



MARKET DECISIONS RESEARCH

A Proposal to Vibrant ONE and Northern Counties Health Care

Mapping the Mental Health and Substance Use System in the Northeast Kingdom of Vermont

OCTOBER 7, 2022



October 7, 2022

Kari White
Director of Community Health Equity
Northern Counties Health Care, Inc.
161 Sherman Drive,
St. Johnsbury, VT 05819

Dear Ms. White:

I am pleased to submit Market Decision Research's (MDR) proposal in response to the Vibrant ONE's RFP for Mapping the Mental Health and Substance Use System in the Northeast Kingdom of Vermont. MDR's research team offers many years of survey and public policy research experience. We complete more than 75 projects each year on public policy topics that include public health, environmental issues, mental health, substance use/abuse, and workforce development.

Our proposal clearly demonstrates that we are not only qualified but offer decades of experience to complete this project. MDR and our team currently have in place the required staff, experience, and plan to perform the tasks set forth in the RFQ and are prepared to begin work on this project immediately. We offer:

- More than 30 years of experience conducting research for municipal, state, and federal agencies and non-profits
- More than 30 years of experience designing survey instruments, conducting random sampling, administering surveys, and developing and applying sampling weights
- Experience conducting qualitative research – especially related to mental health and substance use. This year alone, MDR has conducted over 40 focus groups and 50 in-depth interviews on a wide range of projects.
- A highly educated, experienced, and client-focused project team

MDR is committed to working with Vibrant ONE in the development and implementation of this important project and to assisting and learning from the people of the Northeast Kingdom and their mental health system.

Sincerely,

A handwritten signature in blue ink, appearing to read "N. Mildner".

Nathaniel Mildner
Vice President and Chief Financial Officer

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Better Data | Better Insights | Better Outcomes

Mapping the Mental Health and Substance Use System of Care in the Northeast Kingdom of Vermont

Vibrant ONE Leadership Collaborative

Northern Counties Health Care

October 7, 2022
Allison Tippery
Qualitative Research Manager
atippery@marketdecisions.com

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I. Contact Information | About Market Decisions Research

Contact Information for questions regarding our proposal:

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Contact information for all other inquiries:

Patrick Madden
President
pmadden@marketdecisions.com
207-767-6440 extension 1101

About Market Decisions Research

MDR is a public policy research and evaluation firm founded in 1977. Our mission is to improve the health and wellbeing of communities and address issues related to equity and equality for disadvantaged groups.

Staffed with PhD and master's level researchers and using in-house multi-mode data collection, the company specializes in high quality data collection and pragmatic analysis and reporting. Our senior staff have 10 or more years of experience and each project is assigned one or more senior staff members to lead the project team. Our experience includes survey design, collecting and analyzing complex data (including using GIS), conducting mixed-mode surveys, and soliciting varied public opinions and perspectives through surveys, interviews, and in-depth focus groups

MDR completes more than 100,000 surveys and 75 projects each year and has served clients across the U.S. Projects range in scope from large-scale multi-mode surveys of more than 5,000 households, and multi-mode healthcare satisfaction surveys mailed to more than 45,000 individuals, to qualitative interviews of a dozen program stakeholders.

MDR has collected and analyzed data to inform public policy topics for almost 20 years and has completed hundreds of assignments on human services topics that include crime and law enforcement. This includes a needs assessment on the topic of crime and crime victimization for the Connecticut Office of Victims Services undertaken in 2022. This work collected public input on this topic through a statewide survey of 1,200 residents.

MDR Clients

University of Alabama
Colorado Department of Public Health & Environment
City of Portland, Oregon
Connecticut Bureau of Rehabilitation Services
Connecticut Office of Victim Services
Florida Division of Vocational Rehabilitation
Georgia Health Policy Center
Georgia Council on Developmental Disabilities
Illinois Department of Health
Louisiana State University
Kenai Peninsula, Alaska
Maine Department of Health and Human Services
Maryland Health Care Commission
Massachusetts Department of Public Health
Massachusetts Tobacco Cessation and Prevention Program
Massachusetts Health Connector
Michigan Department of Natural Resources
University of Minnesota, State Health Access Data Assistance Center
New Hampshire Department of Justice
North Dakota Division of Vocational Rehabilitation
Office on Smoking and Health, U.S. CDC
Ohio Department of Health
Ohio Department of Job and Family Services
Oregon Health Exchange
Pennsylvania Insurance Department
Rhode Island Department of Health
South Dakota Office of the Governor
St. Louis County (MO) Department of Health
University of Tennessee
Utah State Office of Rehabilitation
Utah Judicial Performance Evaluation Commission
Vermont Department of Vocational Rehabilitation
Vermont Department of Disabilities, Aging & Independent Living
Vermont Division of Health Care Administration
Virginia Foundation for Healthy Youth
Washington Health Benefits Exchange
Wisconsin Aging and Disability Resource Center

MDR excels at collecting and analyzing data among hard-to-reach populations and develops innovative reports that distill complex data into easy-to-read conclusions and recommendations. We focus on technically robust data collection and analysis to ensure data are accurate and our clients get more insights from the data we collect. Samples of our work are available on our website (www.marketdecisions.com).

MDR Staff

An experienced team of 20 researchers and 30 interviewers conducts every aspect of our research, from survey design and data collection to analysis and reporting. This allows us to completely control the quality and timeliness of our work. Our senior staff work as a team, serving on assignments to flexibly allocate resources and meet client needs and deadlines.

- ◆ PhD and master's level researchers supervise all research studies. Our staff not only bring extensive research experience but also training in public health, anthropology, psychology, sociology, education, economics, and communications.
- ◆ MDR field staff conduct telephone interviews and can process paper surveys on-site in our facility, and in the field.
- ◆ MDR focus group moderators are trained at the RIVA Institute of Bethesda, Maryland, the nation's most prestigious moderator training school.
- ◆ MDR staff members are active members of the most important and professional research organizations, including:
 - American Association for Public Opinion Research
 - American Public Health Association
 - American Evaluation Association
 - Insights Association
- ◆ MDR actively adheres to the ethical and research process guidelines of these organizations and we use association conferences to inform and enhance our research skills.

II. Interest and Ability to Meet Described Steps and Deliverables

MDR is a public policy research and evaluation firm based in Portland, Maine. MDR has conducted qualitative and quantitative public health and public policy research for almost 20 years and has completed hundreds of assignments in these areas. For a company of our size, MDR is unique in our ability to collect data via a variety of means. We use all in-house resources, including a call center, focus group moderators, in-depth interviewers, and sophisticated software for multi-mode data collection (online and telephone).

