# SDoH Workgroup Meeting

## February 5, 2020

**Minutes**

**Attendees (22 participants):** Mawuna Gardesey, Cassandra Davis, Elise Harry, Dr. Liz Brown, Jalisa Anderson, Rita Landgraf, John Holden, Leah Woodall, Lamartz Brown, Susan Noyes, Marlena Gibson, Devon Manning, Karen McGloughlin, Breanna Thomas, Paulina Gyan, Adriana Viveros-Sosa, Dabbah Maximore , Joan Kelley, Jalisa Anderson, Linda Daniel, Liddy Garcia-Bunuel and Ana Bueno.

Rita welcomed participants and sent regards to Rep. Minor Brown as she was feeling under the weather and could not join the meeting.

Rita Landgraf presented the framework and information about the Healthy Beginnings at Home (HBAH) pilot. She has spoken with Barbara Pope, a key researcher and evaluator for the HBAH pilot in Ohio, and their hope to scale it and expand it to other states and utilize their findings and our approach to advocate for a national learning collaborative. Other cities and states are interested, like Boston and Seattle Washington and if the group agrees Delaware could be part of the learning collaborative as part of expanding the initial piloti project in Wilmington DE.

Delaware has the benefit from Columbus Ohio’s lessons learned, such as establishing a lead agency that would serve as a backbone organization. Also how the roles and responsibilities of each partner. Evaluation component very important based on the Ohio shared findings.

The proposal consists of creating an advisory workgroup that would report to DHMIC. Leah reminded members that DHMIC members are governor appointed and the DHMIC has bylaws that spell out roles of each member of the consortium. The SDoH Workgroup would advise and create an ad hoc committee that would be an advisory group specific to the pilot program.

DMMA as well as Medicaid were also looking at this population and there seems to be a lot of energy and interest from both groups to launch this pilot program. Dr. Liz Brown from DE housing authority, Marlena Gibson and Devon Manning are partnering to look at opportunities for housing supports under Medicaid and ways to maximize the ability of our Medicaid program to address housing insecurity as generally Medicaid cannot pay for room and board. 45% of deliveries are covered by Medicaid so important to have Medicaid an active partner.

Things to consider when trying to advance this opportunity:

* Conducting an environmental scan to look at the geographic area, population, criteria, how many women can be served and what kind of support services, and funding amounts from current sources.
* Identifying and securing a backbone agency.
* Focusing on the city Wilmington seems to be a good fit and investigating partner commitments. When looking at lessons learned for example, the Columbus pilot suggested a partnership with a domestic violence organization.
* One of the concerns is how the SDoH Workgroup would raise funds to pilot this program.

Rita presented the proposed timeline and indicated the hope was to identify the advisory workgroup in March of 2021. Ray Fitzgerald gave a presentation about benefits for pregnant women and a key role his organization they could play in the pilot.

The group agreed the environmental scan could take place in March and/or April and the group would focus on finding a lead agency in May. Fundraising would kick off in May through September but some of the group members are currently looking for possible funding. Rita indicated she believed the investments would come from different sectors and different sources. Establishing partner meetings in September, defining roles in the fall, and launching the pilot in January of 2022.

Joan Kelly suggested the workgroup could partner with women's correctional facility in the future to address pregnant women who are being released and to establish that they have a safe place to go back to and either establish or continue prenatal care. She also suggested that we form a funding/taskforce committee that could work with the opioid settlement funds as a source of funding given that many of these women have substance use disorder. Rita indicated that it is absolutely a possibility.

Jalisa Anderson presented her program as she works with mothers with children under 5 and asked about a transition plan after mothers deliver. Rita Landgraf indicated that this project should focus on stabilization thinking of a goal to have permanent housing and how women receive support for a longer term. The pilot will focus on pre and post-delivery including links to childcare, workforce development.

Rita Landgraf shared with the group that she and Rep Minor are part of the DHMIC leadership meeting where some projects cross paths and that both shared information about the HBAH pilot program with leadership during the last meeting and feedback from DHMIC was to go ahead. She clarified that the purpose of today’s meeting was to have approval to move ahead and explore moving forward with the pilot as this idea came from the workgroup and asked for a motion to determine the feasibility of the pilot. Cassandra seconded. Thee were no objections. Motion was approved.

Susan Noyes indicated that from DHMIC has the blessing and support to move forward with explore he pilot. Leah Woodall indicated that her office may be able to cover the some of the costs of the feasibility study, but she was not sure her funding could cover the whole cost. DHMIC will be talking to sister agencies to see if they can support the scan. Data will be essential for this work and hope to start brainstorming about data sources that will drive the decision making for the pilot. Looking at metrics and outcomes short, medium- and long-term goals.

Susan Noyes shared the news that the DHMIC awarded three additional mini grantees this year. Two organizations providing doula training PIC and MWUL, Breastfeeding coalition of women providing breastfeeding support and Rose Hill providing a program with the goal to reduce toxic stress. DHMIC Summit will be virtual and will be on April 13, 2020 Tuesday 8:30 to 2:30 and members should have received a save the date. Actual invite will be sent shortly.

Dr. Brown announced that DMMA has an opportunity to work with the food bank of Delaware and non-medical emergency transportation to deliver food directly to recipients and decided to start a pilot for post-partum women that deliver with a C section. They are in the final states about logistics and expect to have the first deliveries half of February. Eligibility is for women who are enrolled in an MCO and are in the first 8 weeks after a c- section. They will track impact and any additional needs, hoping to inform additional efforts moving forward. Dr. Brown will send information about this program to Liddy so she can share with the HWHB mini grantees.

Dabba Maximone asked HMA to add her email to the roster [Dabbah@destatehousing.com](mailto:Dabbah@destatehousing.com)

The following participants asked to be added as well: [Cassandra.Davis@delaware.gov](mailto:Cassandra.Davis@delaware.gov), [Breanna.Thomas@christianacare.org](mailto:Breanna.Thomas@christianacare.org), Jalisa.Anderson@christianacare.org

Rita thanked Marlena for her partnership. Housing authority and thanked all participants for their engagement and advocacy.

Meeting was adjourned.