



# EVALUATION REPORT



PREPARED BY  
THE CONSULTATION CENTER INC.

# emme Evaluation Report

*Prepared for*

**OPTIMUS Health Care**

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Thanks also to emme and OPTIMUS community partners who offered education and care for participant and family needs such as diapers and food.

To the women and young women who participated in the emme focus groups, your insights will help make the program stronger for future participants.

Thank you.



# Table of Contents

About the Data .....	I
emme Highlights .....	II
<i>Enrollment and Participation</i> .....	II
<i>Participant-identified Goals</i> .....	III
<i>Personal Gains</i> .....	IV
<i>emme Participant Perceptions</i> .....	VI
<i>OPTIMUS Clinician Perceptions</i> .....	VII
<i>Participant Health Outcomes</i> .....	VIII
<i>Service Utilization &amp; Patient Outcomes</i> .....	IX
emme Evaluation .....	1
<i>Program Background</i> .....	1
<i>Fairfield County's Community Foundation</i> .....	2
<i>OPTIMUS Health Care</i> .....	3
<i>Program Incentives</i> .....	4
<i>Evaluation Methods and Design</i> .....	6
<i>Participant Descriptions</i> .....	7
<i>emme Director Reflections</i> .....	10
<i>emme Staff Training</i> .....	11
<i>Partner-Participant Interactions</i> .....	12
<i>Satisfaction Ratings</i> .....	14
<i>Measurable Gains &amp; Outcomes</i> .....	15
<i>Participant Goals</i> .....	17
<i>Sustainability and Program Enhancement</i> .....	18
<i>Qualitative Key Informant Insights</i> .....	19

Contents are hyperlinked to corresponding page

emme Evaluation Continued .....	
<i>emme Implementation</i> .....	<b>20</b>
<i>Community Health Workers (CHW) Roles</i> .....	<b>21</b>
<i>Partner &amp; Participant Testimonies</i> .....	<b>22</b>
<i>Detailed Service Utilization</i> .....	<b>24</b>
<i>Addressing Health Disparities</i> .....	<b>25</b>
<i>Partner Insights</i> .....	<b>26</b>
<i>emme Best Practices</i> .....	<b>27</b>
<i>Future Plans</i> .....	<b>28</b>
<i>Director Insights &amp; Recommendations</i> .....	<b>29</b>

*Contents are hyperlinked to corresponding page*

# About the Data



**Information used to compile this report is from the following sources:**

- emme progress reports provided to the Evaluation Team by the emme Project Director from July 2021 to December 2023
- Key informant interviews and focus groups with emme staff, emme participants, OPTIMUS clinicians, and OPTIMUS Leadership conducted by the Evaluation Team between October and December 2023
- De-identified health information of emme participants and a matched comparison OPTIMUS cohort (non-emme participants)



emme

PROGRAM  
HIGHLIGHTS

## Enrollment

**100** Women and young women are enrolled in emme

■ **30%**

are under the age of 18

■ **70%**

are over the age of 18

■ **95%**

Identify as women of color



All participants expressed a need for social determinants of health (SDoH) services (e.g., transportation, diapers, housing)

**95%** of SDoH needs addressed were provided by emme



## Participant Retention



**88 out of 100** women and young women maintained **consistent participation in emme**

## Participant-identified Goals

- Improve organizational skills
- Learn a new language
- Become proficient in English
- Obtain a high school diploma
- Participate in volunteer activities
- Arrange childcare solutions
- Enroll in college courses
- Secure employment
- Acquire a driver's license
- Perform necessary car repairs
- Purchase a home
- Obtain citizenship
- Achieve independence from either spouse or parent
- Improve health (sleep, healthy weight)



”

*I didn't have my high school diploma. I'm currently getting my high school diploma because of emme.*

**emme adult focus group participant**

”

*I like the fact that [emme CHW] actually wants to help us, and she keeps us on track with, like our goals that we set with them. Every week, she asks how my goals are going and stuff like that. I also get to see her in person on Tuesdays. It's nice to have somebody that you can go to kind of talk about what you're interested in doing, and that they help you map it out. You know, it's like everybody needs that frankly.*

**emme youth focus group participant**

# Personal Gains

## Relationships

- **92%** Greater confidence in parenting abilities
- **88%** Improved healthy intimate relationships
- **85%** Better equipped to manage stress



———— “ ————  
*I love seeing these women [emme participants] making strides for themselves.*

-emme CHW interview informant



———— “ ————  
*emme participants are building good habits. They are accomplishing their goals. They are instilling healthy routines and finding the internal motivation to pursue their goals.*

-emme CHW interview informant

## Health & Wellness

- **88%** Enhanced health in intimate relationships
- **81%** Improved and maintained blood pressure
- **71%** Reduction in isolation
- **66%** Increased confidence in navigating healthcare system
- **61%** Improved and maintained BMI scores
- **51%** Increased knowledge in sexual/reproductive health

# Personal Gains

## Social & Community Benefits

- **76%** Increased social connections
- **75%** Feeling better equipped to advocate for self/others
- **11%** Becoming emme program ambassadors



”

*‘J’ started as a participant.  
She is our doula now!*

-emme CHW interview informant



”

*I have seen patients that are  
back to school and are  
learning how to speak English.  
They are able to get jobs now.*

-emme CHW interview informant

## Financial Wellbeing

- **65%** Increased financial literacy
- **49%** Improved and maintained credit scores
- **37%** Established emergency savings accounts
- **25%** Increased participation in Volunteer Income Tax Assistance (VITA)

# emme Participant Perceptions

*I felt she [emme CHW] really knew what I was going through, and she understood my suffering. I don't have my mother, my sisters. I have no family. So, when I met her, I felt like someone in my family was with me who was saying 'I am truly here for you and don't worry because all is going to turn out okay and you are going to get ahead.' So, I felt more confident with her words.*

emme adult focus group participant



*I joined when I was pregnant. emme helped me a lot when I was pregnant. I had nobody and they were always there for me to help me through the whole pregnancy and birth.*

emme adult focus group participant



*I feel very welcomed [by emme CHW]. I feel understood.*

emme adult focus group participant

*I think the emotional support that they [emme] provide has been the most important and essential for us.*

emme adult focus group participant

# OPTIMUS Clinician Perceptions

*[emme participants] feel like they have a degree of validation about what they have experienced. Sharing with others helps them lift a great burden. They are not alone. They feel seen. They realize that they are managing quite well, and they often realize that their experiences are not their fault.*

OPTIUMS Clinician Informant



*At least 90% [of patients referred] expressed satisfaction with emme. Those that are not satisfied, are not as interested in the group environment.*

OPTIUMS Clinician Informant



*One [emme participant] stopped using drugs and has been clean for a year. Her children are benefiting from this as well.*

OPTIUMS Clinician Informant

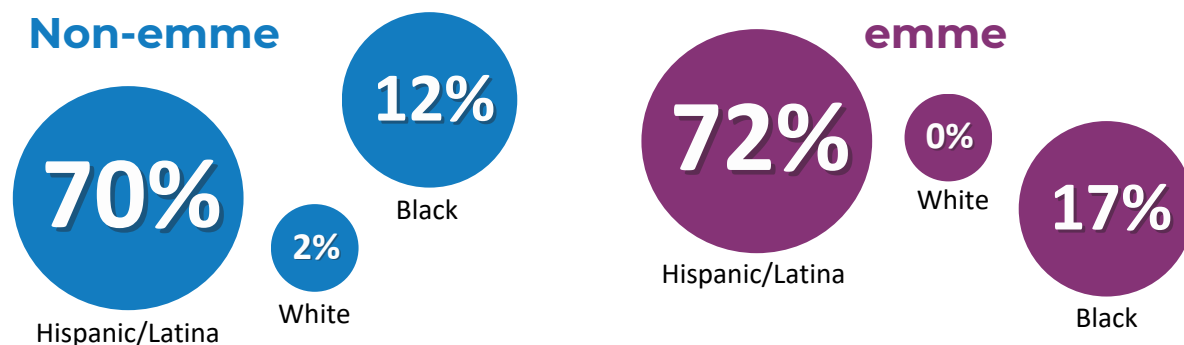
# Participant Health Outcomes

## Health Service Utilization: emme Participants Compared to OPTIMUS Matched Comparison

An analysis was conducted to examine the potential effects of emme participation. Data from participants who accessed emme services (n=63) was compared with data from those who did not participate in the emme program (n=3,138). The analysis examined service utilization and patient outcomes between groups over time. This analysis includes 63 emme participants who engaged in services, as 37 participants were lost to attrition from the program.