We use a variety of data collection methods for all our projects—push-to-web, online surveys, mail and paper surveys, telephone surveys, and in-person or online focus groups. This year alone, MDR has conducted over 40 focus groups and 50 in-depth interviews on a wide range of projects. Specific to mental health, MDR has recently worked with the Maine CDC, Connecticut Office of Victim Services, Virginia Foundation for Healthy Youth, Maine’s Office of Family and Child Services (OCFS), and Maine’s Office of Behavioral Health (OBH), among others. We are passionate about mental health and were very excited about the Vibrant ONE opportunity.

MDR conducts many research projects in Vermont. Current examples include focus groups with the Vermont Department of Health (VDH) regarding tobacco use, focus groups and interviews with the Vermont NEA about their health insurance and benefits experience, and conducting the Vermont Adult Tobacco survey. We not only enjoy these projects, but we also understand Vermonters and appreciate the relationships we continue to grow with our clients there.

MDR has experience conducting a variety of program, policy, and communication evaluations, both as the lead investigator and as a subcontractor. We completed evaluation projects for the Maine Department of Education, Maine Office of Tourism, Maine Center for Tobacco Independence (CTI), Healthy Androscoggin, and Maine Cancer Foundation. We have worked on many evaluation projects, including the state of Maryland’s minimum age purchase law for tobacco, projects for Healthy Maine Partnerships, and Maine Cancer Foundation’s “You Are the Target” campaign.

Process mapping is of great interest to MDR and we are looking forward to expanding our expertise in this area. We create a variety of maps, infographics, paper briefs, and data dashboards for clients to summarize and present results. We help clients explore youth substance use, rural health concerns, and individual school performance in a variety of formats, depending on the data available and the best format for the document. This experience

supports MDR's ability and interest in creating process and journey maps based on feedback from stakeholders and mental health consumers.

MDR's reports generally include some type of data visualization, which lends itself well to the journey and process maps needed for this project. Typically, we create charts and diagrams that visually explain the data. These visualizations aid in understanding the narrative and technical text for audiences without a statistics background. We often create infographics for projects that require data visualization. These include brief descriptions, but mostly rely on charts, diagrams, and graphics that provide easily understood information to lay audiences.

MDR has experience developing trainings and providing other methods to make data more understandable. For example, MDR worked with the New England Public Health Training Center to develop an online workshop on public health data and analysis. This training workshop included education on understanding basic public health data terms, identifying public health data resources, and understanding how to apply public health data for the purposes of assessment, planning, and evaluation. Our President, Patrick Madden, delivered and recorded this presentation during the virtual Maine Public Health Association Conference in October 2020.

[Section VII. Attachments](#) includes infographics created by MDR for the Maryland Community Health Worker Survey Analysis in 2022.

III. Proposed Strategies and Processes for Stakeholder Engagement and Mapping

Kickoff Meeting

MDR begins every project with a kickoff meeting. During this meeting with the Vibrant ONE design team, we will discuss project goals, the proposed workplan, deliverables, expectations, timelines, communication, and more. Our project team will host this meeting via Microsoft Teams or another platform commonly used. During this meeting, we will schedule monthly check-ins with Vibrant ONE. MDR will discuss any revisions to the project timeline and finalized versions will be presented to Vibrant ONE no later than one week after the kickoff meeting.

Deliverable: Finalized workplan and timeline,

Involve Staff & Partners in Mapping & Analysis of Process Mapping

Identifying Stakeholders and People Who Have Experience Accessing Mental Health and/or Substance Use Services (Consumers)

MDR and Vibrant ONE will work together to identify the stakeholders and consumers who should be involved in the project. MDR has many years of experience recruiting hard-to-reach populations—including stakeholders, patients, and mental health professionals. We will incorporate the opinions and expertise of stakeholders and consumers in all aspects of this project. MDR suggests a combination of both in-depth interviews and focus groups.

- ◆ Five In-depth Stakeholder Interviews (one hour each)
- ◆ Ten In-depth Consumer interviews (30-45 minutes each)
- ◆ Two Consumer Focus Groups (90 minutes each)

MDR believes this approach will collect the qualitative information needed from the perspectives of both clinicians and consumers to begin the mapping process. Focus groups with consumers of mental health and substance abuse care will provide valuable information about participants' journeys navigating care individually, while also observing discussions between consumers, allowing for comparisons and a full spectrum of experience. Conducting consumer interviews provides those who would prefer a more private environment to participate and share their experiences comfortably.

In our experience, MDR has found clinicians and health professionals challenging to recruit for participation in an interview or focus group – even with large incentives. This is why we suggest five long and in-depth interviews with key stakeholders. MDR also suggests reaching out to a variety of professionals including case workers, clinicians, and administrators etc.

Material Development

MDR will develop three separate moderator guides for the (1) stakeholder in-depth interviews, (2) consumer in-depth interviews, and (3) consumer focus groups that include the following topics.

- ◆ Knowledge of the behavioral health system of care and services available
- ◆ How the behavioral health care in Vermont’s Northeast Kingdom currently is accessed and working
- ◆ Personal experience with services and resources
- ◆ Challenges with navigating care and access to resources
- ◆ Perceived strengths/weaknesses of the system from clinicians
- ◆ Opinions on the intake process
- ◆ Opinions on how to make the process and access to care and resources better
- ◆ Key decision or constraint points that providers experience in navigating treatment plans while capturing the array of services available to residents in our area.
- ◆ Other topics as needed

MDR will provide the three draft moderator guides to Vibrant ONE for feedback. Based on this information MDR will create final versions.

Deliverable: Three Moderator Guides

Recruitment

Vibrant ONE will provide a stakeholder and consumer list for MDR at the beginning of the project. We will use membership from their local mental health agency, consumer groups, recovery centers, hospitals, primary care practices, community organizers, and other health and human service organizations. Vibrant ONE has also recently conducted a mental health stigma survey in the Northeast Kingdom. MDR hopes to contact these participants for recruitment as well.

MDR and Vibrant ONE will work together to create two screener instruments (consumer and stakeholder) for recruitment. These instruments will ask important eligibility questions and

collect contact and availability information from potential participants. MDR will program these online screeners and send out an initial email invitation with the screener link to contacts provided by Vibrant ONE. If needed, MDR has trained staff that can call phone numbers available from the sample list for screening as well.

Once screened, eligible recruits will be contacted by MDR for participation in the interviews and focus groups. We suggest hosting these virtually. Virtual focus groups are often easier to schedule and attend—especially in rural areas like the Northeast Kingdom of Vermont. Virtual focus groups are less costly in terms of transportation and time commitment. Vibrant ONE will be able to watch focus groups live or recorded without disruption to the groups. Prior to the interviews and focus groups, MDR will confirm participation and disclose to participants that focus group and interviews will be recorded. Participants will be provided with an online link for focus group and interview participation. We propose holding two focus groups with six to eight participants. Focus groups will run about 90 minutes. Interviews will run for one hour for clinicians and 30 to 45 minutes for consumers.

