



**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Public Health



WELL Women Committee Meeting Minutes

Tuesday, September 21, 2021 1 pm – 2 pm

Zoom Link:

<https://zoom.us/j/93082904632?pwd=MVM0VWNZQU50c2dmQkxucWxEYUNvQT09>

Meeting ID: 930 8290 4632 Passcode: 915430

1. Welcome and Introductions: Tiffany Chalk

- a. Attendees: Leah Woodall, Susan Noyes, Katherine Kolb, April Lyons-Alls, Adrian Viveros-Sosa, Joan Kelley, Marshala Lee, Ruth Lytle-Barnaby, Dara Hall, Mariann Kenville-Moore, Christina Farmer, Erin Ridout, Pam Berentsen, La Vaida Owens-White, Hazel Morales-Ayala, Lisa Klein, (Ann Pedrick), Anne Decaire, Alex Parkowski, Alexandra Randolph, Ayanna Williams-Olaniya, Roberta Banks, Shatera Baynard, Tracy Bell, Bridget Buckallo, Elizabeth Brown, CH Moore, Candace Swiney, Carla Aponte, Tina Farmer, Cierra Bryant, Susan Culp, Cynthia Guy, D Smith, Cassandra Davis, Emily Haas Katzen, Flower Habte, Gail Wade, Liza Gruss, Paulina Gyan, Tracy Harach, Khaleel Hussaini, JS Fontenelle, Jaqueline Cooke, Jen Ettinger, Katrina Wilson, Mariann Kenville-Morre, Kirsten Olson, Krissy McMahon, Lisa Burton-Oglesby, Lisl Phelps, Liz O'Neil, Lori Magno, Mary Manson, Marshala Lee, Michele Savin, Michelle Scott, Mychal Anderson Thomas, Noel Duckworth, Elizabeth Orndorff, Philinda Mindler, Kate Dupont Phillips, Robert Prosser, Rebecca Roberts, Shannon Burdeshaw, Crystal Sherman, Tom Stephens MD, Tiera Norman, Vicky Benson, Allen Weeks, Christy Wright, Carla Aponte Johnson, Leora Sansone, Toni Sinibaldi

2. Review of Minutes - Review June 15 Minutes next meeting. All minutes will be posted at the following link:

- [Meeting Information & Materials | Delaware Healthy Mother and Infant Consortium - Delaware Thrives \(dethrives.com\)](http://dethrives.com)

3. DCADV Community Health Worker Project: Erin Rideout –

PowerPoint presentation follows these meeting notes.

a. Key Impacts of Program:

- Increased social support
- Increased knowledge of community resources
- Increased quality of life
- Reduced financial Stress

b. Future Program Growth:

- Geographic reach: across the state
- Increased connections with healthcare partners, including enhanced trainings and expanded referrals

4. Well Woman Initiative Update: April Lyons-Alls

a. Question posed on if slides and PPT are being shared in schools, High schools and/or Nursing schools

b. Delaware Pre-pregnancy Data (2012-2019) - the story told of women in DE of reproductive age with chronic conditions and obesity data is a little scary, but we do, with this initiative have an opportunity to impact these numbers

1. Increase the number of reproductive age women (15-44) who have an annual preventive visit.
2. Increase the number of providers across all specialties/CBO asking a pregnancy intention screening question for all women of reproductive age.
3. Educate consumers and increase their understanding of the importance of the annual well woman visit beyond the requisite cervical cancer screening.
4. Ensure all women (and men) have a reproductive life plan

c. The 5 pillars of Delaware's Every Woman Every Time WW Initiative

1. Ask Pregnancy Intention Screen Question (PISQ)
2. Initiate Reproductive Live Planning (RLP)
3. Assess Health Risk Behaviors via Prevention and Education
4. Manage Chronic Health Conditions
5. Identify SDOH Needs & Link to Services

Anne DeCaire: On PRAMS Data on the 22% Taking Prescription Meds currently working with reproductive psychiatry / perinatal psychiatry. I am interested in addressing that 22%, which could move into a separate project in terms of pre-conception conversation. These women are at high risk if they choose to stop either because they don't have the information, or the provider doesn't have the information that is very specific, and she would be willing to work on a committee or sub-committee. She feels she has insight on this component, which she sees as problematic.