## Identity Comparisons

emme participants were matched with a comparison group from Optimus based on race, ethnicity, and age. Below is a comparison of demographic characteristics by group. **Average age for both groups was 25.**



## Positive Impact

The findings from this analysis\* indicate that overall, emme participation led to increased engagement in health services. Compared to those who accessed services and did not participate in the program, **emme participants had higher rates of service utilization.** These results are promising, as consistent engagement in health services is essential for prevention, intervention, and overall improvement of one's health and wellbeing.

\*A difference in difference (DID) analysis was conducted which allows for statistical estimation of treatment effects with a matched control group. The assumptions of DID account for potential differences pre-treatment by assuming that both the treatment and control groups will change over time but to different degrees. When there is a significant difference in this analysis, it means that the treatment group (emme) exceeds what is expected from what would normally occur with no intervention.

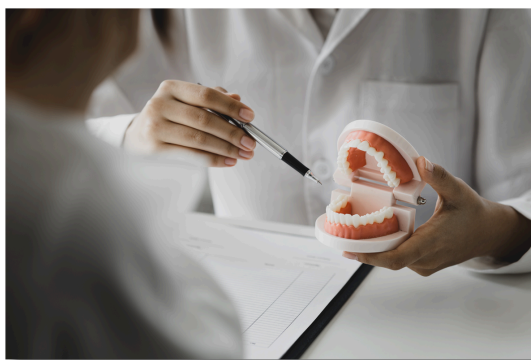
## Service Utilization and Patient Outcomes

A detailed analysis examined whether emme participation had an impact on service utilization across four types of appointments: medical, dental, behavioral health and obstetrics (OB) visits between emme and non-emme patients (comparison group) over time. **Those in the emme program demonstrated higher use of health services, including medical, dental, behavioral health, and OB visits, compared to the comparison group.**

### Medical Services

emme participants increased their use of medical services, especially in the first few months after joining the program. Overall, emme participants consistently used medical services more frequently than the comparison group over time.

*Medical service use increased significantly in the second quarter ( $\beta = 0.26$ ;  $SE = 0.10$ ) and again in the last quarter ( $\beta = 0.35$ ;  $SE = 0.17$ ).*



### Dental Services

Dental services were rarely used prior to emme enrollment. After enrollment, participants started using dental services more frequently, especially during the middle of the program. emme participants had higher rates of dental service utilization overall when compared to the non-emme group (comparison group).

*Dental service use increased in quarters 3 ( $\beta = 0.35$ ;  $SE = 0.05$ ) and 4 ( $\beta = 0.42$ ;  $SE = 0.10$ ), with a gradual decline afterward.*

### Behavioral Health Services

The program also led to a significant increase in the use of behavioral health services, which indicates that participants were getting the mental health support they needed. emme participants consistently accessed behavioral health services at higher rates than the comparison group.

*Behavioral health services saw a steady increase, particularly in quarters 2 ( $\beta = 3.114$ ;  $SE = 1.55$ ), 3 ( $\beta = 4.75$ ;  $SE = 2.28$ ), and 8 ( $\beta = 4.27$ ;  $SE = 0.39$ ).*



### OB Services

OB services usage followed a pattern that matched recommended yearly visits. This indicates that participants were keeping up with their reproductive health needs. emme participants consistently accessed OB services at higher rates than the comparison group.

*OB service utilization increased initially ( $\beta = 1.27$ ;  $SE = 0.57$ ) with some fluctuations over time, reflecting typical OB care patterns.*

We also analyzed the data to examine potential differences in patient outcomes between emme group and the comparison group

### Gestational Age

emme participants had a longer gestational age compared to the comparison group which suggests that the program may have had a positive impact on pregnancy outcomes by carrying their babies to term. (38.86 vs. 33.04 weeks,  $t(122.22) = -5.32, p < 0.01$ ).

### Participants

A greater percentage of Black women were enrolled in the emme program than are served by Optimus. Combined with the longer gestational age for emme participants, this can lead to improved and systemic health equity implications.

(14.3% vs. 9.9%,  $t(30711) = -12.14, p < 0.01$ ).



Considering the higher rate of Black-identified women who participated in emme, and the significantly longer gestational age that emme participants experienced compared to the comparison group, these findings underscore the critical role the program plays in addressing systemic health disparities. By reducing the risks associated with preterm births, particularly among a population disproportionately affected by adverse birth outcomes, emme highlights the importance of culturally-responsive interventions in promoting maternal and infant health equity.



emme

EVALUATION

# Background

The emme framework, established through a collaboration between Fairfield County's Community Foundation (FCCF) and OPTIMUS Healthcare, is designed to empower underrepresented and underserved women in Bridgeport, Connecticut aged 12 to 49. The vision of emme is to support women and young women to lead healthy lives and pursue their life goals by offering education and coaching to support their mental, physical, social, and financial well-being.

Key staff driving emme include a program director, coordinator, and five community health workers (CHWs) who provide life coaching and guidance to emme participants. CHWs are assigned participants based on the participant's age and preferred language, including young women age 12 to 18, Spanish-preferred speaking women 19 years and older, and English-preferred speaking women ages 19 and older.



## Program Attributes

emme offers virtual and in-person sessions that provide, comprehensive health education, access to reproductive health options, and wrap-around supports that address barriers to accessing services like finances, childcare, transportation, housing, food, technology, and language services. emme leverages both new and existing partnerships for maximum effectiveness.

## emme Collaboration

- Fairfield County's community Foundation (FCCF)
- OPTIMUS Health Care

## Core Values

- Uplifting Lives
- Equity
- Inclusivity
- Cultural Sensitivity
- Trauma-informed Care
- Listening to Learn
- Community
- Connection

The program helps participants develop life goals and plans, overcome stereotypes and limiting expectations, gain knowledge about systems, and make healthy choices a central part of their lives. This extends to building healthier intimate relationships, optimizing employment prospects, and understanding personal financial choices. The program also aims to reduce isolation, enhance peer support, and equip participants with healthy coping skills to address stress and trauma.

emme also endeavors to establish new paradigms for cooperation and coordination among non-profits and community organizations to strengthen overall community health and well-being.

## Fairfield County's Community Foundation

Fairfield County's Community Foundation (FCCF) is dedicated to partnering with the community to foster growth and well-being. With over three decades of experience, FCCF serves as a beacon of support for Fairfield County, working closely with nonprofits, businesses, and philanthropists. Through strategic

grantmaking, they have distributed more than \$390 million to nonprofit organizations, both within Fairfield County and beyond. For the broader community, their vision is centered on fostering a stronger local economy, a more substantial skilled workforce, and a safer, healthier community. Their mission encapsulates a commitment to partner with the community to create an equitable environment where every individual has the opportunity to thrive. Guided by values such as equity, inclusivity,



collaboration, humility, respect, and courage, Fairfield County's Community Foundation serves as an essential catalyst for positive change within the region. Their deep local roots and extensive philanthropic knowledge enable them to effectively collaborate with individuals and organizations who share a commitment to strengthening the community.

## FCCF Priority Areas

### Empowering women and young women

to lead economically secure and healthier lives

### Strengthening nonprofits

to become a resource hub for community members

### Creating pathways for youth

to increase opportunities for meaningful careers

### Investing in housing solutions

to meet the urgent need for affordable housing

### Supporting education equity

to eliminate disparities and sustain impact

### Increasing civic engagement

to increase capacity and influence policy

## OPTIMUS Health Care

OPTIMUS believes in forging lasting connections between patients and providers. They offer preventative care and treatments and are committed to improving community well-being. The OPTIMUS mission and vision is to be a lifelong healthcare partner, dedicated to achieving optimal wellness for the communities they serve. They envision a world where access to culturally sensitive, high-quality healthcare is always within reach for all community members.



