __ Not sure

3. Please rate how useful you found the presentations on the Early Elective Delivery calls using a scale of 1 (Not at all useful) to 4 (Extremely useful) ____1 ____2____3____4

   3a. Please indicate any presentations or speakers that you found particularly useful to your work on Early Elective Delivery:
   _____
   _____
   _____

4. Was the timing of the presentations appropriate (e.g., were presentations scheduled to complement ongoing work)? __ Yes __ No __ Not sure

5. Was the frequency of the Early Elective Delivery calls appropriate? __ Yes __ No __ Not sure

Early Elective Delivery Outcome Measures

OMB Number: TBD   Expiration Date: TBD

6. Were you actively involved in the selection of the Early Elective Delivery Strategy Team's outcome measures? __ Yes __No

7. Please rate the importance of the Early Elective Delivery outcome measures to the Early Elective Delivery CoIIN work?
__ Very important   __ Somewhat important __ Not at all important

Data Dashboard Website

8. How often have you accessed the Early Elective Delivery outcome measure data on the dashboard website?

__Never   ___Rarely   ___Sometimes ____Often

(PROGRAMMING NOTE: If never go to 8a, if rarely, sometimes, or often, skip to 8b)

8a. If you have never accessed the Early Elective Delivery outcome measure data on the dashboard website, please explain why:
_____
_____
_____

(PROGRAMMING NOTE: Skip to 9)

8b. If you have accessed the Early Elective Delivery outcome measure data, how have you used these data? Please check all that apply:
__Shared with colleagues in my state
__Prepared reports or presentations
__Identified areas for improvement
__Identified successful states
__Personal interest in the data
__Other (please explain): _____

Final Thoughts

9. Please indicate how strongly you agree with the following statements, using a scale of 1 (strongly disagree) to 4 (strongly agree)

9a. The Early Elective Delivery Team functioned effectively through distance learning
____1 ____2 ____3____4

9b. The Early Elective Delivery Team was open to contributions from all members
____1 ____2 ____3____4

9c. The Early Elective Delivery Team incorporated rapid cycle tests of change into our work
____1 ____2 ____3____4

9d. The Early Elective Delivery Team benefited from the use of real time data and continuous monitoring of trends

_____1 _____2 _____3_____4

9e. The Early Elective Delivery CoIIN enabled our collaboration with non-traditional partners

_____1 _____2 _____3_____4

9f. Functioning as a CoIIN team enhanced our ability to get work related to Early Elective Delivery done

_____1 _____2 _____3_____4

10. Do you have any other feedback that you would like to share with us about the Early Elective Delivery Strategy Team?

_____
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_____

Interconception Care

Please reflect on your experience working with this team to answer the following questions.

Please complete the questions below for the Interconception Care Strategy Team only if <u>you rated your participation medium or high</u> (Part I, Question 1).

Interconception Care Strategy Team Calls

1. Was the content of the Interconception Care Strategy Team meetings what you expected?
   __ Yes   __No   __ Not sure

2. Was the content of the Interconception Care Strategy Team meetings what you needed to conduct your CoIIN related work?
   __ Yes   __No   __ Not sure

3. Please rate how useful you found the presentations on the Interconception Care calls using a scale of 1 (not at all useful) to 4 (extremely useful) _____1 _____2 _____3_____4

   3a. Please indicate any presentations or speakers that you found particularly useful to your work on Interconception Care:

   _____
   _____
   _____

4. Was the timing of the presentations appropriate (e.g., were presentations scheduled to complement ongoing work)? __ Yes __ No __ Not sure

5. Was the frequency of the Interconception Care calls appropriate? __ Yes __ No __ Not sure

Interconception Care Outcome Measures

6. Were you actively involved in the selection of the Interconception Care Strategy Team's outcome measures? __ Yes __No

7. Please rate the importance of the Interconception Care outcome measures to the work of the Interconception Care CoIIN?
__ Very important __ Somewhat important __ Not At All important

Data Dashboard Website

8. How often have you accessed the Interconception Care outcome measure data on the dashboard website?

__Never ___Rarely ___Sometimes ____Often

(PROGRAMMING NOTE: If Never go to 9a, if rarely, sometimes, or often, skip to 8b)

8a. If you have never accessed the Interconception Care outcome measure data on the dashboard website, please explain why:

_____
_____
_____
_____

(PROGRAMMING NOTE: Skip to 13)

8b. If you have accessed the Interconception Care outcome measure data, how have you used these data? Please check all that apply:
__Shared with colleagues in my state
__Prepared reports or presentations
__Identified areas for improvement
__Identified successful states
__Personal interest in the data
__Other (please explain): _____

Final Thoughts

9. Please indicate how strongly you agree with the following statements, using a scale of 1 (strongly disagree) to 4 (strongly agree)

7

9a. The Interconception Care Team functioned effectively through distance learning

____1 ____2 ____3____4

9b. The Interconception Care Team was open to contributions from all members

____1 ____2 ____3____4

9c. The Interconception Care Team incorporated rapid cycle tests of change into our work

____1 ____2 ____3____4

9d. The Interconception Care Team benefited from the use of real time data and continuous monitoring of trends

____1 ____2 ____3____4

9e. The Interconception Care CoIIN enabled our collaboration with non-traditional partners

____1 ____2 ____3____4

9f. Functioning as a CoIIN team enhanced our ability to get work related Interconception Care done

____1 ____2 ____3____4

10. Do you have any other comments that you would like to share with us about Interconception Care Strategy Team?

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Perinatal Regionalization

Please reflect on your experience working with this team to answer the following questions.