We will keep track of recruitment, cancellations, questions, and group reminders. MDR also suggests conducting “tech-checks” before each group to help all participants with audio and video concerns. This provides an opportunity to collect individual consent to participate.

MDR will host focus groups and interviews at multiple times of day and on different days of the week. Participants will need a computer with broadband internet or a working telephone to access and participate in both.

Focus Group Moderation

A trained MDR moderator will conduct the focus groups. Our approach to focus group moderation uses techniques taught at the RIVA Institute of Bethesda, Maryland, the foremost moderator training organization in the United States. Our moderators are conversant in managing group dynamics and sensitive topics and in using the latest tools and techniques to get the most out of participants.

At the beginning of each group, we explain to participants what will happen in the group and what we expect from them. We also conduct an exercise to develop rapport and build trust between the participants and the moderator. These steps are significant commitments of time, but we find them to be critical components of successful groups. The first questions in a group are usually introductory in nature and open-ended, providing an opportunity for each participant to become part of the conversation. By asking the right initial questions, the discussion flows naturally to the topics in the moderator’s guide. We use the moderator’s guide

to check that all topics have been covered. Questions move from general topics to specific topics during the group.

We ask questions in a variety of ways to help people freely voice their opinions. This might include top-of-mind questions, finish the sentence type of questions, or through interventions or activities. One example of an intervention is where participants select and then describe an image that seems to fit with their perceptions. We use several other techniques to “dig deeper” and get beyond the obvious.

Participants in focus groups will receive \$75 in compensation for their contribution. They will have the option of an online gift card or check.

In-Depth Interviews

A trained in-depth interviewer will conduct Interviews with stakeholders and consumers. The interviews will be conducted over Zoom, Microsoft Teams, or telephone depending on the participant. Interviewers will request permission to record the interview and guarantee confidentiality to each respondent prior to conducting the interview. While the interview guides will direct the overall flow of the conversation, our interviewers are skilled at probing respondents for additional information or feedback on important topics. Recorded interviews will be transcribed for use in analysis and reporting.

Interview participants will receive \$75 in compensation for their contribution. They will have the option of an online gift card or check.

Analysis

After receiving transcriptions of the focus groups and interviews, MDR will analyze verbatim comments and themes throughout the groups to create a topline report.

Deliverables: Recordings of focus groups, redacted transcripts from groups and interviews, and topline summaries of interviews and focus groups, if desired

Construct Process / Asset Map

After qualitative data collection, MDR and Vibrant ONE will meet before the mapping process begins. MDR will present key findings from the focus groups and interviews and revisit Vibrant ONE’s overall goals for the final maps. MDR recommends approaching the process in six defined steps.

1. **Define mapping scope** –creating a helpful journey map starts with defining clear goals. The main goals follow.
 - ◆ Developing a map that documents how the behavioral health care in Vermont’s Northeast Kingdom currently is accessed and working
 - ◆ Construct a journey map or actor map to help demonstrate people’s experiences accessing services.
2. **Define the actors in the maps** – A provider and consumer will have different journeys. MDR and Vibrant ONE will brainstorm the best ways to illustrate these points of views with multiple maps, combined journeys, or other creative ways.
3. **Define the audience** – MDR and Vibrant ONE will discuss the final group of people the maps will be presented to. Knowing our audience will help us create maps aligned to user expectations.
4. **List pain points** – Using the results of the qualitative research, MDR and Vibrant ONE will discuss the key decisions or constraint points that providers and consumers experience in navigating treatment plans. This exercise will assist MDR in transferring these points onto the maps.
5. **Map the journey** – After gathering all the information needed and collaborating with Vibrant ONE, MDR will begin the creative process of map building. MDR has strong experience with data visualization and taking complex ideas and turning them into something accessible for everyone.
6. **Validate and refine the maps** – MDR will be in close communication with Vibrant ONE during the mapping process. We will present the maps to Vibrant ONE and community stakeholders to provide fine-tuning and feedback through facilitated discussion. MDR will also facilitate a discussion with the group to focus on crucial decision points and crisis intercept points in the process maps.

Deliverables: Draft of maps, presentation of maps, and facilitation of discussion with group.

Recommend Changes

After MDR and Vibrant ONE finalize the maps, we will focus on recommendations. MDR will develop and provide to the Northeast Kingdom’s mental health and substance use services a set of recommended changes and measures for improvements. Part of these recommendation will include a proposed universal screening or intake process that can be implemented by all

community agencies. These recommendations will be informed by the results of focus groups, interviews, and final process maps. Recommendations will be feasible, sustainable, and will improve the process for consumers to access services. MDR will meet with Vibrant ONE to determine an appropriate format for the recommendations.

Deliverables: Final process maps, recommendations.

IV. Relevant Experience with Similar Projects

Vermont Department of Health Tobacco Focus Groups

MDR worked with Rinck Advertising and the Vermont Department of Health to conduct research among adults in Vermont who are current or former tobacco users. MDR held a series of four virtual focus groups with the goal of better understanding adult attitudes toward tobacco and the factors that contributed to their initiation and current use. The focus groups explored and tested messages, creatives, and advertisement videos with participants. MDR also calculated performance effective scores for each creative. MDR designed the moderator's guide, recruited participants through a push-to-web model, moderated the groups, and analyzed and reported on the results. The final reports included a summary of the detailed findings, key findings, recommendations, and written transcriptions of the groups.

Maryland Healthcare Commission Website Revamp Focus Groups

The Health Care Commission of Maryland joined MDR to conduct a series of focus groups to better understand the needs of the Maryland population regarding a Health Care Quality Reports website and to inform its redesign. A total of six online focus groups were conducted. The first set of four groups provided user experience feedback and information to inform design of the website while focusing on nursing home care. The second set of two groups provided feedback on the website design based on the material from the first set of focus groups. MDR designed moderator's guide, recruited participants, moderated the groups, analyzed transcripts, and reported the results. The final reports included a summary of the findings, key findings and recommendations, and written transcriptions of the focus groups.

Maine Behavioral Health Focus Groups

MDR worked with Rinck Advertising, MaineHealth, and Maine CDC to conduct two focus groups among behavioral health professionals in Maine to help inform and improve tobacco treatment services throughout the state. The goal of this research was to better understand how behavioral professionals refer clients, what the barriers are, how to make the process easier, what assistance and tools can be provided, and how to better reach mental health professionals. MDR recruited participants using a calling list of registered behavioral health professionals throughout the state with a combination of a sample list provided by MaineHealth. The discussion guide was created collaboratively by MDR, Rinck, MaineHealth, and Maine CDC. MDR completed a qualitative analysis and report of the group findings.

