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**Doula Ad Hoc Committee**

**Monday, March 27, 2023**

**Virtual Meeting Via Zoom Conference Call**

**MEMBERS PRESENT:**

Rep. Melissa Minor-Brown, Co-chair

Christina Andrews, Co-chair

Leah Woodall

Christina Bryan (DHA)

Mona Liza Hamlin

Susan Noyes

Dara Hall

Dr. Liz Brown

Mary Wise

Dr. Priscilla Mpasi

Erica Allen

**HMA SUPPORT STAFF PRESENT: Akiba Daniels and Diana Rodin**

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| **TOPIC** | **FINDINGS, CONCLUSIONS & RECOMMENDATIONS** | **ACTIONS & FOLLOW-UP** | **PERSON RESPONSIBLE** | **STATUS** |
| I. Call to Order | The meeting was called to order by Tina. Previous minutes approved by Mary Wise; seconded by Dr. Mpasi | No further action required. | Co-Chairs | Resolved |
| II. Co-chair Introduction | Tina introduced herself and Rep. Minor Brown was not able to join the meeting. | No further action required. | Co-Chairs | Resolved |
| III. DMMA/Mercer working group update | Liz Brown provided an overview of DMMA/ Mercer working group updates.   * Have started to meet formally with DE certification board – two meetings to formalize certification requirements, and will need a third. Really appreciate the time of the doulas who’ve been able to make those meetings. Still in the process of scheduling the final one. * Confirming that the Mary Jo Mather from the Certification Board is still scheduling doula meeting #3. Doulas, please check for a scheduling request email from mjmather@pacertboard.org sent 3/23 and respond ASAP to get it scheduled. * Rep. Minor-Brown – HB 80 has been introduced, is in the appropriations committee, hopefully we can get it to the floor for a vote and to the senate and governor; this will enable DMMA to reimburse for doula services. Hopeful we’ll get this done soon and then be able to address private insurance reimbursement. Thank you to all those who have supported the process. | No further action required. |  |  |
| IV. Westchester University Stakeholder Engagement Update | * Leah shared an update on work with Westchester University around the Doula Stakeholder Engagement Research Project. * First aim **was to assess perceptions of community-based doulas on issues related to training and certification.** * Draft report has been completed on doula perceptions related to training, certification, infrastructure needs and opportunities; doulas have been providing feedback on draft report which is being incorporated * The second aim is to address knowledge and attitudes of maternity care providers on the role and potential value of doula services; interviews are happening and ongoing; window is still open for provider participation if others would like to participate * Doula focus group recommendations included: * Training should include full spectrum of doula care from prenatal to postpartum; cultural competency training should be essential component; need-based financial aid for training should be provided, especially for those serving communities with highest need. * Certification – the state should provide flexibility in training requirements, including allowing different training programs/sponsoring organizations. Experienced doulas should be able to waive some training requirements * Educating health care providers – positive relationship is critical; identify and invest in strategies to raise awareness and promote relationships * Doula representation in policymaking is critical * Professional development and networking/mentorship support; state should find ways to encourage and support professional development, with input from doulas, and support those with highest need * Support for navigating Medicaid reimbursement process will be key; state or health care organizations should develop support systems. Ease of process should be prioritized; important for ensuring access to culturally competent care * Provider interview update – five interviews complete, two pending; 30-minute interviews. Providers contact Dr. Erin Knight directly. DPH has been doing a push to get the word out on this. If anyone knows of additional providers who would like to participate, they should get in touch with Erin Knight directly ([eknight@wcupa.edu](mailto:eknight@wcupa.edu)). This is the process per Westchester University IRB. * Christina Bryan – DE Health Care Association – did email invitation go to the perinatal collaborative members? Leah – yes; also DHMIC, other stakeholders. Christina and Leah will follow up about getting the invitation out in member newsletter as well. * Mona Liza shared with Women’s and Children’s at ChristianaCare * Diana will share with Breastfeeding Coalition of DE * ACOG and De AFP * Priscilla Mpasi 10:23 AM * NMA Delaware Chapter- send to Dr. Marshala Lee, nmafirststatechapter@gmail.com to share with members, we have several OB/GYNs in the chapter | No further action required. |  |  |
