# **Social Determinants of Health Committee Meeting**

## February 28, 2023

## **Minutes**

**Attendees:** Michelle Statham (DSHA), Erin Nescott, Marci Eads, Hannah Savage, Liddy Garcia-Bunuel and Ana Bueno, Karen McGloughlin, Mawuna Gardesey, Shelley Nix, Sean O’Neill, Adriana Viveros, Jennifer Pulcinella, Linda Andersen (Wilmington Housing Authority), Joan Kelley (DE FIMR), Dara Hall, Liz Brown.

After introductions and welcoming new members, Liddy mentioned that as we move to more in person HMA is hoping to go back to meeting quarterly before the DHMIC Meeting. Committee members agreed.

**Approval of minutes November 14, 2022, Meeting:** Mawuna Gardesey made amotion to approve minutes as presented. Jennifer Pulcinella seconded. All in favor. Minutes were approved.

Liddy presented the following Action Plan calendar for 2023:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **​** | **Q1 2023​** | **Q2 2023​** | **Q3 2023​** | **Q4 2023​** |
| Continue to implement, monitor, evaluate demonstration projects and identify barriers and possible solutions​ | X​ | X​ | X​ | X​ |
| Assess the need and possible best practices to provide resources to women in their 3rd and 4th trimesters​ | ​ | ​ | X​ | X​ |
| Assess the waiting list for housing assistance specific to pregnant moms​ | ​ | ​ | ​ | X​ |

Liddy asked members for feedback. Sean O’Neill asked for clarification on specific goals and objectives, best practices, etc. as he had some thoughts but wants to hear on what the group wants to work on to see if there is anything he could add. He mentioned wanting to add transportation options. Liddy mentioned that the committee agreed as main goal to prioritize housing assistance for pregnant moms. Sean mentioned that he understands the issues of housing as he has done research and trainings related to housing but also anecdotally and by the work his wife does he feels transportation may be a barrier to care. Health Care access is not included in the modeling and suggested to include DelDOT in the process. It was agreed HMA will add transportation to consider bringing in Delaware Department of Transportation. Jennifer Pulcinella asked if this plan was only for New Castle, or it was Statewide. Liddy clarified the plan was Statewide.

Sean O’Neil added that even if you do have access to a car, it is not as difficult, but you may work a job or multiple jobs and decide it isn't worth your time because you're just trying to get food on the table.

Michelle Statham added that transportation is a large barrier in Kent/Sussex County due to fewer bus stops than New Castle County. Without a vehicle downstate, you may not be able to accept a housing location because the housing location will impede your ability to get to employment, shopping, medical, etc.

Sean added that it is not just a housing issue, it is a housing and transportation issue. The housing provided should also allow for the appropriate transportation access. This takes coordination with Delaware Department of Transportation.

**Guaranteed Basic Income:**

Liddy reminded the committee that this is a demonstration program with total of 40 women enrolled. 15 in cohort 1 and 25 in cohort 2. Women receive $1,000 per month on a debit card. The program works with Usio which is a debit card company that loads the card on the 15th and last day of the month. To remain in the program participants must agree to receive financial coaching and case management at least quarterly. This program provides assistance or additional resources to women in certain high risk zones who are below the 150 % poverty guideline.

Marci Eads, Lead Evaluator at HMA, presented on evaluation some evaluation questions include:

Mostly unrestricted funds. Women use the funds for what they need for themselves and their children. Evaluation team also looking at the links to other resources they may need. Each quarter the team tracks how participants are linked to resources and analyze the Impact of program on other costs. Marci reminded the committee HMA is conducting ROI study of the Program to understand the impact of it on maternal and child health and to understand the cost savings to the whole system.

Data collection includes:

* Pre-Enrollment each quarter round of surveys or interviews.
* Supplemented them with interviews. Interviews are the most useful.
* Next cycle survey with each woman if they find anything that is important they will follow up with participant to learn more.

Evaluation areas:

Findings Interview and Focus Groups

* Funding improved their mental health reducing stress.
* Having a relationship with the case manager is per helpful.
* Last round of interview there was mixed feedback some felt it was helpful and some not as helpful as they were having issues connecting with the coach or being comfortable of sharing financial information with another individual. Or feeling conformable with personal finances mismatch with financial coach. Evaluation team met with Ana and Liddy who addressed this concern with Stand By Me. They were open to feedback and building trust with participants.

Mawuna added that conversations about finances are difficult to have specially if individuals are stressed. It could be a complicated encounter. Important for the work to continue to help individual get out of a difficult situation.

Erin Nescott asked if utilization of health services being tracked by case managers as HIPAA may be complicated.

