

Survey of California Licensed Midwives 2022

Conducted by the Philip R. Lee Institute for Health Policy Studies
for the
California Health Care Foundation

Your responses are confidential and your identity will not be shared with anyone.

Here's how to fill out the Survey

- Use pen or pencil to complete the survey.
- Please try to answer each question.
- Most questions can be answered by checking a box, or writing a number or a few words on a line.
- Never check more than one box, except when it says **Check all that apply**.
- Sometimes we ask you to skip one or more questions. An arrow will tell you what question to answer next, like this:

₁ YES
₂ NO → **Skip to Question 23**

- If none of the boxes is just right for you, please check the one that fits you the best. Feel free to add a note of explanation. If you are uncomfortable answering a particular question, feel free to skip it and continue with the survey.
- If you need help with the survey, please email Timothy.Bates@ucsf.edu or call toll-free: (877) 276-8277.

REMEMBER: An online version of this survey is available. Follow the instructions in the cover letter that came with this questionnaire to access the online survey.

After you complete the survey, please mail it back to us in the enclosed envelope. No stamps are needed. Thank you for your prompt response.

SURVEY OF CALIFORNIA LICENSED MIDWIVES 2022

SECTION A: EDUCATION AND LICENSURE

1. What pathway qualified you as a licensed midwife (LM) in California?
 - ₁ Completed a program approved by the Medical Board of California
 - ₂ California Challenge Mechanism Program
 - ₃ Reciprocity from another state
2. What year did you complete your midwifery program or other process for California licensure? _____
3. What percentage of your clinical training was...

In California: _____%	In a hospital or medical clinic: _____%
In another state: _____%	In a home birth practice: _____%
In another country: _____%	At a birth center: _____%
100%	100%
4. What proportion of the didactic (classroom) education in your midwifery program was online/virtual/distance learning-based?
 - ₁ 0% ₂ 1-25% ₃ 26-50% ₄ 51-75% ₅ 76-99% ₆ 100%
5. How long did it take to complete all of your midwifery training and education to secure licensure? _____ years
6. If you are nationally certified, what pathway did you use to become certified?
 - ₀ I am not nationally certified
 - ₁ NARM Portfolio Evaluation Process: entry-level
 - ₂ NARM Portfolio Evaluation Process: experienced midwife
 - ₃ NARM Portfolio Evaluation Process: internationally educated midwife
 - ₄ Graduation from an accredited midwifery education program
 - ₅ Reciprocity based on CM or CNM certification
 - ₆ Other (please specify: _____)
7. In what state were you first licensed as a midwife? ____ (two-letter state code)
 In what year were you first licensed as a midwife in that state? _____
8. In what year were you first licensed as a midwife **in California**? _____
9. What other post-secondary education **have you completed**? Check all that apply.
 - ₀ No additional education after high school
 - ₁ Some college Years (time period): _____ Field of study: _____
 - ₂ Associate degree Year completed: _____ Major field: _____
 - ₃ Bachelor's degree Year completed: _____ Major field: _____
 - ₄ Master's degree Year completed: _____ Major field: _____
 - ₅ Doctorate Year completed: _____ Major field: _____ Type (PhD, EdD, etc): _____
10. Are you **currently enrolled** in a post-secondary education program?
 - ₀ Not enrolled in a post-secondary program
 - ₁ Associate degree Major field: _____
 - ₂ Bachelor's degree Major field: _____
 - ₃ Master's degree Major field: _____
 - ₄ Doctorate Major field: _____ Type (PhD, EdD, etc): _____
 - ₅ Other (please describe: _____)