## OPTIMUS Values

**Multicultural**

**Patient-centered**

**Supportive**

**Trustworthy**

**Understanding**

**Integrity**

## Participant Recruitment

emme participants must be between the ages of 12 and 49 who self-identify as female, are established OPTIMUS patients, Bridgeport residents, and have one or more unfulfilled need. Program recruitment occurs through Bridgeport middle and high schools, the OPTIMUS OB-GYN clinic, and other OPTIMUS services (e.g., behavioral health). A proactive approach was taken to identify potential participants, and a personalized approach was employed to assess participant readiness for the program. Participants are introduced to emme with the support of informative materials and direct communication, and a thorough screening process to ensure program fit and readiness.

## Program Incentives

emme offers a multifaceted incentive program designed to support participants' success in accomplishing their goals and milestones. The incentive structure is divided into three categories: instant incentives, selection-based incentives, and persistence points. Participants can redeem these points for a variety of rewards, including gift cards and electronic devices. At the end of the emme program, participants are celebrated and honored with a graduation and gala event where they receive certificates, enjoy music and refreshments, and complete exit interviews.



## Incentive Types

### Instant Incentives

*Awarded for specific activities*

### Selection-based Incentives

*Awarded through a lottery*

### Persistence Points Incentives

*Earned through accomplishments*

Instant incentives are awarded for activities like speaking at events on behalf of the program, leading a workshop or training, completing special training in an area of interest outside of the emme curriculum, and participating in shadowing opportunities. Selection-based incentives are awarded through a randomized lottery 2 to 4 times per year and offered to participants who attend various educational workshops throughout the program. The third category of incentives falls under persistence points, a framework for recognizing engagement and persistence. Points are earned for a defined set of accomplishments. Points may be redeemed for health and wellness resources such as, exercise equipment, grocery and other shopping gift cards, technology equipment (Fitbit, Echo, earbuds, Alexa devices), self-care rewards for parents ("Mommy Makeovers" or Mom Day Out"). Persistence points take an expansive view of emme participation and encourage the new behaviors program staff and coordinators want to promote.

## Engagement Opportunities

Participants meet with their CHW weekly for check-ins to discuss progress toward their goals. These meetings are offered via phone, text, or face-to-face. Participants also complete weekly independent activities. Monthly engagement includes interacting with fellow emme participants twice per month and attending one-hour Life Coaching Sessions once per month. emme also provides internship and volunteer opportunities to further bolster participants' resumes and practical experiences. While there are incentives offered to participants who participate in volunteering and job-shadowing, the activities themselves are opportunities for job-specific engagement.

## emme Persistence Points Award Matrix

Below describes specific activity achievements and the corresponding points that participants can earn.

Lifestyle Plan	
Creation of plan with specific short and long-term goals	2
Meeting one short-term goal	5
Meeting one long-term goal	10
Healthy Lifestyle	
Visit with Women Infant & Child (WIC) nutritionist or dietician	1
Submission of meal photo and recipe or video showcasing participant workout	2
Lead nutrition or mindfulness session or become health ambassador	5
Financial	
Achieve at least one financial goal or complete CT Money School Program	3
Establish & maintain \$250 90-day emergency fund or improve credit score	5
Sexuality and Reproductive Health Education & Care	
Attend full workshop series and/or pre-natal/parenting classes	3
If pregnant, follow Doula's recommendations	3
Career Readiness	
Create/update Linked-In page with headshot	2
Create/update resume or complete mock interview	3
Secure internship that aligns with career plans	5
Secure employment that aligns with career plans	8
Community Engagement & Public Speaking	
Participate in an interest group session	1
Lead an interest group session	3
Formally speak/present on behalf of the program	5
Other Activities	
View/attend sessions, participate in <i>Life Coaching Session</i> , or update progress journal	1
Complete pre-and-post surveys	2

# Evaluation Purpose

The purpose of this evaluation was to assess emme's impact, efficacy, and sustainability beyond current FCCF funding. This evaluation aimed to provide an in-depth understanding of the program's influence on emme participants and OPTIMUS. Key informant interviews and focus groups with participants, CHWs, clinicians, and OPTIMUS leadership were used to identify program successes and challenges, while also examining the relationship between emme and OPTIMUS. The ultimate goal of the evaluation is to inform areas for program improvement and growth.

## Methods & Design

The evaluation of the emme program included summarizing existing program records, conducting interviews and focus groups and a secondary analysis of patient outcome data. Our approach included a detailed examination of participant demographics, engagement metrics, and measurable outcomes. The evaluation emphasized participant feedback, professional development impacts on staff, and efforts to ensure the program's sustainability.

Data Source	Data Elements	Use in Report
emme Director reports	Compiled from CHW logs, program referrals, and community partner workshops	emme participation rates and demographics, program retention, CHW interactions with participants, community partner involvement
Interviews and focus groups	Conducted by the Evaluation Team with participants, CHWs, OPTIMUS clinicians and leaders	Identify program successes, challenges, lessons learned, and opportunities for sustainability
Analysis of patient outcomes	De-identified data provided by OPTIMUS from health records	To learn about emme participant changes in health outcomes over time as compared to non-emme OPTIMUS patients in a matched comparison

