



# DATA COMMITTEE MEETING

## Meeting Minutes

**Date:** May 18, 2026, 1:30 – 3:00 PM. Virtual Zoom

**Name of note taker:** Caitlin Loyd

**Facilitators:** Lindsay Ashkenase, Alethea Miller, Meena Ramakrishnan, Vik Vishnubhakta

**Attendees:** Erin Nescott, Naa Dede Hesse, Garrett Colmorgen

**Guests:** none.

Agenda Item	Notes
<b>DHMIC Data Committee</b>	
Welcome	Meeting opened with review of Q2 agenda and committee goals. Lindsay and Alethea welcomed attendees and introduced the focus areas for the meeting.
Approval of the Minutes from the February Meeting	Erin Nescott motioned to approve the minutes. No objections were raised and the minutes were approved.
Update: 2026 Goals	<p>Alethea reviewed progress on the 2026 Data Committee goals:</p> <ul style="list-style-type: none"> <li>• Prenatal care data infrastructure matrix – completed.</li> <li>• Postpartum care data infrastructure matrix – will discuss/begin today.</li> <li>• Public-facing data dashboard goal revised to development of pre- and postpartum care infographics.</li> <li>• Integration of Title V performance measures into the dashboard – completed.</li> <li>• Data sharing agreements and infrastructure discussion to be revisited as needed.</li> </ul> <p>Alethea also shared that Lisa agreed to provide a report from DTRN360 for the Data Committee which would include a standardized de-identified report for pregnant clients tracking referrals, social determinant needs, and rideshare support at population level on monthly/quarterly basis. Lisa confirmed this is possible with appropriate MOUs and data sharing agreements and offered guidance on governance process</p>
Discussion: Shift from Data Dashboard to Infographics	<p>Committee discussed moving away from the original dashboard concept due to limited funding and sustainability concerns. Members emphasized the importance of maintaining a public-facing data product and discussed lower-cost alternatives.</p> <p>Key discussion points:</p> <ul style="list-style-type: none"> <li>• Development of infographic-style reporting as a low-maintenance and impactful alternative.</li> <li>• Exploration of Microsoft Power BI as a possible low-cost dashboard solution.</li> <li>• Erin shared prior experience developing dashboards in Power BI and offered to</li> </ul>



	<p>explore feasibility.</p> <ul style="list-style-type: none"> <li>• Vik agreed to investigate Power BI licensing and infrastructure support.</li> <li>• Discussion of AI-assisted infographic development using tools such as ChatGPT/Claude.</li> <li>• Meena shared examples of AI-generated infographic concepts created from annual report content.</li> </ul> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>• Erin and Vik to explore feasibility and infrastructure requirements for Power BI.</li> <li>• Committee members to continue evaluating infographic approaches, including AI-assisted design options.</li> <li>• The Committee agreed to mock up infographics including proposed key indicators, timeline for updating, and audiences. We will do this between now and the co-chair check in in August, finalize at our September Data Committee Meeting, and be prepared to present to the DHMIC at the Q3 meeting on September 30.</li> </ul>
<p>Postpartum Care Data Presentations</p>	<ul style="list-style-type: none"> <li>• Vik presented an overview of available postpartum care data sources and potential measures to support ongoing maternal health reporting and quality improvement efforts.</li> <li>• Data sources reviewed included HEDIS/Medicaid data, PRAMS (Pregnancy Risk Assessment Monitoring System), Home Visiting programs, Federally Qualified Health Centers (FQHC/UDS), Healthy Women Healthy Babies (HWHB), and the Delaware Perinatal Quality Collaborative (DPQC).</li> <li>• HEDIS postpartum care measures were discussed, including the requirement for postpartum visits between 7-84 days after delivery and examples of qualifying services such as depression screening, breastfeeding support, contraception counseling, and blood pressure assessment.</li> <li>• Delaware Medicaid postpartum care performance by Managed Care Organization (MCO) for 2023/2024 was reviewed:             <ul style="list-style-type: none"> <li>• AmeriHealth Caritas DE: 76.68%*</li> <li>• Delaware First Health: 72.76% *</li> <li>• Highmark Health Options: 83.70%*</li> </ul> <p>* The committee noted that these values are inconsistent with those reported elsewhere. Alethea will follow up with Richard about the inconsistencies.</p> </li> <li>• PRAMS survey data and measures were reviewed, including postpartum checkup rates and questions related to mental health, safe sleep practices, breastfeeding, birth control counseling, depression/anxiety screening, blood pressure monitoring, and social support concerns.</li> <li>• Home Visiting program data from MIECHV-funded programs (Healthy Families America, Nurse-Family Partnership, and Parents as Teachers) showed that 79.4% of enrolled mothers received a postpartum visit within 8 weeks of delivery during FY2025.</li> </ul>