Maryland Community Health Worker Survey Analysis and Infographics

MDR conducted analysis and reporting of the Maryland Community Health Worker and Maryland Community Worker Employers surveys. MDR also produced two infographics focused on the impact of Community Health Workers in rural Maryland.

MA Center for Health Information Analysis (CHIA) Employer Survey – In-Depth Interviews

With the advent of the pandemic, the Massachusetts Employer Survey (MES) was paused, and its restart delayed until 2021. During this period, CHIA wished to reach out to stakeholders, business groups, and employers to better understand how the pandemic was affecting the state's employers as well as those that use the MES data. In an effort to understand more about this, MDR completed a series of qualitative interviews among Massachusetts employers. A total of 50 interviews were conducted.

VT Health Household Health Insurance Survey

This research was conducted on behalf of the Vermont Department of Health (VT DOH) to provide current, state-specific information about insurance coverage and health care access among Vermont residents. A total of 3,000 household interviews were conducted by telephone. Sampling relied on a dual framed RDD cell and listed landline design. MDR prepared a weighted data set and provided an analytical data compendium of survey results broken out by key geodemographic, coverage, and health access characteristics. MDR then worked with VT DOH to design reports and present results to stakeholders and the public.

Connecticut Victims Needs Assessment

Through in-depth-interviews and focus groups, MDR collected details and insights about the effects of victimization in Connecticut. The interview and moderator guide was developed by MDR in collaboration with the Office of Victim Services and consisted of topics such as victimization, services received and not received, barriers to services, and opportunities for improving victim services in Connecticut. The interview team at MDR completed 39 interviews. MDR then conducted focus groups with professionals who work with victims of crime in Connecticut. MDR completed the analysis and developed reports and presentations. MDR provided feasible suggestions for how the Office of Victim Services can make their services more accessible to consumers and how to improve the process by which consumers use services.

V. Availability and Ability to Meet Timeline

Below is our proposed timeline, which can be adjusted during our kickoff meeting. Dates are subject to change depending on contracting hold ups, recruitment delays, etc.

| Description | Date/Timeframe | Responsible Party |
|---|-------------------------|-------------------|
| Contract execution | November 1, 2022 | MDR/Vibrant ONE |
| Kickoff meeting | November 7, 2022 | MDR/Vibrant ONE |
| Deliverable: Finalized workplan and timeline | November 14, 2022 | MDR |
| Meeting to finalize stakeholder and consumer recruitment goals and plan | November 17, 2022 | MDR/Vibrant ONE |
| Draft moderator guides | December 2, 2022 | MDR |
| Moderator guides feedback | December 9, 2022 | Vibrant ONE |
| Deliverable: Three finalized moderator guides | December 14, 2022 | MDR |
| Check in meeting after holidays | January 5, 2023 | MDR/Vibrant ONE |
| Draft screeners | January 13, 2023 | MDR |
| Screener feedback and testing | January 15, 2023 | Vibrant ONE |
| Program and finalize screeners | January 20, 2023 | MDR |
| Recruitment for focus groups and interviews | Two Weeks – January-Feb | MDR |
| Hold focus groups | February 2023 | MDR |
| Conduct IDIs | February 2023 | MDR |
| Deliverable: Topline report | March 3, 2023 | MDR |
| Meeting to discuss qualitative results and process maps plan | March 10, 2023 | MDR/Vibrant ONE |
| Draft process map and patient journey map | March, 2023 | MDR |
| Present process maps to Vibrant ONE and community stakeholders with facilitated discussion for fine tuning and feedback | March 31, 2023 | MDR/Vibrant ONE |
| Facilitate discussion with group to focus on crucial decision points and crisis intercept points in the process maps | April 7, 2023 | MDR/Vibrant ONE |

| Description | Date/Timeframe | Responsible Party |
|---|----------------|-------------------|
| Develop recommendations for collective impact and a new universal screener and intake process | April, 2023 | MDR |
| Deliverable: Final presentation and recommendations deliverable | May 11, 2023 | MDR/Vibrant ONE |

VI. Anticipated Costs

| Key Staff | Role | Hours | Rate per Hour |
|-------------------|--|-------|---------------|
| Cecelia Stewart | Primary Investigator | 21 | \$190 |
| Allison Tippery | Qualitative Research Manager/Project Manager | 69 | \$160 |
| Anna Driscoll | Research Analyst | 26.5 | \$131 |
| Nicholaus Johnson | Research Analyst | 26.5 | \$131 |
| Frances Tarbell | Research Assistant | 31 | \$100 |

| Cost Summary | Hours | Cost |
|----------------------|-------|-----------------|
| Professional | 174 | 25,073 |
| Field Services | 10 | 680 |
| Expenses | - | 3,817 |
| Data Security Charge | 1% | 296 |
| Total | | \$29,866 |

Budget Details

MDR utilizes a straightforward estimation approach based on decades of completed research projects and post-hoc analysis of time and material requirements for varying methodologies. MDR estimates labor hours for every task and category; we assign staff to tasks based on the skill level required. The estimated hours are based on the required scope of work and our experience with similar projects. We use time entries from our project management and time tracking software to document time on projects. We create detailed breakdowns of estimated staff time by position for every task, which we can provide upon request.

Professional Hours: Contract administration, consult, plan and design, program and test, project management, code and clean, data management and analysis, qualitative data collection, report and present, and travel time.

Field Services: Interviewing fees and training charges, supervisor hours, mail related costs (returned paper surveys), any vendor data collection, recruitment costs, tech checks.

Expenses: Sample generation and purchasing (this estimate assumes MDR will have access to Vibrant ONE's stakeholder and consumer list), transcription, translation, incentives, online survey charges, printing, postage, outside consultants/subcontractors.