11. Have you received training in...	Formal course	Self-study
Identifying intimate partner violence	<input type="checkbox"/> _{a1}	<input type="checkbox"/> _{a2} (describe: _____)
Identifying child abuse	<input type="checkbox"/> _{b1}	<input type="checkbox"/> _{b2} (describe: _____)
Screening for health-related social needs	<input type="checkbox"/> _{c1}	<input type="checkbox"/> _{c2} (describe: _____)
Trauma-informed care	<input type="checkbox"/> _{d1}	<input type="checkbox"/> _{d2} (describe: _____)
Cultural competency	<input type="checkbox"/> _{e1}	<input type="checkbox"/> _{e2} (describe: _____)
Implicit bias	<input type="checkbox"/> _{f1}	<input type="checkbox"/> _{f2} (describe: _____)
Anti-racism	<input type="checkbox"/> _{g1}	<input type="checkbox"/> _{g2} (describe: _____)
Maternal/perinatal mental health	<input type="checkbox"/> _{h1}	<input type="checkbox"/> _{h2} (describe: _____)
Care of immigrant or refugee populations	<input type="checkbox"/> _{i1}	<input type="checkbox"/> _{i2} (describe: _____)
Other training to advance health equity	<input type="checkbox"/> _{j1}	<input type="checkbox"/> _{j2} (describe: _____)

SECTION B: YOUR MIDWIFERY PRACTICE AND EMPLOYMENT

12. Have you practiced midwifery within the past year? ₁ Yes ₂ No Within the past 3 years? ₁ Yes ₂ No

13. Are you currently practicing midwifery? ₁ Yes ₂ No → **Skip to Section F on page 10**

14. What is your current employment status or business structure?

- ₁ Sole proprietorship ₃ Professional corporation ₅ Regular employee ₇ Limited liability corporation (LLC)
₂ Partnership ₄ S corporation ₆ Contract employee ₈ Other: _____

15. In what type of practice do you provide midwifery services? Check all that apply.

- _a Individual midwifery practice of my own
_b Partnership with other fully trained, licensed midwives (no other licensed providers). Number of LMs: _____
_c Group practice with other licensed providers
 Number of LMs: _____
 Number of nurse-midwives: _____
 Number of physicians (MD or DO): _____
 Number of other licensed providers: _____ (specify types: _____)
_d Other formal or contractual relationship with LMs or nurse-midwives
_e Informal non-contractual practice with other licensed midwives
_f Hospital-based practice
_g Other (specify: _____)

16. Please indicate the volume of clients for whom you have been **primary** or **secondary** midwife:

	Primary midwife		Secondary midwife	
	Past 1 year	Past 3 years	Past 1 year	Past 3 years
Number who started care with you, regardless of outcome	_____	_____	_____	_____
Number who risked out or left your care for any reason	_____	_____	_____	_____
Number of home births	_____	_____	_____	_____
Number of birth center births	_____	_____	_____	_____
Number of hospital births	_____	_____	_____	_____

17. How many of each of these types of births have you attended as primary midwife?

	Past 1 year	Past 3 years
Vaginal births after Cesarean	_____	_____
Breech presentation	_____	_____
Outside of 37-42 weeks	_____	_____
Multiples	_____	_____

18. Which of the following are currently part of your practice? Check all that apply.

- _a Preventive sexual and reproductive health care (e.g., cancer screening, family planning)
- _b Antepartum care
- _c Intrapartum care
- _d Postpartum care
- _e Postpartum home visits
- _f Nitrous oxide
- _g Water birth
- _h Homebirth
- _i Referral for abortion services
- _j Substance use disorder counseling
- _t Performing ultrasound for 3rd trimester fetal position verification and/or assessment of amniotic fluid
- _u Scaled self-pay fee schedule based on client's financial situation or other criteria
- _k Lactation consultant
- _l Breastfeeding initiation and maintenance
- _m Monitrice services
- _n Doula services
- _o Ordering of ultrasounds independently
- _p Performing in-office ultrasound for dating pregnancy
- _q Collaboration with translators/translation services
- _r In-office or at-home non-stress test (NST)
- _s Screening for mental health/substance use issues

19. Do you work alone or with an assistant? If you work with an assistant, who is typically your assistant?

- Check all that apply. _a Work alone _c A nurse-midwife _e Midwife student
_b Another licensed midwife _d Midwife assistant _f Doula

20. What arrangement most frequently occurs for midwife backup if you are at another labor/birth?

- Choose **one**. _a Another licensed midwife _b A nurse-midwife
_c Transfer to hospital _d Other (describe: _____)

21. Do you have laboratory accounts in your own name? ₁ Yes ₂ No

22. Do you offer laboratory specimen collection yourself? ₁ Yes ₂ No

23. In what counties do you practice? **Please put the one in which you practice most often first.**

24. Do you provide telehealth services? ₁ Yes → Continue to the next question
₂ No → **Skip to question 27 below**

25. What modalities of telehealth do you use? Check all that apply.

- _a Video _b Voice _c Other (describe: _____)

26. What percentage of your prenatal/postpartum visits were telehealth?

Past year: _____% Past 3 years: _____%

27. Do you have malpractice insurance? ₁ Yes → Continue to next question

₂ No → Why not? Check all that apply.

