

Maternal Health Network of San Bernardino County

Strategic Plan Annual Report

July 1, 2021 – June 30, 2022

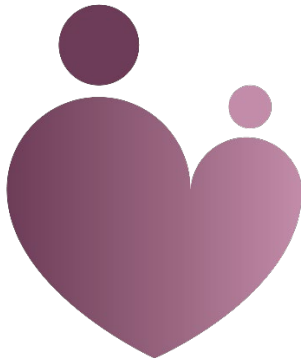


Contents

Executive Summary.....	1
Background and Introduction.....	4
Strategic Plan 2020-2025	4
Purpose of This Report	7
Structure of This Report.....	7
Methodology	9
Limitations and Other Considerations	10
Results	11
Support for the Perinatal Equity Initiative.....	11
Has PEI increased its service population through MHN activities?	12
Has the MHN produced content in support of perinatal equity?	13
Has content with a perinatal equity focus been hosted on the MHN website and viewed?.....	15
Development of Expanded Protocol for Birthing Individuals who are Justice Involved	15
Did a cross-sector team establish a pregnancy protocol for people who are incarcerated and expecting?	16
Has the MHN supported implementation of the expanded pregnancy protocol?	17
Community Education and Information Dissemination	18
Have community education bundles been developed and utilized by MHN members?	18
Was a digital education campaign launched to support healthy pregnancy and deliveries?	26
Are families throughout San Bernardino County accessing text messaging resource?	27
Advocate for Universal Screening throughout Network.....	28
Has universal screenings best practices and resources been distributed throughout the network?	29
Are providers equipped to implement universal screenings?	31
Provide Workforce Development Trainings and Resources	31
Did MHN members participate in trainings that support culturally safe practices?	32
Was a Health Equity Learning Community established?	36
Conclusions and Next Steps.....	38
Summary of Short Term Strategy Implementation and Impact	38
Recommendations for Next Steps	41
Appendix	42
I. Short-Term Strategy Snapshot of Progress	43
II. MHN Membership Roster	44
III. MHN Leadership Team Roster	53
IV. MHN Annual Member Survey Summary of Results	54
V. FY 21-22 Mid-Term MHN Member Summit Participation, Summary & Evaluation Results.....	67
VI. FY 21-22 Year-End MHN Member Summit Participation, Summary & Evaluation Results.....	77
VII. Mid-Term Action Plan Workshops Participation, Summary & Evaluation Results	83
VIII. Workforce Development Trainings Participation, Summary, & Evaluation Results.....	95





















Executive Summary



Established in 2018 through funding provided by First 5 San Bernardino, the Maternal Health Network (herein referred to as “MHN” or the “Network”) was formed to ensure a *comprehensive, coordinated, and responsive* support system for families who are planning to become pregnant, those that are pregnant, and those that have recently delivered a child within San Bernardino County. The Network has established a [strategic plan](#) to drive its efforts at achieving that mission.


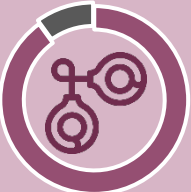



This report is meant to serve as a mechanism for evaluating Network progress in implementing its strategic plan and is structured to serve as an opportunity to adjust course when necessary. This report covers the progress made between July 2021 and June 2022 on the following short-term strategies and the overarching goals they support:

Strategic Plan Short-Term Strategies for Implementation	Strategic Plan Goals				
	Equity in Outcomes & Experience	Early Identification of Risk	Access to Resource	Data Sufficiency	Provider Capacity
 Support the Perinatal Equity Initiative (PEI) to address maternal health disparities as it relates to our goals.					
 Work with the criminal justice system to develop a protocol for connecting individuals who are pregnant to care upon release.					
 Develop and/or distribute marketing materials that support healthy pregnancy and delivery tips and resources that can be used throughout the Maternal Health Network.					
 Establish proactive screening and education efforts with pregnant families.					
 Increase provider capacity through targeted training to include implicit bias, culturally competent service delivery, and social determinants of health.					

Progress was measured based on key performance indicators adopted by the MHN Leadership Team in February 2022. Data collected included administrative data, membership surveys, and training evaluations. Additionally, metrics were collected from the MHN website as well as the Network’s social media platforms. It is important to note that implementation of the MHN Strategic Plan short-term strategies were staggered across the reporting period impacting the duration of MHN member utilization of particular tools and resources. Timing issues were considered when developing the conclusions and recommendations found at the conclusion of this report.

**SNAPSHOT OF PROGRESS MADE**

The following table provides a high-level snapshot of key activities that took place during the report period as well as their status and considerations for future efforts.

Strategy	Status of Key Activities	Considerations for Future Efforts
 PEI Support Support the Perinatal Equity Initiative (PEI) to address maternal health disparities as it relates to our goals.	Unknown Impact: PEI increases its service population through MHN activities. Completed & Ongoing: The MHN is producing content in support of PEI work. Completed & Ongoing: MHN content with a PEI focus hosted on the website is viewed.	<ul style="list-style-type: none"> Establish recorded tutorials to enhance understanding of and referrals to BIH and PEI programming Continue to track website metrics for PEI related materials
 Criminal Justice Protocol Work with the criminal justice system to develop a protocol for connecting individuals who are pregnant to care upon release.	Completed: Convene a cross-sector team to establish a pregnancy protocol for people who are incarcerated and expecting. Completed & Ongoing: Support implementation of pregnancy protocol for people who are incarcerated and expecting.	<ul style="list-style-type: none"> Collect data about number of women who are pregnant & incarcerated, number who are released while pregnant, and those who deliver while incarcerated Continue to support and track implementation efforts
 Community Ed Campaign Develop and implement a community education campaign to support healthy pregnancy and delivery.	Completed & Ongoing: Community education bundles are developed and utilized by MHN members. Initiated and Ongoing: Digital community education campaign is launched and supported by MHN members. Initiated and Ongoing: Families throughout San Bernardino County access text messaging resource.	<ul style="list-style-type: none"> Continue to track website metrics for views and downloads of bundle and other materials Promote utilization of Bright by Text messaging resource Validate messaging topics, modify as needed
 Universal Screening Establish proactive screening and education efforts with pregnant families.	Completed: Best practice protocol developed and distributed throughout the Network. Scheduled: Providers are equipped to implement universal screenings with families in the maternal health system.	<ul style="list-style-type: none"> Provide motivational interviewing training Test with membership the priority of universal screenings and further focus efforts
 Workforce Development Increase provider capacity through targeted training to include implicit bias, culturally competent service delivery, and social determinants of health.	Completed: Providers attend implicit bias, cultural humility, and SDOH trainings. Completed: Participants indicate increased knowledge and that trainings were beneficial. Completed: Providers indicate they have incorporated information provided at the trainings into their practice.	<ul style="list-style-type: none"> Provide Health Equity Learning Community and track increased knowledge and likely utilization



SUMMARY OF SHORT-TERM STRATEGY IMPLEMENTATION AND IMPACT

The Maternal Health Network has successfully produced most of the materials, tools, and resources it set forth to accomplish in support of each of its short-term strategies.

Within all of the short-term strategies there was a need to establish an infrastructure, create a tool, or coordinate efforts that would benefit MHN membership. Materials produced include social media and implementation supports for the perinatal equity initiative, a criminal justice protocol for women who are incarcerated and pregnant, the development of 12 community ed bundles and a complimentary communications toolkit. Other supports include the establishment of a best practices brief on universal screening, and trainings that address implicit bias and social determinants of health and their impact on maternal outcomes and experiences.

Maternal Health Network members may not be fully aware of the materials, tools and resources that have been made available and promoted as a component of short-term strategy implementation.

Data regarding the knowledge of various materials, tools, and resources made available through MHN efforts was collected as a component of the annual member survey. Results indicate that many members who completed the annual member survey have a lack of knowledge in multiple areas of effort.

Maternal Health Network materials, tools and resources are not being significantly utilized by membership.

Beyond understanding what resources are available through MHN efforts, the utilization of such resources is an important component of achieving the goals set forth in the strategic plan. The MHN website is the central hub where MHN members can access materials, tools, and resources. Website metrics indicate that very few have accessed these products since we began tracking the views of specific pages, resources, and community bundle materials.

Participation in Maternal Health Network events, while recognized as valuable and of high quality, have had a steady decline in participation over the reporting period.

The MHN has hosted a variety of events during this reporting period, including the two bi-annual membership summits, five action planning workshops, and three workforce development trainings. Participation in each type have declined despite strong evaluation result indicating satisfaction and value of offerings.

RECOMMENDATIONS AND NEXT STEPS

Based on a comprehensive analysis of the data provided in this annual report as well as the conclusions offered above, the following recommendations are provided to ensure the MHN is offering value to its membership and strengthening the system that serves families going through the birthing journey throughout San Bernardino County.

1. Increase outreach and engagement efforts with membership.

2. Validate existing strategic plan priorities and modify if necessary.

3. As possible, host events in-person and offer virtual options to encourage participation.

4. Continue to track and monitor utilization of MHN tools, resources, and materials.



Background and Introduction

Established in 2018 through funding provided by First 5 San Bernardino, the Maternal Health Network (herein referred to as “MHN” or the “Network”) exists to establish a comprehensive, coordinated, and responsive support system for families who are planning to become pregnant, those that are pregnant, and those that have recently delivered a child within San Bernardino County.

The MHN is made up of a collective of various service providers and advocates in San Bernardino County who support the maternal health system. At the time of this publication, the MHN had a total of 224 members and 94 organizations represented. Membership includes:

- Prenatal & Postpartum Primary Care Providers
- Community Clinics & Birthing Hospitals
- Oral Health Providers & Advocates
- San Bernardino County Public Health
- Midwives & Doulas
- Health Plans
- Law Enforcement & Detentions
- School-based Services
- Family Resource & Support Service Organizations
- Breastfeeding Support Services & Coalitions
- Behavioral Health & Substance Abuse Providers

Strategic Plan 2020-2025¹

Based on the understanding that issues facing the maternal health system in San Bernardino County are complex and require the joint contribution of multiple service sectors, stakeholders, advocates, and consumers, the MHN utilized a collective impact framework to develop the 2020-2025 Maternal Health Network Strategic Plan (hereafter referred to as the “MHN Strategic Plan”). The plan includes a shared vision and guiding principles that serve to direct all decisions and actions of the MHN (see below), as well as goals and strategies designed to address the most pressing issues facing families, providers, and the maternal health system.

Vision

The Maternal Health Network of San Bernardino County empowers, respects, and supports families before, during, and after pregnancy to optimize health and well-being for babies and mothers.

Guiding Principles

Equity: Across socio-demographic and geographic boundaries, comprehensive systems are in place which provide respectful, equitable, and effective care, eliminating health disparities.

Integrated: Across systems, providers and sectors collaborate to create a seamless, efficient, no wrong door for women who are pregnant and for those who have just delivered a child.

Access: Across multiple sectors, partners reach out to those not served and ensure services are provided to women where they are, whether it be in jail, a program, or in the community.

High-Quality: Across the county, evidence-based practice is promoted, understood, and implemented to achieve the best outcomes for women and babies.

Support: Across the service spectrum, women are supported, feel safe, are treated with respect, and are provided the information they need to make the best decisions for their health and the health of their child before, during, and after delivery.

¹ The Maternal Health Network of San Bernardino County Strategic Plan 2020-2025 is available for review and download at <https://www.maternalhealthnetworksb.com/our-collaborative-plan>.



The goals and strategies included in the strategic plan were developed using the San Bernardino Community Transformation Plan and Community Vital Signs Initiative as a framework for implementation to ensure alignment with other activities taking place in the County.

Goals



Equity: Ensure there will be equity in experiences and outcomes amongst African American/Black families engaged in the maternal health system as compared to other groups.



Early Identification of Risk: Increase early screenings and connection to care for families with high risk pregnancies and ensure they know about and engage in healthy habits before, during, and directly following pregnancy.



Access to Community Resources: Improve coordination of care and cross collaboration between sector providers and county coalitions so that families will know about and will be able to access services that meet their full range of needs.



Data Sufficiency: Increase reliable, timely, and comprehensive data collection efforts across the maternal health network to drive quality improvement and decision making.



Provider Capacity: Equip the Maternal Health Network with a sufficient workforce to meet community needs in a culturally competent fashion.





Each of the strategies included in the MHN Strategic Plan were designed to address multiple goals and facilitate cross-sector collaboration. Each of the strategies has been prioritized as either short-term: urgent, to be addressed within the first 1-2 years of the plan; mid-term: important but not urgent, to be completed within 3-5 years of establishment of the plan; or long-term, which are considered important but can wait.

Strategies

Goals Supported

Short Term	1. Support the Perinatal Equity Initiative (PEI) to address maternal health disparities as it relates to our goals.						
	2. Work with the criminal justice system to develop a protocol for connecting individuals who are pregnant to care upon release.						
	3. Develop and/or distribute marketing materials that support healthy pregnancy and delivery tips and resources that can be used throughout the Maternal Health Network.						
	4. Implement a community ed campaign to support healthy pregnancy and delivery. Topics include healthy habits, benefits of breastfeeding, caring for yourself and your baby directly following birth, and maternal mental health.						
	5. Establish proactive screening and education efforts with pregnant families.						
	6. Increase provider capacity through targeted training to include implicit bias, culturally competent service delivery, and social determinants of health.						
Mid Term	7. Work with local school districts to connect pregnant teens to services both on and off school sites.						
	8. Support co-location of services and team approaches to care for families accessing maternal health services.						
	9. Prioritize service expansion in the following areas: Black Infant Health, pre- and inter-conception care, breastfeeding, behavioral health, midwives/doulas, and home visiting for families who are pregnant.						
	10. Ensure the availability of a maternal health helpline that provides resource information and navigational supports.						
	11. Establish a data collection effort that can be used throughout the Maternal Health Network.						
	12. Partner to support workforce recruitment within the maternal health sectors, with an emphasis on reaching people of color.						
Long Term	13. Support innovative solutions that expand access to care (telehealth and virtual service provision as well as mobile clinics).						
	14. Support organizations in using data to drive discussions around issues of equity and quality of care.						

Goal Alignment Legend



Equity



Early Identification of Risk



Access to Community Resources



Data Sufficiency



Provider Capacity



Alignment with Community Vital Signs Initiative of San Bernardino



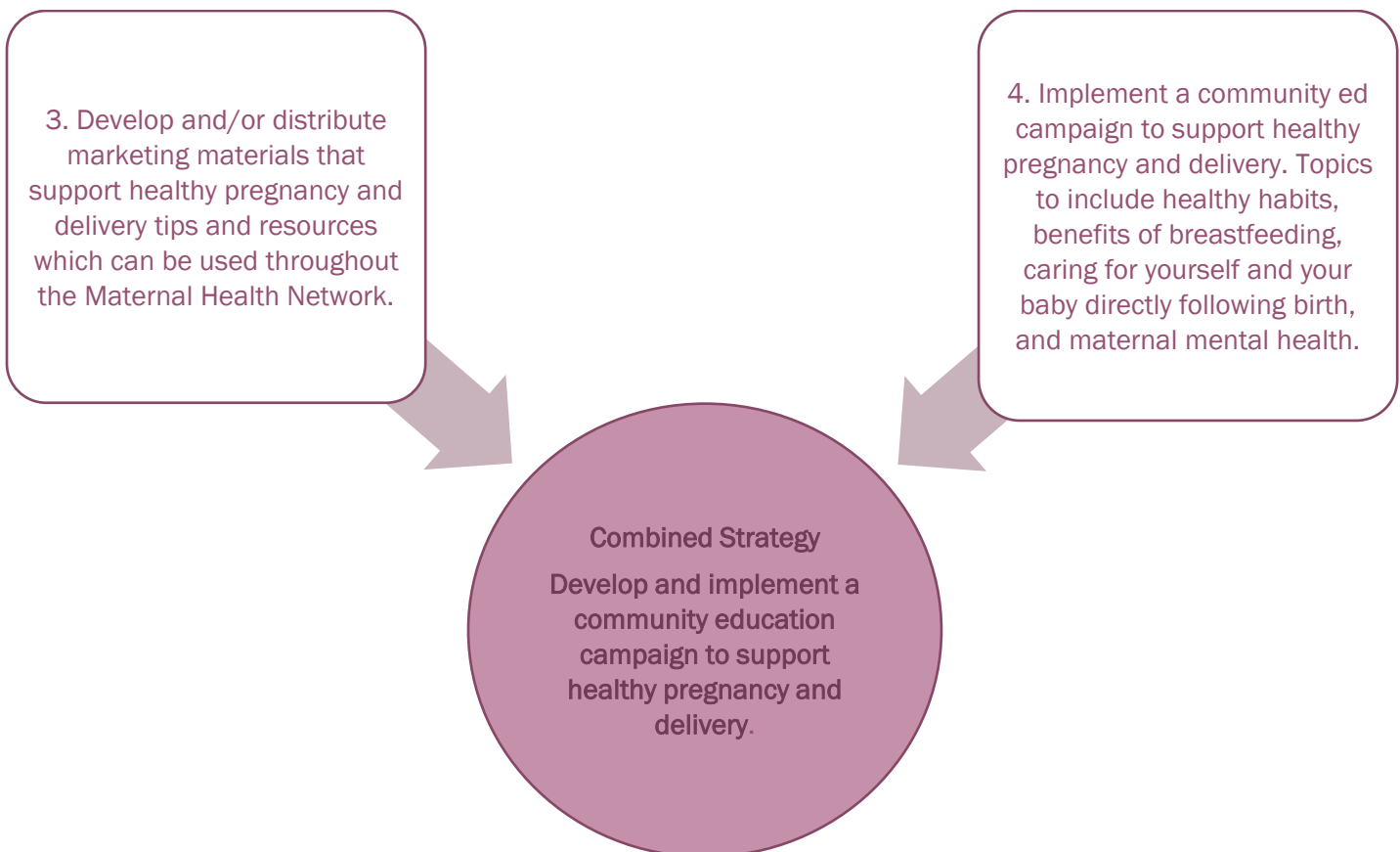
Purpose of This Report

The Network has established a process for evaluating its progress in implementing the strategic plan to ensure continued momentum and a mechanism to adjust course when necessary. It was originally envisioned that a backbone organization would be identified and therefore responsible for preparing both a **Mid-Year Report of Activity**, an informal report on activities conducted for each short-term strategy at the mid-year mark, as well as an **Annual Progress Report**, a more formal report that utilizes identified benchmarks for success as the measurement tool for strategic plan implementation.






Efforts to identify an appropriate backbone organization were still underway as of June 2022. As such, Social Entrepreneurs, Inc. (SEI), the consulting firm that assisted with strategic plan development and subsequent strategy implementation, has developed this **Annual Progress Report** to provide an update on the progress made towards implementation of the six short-term strategies included in the MHN Strategic Plan.

Structure of This Report

To support an assessment of progress made, SEI developed a list of key activities and indicators that fit within the frame of the benchmarks for success included in the MHN Strategic Plan. These activities and indicators were utilized to assess progress on short-term strategies as described in the graphic on the following page. Note that as part of the development of these activities and indicators, SEI proposed and the MHN Leadership team approved the merging of short-term strategies #3 and #4.





Strategy	Key Activities	Long-Term Impact
 <p>PEI Support</p> <p>Support the Perinatal Equity Initiative (PEI) to address maternal health disparities as it relates to our goals.</p>	<p>PEI increases its service population through MHN activities.</p> <p>The MHN is producing content in support of PEI work.</p> <p>MHN content with a PEI focus hosted on the website is viewed.</p>	<p>Reduction of racial disparities within maternal health outcomes.</p>
 <p>Criminal Justice Protocol</p> <p>Work with the criminal justice system to develop a protocol for connecting individuals who are pregnant to care upon release.</p>	<p>Convene a cross-sector team to establish a pregnancy protocol for people who are incarcerated and expecting.</p> <p>Support the implementation of pregnancy protocol for people who are incarcerated and expecting.</p>	<p>Individuals who are pregnant and arrested or incarcerated are connected to the care they need to support a healthy pregnancy and delivery.</p>
 <p>Community Ed Campaign</p> <p>Develop and implement a community education campaign to support healthy pregnancy and delivery.</p>	<p>Community education bundles are developed and utilized by MHN members.</p> <p>Digital community education campaign is launched and supported by MHN members.</p> <p>Families throughout San Bernardino County access text messaging resource.</p>	<p>People in San Bernadino County are informed about and supported (or have increased knowledge) in how to have a healthy pregnancy and delivery.</p>
 <p>Universal Screening</p> <p>Establish proactive screening and education efforts with pregnant families.</p>	<p>Best practice protocol developed and distributed throughout the Network.</p> <p>Providers are equipped to implement universal screenings with families in the maternal health system.</p>	<p>Pregnant individuals are screened for factors or behaviors that may negatively impact a healthy pregnancy/delivery and are connected to resources accordingly.</p>
 <p>Workforce Development</p> <p>Increase provider capacity through targeted training to include implicit bias, culturally competent service delivery, and social determinants of health (SDOH).</p>	<p>Providers attend implicit bias, cultural humility, and SDOH trainings.</p> <p>Participants indicate increased knowledge after trainings.</p> <p>Participants indicate trainings were beneficial and were satisfied.</p> <p>Providers indicate they have incorporated information provided at the trainings into their practice.</p>	<p>Providers have increased knowledge of implicit bias, cultural humility, safe service delivery, and social determinants of health, and incorporate this knowledge into their practice.</p>



Methodology

A combination of qualitative and quantitative data was used in the development of this annual report, each of which is described below.

Administrative Data

Three types of administrative data were collected throughout implementation efforts. First, process descriptions as well as the number of activities taken place in support for each strategy were documented (ex: number of meetings to develop a protocol). Second, the number of work products established as a component of strategy achievement was documented (ex: number of community education bundles completed). Third, the number of members that participated in activities that promoted strategy achievement was documented (ex: number of members that participated in workforce development trainings).

Annual Member Survey

MHN members were asked to participate in a survey at the end of the program year (June/July) that asked for information about knowledge, utilization, and interest in deepening their understanding of various strategic plan priorities. Participants were given the option to complete the survey anonymously or provide their name and contact information to receive more information on a variety of topics. All survey data was collected via SurveyMonkey. Members were solicited to complete the survey at the FY 21-22 Year-End Summit (June 28, 2022) as well as through the weekly MHN newsletter (request was made on five occasions between June 29th and July 29th). A total of 27 surveys were completed on behalf of a membership that totals approximately 224; response rates to each question within the survey vary and are provided throughout this report.

Trainings and Events Evaluations

Each training or event hosted by the MHN included an evaluation at its conclusion. Participants were asked to complete a survey to assess the extent to which the training or event was satisfactory and increased provider knowledge. Specific to workforce trainings, evaluation surveys also asked participants to identify whether the information presented in the training was likely to be utilized within the participants' practice.

The following table represents the number of MHN Summit participants, and the number of evaluation surveys collected at the conclusion of each event.

	FY 21-22 Mid-Year Summit	FY 21-22 Year-End Summit
Number of Training Participants	78	38
Number of Evaluations Collected	35	16

The following table represents the number of training participants and the number of surveys completed at each workforce development training.

	Implicit Bias Pt.1	Implicit Bias Pt.2	SDOH & Maternal Health
Number of Training Participants	86	37	25
Number of Evaluations Collected	35	16	18



The following table represents the number of training participants and the number of surveys completed at each action plan workshop.

	Workshop #1	Workshop #2	Workshop #3	Workshop #4	Workshop #5	Workshop #6
Number of Training Participants	13	17	14	14	5	8
Number of Evaluations Collected	8	13	7	4	4	6

Website and Social Media Metrics

Website and social media metrics were collected to demonstrate the reach, exposure, and engagement with tools and resources that were posted on either the MHN website or within one of the social media networks in which the MHN has a presence, including Instagram, LinkedIn, Facebook (aka Meta), and Twitter. For all MHN website metrics, data from Reno and Las Vegas Nevada, as well as Seattle Washington, are not included in this report. This decision was made to eliminate views of content by SEI team members during development and testing for data collection purposes and represents a better reflection of utilization by MHN members and the San Bernardino community. The exception to this is the subject matter expert videos created as part of the community ed bundles; this data cannot be parsed by location and may reflect views by SEI team members.

Limitations and Other Considerations

Implementation of the MHN Strategic Plan short-term strategies were staggered across the reporting period, and thus it is important to take into consideration when activities occurred and the duration of their availability for MHN member utilization. An example of this circumstance has to do with the production of resources while implementing the strategy of *“Supporting the Perinatal Equity Initiative (PEI) to address maternal health disparities as it relates to our goals.”* While the 2021 Consumer Survey Brief: Experiences of Black and African American Families in the Maternal Health System was produced in Summer 2021 and made available to membership for the entire program year, social media tiles and provider tip sheets were created throughout the reporting period and only made available post-production.

Because of these timing issues, it is often not appropriate to compare metrics for similar products. This is most evident in relationship to the development of community education bundles as a component of the combined strategy to *“Develop and implement a community education campaign to support healthy pregnancy and delivery.”* While all bundles were produced during the reporting period, each was finalized at different times. While the first community ed bundle was completed and made available as early as August 2021, the last was completed and made available as late as June 2022. The date that each bundle was completed and made available to membership is provided in conjunction with access and exposure metrics. Each bundle should be assessed individually with the date as an important consideration.

The final timing consideration to keep in mind has to do with when the MHN developed its key performance indicators (KPIs) and the implications of that timing for data collection. The MHN Leadership team finalized the KPIs in February 2022. Only after the KPIs were adopted could data from the website be structured for appropriate tracking. Whenever possible, SEI has provided website metric data from July 1, 2021, or from date of publication. However, providing data for the entire program year was not always an option. For example, data on videos posted as part of the community ed bundles spans July 1, 2021, through June 30, 2022, while the tracking of views of specific MHN webpages did not begin until late in September 2021. To summarize, data related to the reach, exposure, and engagement with tools and resources that were posted on the MHN website should be viewed as minimum counts and may represent an underestimate of the true number of views of website content.

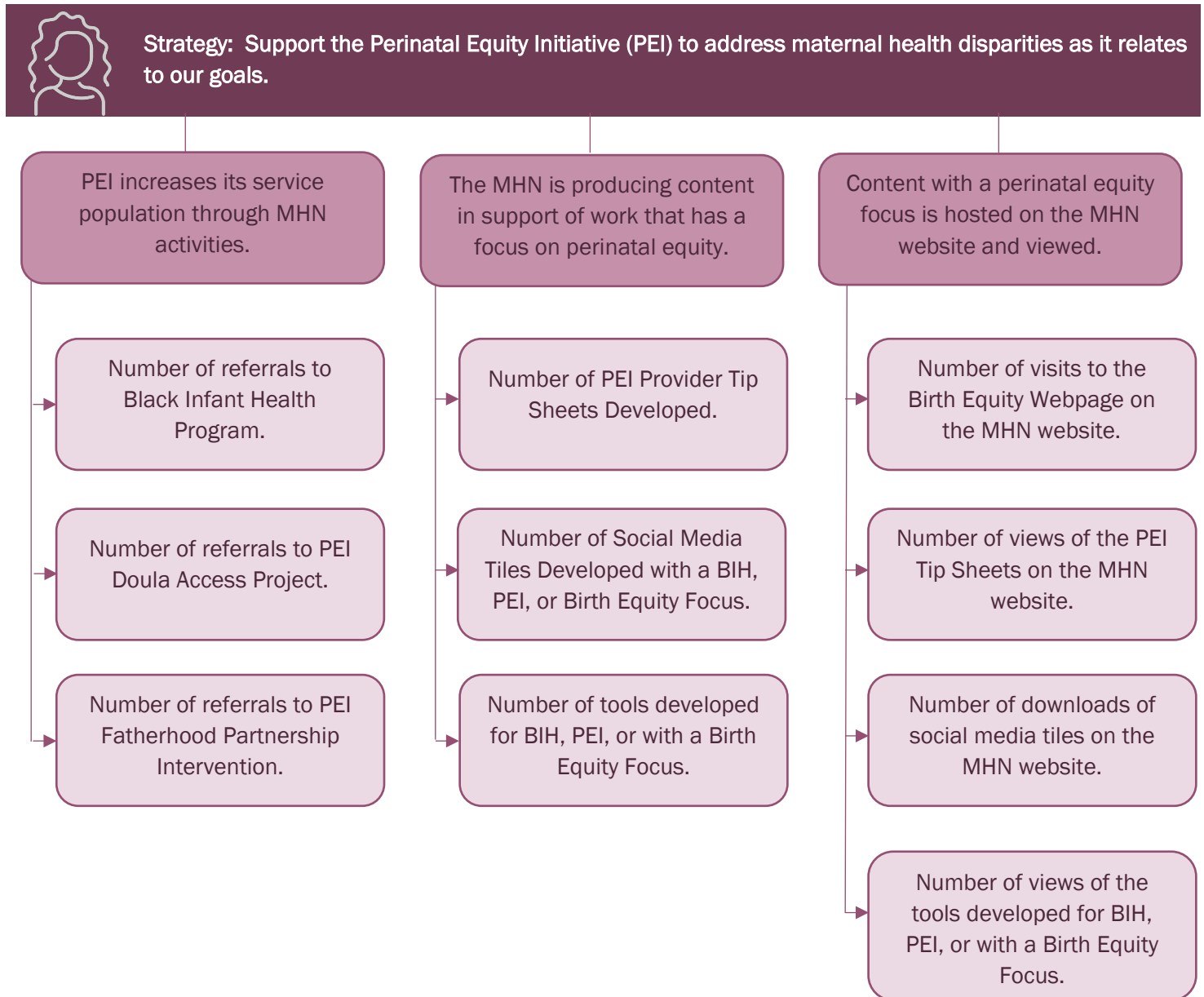


Results

This section summarizes the progress made in implementing each of the short-term strategies included in the MHN Strategic Plan.

Support for the Perinatal Equity Initiative

Below is a graphic of the strategy, key activities, and performance indicators that were used to assess progress made in supporting the Perinatal Equity Initiative.





Has PEI increased its service population through MHN activities?

The MHN website offers the opportunity for providers in San Bernardino to refer families to the Black Infant Health Program and Perinatal Equity Initiative sponsored services (<https://www.maternalhealthnetworksb.com/referrals>).

A total of **1** referral was made to these programs via the MHN website during this reporting period.

0

referrals were made to the Black Infant Health (BIH) Program, which uses a group-based approach with complementary client-centered case management to help women develop life skills, learn strategies for reducing stress, and build social support.

0

referrals were made to the Doula Access Project, which supports connections with doulas to provide continuous physical, emotional, and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest birthing experience possible.