VII. Staffing Plan

The table below shows are proposed team for this project. Resumes are included on the following pages.

| Position | Team Member | Responsibilities |
|--|---------------------------|--|
| Primary Investigator | Cecelia Stewart, PhD, MPH | Oversee all aspects of the project, from initial design through development of final deliverables. |
| Qualitative Research Manager/Project Manager | Allison Tippet | Lead MDR’s qualitative research, conduct focus groups, lead consumer and stakeholder interviews, and participate in qualitative analysis and project management. |
| Research Analyst | Anna Driscoll | Conduct qualitative analysis and lead development of process and journey maps. |
| Research Analyst | Nicholaus Johnson, MPH | Conduct qualitative analysis and lead development of process and journey maps. |
| Research Assistant | Frances Tarbell | Aid in analysis, review products for consistency and errors, take notes during focus groups, conduct interviews, and help with reporting. |

| | |
|---|--|
| <p>Summary of Qualifications</p> | <p>Dr. Stewart has a strong background in public health research and practice, bringing expertise in research methodology, secondary data analysis, and project management to Market Decisions Research. Dr. Stewart has five years of experience in implementation, evaluation, research design, community capacity building, and grant management.</p> <p>Dr. Stewart serves as a principal investigator on public health research projects and specializes in substance use, racial equity, and health policy research. She is dedicated to community-based research and is skilled at empowering stakeholders to become involved in and take ownership of the research process. Dr. Stewart is capable of translating data into actionable recommendations and impactful practice.</p> |
| <p>Education</p> | <p>PhD, Health Behavior & Health Education, University of Michigan, Ann Arbor, MI MPH, Epidemiology, Boston University, Boston, MA BS, Medical Biology, University of New England, Biddeford, ME BA, Sociology, University of New England, Biddeford, ME</p> |
| <p>Past Employment</p> | <p>2020-2022 Community Coordinator, HEALing Communities Study 2017-2022 Doctoral Student/Candidate, University of Michigan 2016-2017 Implementation Specialist, Altarum Institute 2015-2016 Project Manager, Maine Primary Care Association</p> |
| <p>Relevant Experience</p> | <p>Katahdin Valley Health Center Needs Assessment 2022 Dr. Stewart is the primary investigator on this project which compiles over 200 health indicators for Aroostook, Penobscot, and Piscataquis Counties (Maine) to help Katahdin Valley Health Center better understand the medical, mental, and behavioral health needs of their patients. Dr. Stewart will provide Katahdin Valley with recommendations based on findings.</p> <p>Martin’s Point Delivery Surveillance 2022 Dr. Stewart was the primary investigator on this project which compiled information on Martin’s Point market competitors. She provided recommendations to Martin’s Point regarding business development and patient satisfaction.</p> <p>Connecticut Victims’ Needs Assessment Dr. Stewart led the report writing team for this project which summarized results from surveys, focus groups, and in-depth interviews from victims of crime in Connecticut. She presented results to the Connecticut Office of Victim Services.</p> |

| | |
|------------------------------|--|
| | <p>Maryland Community Health Worker Survey. Dr. Stewart was a part of the report writing team for this project which summarized results from surveys from community health workers and their employers.</p> |
| Publications | <p>Haffajee RL, French CA. Provider perceptions of system-level opioid prescribing and addiction treatment policies. <i>Curr Opin Psychol</i>. 2019 Dec;30:65-73. doi: 10.1016/j.copsyc.2019.01.018. Epub 2019 Feb 4. PMID: 30856591; PMCID: PMC7482312.</p> <p>Sandmire DA, Rankin NE, Gorham SR, Eggleston DT, French CA, Lodge EE, Kuns GC, Grimm DR. Psychological and autonomic effects of art making in college-aged students. <i>Anxiety Stress Coping</i>. 2016 Sep;29(5):561-9. doi: 10.1080/10615806.2015.1076798. Epub 2015 Aug 28. PMID: 26222010.</p> |
| Additional Experience | <p>Dr. Stewart has worked as a research assistant on projects spanning many topics – naloxone distribution, motherhood, therapeutic impacts of art on anxiety. She also has experiencing teaching undergraduate students on the topics of sociology and social determinants of health. She is experienced with community-based work and excels in coalition and community building. Most recently Dr. Stewart successfully defended her dissertation titled “Under the Influence of Racism: An Examination of Race-Neutral Drug Policies in the United States.”</p> |
| Special Training | <p>ICPSR Summer Program for Quantitative Methods of Social Research</p> <ul style="list-style-type: none"> • Regression Analysis II • Causal Inference |



Allison Tippery
Qualitative Research Manager

Summary of Qualifications

Allison has many years of clinical research experience in mental health and emergency medicine. She has worked with all different types of patients in a clinical and research setting.

Now at Market Decisions, she has focused her skills on qualitative research. She is passionate about listening to people’s stories and learning more about their behavior, experiences, and attitudes. She enjoys digging deep and using qualitative methods for complex research questions and studies. She can look at data from a close and human perspective while enjoying the task of applying it to the big picture.

Allison is a trained focus group moderator and in-depth interviewer. She has been moderating and managing focus groups and IDIs at MDR for three years. She handles many different types of qualitative projects from research design to analysis and reporting. She is a master at building rapport with research participants and making them feel comfortable about discussing vulnerable topics. Allison also enjoys finding ways to make qualitative projects more efficient while thinking outside the box. She loves working as a team, training people on new projects, and is an expert at handling many responsibilities at once.

Education

Post Baccalaureate Pre-Medical Certificate, University of Vermont, Burlington, VT
BA, Psychology, University of California, Berkeley, CA

Relevant Experience

MA CHIA Employer Survey – Qualitative Interviews

With the advent of the pandemic, the Massachusetts Employer Survey (MES) was paused, and its restart delayed until 2021. During this period, CHIA wished to reach out to stakeholders, business groups, and employers to better understand how the pandemic was affecting the state’s employers as well as those that use the MES data. In an effort to understand more about this, MDR completed a series of qualitative interviews among Massachusetts employers. A total of 50 interviews were conducted.

Allison was responsible for recontacting respondents that had participated or agreed to participate in the MES prior to the pause of the pandemic. Allison also worked on recruiting new employers throughout Massachusetts. She conducted all 50 interviews, handled project management, and conducted analysis and reporting.

MCF Patient Navigation Assessment

MDR was contracted by Maine Cancer Foundation (MCF) to conduct in-depth interviews and a focus group among patient navigators in Maine. The goal of this project was to help MCF determine how to best gather information for a future Maine Patient Navigation Assessment. Allison worked with patient navigators across Maine to plan the interviews and focus group. She created both discussion guides and moderated all aspects of the project while reporting on the findings.

Vermont Department of Health Tobacco Focus Groups

Rinck Advertising, working with the Vermont Department of Health (VDH), were interested in conducting a series of focus groups among adults in Vermont who are current or former tobacco users. MDR was contracted by Rinck to help conduct this qualitative research. The goal of this project was to better understand Vermonters' attitudes toward tobacco use and the factors that contributed to their initiation and current or past tobacco use along with testing recent creatives. Allison managed this project along with conducting the research design, recruiting, moderation, and reporting.

Connecticut Victims Needs Assessment

Through in-depth-interviews and focus groups, Allison helped lead this project into collecting insight and details about the effects of victimization in Connecticut.

