



DATA COMMITTEE MEETING

Meeting Minutes

Date: May 7, 2025, 2:30 – 4:00 PM. Virtual Zoom and Anchor Site DPH

Name of note taker: Caitlin Loyd Facilitator: Liddy Garcia-Bunuel

Attendees: Lindsay Ashkenase, Alethea Miller, Vik Vishnubhakta, Meena Ramakrishnan, Leah Jones, Dede Hesse

Agenda Item	Notes
Welcome and Roundtable Introductions Approval of the Minutes	 Dr. Lindsay Ashkenase and Dr. Alethea Miller welcomed members as co-chairs of the committee and reviewed the agenda for the meeting. Dr. Ashkenase asked for a motion to approve the minutes from the last meeting.
from the April Meeting	Minutes approved.
	 Dr. Ashkenase set the stage for discussion, stating that we want to make sure we agree on the mission, vision, and goals of this committee in a way that ensures we aren't overlapping with other work going on around the state, and that we are aligned with Dr. Mpasi's vision for this committee. Mission Liddy provided two statements for the group to start with. The group shared their thoughts and feedback on the two draft statements, highlighting the importance of communication/translation, timeliness and relevance. Revised Mission Statement based on feedback: The mission of the Data Committee of the Delaware Healthy Mothers and Infants Consortium is to leverage timely and relevant data to effectively communicate and enhance maternal and infant health outcomes across Delaware. Vision
	 The group agreed on the following Vision statement: Revised Vision Statement based on feedback: Our vision is to create a
	Revised Vision Statement based on feedback: Our vision is to create a healthier future for all mothers and babies in Delaware by leveraging data to drive impactful change. We aspire to be a leading force in maternal and infant health, where data-driven insights lead to innovative solutions, equitable healthcare, and improved outcomes. Through collaboration, transparency, and a commitment to excellence, we aim to set new standards in maternal and infant health, ensuring that every family in





	Delaware has the opportunity to thrive. By incorporating evidence-based approaches, we can ensure that our strategies are grounded in the best available research and practices, leading to more effective and sustainable outcomes. • Goals of the Committee • The group shared their feedback on each goal one by one, and agreed to the following goals: • Revised goal statements (and order) based on feedback: 1. Enhance Data Collection and Analysis: Recommend and review robust data collection methods to gather comprehensive information on maternal and infant health. Utilize advanced analytical tools to identify trends, disparities, and areas for improvement. 2. Improve Data Infrastructure: Build and maintain a comprehensive data hub or dashboard that supports the collection, analysis, and dissemination of information. Ensure that data is accessible, accurate, and secure. 3. Promote Evidence-Based Practices: Use data-driven insights to inform and promote evidence-based practices among healthcare providers, community organizations, patients and community members, and policymakers. Ensure that decisions and interventions are grounded in reliable data. 4. Foster Collaboration: Strengthen partnerships and collaboration among healthcare providers, community organizations, policymakers, and researchers. Create a coordinated approach to improving maternal and infant health outcomes. 5. Address Health Disparities: Identify and address disparities in maternal and infant health outcomes so partners can develop targeted interventions to support underserved populations and ensure equitable access to healthcare services. 6. Monitor and Evaluate Progress: Continuously monitor and evaluate the impact of interventions and initiatives. Use data to measure progress and make necessary adjustments to achieve desired outcomes. • Edits to DE Thrives • Group discussed the process by which edits will be made about this committee on the DE Thrives website. The steps are as follows: • Co-chairs will present the name, mission, vision
Debrief from the Last Committee Meeting	Did we identify the gaps, and are we using the data we do have access to in the best way possible? • Overall, the group decided that the gaps have been identified and include prevention and post-partum data, data being collected outside of hospitals, and longitudinal data. Related to prevention/prenatal data, the group went on to discuss