1

referrals were made to the Fatherhood Partnership Intervention, which uses the 24/7 Dad AM model, an evidence-based program consisting of a mixture of group sessions and home visits, to teach parenting and nurturing skills to men, focusing on key fathering characteristics.

In addition to the number of referrals generated through the MHN website, the MHN was interested in understanding membership knowledge of and history of referring to the Black Infant Health Program, the Doula Access Project, and the Fatherhood Partnership Intervention. The MHN asked members to complete a survey at year-end to gather this information.

To what extent do MHN members promote Black Infant Health programming and services funded by the Perinatal Health Initiative?

n=27

4% 1/27	Of members who completed the annual survey indicated that they are aware of the programs and regularly refer Black and African American families.
30% 8/27	Of members who completed the annual survey indicated that they are aware of the programs and have referred some Black and African American families.
37% 10/27	Of members who completed the annual survey indicated that they are aware of the programs but have not yet referred any Black and African American families.
30% 8/27	Of members who completed the annual survey indicated that they are not aware of these programs.

As the data shows, while the majority of members who completed the survey indicated having knowledge of Black Infant Health programming and services funded by the Perinatal Health Initiative, a considerable portion are not aware of the BEI program and PEI services at all.²

² Totals included in the table exceed 100% due to rounding up.



Has the MHN produced content in support of perinatal equity?

The MHN produced a variety of content for use by providers in supporting Black and African American families engaged in the maternal health system. These include tip sheets and social media tiles as well as tools for BIH and/or PEI in addition to those with a focus on perinatal equity.

Maternal Health Network of San Bernardino County

PEI Tip Sheet

WHAT TO EXPECT AFTER DELIVERY: TAKING CARE OF YOUR MENTAL HEALTH

What You Need to Know

16% of Black/African American birthing individuals experience **postpartum depression**, which is higher than both San Bernardino County (11%) and the state of California as a whole (13%).
For more information, access the Maternal Health Data Snapshot [here](#).

Social factors, including lack of access to quality care or health coverage, exposure to trauma, or food insecurity can place Black and African American women at increased risk for postpartum depression. Research suggests providers can explore social factors to further understand and address mental health disparities.

Addressing the Increased Risk of Postpartum Depression for Black Women. Downloaded on March 10, 2022 from: <https://www.nami.org/Blogs/NAMI-Blog/July-2021/Addressing-the-Increased-Risk-of-Postpartum-Depression-for-Black-Women>

Additional Resources on the Topic

For more information on this topic, please follow these resource links:

The majority of research and screening tools developed for postpartum depression have been focused on white women, therefore, providers may miss common symptoms that tend to occur in women of color including nausea, high blood pressure, headaches, and body aches. Medical and mental health providers who have adequate training and who are culturally sensitive can ensure early detection and quality treatment of postpartum depression.

<https://www.nami.org/Blogs/NAMI-Blog/July-2021/Addressing-the-Increased-Risk-of-Postpartum-Depression-for-Black-Women>

Here are some websites that specialize in information and resources on this topic:

- Therapy for Black Girls: <https://providers.therapyforblackgirls.com/>
- Melanin and Mental Health: <https://www.melaninandmentalhealth.com/about-us/>
- Black Therapists Rock: <https://www.blacktherapistsrock.com/home>

Referring to Programs

Click onto the following links to refer families to these programs

Black Infant Health

Group-based services where Black/African American women can connect, learn and prepare for the birth of their child.

For referral to the High Dessert Program, click [here](#)

Fatherhood Partnership

The 24-7 Dad program offers fathers whose partner is an African American birthing person the opportunity to learn and grow together.

Doula Supports

Doulas are available to Black and African American birthing people and their partners during their birthing experience.

Sharing Our Message

Download and customize the following messages from our website: www.maternalhealthnetworksb.com/physical-care-for-pregnancy

Instructions for social media sharing can be found [here](#)

PEI Tip Sheets

12 Tip sheets were developed to support membership in working with Black and African American families around topics of importance.³

Tip sheets contain:

- Data**
A key data point is presented to emphasize how the topic impacts this target population specifically.
- Resources**
Research and additional resources are offered to give providers a greater understanding of the topic.
- Info & Referral**
Referral links to BIH and PEI programming are provided to remind providers of what is available and how to refer.
- Social Media Links**
A sample of the social media tiles developed for this topic and customized for target population are included.

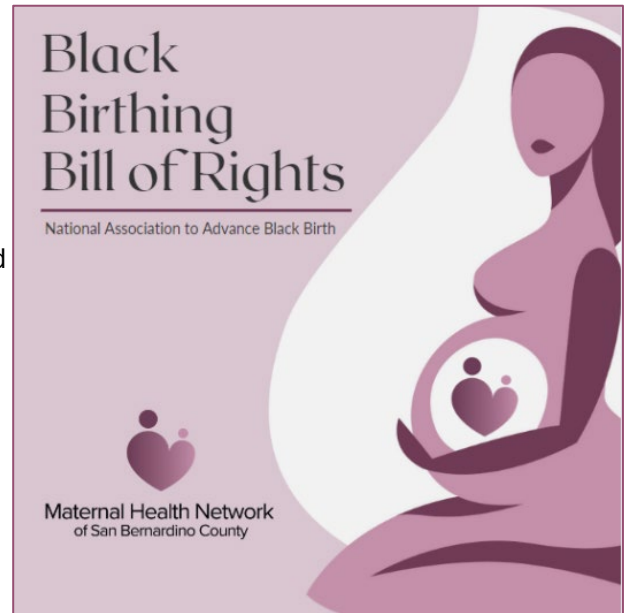
³ The topics of importance are aligned with the community ed campaign, which is detailed in a subsequent section of this report.



Social Media Tiles

102 Social media tiles have been created to support family and provider awareness.

Social media tiles are intended to increase family and provider awareness about 1) BIH and PEI programming, and 2) topics of importance for Black and African American families participating in the maternal health system. These tiles are distributed by the MHN via Instagram, Twitter, LinkedIn, and Facebook. Providers can also co-brand the tiles and are encouraged to distribute them throughout their own networks.



BLACK INFANT HEALTH PROGRAM
VIRTUAL PRENATAL GROUP ENROLLMENT AND DATES

Current Group Start Dates & Times
 June 9, 2022 - August 11, 2022
 Thursday | 10 am - 11:30 am

Registration for the current cohort is open until June 23, 2022
Referral Form: <https://wp.sbcounty.gov/dph/programs/fhs/bih>

Weekly Online Group Sessions Eligibility:

- Self-identify as African-American
- 18 years or older
- 30 weeks or less pregnant

One-On-One Support Eligibility:

- Self-identify as African-American
- Pregnant or less than 6 months postpartum
- 16 years or older

A Minimum of 5 enrolled women are required to officially start a group

For more information call: 1 (844) 352-3985

San Bernardino County | Public Health Black Infant Health

DID YOU KNOW?
 The 24/7 Dad Project is one service that is supported by PEI funding to reduce Black infant mortality.

Structural inequities in health coverage access mean that today

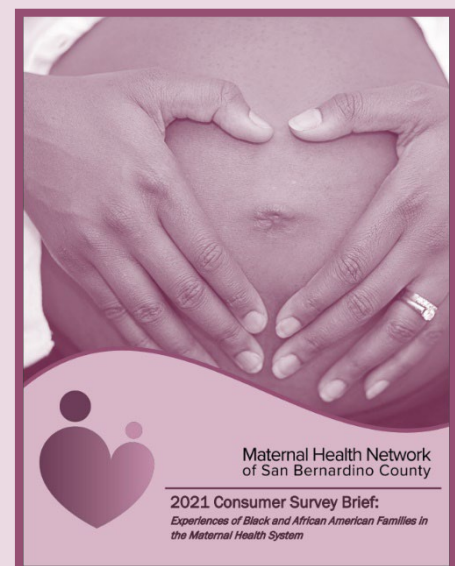
11%
 of Black clients are uninsured
 Compared to

7.5%
 of White women

Source: <https://www.mhnf.org/2020/04/28/what-we-need-to-do-to-plan-to-addressing-black-american-maternal-mortality/>

Perinatal Equity Tool

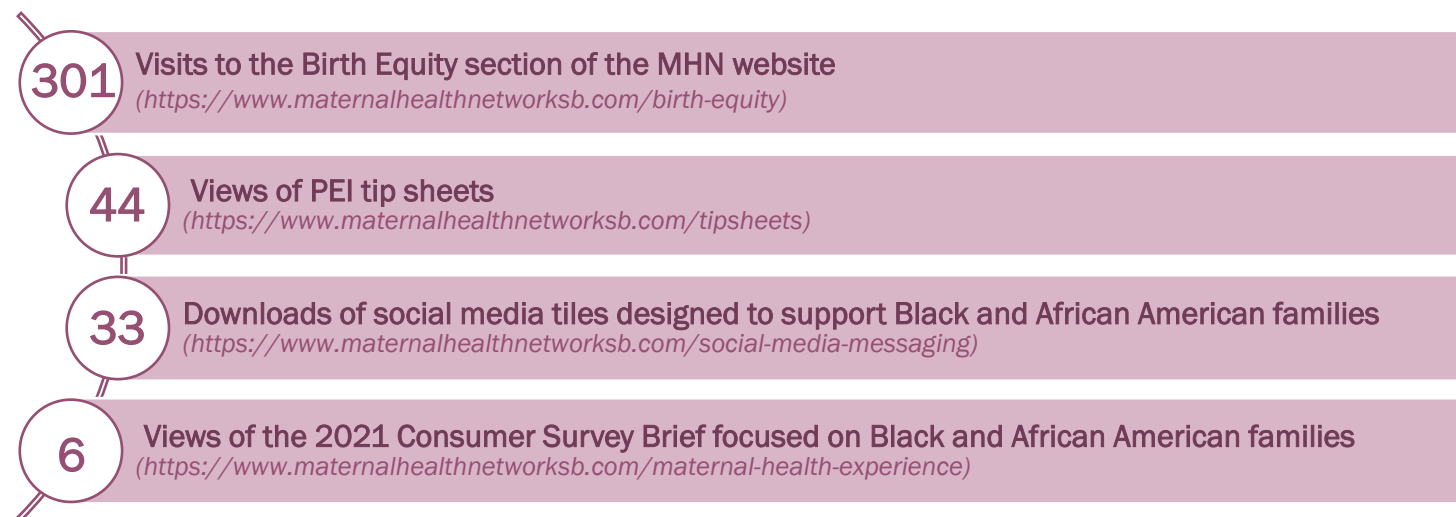
This year the MHN produced the *2021 Consumer Survey Brief: Experiences of Black and African American Families in the Maternal Health System*. This report provides insights into the experiences of Black and African American families in the maternal health system specific to San Bernardino County. This tool is meant to help providers understand and respond to the needs of this target population.





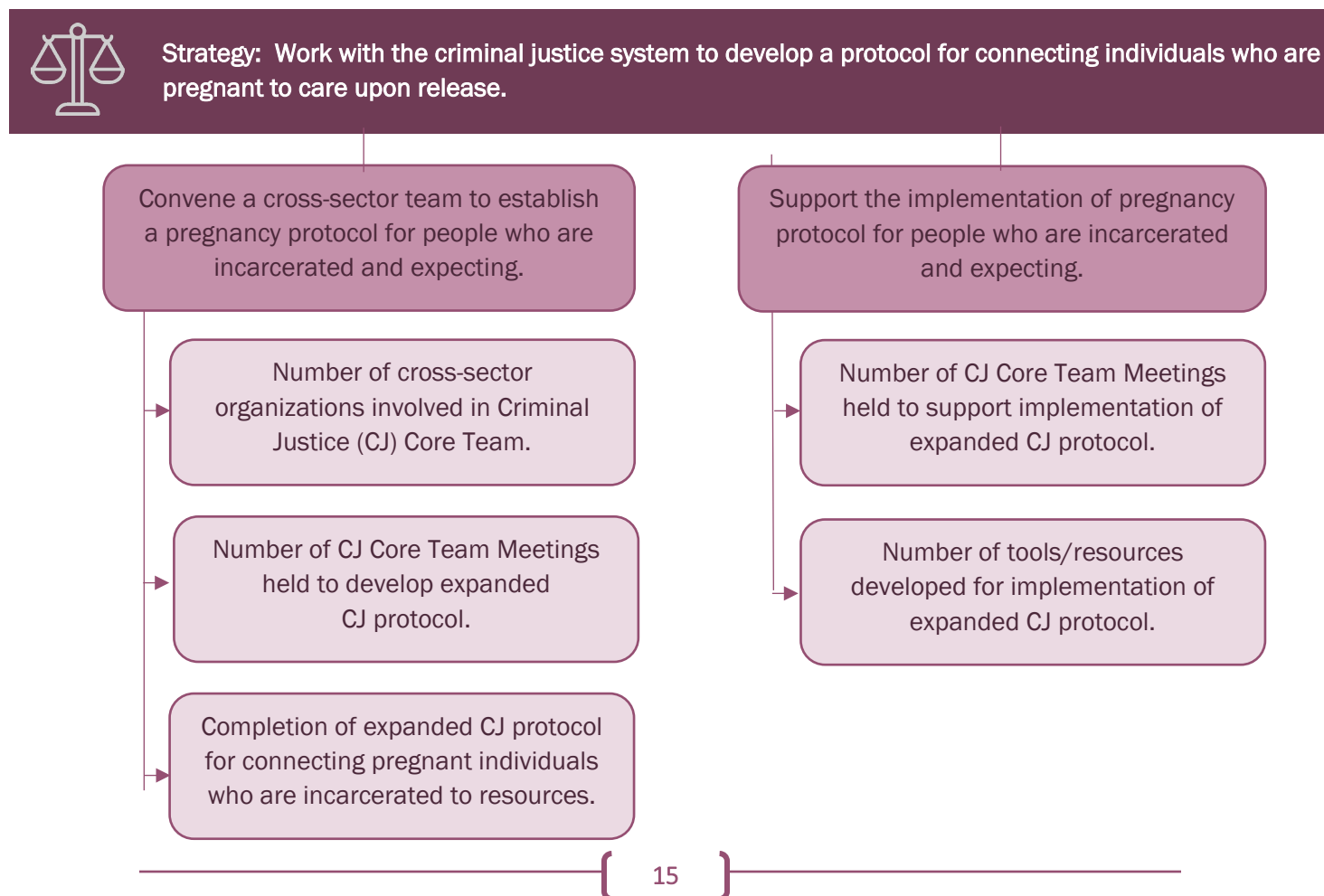
Has content with a perinatal equity focus been hosted on the MHN website and viewed?

The MHN website hosts content that has been developed and gathered to support perinatal equity. The graphic below describes the extent to which perinatal equity focused content was viewed or downloaded from the website.



Development of Expanded Protocol for Birthing Individuals who are Justice Involved

Below is a graphic of the strategy, key activities, and performance indicators that were used to assess progress made in developing an expanded protocol for birthing individuals who are involved in the criminal justice system.





Did a cross-sector team establish a pregnancy protocol for people who are incarcerated and expecting?

A Criminal Justice (CJ) Core Team was assembled to establish an expanded protocol for people who are incarcerated and pregnant. This Core Team convened monthly and worked with the MHN to understand the current incarceration process for individuals who are pregnant and collectively identify opportunities to improve access to resources for this population.

The CJ Core Team was made up of **5** organizations comprised of the following representatives:

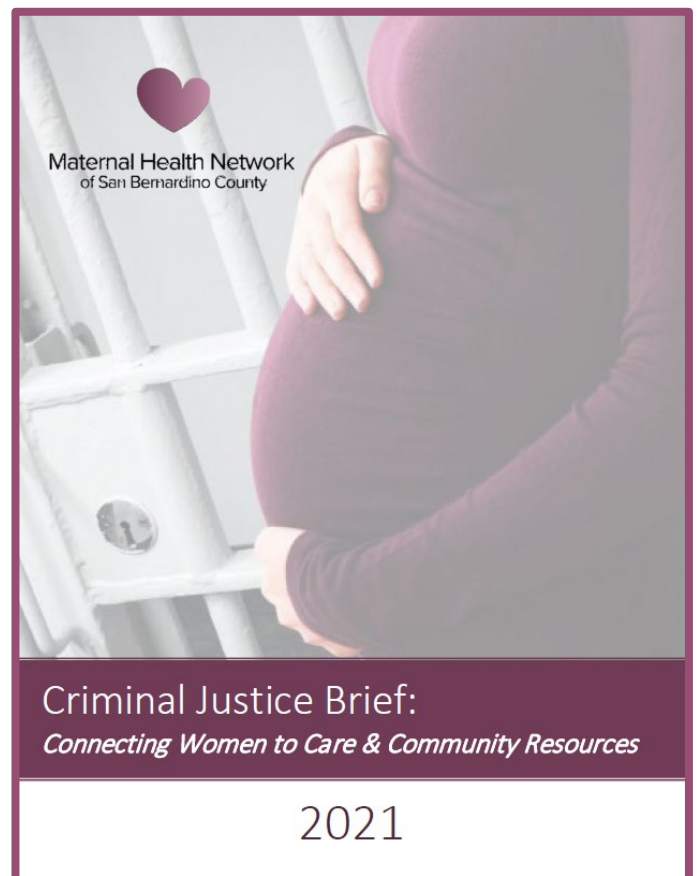
MHN Criminal Justice Core Team				
CeCe Spurlock, San Bernardino County Sheriff's Department	Gary Madden, Inland So Cal United Way & 2-1-1 Reentry Support	Captain James Porter, San Bernardino County Inmate Services Department	Evan Thomas, FAITHS Throughcare Program	Caryn Nunley, San Bernardino County Reentry Collaborative

Between February 2021⁴ and November 2021, a total of **20** meetings took place with either the CJ Core Team or individual organizational representatives to develop the expanded CJ protocol.

During these meetings best practices were reviewed, an assessment tool was identified, and three specific protocols were developed to serve birthing individuals who are:

- 1** Pregnant and released within 48 hours of arrest
- 2** Pregnant, incarcerated, and deliver while in custody
- 3** Pregnant, incarcerated, and released while pregnant

The process, protocols, and a commitment to future efforts is documented in the MHN *Criminal Justice Brief: Connecting Women to Care and Community Resources*.



⁴ While the majority of this report covers activities that occurred July 1, 2021, through June 30, 2022, this metric is being offered to provide a comprehensive view of the effort taken to establish a multi-disciplinary protocol.



Has the MHN supported implementation of the expanded pregnancy protocol?

Following adoption of the expanded pregnancy protocol for people who are incarcerated and expecting, the MHN continued to support with implementation efforts.

Between December 2021 and June 2022, a total of **7** meetings took place with the CJ Core Team to support implementation efforts.

During these meetings, **2** tools/resources were developed to support implementation efforts, each of which are described below.

The Criminal Justice Core Team identified the need to provide information to individuals on resources available both while incarcerated and upon release. As such, a pregnancy pamphlet was developed that provided information on the various resources that are available for individuals who are pregnant while incarcerated and when they reenter the community.

Pregnancy Pamphlet

Institution Resources

- 2-1-1 Reentry Support
- FAITHS Throughcare Program

Community Resources

- ARMC-OB
- SAC Health System
- WIC
- Community Crisis Response Team
- Substance Abuse Screening Assessment and Referral Center



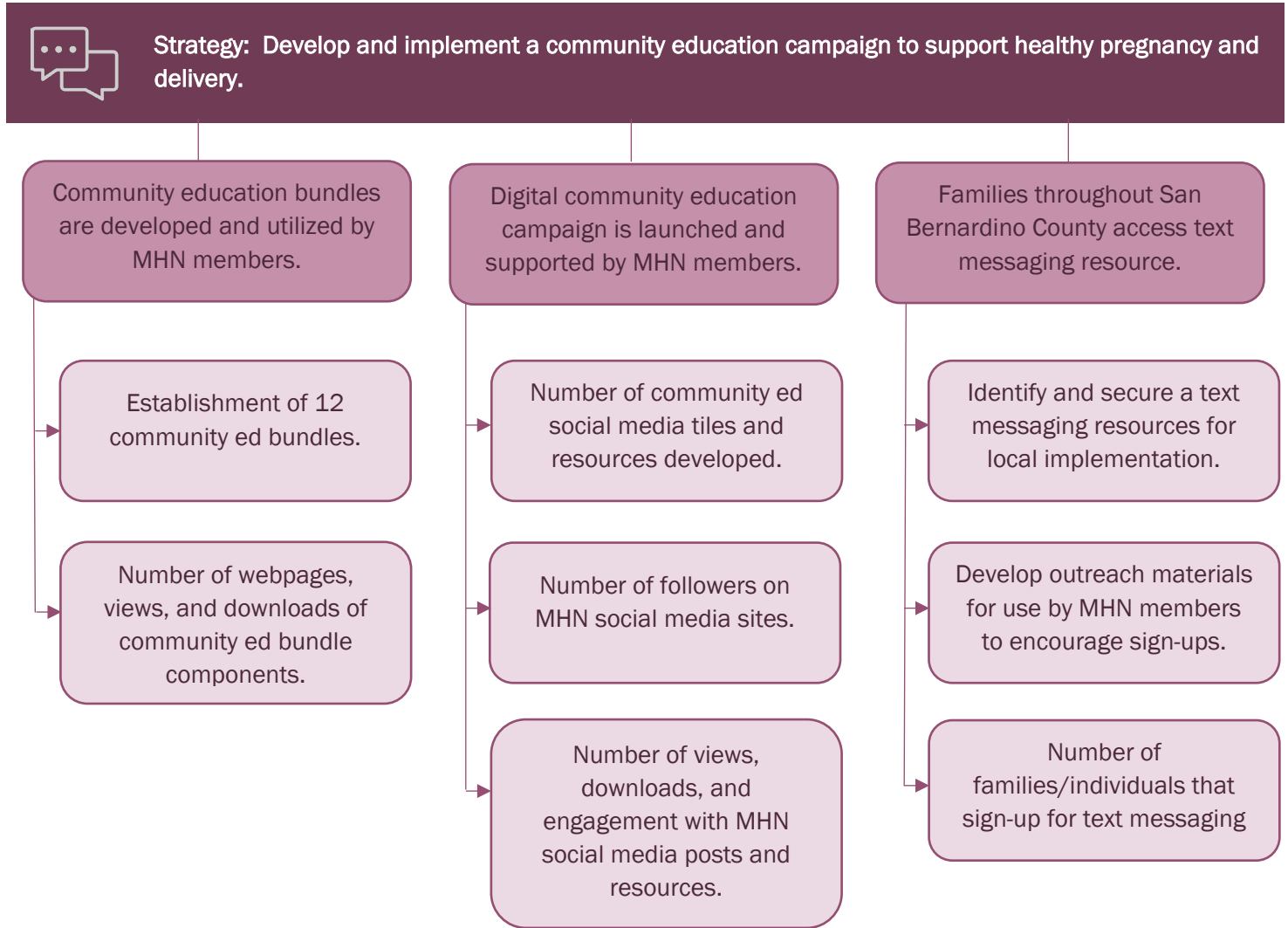
In addition to the Pregnancy Pamphlet, the MHN established a pregnancy supplemental that can be used by Faiths or 2-1-1 Re-entry Support to address pregnancy specific issues and to use such information to connect individuals to services and supports.

The MHN will continue to work with the CJ Core Team to begin a data collection process that helps the CJ Core Team understand better the number and needs of birthing individuals who are involved in the criminal justice system. In addition, future efforts will include customizing more resources for this population as well as providing fund development assistance to CJ Core Team member organizations with the goal of establishing continuity of case management supports while incarcerated and upon release.



Community Education and Information Dissemination

Below is a graphic of the strategy, key activities, and performance indicators that were used to assess progress made in the development and implementation of community education efforts.



Have community education bundles been developed and utilized by MHN members?

In summer 2021, the MHN began creating education bundles to be utilized by MHN members for community education efforts around healthy pregnancy and delivery. Twelve topics were identified, each of which fell within at least one of four general categories identified as most important for families in San Bernardino County to understand, as identified in the MHN Strategic Plan. These four categories and the corresponding 12 community education topics are found in the table on the following page.

All **12** community bundles were completed during this reporting period. These bundles are meant to be used by our membership in rotation throughout the Network.





Healthy Habits	Preparing for Birth & Needs After Delivery	Maternal Behavioral Health	Benefits of Breastfeeding
<ul style="list-style-type: none"> What to Know in the 1st Trimester Whole Body Health During & After Pregnancy Physical Prep for Pregnancy and Delivery How to Support a Pregnant Family Member 	<ul style="list-style-type: none"> Preparing your Ideal Birth Plan Preparing a Safe Home for Baby What to Expect after Delivery Why Birth Spacing Matters 	<ul style="list-style-type: none"> What to Avoid During Pregnancy Maintaining Healthy Relationships Mental Prep for Pregnancy & Delivery 	<ul style="list-style-type: none"> Breastfeeding 101: Benefits, Tips & Tricks

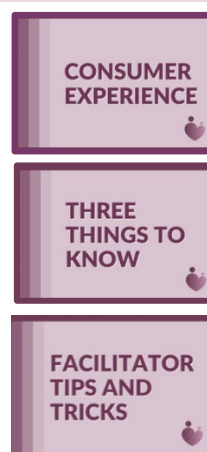
Each community education bundle contains the following resources, all developed with the assistance of local subject matter experts. All materials except for the subject matter expert videos can be customized and co-branded to fit the unique needs of our member organizations.

Workshop PowerPoint w/Facilitation Notes



MHN members identified community presentations as an effective mechanism to provide family education. Membership specified that the workshop curriculum should be no longer than 30 minutes and should be consumable. As such, PowerPoint presentations were developed to fit such criteria and include facilitation notes for easy implementation.

Subject Matter Expert (SME) Videos



Local subject matter experts were asked to complete videos that would support effective facilitation of community workshops. These videos were developed to have the added benefit of direct utilization within the trainings or in smaller segments on social media platforms.

Family Fact Sheets



Facts sheets were developed that highlighted the three main points of each topic. These sheets were intended to be used either within the community workshop or as a stand-alone flyer for information.

Social Media Tiles

Social media tiles were developed with supportive messaging on each topic.



All bundles were produced during the reporting period but at different times. Metrics regarding the number of topic specific webpage views, resource views, and downloads of bundle materials began in March 2022, prior to the completion and publication of the final three community ed bundles. The data presented on the following page should be interpreted with these two circumstances in mind.



Because the community education bundles were not published and available for the entirety of this reporting period, MHN collected information during the annual member survey to gain a better understanding of the knowledge of and utilization of community bundle materials. Note that answer choices to the knowledge and use of bundle question in the survey are not mutually exclusive and responses may therefore exceed the total number of respondents to the question as a whole. Website metrics and member survey results are provided below as noted in the methodology section on page 7.

Community Ed Bundle Topics				Workshop PowerPoint		Fact Sheets		Social Media Tiles		SME Videos		
What to Know in the 1 st Trimester				0	English Downloads	0	English Downloads	0	Views	0	English Views	
February 2022	Date Posted	5	Webpage Views	0	Spanish Downloads	0	Spanish Downloads			0	Spanish Views	
Membership Knowledge of and Use of Community Ed Bundle												n=26
50% (13/26)	Of members who participated in the annual survey indicated they were not aware of this bundle and have not used it.											
23% (6/26)	Of members... indicated they have looked at the bundle but have not yet used it.											
8% (2/26)	Of members... indicated they have used the PowerPoint to provide ed presentations to their clients.											
8% (2/26)	Of members... indicated they have used the Fact Sheet to help educate families.											
8% (2/26)	Of members... indicated they have used the social media collateral to support awareness of the topic to the public.											
12% (3/26)	Of members... indicated they have shared the SME videos with colleagues or clients.											
12% (3/26)	Of members... indicated they have reviewed the bundle materials to increase their own understanding of the topic.											

Community Ed Bundle Topics				Workshop PowerPoint		Fact Sheets		Social Media Tiles		SME Videos	
Breastfeeding 101: Benefits, Tips & Tricks				3	English Downloads	3	English Downloads	17	Views	31	English Views
August 2021	Date Posted	147	Webpage Views	0	Spanish Downloads	0	Spanish Downloads			7	Spanish Views
Membership Knowledge of and Use of Community Ed Bundle											n=26
50% (13/26)	Of members who participated in the annual survey indicated they were not aware of this bundle and have not used it.										
27% (7/26)	Of members... indicated they have looked at the bundle but have not yet used it.										
4% (1/26)	Of members... indicated they have used the PowerPoint to provide ed presentations to their clients.										
8% (3/26)	Of members... indicated they have used the Fact Sheet to help educate families.										
8% (2/26)	Of members... indicated they have used the social media collateral to support awareness of the topic to the public.										
8% (n=2)	Of members... indicated they have shared the SME videos with colleagues or clients.										
15% (4/26)	Of members... indicated they have reviewed the bundle materials to increase their own understanding of the topic.										



Community Ed Bundle Topics				Workshop PowerPoint		Fact Sheets		Social Media Tiles		SME Videos	
<i>Preparing a Safe Home for Baby</i>				2	English Downloads	1	English Downloads	0	Views	16	English Views
September 2022	Date Posted	59	Webpage Views	0	Spanish Downloads	0	Spanish Downloads			4	Spanish Views
Membership Knowledge of and Use of Community Ed Bundle											n=26
46% (12/26)	Of members who participated in the annual survey indicated they were not aware of this bundle and have not used it.										
27% (7/26)	Of members... indicated they have looked at the bundle but have not yet used it.										
4% (1/26)	Of members... indicated they have used the PowerPoint to provide ed presentations to their clients.										
8% (2/26)	Of members... indicated they have used the Fact Sheet to help educate families.										
4% (1/26)	Of members... indicated they have used the social media collateral to support awareness of the topic to the public.										
12% (3/26)	Of members... indicated they have shared the SME videos with colleagues or clients.										
12% (3/26)	Of members... indicated they have reviewed the bundle materials to increase their own understanding of the topic.										

Community Ed Bundle Topics				Workshop PowerPoint		Fact Sheets		Social Media Tiles		SME Videos	
<i>Maintaining Healthy Relationships</i>				2	English Downloads	1	English Downloads	1	Views	16	English Views
October 2022	Date Posted	74	Webpage Views	0	Spanish Downloads	0	Spanish Downloads			2	Spanish Views
Membership Knowledge of and Use of Community Ed Bundle											n=26
54% (14/26)	Of members who participated in the annual survey indicated they were not aware of this bundle and have not used it.										
27% (7/26)	Of members... indicated they have looked at the bundle but have not yet used it.										
8% (2/26)	Of members... indicated they have used the PowerPoint to provide ed presentations to their clients.										
12% (3/26)	Of members... indicated they have used the Fact Sheet to help educate families.										
4% (1/26)	Of members... indicated they have used the social media collateral to support awareness of the topic to the public.										
8% (2/26)	Of members... indicated they have shared the SME videos with colleagues or clients.										
15% (4/26)	Of members... indicated they have reviewed the bundle materials to increase their own understanding of the topic.										



