Perinatal Equity Initiative Community Advisory Board (CAB) Membership Application

Name: _____

Occupation/Title: _____ Agency: _____

Organization/Mailing Address: _____

_____

Phone: _____ Email: _____

What knowledge, talents, or expertise would you like to share with this CAB to support African American mothers and babies?

_____

_____

_____

Why does this work have meaning for you?

_____

_____

_____

How will you personally measure success on this project?

_____

_____

_____

Which community do you belong to? (select all that apply)

- ○ Mom/Dad/Parents/Grandparents
- ○ CPSP (Comprehensive Perinatal Services Program)
- ○ Faith Based Community Member
- ○ WIC/Breastfeeding Professional
- ○ Non-Profit/NGO (Social Service Agency)
- ○ Housing Advocate
- ○ Early Childhood Professional
- ○ Black Infant Health Program Staff Member
- ○ Healthcare/Hospitals/Clinics Staff
- ○ Contra Costa Health Services
- ○ Academia (Faculty or Student)
- ○ Doula
- ○ Midwife
- ○ Politician or designee
- ○ Other_____

(continued on back)

I will notify the PEI Coordinator, Adiam Mengis, at 925-812-7990, if I am unable to attend a meeting, or will send a designee.

If there is someone you would like to recommend for this CAB, please provide contact info below:

Name: _____ Title: _____

Agency: _____ Phone: _____

Email: _____ Address: _____

_____

Adiam Mengis, MPH, LLB
Perinatal Equity Initiative,
Comprehensive Perinatal Services &
SIDS Coordinator
Family, Maternal and Child Health Programs
Contra Costa Health
2500 Bates Ave
Concord, CA
925-812-7990
Adiam.Mengis@cchealth.org
Pronouns: She/Her