# Participant Descriptions



■ **30%**

**Young women** were under the age of 18

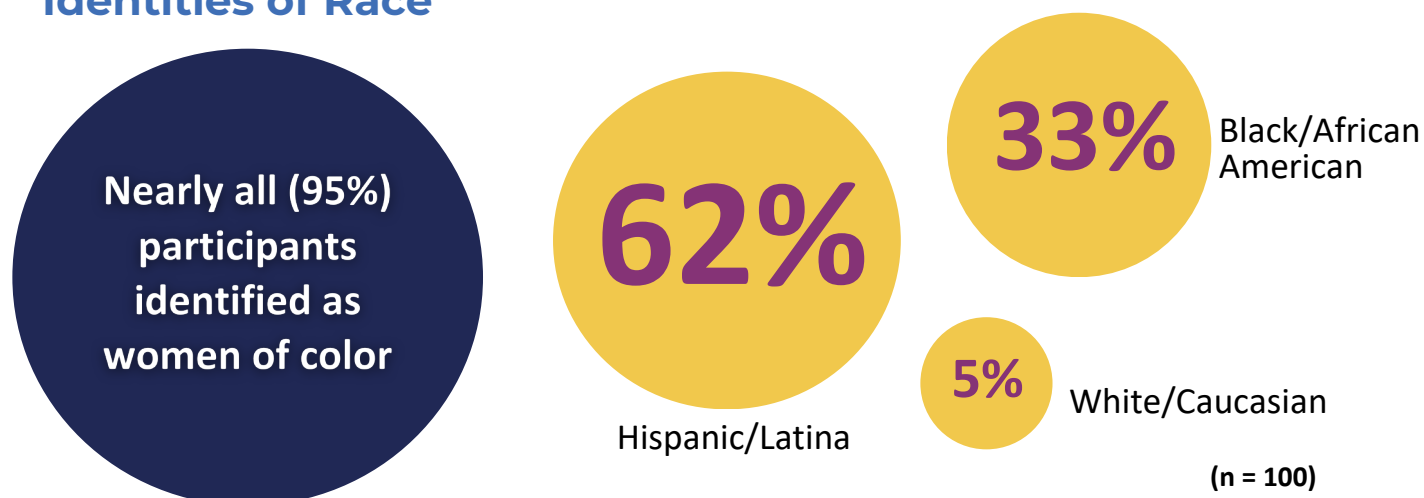
■ **70%**

**Women** were over the age of 18

## Recruitment

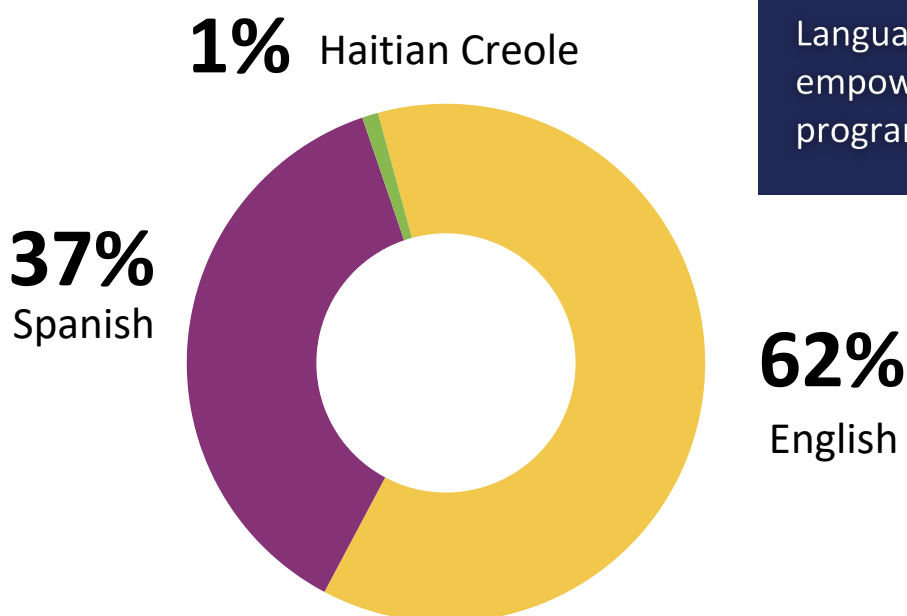
100 women and young women participate in the emme project. The process for identifying and enrolling participants include referrals and self-referrals. Referral sources include school-based health centers and OB-GYN clinics wherein clients indicate a need during provider visits. Following the referrals, the emme Program Director and Coordinator conduct an assessment to determine eligibility. Once the potential participant has been contacted, and upon expressing interest, participants complete a comprehensive screening to evaluate their commitment, motivation, and fit for the program. Those who do not meet specified criteria are contacted to explore alternative options. In situations involving underage participants, a parent or guardian presence is required during the screening and assessment phase. Consent for further program participation, communication protocols, educational materials, and appointment scheduling is disclosed to all participants.

## Identities of Race



\* Data do not include individual diversities among racial and ethnic identities. For example, multiracial, Latinx, and Indigenous groups.

## Preferred Language





Language access is critical to empowering active participation in program activities

Citizenship status was nearly evenly divided among documented (51%) and undocumented participants (49%)

## Family Circumstances & Medical Coverage

To qualify for emme, coordinators consider the level of social needs for each participant. It is essential to also assess associated factors, including employment status, medical insurance coverage, and the presence of dependents in the household at the time of program registration.

 **63%**  
of participants report having **young children**

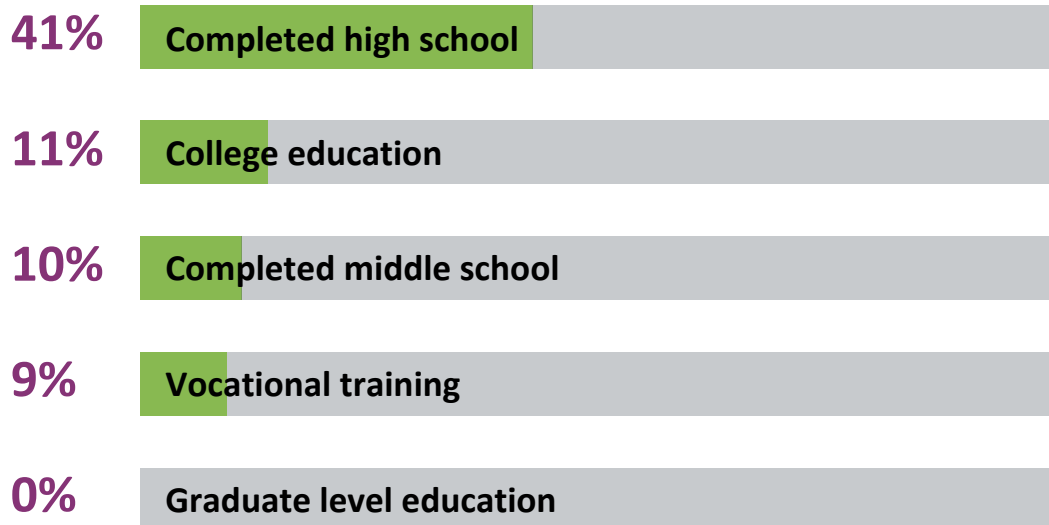
 **6%**  
of participants report living with **elderly parents**



About **half (53%)** of emme participants are **unemployed** and about one-third are **(30%) uninsured** at program enrollment.

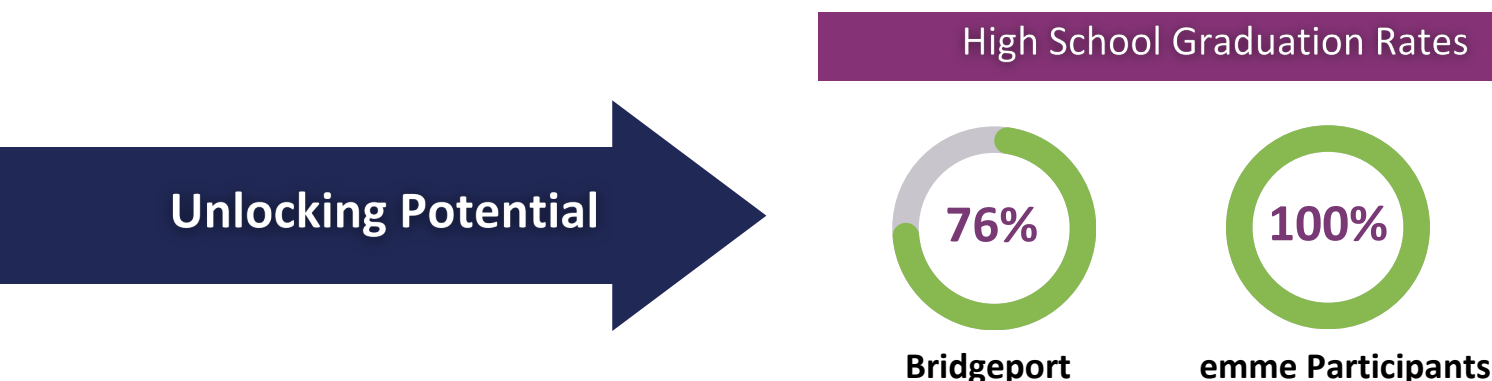
## Educational Attainment

Educational attainment refers to the highest level of formal education individuals completed at the time of program enrollment. As only a portion of the participants were young women under the age of 18, the following apply only to participants age 18 and older.



*Remainder gray bars totaling 100%*

Educational attainment plays a pivotal role in shaping the opportunities available to emme participants, particularly the young women who are still in high school when they join the program. Of these young women, **100% graduate high school**, demonstrating emme's impact in assisting with achieving academic milestones. This accomplishment is especially noteworthy when compared to the backdrop of Bridgeport, where the city's high school graduation rate stands at 76%.<sup>1</sup> emme's commitment to education shines even brighter in this context, ensuring that these young women are well-prepared to pursue their life goals. For the broader group of emme participants beyond high school age, the statistics reveal a diverse range of educational backgrounds, including 41% who have completed high school, 11% with a college education, 10% having completed middle school, and 9% receiving vocational training. The journey from education to empowerment aligns with the city's diverse demographic, where over half of Fairfield County's population is female, and approximately 22% are young women under the age of 18, with a substantial presence in Bridgeport where four out of every five women and young women are of color.<sup>2</sup> The success of emme's young participants in achieving their high school diplomas underscores the program's dedication to fostering opportunities for those in need.