The interview and moderator guide was developed by Allison in collaboration with The Office of Victim Services and consisted of topics such as victimization, services received and not received, barriers to services, and opportunities for improving victim services in Connecticut. Allison led the interview team at MDR and completed 39 interviews. Allison then conducted focus groups with professionals who work with victims of crime in Connecticut. She organized recruiting, moderation, and all other moving parts of groups. Allison worked with the MDR team on analysis, reporting, and multiple presentations.

MaineHealth CTI Tobacco Disparities Analysis and Focus Groups

To better understand how to reach and support Maine community members that use tobacco products, the Center for Tobacco Independence (CTI) was interested in conducting focus groups with populations in specific rural areas of the state identified as high-risk for tobacco use and exposure. Allison conducted five focus groups among adult combustible tobacco users, teen combustible tobacco

users, and social service providers in Maine. She handled all recruiting, project management, and analysis and reporting.

Maryland Health Care Commission Focus Groups

The Health Care Commission of Maryland commissioned MDR to conduct six focus groups to better understand the needs of the Maryland population regarding a Health Care Quality Reports website. The first set of four groups provided information to inform development of their website while focusing on nursing home care. The second set of two groups provided feedback on the website designed based on the material from the first set of focus groups. Allison was the project manager and focus group moderator.

NOAA Survey Testing Qualitative Interviews

The NOAA Northeast Fisheries Science Center (NEFSC) periodically conducts a data collection effort among commercial fishing vessel owners aimed to assess the economics of commercial fishing. Providing this information is a significant burden to fisherman but it is critical to the accuracy of efforts by NEFSC to forecast the economic impact of fisheries' management decisions. MDR helped NEFSC conduct qualitative research by reaching out to fishing vessel owners to provide their input on the development of the survey and perform cognitive interview tests.

Allison used multiple methods of contact and communication with fishing vessel owners to drive potential respondents to a screener survey and appointment booking platform. These were mailed invitation letters, emailed invitations, and direct phone recruiting. Allison successfully recruited participants for all quota groups, assisted with cognitive interviews, and provided a final methodology report.

Maine Behavioral Health Focus Groups

MDR worked with Rinck Advertising, MaineHealth, and Maine CDC to conduct two focus groups among behavioral health professionals in Maine to help inform and improve tobacco treatment services throughout the state. The goal of this research was to better understand how they refer clients, what the barriers are, what assistance and tools can be provided, and how to better reach professionals. Allison was the project manager, discussion guide writer, analyst, and focus group moderator.

Harvard Pilgrim - Baileyville Community Center IDIs

MDR worked with Harvard Pilgrim Health Care to administer in-depth interviews among Baileyville, ME residents to test the concept of building a community health center that would provide much-

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| | <p>needed health care and social services to the area. MDR developed IDI guides specifically for residents and for community influencers. IDIs were completed over the phone and MDR produced a report and delivered a presentation of results to Harvard Pilgrim. The results of MDR’s research efforts resulted in Harvard Pilgrim moving forward with the community health center project. Allison was the interview guide writer, analyst, and interviewer.</p> <p>Maine Youth Vaping Online Focus Groups Rinck Advertising was interested in conducting research among youth in Maine to help inform and improve an ongoing anti-vaping campaign and understand how the current campaign resonates with youth. This informed Rinck how to adjust the campaign accordingly and tailor the campaign for this age group to make it more relevant. Allison conducted six online focus groups with Maine youth aged 13-18 who have experimented with vaping - with a mix of urban and rural geography. Two groups included teens who have not tried vaping to understand more about prevention. Allison handled all recruitment, analysis, and reporting.</p> |
| <p>Additional Experience</p> | <p>Allison started her healthcare career in Vermont. She has a great deal of direct patient care experience and has worked within the mental health system for many years. She is a naturally empathetic person, has great active listening skills and the ability to connect with all varieties of people.</p> <p>She became the program manager for a complex study regarding opioid use disorder. The study required her to create a reliable workflow for enrolling emergency room patients with opioid use disorder into medication assisted treatment. It was her responsibility to supervise the program, train staff, work closely with the IRB, collect survey data from patients, and pay extreme attention to detail to every working part of the project.</p> <p>Allison has also worked as a Lead Psychiatric Research Associate on a National Institutes of Health (NIH) funded study for assessing the risk of suicide amongst patients presenting to the Emergency Department. This survey tool was developed by a team of University of Vermont researchers and is making its way into the prison and the military systems. The Systematic Expert Risk Assessment for Suicide, or SERAS, is a questionnaire that can be administered on an iPad. It was developed as a clinical assessment of the acute risk of suicide within 72 hours, and Allison was part of the initial testing in the UVM emergency department. She played a key leadership role in creating and implementing protocols for this study and working directly with patients.</p> |

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| | <p>In addition, she has worked as a Mental Health Technician where she was part of a treatment team on the inpatient psychiatry units of the University of Vermont Medical Center.</p> <p>Over the past three years at MDR, Allison has fallen in love with qualitative research and has taken her prior skills along with her while she moderates focus groups, in-depth interviews, trains others about qualitative research, and manages projects.</p> |
| <p>Professional Associations</p> | <p>Allison is an active member of the American Association for Public Opinion Research (AAPOR) and a new member of QUALPOR – a group that helps advance the discipline of qualitative research within AAPOR.</p> |
| <p>Contributions to Science – Recent Papers and Presentations</p> | <p><i>The Bots are Taking Over! – Lessons Learned from Battling Bots on a Social Media Survey.</i> Allison Tippery, John Charles, MS, Patrick Madden, MBA. Presented at the American Association for Public Opinion Research Annual Meeting, May 2022.</p> <p><i>At What Cost? The Financial Impact of a Cancer Diagnosis Among Maine Cancer Patients.</i> Patrick Madden¹, Aysha Sheikh², Katelyn Michaud², Allison Tippery¹. 1) Market Decisions Research, Portland, ME, (2) Maine Cancer Foundation, Portland, ME</p> <p><i>The Impact of the COVID-19 Pandemic on Massachusetts Employers – Preliminary Findings from a Qualitative Supplement to the Massachusetts Employer Survey.</i> Bridget Gayer, MS, MPH¹, Catherine Nwachukwu, MPH¹, Huong Trieu, PhD¹, Allison Tippery², Brian Robertson, PhD² and Zi Zhang, MD, MPH¹, (1) Massachusetts Center for Health Information and Analysis, Boston, MA, (2) Market Decisions Research, Portland, ME</p> <p><i>Emergency Department Initiated Buprenorphine Intervention for Opioid Use Disorder to Expand Access to Medicated Assisted Treatment.</i> Allison Tippery; Sanchit Maruti, MD, MS; Scott Mackey, PhD; Roz Bidad, BSN, RN; Richard Rawson, PhD; Bethany Mahler LADC, LCMHC; Michael Goedde, MD; Daniel Wolfson, MD, The University of Vermont Medical Center, Burlington VT</p> |