Community Ed Bundle Topics				Workshop PowerPoint		Fact Sheets		Social Media Tiles		SME Videos	
<i>What to Avoid During Pregnancy</i>				3	English Downloads	1	English Downloads	0	Views	10	English Views
October 2021	Date Posted	67	Webpage Views	0	Spanish Downloads	1	Spanish Downloads			9	Spanish Views
Membership Knowledge of and Use of Community Ed Bundle											n=26
54% (14/26)	Of members who participated in the annual survey indicated they were not aware of this bundle and have not used it.										
27% (7/26)	Of members... indicated they have looked at the bundle but have not yet used it.										
4% (1/26)	Of members... indicated they have used the PowerPoint to provide ed presentations to their clients.										
8% (2/26)	Of members... indicated they have used the Fact Sheet to help educate families.										
8% (2/26)	Of members... indicated they have used the social media collateral to support awareness of the topic to the public.										
8% (2/26)	Of members... indicated they have shared the SME videos with colleagues or clients.										
11% (3/26)	Of members... indicated they have reviewed the bundle materials to increase their own understanding of the topic.										

Community Ed Bundle Topics				Workshop PowerPoint		Fact Sheets		Social Media Tiles		SME Videos		
<i>How to Support a Pregnant Family Member</i>				2	English Downloads	2	English Downloads	1	Views	21	English Views	
November 2022	Date Posted	88	Webpage Views	0	Spanish Downloads	0	Spanish Downloads			2	Spanish Views	
Membership Knowledge of and Use of Community Ed Bundle												n=26
50% (13/26)	Of members who participated in the annual survey indicated they were not aware of this bundle and have not used it.											
23% (6/26)	Of members... indicated they have looked at the bundle but have not yet used it.											
4% (1/26)	Of members... indicated they have used the PowerPoint to provide ed presentations to their clients.											
12% (3/26)	Of members... indicated they have used the Fact Sheet to help educate families.											
4% (1/26)	Of members... indicated they have used the social media collateral to support awareness of the topic to the public.											
12% (3/26)	Of members... indicated they have shared the SME videos with colleagues or clients.											
15% (4/26)	Of members... indicated they have reviewed the bundle materials to increase their own understanding of the topic.											



Community Ed Bundle Topics				Workshop PowerPoint		Fact Sheets		Social Media Tiles		SME Videos	
<i>Physical Prep for Pregnancy and Delivery</i>				2	English Downloads	1	English Downloads	3	Views	10	English Views
December 2021	Date Posted	34	Webpage Views	0	Spanish Downloads	0	Spanish Downloads			0	Spanish Views
Membership Knowledge of and Use of Community Ed Bundle											n=26
46% (12/26)	Of members who participated in the annual survey indicated they were not aware of this bundle and have not used it.										
23% (6/26)	Of members... indicated they have looked at the bundle but have not yet used it.										
8% (2/26)	Of members... indicated they have used the PowerPoint to provide ed presentations to their clients.										
8% (2/26)	Of members... indicated they have used the Fact Sheet to help educate families.										
8% (2/26)	Of members... indicated they have used the social media collateral to support awareness of the topic to the public.										
8% (2/26)	Of members... indicated they have shared the SME videos with colleagues or clients.										
23% (6/26)	Of members... indicated they have reviewed the bundle materials to increase their own understanding of the topic.										

Community Ed Bundle Topics				Workshop PowerPoint		Fact Sheets		Social Media Tiles		SME Videos		
Why Birth Spacing Matters				3	English Downloads	2	English Downloads	0	Views	12	English Views	
February 2022	Date Posted	38	Webpage Views	0	Spanish Downloads	0	Spanish Downloads			1	Spanish Views	
Membership Knowledge of and Use of Community Ed Bundle												n=26
46% (12/26)	Of members who participated in the annual survey indicated they were not aware of this bundle and have not used it.											
23% (6/26)	Of members... indicated they have looked at the bundle but have not yet used it.											
8% (2/26)	Of members... indicated they have used the PowerPoint to provide ed presentations to their clients.											
8% (2/26)	Of members... indicated they have used the Fact Sheet to help educate families.											
4% (1/26)	Of members... indicated they have used the social media collateral to support awareness of the topic to the public.											
12% (3/26)	Of members... indicated they have shared the SME videos with colleagues or clients.											
19% (5/26)	Of members... indicated they have reviewed the bundle materials to increase their own understanding of the topic.											



Community Ed Bundle Topics				Workshop PowerPoint		Fact Sheets		Social Media Tiles		SME Videos	
<i>Whole Body Health During & After Pregnancy</i>				4	English Downloads	2	English Downloads	1	Views	32	English Views
March 2022	Date Posted	57	Webpage Views	1	Spanish Downloads	0	Spanish Downloads			4	Spanish Views
Membership Knowledge of and Use of Community Ed Bundle											n=27
52% (14/27)	Of members who participated in the annual survey indicated they were not aware of this bundle and have not used it.										
26% (7/27)	Of members... indicated they have looked at the bundle but have not yet used it.										
4% (1/27)	Of members... indicated they have used the PowerPoint to provide ed presentations to their clients.										
11% (3/27)	Of members... indicated they have used the Fact Sheet to help educate families.										
7% (2/27)	Of members... indicated they have used the social media collateral to support awareness of the topic to the public.										
11% (3/27)	Of members... indicated they have shared the SME videos with colleagues or clients.										
11% (3/27)	Of members... indicated they have reviewed the bundle materials to increase their own understanding of the topic.										

Community Ed Bundle Topics				Workshop PowerPoint		Fact Sheets		Social Media Tiles		SME Videos		
What to Expect After Delivery				3	English Downloads	0	English Downloads	0	Views	15	English Views	
April 2022	Date Posted	23	Webpage Views	0	Spanish Downloads	0	Spanish Downloads			4	Spanish Views	
Membership Knowledge of and Use of Community Ed Bundle												n=26
46% (12/26)	Of members who participated in the annual survey indicated they were not aware of this bundle and have not used it.											
27% (7/26)	Of members... indicated they have looked at the bundle but have not yet used it.											
4% (1/26)	Of members... indicated they have used the PowerPoint to provide ed presentations to their clients.											
8% (2/26)	Of members... indicated they have used the Fact Sheet to help educate families.											
8% (2/26)	Of members... indicated they have used the social media collateral to support awareness of the topic to the public.											
15% (4/26)	Of members... indicated they have shared the SME videos with colleagues or clients.											
15% (4/26)	Of members... indicated they have reviewed the bundle materials to increase their own understanding of the topic.											



Community Ed Bundle Topics				Workshop PowerPoint		Fact Sheets		Social Media Tiles		SME Videos		
<i>Mental Prep for Pregnancy & Delivery</i>				0	English Downloads	0	English Downloads	0	Views	3	English Views	
May 2022	Date Posted	9	Webpage Views	0	Spanish Downloads	0	Spanish Downloads			2	Spanish Views	
Membership Knowledge of and Use of Community Ed Bundle												n=26
42% (11/26)	Of members who participated in the annual survey indicated they were not aware of this bundle and have not used it.											
27% (7/26)	Of members... indicated they have looked at the bundle but have not yet used it.											
8% (2/26)	Of members... indicated they have used the PowerPoint to provide ed presentations to their clients.											
12% (3/26)	Of members... indicated they have used the Fact Sheet to help educate families.											
4% (1/26)	Of members... indicated they have used the social media collateral to support awareness of the topic to the public.											
12% (3/26)	Of members... indicated they have shared the SME videos with colleagues or clients.											
16% (4/26)	Of members... indicated they have reviewed the bundle materials to increase their own understanding of the topic.											

Community Ed Bundle Topics				Workshop PowerPoint		Fact Sheets		Social Media Tiles		SME Videos		
Preparing your Ideal Birth Plan				0	English Downloads	0	English Downloads	0	Views	0	English Views	
June 2022	Date Posted	6	Webpage Views	0	Spanish Downloads	0	Spanish Downloads			1	Spanish Views	
Membership Knowledge of and Use of Community Ed Bundle												n=26
46% (12/26)	Of members who participated in the annual survey indicated they were not aware of this bundle and have not used it.											
31% (8/26)	Of members... indicated they have looked at the bundle but have not yet used it.											
8% (2/26)	Of members... indicated they have used the PowerPoint to provide ed presentations to their clients.											
8% (2/26)	Of members... indicated they have used the Fact Sheet to help educate families.											
4% (1/26)	Of members... indicated they have used the social media collateral to support awareness of the topic to the public.											
8% (2/26)	Of members... indicated they have shared the SME videos with colleagues or clients.											
16% (3/26)	Of members... indicated they have reviewed the bundle materials to increase their own understanding of the topic.											



Was a digital education campaign launched to support healthy pregnancy and deliveries?

In addition to the community ed bundles that were developed to support membership implementation of community education efforts, the MHN also engaged in a more general community education campaign. Using both general MHN social media tiles as well as those tiles developed as a component of the community ed bundles, the MHN posted on and engaged in its own social media channels. The metrics of these efforts are provided below.

235 Social Media Tiles Created		31 Views of Tiles from the MHN Website	
285	Instagram Followers	5,942 Impressions	Number of times an MHN post was seen by an individual.
		5,361 Reach	Number of individuals who saw an MHN post.
136	Facebook Page Likes	2,221 Reach	Number of unique users who saw an MHN post.
		90 Engagements	Number of reactions, comments, or shares.
83	LinkedIn Followers	1,600 Impressions	Number of users who saw an MHN post.
		43 Engagements	Number of reactions, comments, or shares.
32	Twitter Followers	4,638 Impressions	Number of times an MHN post was seen.
		86 Engagements	Number of actions taken from MHN Tweets (retweets, replies, follows, likes).

All social media collateral was developed for MHN to post on its own social media channels, but also to support distribution by MHN members. As such, the MHN developed a Communications Toolkit, meant to offer best practices and resources that MHN members can use to share relevant information with families in a variety of ways, to include:



Email Communications



Printed Material Distribution



Social Media Coverage



Website Content



Bright by Text Instruction

In addition to best practices, the toolkit also includes content and resources that can be shared with families and online tools that can be used for content creation.





Are families throughout San Bernardino County accessing text messaging resource?

In November 2021, the MHN established a Communications Subcommittee to identify the best way to distribute pregnancy specific information directly to families preparing to get pregnant, those that are pregnant, and those that have recently delivered. The Subcommittee, made up of communication experts within our membership organizations, prioritized the promotion of a text messaging product that delivers useful information to families based on the due date of the expectant child or the birth date of child(ren) in the family.

Based on this recommendation, the MHN entered into a sponsorship relationship with Bright by Text. Bright by Text is a technology platform that offers families at least 2-4 messages per week, timed specifically based on the child due/birth date, and curated through national partners such as PBS, United Way, Office of Early Childhood Initiatives, regional centers, children's hospitals, and more. In addition, by sponsoring the product, the MHN and its members are able to deliver custom community messages about local events and resources. Lastly, the product offers optional content based specifically on a family's needs and interests.

MHN Communications Subcommittee

- ❖ First 5 San Bernardino
- ❖ Community Health Association
- ❖ San Bernardino County Department of Behavioral Health
- ❖ Inland Empire Health Plan

This text messaging resource went live in June 2022 and was presented to the MHN members during the bi-annual summit that took place on June 28, 2022.

To support implementation, the MHN partnered with a communications firm, Westbound Communications, to implement a digital ad campaign promoting the Bright by Text product. The ad campaign will be targeting individuals between the ages of 18-40 who may be planning to get pregnant, those that are pregnant, and those who have recently delivered a child. The ads were developed by the MHN and will launch from July 2022 – October 2022. Ads will run in both English and Spanish.



In addition to launching the digital ad campaign to support Bright by Text implementation, the MHN developed a webpage on the MHN website that supports 1) family sign-ups, 2) provider requests for custom message distribution, and 3) provider requests for outreach materials.

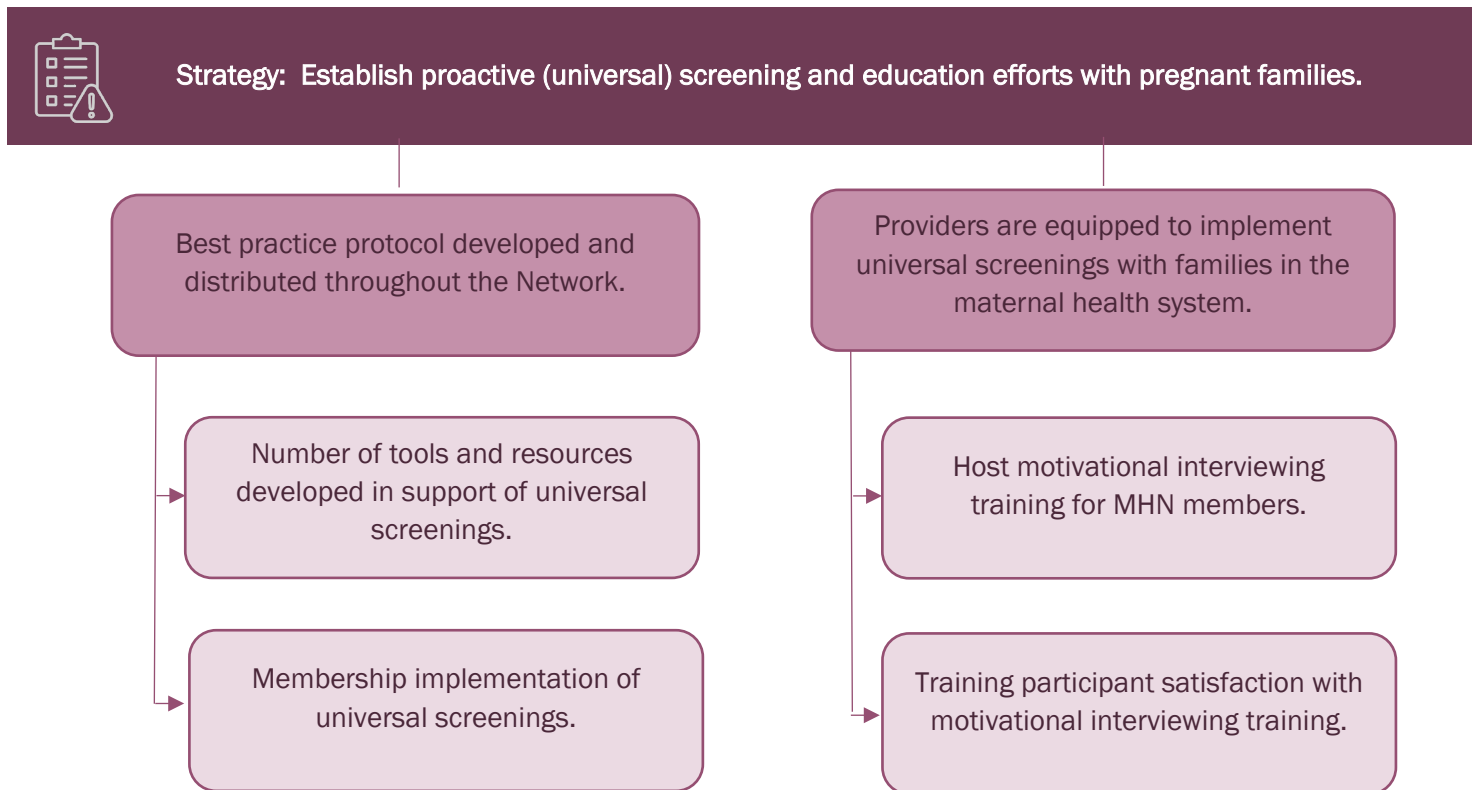


Outreach materials that will be developed and provided to MHN members upon request include: 1) **Posters** will be made available for posting at member organizations, 2) **Post Cards** that describe the Bright by Text service and encourage families to sign-up will be available to support member outreach efforts, and 3) **Incentive Items** such as phone pop socket stands with the Bright by Text sign-up info will be made available to support member outreach efforts.

The number of families/individuals that sign-up for the Bright by Text messaging product will be tracked and reported to membership in the next reporting cycle.

Advocate for Universal Screening throughout Network

Below is a graphic of the strategy, key activities, and performance indicators that were used to assess progress made in support of proactive universal screenings for birthing individuals in the areas of behavioral health, alcohol and other drug use, intimate partner violence, and healthy habits.





Has universal screenings best practices and resources been distributed throughout the network?

In June 2022, the MHN produced the *Universal Screening Brief*, which offers a number of tools and resources to support the implementation of universal screenings within the areas of interest as detailed in the strategic plan.

The Brief explains 1) why universal screenings are beneficial to those who are pregnant, and the evidence-based practices recommended for pregnant people and people of reproductive age who may become pregnant, 2) provides a review of assessment tools to support screenings in each area of interest, and 3) offers an effective framework for how to implement universal screenings. The brief was developed to be used throughout the Network and was not structured to a specific industry or professional type.

MHN members were presented the Universal Screening Brief during the bi-annual summit that took place on June 28, 2022.



To better understand the extent to which members were already conducting universal screenings and what, if any, barriers exist that make it a challenge to do so, the MHN asked questions in the annual member survey around this topic. The results are presented below.

Mental Health Screenings

n=27

54% (15/27) of members who participated in the annual survey indicated that they conduct universal screenings for mental health concerns.

27% (4/15) indicated screenings are based on specific criteria

47% (7/15) indicated screenings are mandated and universal

27% (4/15) indicated screenings are voluntary and universal

Screenings being utilized include:

- Generalized Anxiety Disorder Scale (GAD-7) (4)
- Edinburgh Postnatal Depression Scale (2)
- Child and Adolescent Needs and Strengths (CANS-SCREEN) (1)
- Patient Health Questionnaire-9 (7)
- Patient Health Questionnaire-2 (2)
- Abbreviated PTSD Checklist-Civilian (1)

Members identified the following **REASONS** that their organization DOES NOT conduct mental health screenings:

2 Lack of staff capacity to conduct screenings

2 Lack of capacity to provide referrals/follow-up care

2 Unknown reason why organization does not screen

1 Insufficient resources for referral with positive screen

1 Org concern that screening could impact ongoing care

5 Not appropriate based on services provided/not a direct service provider

1 Other members of the organization conduct screenings



Substance Abuse Screenings

n=27

22% (6/27) of members who participated in the annual survey indicated that they conduct universal screenings for substance misuse concerns.

83% (5/6) indicated screenings are based on specific criteria

17% (1/6) indicated screenings are universally conducted

Screenings being utilized include:

- 5 Ps Screening Tool (1)
- AUDIT-C (1)
- National Institute on Drug Abuse (NIDA) Quick Screen (2)

Members identified the following **REASONS** their organization DOES NOT conduct substance misuse screenings:

2 Insufficient resources for referral with positive screen

2 Insufficient reimbursement to conduct screenings

2 Org concern that screening could impact ongoing care

2 Clients wouldn't benefit from this kind of screening

13 Not appropriate based on services provided/not a direct service provider

Intimate Partner Violence (IPV) Screenings

n=27

26% (7/27) of members who participated in the annual survey indicated that they conduct universal screenings for intimate partner violence.

71% (5/7) indicated screenings are based on specific criteria

29% (2/7) indicated screenings are universally conducted

Screenings being utilized include:

- Relationship Assessment Tool (1)
- Life Skills Progression Tool (1)

Members identified the following **REASONS** their organization DOES NOT conduct IPV screenings:

2 Insufficient resources for referral with positive screen

1 Lack of staff capacity to conduct screenings

1 Lack of capacity to provide referrals/follow-up care

1 Clients wouldn't benefit from this kind of screening

9 Not appropriate based on services provided/not a direct service provider

Healthy Habits Screenings

n=27

46% (13/27) of members who participated in the annual survey indicated that they conduct universal screenings for concerns regarding healthy habits.

46% (6/13) indicated screenings are based on specific criteria

54% (7/13) indicated screenings are universally conducted

Screenings being utilized include:

- Lifestyle Medicine Vital Signs (1)
- CDC Body Mass Index Calculator (1)
- CDC/WHO Guidance (1)

Members identified the following **REASONS** their organization DOES NOT conduct healthy habits screenings:

2 Lack of staff capacity to conduct screenings

2 Insufficient resources for referral with positive screen

1 Insufficient reimbursement to conduct screenings

1 Lack of capacity to provide referrals/follow-up care

1 Clients wouldn't benefit from this kind of screening

7 Not appropriate based on services provided



Are providers equipped to implement universal screenings?

In order to support provider preparedness and capacity to conduct universal screenings with families, the MHN will be hosting a Motivational Interviewing for Maternal Health Providers training on August 24, 2022. This all-day, interactive, in-person training is designed to support all types of providers in becoming ambassadors for proactive screening through motivational interviewing key principles and techniques. The training will be led by Dr. Karen Studer of Loma Linda University.

Future implementation reports are expected to include a summary of the number of participants at the training as well as metrics on 1) increased participant knowledge and comfort with implementation of universal screenings and 2) satisfaction with the training.

Provide Workforce Development Trainings and Resources

Below is a graphic of the strategy, key activities, and performance indicators that were used to assess progress made to increase culturally safe practices throughout the maternal health system.



Strategy: Increase provider capacity through targeted training to include implicit bias, culturally competent service delivery, and social determinants of health (SDOH).

Provision of trainings to MHN members on topics that support culturally safe practices.

Number of participants that attend MHN trainings on implicit bias, cultural humility and SDOH.

Training participant satisfaction with each training.

Training participants report increased knowledge following each training.

Training participants report a plan to implement information gathered into their practice.

Establish a Health Equity Learning Community for MHN members.

In partnership with subject matter expert, develop framework for Health Equity Learning Community.

Number of MHN members that participate in Health Equity Learning Community.



Did MHN members participate in trainings that support culturally safe practices?

Increasing provider knowledge around implicit bias, social determinants of health, and culturally competent service delivery were identified as critical for improving provider capacity to serve families in San Bernardino County in an equitable and effective manner. To support this increased knowledge, in spring 2022, the MHN hosted three trainings led by Dr Sayida Peprah, a licensed clinical psychologist and trained birth doula who specializes in multicultural psychology, trauma, suicide prevention, and maternal mental health. A brief summary of these trainings is provided below:

- **Strengthening Cultural Humility and Dismantling Implicit Bias (Parts 1 & 2):** This course, taught over two separate sessions, focused on increasing the cultural competence, sensitivity, and humility of providers and broadening participants' awareness of their own implicit bias and equipping them with tools to engage with pregnant, birthing, and postpartum people from disadvantaged and marginalized communities in more open, respectful, and empathetic ways.
 - **Part 1 (February 17, 2022):** During part one of this course, participants were provided with information on the definition of cultural humility, implicit and explicit bias, stereotyping, prejudice, bigotry, cultural humility, and race-related microstressors/microaggressions. The facilitator also led a discussion of the impact of racism and microstressors/microaggressions on African American/Black women during pregnancy and childbirth.
 - **Part 2 (April 12, 2022):** During part two of this course, participants learned how to identify and assess personal implicit biases (subtle, unconscious, assumptions), demonstrate skills for cross-cultural communication, and utilize techniques to engage in culturally sensitive and humble ways with pregnant, birthing, and postpartum individuals.
- **Social Determinants of Health and their Impact on Maternal Health (May 24, 2022):** This interactive virtual training was designed to increase participants' understanding of the impacts of social determinants of health on maternal health outcomes. Through case conceptualizations and interactive activities, participants learned how social circumstances can impact families' experiences and outcomes as they prepare to deliver and raise a child. Additionally, participants learned strategies to incorporate this knowledge into appropriate service delivery for the families they serve.

A total of **112** unique individuals participated in at least one of the three trainings offered by the MHN.



Participants represented organizations across the network and beyond, including public health, medical care, mental health and behavioral health care, birth workers and birth education, social services, education, and other/unknown organization types.

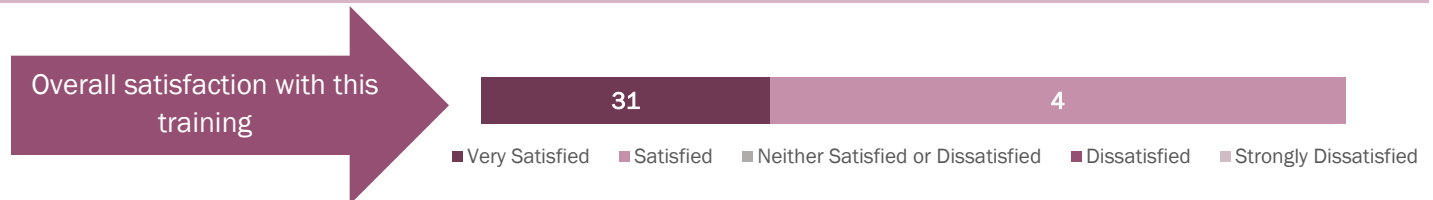


At the conclusion of each training, participants were asked to complete a survey to assess the extent to which the training was satisfactory and increased provider knowledge. The post-training survey also asked participants to identify whether the information presented in each training was likely to be implemented within the participants' practice. The results of each training are provided below.

Strengthening Cultural Humility and Dismantling Implicit Bias, Part 1

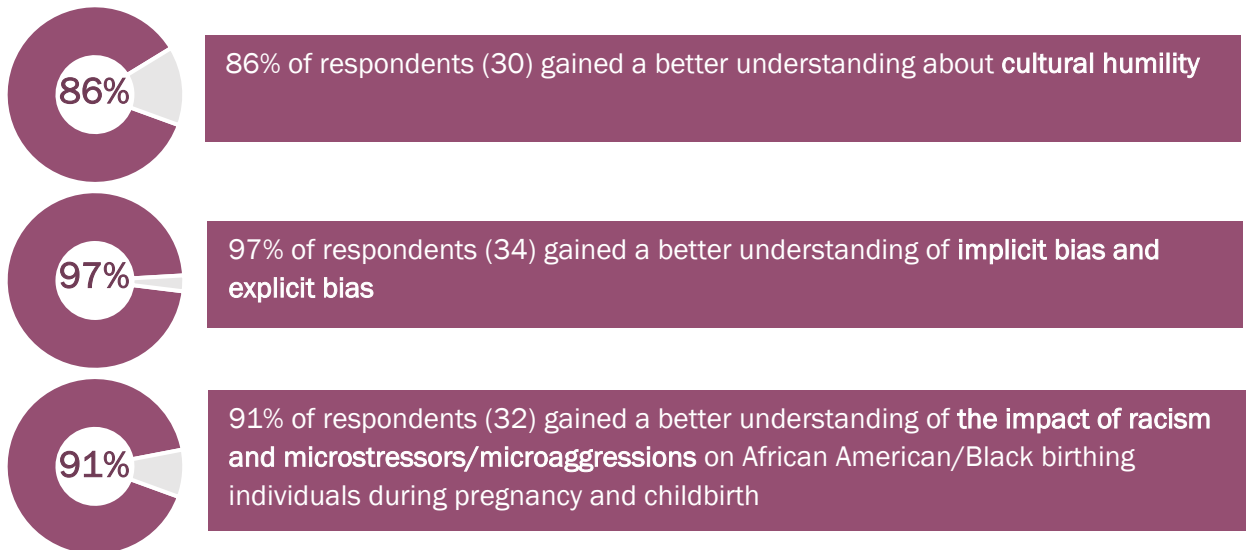
Satisfaction

(n=35)



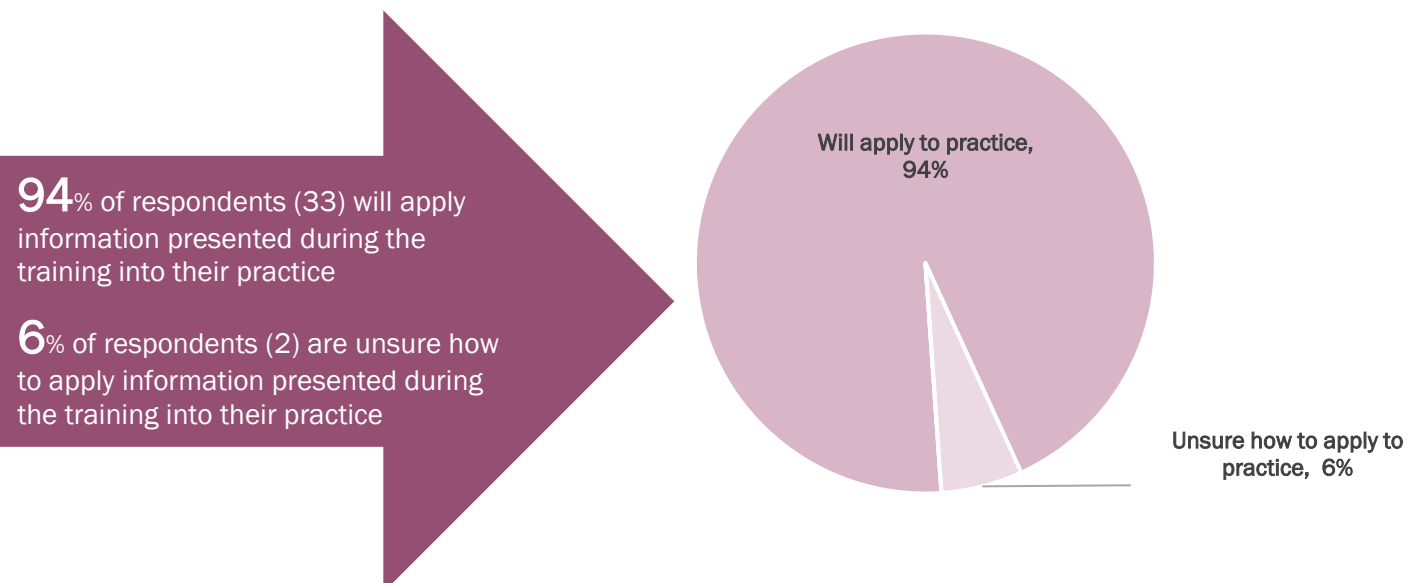
Understanding of Key Concepts

(n=35)



Application of Concepts Learned

(n=35)

