

Meeting Notes

4/19/2023

Present: Salomeh Wagaw, Mary Obideyi and 200 other attendees (in-person & virtual)

Next meeting: July 19, 2022, 10:00 am – 12:00pm

Welcoming Remarks and Introductions

- Welcome and introductions remarks were given by Mary Obideyi and Daisy Ramirez Bell. Mary highlighted that this is the first in-person meeting since 2019 and first ever hybrid meeting.
- Salomeh Wagaw gave thanks to the city of Moreno Valley, the Moreno Valley Conference & Recreation Center, Creative Culture, Translators, and Coalition Coordinators. She provided a land acknowledgment honoring the Indigenous peoples.

RISE Program: Level Setting Presentation- Let's RISE to Better Mental Health

Kimberly Jow, RUHS-Public Health, Program Coordinator.

- Mary introduced the speaker and welcomed her to the coalition meeting.
- The presentation covered why it is important to look at an upstream approach, relationship between social determinant of health and health equity, intersection between public health and mental health, and call to action.
- In Riverside County from 2011 -2022, there were 2640 total deaths by suicide. Statistics show that there is a need to address mental health in Riverside County.
- In addition, the presenter also emphasized the importance of addressing overdose in our county.
- Statistics showcased a need to address root causes and look at the upstream causes of the problem. It was also pointed out the importance of focusing on social determinants of health to promote health equity. A video on how social determinants of health and social equity are inter-connected was shown (towards the end of the presentation).
- Factors affecting mental health were discussed.
- Addressing mental health equity with community-based approaches, such as building community connections, cultivating inclusive environments, and increasing protective factors promote resilience and well-being within the communities.
- Community involvement and development are crucial in promoting mental health.
- The RISE program's mission and goals were discussed. The goals include promoting resilience and mental health. Program services and the benefits were also shared to build capacity and to decrease trauma and adverse trauma incidents. QR codes for the program and RISE quarterly meetings were shared with the group.

- Lastly, call to action, including attending coalition meetings, inviting community members, and building community capacity, was shared as important way to address mental health and resilience.

RUHS-Behavioral Health: PEI Presentation- Promotoras de Salud Mental:

Michelle Downs, RUHS-Behavioral Health, Program Manager

- Michelle discussed the Mental Health Services Act, Prop 33, that was passed in 2005 and taxes 1% on personal income over 1 million.
- Michelle discussed the history behind Adverse Childhood Experiences (ACEs). CDC and Kaiser Permanente had completed a project to assess how certain events in childhood (0 – 17 years of age) impacted a person's adulthood. Results have shown that anyone experiencing any ACEs results in challenges later in life, especially in the underserved populations.
- The more ACEs you experience, the more challenges you'll face as an adult. It is not destiny; doesn't mean you can't overcome ACEs. Promotoras role is to instill hope and resiliency.
- Underserved population have generational trauma with racism and immigration and ACEs tend to be prevalent in these communities.
- Michelle emphasized that trauma is used loosely now-a-days and that not every adverse thing happening in life is traumatic. Inappropriate use of the word reduces the meaning of trauma.
- The earlier we can identify ACEs the sooner we can build resilience and help people heal.
- The need for promotoras started with underserved communities' mistrust in the government. Promotoras serve as a link between people and government. Communities want people to look and speak like them. People are more likely to absorb the information when coming from other members of their community.
- Throughout COVID, promotoras were able to reach 15,431 people.
- PEI is serving various communities such as Asian American Pacific Islander, African American/Black, Native American/ American Indian, LGTQIA+, etc.

Questions/Answers:

- What is your take on Community trauma, such as from homelessness?
 - a. Michelle- Community trauma varies by demographics. Advocate and speak up for the communities, recognize our bias, and come together to support each other.
 - b. Kim- Need to advocate and raise awareness on this topic.
- What additional therapeutic strategies are there for Latinx communities?
 - a. Michelle- Therapy involving family dynamics and understanding generational trauma.
- Community of faith- based, how can we get integrated with the system? Where can the faith-based organizations go for resources on serving their community?