Anna Driscoll
Research Analyst

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| Summary of Qualifications | <p>Ms. Driscoll has a background in cognitive psychology and economics, a combination that facilitates her strengths in analyzing and communicating data. As a research assistant, Ms. Driscoll is able to apply her skills across all components of the research process; assisting in data collection efforts, programming, analyses, and report writing. With a passion for understanding and effectively conveying research findings, Ms. Driscoll assists in complex survey programming using the Voxco platform and in advanced analyses with SPSS.</p> <p>Her background in cognitive psychology aids Ms. Driscoll in approaching research with a keen understanding of the big picture, while simultaneously acknowledging the importance of individual differences within data. Ms. Driscoll excels in writing and reporting information in a way that is both effective and comprehensible to a variety of audiences.</p> |
| Education | <p>BA, Psychology, University of Maine, Orono, ME BS, Economics, University of Maine, Orono, ME</p> |
| Relevant Experience | <p>Maryland Nursing Home Family Experience of Care Survey The Maryland Nursing Home Family Experience of Care Survey is both a census of every nursing facility in the state of Maryland, as well as a comprehensive survey of family member satisfaction with the care provided to their loved ones. At Market Decisions Research, Ms. Driscoll served as a research assistant and helped to manage data collection efforts by acting as the point of contact for over 200 nursing home facilities to supply their census information.</p> <p>Vocational Rehabilitation Agency Surveys At Market Decisions Research, Ms. Driscoll has acted as the research assistant on multiple surveys for several states' Vocational Rehabilitation Agencies including North Dakota, Vermont, and Nevada. These surveys assess overall consumer experience and satisfaction with these agencies and their services. In her role, Ms. Driscoll assisted with coding open-ended responses and introducing new codes that addressed the pervasive impact of COVID-19, which influenced many consumers' responses.</p> <p>Pregnancy Risk Assessment Monitoring System The Pregnancy Risk Assessment Monitoring System (PRAMS) is a project implemented across several U.S. states which work with the Centers for Disease Control and Prevention for analyses and intervention. The purpose of the study is to determine why some babies are born healthy and others are not. The questionnaire asks</p> |

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| | <p>new mothers about their behaviors and experiences before, during, and after pregnancy. Ms. Driscoll worked as a data collection associate; interviewing and entering mail data from new mothers in Kentucky, South Carolina, Maine, Massachusetts, Rhode Island, and Wyoming.</p> |
| <p>Additional Experience</p> | <p>Ms. Driscoll previously worked as a research assistant in the Cognitive Psychology Laboratory at the University of Maine. As a research assistant, she worked directly with human subjects to better understand the fundamental aspects of learning and categorization. In addition, she worked as a tutor and teacher’s assistant for multiple professors in the School of Economics, focusing on helping students better understand the complexities of environmental and ecological economic fields.</p> |



Nicholaus Johnson, MPH
Research Analyst

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| Summary of Qualifications | <p>Mr. Johnson has a demonstrated proficiency in public health research. This includes both quantitative and qualitative analysis of original and existing public health data. He has successfully conducted systematic literature reviews, data collection, data management, and data analysis. His work has contributed to numerous original research articles published in highly regarded U.S. academic journals.</p> |
| Education | <p>Yale School of Public Health MPH New Haven, CT Creighton University BA - Medical Anthropology Omaha, NE</p> |
| Relevant Experience | <p>Yale WATER Study The goal of The Yale WATER Study is to understand the impacts (if any) of unconventional oil and gas development on drinking-water quality in Pennsylvania, Ohio, and West Virginia while evaluating other factors that may influence drinking water chemistry in these locations.</p> <p>Mr. Johnson demonstrated proficiency in a number of roles during the course of this project. As a research assistant he conducted structured interviews with participants in their homes, and collected water samples. Later as a research analyst, he built a multi-state database of oil and gas drilling records, and used this data for further analysis of the proximity between drilling and residential water-sampling sites. He continues to use these skills during his work at MDR.</p> <p>HPV Vaccine Working Group The goal of the HPV Vaccine Working Group at Yale is to develop and implement evidence-based strategies to improve HPV vaccination uptake and decrease the burden of HPV-related diseases in Connecticut. In his role as research analyst, Mr. Johnson performed complex analysis using personal health information to determine the effectiveness of the HPV vaccine in preventing a variety of health outcomes. He also performed a systematic literature review that is currently being reviewed for publication. He brings this skillset in data analysis and writing to his current work at MDR.</p> <p>Steam Crackers and Public Health Mr. Johnson helped lead a novel research initiative with the aim of locating and evaluating the chemical emissions of U.S. steam crackers. Steam crackers are unique petrochemical facilities that turn hydrocarbons into chemical intermediates used for plastic</p> |

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| | <p>production. In his role as research analyst, he took the lead in accessing, analyzing, and interpreting data from numerous sources. He also contributed substantially to writing up results of the research for an article in an academic journal, which will soon be published. He is currently using these skills in data analysis and writing in his role of research analyst at MDR.</p> |
| <p>Publications</p> | <p>Clark C, Xiong B, Soriano M, [et al., including Johnson NP]. (2022). Assessing unconventional oil and gas exposure in the Appalachian Basin: Comparison of exposure surrogates and residential drinking water measurements. <i>Environmental Science & Technology</i>.</p> <p>Warren JL, Cai J, Johnson NP, et al. (2021). A discrete kernel stick-breaking model for detecting spatial boundaries in hydraulic fracturing wastewater disposal well placement across Ohio. <i>Journal of the Royal Statistical Society: Series C (Applied Statistics)</i>.</p> <p>Torres AR, Johnson NP, Ellingson MK, et al. (2021). State laws permitting adolescent consent for the human papillomavirus vaccine and rates of immunization. <i>JAMA Pediatrics</i>.</p> <p>Soriano MA, Siegel HG, Johnson NP, et al. (2021). Assessment of groundwater well vulnerability to contamination through physics-informed machine learning. <i>Environmental Research Letters</i>.</p> <p>Johnson NP, Warren JL, Elliott EG, et al. (2020). A multi-region analysis of shale drilling activity and rates of sexually transmitted infections in the United States. <i>Sexually Transmitted Diseases</i>.</p> |