- _a Cost is too high
- _b Lack of policies that offer coverage to LMs in general
- _c Lack of policies that offer coverage for services I offer
- _d Lack of administrative support to research and maintain malpractice insurance
- _e I'm willing to take the risk of a malpractice lawsuit
- _f Philosophically opposed to malpractice insurance
- _g I can afford to pay a malpractice claim without insurance
- _h Other (describe: _____)

28. Do you have your own National Provider Identification (NPI)? ₁ Yes ₂ No

29. What is your net annual income from your midwifery practice? \$ _____

30. Do you work as a doula/monitrice for hospital births, not counting midwife clients who transfer into the hospital?

₁ Yes → How many clients have you had in the past year? _____ Past 3 years? _____

₂ No

31. How many physicians provide collaborative care to your clients? Please enter "0" if no physicians will do so.

_____ # physicians who provide collaborative care with me

32. Do you know of any local hospitals having internal policies and procedures for receiving community birth transfers?
 _____# that do not have internal policies or procedures for receiving community birth transfers
 _____# that have such policies/procedures that are supportive of the birthing person who is transferred
 _____# that have such policies/procedures that are not supportive of the birthing person who is transferred
 I don't know whether any local hospitals have internal policies/procedures related to community birth transfers

33. Please rate the degree of your agreement with these statements.

	Strongly Agree	Mostly Agree	Somewhat Agree	Somewhat Disagree	Mostly Disagree	Strongly Disagree
Local collaborative physicians and physicians accepting my transfers understand and support the midwifery model of care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Local physicians understand the midwifery model of care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Local physicians advocate for the midwifery model of care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

34. How many times in the **past 3 years** have you experienced unprofessional or hostile behavior from a physician in relationship to your role as a midwife?
 _____# unprofessional or hostile experiences with physicians

35. How many different hospitals have you transferred to in the past year? _____ In the past 3 years? _____

36. Please indicate if you have or have applied for each of these hospital privileges. **Skip** any privileges in which you are not interested.

	I have this privilege	I have applied but was denied this privilege	I would like this privilege but have not applied for it
Admit patients to a hospital	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Provide clinical services at a hospital	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Assess your patients in a hospital	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Discharge from a hospital	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Write orders at a hospital without physician co-signature	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

37. If you don't have hospital privileges, why not? (If you have privileges, **skip** to question 38.)

	Very important reason	Important reason	Somewhat important reason	Not an important reason
Not interested in hospital practice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I trust hospital clinicians to manage my clients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I choose to provide services at home or birth center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Hospitals near me won't credential LMs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of physician support to acquire privileges	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Other (describe: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

38. Have you bypassed the nearest hospital for a transfer in the past 3 years?

- ₁ Yes → Why did you bypass the nearest hospital? Check all that apply.
₂ No
- _a Insurance didn't cover care at the nearest hospital
 - _b Client preference
 - _c Client required care not available at the nearest hospital
 - _d Nearest hospital was hostile to midwifery care
 - _e Backup physician preferred another hospital
 - _f Nearest hospital was full and could not take another patient

39. In your midwifery work...

	Always	Almost	Often	Occasionally	Seldom	Never
Do you feel free to practice to the fullest extent of legal scope ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Are you allowed to practice to the fullest extent of your expertise ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

40. What are your practice and/or employment plans regarding your midwifery practice in the next...

	Two years?	Five years?
Increase my number of midwifery clients	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Keep my number of midwifery clients stable	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Decrease my number of midwifery clients	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Take a temporary break from midwife practice	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Leave midwifery entirely, but not retire	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Retire	<input type="checkbox"/> 6	<input type="checkbox"/> 6