- a. Michelle- At RUHS- Behavioral Health, there is a cultural competency liaison that reaches out to the community and identifies how faith-based organizations can support the community. They explore resources that are faith-based and faith perspective.

Black Infant Health/Perinatal Equity Initiative Presentation: Uplifting Perinatal Mental Health Supports

Curley Palmer, RUHS-PH, Perinatal Equity Initiative, Program Coordinator

Keiyana Carter, RUHS-PH, Black Infant Health, Program Coordinator

- Mary introduced the speakers.
- Community members' involvement is important in promoting health and wellness of residents.
- Program goals and mission were discussed with the coalition.
- Statistics on the infant mortality rates for African Americans and other ethnic minorities were shared, which showed there is disparity in the mortality rates among various ethnic populations.
- Complications of pregnancy, such as Perinatal Mood and Anxiety Disorders (PMAD) was mentioned, pointing out that Black women have far higher rates of complications than other ethnicities.
- A video (Meet Ebonie) was not able to be shown due to technical difficulties. However, the speaker described the video, where Ebonie was facing post-partum complications.
- The presenter shared the program qualifications and what the program services offered for the participants, including transportation support.
- Other topics presented include obesity, diabetes, and other health related topics.
- Black Infant Health (BIH) conducted a survey recently. These outcomes were analyzed using data shared by 1,571 participants who participated in at least one prenatal group session, and who completed assessments both before/during the program and prior to the birth of their child. The outcomes are as follows:
 - a. 51% decrease in smoking within the last month.
 - b. 45% decrease in food insecurity.
 - c. 38% increase in the use of yoga, deep breathing, and/or meditation to manage stress.
 - d. 35% decrease in depressive symptoms.
 - e. 33% increase in intention to put baby to sleep on their back.
- Majority of the program participants indicated that the services provided by BIH were helpful. Top three topics included information & activities, staff, and group and the women.
- Most (97.5%) indicated that helping participants become empowered.
- The presenter stated that self-care, including self-care activities, are important to staff.
- Graduation and celebrations are provided to those that complete the BIH program.

- Many resources are provided to participants to reduce inequities seen in Black women and infants. The presenter provided a short history of the Initiative. The program provides three (3) support visits and connections to perinatal resources.
- Community Doula Services Program Intervention and Fatherhood Initiatives Services Program were also shared with the coalition. Program benefits include empowerment and support for the families. The Doula program utilizes home visitation model to assist and provide support for the families. Dad, mother, children, and partners are all involved in the process.
- Black Maternal Health Week was celebrated during the week of April 11-17. The event brought many community residents together and it was an amazing event to share resources and information with community residents.

Questions/Answers

- a. Have you looked at some of the impact of the program on children? No data is available for this question.
- b. Do you accept college students in the program? How long is the program for those involved? The program is eligible for those who are 16 years or older. The duration of the program is 10 weeks for pre and 8 weeks for post-partum classes. There are other programs available for college students if a participant is not qualified for BIH.
- c. Does the program utilize Registered Dietitian of diverse ethnicity? No, not formally.

Break time- 5 minutes.

Partner Updates

- Due to time, this was skipped. No partner updates were given.
- Mary encouraged participants to complete the surveys.

Health Equity Program Updates:

- Community COVID-19 hub is being developed. If interested, please reach out to RUHS-PH. Any feedback would be welcomed.
- Follow-us on social media, including Spotify, Twitter, and Instagram. Maternal Child Adolescent Health program was featured on the last podcast hosted by RUHS-PH, Health EquiTea.
- You can reach out to RUHS-PH for other questions/comments.

Wrap Up:

Daisy Ramirez Bell- Program Coordinator II

- Daisy encouraged participants to spread awareness on mental health and mental health inequities.

- She also shared the Link-tree, which has additional announcements and resources available to coalition members.
- The next RCHC meeting is on July 19th from 10 am to 12 pm.
- Participants were encouraged to take the survey by scanning the QR code or using the link provided.
- Mary thanked all the participants and speakers for their time and attending the meeting.
- The meeting adjourned at 12:14 pm.