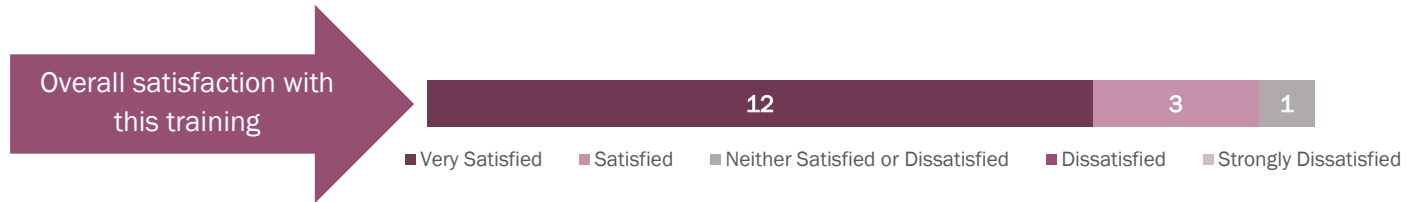




Strengthening Cultural Humility and Dismantling Implicit Bias Part 2

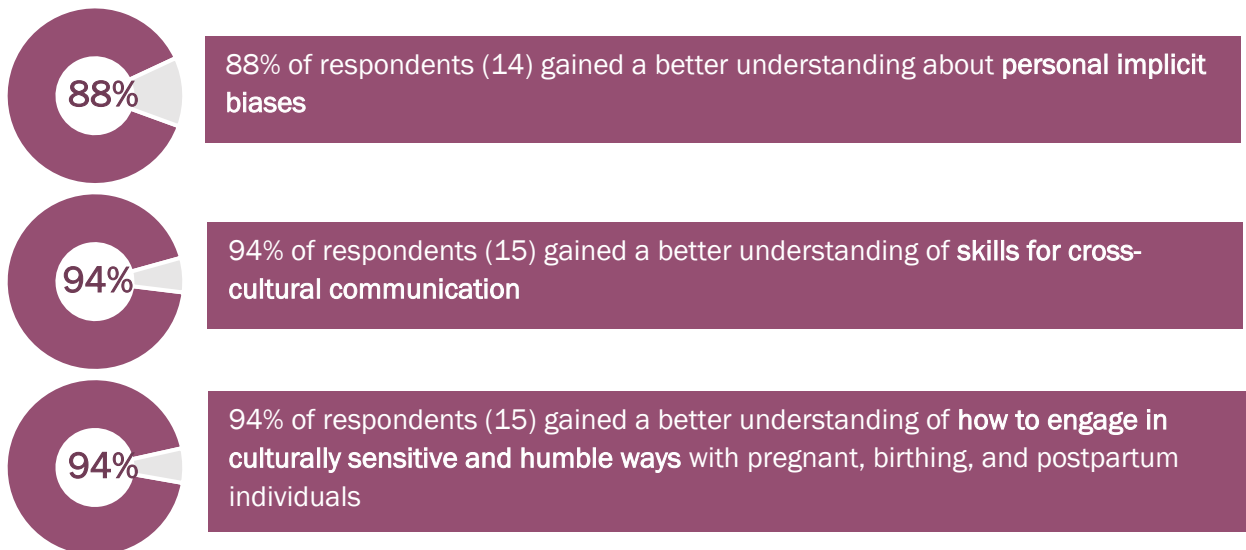
Satisfaction

(n=16)



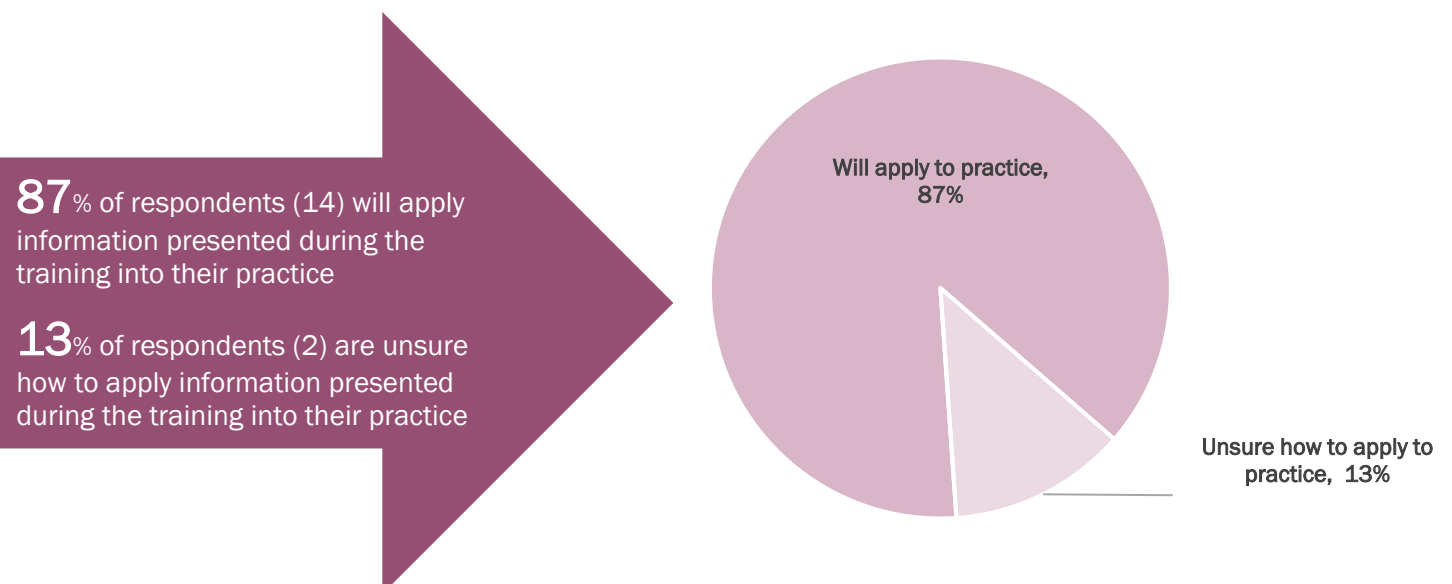
Understanding of Key Concepts

(n=16)



Application of Concepts Learned

(n=16)

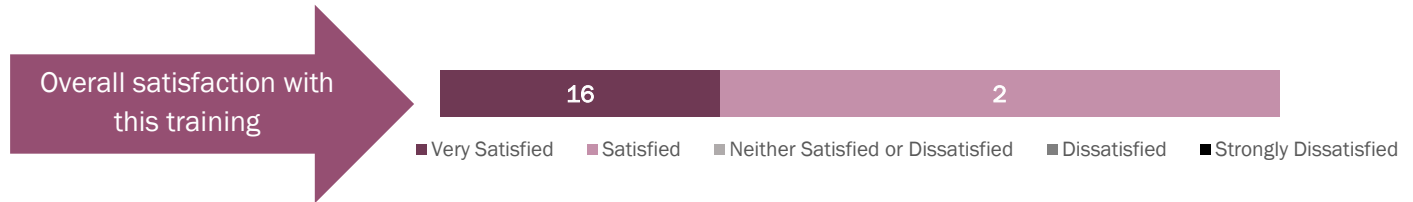




Social Determinants of Health and their Impact on Maternal Health

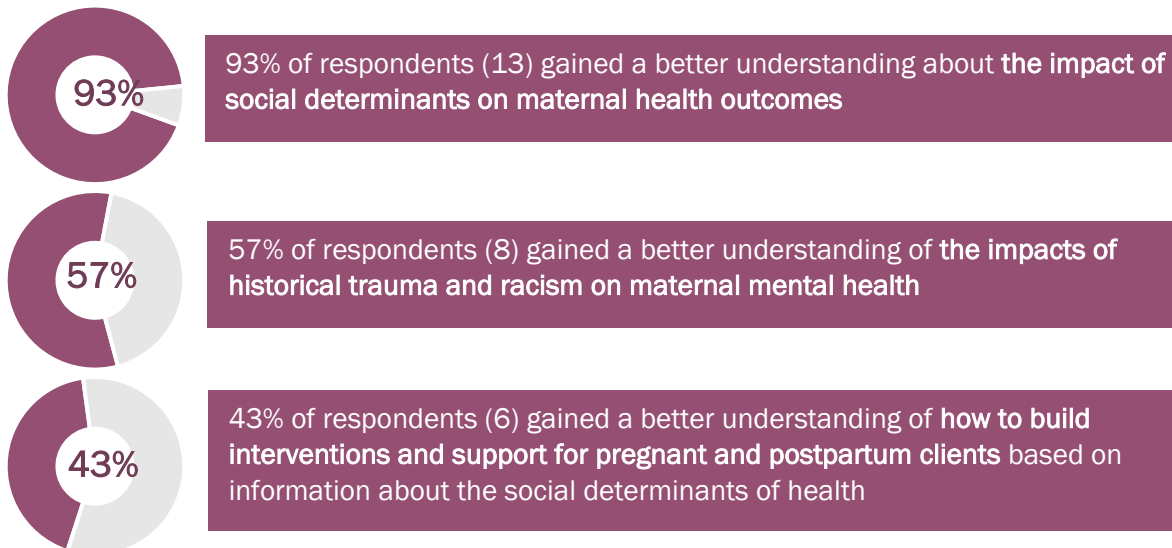
Satisfaction

(n=18)



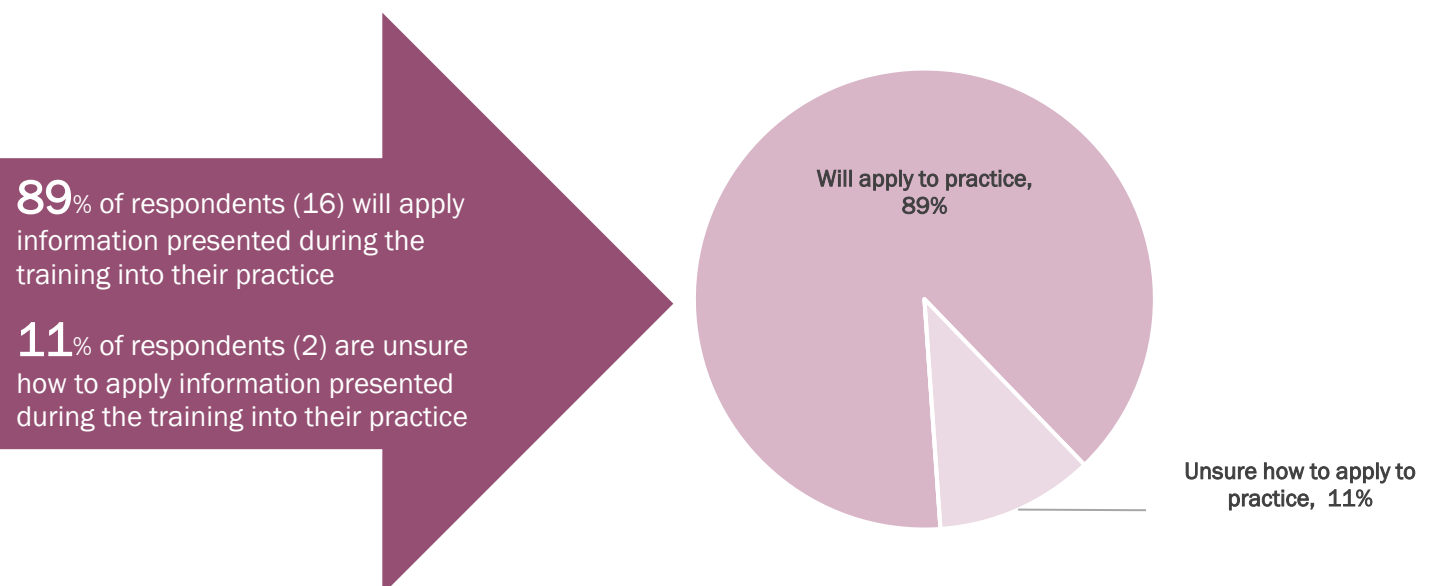
Understanding of Key Concepts

(n=14)



Application of Concepts Learned

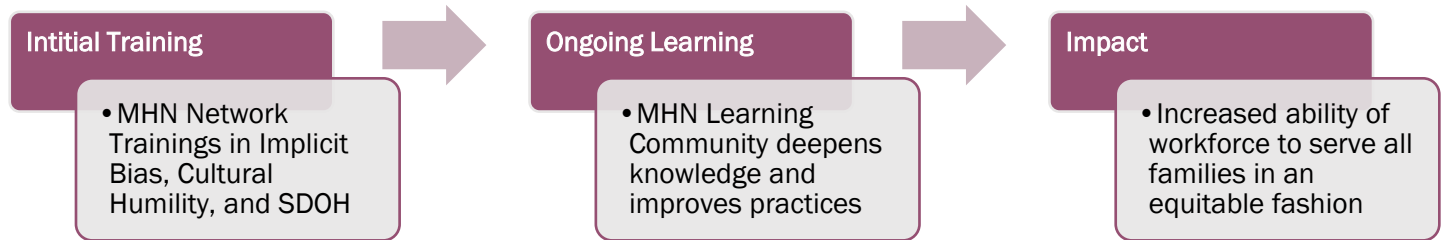
(n=18)





Was a Health Equity Learning Community established?

The MHN Health Equity Learning Community framework was established to deepen the support for culturally safe practices for MHN members who are medical providers and community partners. This Learning Community will offer professional guidance and peer support in implementing standards of care with a focus on equity. Ultimately, this Learning Community will increase the workforce's ability to meet community needs effectively and competently.



Approach

Based on the MHN's needs and current conditions, a combination of the Community of Practice model and a healthcare Learning Collaborative framework was used in the development of the Health Equity Learning Community approach. A Community of Practice (CoP) uses “communal learning, expertise, and knowledge to achieve shared goals”⁵, whereas a Learning Collaborative “focuses on adopting best practices in diverse settings” using “methods for accelerating improvements...and capitalizes on shared learning and collaboration.”⁶ While the Community of Practice is typically autonomous and self-forming, a Learning Collaborative may be more structured in its approach, focusing on data driven process improvement. By combining key elements of both approaches, the MHN Health Equity Learning Community is intended to deepen learning and, when/if necessary, test approaches to improvement.



⁵ Retrieved October 4, 2021, from: https://www.cdc.gov/phcommunities/resourcekit/intro/cop_approach.html

⁶ Retrieved on October 4, 2021, from: http://www.ncdsv.org/images/NCTSN_LearningCollaborativeToolkit.pdf; https://www.cdc.gov/dhdsp/evaluation_resources/maryland.htm#12



Structure Development

Once the approach was finalized, the MHN moved to develop the structure of the Health Equity Learning Community with the assistance of subject matter experts Dr. Sayida Peprah and Joshua Thomas of Diversity Uplifts, Inc. The two activities that membership indicated they were most interested in were exploring **expert insights** and **conducting DEI assessments** at both the individual as well as the organizational level. Each of these activities is described in more detail below.



Expert Insights: The bi-monthly Expert Insights activities are designed to engage Learning Community members on a weekly basis during the month of that offering. For the first three weeks of a month, participants will receive a short video, discussion board prompt, and a link to the discussion board. The discussion board will be used to post questions for consideration during the live Q&A, as well as for participants to reflect on the content of the videos. On the fourth week, a live 30 min Q&A session will be held. This session will be used to respond to questions and discussion submitted by the Learning Community over the course of the month. If time allows, the facilitator may open the floor to participant questions and discussion.

Timeline

Focus Area

- | | |
|------------------|---|
| ♥ September 2022 | Maternal Fetal Medicine & High-Risk Pregnancy |
| ♥ October 2022 | OB/GYN Prenatal Care |
| ♥ February 2023 | Maternal Mental Health |
| ♥ April 2023 | Substance Use |



DEI Assessments: The Learning Community will offer participants the opportunity to self-administer assessments related to diversity, equity, and inclusion competencies. Assessments will either be individual or organizational and participants will be encouraged to attend the bi-annual summits to debrief and brainstorming opportunities to expand their individual and organizational efforts.

- Self-assessments can help an individual explore their own knowledge, awareness, and skills related to diversity, equity, and inclusive practices within their personal and professional life.
- Organizational assessments assist organizations and coalitions in a change process to identify, define, and achieve goals related to diversity, equity, inclusion, and racial justice.

Timeline

Focus Area

- | | |
|-----------------|---------------------------------|
| ♥ November 2022 | Individual Assessment |
| ♥ January 2023 | MHN Summit Debrief & Discussion |
| ♥ May 2023 | Organizational Assessment |
| ♥ June 2023 | MHN Summit Debrief & Discussion |



Conclusions and Next Steps

The Maternal Health Network has made varying progress on each of its short-term strategies. Because the bulk of this reporting year was spent coordinating efforts and producing tools and content, it is unclear in most areas whether there has been value produced for providers within the maternal health system. For this reason, the conclusions provided as well as suggested next steps are intended to continue to explore the value proposition of current as well as future efforts.

Summary of Short Term Strategy Implementation and Impact

The Maternal Health Network has successfully produced most of the materials, tools, and resources it set forth to accomplish in support of each of its short-term strategies. Within all of the short-term strategies there was a need to establish an infrastructure, create a tool, or coordinate efforts that would benefit MHN membership. Examples include:

Perinatal Equity Initiative

- Developed infrastructure and web-based forms to support direct referrals to BIH/PEI programming
- Produced 12 Provider Tip Sheets
- Developed 102 pieces of social media collateral specific to BIH/PEI needs and topics

Criminal Justice Protocol

- Produced *Criminal Justice Brief: Connecting Women to Care & Community Resources*
- Developed Pregnancy Pamphlet

Community Education & Information Dissemination

- Created 12 Community Ed Bundles, each with multiple components
- Updated the *MHN Communications Toolkit* with additional tools and resources
- Secured sponsorship of Bright by Text and enlisted media firm for digital campaign

Universal Screening

- Produced *Universal Screening Brief*

Workforce Development Trainings

- Coordinated and hosted 3 Workforce Development Trainings
- Established a framework for Health Equity Learning Community

Maternal Health Network members may not be fully aware of the materials, tools and resources that have been made available and promoted as a component of short-term strategy implementation. Data regarding the knowledge of various materials, tools, and resources made available through MHN efforts was collected as a component of the annual member survey. Results demonstrated in the following section indicate that many members who completed the annual member survey have a lack of knowledge in multiple areas of effort.

30% of members who completed the annual survey indicated that they are not aware of Perinatal Equity Initiative funded and Black Infant Health programming. Additionally, 15% of members who completed the annual member survey indicated that they would refer clients to these programs but needed to know how to do so. Both data indicators suggest that despite MHN efforts to promote programs to support Black and African American families, many members are still unaware of these resources and don't know that they can directly refer to these programs through the MHN website.



Information was also collected via the annual survey on MHN member awareness of the Community Ed Bundles. The chart below demonstrates that many members who completed the annual member survey are not knowledgeable about these resources.

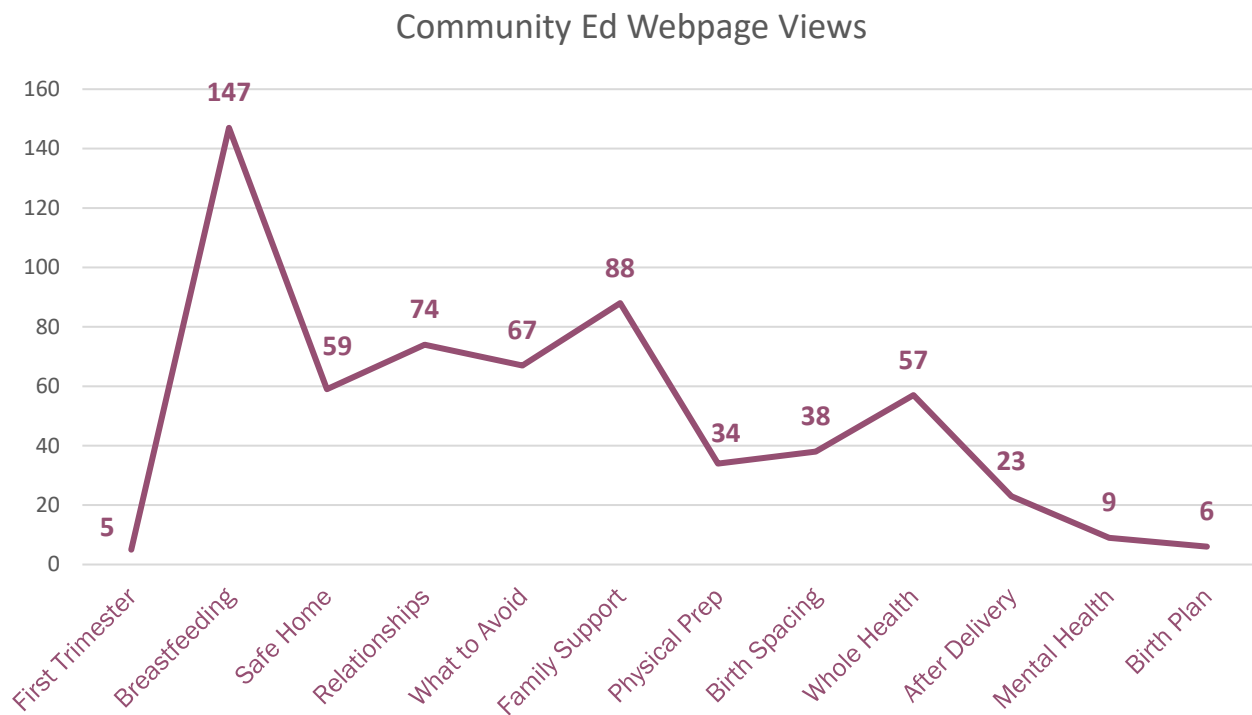
Ed Bundle Topic	1 st Trimester	Breast-feeding	Safe Home	Relationships	What to Avoid	Family Support	Physical Prep	Birth Spacing	Whole Health	After Delivery	Mental Health	Birth Plan
% unaware of resource	50%	50%	46%	54%	54%	50%	46%	46%	52%	46%	42%	46%
	13/26	13/26	12/26	14/26	14/26	13/26	12/26	12/26	14/27	12/26	11/26	12/26

Maternal Health Network materials, tools and resources are not being significantly utilized by membership. Beyond understanding what resources are available through MHN efforts, the utilization of such resources is an important component of achieving the goals set forth in the strategic plan. The MHN website is the central hub where MHN members can access materials, tools, and resources. Website metrics indicate that very few have accessed these products since we began tracking the views of specific pages, resources, and community bundle materials.

An example that demonstrates a low utilization of MHN materials, tools and resources include:



Webpage views for each of the community ed bundles range from a low of 5 (What to Know in the 1st Trimester) to a high of 147 (Breastfeeding 101: Benefits, Tips & Tricks).



The first Community Ed Bundle to be published was the one focused on breastfeeding, followed by each consecutive topic as depicted in the graphic above. The only exception was the 1st Trimester bundle which was produced last.

Additional data points that indicate a lack of utilization include:



Only 1 referral to PEI/BIH programming has been made using the MHN website

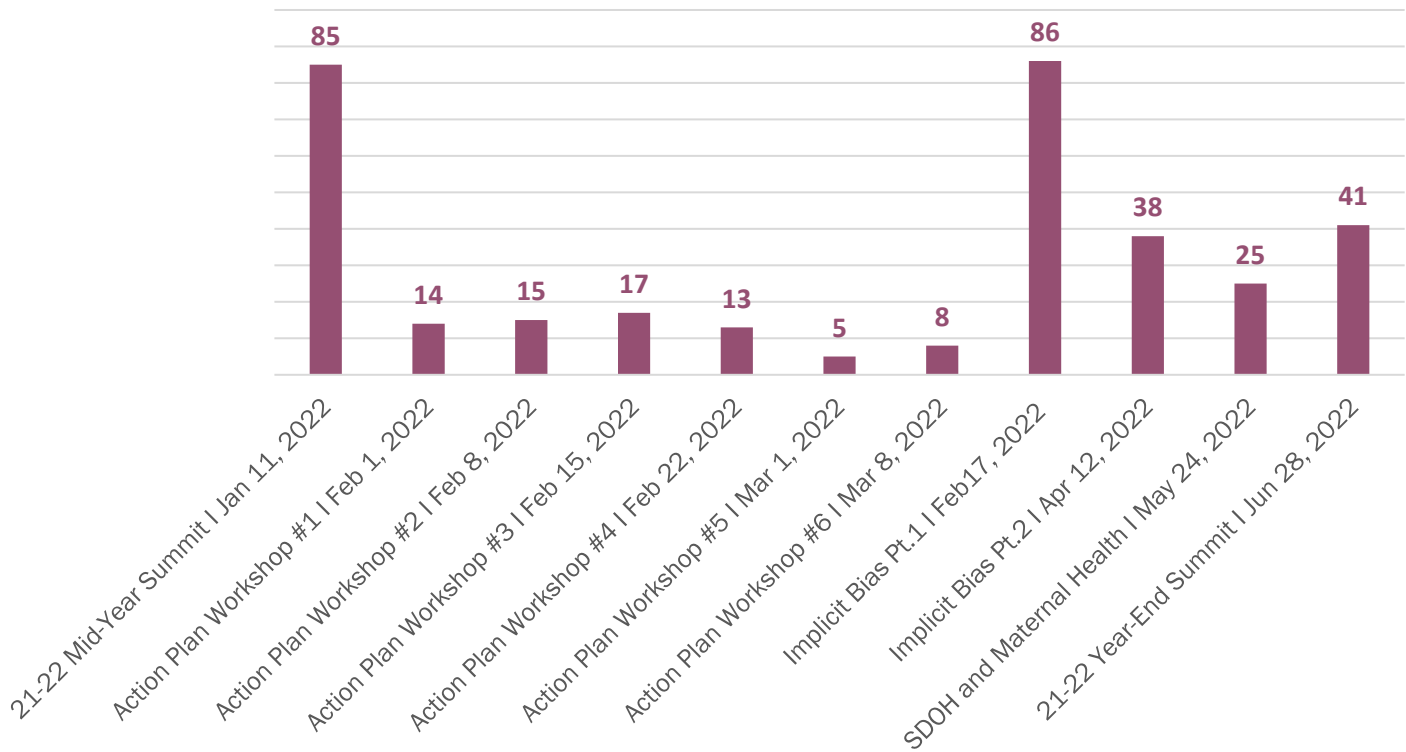


Only 6 downloads of the Consumer Survey Brief focused on Black and African American families has occurred



Participation in Maternal Health Network events, while recognized as valuable and of high quality, have had a steady decline in participation over the reporting period. The MHN has hosted a variety of events during this reporting period, including the two bi-annual membership summits, five action planning workshops, and three workforce development trainings. Participation in each type declines over time as illustrated in the figure below.

Member Participation in MHN Hosted Events



It is unclear why participation has declined given the strong evaluation results from all events hosted by MHN. While a complete representation of event evaluations are provided in the [Appendix](#) of this report, a sample of positive feedback is provided below.

"The Summit was really good - very well prepared and thought out! It would be helpful if you could conduct a short training regarding the Bright by Text App and other social media promos for organizations' social media folks, so they hear all this firsthand. Thank you!!!."

- MHN Summit Participant

"Thank you for introducing MHN in this manner. I am new to learning about this collaborative and I think it's an excellent resource for our community."

- MHN Summit Participant

"I enjoy the ability to have input as a representative of the maternal health community."

- MHN Action Planning Participant

"The training was excellent. I am grateful I had the opportunity to attend especially via zoom!."

- MHN Workforce Training Participant



Recommendations for Next Steps

Based on a comprehensive analysis of the data provided in this annual report as well as the conclusions offered above, the following recommendations are provided to ensure the MHN is offering value to its membership and strengthening the system that serves families going through the birthing journey throughout San Bernardino County.

Increase outreach and engagement efforts with membership.

Participation in the MHN is a necessary component for providers within the maternal health system to understand what resources are available for use and how these supports contribute to improved outcomes for families going through the pregnancy process. The MHN has been successful in establishing a broad reach through multiple sectors, however there are gaps that should be addressed through increased outreach and engagement.

Additionally, educating existing members about the full range of resources available through the MHN may support increased utilization of materials, tools, and collaborative opportunities. Outreach and engagement with existing members should include education on existing resources as well identification of barriers to utilization so that those barriers can be mitigated where possible.

Validate existing strategic plan priorities and modify if necessary.

The Maternal Health Network developed its strategic plan and corresponding strategies to address priority systems issues prior to the COVID-19 pandemic. Recognizing that the environment has drastically shifted for both providers and families within the maternal health system, it may be valuable to review the strategic plan and identify whether priorities have shifted. The MHN should consider hosting listening sessions with various sectors and determine how to engage families to either validate or modify efforts to ensure that resources are being spent on the most important systems issues impacting outcomes for families participating in the maternal health system.

As possible, host events in-person and offer virtual options to encourage participation.

MHN members have consistently identified the value of connecting and networking with partner providers through MHN events and trainings. The MHN has shifted to virtual events based on the COVID-19 environment, hosting events in this modality since March 2020. It is possible that members are suffering from virtual meeting fatigue, which is negatively impacting participation. The MHN should consider hosting events in-person in the safest way possible while also offering a virtual option to encourage participation from providers throughout the county.

Continue to track and monitor utilization of MHN tools, resources, and materials.

The MHN should continue to track and monitor utilization of MHN materials as specified in the KPIs. FY 22-23 will represent a full year in which MHN tools, resources, and materials developed as a result of short-term strategy implementation are available and will provide a better and more balanced perspective on the value and utilization of these supports for members.



Appendix

A brief description of each of the documents contained within the appendix is offered below.

Short-Term Strategy Snapshot of Progress

This 1-page document provides an estimate of the progress made to date (as indicated by a pie chart) on each short-term strategy as well as suggested next steps for implementation efforts.

MHN Membership Roster

This chart provides a comprehensive list of MHN Members as well as their participation in events hosted by MHN in FY 21-22.

MHN Leadership Team Roster

This roster represents individuals who were on the Leadership Team in FY 21-22. While this list includes everyone who received information about Leadership Team meeting and requests made throughout the reporting period, not everyone participated in Leadership Team decision making.

MHN Annual Member Survey Summary of Results

This document provides comprehensive results of the annual member survey that was issued to MHN members to gauge knowledge of and utilization of short-term strategy tools and resources.

FY 21-22 Mid-Term MHN Member Summit Participation, Summary & Evaluation Results

This document provides a summary of the MHN Mid-Year Member Summit that occurred during the report period. It offers a list of summit participants, a summary of the content, and input received during the summit as well as participant evaluation results.

FY 21-22 Year-End MHN Member Summit Participation, Summary & Evaluation Results

This document provides a summary of the MHN Year-End Member Summit that occurred during the report period. It offers a list of summit participants, a summary of the content and input received during the summit as well as participant evaluation results.