<sup>1</sup> U.S. Department of Education (2022). National Assessment of Educational Progress. Retrieved from [www.portal.ct.gov/report-card](http://www.portal.ct.gov/report-card)

<sup>2</sup> DataHaven & FCCF's Fund for Women & Girls. (2019). Count her in: A status report on women & girls in Fairfield County, Connecticut

## Director Reflections

Since the emme program began, the Coalition has made remarkable strides in positively impacting participants. Confidence and awareness of emme as a support system have grown significantly. Participants have become more adept at navigating healthcare systems, armed with a toolbox of resources for themselves and their families. As the program enters its third year, the envisioned outcomes are coming to fruition, resulting in empowered women and young women, not only among participants but also among CHWs. Staff members, who have themselves overcome abuse and trauma, have blossomed into strong, confident, and influential role models. In fact, within the last six months, some of the most significant growth has occurred among staff, all hailing from the community. Participants and staff alike have transformed into resilient, knowledgeable, and compassionate individuals who share their stories and have gained skills embodying emme's mission. This transformation has led participants to exhibit greater independence and self-advocacy, as evidenced by their proactive approach in approaching CHWs with well-thought-out plans and solutions. Survivors of past domestic violence have experienced a significant shift in their self-perception. They no longer identify as victims but, rather, as survivors, actively striving towards brighter and more promising futures.



## Program Staff Professional Development

emme offers staff ongoing professional development training and certification to ensure the delivery of high-quality support to the program participants. Diverse training programs include mindfulness, trauma-informed care, domestic violence, and substance abuse. The comprehensive curriculum further included specialized certifications from the Center for Justice (CFJ) Violence and Abuse Certification Training, Diabetes Coach Training, and Community Health Worker Certification. This commitment to ongoing education ensures staff are well-equipped with the latest insights and skills, contributing significantly to the program's impact on the lives of participants.

## Guidance and Empowerment

emme CHWs also receive specialized Life Coaching training, which helps to foster participant self-empowerment. Two distinct training modules were conducted, one focusing on preparing for both staff and clients' mindsets for effective life coaching, and the other equipping them with the necessary tools and forms for successful coaching sessions. This investment in life coaching training hopes to prevent generational trauma and foster a culture of empowerment for participants.

## Enriching Competence: A Comprehensive Look at Staff Training

emme staff participate in the following trainings:

Child Abuse Training  
 Family Care Planning  
 Mindfulness Training  
 Life Coaching Training  
 Mental Health First-Aid  
 Diabetes Coach Training  
 Sexual Violence Training  
 Motivational Interviewing  
 Trauma-Informed Training  
 Domestic Violence Training  
 Mandated Reporter Training  
 Girls Circle Facilitator Training  
 Diversity and Inclusion Education  
 Social Emotional Learning in Children  
 Adverse Childhood Experiences (ACEs)  
 Community Health Worker Certification  
 Black, Indigenous, People of Color Forum  
 Recognizing Trauma in Children and Babies  
 Epic Training (Electronic Health Record Software)  
 Center for Justice (CFJ) Violence and Abuse Certification  
 Drug Abuse in Pregnant Women and the Effect in Infants



——— “ ———  
*And the good thing is that we're learning. We were constantly going to trainings which helps us understand and serve the participants better. Right now, we are working on CHW certification.*

CHW Informant

## Strength in Unity: Partner-Participant Interactions

The heart of the emme program resides in the dynamic interactions between participants, emme CHWs, and community partners. The alliance between individual women, young women, and emme Community-Based Organization (CBO) partners is evident in the performance measures below. These measures include the frequency of coaching sessions, number of participant interactions with CHWs, average attendance rate for workshops, participant retention, and the growing network of CBO partners.



### Participant Retention



**22 out of 25** women and young women maintained consistent participation

### CBO Retention

**92%**

of **CBOs** maintained **consistent** involvement year over year



### CBO Training

**Nearly half**

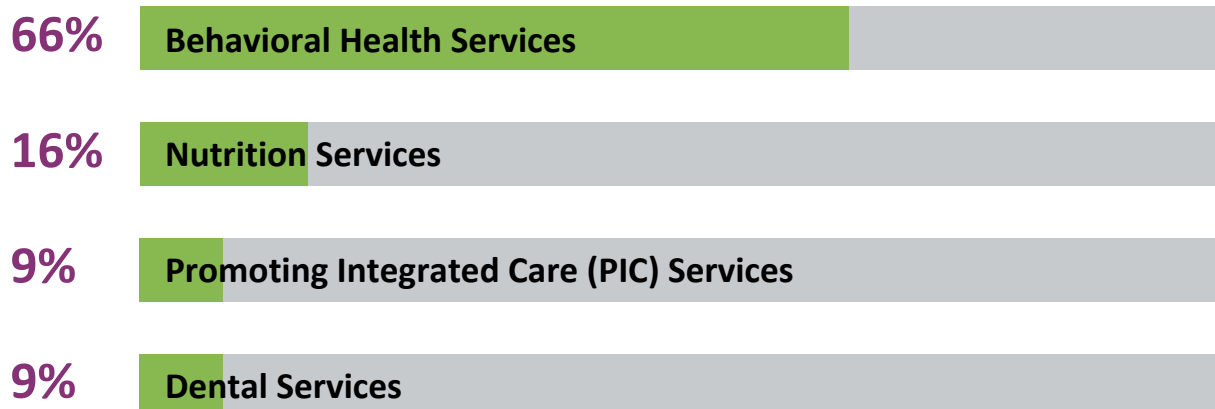
of participants (49%) received training from **CBOs**

\*Total number of participating community-based organizations is 18.

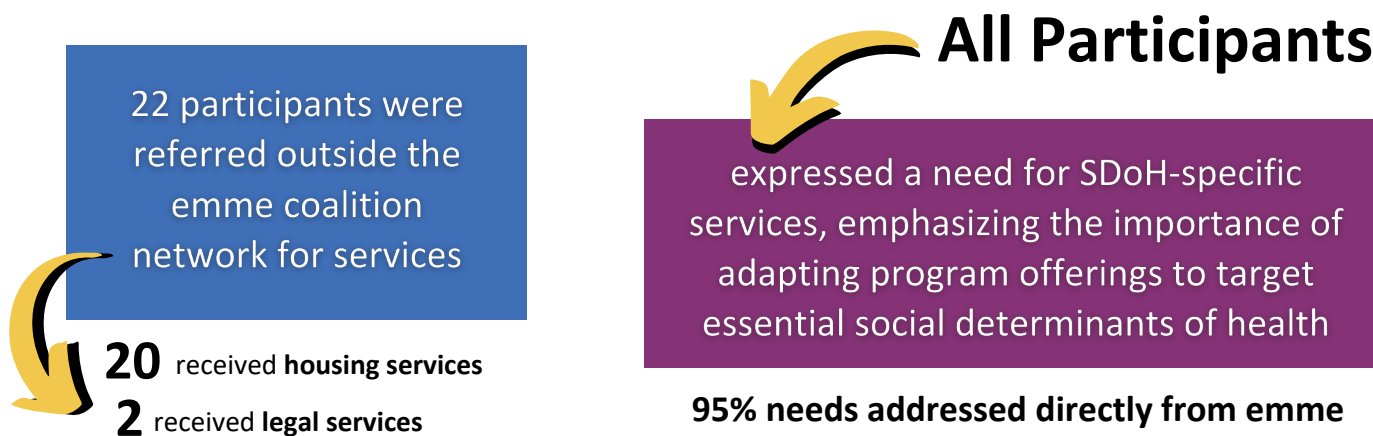
## Promoting Wellness & Resilience

emme CHWs facilitate an average of 42 touchpoints for each participant throughout the program. While each participant is empowered to develop their own program goals, CHWs take an equally active role in fostering participant connections, providing an average of 674 interactions with participants every month. The majority of these interactions occur place in-person through coaching sessions (218), while 217 were via text, 149 by phone, and 90 through Zoom. emme participants consistently demonstrate proactive and self-driven engagement in program services. Notably, behavioral health services boasted an exceptional 94% attendance rate, underlining the participants' commitment to prioritizing their mental well-being. Similarly, primary care and OB/GYN appointments demonstrated outstanding attendance records, with an impressive 92% and 94% respectively. In other types of encounters, 81% of participants experienced full attendance, reflecting overall strength and resilience of emme participants in their engagement with the program.

