

Maternal Mortality Candidate Questionnaire

This form has been created to address your candidate's stance on maternal mortality. There are five sections of the questionnaire, with a total of 16 questions. It should take no longer than 15 minutes to complete.

Please fill out the form as completely as possible to outline the knowledge, beliefs, actions and future plans of your candidate regarding the public health issue of maternal mortality. Responses will be made public on our website. Please complete the questionnaire by September 18, 2020.

Candidate first and last name *

Howard Kearney

What race (election) and/or district is your candidate running for? *

Louisiana US House of Representatives CD1

What are the city and state of your campaign headquarters? *

Mandeville, LA

Who is the best contact for the campaign? (Name, phone, email) *

Howard Kearney

Knowledge and Awareness of Maternal Mortality

Please complete to the best of your ability.

Is your candidate aware of public health initiatives to address maternal mortality in their state?

*

- Yes
- No
- No position

What is your candidate's level of knowledge about maternal mortality in their state? Please respond on a scale of 1-5, with 1 = no knowledge to 5 = very knowledgeable about this issue. *

- 1 - No knowledge about issue
- 2 - Limited knowledge about issue
- 3 - Some knowledge about issue
- 4 - Knowledgeable about issue
- 5 - Very knowledgeable about issue

Support of Maternal Mortality Initiatives

Please complete to the best of your ability.

Does your candidate support legislation related to addressing maternal mortality health disparities? *

- Yes
- No
- No position

How is your candidate supporting maternal mortality in their state? Provide any additional information about their current support for this public health issue.

Actions Taken in Support of Maternal Mortality Initiatives

Please fill out to the best of your ability.

Has your candidate addressed maternal mortality in their campaign platform or do they plan to do so in the future? *

- Yes
- No
- No position

If your candidate has addressed maternal mortality in their campaign platform, please provide link to campaign platform page.

Has your candidate made a public statement about maternal mortality? *

- Yes
- No
- Not yet, but we are planning to.

If your candidate has made a public statement about maternal mortality, please provide a link to the statement.

.....

Has your candidate voted in favor of maternal mortality related bills or public health measures in their current role or past positions? *

- Yes
- No
- Not applicable

If your candidate has voted in favor of maternal mortality bills or measures, please provide applicable link(s).

.....

Future Plans and Actions

Please complete to the best of your ability.

If elected, will your candidate support policies that address the maternal mortality rates in their state? *

- Yes
- No
- No Position/Unsure

Is there anything else you would like to add about your candidate's support of policies aimed at addressing maternal mortality rates?

All life is precious.

This form was created inside of Doctors of the World.

Google Forms