Mid-Term Action Planning Workshops Participation, Summary & Evaluation Results

This document provides a summary of the Mid-Term Action Planning workshops that occurred during the report period. It offers a list of workshop participants, a summary of the content and input received during each workshop as well as participant evaluation results.

Workforce Development Trainings Participation, Summary & Evaluation Results

This document provides a summary of the MHN Workforce Development Trainings that occurred during the report period. It offers a list of training participants and a summary of evaluation results which collected perspectives regarding the value and intended utilization of the information received.



I. Short-Term Strategy Snapshot of Progress

Strategy	Status of Key Activities	Considerations for Future Efforts
 <p>PEI Support</p> <p>Support the Perinatal Equity Initiative (PEI) to address maternal health disparities as it relates to our goals.</p>	<p>Unknown Impact: PEI increases its service population through MHN activities.</p> <p>Completed & Ongoing: The MHN is producing content in support of PEI work.</p> <p>Completed & Ongoing: MHN content with a PEI focus hosted on the website is viewed.</p>	<ul style="list-style-type: none"> Establish recorded tutorials to enhance understanding of and referrals to BIH and PEI programming Continue to track website metrics for PEI related materials
 <p>Criminal Justice Protocol</p> <p>Work with the criminal justice system to develop a protocol for connecting individuals who are pregnant to care upon release.</p>	<p>Completed: Convene a cross-sector team to establish a pregnancy protocol for people who are incarcerated and expecting.</p> <p>Completed & Ongoing: Support the implementation of pregnancy protocol for people who are incarcerated and expecting.</p>	<ul style="list-style-type: none"> Collect data about number of women who are pregnant & incarcerated, number who are released while pregnant, and those who deliver while incarcerated Continue to support and track implementation efforts
 <p>Community Ed Campaign</p> <p>Develop and implement a community education campaign to support healthy pregnancy and delivery.</p>	<p>Completed & Ongoing: Community education bundles are developed and utilized by MHN members.</p> <p>Initiated and Ongoing: Digital community education campaign is launched and supported by MHN members.</p> <p>Initiated and Ongoing: Families throughout San Bernardino County access text messaging resource.</p>	<ul style="list-style-type: none"> Continue to track website metrics for views and downloads of bundle and other materials Promote utilization of Bright by Text messaging resource Validate messaging topics, modify as needed
 <p>Universal Screening</p> <p>Establish proactive screening and education efforts with pregnant families.</p>	<p>Completed: Best practice protocol developed and distributed throughout the Network.</p> <p>Scheduled: Providers are equipped to implement universal screenings with families in the maternal health system.</p>	<ul style="list-style-type: none"> Provide motivational interviewing training Test with membership the priority of universal screenings and further focus efforts
 <p>Workforce Development</p> <p>Increase provider capacity through targeted training to include implicit bias, culturally competent service delivery, and social determinants of health (SDOH).</p>	<p>Completed: Providers attend implicit bias, cultural humility, and SDOH trainings.</p> <p>Completed: Participants indicate increased knowledge after trainings.</p> <p>Completed: Participants indicate trainings were beneficial and were satisfied.</p> <p>Completed: Providers indicate they have incorporated information provided at the trainings into their practice.</p>	<ul style="list-style-type: none"> Provide Health Equity Learning Community and track increased knowledge and likely utilization



II. MHN Membership Roster

Organizational Representation	First Name	Last Name	Event Participation										
			Summit #1 (Jan 2022)	Summit #2 (Jun 2022)	MHN Action Planning Workshops (February – March 2022)						Implicit Bias #1 (Feb 2022)	Implicit Bias #2 (Apr 2022)	SDOH & Maternal Health (May 2022)
					#1	#2	#3	#4	#5	#6			
Anthem Blue Cross Medi-Cal Health Plan	Janet	Paine											
Arrowhead Regional Medical Center	Mary	Bryan											
	Kristy	Roloff	•										
	Joanna	Salceda								•			
	Sheryl	Wooldridge											
Association of Black Women Physicians	Sylvia	Swilley		•							•		
Barstow Community Hospital	Lauren	Stapp	•			•							
	Cathy	Stephens	•										
Barstow Unified School District	Ana Daisy	Alvarez										•	•
Black Infant Health- Victorville, CA	Debbie	Todd				•		•			•		
Birth Sisters Doula Services	Latoshia	Rouse									•		•
Birth Wizard	Emmy	Howard									•		
Blue Shield of California	Alejandro	Barajas	•								•	•	
CA Dept of Public Health	Robin	Qualls									•		
Cal Baptist University	Danielle	Ables											
	Leticia	Ake	•								•	•	
	Jennifer	Bonilla		•									
	Kimberly	Bruno	•										
	Leslie	Buenrostro	•										
	Krystin	Campos											
	Theresa	Gonzales									•		
	Lorena	Martinez	•										
	Ashley	Wilkins	•										
	Kendra	Flores-Carter	•			•		•	•	•	•	•	
California Black Health Network	Belinda	VanZant-Perez	•										
California Health Collaborative	Jennifer	Guillen									•		•
	Tonya	McCampbell	•			•					•		



Organizational Representation	First Name	Last Name	Event Participation										
			Summit #1 (Jan 2022)	Summit #2 (Jun 2022)	MHN Action Planning Workshops (February – March 2022)						Implicit Bias #1 (Feb 2022)	Implicit Bias #2 (Apr 2022)	SDOH & Maternal Health (May 2022)
					#1	#2	#3	#4	#5	#6			
California Health Collaborative	Tivoli	Walker	•								•		
	Alexandra	Addoboateng	•	•							•		
California Health Collaborative	Asia	Banks	•								•	•	
California State University, San Bernardino	Kassandra	Harding									•		
CARING IN COLOR LLC	Akua										•		
Child Care Resource Center	Grace	Gaines									•		
	Yoana	Luna	•										
	Marshay	Lynch		•							•	•	
	Kelly	Morehouse-Smith											
	James	Moses	•										
	Rosario	Williams		•							•	•	
	Louise	Garnica		•									
Community Health Association Inland Southern Region	Briana	Eason		•									•
	Jodie	Wingo	•			•	•	•					
Community Hospital of San Bernardino	Shannon	Goulmassian											
Compass Point Mental Health Counseling	Phara	Jean-Baptiste											
Cultured Peace Services	Jessica	Wilson									•		
Deborah's Birth Doula Services	Deborah	Grigsby									•		
Dignity Health CHSB	Yesenia	Gomez									•		
	Amand	Tremblay											
Diversity Uplifts	Sayida	Peprah		•									
El Sol Neighborhood Educational Center	Myra	Dotson									•		
	Angelica	Alvarez											
	Tania	Martinez-Offerrall		•									
	Diana	McKenna		•	•								
Expecting Bliss/Cleo (Doula)	Jessamyn	Kear									•		
FAITHS Throughcare Program	Evan	Thomas	•										



Organizational Representation	First Name	Last Name	Event Participation										
			Summit #1 (Jan 2022)	Summit #2 (Jun 2022)	MHN Action Planning Workshops (February – March 2022)						Implicit Bias #1 (Feb 2022)	Implicit Bias #2 (Apr 2022)	SDOH & Maternal Health (May 2022)
					#1	#2	#3	#4	#5	#6			
First 5 San Bernardino	Lacy	Hofmann		•									
	Renee	Jones	•	•							•		
	Wendy	Lee, Psy.D.									•		
	Ronnie	Robinson	•	•	•						•		
	Karen	Scott	•				•				•	•	
	Cindy	Faulkner	•										
	Kimberly	VandenBosch	•										
Guillaume Marriage and Family Counseling of CA	Nahomie	Guillaume											
Hand to Hold	Rachel	Astorga-McCain									•		
Health Service Alliance	Vanessa	Perez		•									
House of Akoma	Makeda	Robinson									•		
I Be Black Girl (Nebraska)	LaKaija	Johnson									•		
Informed Pregnancy and Birth Collective	Stefanie	Gallo									•		
Inland Empire Breastfeeding Coalition	Laurie	Haessly	•	•	•		•						
Inland Empire Health Plan	Gabriela	Aguirre	•	•									
	Heather Marie	Waters											
	Myrna	Amaya	•	•		•					•	•	•
	Katia	Angulo	•								•	•	•
	Marisol	Pilotin									•		
	Ruth	Villalpando Albarran	•	•							•	•	•
Inland Regional Center	Fabiola	Aldea		•									•
	Robin	Ferguson											
	Edyth	Gallardo		•								•	•
	Susana	Quezada											•
Inland SoCal United Way	Danielle	Kilchenstein	•				•						
Inland SoCal United Way 211+	Gary	Madden	•	•			•	•					•
	Myrian	Toledo			•						•		•



Organizational Representation	First Name	Last Name	Event Participation										
			Summit #1 (Jan 2022)	Summit #2 (Jun 2022)	MHN Action Planning Workshops (February – March 2022)						Implicit Bias #1 (Feb 2022)	Implicit Bias #2 (Apr 2022)	SDOH & Maternal Health (May 2022)
					#1	#2	#3	#4	#5	#6			
Inland SoCal United Way 211+	Chris	Darbee		•									
Ivy Midwifery Services Inc	Celest	Winfrey											
Kaiser Permanente	Kim	Johnson								•			
La Leche League	Mia	Hernandez											
LLU - Loma Linda University	Nicole	Moreno											
	Kaitlyn	Reimer	•										
LLU - School of Nursing	Anne	Peterson											
LLU- Children’s Hospital	Brett	Walls								•			
	Tru	Otianga									•		
LLU- Preventive Medicine	Christina	Metzler Miller	•	•				•					
LLU- University Health	Karen	Studer	•										
Mama Dove Doula LLC	Keesler	Gomes								•			
March of Dimes	Mashariki	Kudumu	•							•			
Masters of Maternity	Winter	Clay								•			
Miss J's Dance Co	Janaya	Hunter								•			
Mississippi State Dept. of Health	Tawanda	Logan-Hurt	•				•						
Mommy and Me Medical Group Inc.	Genevie	Hernandez	•								•		
	Keren	Sandoval-Simon								•			
Morango Basin Health Care Dist.	Karmolette	O'Gilvie							•				
Neechuumeres	Nedine	Songeni								•			
NJ Perinatal Quality Collaborative	Linda	Locke											
Northern Star Doula	Nicole	Sawyers								•			
Nurturing Doula Dreams	Ann	Grauer								•	•		
Overflowing Joy Doula Services	Dorothy	ONeil											
PAC/LAC	Carmen	Rezak								•			
RPPC through PacLac	Pat	Spier	•					•		•	•		
PAMC	Janie	Sandberg								•			
Perinatal Support Washington	Mia	Edidin											
Pink Blue and Mommy	Evelyn	Rodriguez								•			



Organizational Representation	First Name	Last Name	Event Participation										
			Summit #1 (Jan 2022)	Summit #2 (Jun 2022)	MHN Action Planning Workshops (February – March 2022)						Implicit Bias #1 (Feb 2022)	Implicit Bias #2 (Apr 2022)	SDOH & Maternal Health (May 2022)
					#1	#2	#3	#4	#5	#6			
Planned Parenthood of Orange & San Bernardino County	Janneth	Milian	•										
Pomona Valley Hospital Medical Center	John	Feith	•								•		
	Sheila	Shields									•		
Promise Venture Studio	Awara	Adeagbo									•		
Purposely Chosen	Dretona	Maddox											
Ready Set Latch Go	Latisha	Michel									•		
Redlands Community Hospital	Debbie	Evans									•	•	
	Carolyn	Arnold	•		•		•						
Rialto Unified School District	Angelica	Manzo										•	
Riverside Community Health Foundation	Bianca	L'erin Reid											
Riverside County Department of Public Health- MCAH	Mercedes	Cisneros											•
RUHS - Riverside University Health System	Isabel	Aguilera											
	Janee	Cochrell	•								•	•	
	Jasmine	Flowers Cruz	•										
RUHS - Riverside University Health System	Debra	Johnson	•										•
	Denise	Torres		•							•	•	•
	Curley	Palmer	•		•	•					•		
RUHS - Women's Health Clinic	Sabreen	White	•								•	•	•
RUHS - Behavioral Health Services	Cherlyn	Klemens										•	
RUHS - Public Health, Maternal, Child, Adolescent Health	Perla	Arias											•
SAC Health System	Ileana	Pantoja											
Sankofa Birth Workers Collective	Deidre	Coutsoumpos	•										
SBC Dept of Public Health	Gladys	Alejandrez											
	Angela	Bedney	•										
	Debbie	Bryan		•									
	Jennifer	Pennell	•										
	Melanie	Bruno	•								•		
	Alexa	Christopher	•		•	•	•					•	



Organizational Representation	First Name	Last Name	Event Participation										
			Summit #1 (Jan 2022)	Summit #2 (Jun 2022)	MHN Action Planning Workshops (February – March 2022)						Implicit Bias #1 (Feb 2022)	Implicit Bias #2 (Apr 2022)	SDOH & Maternal Health (May 2022)
					#1	#2	#3	#4	#5	#6			
SBC Dept of Public Health	Lindsey	Drake	•					•			•	•	•
	Monique	Amis	•				•	•			•	•	
	Laura	Gallardo	•	•	•								
	Morena	Garcia											
	Jovonna	Smith	•										
	Tonya	Reed								•			
	Beatriz	Vasquez											
	Patricia	Molina	•			•	•	•	•		•		
	Xenia	Garcia	•			•	•	•	•	•	•	•	
	Marwa	Ahmad	•										
	Sharfaa	Ahmad										•	•
	Vanessa	Ermilio	•										
	Yolanda	Martono-Chai								•	•		
	Jennifer	Baptiste-Smith											
SBC Dept of Public Health- Smile SBC	Bonnie	Flippin	•		•					•			
SBC Dept of Public Health Black Infant Health	Leslye	Johnson	•	•	•		•	•			•		•
	Robyn	Polk		•		•							•
SBC Dept of Public Health Black Infant Health	Elizabeth	Sneed Berrie	•		•	•	•	•	•	•		•	
	Jacqueline	Smith										•	•
SBC Dept of Public Health WIC	Kanisha	Neal	•			•							
SBC Dept of Public Health - LIFT Program	Constance	Osuiwu										•	
	Rebecca	Hutchinson										•	
SBC Dept of Behavioral Health	Rani	Ogitani											
	Joshua	Taylor											
SBC Dept of Behavioral Health SUDRS	Enas	Joseph	•										
	Maria	Arroyo											
SBC Sheriff's Office - Inmate Services	James	Porter											
SBC Sheriff's Office - Correctional Health Services	CeCe	Spurlock											



Organizational Representation	First Name	Last Name	Event Participation										
			Summit #1 (Jan 2022)	Summit #2 (Jun 2022)	MHN Action Planning Workshops (February – March 2022)						Implicit Bias #1 (Feb 2022)	Implicit Bias #2 (Apr 2022)	SDOH & Maternal Health (May 2022)
					#1	#2	#3	#4	#5	#6			
SBC Sheriff's Office-Substance Use Disorder Recovery	Mary	Gurrola		•									
SB Superior Court	Christopher	Marshall											
SBC Dept of Human Services	Leena	Badawiya		•									
	Nancy	Gomez		•									
	Anyluz	Sanchez		•									
SBC Dept of Human Services - Children & Family Services	Gina	Tobosa											
	Serena Rose	Palomino										•	
SBC Dept of Human Services - Children's Network	Janki	Patel	•										
	Hillary	Steenenson-Ray	•	•		•					•		
	Juan	Solis	•	•									
	Xeneida	Brown						•					•
	Wendy	Alvarez											•
SBC Dept of Preschool Services	Christopher	Larese											
	Ernesto	Gamez		•									
San Bernardino County Superintendent of Schools	Farrah	Northcott	•							•	•		
	Danielle	Martinez											
San Bernardino County Superintendent of Schools - Healthy SBCSS	Theresa	Gonzales	•										
San Bernardino County Unified School District	Brenda	Chow	•									•	
San Bernardino Fatherhood	Ryan	Berryman	•			•					•		
SBCMS	Jenise	Solorio											•
Seven Stages Doula Services	Talitha	Hill									•		
Sickle Cell Disease Foundation	Tina	Coleman									•		
Simply GNV Wellness	Giana	Vasconcellos	•										
Sistah Connection the Village Birthworker Services & Total Body Wellness	Clarese	Hill	•										
Spinning Babies	Jennifer	Walker											
Spirited By Truth	Alexandra	Samuel-Sturgess											



Organizational Representation	First Name	Last Name	Event Participation										
			Summit #1 (Jan 2022)	Summit #2 (Jun 2022)	MHN Action Planning Workshops (February – March 2022)						Implicit Bias #1 (Feb 2022)	Implicit Bias #2 (Apr 2022)	SDOH & Maternal Health (May 2022)
					#1	#2	#3	#4	#5	#6			
St Bernardines Medical Center-Dignity Health	Wendy	McDowell											
St. Mary Health Center	Ernelyn	Navarro									•		
The Mom & Dad Project	Nichole	McGivney	•	•		•							
The MOYE Clinics	Shareece	Davis									•		
The Natural Birth Place Inc	Kayla	Vadurro									•	•	
	Gladys	Estrella									•	•	
	Maria	King									•		
	Sabrina	Cooksey									•		
The Painted Midwife	Renea	Morales, LM CPM									•		
UNC Charlotte	Farida	Yada											
University of Massachusetts Global	Jacqueline	Bautista	•										
VBAC Facts	Jen	Kamel									•	•	
Victor Valley Union High School District	Laatonya	Myers											
Walden Family Services	Kim	Kimpel			•								
WA State Department of Health	Rachel	Markham											
Well Mind Perinatal	Katayune	Kaeni											
Youtherapy Psychological Services	Nicole	Kezos									•		
Organizational Identification Unknown	Denise	Adams											
	Gricel	Aristo											
	Asia	Barton				•		•					
	Shae	Brown											
	Leticia	Camacho											
	Jasmine	Creighton	•								•		
	Susie	Fanta			•					•			
	Georgina	Floyd	•										
	Alyssa	Goodman											
	Cali	Kinne											
	Imani	Leonard											



Organizational Representation	First Name	Last Name	Event Participation										
			Summit #1 (Jan 2022)	Summit #2 (Jun 2022)	MHN Action Planning Workshops (February – March 2022)						Implicit Bias #1 (Feb 2022)	Implicit Bias #2 (Apr 2022)	SDOH & Maternal Health (May 2022)
					#1	#2	#3	#4	#5	#6			
Organizational Identification Unknown	Susan	Lowe		•									
	Grace	Larose							•				
	Esperanza	Ramos								•			
	Ruth	Spathias	•										
	Stephanie	Swasey									•		
	Melissa	Vega		•									
	Valentina	Warshaw	•										
	Asuncion	Williams											
	Holly	Lally											
	Alexis	Losch									•		
Total Participation			78	38	13	17	14	14	5	8	86	37	25



III. MHN Leadership Team Roster

First Name	Last Name	Organizational Representation
Shareece	Davis-Nelson	OB/GYN
Briana	Eason	Community Health Association Inland Southern Region, Compliance Director
Cindy	Faulkner	First 5 San Bernardino, Assistant Director
Kendra	Flores-Carter	Cal Baptist University, Assistant Professor of Social Work in the College of Behavioral and Social Sciences
Xenia	Garcia	Public Health- Family Health Services Section, MCAH Coordinator, PSC, SIDS Coordinator, CHDP Supervisor
Laurie	Haessly	Inland Empire Breastfeeding Coalition
Clarese	Hill	Independent IBCLC Lactation Consultant and Doula
Adeeba	Malek	San Bernardino County Department of Public Health WIC, Nutritionist
Wendy	McDowell	Dignity Health, Registered Nurse, Lactation Educator
Sharlene	Mracek	Arrowhead Regional Medical Center, RN/ Lactation Consultant & Certified Childbirth Educator
Rosalinda	Nava	Inland Empire Health Plan (IEHP), Health Education Manager
Kanisha	Neal	Department of Public Health WIC Program, Supervising Nutritionist
Farrah	Northcott	San Bernardino County Superintendent of Schools, Healthy SBCSS Manager
Karmolette	O'Gilvie	Morongo Basin Healthcare District, CPSP Program Manager
Alejandra	Quebec	Arrowhead Regional Medical Center, RN Care Manager
Ronnie	Robinson	First 5 San Bernardino, Systems & Communication Section Manager
Karen	Scott	First 5 San Bernardino, Executive Director
Pat	Spier	Regional Perinatal Programs of California, Perinatal Advisory Council: Leadership, Advocacy and Consultation
Cece	Spurlock	San Bernardino County Sheriff's Department, Health Services Supervisor II
Hillary	Steenon-Ray	Children's Network, Community & Event Coordinator
Guillermo	Valenzuela	Arrowhead Regional Medical Center, OB/GYN, Maternal Fetal Medicine Specialist
Tamara	Weavers	Department of Behavioral Health, San Bernardino County, Program Manager Quality Improvement
Celest	Winfrey	Ivy Midwife, Independent Midwife
Jodie	Wingo	Community Health Association Inland Southern Region, President & CEO
Ruofan	Yao	Loma Linda University Health, Maternal and Fetal Medicine, OB/GYN



IV. MHN Annual Member Survey Summary of Results

MHN Member Survey

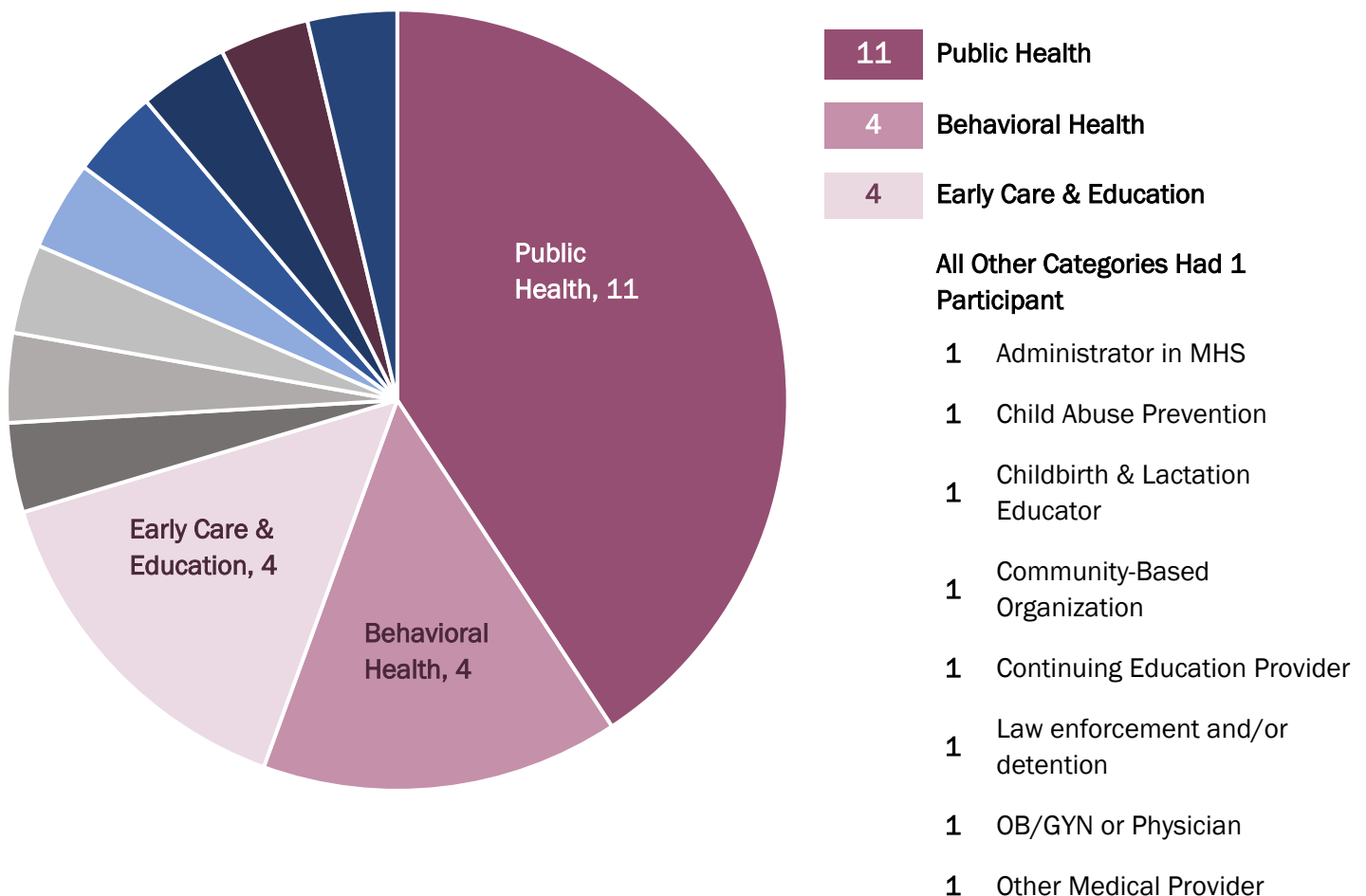
Fiscal Year 2021-2022

MHN members were asked to participate in a survey at the end of the program year (June/July) that asked for information about knowledge, utilization, and interest in deepening their understanding of various strategic plan priorities. Participants were given the option to complete the survey anonymously or provide their name and contact information to receive more information on a variety of topics. All survey data was collected via SurveyMonkey.

Members were solicited to complete the survey at the FY 21-22 Year-End Summit (June 28, 2022) as well as through the weekly MHN newsletter (request was made on five occasions between June 29th and July 29th).

A total of **27 surveys** were completed on behalf of a membership that totals approximately 224; response rates to each question within the survey vary.

Sector Profile of Survey Respondents (n=27)





Utilization of Community Ed Bundles

Please describe your utilization of each community education bundle that the MHN has produced.

Breastfeeding	
50.00% 13/26	I am not aware of this bundle and have not used it.
26.92% 7/26	I have looked at the bundle but have not yet used it.
3.85% 1/26	I have used the PowerPoint contained within the bundle to provide presentations to my clients.
11.54% 3/26	I have used the informational handout to help educate families.
7.69% 2/26	I have used the social media collateral to support awareness of the topic to the public.
7.69% 2/26	I have shared the videos with colleagues or clients.
15.38% 4/26	I have reviewed the bundle materials to increase my own understanding of the topic.
15.38% 4/26	I have shared the bundle with other providers so they can use it with the families they serve.
Preparing a Safe Home for Baby	
46.15% 12/26	I am not aware of this bundle and have not used it.
26.92% 7/26	I have looked at the bundle but have not yet used it.
3.85% 1/26	I have used the PowerPoint contained within the bundle to provide presentations to my clients.
7.69% 2/26	I have used the informational handout to help educate families.
3.85% 1/26	I have used the social media collateral to support awareness of the topic to the public.
11.54% 3/26	I have shared the videos with colleagues or clients.
11.54% 3/26	I have reviewed the bundle materials to increase my own understanding of the topic.
26.92% 7/26	I have shared the bundle with other providers so they can use it with the families they serve.



Maintaining Healthy Relationships

53.85% 14/26	I am not aware of this bundle and have not used it.
26.92% 7/26	I have looked at the bundle but have not yet used it.
7.69% 2/26	I have used the PowerPoint contained within the bundle to provide presentations to my clients.
11.54% 3/26	I have used the informational handout to help educate families.
3.85% 1/26	I have used the social media collateral to support awareness of the topic to the public.
7.69% 2/26	I have shared the videos with colleagues or clients.
15.38% 4/26	I have reviewed the bundle materials to increase my own understanding of the topic.
11.54% 3/26	I have shared the bundle with other providers so they can use it with the families they serve.

What to Avoid During and After Pregnancy

53.85% 14/26	I am not aware of this bundle and have not used it.
26.92% 7/26	I have looked at the bundle but have not yet used it.
3.85% 1/26	I have used the PowerPoint contained within the bundle to provide presentations to my clients.
7.69% 2/26	I have used the informational handout to help educate families.
7.69% 2/26	I have used the social media collateral to support awareness of the topic to the public.
7.69% 2/26	I have shared the videos with colleagues or clients.
11.54% 3/26	I have reviewed the bundle materials to increase my own understanding of the topic.
19.23% 5/26	I have shared the bundle with other providers so they can use it with the families they serve.



How to Support Your Pregnancy Family Member

50.00% 13/26	I am not aware of this bundle and have not used it.
23.08% 6/26	I have looked at the bundle but have not yet used it.
3.85% 1/26	I have used the PowerPoint contained within the bundle to provide presentations to my clients.
11.54% 3/26	I have used the informational handout to help educate families.
3.85% 1/26	I have used the social media collateral to support awareness of the topic to the public.
11.54% 3/26	I have shared the videos with colleagues or clients.
15.38% 4/26	I have reviewed the bundle materials to increase my own understanding of the topic.
23.08% 6/26	I have shared the bundle with other providers so they can use it with the families they serve.

Physical Prep for Pregnancy and Birth

46.15% 12/26	I am not aware of this bundle and have not used it.
23.08% 6/26	I have looked at the bundle but have not yet used it.
7.69% 2/26	I have used the PowerPoint contained within the bundle to provide presentations to my clients.
7.69% 2/26	I have used the informational handout to help educate families.
7.69% 2/26	I have used the social media collateral to support awareness of the topic to the public.
7.69% 2/26	I have shared the videos with colleagues or clients.
23.08% 6/26	I have reviewed the bundle materials to increase my own understanding of the topic.
11.54% 3/26	I have shared the bundle with other providers so they can use it with the families they serve.



Why Birth Spacing Matters

46.15% 12/26	I am not aware of this bundle and have not used it.
23.08% 6/26	I have looked at the bundle but have not yet used it.
7.69% 2/26	I have used the PowerPoint contained within the bundle to provide presentations to my clients.
7.69% 2/26	I have used the informational handout to help educate families.
3.85% 1/26	I have used the social media collateral to support awareness of the topic to the public.
11.54% 3/26	I have shared the videos with colleagues or clients.
19.23% 5/26	I have reviewed the bundle materials to increase my own understanding of the topic.
15.38% 4/26	I have shared the bundle with other providers so they can use it with the families they serve.

Whole Body Health

51.85% 14/27	I am not aware of this bundle and have not used it.
25.93% 7/27	I have looked at the bundle but have not yet used it.
3.70% 1/27	I have used the PowerPoint contained within the bundle to provide presentations to my clients.
11.11% 3/27	I have used the informational handout to help educate families.
7.41% 2/27	I have used the social media collateral to support awareness of the topic to the public.
11.11% 3/27	I have shared the videos with colleagues or clients.
11.11% 3/27	I have reviewed the bundle materials to increase my own understanding of the topic.
14.81% 4/27	I have shared the bundle with other providers so they can use it with the families they serve.