## Within Network Referrals



Integrated Healthcare, part of PIC services, offers comprehensive physical, mental health, and social care with internal provider communication for effective treatment.



emme also extended its reach beyond immediate participants, as a number of household members (20) were referred for services, reinforcing the value and impact of emme's holistic approach.

## Empowering Connections

Throughout the program, participants are supported with the overarching goal of fostering a strong sense of belonging and autonomy. Participant surveys explored the breadth of participant experiences, from their sense of belonging to the support they received in achieving their goals. Those who were or became pregnant during the program expressed their thoughts on doula support and the relationships they built with CHWs. Participants also reported the suitability of their internships and job shadow opportunities, feedback on workshop instructors, likelihood to recommend emme, and their satisfaction with birth control options provided. This comprehensive approach allows program key informants to gain valuable insights into the effectiveness of the emme coalition in empowering participants across a wide spectrum of services and interactions.

### Satisfaction Ratings

**96%**

of participants reported satisfaction with **CBOs**



**All Participants**



**91%**

of participants reported satisfaction with **OPTIMUS**

**Reported high ratings of their workshop instructors and would recommend emme to other community members.**

Nearly all participants (99%) have a good rapport with their CHW. The majority of participants feel supported in setting and working toward their goals (96%) and feel a sense of belonging in the program (91%).

## Measurable Gains & Transformative Outcomes

emme participants report the following positive outcomes as a result of participating in the program.

### Health & Wellness

- Increased confidence in navigating healthcare system ..... **66%**
- Increased knowledge in sexual/reproductive health ..... **51%**
- Enhanced health in intimate relationships ..... **88%**
- Improved and maintained blood pressure ..... **81%**
- Improved and maintained BMI scores ..... **61%**
- Reduction in isolation ..... **77%**



*I love seeing these women [emme participants] making strides for themselves.*

-emme CHW informant

### Social & Community Benefits

- Increased social connections ..... **76%**
- Feeling better equipped to advocate for self/others ..... **75%**
- Becoming emme program ambassadors ..... **11%**



*emme participants are building good habits. They are accomplishing their goals. They are instilling healthy routines and finding the internal motivation to pursue their goals.*

-emme CHW informant

### Financial Wellbeing

- Improved and maintained credit scores ..... **49%**
- Increased financial literacy ..... **65%**
- Established emergency savings accounts ..... **37%**
- Participation in Volunteer Income Tax Assistance (VITA) ..... **25%**

## Personal Growth & Empowerment



In addition to the self-reported improvements in social, financial, and health-related areas, participants also report feeling better equipped to navigate the challenges of parenthood, with 92% expressing increased confidence in their parenting abilities. Moreover 21% of participants secured employment within one year of participating in emme.

emme has also equipped participants with the tools to better handle stress and trauma (85%). This overall positive impact on mental health is further evident as 51% of participants consistently maintained low scores (0-4) on the PHQ-9 Scale for depression, signifying sustained mental well-being.

Additionally, 45% of participants experienced substantial reductions in their depression scores within just one year of joining the program.

**85%**

report feeling better  
equipped to handle  
stress and trauma

**92%**

report increased  
confidence in their  
parenting abilities

**63%**

of participants met their  
short-term goals

# The Power of Intent

In the emme program, participants actively shape their journey by setting both short-term and long-term goals. Short-term goals focus on areas like independence, language improvement, career experiences, and personal well-being. These serve as building blocks for more extensive aspirations, including citizenship, major purchases, and educational milestones. The program encourages a holistic approach to goal setting, empowering individuals to navigate their unique paths toward personal and broader achievements.

## Participant Goals

- Improve organizational skills
- Learn a new language
- Become proficient in English
- Obtain a high school diploma
- Participate in volunteer activities
- Arrange childcare solutions
- Enroll in college courses
- Secure employment
- Acquire a driver's license
- Perform necessary car repairs
- Purchase a home
- Obtain citizenship
- Achieve independence from either spouse or parent
- Improve health (sleeping, healthy weight)

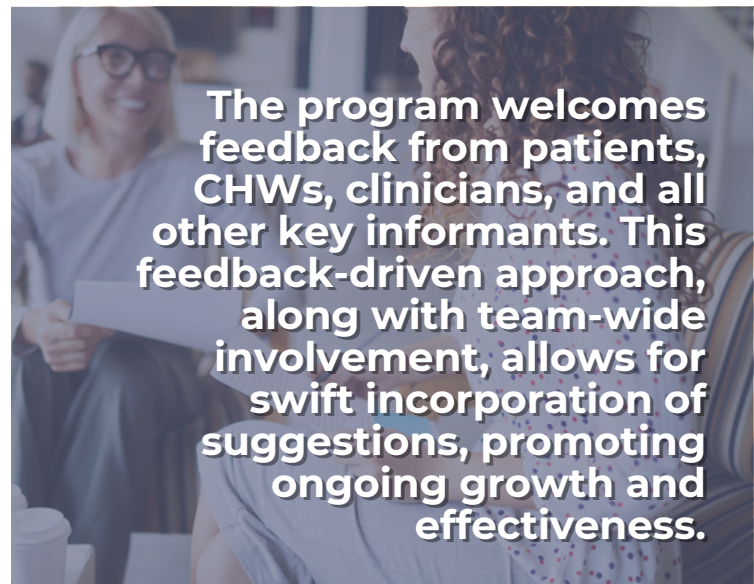


## Sustainability & Program Enhancement

emme staff and coordinators were invited to share their valuable insights on sustainability, feedback integration, and implementation challenges throughout the program. They highlighted significant progress that has been made and described improvement plans. Since its inception, emme's focus has been on gaining support from the broader OPTIMUS staff, establishing a strong presence in the community, forming partnerships with like-minded organizations, and obtaining essential resources and tools. The team's unwavering commitment, coupled with their distinctive patient-centric approach, paved the way for their successful evolution into a well-coordinated and impactful initiative.

### Feedback Integration

Feedback has played a pivotal role in shaping the emme program. Suggestions are promptly incorporated into the program's operations, resulting in enhanced efficiency and sustainability. emme's commitment to an open and collaborative approach has been instrumental in ensuring its success. Moreover, emme maintains a strong focus on consistency and quality control during the referral and intake process. Clear guidelines, standardized assessments, and uniform documentation practices ensure seamless operations, supporting team flexibility and new member onboarding.



While acknowledging the importance of securing additional funding for most of its operations, emme is already demonstrating self-sustainability in key areas. The program's LMSW and a select number of CHWs are self-sustaining, with future prospects for reimbursement from CHWs potentially bolstering financial stability. emme's commitment to resourcefulness and innovation positions it for a sustainable and impactful future.

## Retention Rates

# 88%

of participants are **actively engaged** with all aspects of the program, including life coaching and CHW sessions

# 100%

of participants, even those who were less actively engaged, **utilized free services provided by emme**

# Hear our Voices

To learn about their experiences implementing the emme pilot program, an External Evaluator from The Consultation Center Inc. was hired to conduct key informant interviews and focus groups with emme staff, participants, OPTIMUS leaders, and OPTIMUS clinicians to learn about 1) program operations, 2) participant successes, 3) staff and clinician program experiences, 4) program challenges, and 5) efforts to sustain emme beyond the current FCCF funding opportunity.

The External Evaluator collaborated with the emme Director and members from FCCF and OPTIMUS leadership to develop questions for each constituent group. The emme Director and Coordinator assisted with interview and focus group recruitment. The Evaluation Team facilitated individual interviews or team-based interviews and focus groups between October and December 2023 via Zoom videoconferencing. Participant focus groups and interviews were provided in Spanish and English. emme participants received a gift card for their participation.

