Home Visiting Community Advisory Board (HVCAB) –

Meeting Summary

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| **Meeting Type: Home Visiting Community Advisory Board (HVCAB) Date: 01/23/23** | **Minutes Completed By: Jen Ettinger** |
| **Video Conference Attendees:**  |
| Marneda Bailey, Zakiya Bakari-Griffin, Heidi Beck, Sharronda Boston, Stephanie Cantres, Jennifer Fromme, Kelly Ensslin, Jen Ettinger, Debbie Finch, Heather Hafer, Amy Harter, Christine Hoeflich Olley, Stephanie Martinez, Alana Moffa, Nate’ Morris, Shelly Nix, Tara Oliver, Kirsten Olsen, Elizabeth Orndoff, Jennifer Pulcinella, Amber Shelton, Crystal Sherman, Christine Stoops, Asia Summers, Kellie Turner, Janet Umble, Stephanie Wagner, and Kimberly York.  |
| **Call to Order:**  |
| The meeting began with introductions. The minutes were approved with no corrections. |
| **Announcements:** |
| * The Maternal and Child Death Review Commission which used to be the Child Death Review Commission now is under new leadership. Anne Pedrick has retired, and Kim Liprie is now the Executive Director. If you need to reach Kim, you can reach out to Joan Kelly.
* Preschool development grant, new model called Family Connects, a Universal Tiered approach to evidence-based home visiting. Will be working with DOE in partnership to implement the pilot, it’s a nurse based HV program. Less intensive but has the connections to the current programs for families that need a more intensive approach.
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| **HV Retreat F/U – Review Draft Mission and Vision** |
| * **Mission Statement**: *Ensuring a collaborative approach to home visiting, advancing a continuum of equitable and diverse research-informed programs supporting prenatal through age 5.* – Overall approval of the HVCAB group.
* **Vision Statement:** *Pregnant and parenting families in DE have access to high-quality, early childhood hv as a part of a comprehensive early childhood education system.*  Still discussing the verbiage use, some comments included, some word changes ‘early childhood education system’. Trying to blend DOE and 0-3. Some other word suggestions: *prepare, support or supportive language, encouragement, resource providing*?
* Overall theme of outreach and getting all programs at capacity, to accomplish this a group of leaders to meet in Feb to review data with Vik and look at what is being done to get outreach going.
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| **Outreach Workgroup and Data Discussion, Vik Vishnubhakta and Crystal Sherman** |
| * Concept of improving the outreach process:

(a)Making sure the resources we have are targeting the right areas of the state to ensure we are doing a better job on recruitment and retention of hv families. Where is it lacking? Focus on those high-risk areas. More data driven approach. (b) What disparities exist? What are some of the families that live in these zip codes experiencing? We do have some information from our 211 and HMG data where we can say, ok these are the specific needs and specific areas that we can look when we are looking to enroll families. * We are looking at doing key-informant interviews where we talk with families and ask, ‘*what are some of the pressing issues’ in your specific location? What could be done to improve retention and engagement?*
* Regarding new marketing materials*,* would like outreach group to review the materials for suggestions. Discuss what we could try to increase outreach. Look at which areas to target, getting a printout of Delaware to see those dead zones where outreach is currently not being done and targeting those areas with the marketing materials.
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| **Family Input (Interviews and Focus Groups), Crystal Sherman** |
| * Currently we have a lack of family involvement and feedback as to what families are experiencing. Little information as to why families don’t utilize services.
* We also want to hear from families that are engaged in the program and what they are experiencing, how is the program helping them.
* If they don’t stay in the program as long as we want them to, then asking why.
* Focus groups across the state, hearing from families that don’t accept the programs vs. families that do.
* Get that buy in and form relationships to be able to ask those pointed questions to try to get them more engaged.
* From those formed relationships we can get them to work in these focus groups to get their feedback.
* Need families at the table, not only to talk about their experiences but to help us craft policies; look at the mission statement. Getting more feedback from families by having a family advocate at the table to do this work with us.
* Outreach work group to ask families, specifically since they are on the ground serving families, what are some things that we *should be asking* families. What is the language we should or should not be using when approaching families.
* Vik is doing research looking at other states. Crystal talking with MIECHV project officer if they have any resources to help this group as well.
* Elizabeth Orndorff, DPH Title V Coordinator, who has done the 5-year needs assessment much like MIECHV, has been brought in to assist with the key informant interviews and focus groups.
* There will be monetary incentives for the families who participate.
* Vik will take the lead on the key informant interview and is helping to draft questions. He and his team will do the actual interviews and will have the data collection and analysis of that.
* The focus groups will be led by our partnership with AB&C. Asking HV CAB group as well as home visitors and HMG team to help us with the recruitment of families.
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| **Home Visiting Materials: Presented by AB&C and Crystal Sherman** |
| Media campaign ran Aug-Nov 2022 consisting of radio ads, social media posts and videos. New marketing materials and new branding. Materials were put together in toolkits, which will be used to help us build awareness in the community.AB&C provided a top line level overview of the media campaign and how it performed (slides). Goal of the media campaign is to increase the awareness of the program throughout the state, increase enrollment, and drive traffic back to DE Thrives to get more information about the program, directing visitors to 211 to learn more and sign up. Specifics about the media campaign: * Target was statewide, with a focus on the high-risk zip codes, as well as pregnant women, new parents, and parents of children 0-5.
* Several paid media tactics to target people where they are already visiting, including posters and window clings in laundry mats, hair and nail salons and convenience stores.
* Radio spots playing on the top stations of the state that included contemporary, urban, and Hispanic stations.
* Mailers sent to pregnant women and new parents in specific zip codes.
* In-app value exchanges, viewer would have to watch an ad in order to get another life in a game or something in exchange. Those perform well overall.
* Digital ad that would appear on the internet if someone from our target audience is just browsing around.
* News article (native ads) which also performed very well, as well as Facebook and Instagram story news feed ads.
* To supplement the paid media, grassroots outreach was done to specific partners to distribute the toolkit.
* Direct mail to pregnant women and new parents in high-risk zip zones.
* Thousands of materials have been shared to several partners throughout the state.
* AB&C partner with a vendor who reaches out to locations in those prioritizing the key zip zones to see if they will allow and poster or window cling to be displayed in their establishment.
* All materials can be ordered on DE Thrives, text messages available to copy and paste.
* Social media content can be copied and downloaded to programs social media platforms.
* To look at HMG data to look at what tactics are performing well, and which are not.
* DE Thrives site is relaunching around April.
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| **Next Meeting:**  |
| Virtual meeting date of April 24, 9 – 11 a.m. Zoom meeting instructions will be sent prior to meeting. |
| **Adjournment:** |
| Meeting adjourned at 10:04 a.m. |