Please complete the questions below for the Perinatal Regionalization Strategy Team only if you rated your participation medium or high (Part I, Question 1).

Perinatal Regionalization Strategy Team Calls

1. Was the content of the Perinatal Regionalization Strategy Team meetings what you expected?
__ Yes   __No __ Not sure

2. Was the content of the Perinatal Regionalization Strategy Team meetings what you needed to conduct your CoIIN related work?
__ Yes   __No __ Not sure

3. Please rate how useful you found the presentations on the Perinatal Regionalization calls using a scale of 1 (not at all useful) to 4 (extremely useful) ____1 ____2 ____3 ____4

3a. Please indicate any presentations or speakers that you found particularly useful to your work on Perinatal Regionalization:

_____
_____
_____
_____

4. Was the timing of the presentations appropriate (e.g., were presentations scheduled to complement ongoing work)? __ Yes __ No __ Not sure

5. Was the frequency of the Perinatal Regionalization calls appropriate? __ Yes __ No __ Not sure

Perinatal Regionalization Outcome Measures

6. Were you actively involved in the selection of the Perinatal Regionalization Strategy Team's outcome measures? __ Yes __No

7. Please rate the importance of the Perinatal Regionalization outcome measures to the work of the Perinatal Regionalization CoIIN?
   __ Very important __ Somewhat   important __ Not At All important

Data Dashboard Website

8. How often have you accessed the Perinatal Regionalization outcome measure data on the dashboard website?

   __Never   ___Rarely ___Sometimes ____Often

   (PROGRAMMING NOTE: If Never go to 8a, if rarely, sometimes, or often, skip to 8b)

   8a. If you have never accessed the Perinatal Regionalization outcome measure data on the dashboard website, please explain why:

_____
_____
_____
_____

   (PROGRAMMING NOTE: Skip to 9)

8b. If you have accessed the Perinatal Regionalization outcome measure data, how have you used these data? Please check all that apply:
   __Shared with colleagues in my state
   __Prepared reports or presentations

__Identified areas for improvement
__Identified successful states
__Personal interest in the data
__Other (please explain): _____

Final Thoughts

9. Please indicate how strongly you agree with the following statements, using a scale of 1 (strongly disagree) to 4 (strongly agree)

    9a. The Perinatal Regionalization Team functioned effectively through distance learning
    ____1 ____2 ____3____4

    9b. The Perinatal Regionalization Team was open to contributions from all members
    ____1 ____2 ____3____4

    9c. The Perinatal Regionalization Team incorporated rapid cycle tests of change into our work
    ____1 ____2 ____3____4

    9d. The Perinatal Regionalization Team benefited from the use of real time data and continuous monitoring of trends
    ____1 ____2 ____3____4

    9e. The Perinatal Regionalization CoIIN enabled our collaboration with non-traditional partners
    ____1 ____2 ____3____4

    94f. Functioning as a CoIIN team enhanced our ability to get work related Perinatal Regionalization done
    ____1 ____2 ____3____4

10. Do you have any other comments that you would like to share with us about Perinatal Regionalization Strategy Team?

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_____

Safe Sleep

Please reflect on your experience working with this team to answer the following questions.

Please complete the questions below for the Safe Sleep Strategy Team only if <u>you rated your participation medium or high</u> (Part I, Question 1).

Safe Sleep Strategy Team Calls

1. Was the content of the Safe Sleep Strategy Team meetings what you expected?
   __ Yes   __No __ Not sure

2. Was the content of the Safe Sleep Strategy Team meetings what you needed to conduct your CoIIN related work?
   __ Yes   __No __ Not sure

3. Please rate how useful you found the presentations on the Safe Sleep calls using a scale of 1 (not at all useful) to 4 (extremely useful) _____1 _____2 _____3_____4

   3a. Please indicate any presentations or speakers that you found particularly useful to your work
   on Safe Sleep:
   _____
   _____
   _____
   _____

4. Was the timing of the presentations appropriate (e.g., were presentations scheduled to complement ongoing work)? __ Yes __ No __ Not sure

5. Was the frequency of the Safe Sleep calls appropriate? __ Yes __ No __ Not sure

Safe Sleep Outcome Measures

6. Were you actively involved in the selection of the Safe Sleep Strategy Team's outcome measures? __ Yes __No

7. Please rate the importance of the Safe Sleep outcome measures to the work of the Safe Sleep CoIIN?
   __ Very important __ Somewhat   important __ Not At All important

