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| --- | --- |
| Your Name, Title and Organization: |  |
| How have you participated in [Maternity Action Plan](https://njhcqi.info/MAP4NJ) work to date? | Participated in 2023 MAP to Action Work Sessions:  [Building the Workforce Needed to Achieve Birth Equity and Quality](https://njhcqi.info/MAPResourcesWorkForce)  [Collecting and Using Data to Improve Equity and Quality](https://njhcqi.info/MAPResourcesData)  [Reforming Payment Systems to Drive High Quality Holistic Maternal Infant Health Care](https://njhcqi.info/MAPResourcesPayment)  [Improving Community-Based Social Supports](https://njhcqi.info/MAPResourcesSocialSupport)  Participated in the March 3, 2023 in-person Convening  Other involvement (Please describe): |
| How did participation in the MAP to Action series influence your work over the past 10 months: | Enhanced networking opportunities  [Increased collaboration with colleagues](https://www.njhcqi.org/wp-content/uploads/2023/04/Connection-Guide.pdf)  Improved knowledge exchange  Other (Please describe): |
| Have you engaged in collaborative projects or initiatives to advance maternal health in the past 10 months? | Yes (Please describe):  No |
| What support or resources are needed to further your work? | Connection to other partners, including:   * Potential Partner * Potential Partner * Potential Partner   Convening and collaborating opportunities  Training and education  Funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* File 🡪 Save the completed document and email to [bhanson@njhcqi.org](mailto:bhanson@njhcqi.org?subject=Partner%20Check-in%20Form)

**Save the Date!** Join us on Friday, September 20 for our in-person convening. Get ready for an engaging and collaborative experience! Stay tuned for more details and exclusive insights that will be shared in the coming months. Let's transform ideas into action! We look forward to your presence at this event.