



**DELAWARE HEALTHY INFANT AND MOTHER CONSORTIUM (DHMIC)
DATA & SCIENCE COMMITTEE MEETING MINUTES**

Wednesday, December 1, 2022
Via Zoom 10:30am-12:00pm

MEMBERS PRESENT:

Dr. David Paul, Chair
Bridget Buckaloo
Dr. Garrett Colmorgen
Mawuna Gardesey
Dr. Judy Gorra
Logan Herring
Representative Ruth Briggs-King
Dr. Rita Landgraf
Dr. Marshala Lee
Lolita Lopez
Susan Noyes, Co-Chair
Dr. Agnes Richardson
Representative Bryant Richardson
Forrest Watson
Leah Woodall

MEMBERS ABSENT:

Tiffany Chalk
Representative Melissa Minor-Brown
Brian Olson
Representative Marie Pinkney

DPH SUPPORT STAFF PRESENT: JoEllen Kimmey, MA

TOPIC	FINDINGS, CONCLUSIONS & RECOMMENDATIONS	ACTIONS & FOLLOW-UP	PERSON RESPONSIBLE	STATUS
I. Call to Order	The meeting was called to order by Dr. David Paul, Chair, at 10:33am.	No further action required.	Dr. David Paul, Chair	Resolved
II. Approval of the Minutes	The Minutes of the 9/14/2022 DPQC meeting were deferred to the next meeting as they were not sent out for review and the Maternal and Infant Morbidity and Mortality Workgroup; DPQC; the Well Woman Workgroup; Black Maternal Health Workgroup and the Doula Ad Hoc Committee meeting minutes can be found on DE.Thrives.com	No further action required.	Dr. David Paul, Chair	Resolved
III. Chair Update	-The Executive Committee met this week, did not have quorum and no voting took place, established today's agenda. -The Strategic Plan for the next three years is being developed. The group met in September and October for Planning and are meeting again on December 12 and will	No further action required.	Dr. David Paul, Chair	Resolved

	<p>share the Strategic Plan with wider group at next meeting.</p> <p>-Dr. Paul would like to recognize the work of Rev. John Holden who passed away in October. He was an original DHMIC member, pushed for awareness of SDOH to maternal health and birth outcomes, and pushed to move away from the medical model and address the SDOH in regards to maternal health and birth outcomes. Additionally, he was Chair of the Membership Committee and one of the original members of the Delaware Perinatal Board appointed by Gov. Carper.</p>			
IV. Quarterly Data Update- Preterm Birth	<p>Dr. Paul reviewed high level Preterm Birth data. The March of Dimes report card, which comes out annually, recently came out and Delaware received grade of D+. The national preterm birth rate was 10.5% and Delaware had 11%. The rate has been going up in the U.S. and to drop the Delaware rate to 8%, which is the lowest rate in Nation by Vermont, Delaware would have to drop 264 preterm births. New Jersey has 9.2%, the lowest in the area, and to match that rate Delaware would have to drop to 135 preterm births. In Delaware, 9.3% of the preterm births were Hispanic; 9.7% were White and 13.8% were Black. 1% of birth are less than 28 weeks gestation from 2016-2020 in Delaware and 55% are less than 28 weeks gestation. Delaware's Very Low Birth Rate, out of 10,392 births was 154, a rate of 1.8%. Alaska, Montana, Rhode Island, and South Dakota are around 10,000 live births and are between 103-116 for their very low birth rate, which is an achievable goal to reach for Delaware.</p>	On-going	Dr. David Paul, Chair	On-going
V. Renewal of Expiring Terms	<p>Today is the Annual Meeting of the DHMIC and the charter needs voted on and the work of the Committees approved but this will be delayed until the next meeting as the Strategic Plan should be finalized by then. The three-year terms for Dr. Agnes Richardson, Logan Herring, Dr. Rita Landgraf and Dr. David Paul were expiring, Dr. Paul stepped out for his vote, but motions were made and passed to renew all terms for the respective members. The renewal of these terms needs final approval by Governor.</p>	On-going	Dr. David Paul, Chair	On-going
VI. DHMIC Budget Overview	<p>Leah provided an overview of the DHMIC Mission and Vision Statements, an overview of the budget as this drives the programs in place and how the State money is aligned to the initiatives. Line items of the 4.2 million budget were reviewed. This program started in 2004-2005 under Governor Miner to address Delaware's high infant mortality and was only a one-million-dollar budget then. In 2019, DPH started to shift focus on interventions to address SDOH and looking at outcomes vs. quantity of care. In 2023, 7.5% of the budget goes to infrastructure, 80.7% goes to interventions, 0.2% goes to standards, 6.2% goes to Analysis of Programs and Evaluation, 3.7% goes to Health Education, and 1.7% goes to surveillance. For fiscal years 2022 and 2023, funding for the recommendations has been level except that, based on performance in 2022, we are projecting an increase in funding to address the social</p>	On-going	Leah Woodall, DPH	On-going