that they have trouble getting care? What is the true barrier? To answer this question, a suggestion was made that at our next meeting, we ask MCOs to present on the data they have related to access to prenatal care and any other data they have on prenatal care. Vik, Meena and Dede can present from their perspectives on other prenatal care data we have access to. In the meeting followin that, will do the same for postpartum care. The group agrees on this strategy and likes the idea of engaging others to present their data. Decision: At the next committee meeting (to be scheduled for July 16 th), we will invite MCOs and Richard (both via Alethea), HWHB representative, an expert on PRAMS data, Nicole Moxley or a representative of that work to present for aroun 10 minutes each on the data they have on access and entry to prenatal care in DE. We will start creating a map of the data available related to access to prenatal care and interpret findings. Action Item: Alethea to reach out to MCOs and Richard to invite them to presen at July 16 th meeting. Action Item: HMA to work with co-chairs to create an agenda for the July meeting and determine representatives to present from the perspective of HWHB, PRAM at July 16 th meeting. Action Item: HMA to draft a slide including the research/evidence base on the importance of access and entry to prenatal care. Next Steps Do we need work groups? The group agreed that we do not need work groups right now, but we car revisit this as an option in the future. For now, the group agrees that wor in between meetings will be required to maintain momentum in place of separate workgroups. Cadence of Committee Meetings The group agreed that quarterly meetings, ~6 weeks prior to each DHMIC meeting, are a reasonable cadence for the Data Committee Progress to leadership and allow them to include it in a strategic agenda for the DHMIC meeting. The group decided that rather than having a long break over the summer they would like to have the meeting on data related to access a		
 Action Item: Caitlin to set up the next meeting on 7/16 from 3-4:30 PM ET. And then find another time to meet prior to the next September DHMIC meeting. 	Next Steps	 To answer this question, a suggestion was made that at our next meeting, we ask MCOs to present on the data they have related to access to prenatal care and any other data they have on prenatal care. Vik, Meena and Dede can present from their perspectives on other prenatal care data we have access to. In the meeting following that, will do the same for postpartum care. The group agrees on this strategy and likes the idea of engaging others to present their data. Decision: At the next committee meeting (to be scheduled for July 16th), we will invite MCOs and Richard (both via Alethea), HWHB representative, an expert on PRAMS data, Nicole Moxley or a representative of that work to present for around 10 minutes each on the data they have on access and entry to prenatal care in DE. We will start creating a map of the data available related to access to prenatal care and interpret findings. Action Item: Alethea to reach out to MCOs and Richard to invite them to present at July 16th meeting. Action Item: HMA to work with co-chairs to create an agenda for the July meeting and determine representatives to present from the perspective of HWHB, PRAMs at July 16th meeting. Action Item: HMA to draft a slide including the research/evidence base on the importance of access and entry to prenatal care. Do we need work groups? The group agreed that we do not need work groups right now, but we can revisit this as an option in the future. For now, the group agrees that work in between meetings will be required to maintain momentum in place of separate workgroups. Cadence of Committee Meetings The group agreed that quarterly meetings, ~6 weeks prior to each DHMIC meeting, are a reasonable cadence for the Data Committee. This will allow sufficient time for co-chairs to present Committee progress to leadership and allow them to include it in a strategic agenda for the DHMIC meeting.
to prenatal care in July, and have a committee debrief meeting following that (date/time TBD), all before the September meeting of the DHMIC. • Action Item: Caitlin to set up the next meeting on 7/16 from 3-4:30 PM ET. And then find another time to meet prior to the next September DHMIC meeting.		
 Action Item: Caitlin to set up the next meeting on 7/16 from 3-4:30 PM ET. And then find another time to meet prior to the next September DHMIC meeting. 		
ET. And then find another time to meet prior to the next September DHMIC meeting.		that (date/time TBD), all before the September meeting of the DHMIC.
DHMIC meeting.		
A.C. and the second sec		DHMIC meeting.
Adjournment • Meeting adjourned at 3:48 PM	Adjournment	Meeting adjourned at 3:48 PM