SECTION C: YOUR CLIENT POPULATION

41. What is the racial/ethnic composition of your client population? (Please estimate; total should be 100%.)

_____ % Black/African-American	_____ % East Asian (e.g., Japanese, Chinese, Korean)
_____ % Hispanic/Latinx	_____ % South Asian (e.g., Indian, Pakistani)
_____ % White, non-Hispanic	_____ % Southeast Asian (e.g., Vietnamese, Filipino)
_____ % Native Hawaiian	_____ % Native American/Alaskan Native
_____ % Pacific Islander (e.g., Tongan, Palauan)	_____ % Multi-racial/ethnic

42. What is the gender composition of your client population? (Please estimate; total should be 100%.)

_____ % Women	_____ % Genderqueer/Gender Non-conforming
_____ % Trans Men	_____ % Different identity (please describe: _____)

43. What percentage of your clients are... (Please estimate.)

Immigrants? _____ % Temporary migrants? _____ % Refugees? _____ %

44. What percentage of your clients prefer to receive services in a language other than English?

_____ % prefer a non-English language

45. Please indicate the **three most common** non-English languages spoken by your clients:

<input type="checkbox"/> _a Spanish	<input type="checkbox"/> _d Vietnamese	<input type="checkbox"/> _g Korean	<input type="checkbox"/> _j Russian
<input type="checkbox"/> _b Cantonese	<input type="checkbox"/> _e Tagalog	<input type="checkbox"/> _h Farsi	<input type="checkbox"/> _k Japanese
<input type="checkbox"/> _c Mandarin	<input type="checkbox"/> _f Armenian	<input type="checkbox"/> _i Arabic	<input type="checkbox"/> _l Other (specify: _____)

46. Are you individually in-network with any of the following insurance plans? Check all that apply.

<input type="checkbox"/> _a I do not bill insurance directly and require clients to pay me directly and seek reimbursement on their own			
<input type="checkbox"/> _b Aetna	<input type="checkbox"/> _d Blue Shield	<input type="checkbox"/> _f Health Net	<input type="checkbox"/> _h United Healthcare
<input type="checkbox"/> _c Anthem Blue Cross	<input type="checkbox"/> _e Cigna	<input type="checkbox"/> _g Kaiser Permanente	<input type="checkbox"/> _i Other (specify: _____)

47. Do you accept Medi-Cal payment, individually or through the practice in which you provide midwifery care?

₁ Yes → **Skip to the next question**

₂ No → Why not? Check all that apply.

<input type="checkbox"/> _a Do not want to deal with bureaucratic process of becoming authorized
<input type="checkbox"/> _b I don't believe that Medi-Cal plans will contract with me
<input type="checkbox"/> _c I don't want to or am unsure about how to set up billing processes
<input type="checkbox"/> _d Payment not high enough to recoup costs of meeting Medi-Cal requirements
<input type="checkbox"/> _e Payment not high enough to recoup costs of providing care
<input type="checkbox"/> _f Concern that Medi-Cal requirements will interfere with my relationship with my patients
<input type="checkbox"/> _g I can't meet the requirement for malpractice insurance
<input type="checkbox"/> _h I'm waiting for Comprehensive Perinatal Services Program (CPSP) Requirements to resolve
<input type="checkbox"/> _i I don't feel the need for it in my community or practice
<input type="checkbox"/> _j Other (please explain: _____)

48. Over the past year, what **percent of your clients** do you think had the care you provided paid for /reimbursed by each of the following methods? The total should be 100%. (Please estimate.)
- _____ % Medi-Cal fee-for-service
 - _____ % Medi-Cal managed care
 - _____ % Commercial insurance fee-for-service or PPO
 - _____ % Commercial insurance HMO
 - _____ % Other government program (e.g., VA, Indian Health Service)
 - _____ % Self-pay with no reimbursement
 - _____ % Pro-bono
 - _____ % Other (specify: _____)

49. If you practice in a birth center, is the birth center in which you practice Medi-Cal enrolled?

- ₁ I do not practice in a birth center → **Skip to question 51 below**
- ₂ Yes, it is licensed and enrolled in Medi-Cal
- ₃ No, it has fulfilled requirements and/or submitted application but application is pending or was denied
- ₄ No, it has not applied or is not interested in Medi-Cal enrollment

50. Is the birth center in which you practice in-network with any of the following insurance plans? Check all that apply.