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<p>determinants of health. That increase is funded by a projected decrease in spending for the medical intervention model. The work of the HWHB 2.0 was reviewed as well as the <u>High- Risk Zip Code map</u> that showed where in Delaware the preterm birth rates are being driven. The initiatives of HWHB 2.0 are focused in these zones. <u>The nine HWHB Mini Grantees</u>, whose goal is to build state and local capacity and test small scale innovate strategies in the community to shift the impact of SDOH to root causes related to infant mortality were reviewed in detail. HMA (Health Management Associates) is the backbone agency that supports this work. Leah announced two new mini grantees: Impact Life, Inc., and Christina Cultural Arts Center which started on November 15. There are now eleven mini-grantees, focused primarily in the high-risk zip code areas of Delaware. Over 550 women have been served by the mini-grantees to date and initiatives are focused on mental health, father involvement, physical health and food insecurity, social networking, healthy lifestyles, financial stability and longer- term outcomes. To date, the outcomes show a statistically significant reduction in stress; over a dozen trained doulas who are women of color; increases in breastfeeding; and decreased feelings of hopelessness and reduction in financial stress. <u>The Guaranteed Basic Income Demonstration</u> project, which provides monthly monetary assistance to 40 women to help meet their needs in relation to rent, baby supplies, food, or transportation costs. Data to date shows that there is a change to financial well-being of these women and their ability to access services which provides immediate stress relief and increase in well-being. Participants shared that there is a need for more help with housing, mental health supports, resources to access free diapers and other baby supplies, opportunities for peer connections, nutrition classes and other learning opportunities related to raising children such as car seat safety, safe sleep, breastfeeding, and transportation. <u>The Housing Stabilization Program</u> received eleven applications from patients at Westside, only one of which was approved. A lot of challenges with this program due to the housing shortage in Delaware. HWHB 2.0 has six providers statewide and providers report on Benchmarks around PISQ, Depression, SDOH screening, Hypertension, Reproductive</p>				
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	Life plans, early Entry into Care, SUD and IPV screenings. Thoughts for the future are to increase reporting on referrals and to go beyond screening and look at outcomes. There may be some quality improvement initiatives around this and improvement reporting on SDOH and linkages to the HWHB Mini Grantees and decrease some process measures such as hypertension.			
VII. HWHB Zone Report	Khaleel reviewed data from the HWHB 2.0 program from July 2019-2020. Focus with HWHB 2.0 shifted to address the SDOH needs of the woman as causes of prematurity are multi-factorial. Khaleel shared the Census Tract Zip Code map which reflects 15 key indicators of risk by census zip code. Certain areas of the state have more premature births, the most being in east Wilmington area and 19702. In the areas of high rates in NCC as well as all of Kent and Sussex there is also a high health provider shortage. There were 7,804 non-duplicated enrollees. HWHB 2.0 was designed to meet women at highest risk and to show a lower preterm birth rate for participants and the first round of data shows a 3% decrease compared to Medicaid mothers not enrolled in the program.	On-going	Dr. Khaleel Hussein, DPH	On-going
VIII. DHMIC Summit-April 2023	The Live DHMIC Summit will take place on Tuesday, April 18, 2023, at the Chase Riverfront. The event will also be streamed on Facebook and the Kitty Esterly Health Equity Awards will be presented so begin to consider nominations. The official Save the Date and Registration to follow in the new year.	On-going	Susan Noyes, Co-Chair	On-going
IX. Committee and Work Group Reports	In the interest of time, committee reports will be shared at the next meeting	On-going	Dr. David Paul	On-going
X. Adjournment	There being no further business before the Committee, the chair adjourned the meeting at 11:58am.	No further action required	Dr. David Paul, Chair	Resolved

Minutes prepared by: JoEllen Kimmey

Minutes reviewed by: Mawuna Gardesey

Minutes respectfully submitted by: JoEllen Kimmey

Minutes reviewed and approved by CHAIR: Dr. David Paul

Upcoming DHMIC Meetings: (Via Zoom)

TBD