What to Expect After Delivery

46.15% 12/26	I am not aware of this bundle and have not used it.
26.92% 7/26	I have looked at the bundle but have not yet used it.
3.85% 1/26	I have used the PowerPoint contained within the bundle to provide presentations to my clients.
7.69% 2/26	I have used the informational handout to help educate families.
7.69% 2/26	I have used the social media collateral to support awareness of the topic to the public.
15.38% 4/26	I have shared the videos with colleagues or clients.
15.38% 4/26	I have reviewed the bundle materials to increase my own understanding of the topic.
11.54% 3/26	I have shared the bundle with other providers so they can use it with the families they serve.

Mental Health During Pregnancy

42.31% 11/26	I am not aware of this bundle and have not used it.
26.92% 7/26	I have looked at the bundle but have not yet used it.
7.69% 2/26	I have used the PowerPoint contained within the bundle to provide presentations to my clients.
11.54% 3/26	I have used the informational handout to help educate families.
3.85% 1/26	I have used the social media collateral to support awareness of the topic to the public.
11.54% 3/26	I have shared the videos with colleagues or clients.
15.38% 4/26	I have reviewed the bundle materials to increase my own understanding of the topic.
23.08% 6/26	I have shared the bundle with other providers so they can use it with the families they serve.



Preparing Your Ideal Birth Plan

46.15% 12/26	I am not aware of this bundle and have not used it.
30.77% 8/26	I have looked at the bundle but have not yet used it.
7.69% 2/26	I have used the PowerPoint contained within the bundle to provide presentations to my clients.
7.69% 2/26	I have used the informational handout to help educate families.
3.85% 1/26	I have used the social media collateral to support awareness of the topic to the public.
7.69% 2/26	I have shared the videos with colleagues or clients.
15.38% 4/26	I have reviewed the bundle materials to increase my own understanding of the topic.
11.54% 3/26	I have shared the bundle with other providers so they can use it with the families they serve.

What to Know in your 1st Trimester

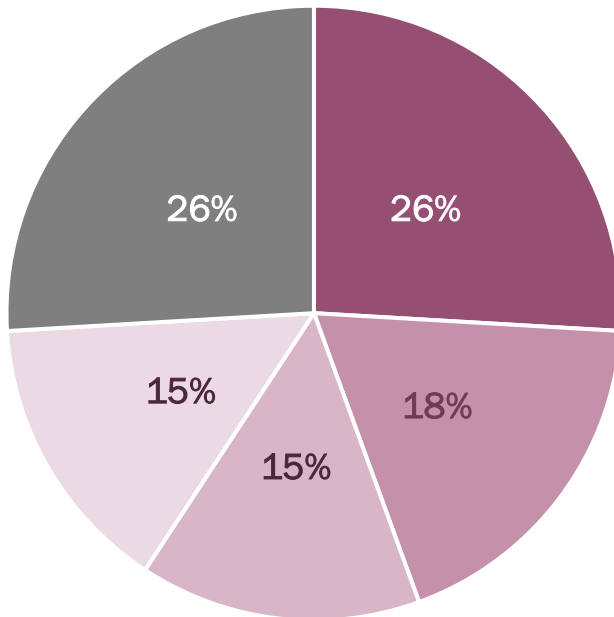
50.00% 13/26	I am not aware of this bundle and have not used it.
23.08% 6/26	I have looked at the bundle but have not yet used it.
7.69% 2/26	I have used the PowerPoint contained within the bundle to provide presentations to my clients.
7.69% 2/26	I have used the informational handout to help educate families.
7.69% 2/26	I have used the social media collateral to support awareness of the topic to the public.
11.54% 3/26	I have shared the videos with colleagues or clients.
11.54% 3/26	I have reviewed the bundle materials to increase my own understanding of the topic.
15.38% 4/26	I have shared the bundle with other providers so they can use it with the families they serve.



Universal Screenings

Please describe how your organization conducts screenings related to mental health issues.

Mental Health Screenings



7

My organization is mandated to offer universal screenings for mental health for all of our clients. (e.g. PHQ-2, PHQ-9, and Edinburgh Postnatal Depression Scale)

5

My organization does not conduct mental health screenings

4

My organization conducts screenings for mental health based on specific criteria. (past mental health issues, high risk, etc.)

4

My organization voluntarily conducts universal screenings for mental health with all the clients we serve

7

I do not know If or how my organization conducts mental health screenings

Barriers to Conducting Mental Health Screenings (responses are not mutually exclusive)

n=15

3

It is not appropriate based on the services we provide

2

We don't have the staff capacity (staff, time, etc.) to conduct screenings or provide referrals/follow-up care based on screening results.

2

We don't have the capacity to provide referrals/follow-up care based on screening results.

1

My organization is concerned that screenings would be a barrier to clients seeking ongoing care.

1

There are not sufficient resources to refer clients based on screening results.

10

Other:

- N/A (3)
- We do
- Not a direct service provider
- Not sure of reason (2)
- Our Coalition does not provide direct services to families
- New in my position and haven't learned about this yet
- We have a family wellbeing team

Screenings Utilized (responses are not mutually exclusive)

n=16

2

Patient Health Questionnaire-2 (PHQ-2)

7

Patient Health Questionnaire-9 (PHQ-9)

2

Edinburg Postnatal Depression Scale (EPDS)

4

Generalized Anxiety Disorder Scale (GAD-7)

1

Abbreviated Post Traumatic Stress Disorder Checklist-Civilian (PCL-C)

5

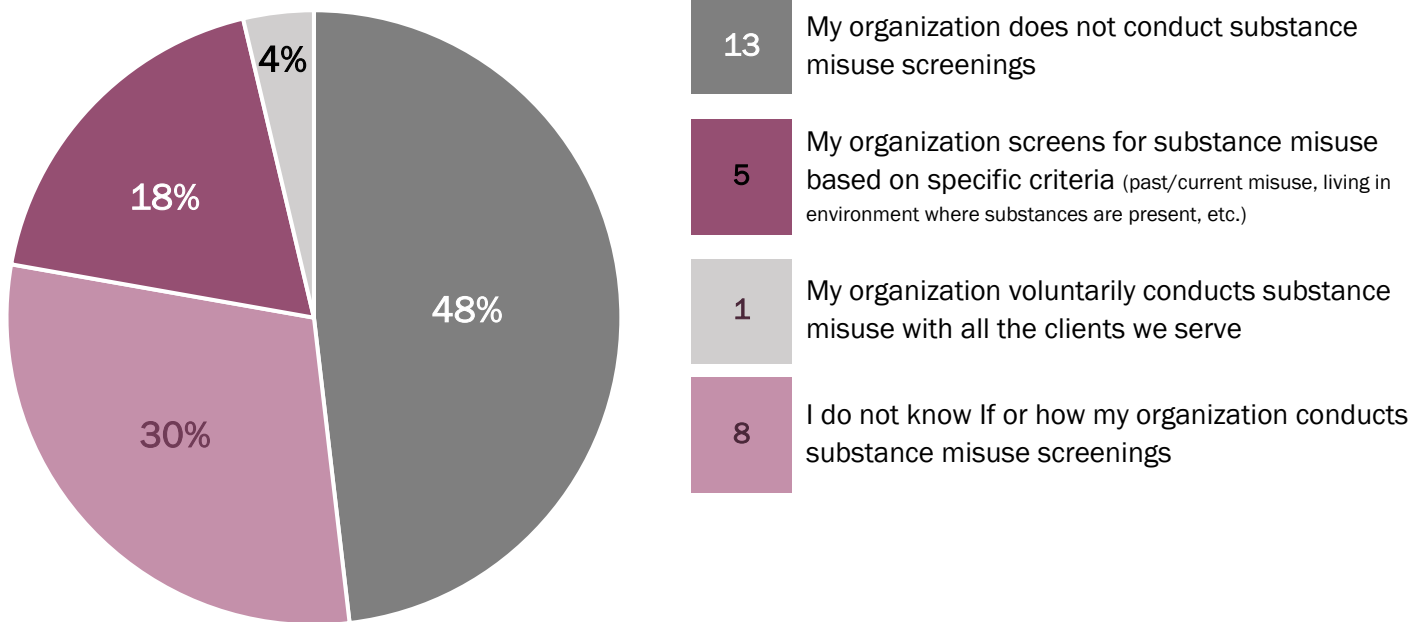
Other

- N/A (2)
- CANS
- Unsure of the name/not familiar (2)



Please describe how your organization conducts screenings related to substance misuse issues.

Substance Misuse Screenings



Barriers to Conducting Substance Misuse Screenings (responses are not mutually exclusive)

n=19

12	It is not appropriate based on the services we provide
2	Our clients would not benefit from these types of screenings.
2	My organization is concerned that screenings would be a barrier to clients seeking ongoing care.
2	There are not sufficient resources to refer clients based on screening results.
2	There is not sufficient reimbursement available for the time it takes to conduct the screenings.
5	Other: <ul style="list-style-type: none"> N/A (4) Not a direct service provider.

Screenings Utilized (responses are not mutually exclusive)

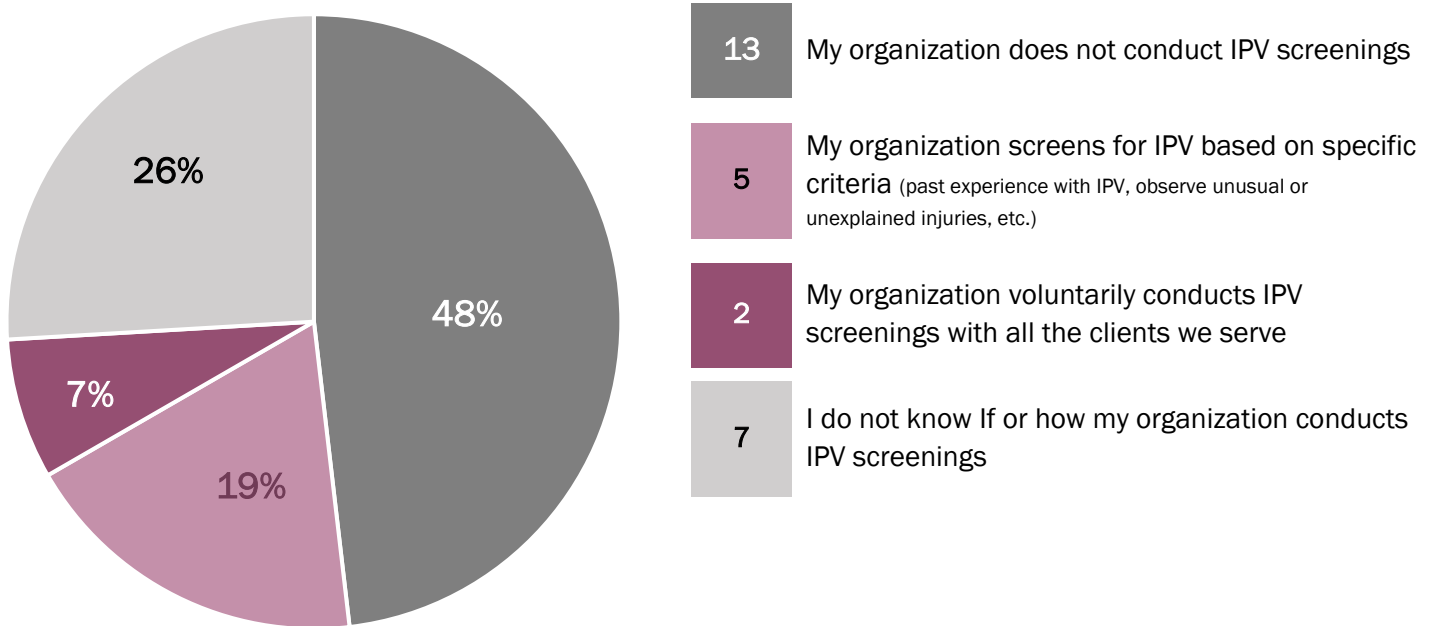
n=9

1	5Ps Screening Tool
2	National Institute on Drug Abuse (NIDA) Quick Screen
7	Other <ul style="list-style-type: none"> AUDIT-C N/A (3) None Note Sure Pregnancy Info



Please describe how your organization conducts screenings related to intimate partner violence issues.

Intimate Partner Violence (IPV) Screenings



Barriers to Conducting Intimate Partner Violence Screenings (responses are not mutually exclusive)

n=17

9	It is not appropriate based on the services we provide
1	We don't have the staff capacity (staff, time, etc.) to conduct screenings or provide referrals/follow-up care based on screening results.
1	Our clients would not benefit from these types of screenings.
1	We don't have the capacity to provide referrals/follow-up care based on screening results.
2	There are not sufficient resources to refer clients based on screening results.
6	Other: <ul style="list-style-type: none"> N/A (4) We don't use a specific tool, but spend many consecutive weeks with clients and educate on DV and make sure we have the appropriate resources as needed. We conduct screening on intimate partner violence but not with all clients. It is not universal but situational on information they are willing to share.

Screenings Utilized (responses are not mutually exclusive)

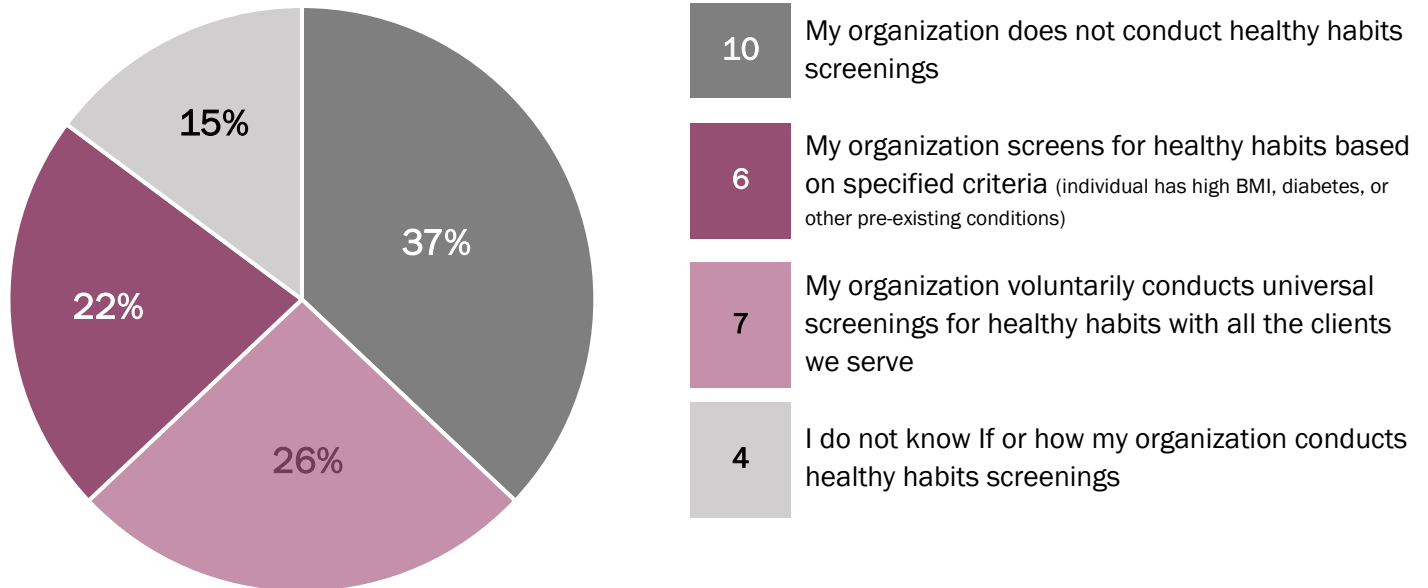
n=8

1	Life Skills Progression (LSP) Tool
1	Relationship Assessment Tool
6	Other <ul style="list-style-type: none"> N/A (4) None Note Sure



Please describe how your organization conducts screenings related to healthy habits.

Healthy Habits Screenings



Barriers to Conducting Healthy Habits Screenings (responses are not mutually exclusive)

n=18

7	It is not appropriate based on the services we provide
2	We do not have the staff capacity (staff, time, etc.) to conduct screenings or provide referrals/follow-up care based on screening results.
1	Our clients would not benefit from these types of screenings.
1	We do not have the capacity to provide referrals/follow-up care based on screening results.
2	There are not sufficient resources to refer clients based on screening results.
1	There is not sufficient reimbursement available for the time it takes to conduct the screenings.
7	Other: <ul style="list-style-type: none"> N/A (5) None I am not aware of a specific screening tool on healthy habits. It is our practice to educate on this topic and provider referrals as needed

Screenings Utilized (responses are not mutually exclusive)

n=9

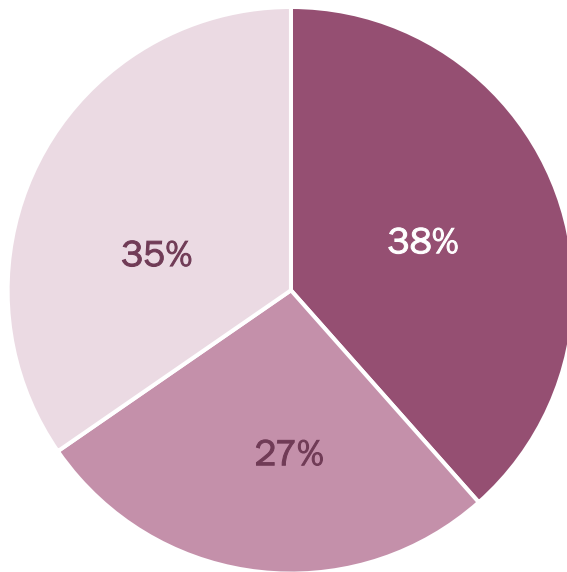
1	Lifestyle Medicine Vital Signs
1	CDC Body Mass Index Calculator
1	CDC/WHO Guidelines to screen for over/underweight
6	Other <ul style="list-style-type: none"> N/A (3) Not Sure Intake Assessment Pregnancy Info/Screening/Intake



Health Equity and Support for the Perinatal Equity Initiative

Please describe your knowledge of the health disparities (differences in health outcomes experienced by different groups) experienced by Black and African American families engaged in the maternal health system.

Member Awareness of Health Disparities



10

I have specific knowledge of health disparities within my service industry as well as across multiple maternal and infant health indicators

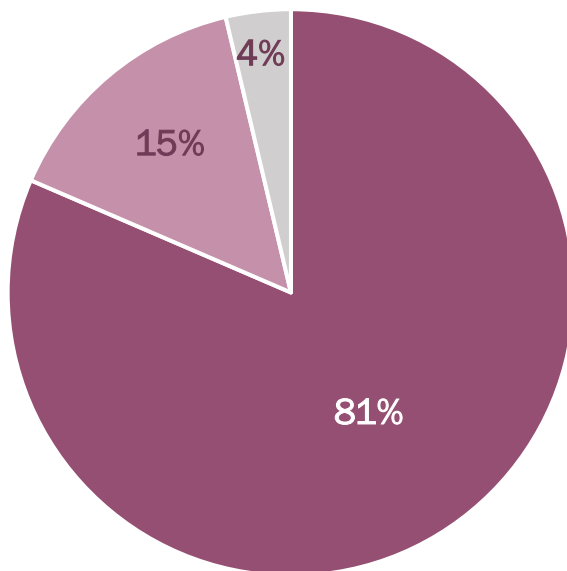
7

I have some specific knowledge of the health disparities based specifically on my service industry. (example: I am a lactation consultant and understand the disparities relative to breastfeeding)

9

I have a general understanding that Black and African American families have poorer maternal and infant health outcomes than families of other races and ethnicities.

Member Awareness of Health Disparities



22

I am open to learning more about disparities but don't know where to start.

4

I am open to learning more about disparities, but my organization doesn't have the resources to support me (trainings, peer group learning, staff time)

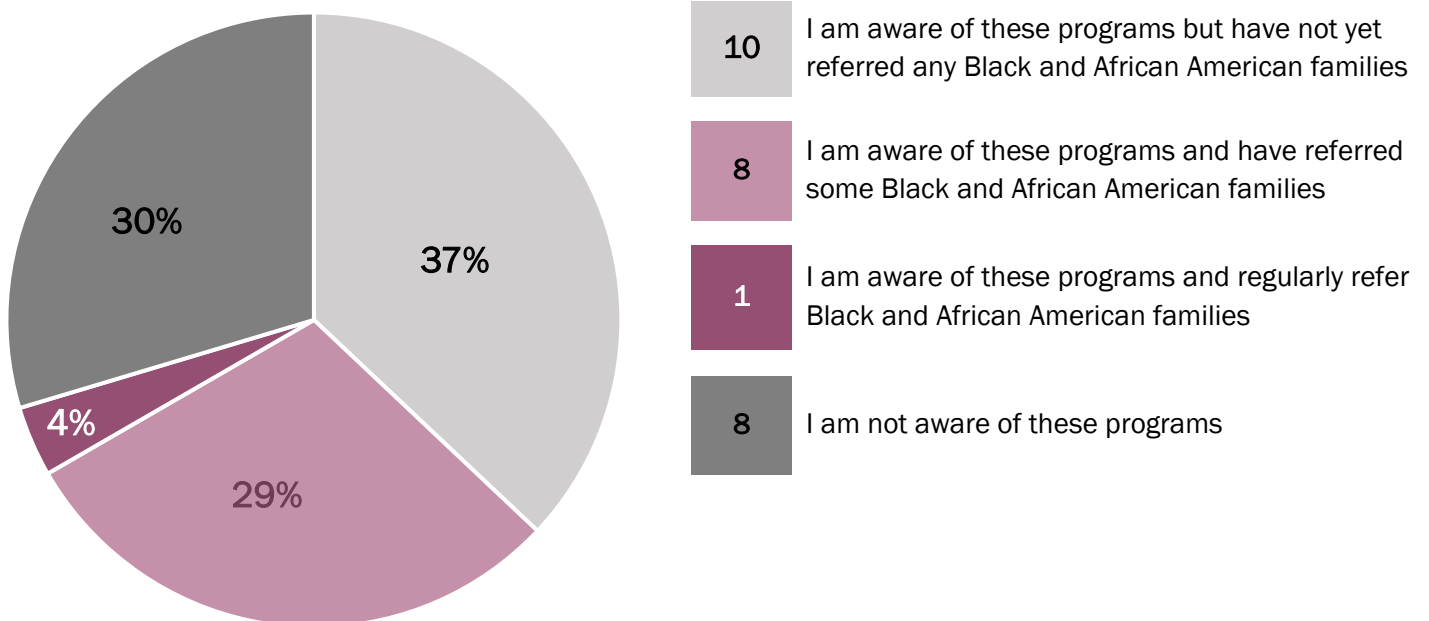
1

In my role it is not important for me to understand about disparities (please share your role below):
Health Educator



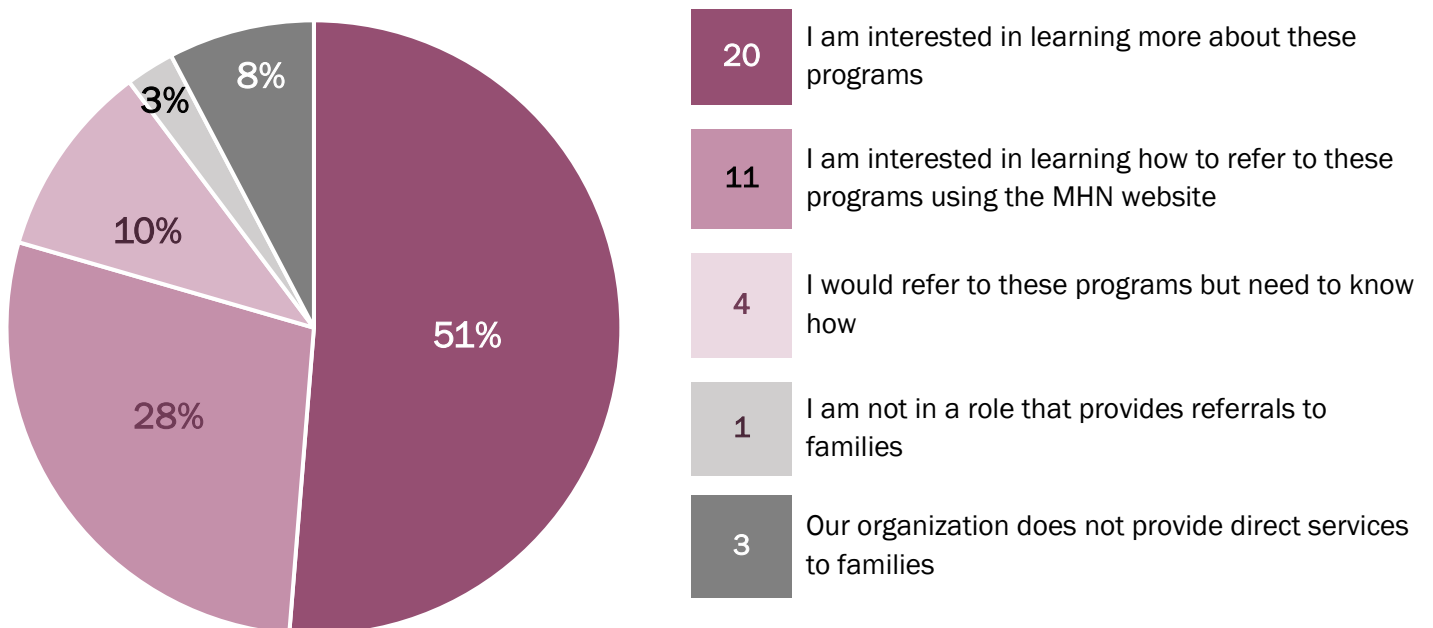
Please describe the extent to which you promote Black Infant Health and services funded by the Perinatal Equity Initiative, also known as the “PEI” (which funds the Fatherhood Initiative and Doula services):

Referrals to BIH and PEI Programming



Please select the answer or answers below that best describe your interest in learning more about the PEI programs and how to refer clients (select all that apply):

Interest in Learning More





V. FY 21-22 Mid-Term MHN Member Summit Participation, Summary & Evaluation Results

January 11, 2022 | 9:00 am to 3:00 pm

Summit Objectives:

- *Provide MHN Membership an Opportunity to Connect and Network with One Another*
- *Demonstrate the Magic of Collective Impact through the MHN*
- *Share and Encourage Utilization of MHN Resources*
- *Engage Membership in Efforts to Influence the Work Moving Forward*

9:00 – 9:25	Welcome, Review of Agenda & Connecting with Partners
9:20 – 9:40	MHN Magic Collective Impact in Action
9:40 – 10:05	State of the County
10:05 – 10:20	MHN Hub Website Navigation & Utilization
10:20 – 10:50	Equity in Action How the MHN has Centered the Needs of Black Families
10:50 – 10:55	Break
10:55 – 10:25	Community Education Helping Providers Communicate with Families
11:25 – 11:45	Improving Systems Criminal Justice Improvement Efforts & Opportunities to Expand Support in Other Sectors
11:45 – 11:55	Coming Soon Other MHN Efforts
11:55 – 12:00	Morning Wrap-Up & Evaluation
12:00 -1:00	Lunch Break
1:00 -1:35	Networking with Peers
1:35 – 1:55	Looking Forward Mid-Term Action Planning Overview
1:55 – 2:00	Break
2:00 – 2:40	Break-out Group Exercise Setting the Stage for Mid-Year Action Planning
2:40 – 2:50	Moving the Work Forward
2:50 – 3:00	Closing Remarks and Evaluation
3:00	Adjourn



Summit Interest & Participation

REGISTRANTS

99

PARTICIPANTS

78

Participant Documentation & Engagement

Several engagement activities during the summit were created to help participants navigate the MHN website. Participants were asked to document their work in a Treasure Hunt document distributed at the event. Those who completed their treasure hunt document and submitted it to the MHN after the first half of the summit were entered to win a raffle. The raffle winner was Sabrina White.

Summit Summary Documentation

Engagement activities that were not included in the treasure hunt document are documented in the following sections. Information gathered during these activities will be used to inform future decisions by the MHN.

State of the County

Participants were placed into a breakout room where they were asked to answer the following questions:

- *What do families in San Bernardino County who are planning to get pregnant, currently pregnant, or who have recently delivered a child need right now? How has this changed over the last three years?*
- *What trends are you seeing in the maternal health and family support field? To what degree is San Bernardino implementing these trends?*
- *What are the biggest opportunities you see for improving the maternal health sector in San Bernardino County? Is this work being done?*
- *What is the biggest success you think San Bernardino County has achieved over the last two years? Why?*

Key Takeaways

Themes we heard numerous times include:

- ➔ **Virtual Services:** the need to deploy virtual services in an effective fashion is top of mind for many folks. This includes how to do group gatherings in this manner as well as how to offer additional adjustments to program delivery because of what is lost/gained through this modality of service delivery.
- ➔ **Ongoing Impact of COVID:** COVID has impacted families through multiple ways to include a) access to care is sometimes delayed because of the strain that the pandemic has placed on the healthcare system, b) families are often unsure of what their options are for support during labor and delivery - hospital policies are in flux because of COVID precautions and are not consistent from Hospital to Hospital, leaving many families unsure of what their labor and delivery will look like and c) there is increased hesitancy to vaccinate babies with non-COVID vaccines due to COVID vaccine preferences.
- ➔ **Connecting Families to Care:** Multiple folks offered that families are still struggling to access care and need additional support in understanding what services are available and how they can get the support they need.
- ➔ **Engaging Fathers:** Multiple people indicated the continued need to engage fathers throughout the work.
- ➔ **Data:** folks indicated that there hasn't been movement on key indicators associated with Maternal and Infant Health outcomes.
- ➔ **Basic Needs:** Participants noted that families are increasingly needing support with basic needs and home visits were noted multiple times as an effective strategy for serving families.
- ➔ **Health Trend:** there were two references to the increase in syphilis cases in San Bernardino County (we think this is in reference to babies being delivered with this condition).