- _a Aetna
- _b Anthem Blue Cross
- _c Blue Shield
- _d Cigna
- _e Health Net
- _f Kaiser Permanente
- _g United Healthcare
- _h Other (specify: _____)

SECTION D: PRECEPTING STUDENTS

51. Have you precepted students or apprentices in the **past three years**?

- ₁ Yes (continue to next question)
- ₂ No → **Skip to question 56 on the next page**

52. Which of these California-approved programs are your students enrolled in? Check all that apply.

- _a Nizhoni Institute of Midwifery, California
- _b Florida School of Traditional Midwifery, Florida
- _c Mercy in Action College of Midwifery, Idaho
- _d Birthwise Midwifery School, Maine
- _e National College of Midwifery, New Mexico
- _f Birthingway College of Midwifery, Oregon
- _g Midwives College of Utah, Utah
- _h National Midwifery Institute, Vermont
- _i Bastyr University Midwifery Program, Washington
- _j Other (specify: _____)

53. Please tell us about the numbers of students/apprentices you've precepted. Currently Total in past 3 years

How many total students/apprentices?	_____	_____
Racial/ethnic backgrounds:		
Black/African-American	_____	_____
Hispanic/Latinx	_____	_____
White, non-Hispanic	_____	_____
Native Hawaiian	_____	_____
Pacific Islander (e.g., Samoan)	_____	_____
East Asian (e.g., Chinese, Korean)	_____	_____
South Asian (e.g., Indian)	_____	_____
Southeast Asian (e.g., Vietnamese)	_____	_____
Native American/Alaskan Native	_____	_____
Multi-racial/ethnic	_____	_____

54. In the **past three years**, how many of your students...

- Have obtained their LM license? _____
- Became Medi-Cal providers? _____
- Currently accept clients insured by Medi-Cal? _____

55. Which of the following statements best describes the training of students in your practice? Check all that apply.

- _a The student is fully engaged in all aspects of care for clients in my practice
- _b The student has certain clients assigned to them
- _c The student has a call schedule for clinical and birth experience
- _d I attend clinicals if an apprentice calls and asks for supervision

56. If you do not precept, how important are each of these reasons? (If you precept skip to question 57 below.)

	Very important reason	Important reason	Somewhat important reason	Not an important reason
Not interested in precepting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Haven't met the experience requirements yet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of physical space for students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of time due to clinical demands	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
COVID-19 pandemic makes precepting too hard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Don't like precepting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Unsure I have the skills needed for precepting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Too much paperwork required	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Administrative constraints on accepting students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Clients do not want involvement of students in their care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

SECTION E: SATISFACTION WITH PRACTICE AND BARRIERS TO QUALITY & EQUITY

57. How satisfied are you with your midwifery career?

Very Satisfied	Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied	Very Dissatisfied
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

58. How much of a **problem** is each of the following issues in **your practice**?

	Not a problem	Minor problem	Major problem	Not applicable
Concern for clients being treated respectfully during hospital transfers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Inadequate time with clients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Difficulties communicating with clients due to language or cultural barriers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of appropriate and willing specialists to whom to refer clients if needed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Not getting timely reports from other providers and facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Challenges with co-management of perinatal care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Too much time spent on insurance billing and follow-up	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Too much time spent explaining insurance and financial policy to clients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Financial structure does not support meeting clients' social needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Denial of coverage/care decisions by insurance companies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Scope of practice restrictions by government	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Clients' inability to receive needed care because of inability to pay	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Too little involvement in decisions in my organization	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Non-paying clients/bad debt	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
High liability insurance rates	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Non-reimbursable overhead costs (e.g., birth supplies, rent)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of call coverage	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Poor integration of midwifery with other healthcare services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of administrative support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of ancillary clinical support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Inadequate or slow 3 rd -party payment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Challenges with behavioral health referrals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of integration of mental health care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of confidence or knowledge to provide culturally appropriate care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of community resources to address social determinants of health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Decision fatigue from being sole decision maker in my small business	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

59. How **likely** do you think that each of these things contributes to **regional** racial/ethnic disparities in perinatal care?