Emily: Confirms that the human connection, which is time consuming, is extremely important to the women they personally contact. The patients express their appreciation that someone "cared." COVID has dampened some women coming back for post-partum visit. And, some are obtaining birth control immediately after giving birth.

5. HerStory

Susan Noyes – presented "Delaware Preconception Journey Milestones"

6. Black Maternal Health Workgroup Update (all 2021 events posted on DEThrives.com):

Tiffany Chalk

- a. Breastfeeding Week Network Connect hosted the virtual webinar.
- b. Community Baby shower
- c. Chocolate Milk documentary viewing

7. Resources

Before, Between & Beyond Pregnancy – this is a National site, they are the leaders in this field. Currently a resource for our programs. Webinars are insightful and relevant to goals of our programs.

8. Announcements & Adjournment

Adriana - September is the Spanish Heritage Month – they are planning a virtual ZOOM Spanish baby shower

Notes/comments copied directly from “CHAT”:

00:23:10 Adriana Viveros- sosa: Great program !!!

00:23:20 Leah Woodall: is there a cap \$ per person for flex funds? And how many times can a person access flex funds?

00:23:27 Lisa Klein: Terrific program! Looking forward to seeing it downstate.

00:23:42 Pam.Berentsen: Tremendous program! Thank you very much!

00:25:37 Leah Woodall: How long can a person engage with

00:25:42 Leah Woodall: CHWs

00:25:54 Leah Woodall: 1 yr or longer?

00:28:04 Erin Ridout (she/her): Email for anyone who needs it: eridout@dcadv.org

00:28:14 Tiffany Chalk: Thank you Erin

00:28:28 Leah Woodall: April unmute

00:28:44 Christina Farmer, FP Program, Delaware: You do AMAZING work Erin, thanks for sharing!!!

00:39:18 Leah Woodall: if any partners would like to use videos in their work to elevate women's voices, we can send video clips.

00:39:28 Leah Woodall: All are posted on Dethrives.com

00:39:55 April Lyons-Alls (she/her): enable share please

00:40:08 Mariann Kenville-Moore: Cierra is a shining star!

00:40:14 Dara Hall: Are these videos being shared with any schools, etc?

00:45:21 Leah Woodall: evolution

00:51:33 Emily Haas Katzen: The COLLN State Partners are North Carolina, California, Oklahoma and Delaware. www.beforeandbeyond.org for further information

00:57:03 Ruth Lytle-Barnaby: the one key question gets to the heart of the matter quickly and our patients can really engage in a great conversation about preconception or not getting pregnant based upon the response.

01:00:01 Leah Woodall: Would our partners find it useful to develop a toolkit on PISQ and RLPs?
01:03:21 Marshala Lee: Thank you it is indeed an honor
01:03:25 Tiffany Chalk: Welcome Dr Lee! SO excited
01:03:27 Leah Woodall: PISQ - Pregnancy Intention Screening Question
01:05:19 Leah Woodall: RLP - Reproductive Life Plans (recommended by CDC, and encouraged for women of reproductive age as well as men..)
01:08:20 Susan Noyes: Thanks everyone for the comments and questions!
01:09:33 Joan Kelley: Good for you Emily!!!! Kudos!!!
01:09:55 801017155: Can we also specifically or do we ask about MJ use preconception?
01:10:20 La Vaida Owens-White: I've overstayed my time and must leave. Looking forward to more engagement.
01:10:37 Joan Kelley: Oftentimes, the Mother is asked about illicit drug use b/c the Moms don't see MJ as a drug.
01:10:53 801017155: thank you Joan. yes
01:15:12 April Lyons-Alls (she/her): thank you everyone!
01:15:21 Susan Noyes: Thanks everyone for participating with us today and your understanding with our tech glitches!! Enjoy the rest of your day. We will see you month 3rd Tuesday at 1pm BMH Every 2nd Tuesday at 1.