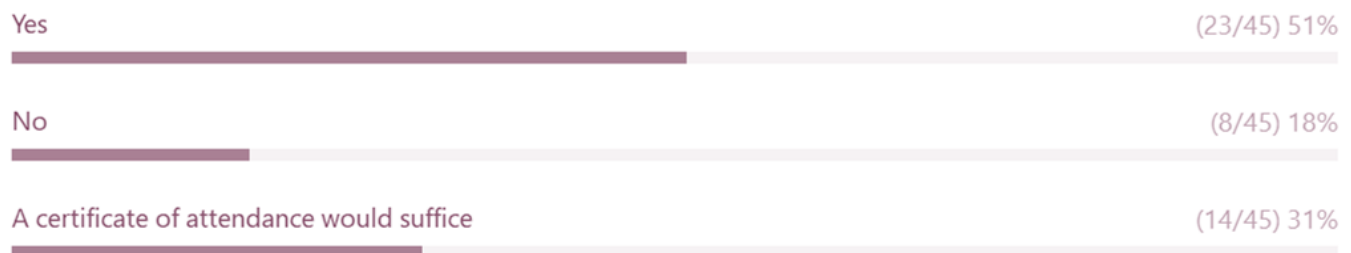
Equity in Action

Participants were presented the dates for the upcoming trainings (Implicit Bias, Culturally Safe Care Practices, and Social Determinants of Health and their impact on maternal health outcomes). Participants were asked the following questions to help guide preparation and follow-up for those trainings:

Poll #1: Are you interested in receiving Continuing Education Units/Credits for participation in these workforce trainings?

1. Are you interested in receiving Continuing Education Units/Credits for participation in these workforce trainings? (Single Choice) *

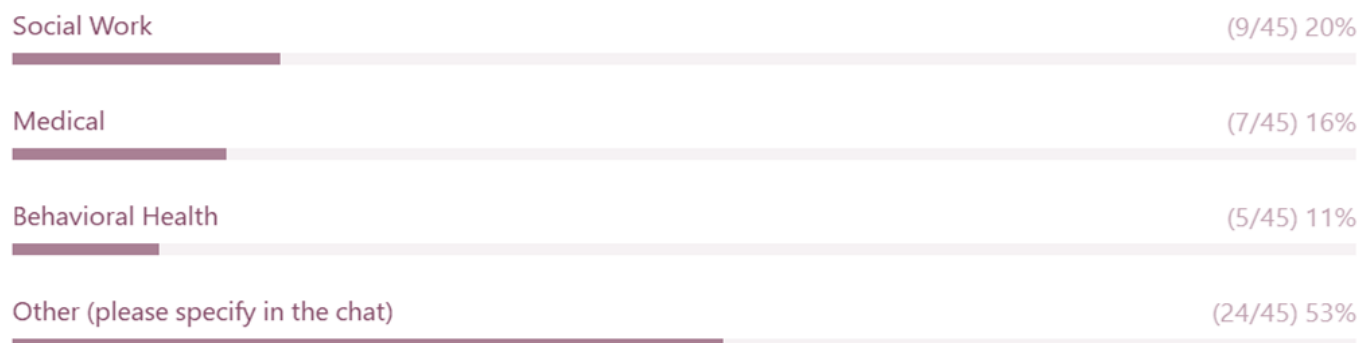
45/45 (100%) answered



Poll #2: If you are interested, for which licensing boards or entities would you require CEU's?

2. : If you are interested, for which licensing boards or entities would you require CEU's? (Single Choice) *

45/45 (100%) answered





Poll #3: After participation in the workforce trainings, what activities to would be of greatest value to deepen your learning? Please select all that apply.

3. After participation in the workforce trainings, what activities to would be of greatest value to deepen your learning? Please select all that apply. (Multiple Choice) *

45/45 (100%) answered





Networking with Peers

Participants had 15 minutes to network with other participants in small groups. After the networking activity, participants were asked the following questions:

Poll #4: Would you like to have a Network Directory?

25/25 (100%) answered

Yes (25/25) 100%

No (0/25) 0%

Poll #5: Would you feel comfortable having your information shared in the directory?

25/25 (100%) answered

Yes (25/25) 100%

No (0/25) 0%

Mid-Term Action Planning Overview

Participants were provided an overview of the MHN Mid-Term Strategies and were asked the following question:

Poll #6: Which mid-term strategy are you most excited about?

33/33 (100%) answered

Connecting Pregnant Teens to Services (5/33) 15%

Support Co-Location and Team Approaches to Care (7/33) 21%

Prioritize Specific Areas of Service Expansion (5/33) 15%

Establish a Maternal Health Help Line (9/33) 27%

Expand Access and Utilization of Data (5/33) 15%

Workforce Recruitment with a Focus on BIPOC (2/33) 6%



Engaging in the Network

Participants self-selected into a breakout room where SEI facilitators presented the mid-term strategy and asked questions to support effective action planning in the coming weeks. A summary of the discussions in each breakout room are provided below by topic.

Work with local school districts to connect pregnant teens to services both on and off school sites.

Who are the critical partners who must be involved in action planning for this strategy?

- ➔ Public Health Dept. and Behavioral Health Dept.
- ➔ Schools
- ➔ Managed Care Organizations
- ➔ Family Resource Centers and School-based Health Centers

What is the most important thing that could be accomplished in the next 12-24 months to ensure teens have access to services on and off school sites?

- ➔ Identify services available at schools, including alternative education sites and through McKinney Vento Act services as well as those from nonprofits focused on this population.
- ➔ Facilitate an environment that acknowledges teens as parents
- ➔ Expand Family Resource Centers and School-based Health Centers to additional schools with high need
- ➔ Explore state grants to support pregnant and parenting teen needs
- ➔ Support for childcare, transportation to medical appointments, housing
- ➔ Provide school credits for pregnant and parenting teens attending classes on pregnancy

What could prevent progress in this area?

- ➔ Over reliance on short-term grant funding.
- ➔ School achievement could be prevented if parents are not offered safe, affordable childcare

Support co-location of services and team approaches to care for families accessing maternal health services.

Where are collocated services and team approaches to care occurring in San Bernardino County?

- ➔ Happening a little bit everywhere – but not fully realized. The county needs to be more aspirational than two providers sharing an office, but rather coordinating care for services that share a service population.
- ➔ Too many processes that are organizational specific that can prevent progress in establishing co-located services and team approaches to care
- ➔ Riverside Public Health has done this with WIC providers and social workers.
- ➔ Need to be agile in addressing collaboration between public and private partnerships, because many in the county have had the aspiration to establish these frameworks and have fallen short due to tensions inherent between public and private operations.
- ➔ Ultimately, a model of care should be designed that collectively convenes providers that could serve families during a particular stage of pregnancy (e.g., coordinating all providers who could serve first trimester family needs).

Prioritize service expansion in the following areas: Black Infant Health, pre- and inter-conception care, breastfeeding, behavioral health, midwives/doulas, and home visiting that focuses on families who are pregnant.

Who are the critical partners who must be involved in action planning for this strategy?

- ➔ Black Infant Health
- ➔ Midwives and Doulas



Among the services identified for expansion, which should be prioritized in the action planning process?

- Black Infant Health
- Midwives and Doulas
- Home Visiting

Are there any other considerations that we should keep in mind as we build out the action plan for this strategy?

- Geographic differences in gaps in services
- Need community champions who have used certain services to talk about them in the community
- Doulas are not able to go into the hospitals and support right now because of covid

Ensure the availability of a maternal health help line that provides resource information and navigational supports.

Who are the critical partners who must be involved in action planning for this strategy?

- 211 United Way
- Healthcare Providers (physical, behavioral, dental)
- Basic Needs Providers
- WIC
- County social service departments
- Policymakers/legislators to leverage funding mechanisms and share resources as well as champion efforts
- Health Plans (IEHP, Molina, etc.)

What are the most important things to keep in mind regarding the development of the maternal health help-line?

- 211 or other services may have existing infrastructure to leverage; the wheel does not need to be reinvented (For example: the 211 breastfeeding helpline connected families to nurses with pagers who would respond to their questions)
- Develop a protocol (e.g., use maternal mental health as an example) for particular issues to ensure that they are addressed appropriately
- Consider the data to be collected before help is provided; there may be discomfort on behalf of participants in providing demographic data. The line must ensure that participants understand that these data are not mandatory
- Consider participants' barriers to using the line as it is being designed

Establish a data collection effort that can be used throughout the Maternal Health Network.

Who are the critical partners who must be involved in action planning for this strategy?

- Inland Empire Health Exchange
- SB medical society
- Inland Empire Health Plan
- Cal Baptist University
- County epidemiologists

Are there other roles we should be considering as we move into action planning?

- Shared Collaboration between university and hospital – more outreach/connection for data discussion
- Data analysis and providing recommendations for how to utilize data to drive decision making



Moving the Work Forward

Participants were given five minutes to register for the upcoming action planning workshops. After five minutes, one registrant was selected at random and received a \$25 gift card. Danielle Kilchenstein was the raffle winner.

Summit Evaluation Results - Morning

Please rate the extent to which you agree or disagree with the following statements:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The morning session was well organized and engaging.	0% (0/0)	0% (0/0)	0% (0/0)	17% (5/30)	83% (25/30)
2. The information provided in the morning session helped me understand what tools and resources are available through the MHN website.	0% (0/0)	0% (0/0)	17% (3/18)	20% (6/30)	80% (24/30)
3. The treasure hunt activity helped me learn how to access materials and resources on the MHN website.	0% (0/0)	0% (0/0)	21% (6/30)	31% (9/30)	48% (14/30)
4. I plan to use some of the resources that have been developed by the maternal health network.	0% (0/0)	0% (0/0)	3% (1/30)	27% (8/30)	70% (21/30)
5. As a result of my participation, I have a clear understanding of what the MHN has achieved in the last six months.	0% (0/0)	0% (0/0)	0% (0/0)	43% (13/30)	57% (17/30)

Suggestions for Improvement or Other Comments

- Thank you!
- This summit is a great way to network and share information
- Thank you for the informative morning session. I appreciate learning about the resources and opportunities to expand partnerships and collaboration.
- great job keeping everyone engaged!! You guys are wonderful!!
- Great use of time and explanations about the materials available and partnerships. Also loved the highlight on the grants available. Thank you.
- I need to review the website. I will be having a discussion with my director, and we are making plans to do our part.
- I really look forward to utilizing the tip sheets with our community more.
- i really love the assistance you are providing in the criminal justice birthing persons.
- Great information
- You are keeping this very interacting and engaging.
- Thank you for introducing MHN in this manner. I am new to learning about this collaborative and I think it's an excellent resources for our community.
- I did not like the breakout small rooms. Only one person in the room beside me.
- Great work so far! I wasn't able to participate in the treasure hunt because I was traveling, but I love the idea and plan on incorporating it into an event of mine in the future.
- Well done. Great ideas to get the class involved.
- Great work SEI team!



Summit Evaluation Results - Afternoon

Please rate the extent to which you agree or disagree with the following statements:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The afternoon session was well organized and engaging.	0% (0/0)	0% (0/0)	0% (0/0)	21% (4/19)	79% (15/19)
2. The networking breakout activity allowed me to connect with my peers and was an effective way to network in a virtual environment.	0% (0/0)	0% (0/0)	17% (3/18)	28% (5/18)	55% (10/18)
3. The way the MHN establishes its action plan and communicates implementation efforts is effective.	0% (0/0)	0% (0/0)	5% (1/19)	21% (4/19)	74% (14/19)
4. As a result of my participation, I have a clear understanding of how I can get involved in the work that the MHN is supporting.	0% (0/0)	0% (0/0)	0% (0/0)	37% (7/19)	63% (12/19)

Suggestions for Improvement or Other Comments

- Excellent breakouts with interaction afterwards that encouraged actions.
- Thank you
- This summit was well done, and I learned and connected to new partners. Thank you! Would have loved a little more time for the discussions but it left me wanting to continue the convo, so it was effective. Thank you!
- Wonderful MHN Summit. I thoroughly enjoyed the info and the networking!!
- well done



RECORD OF ATTENDANCE

Alejandro Barajas	James Moses	Myrna Amaya
Alexa Christopher	Janee Cochrell	Nichole McGivney
Alexandra Addo-Boateng	Janki Patel	Pat Spier
Angela Bedney	Janneth Milian	Patricia Molina
Ashley Wilkins	Jasmine Creighton	Renee Jones
Asia Banks	Jasmine Flowers Cruz	Ronnie Robinson
Belinda VanZant-Perez	Jennifer Pennell	Ruth Spathias
Bonnie Flippin	Jodie Wingo	Ruth Villalpando Albarran
Brenda Chow	John Feith	Ryan Berryman
Carolyn Arnold	Jovonna Smith	Sabreen White
Cathy Stephens	Juan Solis	Tawanda Logan-Hurt
Christina Miller	Kaitlyn Reimer	Theresa Gonzales
Cindy Faulkner	Kanisha Neal	Tivoli Walker
Clarese C Hill	Karen Scott	Tonya McCampbell
Curley Palmer	Karen Studer	Valentina Warshaw
Danielle Kilchenstein	Katia Angulo	Vanessa Ermilio
Debra Johnson	Kimberly Bruno	Xenia Garcia
Deidre Coutsoumpos	Kimberly VandenBosch	Yoana Luna
Dr. Kendra Flores-Carter	Kristy Roloff	
Elizabeth Sneed-Berrie	Laura Gallardo	
Enas Joseph	Lauren Marie Stapp	
Evan Thomas-FAITHS	Laurie Haessly	
Farrah Northcott	leslie buenrostro	
Gabriela Aguirre	Leslye Johnson	
Gary Madden	Leticia Ake	
Genevieve Hernandez	Lindsey Drake	
Georgina Floyd	Lorena Martinez	
Giana Vasconcellos	Marwa Ahmad	
Hillary Steenson-Ray	Mashariki Kudumu	
Jacqueline Bautista	Monique Amis	



VI. FY 21-22 Year-End MHN Member Summit Participation, Summary & Evaluation Results

June 28, 2022 | 9:00 am to 12:30 pm

Summit Objectives:

- Offer MHN Membership an Opportunity to Connect and Network with One Another
- Provide an Update on the Progress Made on MHN Strategic Plan Short-Term Priorities
- Share and Encourage Utilization of New MHN Resources
- Report on Current Conditions and Future Activities of the Maternal Health Network

9:00 – 9:20	Welcome, Review of Agenda & Connecting with Partners
9:20 – 9:40	Collaborative Action Status Update on MHN Strategic Plan Implementation
9:40 – 10:20	Community Education Bright By Text: BabyE Texting App in San Bernardino
10:20 – 10:30	Break
10:30 – 11:00	Workforce Development Support for Equitable Practices
11:00 – 11:40	Universal Screening Promoting Best Practices to Support Families
11:40 – 12:00	Moving the Work Forward Current Conditions and Future Activities
12:00 – 12:15	Closing Remarks and Evaluation
12:20 – 12:30	Adjourn

Summit Interest & Participation

REGISTRANTS: **79** PARTICIPANTS: **38**

Participant Documentation & Engagement

Several engagement activities during the summit were created to help participants connect with one another and test the tools and resources presented. Participants were asked to complete the Annual Member Survey. Those who completed their survey, letting us know in the chat were entered into a raffle. The raffle winner was announced at the end of the Summit event. The winner was Jennifer Bonilla

Summit Summary Documentation

Engagement activities were sprinkled throughout the event. Information gathered during these activities are documented below.



Bright by Text Promotional Materials

Participants were asked to indicate whether they would like to receive Bright by Text promotional materials. The following members requested support in this area.

Juan Solis	Ronnie Robinson	Rosario Williams
Marshay Lynch	Diana McKenna	Nichole McGivney
Denise Torres	Edyth Gallardo	Leena Badawiya
Dr. Sayida Peprah-Wilson	Tania Martinez-Offerrall	Christopher Darbee
Jennifer Bonilla	Susan Lowe	Melissa Vega
Anyluz Sanchez	Hillary Steenson-Ray	Fabiola Aldea
Christina Miller	Ruth Villalpando Albarran	Deborah Bryan

Equity in Action

Participants were presented the STAND Pledge and offered examples of how each declaration within the pledge could be supported by action. In a break-out, participants were asked to discuss and document both CURRENT action as well as FUTURE opportunities to support each declaration that makes up the stand pledge. The results of these discussions are below.

S

I pledge to create a **SAFE** and **SECURE** environment that is **SILENT OF THE BIASES** that have been normalized in our communities; an environment that allows birthing families to advocate for themselves and their baby in care and treatment; an environment that is **SUPPORTIVE** and respectful to the birthing process and the family.

Examples Given:

- **Partnership Building:** Lead with rapport building, minimize power dynamics and reframe each interaction with your client as one of collaboration toward a shared interest (their health).
- **Lead with Choice:** Provide birthing families with the full scope of options, and informed consent, as it pertains to their birthing experience (i.e., choosing a provider, how to deliver, pain management, and feeding choices.)

Ideas Offered:

- **Verbal contract:** We are in this space together, we will respect each other's opinions, we are supportive of each other.
- **Informed consent:** Families and patients are given all the information available to make their decision and will be supported in their decision, regardless of whether the provider would have chosen it.
- **Culturally informed care and programming:** Provide resources for specific communities are available and well-advertised to all patients.

Other Ideas Offered:

- Training on implicit bias
- Straight talk, cultural humility
- Capacity building training
- Cultural awareness
- Father engagement
- Consultation to childcare providers
- Assist families and advocate
- Confidentiality training and protocol



Equity in Action (Cont.)

T

I pledge to embody TRUST in the birthing person while implementing agency care; to participate in the TRANSFORMATION of practice to the point that cultural competency, congruency, humility, accountability, and integrity are social norms.

Examples Given:

- **Believe Birthing People:** Preventable health complications can often be detected when time is allotted to address concerns early on and patients are listened to. Create a space for concerns and questions, before and between appointments.
- **Collect Stories and Data:** Seek out feedback from birthing individuals and their families to explore how well you/your organization is providing equitable and culturally safe practices and spaces.

Ideas Offered:

- Acknowledge Biases
- Implementation of doulas
- Nurses and providers advocating for the patient.
- Perform case reviews and how outcomes may have differed if the birthing person and support person's concerns were acknowledged

A

I pledge to be AWARE of and ACKNOWLEDGE biases, blind spots, and cultural insensitivity; to ACCEPT and ADHERE to the Black Birthing Bill of Rights.

Examples Given:

- **Take Personal Responsibility:** Conduct self-assessments to recognize my explicit and implicit biases. Be mindful about when these biases show up and actively work to reframe my own perspective.
- **Get Curious:** Seek out information, trainings, and real-life experiences with people from other backgrounds to expand my own perspective.

Ideas Offered:

- Share the black birthing bill of rights whenever possible
- Ask what the problems are instead of making assumptions of lived experiences
- Sending out text message information regarding birthing rights



Equity in Action (Cont.)

N

I pledge to **NOTICE** and respond to the **NEEDS** of the birthing person as an individual; to aid in **NAVIGATING** local resources.

Examples Given:

- **Pay Attention and Respond:** Listen and respond to concerns that are raised by black birthing individuals during and between appointments. Validate their experience and seek out a solution that supports their unique situation and needs.
- **Partner with Doulas and Midwives:** Develop partnerships with community doulas to increase opportunities for birthing individuals to work with a non-medical perinatal support person who can provide family-centered, individualized care and education throughout the perinatal process. Collaborate with community midwives, to foster relationships and continuity of care between perinatal providers at the community and hospital level.

Ideas Offered:

- Home Visiting services
- Hiring staff/managers who are Black
- Partner with Doulas and Birth Workers
- Partner and relationship building with hospital staff
- Trainings, like those in BIH
- Provide resources based on the needs of the mother/family. For example, WIC, information on SIDS, First 5 Flyer, SART (Victor Community Center), and etc.

D

I pledge to embrace **DIVERSITY** of practice and practitioners in care, and to deescalate as a first response to patient challenges.

Examples Given:

- **Demand Diversity in the Workforce:** Recognize the value of having practitioners of various races/ethnicities/identities and call on your organization to hire, nurture and promote more practitioners of color and diversity.
- **Assume Positive Intent:** When a black or socially marginalized birthing individual presents a challenge, assume the communication or behavior is self-protective and an indication that you need to create more rapport, safety and space for information sharing. Work towards a solution that centers their needs and concerns.

Ideas Offered:

- No ideas were recording in the google doc offered to participants



Learning Community

Participants were provided an overview of the newly created Health Equity Learning Community and asked whether they would like to participate in FY 22-23. The following participants indicated interest.

Name	Organization
Christopher Larese	San Bernardino Co Preschool Services
Rosario Williams	Child Care Resource Center
Leena Badawiya	CFS SB County
Edyth Gallardo	Inland Regional Center
Nichole McGivney	The Mom & Dad Project
Joanna Salceda	Arrowhead Regional Medical Center
Louise Garnica	Child Care Resource Center

Summit Evaluation Results

Please rate the extent to which you agree or disagree with the following statements:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The summit was well organized and engaging.	0% (0/0)	0% (0/0)	0% (0/0)	26% (6/23)	74% (17/23)
2. As a result of my participation in the Summit, I have a clear understanding of the progress made to date implementing the short-term strategies in the strategic plan.	0% (0/0)	0% (0/0)	0% (0/0)	35% (8/23)	65% (15/23)
3. The breakout activities allowed me to connect with my peers and was an effective way to engage with the content presented.	0% (0/0)	0% (0/0)	14% (3/22)	32% (7/22)	55% (12/22)
4. Based on the information presented, I understand how to support the MHN's community education campaign through use of the Bright by Text app.	0% (0/0)	0% (0/0)	4% (1/23)	39% (9/23)	57% (13/23)
5. As a result of my participation in the Summit, I understand the MHN's priorities for 2022-2023 screenings and to provide culturally safe care.	0% (0/0)	0% (0/0)	0% (0/0)	48% (11/23)	52% (12/23)

Suggestions for Improvement or Other Comments

- The Summit was really good - very well prepared and thought out! It would be helpful if you could conduct a short training regarding the Bright by Text App and other social media promos for organizations' social media folks, so they hear all this firsthand. Thank you!!!
- There was a lot of breakout activities, and as a very shy person with public speaking anxiety. I was nervous to participate.
- The organizers are very engaging, and the material was very organized and thorough
- Great presentation, very organized and thorough. Really enjoyed learning about what your agency is doing.



RECORD OF ATTENDANCE

Robyn Polk	Melissa Vega	Christina Miller
Jennifer Bonilla	Fabiola Aldea	Ruth Villalpando Albarran
Ernesto Gamez	Deborah Bryan	Myrna Amaya
Anyluz Sanchez	Ronnie Robinson	Hillary Steenson-Ray
Rosario Williams	Louise Garnica	Briana Eason
Leena Badawiya	Nichole McGivney	Laura Gallardo
Gary Madden	Laurie Haessly	Diana McKenna
Christopher Darbee	Sylvia Swilley	Alexandra Addo-Boateng
Denise Torres	Gabriela Aguirre	Renee Jones
Nancy Gomez	Tania Martinez-Offerrall	Juan Solis
Marshay Lynch	Lacy Hofmann	Mary Gurrola
Edyth Gallardo	Dr. Vanessa Perez	Leslye Johnson
Dr. Sayida Peprah-Wilson	Susan Lowe	



VII. Mid-Term Action Plan Workshops Participation, Summary & Evaluation Results

Mid-Term Action Planning Workshops Documentation

February 1, 2022 | Support co-location of services and team approaches to care for families accessing maternal health services.

Participants

On February 1st, **13** members participated in the action planning workshop. Participants represented the following organizations:

- Black Infant Health
- El Sol Neighborhood Program
- First 5 San Bernardino
- Walden Family Services
- Smile San Bernardino County
- Perinatal Equity Initiative
- Inland Empire Health Plan
- Inland Empire Breastfeeding Coalition
- San Bernardino County Public Health

Action Plan

Understand: Map where co-location or team supports are needed according to the pregnancy stage and location in the county

Identify: Research and document best practice approaches for co-location and team approaches

Prioritize: Prioritize opportunities for co-location and team approaches to services based on need and existing availability

Establish: Establish a framework/mechanism for support (case for support from the MHN, facilitate cross-functional meetings, etc.)

Support & Monitor: Provide ongoing implementation support to include case conferencing, CQI and data collection for those engaged with the MHN and monitor implementation efforts

Discussion

Are these the right steps?

- ➔ The group agreed these are the right actions steps needed to address the mid-term strategy.

Is there anything that should be modified?

- ➔ Participants suggested considering prioritizing the prenatal stage of pregnancy due to the current provider insufficiency in the county, the opportunity to mitigate serious health outcomes for both baby and mom, as well as engage families in the service system for longer in their pregnancy.
- ➔ Participants agreed the high desert region is extremely under resourced and could benefit greatly from co-located services.

Is there anything we missed?

- ➔ Once the framework is established (action step 4), an evaluation plan will need to be established to drive continuous quality improvement efforts.



Are there additional considerations we should include in the action plan?

- ➔ Once best practices are identified, it will be important to customize whatever approach is selected to meet the unique needs of the county and specific geographic locations. This customization should include considering transportation needs, virtual service delivery, and other accessibility barriers.
- ➔ While virtual service delivery has improved access for many families, barriers still exist both in terms of technological access/proficiency and willingness to access virtual services. It will be important to support the development of an approach that can uphold both virtual and in-person services.
- ➔ The MHN will need to consider how to approach the various policy constraints for organizations who may want to engage in co-location or team approaches (including but not limited to vaccination requirements for in-person services).
- ➔ It will be crucial to ensure providers are aware of the MHN, as the Network serves as a provider hub where providers get knowledgeable and connected to various services in the county that will inevitably support co-location and team approaches to care.
- ➔ MHN should partner w/ WIC and other orgs who are early implementors to glean lessons learned.
- ➔ MHN could map existing service locations against bus lines to understand what resources are accessible through public transportation and which require additional access supports.
- ➔ Part of these efforts could include planning for time-specific co-location of services (e.g., the first Tuesday of the month) to support coordinated care while alleviating the infrastructure burden.
- ➔ The MHN will need to solicit input from families and ensure we create a space where families can participate in the planning process (offer compensation and consider optimal meeting times for parents.)
- ➔ Find grassroot organizations that are connecting with families to help advocate for the needs of families (both in the planning process and execution of efforts.)
- ➔ Participants reinforced this process should not just focus on the identification & expansion of co-located services and team approaches to care but should also support activities that sustain existing efforts.

Evaluation Results

Please rate the extent to which you agree or disagree with the following statements:	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. The workshop was well organized and engaging.	0% (0/8)	0% (0/8)	0% (0/8)	13% (1/8)	87% (7/8)
2. The background information provided me with the necessary information to support action planning for this mid-term priority.	0% (0/8)	0% (0/8)	0% (0/8)	13% (1/8)	87% (7/8)
3. The breakout discussions were a good way to solicit critical information from the membership to develop the action plan.	0% (0/8)	0% (0/8)	0% (0/8)	25% (2/8)	75% (6/8)
4. As a result of this workshop, I feel the MHN will have a comprehensive action plan to address this mid-term priority.	0% (0/8)	0% (0/8)	0% (0/8)	25% (2/8)	75% (6/8)

Suggestions for Improvement or Other Comments

- I enjoy the ability to have input as a representative of the maternal health community.
- It was suggested we include parents in the decision-making process. Maybe a few can join these sessions or parent advocates.
- Great work, as always!!!! Thank you Lisa and Katie!



Mid-Term Action Planning Workshops Documentation

February 8, 2022 | Prioritize service expansion in the following areas: Black Infant Health, pre- and inter-conception care, breastfeeding, behavioral health, midwives and doulas, as well as home visiting that specifically focuses on families who are pregnant.

Participants

On February 8th, 17 members participated in the action planning workshop. Participants represented the following organizations:

- Black Infant Health
- San Bernardino Public Health MCAH
- Barstow Community Hospital
- Cal Baptist University
- Children's Network
- CHAIRS
- Inland Empire Health Plan (IEHP)
- Mom and Dad Project
- Fatherhood Initiative

Action Plan

Document: Research best practices for each service area and document into research brief

Identify: Identify partners and mechanism to notify interested organizations of expansion opportunities

Prioritize: Prioritize service expansion opportunities based on community needs and availability of resources

Establish: Establish a mechanism of support (grant review process, letter of support request, etc.)

Monitor: Monitor and provide ongoing support for service expansion efforts in San Bernardino County

Discussion

Are these the right steps?

→ The group agreed these are the right actions steps needed to address the mid-term strategy.

Is there anything that should be modified?

- The group noted that understanding what services are currently available and educating providers about where they can refer clients should be considered. Keeping an up-to-date inventory about services available is an important component to connecting families to care.
- There was some discussion about potentially modifying the list of services needed for expansion to include services for families who are homeless and services for women who are pregnant and experiencing substance abuse issues. Another recommendation was to prioritize pre- and inter-conception care with a specific focus on teen parents and expansion of fatherhood engagement initiatives

Is there anything we missed?

→ The group emphasized the need to ensure that fathers continue to be considered in our efforts.

Are there additional considerations we should include in the action plan?

- It was recommended that before research of best practices occur, local subject matter experts should be engaged to guide what should be the focus.



- ➔ As a component of the research and documentation step, there should be efforts made to not “reinvent the wheel.” The MHN should gather information about lessons learned, identifying what is already working and what has not.
- ➔ As the MHN identifies best practices, there should be considerations given to identifying approaches that are culturally ready, appropriate, safe, and geared to our target populations. It should also be considered that approaches identified for potential implementation demonstrate long-term impact across the lifespan and not just a “one and done” intervention.
- ➔ As the MHN considers engaging implementation partners, it should consider networks to outreach to so that we can extend the base of service expansion beyond existing MHN members.
- ➔ The MHN could serve as the spearhead for multiple endeavors (doula expansion was noted as an example) to ensure that there is coordination and not duplication of efforts.
- ➔ When prioritizing services, the most basic of needs should be placed on the top of the list. Other considerations when prioritizing supports should be to consider where services create a gateway to other services and supports and where there is an advocacy component of service delivery.
- ➔ As the MHN establishes a mechanism for support, some considerations should include identifying partners that may have resources to support efforts as well as engaging and leveraging existing community partners (Black Churches were offered as an example.)
- ➔ There was a recognition that potential implementation agencies will exist on a spectrum of “readiness” which may include considerations such as resource availability and internal operations. The MHN should work to match the right opportunity to the appropriate organization. There should also be consideration to supporting organization with capacity building needs to position them for successful implementation of service expansion efforts.
- ➔ Consideration should be given to establishing easy ways for support to be offered by the MHN.

Evaluation Results

Please rate the extent to which you agree or disagree with the following statements:	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. The workshop was well organized and engaging.	0% (0/13)	0% (0/13)	0% (0/13)	8% (1/13)	92% (12/13)
2. The background information provided me with the necessary information to support action planning for this mid-term priority.	0% (0/13)	0% (0/13)	15% (2/13)	23% (3/13)	62% (8/13)
3. The breakout discussions were a good way to solicit critical information from the membership to develop the action plan.	0% (0/13)	0% (0/13)	0% (0/13)	15% (2/13)	85% (11/13)
4. As a result of this workshop, I feel the MHN will have a comprehensive action plan to address this mid-term priority.	0% (0/13)	0% (0/13)	8% (1/13)	15% (2/13)	77% (10/13)

Suggestions for Improvement or Other Comments

- I know that all the work committed by MHN and the community partners will really impact the communities of SB County.
- Thank you for your support.
- Always such great facilitation.