	Extremely likely	Very likely	Somewhat likely	Not likely
General miscommunication with patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Lack of providers in locations where people of color live	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Provider workforce diversity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Provider lack of time and/or resources	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Provider lack of skills in communicating with people from different racial/ethnic backgrounds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Differences in prescribing of medications	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Differences in insurance payment levels (e.g., low Medicaid payment)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Differences in insurance coverage that affect ability to access care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Provider attitudes and beliefs about people of color	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient/client health behaviors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient/client level of health literacy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient/client adherence to treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient/client understanding of treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient/client attitudes and beliefs about provider	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient/client preference for type of treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Lack of research and policy attention to how health conditions affect diverse racial/ethnic groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Fear of speaking up when a patient is mistreated or disrespected	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Stigma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Provider/patient racial discordance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

60. Please read each of these statements carefully and decide if you **ever feel this way about your job.**¹

	Never	A few times a year	Once a month	A few times a month	Once a week	A few times per week	Every day
I feel emotionally drained from my work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I feel used up at the end of the workday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I feel fatigued when I get up in the morning and have to face another day on the job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I feel I treat some clients as if they were impersonal objects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Working with people all day is really a strain for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I feel burned out from work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I've become more callous toward people since I took this job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I worry that this job is hardening me emotionally	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I feel frustrated by my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I feel I'm working too hard on my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I don't really care what happens to some clients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Working with people directly puts too much stress on me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I feel like I'm at the end of my rope	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I feel clients blame me for some of their problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

61. What barriers do you face **within your practice** to serving more clients who are people of color?

	Not a barrier	Minor barrier	Major barrier	Not applicable
Clients are too far away for me to travel or for them to come to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Financial model does not support changing my client population	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Lack of time to expand my client population	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Language barriers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Cultural barriers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Lack of demand for midwifery care from people of color	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

¹ MBI - Human Services Survey for Medical Personnel: Copyright ©1981, 2016 Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

62. What barriers do you face within your practice to serving more clients who are LGBTQ (lesbian, gay, bisexual, transgender, queer)?	Not a barrier	Minor barrier	Major barrier	Not applicable
Clients are too far away for me to travel or for them to come to me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Financial model does not support changing my client population	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of time to expand my client population	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of expertise in transgender care needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of demand for midwifery care from LGBTQ population	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

SECTION F: FOR THOSE NOT PRACTICING MIDWIFERY

If you practice midwifery, please skip to Section G on the next page.

63. How long has it been since you last practiced as a midwife? _____ years I never practiced as a midwife

64. How important are these reasons for not practicing midwifery?	Very important	Important	Somewhat important	Not important	Does not apply
Retired	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Stress/fatigue specific to midwife role	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Dissatisfaction with midwifery earnings/salaries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Dissatisfaction with midwifery profession	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Inconvenient schedules	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Overall lack of midwifery practice opportunities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of midwifery practice opportunities in desired geographic location	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of midwifery opportunities in desired setting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Denied job due to lack of experience	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Challenges associated with scope of practice restrictions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of integration of midwifery care in the health care system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Dissatisfaction with degree of collaboration with other providers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Not able to serve the clients I want to serve	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Not allowed or supported in providing care in the midwifery model of care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of respect for midwifery	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Liability insurance concerns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of management/leadership knowledge to support my practice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Administrative burden of running a practice is too high	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Cost of running a business is too high	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Childcare or other family responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Relocated to a different community and did not establish a practice there	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Overall stress associated with working	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Illness or injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Wanted to try another occupation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Mastered clinical practice & desire another challenge	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Desire to conduct research or contribute to policy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Desire to consult in healthcare, public health or technology	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Desire to teach or obtain a faculty position	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Obtained leadership role in non-profit or healthcare delivery/administration	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other (specify: _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION G: NON-MIDWIFERY EMPLOYMENT