## Key Informant Perspectives

### emme CHWs & OPTIMUS Clinicians

- 5 informants
- **Question areas included:**
  - referral and enrollment process
  - engagement strategies
  - implementation
  - outcomes
  - sustainability
- **Method:** Individual interviews

### emme Director

- 1 informant
- **Question areas included:**
  - lessons learned and next steps
- **Method:** Written summary

### OPTIMUS Leadership

- 4 informants
- **Question areas included:**
  - organization changes resulting from emme
  - emme best practices infused at the clinic level
  - sustainability measures
- **Method:** Group interviews

### emme Participants

- 9 women, 6 young women
- **Question areas included:**
  - referral and enrollment process
  - participation
  - outcomes
  - recommendations for program improvement
- **Method:** Interviews & Focus groups

After the qualitative data-gathering process, the evaluator listened to audio recordings of each interview or focus group and qualitatively coded them to note any key takeaways and salient topics that emerged. Content and thematic analyses guided the data analysis process. The following is a synopsis of key takeaways and themes that emerged across interviews with informants; we do not refer to any one person by name to maintain anonymity.

## emme Implementation

OPTIMUS OBGYN and Behavioral Health clinicians were discussed by emme CHWs as the most common program referral sources during interviews. emme participants echoed that they heard about the program from their OBGYN or behavioral health counselor. emme CHWs also shared that they attend community outreach events to promote emme and some women also inquire about the program through word-of-mouth recommendations.

OPTIMUS clinicians reported that the process for referring patients to emme is straightforward. They either enter the referral in the EPIC health record system or contact the emme Program Director with the referral information. All of the clinicians interviewed noted that emme staff respond quickly to their referrals. Clinicians state their primary reasons for referring patients to emme are to help patients address a resource need, complement their behavioral health therapy sessions, or support them through their pregnancy. emme CHWs shared that initially, program referrals from providers were not always a good fit for the program due to the patient's town of residence (outside of Bridgeport) or the patient was not able or interested in working on a personal goal at the time of the referral. Continued discussions with providers about emme has improved the proportion of appropriate referrals to the program.



*At least 90% [of patients I have referred] expressed satisfaction with emme. Those that are not satisfied, are not as interested in the group environment.*

**-OPTIMUS Clinician Informant**

Following the referrals, the emme Program Director or Coordinator conducts an assessment to determine eligibility. Once the potential participant has been contacted, and upon expressing interest, participants complete a comprehensive screening by an emme CHW to evaluate their commitment, motivation, and fit for the program. Those who do not meet specified criteria are provided referrals to other community services when possible.

Reasons why participants enroll in emme include learning how to set and achieve a specific goal that they would like to attain such as getting a job, going to school, and learning a new language. emme youth participants stated that they joined emme to become more connected to their peers, learn how to set healthy goals for themselves and stay on track, and have support from a life coach that they can rely on to help them stay motivated.



*[emme participants] feel like they have a degree of validation about what they have experienced. Sharing with others helps them lift a great burden. They are not alone. They feel seen. They realize that they are managing quite well, and they often realize that their experiences are not their fault.*

**-OPTIMUS Clinician Informant**

When asked about the ideal length of time to participate in the program, emme CHWs shared that the length of time in the program is dependent on the type of personal goals that are set and the participant's ability to focus on their goals given other life demands (such as working multiple jobs and parenting).



*Some of these women are in fight or flight mode. They are just trying to survive. We just have to be patient with them. Some women take longer [to complete their goals].*

-emme CHW Informant

## Implementation Challenges

Implementation challenges shared by informants include an initial proportion of inappropriate referrals from providers and restrictions of emme enrollment to Bridgeport residents only. Several informants shared that they would like to extend the program to all OPTIMIUS patients, and they hope there will be support to do so in the future.

Some CHW informants indicated that there was a lack of initial structure and guidance to provide CHW coaching to participants as the pilot program was being developed. They report that they now have the training and resource materials in place to provide the guidance and confidence they need to support emme participants. They also meet regularly to talk about their caseloads and support each other to troubleshoot any sensitive issues that may arise in their work with participants.

Participant engagement was another implementation challenge noted by CHW informants. When asked about the strategies they use to engage participants, informants shared that they meet participants where they are most comfortable including texting, virtual meetings, phone calls, email follow-ups, and in-person meetings. CHWs working with young women in schools have implemented a regular schedule at the schools so they can meet with students in person and provide a consistent presence in their lives.

## CHW Role Within emme

When asked about the core competencies that emme CHWs must have to successfully implement the emme program, OPTIMIUS leaders identified a combination of social and emotional skills, professional conduct, and service support training including:

- Empathy
- Professional humility
- Positivity
- Flexibility
- High emotional intelligence
- A self-starter
- Strong understanding of the communities served
- Experience supporting clients in navigating the healthcare system
- Motivational interviewing techniques
- Trauma-informed care training
- Experience using standardized screening tools (e.g., depression/trauma)
- Familiarity with the Social Determinants of Health (SDoH) concepts as it affects health and access to healthcare
- Basic knowledge of chronic health conditions

The benefits of the CHW role at OPTIMUS is changing the culture of how clinicians view their role and the supports that they can provide patients. OPTIMUS leaders and clinicians shared that the OBGYN teams are no longer afraid to ask patients domestic violence questions or social determinants of health questions because they now know how, and have the resources to, address a disclosure in house.



*Our CHWs play an indispensable role within the clinical setting to support our patients. In times of crisis, our clinics are a safe place.*

-OPTIMUS Leadership Informant



*The presence of our trained and professional CHWs encourages our clinical team to ask hard questions regarding trauma, social determinants of health, intimate partner violence, etc...because they trust our CHWs to support our patients afterward.*

-OPTIMUS Leadership Informant

emme participants also shared their appreciation for the support that they receive from their emme CHW. Many informants shared that they did not have support structures (family or friends) that they can rely on. The emme CHW fills a vital role to helping them navigate services and provide a positive support to cheer them on.



*I felt she [emme CHW] really knew what I was going through, and she understood my suffering. I don't have my mother, my sisters. I have no family. So, when I met her, I felt like someone in my family was with me who was saying 'I am truly here for you and don't worry because all is going to turn out okay and you are going to get ahead.' So, I felt more confident with her words.*

-emme adult focus group participant

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*I feel very welcomed [by emme CHW]. I feel understood.*

-emme youth focus group participant

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*I joined when I was pregnant. emme helped me a lot when I was pregnant. I had nobody and they were always there for me to help me through the whole pregnancy and birth.*

-emme adult focus group participant

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*I think the emotional support that they [emme] provide has been the most important and essential for us.*

-emme adult focus group participant

emme CHW informants shared their appreciation for the support that they receive from the emme Director, Coordinator, and their peers. They also discussed the ways in which they have grown professionally and personally as a result of their employment. Many shared that their work with participants has opened their eyes to resources available in the community, instilled more patience and empathy in how they approach others, and the trainings and CHW certification are helping them grow their careers.

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*We're all beautiful beings. I feel like I learned a lot from the stories that my peers have shared with us about the women [emme participants]. I feel happy here in this program. I love the idea of the program. I wish I could be a participant.*

emme CHW Informant



## emme Service Utilization

While there were a total of 100 participants in the emme program, an outcome analysis accounted for attrition and included 63 participants who maintained active engagement with services. Among those who stayed in the program, their outcomes were compared to a control group of 3,138 individuals who received similar services but did not participate in emme. The groups were carefully matched based on race, ethnicity (non-Hispanic Black, non-Hispanic White, Hispanic/Latina), and age to ensure a fair comparison.

Treatment	Black	White	Hispanic/Latina	Mean Age
emme Participation	17%	0%	72%	25.10
No emme Participation	12%	2%	70%	24.75

Those in the emme program demonstrated higher use of health services, including medical, dental, behavioral health, and OB visits, compared to the comparison group.