Mid-Term Action Planning Workshops Documentation

February 15, 2022 | Ensure the availability of a maternal health help line that provides resource information and navigational supports.

Participants

On February 15th, 14 members participated in the action planning workshop. Participants represented the following organizations:

- Inland SoCal United Way 211+
- San Bernardino County Department of Public Health
- Black Infant Health
- CHAIRS
- Inland Empire Breastfeeding Coalition
- Parktree CHC
- First 5 San Bernardino

Action Plan

Research: Research existing maternal health help-lines, identifying the primary components, resources necessary, funding sources, and evaluation results. Also identify what other efforts have taken place in the county to leverage resources and lessons learned.

Understand: Engage people who would utilize a maternal health help-line to understand what families need and what information they would like to get from this kind of support. Also explore the level of information they would be willing to share when utilizing the help line.

Convene: Convene Stakeholders (Funders, Health Plans, Service Providers, etc.) to identify what program approach is a fit, potential funding mechanisms, and identification of potential implementation agencies.

Develop: Establish a mechanism of support (grant review process, letter of support request, etc.)

Monitor: Provide ongoing implementation support to include case conferencing, CQI and data collection

Discussion

Are these the right steps?

➔ The group agreed these are the right actions steps needed to address the mid-term strategy.

Is there anything that should be modified?

➔ It was noted that when the backbone is identified, strategies may need to be adjusted and that it must be clear that the backbone is responsible for fundraising to support this helpline.

Is there anything we missed?

➔ The helpline should include a variety of support options to include text, email, web-based search, and potentially the option of connecting via zoom technology.

Are there additional considerations we should include in the action plan?

- ➔ The group identified the need to research not only efforts in CA, but also nationwide.
- ➔ Existing resources within the county (e.g., hotlines/warmlines) should be inventoried to leverage efforts and avoid duplication.
- ➔ Research must include interviews with early implementers to explore lessons learned, utilization trends and outreach/promotion strategies used as well as areas that should be explored with potential consumers.



- ➔ Research strategies should be geared towards the creation of a platform that works with the target population and ensures it is embedded where people look for information.
- ➔ The group discussed leveraging social media from member organizations to offer a very short survey to understand people's needs (2-3 questions maximum). Additionally, the MHN could enlist home visitors, BIH, El Sol (promotoras) and CHWs to help gather this information from new and expecting parents.
- ➔ When seeking to understand what consumers may need, areas of exploration should include the following:
 - What time should the helpline be offered?
 - Have you used any information and referral services? If not, why not? *(Potential answers should explore barriers such as hours of availability, quality of resources, perceived barriers, etc.)*
 - In what way do you want to connect to resources and to people who can share you those resources? (phone, text, etc.)
- ➔ When gathering information from people who would utilize a maternal health helpline, care should be given to ensure that data is collected from a significant amount of people.
- ➔ When gathering the stakeholder group, Inland Empire Breastfeeding Coalition, and existing service navigators (discharge planners and referral coordinators) should be included.
 - The group must engage in planning and ideas fully explored to ensure success and mitigate barriers. Additionally, conversations must be held through the lens of culturally competent and safe practices.
- ➔ When developing the helpline program, information from the research brief should be used but models must be adapted to meet local needs. Additionally, efforts must be made to understand barriers specific to the county (e.g., lack of transportation)
 - The helpline must make every effort to connect with people who have been marginalized, and what is learned from the helpline must be communicated back to vulnerable communities to demonstrate the value of the service.
 - Systems and resources must be developed to ensure the resources shared through the helpline are current and valid.
 - The helpline must offer warm handoffs whenever possible and go beyond simple referrals.
- ➔ Staff must be trained to operate with cultural humility/safety.

Evaluation Results

Please rate the extent to which you agree or disagree with the following statements:	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. The workshop was well organized and engaging.	0% (0/7)	0% (0/7)	0% (0/7)	0% (0/7)	100% (7/7)
2. The background information provided me with the necessary information to support action planning for this mid-term priority.	0% (0/7)	0% (0/7)	0% (0/7)	0% (0/7)	100% (7/7)
3. The breakout discussions were a good way to solicit critical information from the membership to develop the action plan.	0% (0/7)	0% (0/7)	0% (0/7)	0% (0/7)	100% (7/7)
4. As a result of this workshop, I feel the MHN will have a comprehensive action plan to address this mid-term priority.	0% (0/7)	0% (0/7)	0% (0/7)	0% (0/7)	100% (7/7)



Suggestions for Improvement or Other Comments

- I would love to have a little more time during the breakout sessions. The first breakout felt like an adequate amount of time but the following two breakouts were not long enough.
- This meeting reinforces my excitement for developing a success plan and strategy.
- Keep up the great work!
- Thank you for all you do! We are better together!
- Great work, as always!!!! Thank you Lisa and Marika!!

Mid-Term Action Planning Workshops Documentation

February 22, 2022 | Establish a data collection effort that can be used throughout the Maternal Health Network

Participants

On February 22nd, 14 members participated in the action planning workshop. Participants represented the following organizations:

- San Bernardino Black Infant Health
- San Bernardino Public Health
- Cal Baptist University
- CHAIRS
- PAC/LAC
- Inland SoCal United Way 211+
- Children's Network
- Loma Linda University Department of Preventive Medicine

Action Plan

Document: Document changes in common data metrics through annual updating of the data snapshot.

Track: Track the consumer experience through management of an ongoing survey and MHN-managed consumer data dashboards.

Create and Facilitate: Create a data sharing community where providers and researchers can connect to determine what data is necessary, how to collect the data, and how to activate utilization of that data to improve health outcomes.

Advocate: Identify areas of primary interest for the MHN and develop plan to track progress over time for those indicators. (no more than 5 indicators should be identified for tracking purposes)

Monitor and Distribute: Monitor research, publications and trends in maternal and infant health efforts and distribute reports throughout the Network.

Discussion

Are these the right steps?

- ➔ The group agreed these are the right actions steps needed to address the mid-term strategy but suggested the addition of an advocacy step, which would identify data indicators of primary interest and develop a plan to track progress over time for those indicators. These could be either health metric data using FHOP or MIHA, or could be perceptions of consumer experiences within the maternal health system.

**Is there anything that should be modified?**

- These are the right steps, but the order needs to be revised. We also need to get aligned on what data we want to track. Utilize agencies, case managers and other individuals to fill in the data gaps.

Is there anything we missed?

- It would be useful to identify what data is being collected throughout the Network (and beyond) that has a direct tie to maternal and infant outcomes and to be the central repository for such data to fill the gaps that have been identified.
- Is there plan to publicize any work down so far. From Kendra: developing newspaper articles, journal articles, etc. Lisa explained we want to promote members of the MHN vs. the MHN itself.

Are there additional considerations we should include in the action plan?

- The group thought that a standing subcommittee should be developed to oversee the data strategy.
- It would be useful to identify what data is being collected throughout the Network (and beyond) that has a direct tie to maternal and infant outcomes and to be the central repository for such data to fill the gaps that have been identified.
- David Pratt is working on story mapping of how to present data (SIDS and FIMR). This may be useful to leverage.
- The Consumer survey needs to be shortened and focused on specific area of interest.
- For tracking: might want to do a deeper dive into racial inequity questions. Group suggested establishing a standard survey, as well as targeted tools to follow-up on areas of interest that come out of the standard survey responses.
- The MHN should reach out to additional organizations that could support data collection efforts.
- The sharing community should include a diverse group of data collectors, not just those that are data centric.

Evaluation Results

Please rate the extent to which you agree or disagree with the following statements:	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. The workshop was well organized and engaging.	0% (0/4)	0% (0/4)	0% (0/4)	0% (0/4)	100% (4/4)
2. The background information provided me with the necessary information to support action planning for this mid-term priority.	0% (0/4)	0% (0/4)	0% (0/4)	25% (1/4)	75% (3/4)
3. The breakout discussions were a good way to solicit critical information from the membership to develop the action plan.	0% (0/4)	0% (0/4)	0% (0/4)	25% (1/4)	75% (3/4)
4. As a result of this workshop, I feel the MHN will have a comprehensive action plan to address this mid-term priority.	0% (0/4)	0% (0/4)	0% (0/4)	75% (3/4)	25% (1/4)

Suggestions for Improvement or Other Comments

- Great opportunity for collaboration



Mid-Term Action Planning Workshops Documentation

March 1, 2022 | Support co-location of services and team approaches to care for families accessing maternal health services.

Participants

On March 1st, 2022, 5 members participated in the action planning workshop. Participants represented the following organizations:

- Black Infant Health
- El Sol Neighborhood Program
- First 5 San Bernardino
- Walden Family Services
- Smile San Bernardino County
- Perinatal Equity Initiative
- Inland Empire Health Plan
- Inland Empire Breastfeeding Coalition
- San Bernardino County Public Health

Action Plan

Understand: Map where co-location or team supports are needed according to the pregnancy stage and location in the county

Identify: Research and document best practice approaches for co-location and team approaches

Prioritize: Prioritize opportunities for co-location and team approaches to services based on need and existing availability

Establish: Establish a framework/mechanism for support (case for support from the MHN, facilitate cross-functional meetings, etc.)

Support & Monitor: Provide ongoing implementation support to include case conferencing, CQI and data collection for those engaged with the MHN and monitor implementation efforts

Discussion

Are these the right steps?

- ➔ The group agreed these are the right actions steps needed to address the mid-term strategy.

Is there anything that should be modified?

- ➔ Participants suggested considering prioritizing the prenatal stage of pregnancy due to the current provider insufficiency in the county, the opportunity to mitigate serious health outcomes for both baby and mom, as well as engage families in the service system for longer in their pregnancy.
- ➔ Participants agreed the high desert region is extremely under resourced and could benefit greatly from co-located services.

Is there anything we missed?

- ➔ Once the framework is established (action step 4), an evaluation plan will need to be established to drive continuous quality improvement efforts.



Are there additional considerations we should include in the action plan?

- ➔ Once best practices are identified, it will be important to customize whatever approach is selected to meet the unique needs of the county and specific geographic locations. This customization should include considering transportation needs, virtual service delivery, and other accessibility barriers.
- ➔ While virtual service delivery has improved access for many families, barriers still exist both in terms of technological access/proficiency and willingness to access virtual services. It will be important to support the development of an approach that can uphold both virtual and in-person services.
- ➔ The MHN will need to consider how to approach the various policy constraints for organizations who may want to engage in co-location or team approaches (including but not limited to vaccination requirements for in-person services).
- ➔ It will be crucial to ensure providers are aware of the MHN, as the Network serves as a provider hub where providers get knowledgeable and connected to various services in the county that will inevitably support co-location and team approaches to care.
- ➔ MHN should partner w/ WIC and other orgs who are early implementors to glean lessons learned.
- ➔ MHN could map existing service locations exists against bus lines to understand what resources are accessible through public transportation and which require additional access supports.
- ➔ Part of these efforts could include planning for time-specific co-location of services (e.g., the first Tuesday of the month) to support coordinated care while alleviating the infrastructure burden.
- ➔ The MHN will need to solicit input from families and ensure we create a space where families can participate in the planning process (offer compensation and consider optimal meeting times for parents.)
- ➔ Find grassroot organizations that are connecting with families to help advocate for the needs of families (both in the planning process and execution of efforts.)
- ➔ Participants reinforced this process should not just focus on the identification & expansion of co-located services and team approaches to care but should also support activities that sustain existing efforts.

Evaluation Results

Please rate the extent to which you agree or disagree with the following statements:	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. The workshop was well organized and engaging.	0% (0/4)	0% (0/4)	0% (0/4)	0% (0/4)	100% (4/4)
2. The background information provided me with the necessary information to support action planning for this mid-term priority.	0% (0/4)	0% (0/4)	0% (0/4)	0% (0/4)	100% (4/4)
3. The breakout discussions were a good way to solicit critical information from the membership to develop the action plan.	0% (0/4)	0% (0/4)	25% (1/4)	0% (0/4)	75% (3/4)
4. As a result of this workshop, I feel the MHN will have a comprehensive action plan to address this mid-term priority.	0% (0/4)	0% (0/4)	0% (0/4)	0% (0/4)	100% (4/4)

Suggestions for Improvement or Other Comments

- Although there were no breakout sessions, I think that we were able to accomplish the work needed. I also think that when it comes to government and funding especially in Public Health a lot of the funds are grant funded.
- It was so nice to have us all together in one group since there were only 7 participants. It was great to hear everyone's opinion right from their mouths. These meetings are always helpful and enjoyable.



Mid-Term Action Planning Workshops Documentation

March 8, 2022 | Partner to support workforce recruitment within the maternal health sectors, with an emphasis on reaching people of color.

Participants

On February 8th, 8 members participated in the action planning workshop. Participants represented the following organizations:

- Black Infant Health
- Cal Baptist University
- Morongo Basin Health Care District
- San Bernardino County Superintendent of Schools
- San Bernardino County Public Health MCAH
- San Bernardino County Public Health SMILE SBC

Action Plan

Understand: Understand current policies and practices school districts use to support teens who are pregnant.

Convene: Convene school district staff in San Bernardino County to review current efforts and needs of teens who are pregnant.

Identify: Identify what gaps exist in services and supports and define the role schools and community-based providers can play in decreasing those gaps.

Determine: Determine an approach to expanding services and supports for teens who are pregnant based on a clear understanding of needs, current services and supports, and gaps in care. (ex: cross-coordination, referral, service expansion).

Monitor: Monitor implementation efforts and provide ongoing support.

Discussion

Are these the right steps?

- ➔ The group agreed these are the right actions steps needed to address the mid-term strategy.

Is there anything that should be modified?

- ➔ The MHN may want to consider prioritizing mental health support for pregnant teens.

Is there anything we missed?

- ➔ There are likely going to be systems-level interventions in addition to school site or community specific interventions. We will likely need to identify who is leading the school-based and community level interventions in order to focus on systems-level change.
- ➔ Rural areas are likely going to have less resources available. As such, they may need to be prioritized for action.
- ➔ We need to take into consideration that some school sites (i.e., charter schools/private schools as well as schools that specialize in children with special needs, independent study schools and tribal schools) might not offer or be willing to offer services.
 - Considerations should be given to establish a referral mechanism for schools when services are not feasible.
- ➔ Focus on school-based health centers and community schools – both are significant initiatives that address the whole child. They have a larger focus that can be leveraged in the work we are doing.



Are there additional considerations we should include in the action plan?

- ➔ MHN may want to gather information about what other areas have done to support teens who are pregnant.
- ➔ Invite the School-based Alliance Coalition into this work as they are working on efforts that are aligned.
- ➔ Make data gathering unique to each particular school. Interviews can be used as a service inventory as well as a needs assessment to ask what kind of services and supports are needed by students that are pregnant and what services/support are being offering. If a service/support is not being offered, explore reasons why (barriers).
- ➔ Gather anything that is a written policy or practice from schools.
- ➔ Be inclusive in data gathering efforts to understand what kinds of services and supports are available for the birthing parent and partner. Also want to understand both prenatal and postpartum supports (i.e., onsite childcare).
- ➔ Ensure meetings are efficient – this is especially important when pulling district staff outside of their normal responsibilities. It is critical to show the value of the meeting and how it is aligned with their own mission and goals.
 - Need to be sensitive to the demands of school sites/district staff, even if it's a great cause or topic.
 - Meetings in afterhours are recommended as this is the best way to reach teachers and staff who interact with teens as they will be occupied during the work/school day. Incentives for them to participate should be included if possible. Also need to be aware of union contract issues for afterhours meetings.
- ➔ The MHN may want to establish a resource mechanism that would be updated and available for all school sites, such as United Way 2-1-1 or Connect IE, which could customized to include supports for teens.
- ➔ It may be effective to engage teens in recording messages that can be used/distributed throughout the network in support of healthy pregnancies, birth and post-partum habits.
- ➔ Need to have school resource staff who can help with care coordination (ex: student who doesn't show up for prenatal appointments and doesn't understand the importance of going to them – the school staff could help underscore for her the importance of going).

Evaluation Results

Please rate the extent to which you agree or disagree with the following statements:	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. The workshop was well organized and engaging.	0% (0/6)	0% (0/6)	0% (0/6)	0% (0/6)	100% (6/6)
2. The background information provided me with the necessary information to support action planning for this mid-term priority.	0% (0/6)	0% (0/6)	0% (0/6)	0% (0/6)	100% (6/6)
3. The breakout discussions were a good way to solicit critical information from the membership to develop the action plan.	0% (0/6)	0% (0/6)	0% (0/6)	0% (0/6)	100% (6/6)
4. As a result of this workshop, I feel the MHN will have a comprehensive action plan to address this mid-term priority.	0% (0/6)	0% (0/6)	0% (0/6)	0% (0/6)	100% (6/6)

Suggestions for Improvement or Other Comments

- I believe this collaboration will make for a stronger maternal health community in San Bernardino County.
- Great collaboration!
- I found this meeting to very helpful as well as thought provoking.



VIII. Workforce Development Trainings Participation, Summary, & Evaluation Results

Dismantling Implicit Bias and Strengthening Cultural Humility | Part I February 17, 2022

86 participants joined the training. Participants represented organizations across the network and beyond, including public health (8), medical care (4), mental health and behavioral health care (6), birthworkers and birth education (13), nonprofit and community-based organizations and resources (14), social services (3), education (6), and other/unknown organization types (32).

Representatives participated from the following organizations, in alphabetical order:

- Caring in Color, LLC
- Arrowhead Regional Medical Center
- Association of Black Women Physicians
- Birth Sisters
- Birth Wizard
- Black Infant Health
- Blue Shield of California
- California Department of Public Health
- California Baptist University
- California Health Collaborative
- California State University, San Bernardino
- Child Care Resource Center
- Cleo
- County of Riverside RUHS-PH
- Cultured Peace Services
- Deborah's Birth Doula Services
- Dignity Health
- El Sol Neighborhood Education Center
- First 5 San Bernardino
- Grateful Steward
- Hand to Hold
- Healthy SBCSS (San Bernardino County Superintendent of Schools)
- House of Akoma
- Informed Pregnancy and Birth Collective
- Inland Empire Health Plan
- Inland SoCal United Way 211+
- Kaiser Permanente
- Loma Linda University Children's Hospital
- Mama Dove Doula LLC
- March of Dimes
- Masters of Maternity
- Miss J's Dance Co
- Mommy and Me Medical Inc.
- Neechuumeres
- Northern Star Doula
- Nurturing Doula Dreams
- Perinatal Advisory Council: Leadership, Advocacy & Consulting
- PAMC
- Pink Blue and Mommy
- Pomona Valley hospital
- Promise Venture Studio
- Ready Set Latch Go
- Redlands Community Hospital
- Riverside University Health System Women's Health Clinic
- San Bernardino Co Children's Network
- San Bernardino Co Department of Public Health
- San Bernardino County Superintendent of Schools
- San Bernardino Fatherhood
- Seven Stages Doula Services
- Sickie Cell Disease Foundation
- St. Mary Health Center
- The MOYE Clinics
- The Natural Birth Place, Inc
- The Painted Midwife
- VBAC Facts
- Youtherapy Psychological Services

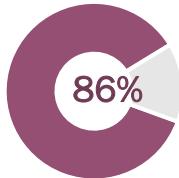


Survey Results

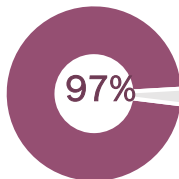
The survey was distributed to participants in the last 10 minutes of the training as well as in a follow up email sent on February 20th.

35 Participants responded to the Evaluation Survey.

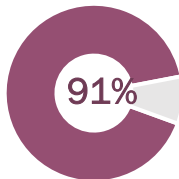
Understanding of Key Concepts (n=35)



86% of respondents (30) gained a better understanding about **cultural humility**



97% of respondents (34) gained a better understanding of **implicit bias and explicit bias**



91% of respondents (32) gained a better understanding of **the impact of racism and microstressors/microaggressions** on African American/Black women during pregnancy and childbirth

Application of Concepts Learned (n=35)

94% of respondents (33) will apply information presented during the training to their practice.

6% of respondents (2) are unsure how to apply information presented during the training to practice.



Satisfaction (n=35)

The training was engaging

32

3

Strongly agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

Overall satisfaction with this training

31

4

Very Satisfied Satisfied Neither Satisfied nor Dissatisfied Dissatisfied Strongly Dissatisfied



What else would you like to learn about around this topic?

- Looking forward to part 2 to learn more
- Books to read on implicit bias
- Documented biases
- As much as possible and especially how we can improve the quality of perinatal practice and ultimately decrease maternal morbidity and mortality.
- Always more information
- Doula trainings to assist with educating mother of their rights
- How to apply this in perinatal education settings
- I wish she would have touched on biases against Asians too. I have experienced this a lot of times and also among my colleagues.
- Resources for training and resources for black mothers
- What to practices to over come or combat these form of Racism.
- Breastfeeding and black moms
- I believe all Doctor's should be required to take this training. Is this possible??
- Other marginalized groups
- I would like to learn more about cultural competence.
- Perhaps specifically around the topic of postpartum, but all information was wonderful! I am looking forward to Part 2!
- How to have these conversations with other resistant folks in your nonprofits who are around the cultural blindness stage
- Historical trauma
- How to best advocate for these changes.
- How to deal with micro-aggressions positively

Is there anything else you would like us to know about this training?

- Is there a way to educate children or minors under 18?
- More training and education is needed. Thank-you.
- Wonderful training, thank you.
- The training was excellent. Dr Sayida Peprah was an excellent speaker. I am grateful I had the opportunity to attend esp via zoom! One critique though...I have learned to say Cesarean Birth instead of c-sec (or the various forms of that) to honor the women who have given birth via surgery. Changing our verbage to honor those mothers instead of just saying she had a procedure to get her baby out of her body is empowering for her. This also allows us, as educators and advocates, to help her put her birth in healthy terms. Thank you so very much for the session. I look forward to the next one with you.
- I will wait for Part 2 then I can give my opinion. But thank you so much for all the information I learned today.
- The videos and breakout are great for discussions
- Hear from pregnant women that have had to endure racial prejudice.
- Well done! I love how plenty of time for thinking was allowed
- The Doctor presented the information in a comprehensive manner.
- Very informative training.
- It was great! I felt very comfortable in the breakout groups and loved Dr.Peprah's presentation style and deep knowledge on this topic.
- Very good training!
- Enjoyable
- It was excellent!
- It was amazing.



Dismantling Implicit Bias and Strengthening Cultural Humility | Part II

April 12, 2022

38 participants joined the training.

Participants represented organizations across the network and beyond, including public health (8), medical care (2), mental health and behavioral health care (4), birth workers and birth education (3), social services (4), education (1), and other/unknown organization types (16).

Representatives participated from the following organizations, in alphabetical order:

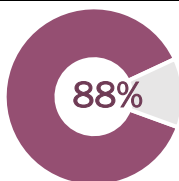
- Barstow Unified School District
- Black Infant Health
- Blue Shield of California
- CA Health Collaborative Black Infant Health
- California Baptist University
- Child Care Resource Center
- Children and Family Services
- First 5 San Bernardino
- Inland Empire Health Plan
- Loma Linda University Children's Hospital
- Maternal, Child and Adolescent Health, Black Infant Health
- Mommy and Me Medical Group Inc.
- Nurturing Doula Dreams
- San Bernardino Department of Public Health WIC Program Preschool Services
- Redlands Community Hospital
- Regional Perinatal Programs of California
- Rialto Unified School District
- Riverside University Health System- Behavioral Health
- Riverside University Health System Women's Health Clinic
- San Bernardino City Unified School District
- San Bernardino County Department of Health
- San Bernardino Department of Public Health
- The Natural Birth Place
- VBAC Facts

Survey Results

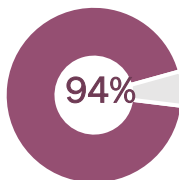
The survey was distributed to participants in the last 10 minutes of the training as well as in a follow up email sent on April 14th and April 21st. **16** Participants responded to the Evaluation Survey.

Understanding of Key Concepts

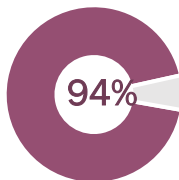
(n=16)



88% of respondents (14) gained a better understanding about **personal implicit biases**



94% of respondents (15) gained a better understanding of **skills for cross-cultural communication**



94% of respondents (15) gained a better understanding of **how to engage in culturally sensitive and humble ways** with pregnant, birthing, and postpartum individuals



Survey Results (Cont)

Application of Concepts Learned (n=16)

87% of respondents (14) will apply information presented during the training to their practice.

13% of respondents (2) are unsure how to apply information presented during the training to their practice.



Satisfaction (n=16)

The Training was Engaging



■ Strongly Agree ■ Agree ■ Neither Agree Nor Disagree ■ Disagree ■ Strongly Disagree

Overall Satisfaction with Training



■ Very Satisfied ■ Satisfied ■ Neither Satisfied nor Dissatisfied ■ Dissatisfied ■ Strongly Dissatisfied

What else would you like to learn about around this topic?

- There was enough presented, job done well
- I can't think of anything right now
- How to put it into practice
- A training on motivational interviewing
- So far nothing, very informative and insightful
- How to better prepare clients to care for basic hygiene for African American children
- Not sure
- So much is needed to digest from today's training, I'm not sure
- How to help others who need to know this information
- DEI patient-centered models

Is there anything else you would like us to know about this training?

- None. It was a very fruitful presentation. Thank you very much
- The training was great and very engaging!! Thank you
- Well presented and everyone needs to take the training
- More guidance and steps to help client reach the help they need. Like ombudsman info
- Great job, thank you
- It was fantastic
- It was a good training
- Reading materials, books, etc



Social Determinants of Health and their Impact on Maternal Health Outcomes May 24, 2022

25 participants joined the training.

Participants represented organizations across the network and beyond, including public health (8), nonprofit/community-based organization (6), medical care (3), education (2), birth workers and birth education (1), social services (1), and other/unknown organization types (4).

Representatives participated from the following organizations, in alphabetical order:

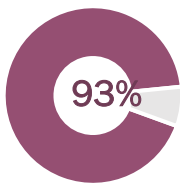
- Birth Sisters Doula Services
- Barstow Unified School District
- Black Infant Health
- CA Health Collaborative
- Children's Network
- California Baptist University
- Community Health Association Inland Southern Region
- Inland Empire Health Plan
- Inland Regional Center
- Birth Sisters Doula Services
- Barstow Unified School District
- Black Infant Health
- CA Health Collaborative
- Children's Network
- California Baptist University
- Community Health Association Inland Southern Region
- Inland Empire Health Plan
- Inland Regional Center

Survey Results

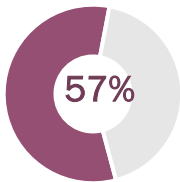
The survey was distributed to participants in the last 10 minutes of the training as well as in follow up emails sent on May 25th and June 2nd. Due to a technical error, two versions of the survey were issued. Responses to each version of the survey have been combined below; however, because of this issue, the number of responses per question varies.

14 participants submitted responses to all questions asked in the Evaluation Survey.

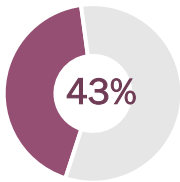
Understanding of Key Concepts (n=14)



93% of respondents (13) gained a better understanding about the impact of social determinants on maternal health outcomes



57% of respondents (8) gained a better understanding of the impacts of historical trauma and racism on maternal mental health



43% of respondents (6) gained a better understanding of how to build interventions and support for pregnant and postpartum clients based on information about the social determinants of health



Survey Results (Cont.)

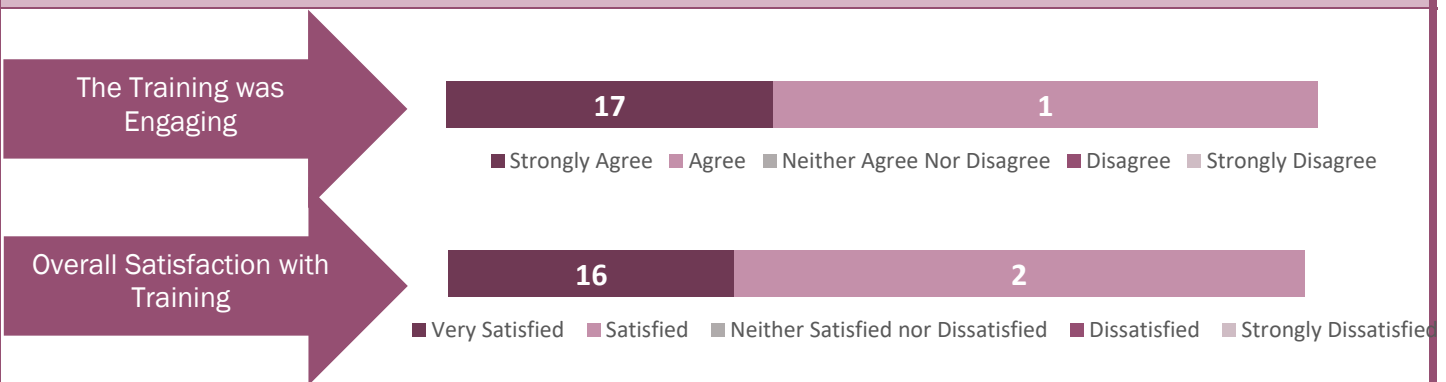
Application of Concepts Learned (n=18)

89% of respondents (16) will apply information presented during the training to their practice.

11% of respondents (2) are unsure how to apply information presented during the training to their practice.



Satisfaction (n=18)



What else would you like to learn about around this topic?

- It would be great to have this in Spanish.
- Impact of having a medically fragile or disabled baby on maternal and family mental health.
- More practical considerations.
- If these kind of trainings are mak[ing] a difference in the treatment of people Black people.
- I learned a lot!
- What more we can do to help.
- More on reproductive psychiatry. Medication management while pregnant.
- Probably more information regarding the higher mortality rate experienced by Black women. I will follow up on available stats, but I'm curious about what the stats say in terms of causation.
- I would like to learn how the trainings are actually impacting services in a positive way.
- Cultural diversity.
- Cultures.
- Referral pathways for families.

Is there anything else you would like us to know about this training?

- No. Everything was very informative. Thank you.
- It would be great if they offered this training in Spanish.
- Always great to hear from Dr. Peprah!
- It was very good and engaging.
- The training was excellent.
- I enjoyed the videos.
- Amazing.
- Great presenter and facilitator.