Data Dashboard Website

8. How often have you accessed the Safe Sleep outcome measure data on the dashboard website?

   __Never   ___Rarely ___Sometimes _____Often

   (PROGRAMMING NOTE: If Never go to 8a, if rarely, sometimes, or often, skip to 8b)

   8a. If you have never accessed the Safe Sleep outcome measure data on the dashboard website, please explain why:

_____
_____
_____
_____

      (PROGRAMMING NOTE: Skip to 9)

8b. If you have accessed the Safe Sleep outcome measure data, how have you used these data?
Please check all that apply:
__Shared with colleagues in my state
__Prepared reports or presentations
__Identified areas for improvement
__Identified successful states
__Personal interest in the data
__Other (please explain): _____

Final Thoughts

9. Please indicate how strongly you agree with the following statements, using a scale of 1 (strongly disagree) to 4 (strongly agree)

9a. The Safe Sleep Team functioned effectively through distance learning
_____1 _____2 _____3_____4

9b. The Safe Sleep Team was open to contributions from all members
_____1 _____2 _____3_____4

9c. The Safe Sleep Team incorporated rapid cycle tests of change into our work
_____1 _____2 _____3_____4

9d. The Safe Sleep Team benefited from the use of real time data and continuous monitoring of trends
_____1 _____2 _____3_____4

9e. The Safe Sleep CoIIN enabled our collaboration with non-traditional partners
_____1 _____2 _____3_____4

9f. Functioning as a CoIIN team enhanced our ability to get work related Safe Sleep done
_____1 _____2 _____3_____4

10. Do you have any other comments that you would like to share with us about Safe Sleep Strategy Team?

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_____
_____
_____

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_____

Smoking Cessation

Please reflect on your experience working with this team to answer the following questions.

Please complete the questions below for the Smoking Cessation Strategy Team only if <u>you rated your participation medium or high</u> (Part I, Question 1).

   Smoking Cessation Strategy Team Calls

1. Was the content of the Smoking Cessation Strategy Team meetings what you expected?
__ Yes   __No   __ Not sure

2. Was the content of the Smoking Cessation Strategy Team meetings what you needed to conduct your CoIIN related work?
__ Yes   __No   __ Not sure

3. Please rate how useful you found the presentations on the Smoking Cessation calls using a scale of 1 (not at all useful) to 4 (extremely useful) _____1 _____2 _____3 _____4

  3a. Please indicate any presentations or speakers that you found particularly useful to your work on Smoking Cessation:

_____
_____
_____
_____

4. Was the timing of the presentations appropriate (e.g., were presentations scheduled to complement ongoing work)? __ Yes __ No __ Not sure

5. Was the frequency of the Smoking Cessation calls appropriate? __ Yes __ No __ Not sure

Smoking Cessation Outcome Measures

6. Were you actively involved in the selection of the Smoking Cessation Strategy Team's outcome measures? __ Yes __No

7. Please rate the importance of the Smoking Cessation outcome measures to the work of the Smoking Cessation CoIIN?
__ Very important __ Somewhat   important __ Not At All important

Data Dashboard Website

8. How often have you accessed the Smoking Cessation outcome measure data on the dashboard website?

__Never   ___Rarely   ___Sometimes ____Often

(PROGRAMMING NOTE: If never go to 8a, if rarely, sometimes, or often, skip to 8b)

8a. If you have never accessed the Smoking Cessation outcome measure data on the dashboard website, please explain why:

_____
_____
_____
_____

(PROGRAMMING NOTE: Skip to 9)

8b. If you have accessed the Smoking Cessation outcome measure data, how have you used these data? Please check all that apply:
__Shared with colleagues in my state
__Prepared reports or presentations
__Identified areas for improvement
__Identified successful states
__Personal interest in the data
__Other (please explain): _____

Final Thoughts

9. Please indicate how strongly you agree with the following statements, using a scale of 1 (strongly disagree) to 4 (strongly agree)

9a. The Smoking Cessation Team functioned effectively through distance learning
____1 ____2 ____3____4

9b. The Smoking Cessation Team was open to contributions from all members
____1 ____2 ____3____4

9c. The Smoking Cessation Team incorporated rapid cycle tests of change into our work
____1 ____2 ____3____4

9d. The Smoking Cessation Team benefited from the use of real time data and continuous monitoring of trends
____1 ____2 ____3____4

9e. The Smoking Cessation CoIIN enabled our collaboration with non-traditional partners
____1 ____2 ____3____4

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9f. Functioning as a CoIIN team enhanced our ability to get work related Smoking Cessation done

_____1 _____2 _____3_____4

10. Do you have any other comments that you would like to share with us about Smoking Cessation Strategy Team?

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OMB Number: TBD   Expiration Date: TBD