### Medical Services

emme participants showed a significant increase in medical service utilization, particularly in the second quarter after enrollment ( $\beta = 0.26$ ; SE = 0.10). Although there was a temporary decrease in utilization during quarters 5-6, the trend picked up again in the last quarter ( $\beta = 0.35$ ; SE = 0.17). **Overall, emme participants consistently used medical services more frequently than the comparison group over time.**

### Dental Services

Before joining the emme program, dental services were rarely used by participants. However, after enrollment, there was a marked increase in dental service utilization during quarters 3 ( $\beta = 0.35$ ; SE = 0.05) and 4 ( $\beta = 0.42$ ; SE = 0.10). **emme participants had higher rates of dental service utilization overall when compared to the non-emme group (comparison group).**

### Behavioral Health

Participation in behavioral health services increased significantly after emme enrollment, beginning in the second quarter ( $\beta = 3.114$ ; SE = 1.55) and continuing through subsequent quarters, with notable peaks in quarters 3 ( $\beta = 4.75$ ; SE = 2.28) and 8 ( $\beta = 4.27$ ; SE = 0.39). **emme participants consistently accessed behavioral health services at higher rates than the comparison group.**

### OB Services

OB service utilization remained stable before emme enrollment but increased significantly afterward ( $\beta = 1.27$ ; SE = 0.57). There was some variability over time, with a decrease in quarter 5 ( $\beta = -0.49$ ; SE = 0.12) and an increase in quarter 7 ( $\beta = 0.57$ ; SE = 0.21). This pattern aligns with recommended OB care intervals. **emme participants consistently accessed OB services at higher rates than the comparison group.**

This consistent engagement with essential health services is a key indicator of improved health outcomes. Overall, the findings indicate that the emme program effectively encouraged greater use of health services, contributing to better health and wellbeing for participants.

## Addressing Health Disparities

### Gestational Age

emme participants had a longer gestational age compared to the comparison group which suggests that the program may have had a positive impact on pregnancy outcomes by carrying their babies to term.

(38.86 vs. 33.04 weeks,  $t(122.22) = -5.32, p < 0.01$ ).



### Demographics of Participants

A greater percentage of Black women were enrolled in the emme program than are served by Optimus. Combined with the longer gestational age for emme participants, this can lead to improved and systemic health equity implications.

(14.3% vs. 9.9%,  $t(30711) = -12.14, p < 0.01$ ).

The analysis revealed that emme participants had a longer gestational age compared to the comparison group, with a higher percentage of full-term births (between 39-40 weeks). This finding is particularly significant given that preterm births (before 37 weeks) are associated with various complications, including difficulty breathing, feeding, and regulating temperature, as well as increased time in the neonatal intensive care unit (NICU) and a higher risk of infections and developmental delays. Babies born before 34 weeks, classified as early preterm, face even greater challenges.<sup>3</sup>

Nationally, only 8.6% of births were considered preterm in 2022, yet Black women consistently experience higher rates of preterm birth, with rates rising from 11% to 13% between 2014 and 2022.<sup>4</sup> The fact that a larger proportion of emme participants were Black women—who are statistically more likely to face adverse birth outcomes—suggests that the program is actively addressing health disparities. By promoting longer gestational periods, the emme program may be mitigating the systemic factors that disproportionately affect Black women, improving maternal and infant health equity by reducing the likelihood of preterm births and the associated risks. This highlights the program's role in providing culturally responsive care, offering critical support that can lead to healthier pregnancies and better outcomes for both mothers and infants.

<sup>3</sup> Martin, J. A., & Osterman, M. J. K. (2024). *Shifts in the distribution of births by gestational age: United States, 2014–2022*. National Vital Statistics Reports, 73(1). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

<sup>4</sup> U.S. Department of Health and Human Services, National Institutes of Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development. (n.d.). *Know your terms: Full-term pregnancy*. National Child & Maternal Health Education Program. Retrieved from <https://www.nichd.nih.gov/>

## Partner Insights



*We're all supportive of each other [emme staff]. We know that we're in this together. We're all learning at the end of day. And when we have a question about something, we go to other person and ask, 'Hey, do you know about this?' or 'Hey do you understand this? Because I'm having trouble with this, and I don't know.'*

emme CHW Informant

*One [emme participant] stopped using drugs and has been clean for a year. Her children are benefiting from this as well.*

-OPTIMUS Clinician Informant

*I have seen patients that are back to school and are learning how to speak English. They are able to get jobs now.*

-emme CHW Informant

*'J' started as a participant. She is our doula now!*

-emme CHW Informant

## emme Best Practices

When asked, *what best practices have you noticed that have been incorporated into clinical care directly from the emme program?* OPTIMUS leaders shared that they are in the process of exploring how they can incorporate elements from emme into direct clinical care. They shared, ***emme is showing the way to what team-based care is supposed to look like***. They want to build on the team-based care approach that emme offers. The co-location of staff with unique skills to serve patients allows clinicians to focus on providing medical care and navigating patients via a warm handoff to other stated service needs.

One OPTIMUS clinician informant stated that clinicians now do better job connecting women to behavioral health services because they have an identified referral source. They also report that they are more consistently conducting postpartum screenings. Now if patients screen positive, clinicians know that patients have a place to go to get help.

”

*emme makes postpartum screenings much easier because there are resources [through emme] to refer patients to needed services.*

OPTIMUS Clinician Informant

OPTIMUS leaders shared that they are developing a model of team-based care to support clinicians and help sustain emme practices. OPTIMUS recently hired an emme social worker to provide behavioral health services to emme participants and to support CHWs. It is envisioned that having a licensed social worker on staff will provide opportunities for future social work internships at OPTIMUS.

At the time of the OPTIMUS leader interview, the group shared plans to train a subset of OPTIMUS clinicians in trauma-informed care to align with emme service delivery practices. The revenue generated from insurance reimbursement for clinical services will be used to support emme. They are also interested in finding ways to continue to include doulas to support OBGYN clinicians and to increase the quality of care provided to patients.

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*Doulas are critical for leveling the playing field for the patient and for helping clinicians provide quality care.*

OPTIMUS Leadership Informant

## Future Plans

### Planning to ensure emme's ongoing relevance and sustainability at OPTIMUS include:

- Increasing the number of clinicians providing care within the emme program
- Embedding emme in OPTIMUS OB-GYN departments to increase access to emme
- Developing a doula training program (clinical practicum) within the emme program
- Enhancing resilience and boundaries training to staff to prevent burnout
- Ensuring emme CHWs pursue CHW certification to allow insurance reimbursement when it becomes available in Connecticut

When asked, what components of emme can be eliminated to successfully continue to implement the program, the group identified school-based emme and duplicative social services that are offered in the community (such as diaper banks). They also noted that leveraging their networks to offer these types of services to OPTIMUS patients allows clinicians to focus their attention on direct care and lightens the load for clinicians which can also help reduce burnout and increase staff retention.



# Lessons Learned

The data and insights gathered during this evaluation period have provided valuable lessons for the emme program's ongoing development. Evidence indicated that strengthening connections with community partners and utilizing free community resources and services are crucial for cost reduction and sustainability. This shift in approach emphasized resourcefulness and cost-consciousness. Transparency and the implementation of a new program policy played a pivotal role in promoting mindful spending. The experience underlines the transformative impact of high-touch, high-intensity care, highlighting the significance of making participants feel important and supported.

Looking ahead, the program is considering modifying the age criteria for participants, exploring the possibility of raising the limit to 18 and potentially extending it to 60 years. In the long term, the emme program envisions expansion and replication, recognizing its transformative potential in serving diverse demographics. Additionally, a vision for the emme Safe Haven is being developed, a comprehensive support center offering various services for women and children in need. These lessons learned hold value for other programs, particularly those with a public health focus, emphasizing the influence of genuine care and support in fostering positive change.

## Director Insights & Recommendations

To address increased programmatic support, it is recommended to program key informants to communicate with partners and utilize established connections more frequently. To continue empowering participants to navigate systems independently, program director and coordinators recommend actively seeking community alternatives as financial resources. For example, by creating community connections for investments, emme can provide participants with free supplies and bus passes to ensure access to services.