Frances Tarbell
Research Assistant

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| <p>Summary of Qualifications</p> | <p>As a Research Assistant in Field Services, Ms. Tarbell coordinates with respondents, other Research Assistants and Project Managers to deliver timely quality data and to administer collections. Ms. Tarbell works as a data collection associate on a number of projects using methods from phone collection to In Depth Interviews. Ms. Tarbell also runs in-office mailing operations and can enter, process and code incoming data in a dependable, timely manner. She finds special importance in face-to-face interactions with respondents, going above and beyond to approach data collection adhering to protocol during the process, while respecting and communicating warmly with respondents.</p> |
| <p>Education</p> | <p>BA Sociology/Social Anthropology and Contemporary Studies, University of King’s College – Dalhousie University, Halifax NS</p> |
| <p>Relevant Experience</p> | <p>Pregnancy Risk Assessment Monitoring System PRAMS is an ongoing data collection project run by the CDC and state departments to better understand the health of Mothers and newborns before, during and after pregnancy. Ms. Tarbell collects data, enters mail data and tracks contacts, trained interviewers, and has helped pilot and test online survey instruments through Market Decisions work with Kentucky, South Carolina, Maine, Massachusetts, Rhode Island, and Wyoming.</p> <p>Connecticut Victimization Survey The Connecticut Office of Victim Services (OVS) works with Market Decisions to administer online surveys and in-depth interviews of victims of crime in Connecticut. The purpose of this study is to gain better insight into the services victims may or may not receive after experiencing a crime, the quality of the services and the effects of these experiences on the victim.</p> <p>Ms. Tarbell helped trouble shoot and test the survey instruments, prepared phone scripts for interviewers and managed the In-office phone line in the early stages of the project. She completed a number of phone surveys, followed up on requests and ensured rewards reached respondents. She conducted numerous In-depth interviews and did coding for online open-ended responses.</p> <p>Maryland Nursing Home Experience of Care The Maryland Nursing Home Experience of Care survey is an annual assessment of the quality of care on all nursing homes in Maryland. The survey asks responsible parties questions related to the satisfaction of all aspects of nursing home care.</p> |

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| | <p>Ms. Tarbell performed phone survey collection in previous years on the project, contacted nursing homes, cleaned and formatted incoming facility lists, and processed incoming mail surveys through data entry.</p> |
| <p>Additional Experience</p> | <p>Ms. Tarbell has a background in Sociology and Social Anthropology. Before working for Market Decisions her education shaped her passion for gathering relevant and usable insight to better understand and answer questions about society. Her background aids her in many aspects of the research process, with an emphasis on the people-forward side to data collection.</p> <p>Ms. Tarbell has extensive experience working in the areas of historical research and preservation. She previously worked as an historical interpreter for the Strawberry Banke Museum in Portsmouth, NH. In this role she was responsible for artifact preservation, exhibit maintenance, and educational activities for visitors. She was a research intern at the New Castle Historical Society in New Castle, NH. While there she completed research tasks, exhibit arrangements, and assisted in the planning of special events. Ms. Tarbell was an intern at the American Independence Museum in Exeter, NH. She helped build exhibits and performed research.</p> |

VIII. Attachments

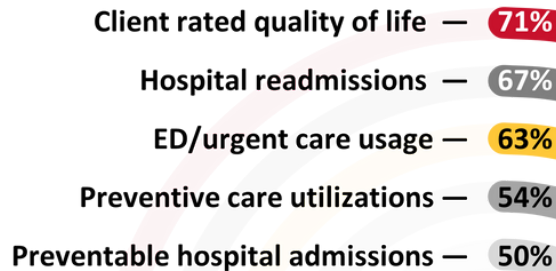
1. The Impact of Community Health Workers
2. Community Health Worker Impacts In Maryland

The Impact of Community Health Workers (CHWs)

Results from the Maryland Department of Health (MDH)
CHW and CHW employer surveys



Percent of CHW employers linking health outcomes to CHW services



Employers see the **value** in the CHW workforce and most employers report tracking and linking positive client health outcomes to the services that CHWs provide.

Employers say their CHWs are **essential**.

"CHWs impact their clients directly and help them to access the information and programs to enhance their lives and improve their overall health and wellbeing." - CHW employer

"CHWs are the bridge between clients and providers and agencies"
- CHW employer

"CHWs are an invaluable asset" - CHW employer

What CHWs love about their job.

"I enjoy the work, being hands on and in the mix of things you learn a lot of good information." - CHW

"As a CHW it warms my heart knowing I have helped someone to better their life." - CHW

"Becoming a CHW is great for me because I can work with both communities, English and Spanish."
- CHW

CHWs are passionate about their work and desire additional training on many topics.

Percent of CHWs desiring training opportunities.

56%

Mental and Behavioral Health

51%

Health Insurance

49%

Motivational Interviewing

"CHWs are valued members of our team"
- CHW employer

"Most Marylanders are grateful and surprised about our job."
- CHW

48%

Resource Navigation

47%

Diabetes Prevention and Management

47%

Teaching Skills

CHWs deliver many critical services, in both urban and rural areas of Maryland.

Top five services CHWs report providing their clients.

CHWs Providing Services in Urban Jurisdictions

CHWs Providing Services in Rural Jurisdictions



Connections to Basic Needs



Home Visits



Medicaid Enrollment



Provider Follow Up Visits



Health Care Appointments



Community Health Worker (CHW)

Impacts in Maryland



Results from the Maryland Department of Health (MDH)
CHW and CHW employer surveys



Who are CHWs?

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of, or has an unusually close understanding of the community served. This trusting relationship enables a CHW to serve as a liaison to, link to, or intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

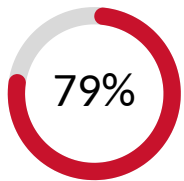


CHWs are important in rural settings.

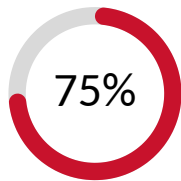
Of Maryland's 24 jurisdictions, 18 are recognized by the state as "rural". These jurisdictions have notable assets, but also experience challenges that have traditionally set them apart from their suburban and urban counterparts, including: (1) persistent unemployment and poverty, (2) an aging population, and (3) inadequate access to quality housing and health care services.

CHWs provide services to vulnerable populations in rural Maryland.

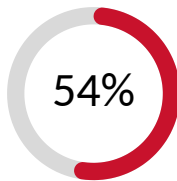
CHWs provide many different services to their clients across rural Maryland



Racial/Ethnic Minorities



People With SUDs



Individuals in Poverty



Education (85%)



Connections to Services (73%)



Promote Healthy Behaviors (63%)



Rural Maryland has unique needs.

- Compared to CHW employers providing services in urban jurisdictions, those providing services in rural jurisdictions are less likely to report that their CHW positions are funded through more stable and reliable sources such as federal (urban 25%, rural 9%) or state (urban 50%, rural 18%) funds.
- Compared to CHWs providing services in urban jurisdictions, those providing services in rural jurisdictions report providing less substance use disorder support through help with preventative screenings (urban 63%, rural 47%) or post-diagnosis/disease-management (urban 54%, rural 47%).