	<ul style="list-style-type: none"> <li>The committee reviewed Healthy Women Healthy Babies (HWHB) “4th Trimester Referral” performance data, which showed 97.1% of enrollees had documentation of a referral for a postpartum visit in CY2025.</li> <li>Discussion included limitations in obtaining direct postpartum visit percentages from FQHC Uniform Data System (UDS) reporting.</li> <li>Vik presented a proposed DPQC postpartum visit sampling plan that would use hospital birth data and chart review audits to assess whether two-week postpartum visits were scheduled and completed. The pilot initiative is anticipated to begin in Q3 2026.</li> </ul> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>Caitlin to draft postpartum data matrix using the data presented during this meeting, following the format of the prenatal care data matrix</li> <li>Alethea to follow up with Richard for clarification about the data inconsistencies re: Delaware Medicaid postpartum care performance by MCOs</li> </ul>
<p>Next Steps and Closing Remarks</p>	<p>The committee agreed to continue development of infographic concepts while simultaneously evaluating the feasibility of Power BI for future dashboard functionality.</p> <p>The Data Committee portion of the meeting concluded at approximately 2:30 PM to transition into the Maternal Health Task Force meeting.</p> <p>Other updates: Dede shared that the state has the opportunity to move forward with PRAMS for dads. We will need to choose questions and want the Data Committee to be involved in the selection, and process in general.</p>
<p><b>Maternal Health Task Force</b></p>	
<p>Welcome and Introductions, Meena</p>	<p>Meena and Vik welcomed attendees and provided updates related to Maternal Health Task Force initiatives, as detailed below.</p>
<p>KPI Dashboard Update</p>	<p>Vik confirmed that the dashboard is up to date – no updates are pending at this time.</p>
<p>Research Updates on New Measures</p>	<p>As discussed during the Data Committee portion of the meeting about Goals, this is complete.</p>
<p>Peer Support Doula Innovation Update</p>	<ul style="list-style-type: none"> <li>Vik shared that he and Bridget recently presented on the Peer Support Doula initiative and offered to distribute both the presentation and poster materials to committee members for reference [complete – shared via email to committee on 5/18]</li> <li>Discussion emphasized the importance of incorporating more qualitative and lived-experience storytelling into future evaluations and presentations related to peer support doulas. Vik described a video presentation featuring a peer support doula sharing her personal experience and impact story.</li> <li>Vik shared an example illustrating the perceived impact of the peer support doula model through Project Nurture, describing the difference in support experienced</li> </ul>



	<p>by one participant and noting that the participant later became a peer support doula herself.</p> <ul style="list-style-type: none"><li>• Alethea discussed the importance of distinguishing peer support doulas from other doula models, including community doulas and Medicaid doulas. She emphasized that peer support doulas provide a unique lived-experience connection that may resonate differently with mothers.</li><li>• The committee discussed the value of capturing stories and outcomes from women who utilized peer support doulas, particularly mothers with previous birth experiences who could compare levels of support received.</li><li>• Garrett reiterated broader support for doula access throughout pregnancy and postpartum care.</li></ul>
Adjournment of both Data Committee Meeting & Maternal Health Taskforce Meeting	Meeting adjourned at 2:48 PM ET.