| V. Doula Support Entities | * Tina summarized approaches of NJ, RI, VA, and the Doula Network * NJ – Doula Learning Collaborative; state contracted and funded this; $450k for the first year. HealthConnectOne is the contractor * RI – run independently by doulas; technical assistance, doula directory, billing services that doulas can sign up for - $45/month. * VA - certifying/credentialing entity rather than comprehensive doula support entity; VDH and DMAS are to provide additional information to doulas. Medicaid managed care plans are making grants to CBOs to build doula workforce * NYC Doula Collective – also doula-run; community collective that offers ongoing professional development. Likely funded through membership fees * The Doula Network is a credentialing and support organization for a number of states * Discussion: Delaware Considerations * Dara – where do you feel like when it comes to funding and supportive efforts, where might it best be focused? Training, workforce development? * Tina – in DE, PIC, Black Mothers in Power, Erica Allen’s organization all reach out and get grants from various entities; do think there needs to be additional funding for that, but support entity is very important as well. Will have doulas who need support filing out the application, need 1-1 support. Do feel like a model that’s heavier on that support would be valuable vs. one that’s just credentialing or offering a directory. * Erica Allen – definitely need training funding, but the support entity is very very important. A lot of what we’re doing is making sure trainees are lined up with what they need, such as background checks, what’s coming down the pike for Medicaid requirements. Would love to be involved in any support entity that does come about. * Tina – it’s important that any support entity knows the birth world; you need to be flexible, having talked with NJ doulas, there’s been some conflict because the entities are state government-based and don’t always know the birth world. That’s been a challenge. Whatever entity we set up in Delaware should have leadership, members that understand; co-op model is nice because everyone is a doula or birthworker, but it also puts a lot of pressure on doulas to both be doulas and lead programs, which is very challenging. Having an entity that understands the birth world and what’s involved, but isn’t necessarily practicing – would be great. * Dara – are any states standing out as successful? * Tina – really just pieces. The co-op model is appealing but know how fragile that model can be, and it puts a lot of pressure on the doulas, especially at the beginning, when they aren’t making much money. NJ model has challenges – having to contract and apply to each MCO separately and set up contracts with them, which is very challenging and time-consuming. DE doesn’t have as many and is smaller; just am cognizant of the challenges of working with state entities and community doulas who may get overwhelmed with the paperwork and documentation that may come with Medicaid reimbursement. * Rep. Minor-Brown – Love that you pointed that out – we need to make sure we’re not creating barriers at the same time. * Dara – Leah, has there been targeted outreach to hospital administrators for those interviews? Leah – happy to do that, but it’s difficult to get a response. Warm handoffs are really important. May be at the department level, or possibly higher up. * Rep. Minor-Brown – we’re at the point with this where people need to realize this is happening. There was a recent NBC news report on the racial disparities Black women experience; it is so upsetting to see. Doulas keep coming up; everyone needs to recognize that this is happening. DE and other states are actually ahead of the game on this, kudos to everyone working to get this done. Need funding for more doulas – we will need more doulas. Even CDC acknowledges that doula care reduces maternal deaths and complications; we need to make this happen. The numbers are continuing to rise. * Mona Liza - I was out for quite some time but definitely ready to resume a doula communication group for community doulas and ChristianaCare. * Liz Brown – struck by the funding amount for NJ and VA; not something Medicaid can pay for. We’ll need to think about that. * Tina – it’s a much more expensive operation in NJ and VA, they have major metropolitan areas that add cost. May want to connect with HealthConnect One. They do make grants for community doula programs and are very involved in NJ and NY. We will need additional funding, but if we have the support of the state that will help attract larger organizations that are already working in the region. Might behoove us to get Del State involved – because it’s an HBCU, think they should be involved in this fight for communities of color, Black women, Black babies. We have opportunity in this region for that kind of support. * Rep Minor-Brown – we had talked with Del State earlier and they weren’t ready, but should circle back and set up meeting with them. Should invite someone from Del State to be involved. * Mona Liza – Was also going to suggest HealthConnect One – close with their training director, Brenda Reyes. Dr. Harper is supportive and wants to engage in this work. Have had lots of transitions in the organization but hopefully this is a good time to have the conversation. * Might want to engage with Lincoln University, a PA HBCU with lots of DE constituency | Need to reach out to Del State and HealthConnect One |  |  |
| VI. Next Steps | Members of the group should email Leah/ Dr. Knight with contact information of potential additional provider interviewees, and will send invitations to their organizations as discussed  Co-chairs will follow up on reaching out to HBCUs | Members to send contact information of potential interviewees; members will also send survey invite |  |  |
| VII. Adjourn-ment | There being no further business before the Committee, the chair adjourned the meeting at 10:52 am | No further action required |  |  |

**Minutes prepared by: Akiba Daniels and Diana Rodin**

**Minutes reviewed by:**

**Minutes respectfully submitted by:**

**Minutes reviewed and approved by CHAIR:**

**Upcoming Doula Ad-Hoc Committee Meetings via Zoom. (Zoom invite to follow):**

* Wednesday, June 14, 2023