The Domestic Violence-Community Health Worker Project slide presentation follows.

The Domestic Violence – Community Health Worker Project

Erin Ridout, MSW

Domestic Violence & Community Health Program Manager

DCADV



How does the DV-CHW Project promote the safety & health of survivors?

Training &
Technical
Assistance

Service
Delivery

Policy &
Advocacy

Service Delivery

First survivors served in February 2019

Served almost 400 survivors to date

Domestic Violence Advocacy & CHW

Flex Funds

Bilingual

Formal Project Evaluation

Conducted by the University of Delaware

University of Delaware Report submitted by:
Laura Lessard, PhD, MPH;
Chiara Sabina, PhD, Ruth Fleury-Steiner, PhD and
Sarah Albrecht

Domestic Violence Community Health Workers (DV-CHWs)

Offer a promising solution to:

- Increase survivors' sense of **safety and comfort** accessing services
- Address domestic violence as a **health issue**
- Improve survivors' **wellbeing**



CHWs use a unique,
trauma-informed
approach





Develop a
trusting
relationship
with survivors





Meet
survivors in
locations
where they
feel safe and
comfortable





Help with a
broad range
of needs:
safety planning,
health, social
determinants of
health, scheduling,
and transportation





Communicate regularly with survivors

to ensure needs are
being met and to
address emerging
concerns



Characteristics of Participants

93% female

41% Black or
African
American

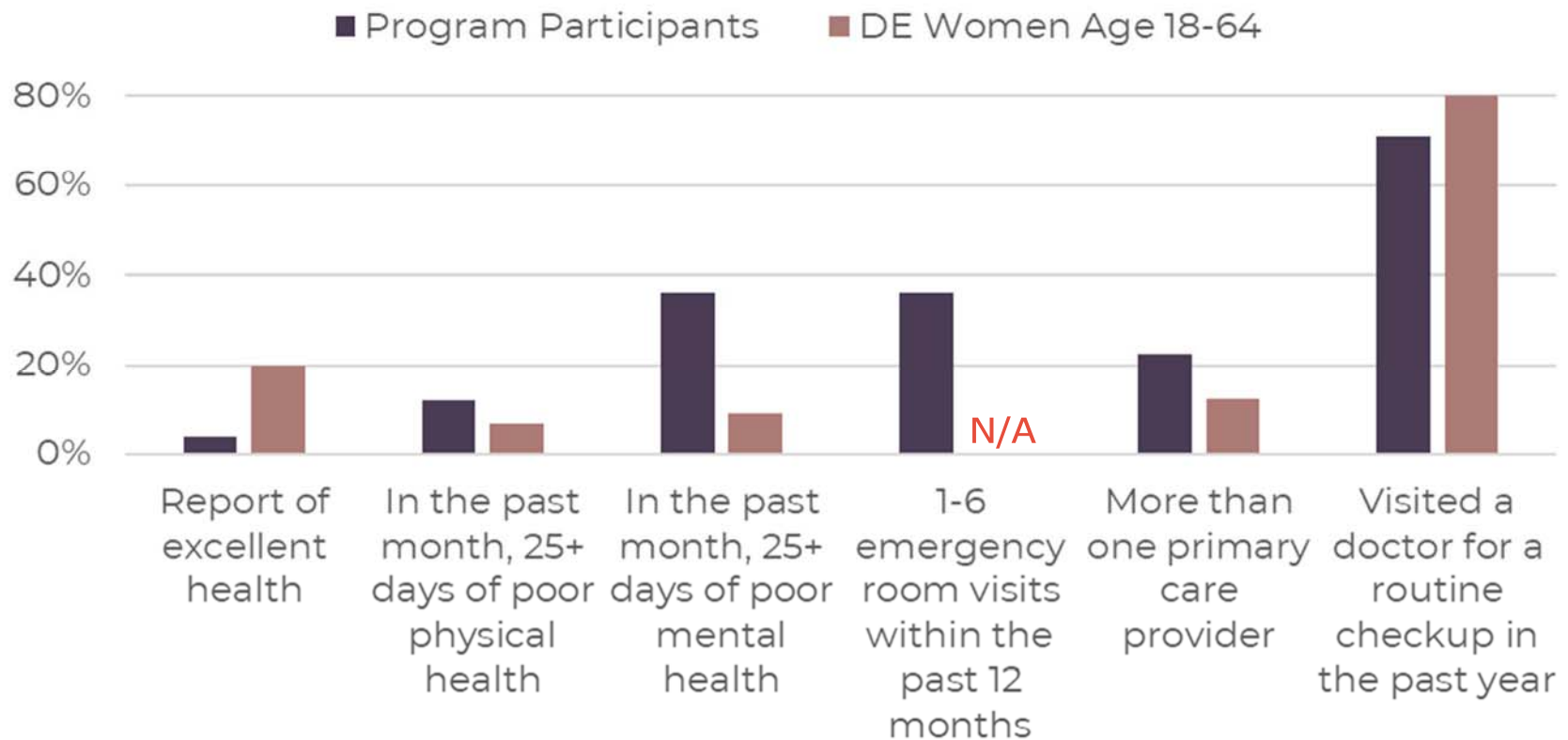
33% Hispanic
or Latinx

4% LGBTQ+

84% ≥ 1 child



Initial Health Status – A Comparison





With this program you can call one person and work with that person and streamline what that patient needs and one call, and that's one call. And that's amazing.

Health Professional

Key Impacts of Program

1. Increased social support
2. Increased knowledge of community resources
3. Increased quality of life
4. Reduced financial stress



Impact #1: Increased social support

Survivors shared that the CHW **motivated, guided, and kept them positive and provided assistance** to meet their individual needs.

This support was particularly important in assisting survivors with **limited informal support.**



Impact #1: Increased social support