Adriana Viveros asked what the demographics of the participants served by the GBI. Marci mentioned that she will send the demographics. She mentioned she is asking as different populations have different needs for example SUD, LGBTQ, important to know as they may have different needs.

Liddy mentioned that when the program was launched criteria 185% under, the first and second trimester and they live in HWHB Zones where there is disparate birth outcomes.

Shelley Nix mentioned that just looking at the slide deck there were only African American pictures and suggested to show more diversity on the pictures. Sean agreed and mentioned Hispanic and Latino should be added.

**Survey Findings**

* 2 participants have not had their babies yet. 97% received prenatal care. Self-reported birth outcomes 13% low birth baby, 28% before 27 weeks and 20% had complications from preeclampsia to other issues they reported. Two babies spent time in the NICU.
* Most participants have given birth.
* 97% received prenatal care.
* 13% low birth weight, 28% before 37 weeks, 20% had complications.
* Two babies spent time in the NICU.

Linda mentioned BMIP’s program with Doulas. She had contact with them through email. Liddy mentioned they are a HWHB mini grantees that receive funding PIC and BMIP are training doulas. Evaluation mentioned once again that there are looking for resource allocation and supports being connected and suggested to add a question to see if they were connected to a doula. Mawuna added that it was important to understand that for a baby under the program that does not go to the NIC, the savings would cover what has been invested on the program.

Joan Kelley mentioned that going back to the doulas, the Delaware Fetal and Infant mortality review investigate child losses up to one year and they are tracking Doula work. Overall doula services are very helpful for the mothers and the family. Specially if they decide not to get home visiting. They are working on having a formal recommendation to recommend doulas as it is an excellent service.

Adriana mentioned that in the state of Delaware there are only two bilingual doulas. This should be expanded. This is a concern for participants as there maybe participants that are interested but not enough doulas that speak Spanish and that it was important to train more Spanish doulas.

Dara Hall mentioned that Medicaid was working with the certification board to certify doulas. She mentioned she is very involved and continues to advocate and make referrals and they will be prioritizing.

Liddy reminded the committee that DHMIC has a Ad Hoc Committee that specifically works on its Ad Hoc Doula committee who actively works on this.

Marci continued presenting Survey results:

There seems to disconnect 65% reported having a primary care physician but 96 said they received primary care.

* 75% have enrolled in additional support services.
* 65% have a primary care physician.
* 84% have had a women’s wellness exam in the last 12 months.
* 57% say it’s “very easy” to get medical care; 34% say it’s “somewhat easy”.

HMA asks participants how many bad days they had in the last 30 days. Last survey results show the following results:

* 74% have had no bad physical health days.
* 46% have had no bad mental health days.
* 67% have had no days where bad health prevented usual activities.

In terms of spending data most expenses are on food. Next expense is Rent. Marci reminded the committee that a change was made on original rule not to allow cash transactions which it was important to track where expenses were made. Some women were in a sharing situation so now the program collects necessary documentation that the cash went to the landlord.

Typical monthly spend.

* $310 per food
* 130 rent
* 105 clothing and home goods
* 90 phone and internet
* 60 gas and transportation
* 20 childcare
* 20 utilities
* 10 transportation

200 not accounted for as they were many different categories. This shows women are meeting their basic needs. Marci asked members if they want the evaluation team to gather more information to email her.

Next steps evaluation: 4th round of evaluation

Marci asked the committee if there was anything else they are interested to hear form the women.

Shelley Nix asked about cash app in taxes. Service paying for vendor it affects the vendor who receives the money. Hannah Savage added that is for business using those apps.

Jennifer Pulcinella added that she keeps thinking about a way to have the women in the GBI study contribute info daily. In a fun way that also provides valuable data. It's hard to remember what you did in a month, but daily apps are easy.

Housing Program

Ana presented housing program. Michelle Statham from DSHA added that due to the large number of applications the funds run out and it was not meant to be a long-term solution. They could no longer aid. This is a concern across the state. Delaware Housing authority doing statewide survey March 31, 2023, she encouraged everyone to take the survey. Survey is lengthy 15 minutes to get through it but needed to assess the Delaware housing needs. Survey available at: delawarecommunitysurvey.com

Joan added that EBT benefits is ending this month meaning February 28, 2023. Emergency COVID funding is also ending, monthly benefit continues but not emergency funding. This may bring an influx of need not only for housing but for food as well.

Liddy mentioned that HMA was tasked to look at potential ideas or solutions and will bring them to the table.

Liddy reminded that now meetings will be before the DHMIC quarterly meeting.

Meeting was adjourned.