PUBLIC CONSULTING GROUP	Welcome Family Statewide Expansion Advisory Committee
	Massachusetts Department of Public Health

Meeting: Introductory Meeting

Date: May 11, 2026 **Start/End Time:** 2-3 PM EST

Attendees:

Member		Attendance (yes/no)
Betti	Samantha	yes
Blessington	Rachel	yes
Brice - James	Enella	no
Caffrey	Susan	yes
Curry	Suzanne	yes
Daftary	Genevieve	yes
Daniels, Jr.	Charles	no
Duff	Laura	yes
Frias	Damaris	yes
Gago	Cristina	no
Hamblin	Cherise	yes
Horgan	Cindy	yes
Jones	Alexandria	no
Kim	Kira	yes
Laflamme	Elise	no
Lara-Cahoon	Olivia	yes
Lichir	Asmae	no
Manning	Meg	yes
Martin	Jessica	yes
McCall	Lori	yes
Milne	Isabelle	no
Morrissey	Deirdre	yes
Nalubega	Shanish	yes
Teixeira	Lisa	yes
Urban	Breanna	yes
Valdman	Olga	yes
Whetzel	Leona	yes

Agenda

#	Topic	Notes
1	Presentation	DPH and PCG presented slides about the Welcome Family Model, Program context and evolution, and the Advisory committee expectations and operations.
2	Chat Waterfall: What does success look like?	Advisory Committee members described success as a system that is accessible, equitable, trusted, and well resourced, with several consistent themes:

#	Topic	Notes
		• **Universal awareness and access:** Every new family, regardless of background or location, knows about the program, can easily access it, and feels genuinely supported and respected during the postpartum period *(n=8)*. • **Equitable reach across communities:** The program reaches a greater percentage of families statewide, with intentional focus on equity *(n=7)*. • **Positive family experience:** High levels of patient satisfaction and trust in the program *(n=2)*. • **Statewide standards with local flexibility:** Clear expectations and quality standards balanced with local ownership and flexibility to meet community specific needs *(n=2)*. • **Highly prepared providers:** Providers are equipped with strong clinical skills, up to date local resources, and culturally and linguistically appropriate materials, allowing them to maximize the value of visit time *(n=2)*. • **Stronger resource connections:** Increased availability of and connection to resources for families with higher levels of need. • **Representative and destigmatized workforce:** A diverse provider workforce that reflects the demographics of the families served, and framing Welcome Family as a universal right rather than a stigmatized "social service."
3	Follow-up questions	**Program Infrastructure & Implementation** • **Resource access**: How will the program ensure home visiting nurses have access to an updated, centralized repository of local resources to support meaningful referrals across diverse communities? • **Timeline for launch and expansion:** When does the state plan to officially launch the program, and when can families in currently unserved communities expect to be seen? **Family Awareness, Engagement & Trust** • **Fear related to the political landscape:** How can the program help families overcome fear or hesitation about allowing state affiliated nurses into their homes? • **Earlier awareness:** Can Welcome Family information be introduced earlier, such as in OB and pediatric offices, so families are familiar with the program before hospital delivery? **Workforce Models & Clinical Support** • **Appropriate outpatient clinical skills:** How will provider education ensure competency in outpatient specific clinical skills, particularly lactation, which differs significantly from inpatient care in both physiology and management (e.g., DOL 1–5 vs. day 6+)?

#	Topic	Notes
		• **Workforce model flexibility:** Is there consideration of alternative staffing models (e.g., nurse + CHW, nurse + doula) to increase impact and uptake while managing costs, or is the workforce structure fixed? • **Ongoing clinical and referral support:** How will providers receive accessible, timely support and referral pathways (e.g., IBCLCs, mental health providers) to make the most of visits? • **Broadening the workforce pool:** Is there consideration of Certified Professional Midwives (CPMs) as potential providers, given their expertise in home-based dyadic postpartum care?
4	Notes for future consideration	• **Role of Community Health Workers:** Community Health Workers could help bridge trust gaps and reduce fear related to visits associated with state or local government. • **Language equity and visit structure:** A standard 90minute visit does not represent the same level of service for non-English speaking families when interpretation is required, unless the nurse is language concordant.