Having a support person that understands my situation has been very helpful because I have no support here. I have no family and friends and my partner used that against me. Now I have someone who can help me and the children with the assistance we need.

- Program Participant

Impact #2: Increased knowledge of community resources

Most program participants (88%) reported they have a lot **more knowledge of resources** compared to what they knew at the start of the program.



Impact #2: Increased knowledge of community resources



I learned about the resources like parenting classes, where to find therapy in Spanish. I can ask anything I need and [the CHW] gives me answers.

Program Participant

Impact #3: Increased quality of life

Two thirds of the survivors (67%) indicated that their **quality of life became a lot better** as a result of the program.



Impact #3: Increased quality of life




I think that they take a lot of stress off of me because the things that they have helped me [with] a bit, are the things that are very detrimental to my well-being.

Program Participant

Impact #4: Reduced financial stress

Every respondent indicated that Flex Funds **reduced their financial stress.**

Flex funds were used to address **basic needs** like food, clothing, physical health, essential furnishings, transportation, and utility assistance for survivors and/or their children.



Impact #4: Reduced financial stress



“Oh my gosh. Yeah, my stress went down. You know, not having to worry about rent and putting that money towards things that I needed to pay off. It was a big de-stresser, I wanna say. So it helped a lot with the stress.”

Program Participant

Future program growth

The program may want to consider **expanding the program** in several areas:

- Geographic reach: across the state
- Increased connections with healthcare partners, including enhanced trainings and expanded referrals

These expansions may require an **increased number of CHWs**



For more information:

- ▷ Resources
- ▷ Training
- ▷ A copy of the report

- ▷ eridout@dcadv.org



Acknowledgements

This brief report was prepared by Laura Lessard, Sarah Albrecht, Chiara Sabina and Ruth Fleury-Steiner from the University of Delaware.

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