65. Are you employed outside a midwifery role? ₁ Yes ₂ No → **Skip to Section H below**
66. Which of these best describes your non-midwifery job?
- | | |
|--|--|
| <input type="checkbox"/> ₁ Health-related services outside perinatal care | <input type="checkbox"/> ₅ Financial, accounting, or insurance services |
| <input type="checkbox"/> ₂ Massage therapy | <input type="checkbox"/> ₆ Education, elementary or secondary |
| <input type="checkbox"/> ₃ Lactation services | <input type="checkbox"/> ₇ Education, post-secondary or vocational |
| <input type="checkbox"/> ₄ Retail sales & services | <input type="checkbox"/> ₈ Other (please describe: _____) |
67. How much do you work in your non-midwifery job? _____ hours/week _____ months/year
68. What is your annual income from your non-midwifery work? \$ _____
-

SECTION H: DEMOGRAPHICS

69. In what year were you born? _____
70. What is your gender identity? ₁ Male ₂ Female ₃ Trans Man ₄ Trans Woman
₅ Non-Binary ₆ Genderqueer ₇ Gender Non-conforming
₈ Prefer to self-describe: _____
71. What is your household partnership status? ₁ Not married/partnered ₂ Married or in a partner relationship
72. Do you have children living in your home?
- | | |
|--|----------------------------|
| <input type="checkbox"/> ₁ Yes → how many & how old are they? | _____ # 0-2 years old |
| <input type="checkbox"/> ₂ No | _____ # 3-5 years old |
| | _____ # 6-12 years old |
| | _____ # 13-17 years old |
| | _____ # 18 years and older |
73. What is your racial/ethnic background? Check all that apply.
- _a African-American/Black/African
_b American Indian/Native American/Alaskan Native
_c Caucasian/White/European/Middle Eastern
- Latino Hispanic:
- | | |
|--|--|
| <input type="checkbox"/> _d Mexican | <input type="checkbox"/> _f South American |
| <input type="checkbox"/> _e Central American | <input type="checkbox"/> _g Other Hispanic |
- Asian/Pacific Islander:
- | | | |
|---|---|--|
| <input type="checkbox"/> _h Cambodian | <input type="checkbox"/> _n Indian | <input type="checkbox"/> _s Pakistani |
| <input type="checkbox"/> _i Chinese | <input type="checkbox"/> _o Indonesian | <input type="checkbox"/> _t Samoan |
| <input type="checkbox"/> _j Fijian | <input type="checkbox"/> _p Japanese | <input type="checkbox"/> _u Thai |
| <input type="checkbox"/> _k Filipino | <input type="checkbox"/> _q Korean | <input type="checkbox"/> _v Tongan |
| <input type="checkbox"/> _l Guamanian | <input type="checkbox"/> _r Laotian/Hmong | <input type="checkbox"/> _w Vietnamese |
| <input type="checkbox"/> _m Hawaiian | <input type="checkbox"/> _x Other Asian | |
- _y Other
74. Do you speak any of these non-English languages **fluently**?
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> _a Spanish | <input type="checkbox"/> _d Vietnamese | <input type="checkbox"/> _g Korean | <input type="checkbox"/> _j Russian |
| <input type="checkbox"/> _b Cantonese | <input type="checkbox"/> _e Tagalog | <input type="checkbox"/> _h Farsi | <input type="checkbox"/> _k Japanese |
| <input type="checkbox"/> _c Mandarin | <input type="checkbox"/> _f Armenian | <input type="checkbox"/> _i Arabic | <input type="checkbox"/> _l Other (specify: _____) |
75. Which category best describes how much income your **total household** received last year? This is the before-tax income of **all** persons living in your household?
- | | | |
|---|---|---|
| <input type="checkbox"/> _a <\$50,000 | <input type="checkbox"/> _d \$100,000-\$124,999 | <input type="checkbox"/> _g \$175,000-\$199,999 |
| <input type="checkbox"/> _b \$50,000-\$74,999 | <input type="checkbox"/> _e \$125,000-\$149,999 | <input type="checkbox"/> _h \$200,000 or more |
| <input type="checkbox"/> _c \$75,000-\$99,999 | <input type="checkbox"/> _f \$150,000-\$174,999 | |

If you have additional thoughts or comments about midwifery in California, please write them below.

Are you willing to be contacted for future research?

- I am willing to be contacted for future surveys.
- I am willing to be contacted to participate in interviews or focus groups for future research studies.

Name: _____

Email address: _____

Phone number: _____

- I would like to be notified when the report is published.

Email address: _____