B’more for Healthy Babies’ Strategy Update

Our Vision

All Baltimore children are born healthy and grow and thrive in healthy families.

Our Goals

- Improve health before pregnancy
- Ensure quality care during pregnancy
- Support families to raise healthy children
- Promote social and economic justice

Our Outcomes

- Infant Mortality (Primary Outcome)
- Child Abuse & Neglect
- School Readiness
- Maternal Mortality (Secondary Outcomes)

Our Strategies

#1 Rally around 7 priority health areas
#2 Advocate for equitable policies
#3 Mobilize communities
#4 Transform systems and services for families and children ages 0-3
#5 Connect people to resources
ACCOMPLISHMENTS OF THE 2009-2018 STRATEGY

36% Decrease in infant mortality
38% Decrease in the black-white disparity in infant mortality
29% Decrease in sleep-related infant deaths
55% Decrease in teen births
76% Decrease in the black-white disparity in teen births


TARGETS FOR THE 2019-2024 STRATEGY UPDATE

All babies are born healthy and reach their first birthdays
15% Decrease in the infant mortality rate
20% Decrease in the black-white disparity in the infant mortality rate

All babies and toddlers are safe
5% Decrease in the rate of substantiated abuse and neglect
5% Decrease in the black-white disparity in the rate of substantiated abuse and neglect
10% Increase in the percentage of children entering kindergarten ready for school
15% Decrease in the black-white disparity in school readiness

All children are ready for school

15% Decrease in the maternal mortality rate
%
%
Decrease in the black-white disparity in the maternal mortality rate

All mothers have a safe pregnancy and delivery

Targets to be set pending release of data from the Maryland Department of Health

BY 2024, BHB SERVICES FOR FAMILIES WILL BE

✓ Accountable
✓ Anti-Racist
✓ High Quality
✓ Trauma Responsive
✓ Strengths Based
✓ Adequately Funded
✓ Population Based
What a Difference We Can Make!

This year in Baltimore, at least 30 more babies will celebrate their first birthdays than did in 2009. That year, B’more for Healthy Babies (BHB) launched with a vision—that all Baltimore children are born healthy and grow and thrive in healthy families.

Achieving more first birthdays for Baltimore babies depends on BHB’s 150 partners—city agencies, health care systems, community-based organizations, academic institutions, and more—taking a collective impact approach to improving health citywide. And it requires a life course approach, one that understands infant survival is influenced not only by a mother’s health in pregnancy, but also by the health of parents well before pregnancy, the community in which they live, and the social and economic factors—particularly racism—that shape their lives.

But infant survival is not the final goal.
A healthy start lays the foundation for young children who are ready to learn, youth who thrive, and young adults who are productive members of their communities. Yet the same racial and economic inequities that drive poor birth outcomes in Baltimore also harm the health and development of children during the crucial first years of life. As a result, black babies still die at twice the rate of white babies and many black children enter kindergarten less prepared than their peers, already disadvantaged from living in segregated communities that lack the resources needed for a child’s optimal growth and development.

While Baltimore’s parents and caregivers work hard to overcome these built-in challenges, BHB is responding to its own clear call to action: addressing inequities in our systems and services that contribute to health disparities and becoming more accountable to the families we serve. Now is the time to reinvest in our youngest residents and make the future we desire for Baltimore a reality.
Why we value collective impact strategies

2015 infant mortality rate, lowest ever in Baltimore City’s history, the result of BHB’s collective impact strategy

Number of students receiving sexual health education through collective action by City Schools and Baltimore City Health Department

Number of local foundations that bundled their funds to support BHB’s comprehensive teen pregnancy prevention strategy, allowing BHB to achieve greater efficiency of scale

Number of cities, states, and municipalities that have requested technical assistance from BHB to build collective impact

The partnerships that make it possible

BHB works with more than 150 partners in Baltimore City, including:

» Community-based organizations

» Health care and social service systems and agencies

» Public agencies, including the Baltimore City Health Department, Department of Social Services, Baltimore City Public Schools, Mayor’s Office of Human Services, Department of Recreation and Parks, Department of Juvenile Services, Baltimore Police Department, and Department of Housing and Community Development

» Donors and foundations

» Child care providers, early childhood programs, and public schools

» Academic institutions and think tanks

» Private sector businesses and vendors
BHB’s Strategy Update

Uses a comprehensive approach

Social behavior change theory guides our strategic planning. We rely on the simple fact that we must take coordinated action on many levels—individual, interpersonal, service/organization, community, and policy—to have a big health impact on the whole Baltimore City population.

Our commitment to population-level change means we must do more than provide services to individuals one at a time. As we move farther to the right on our model (see below), our actions focus more and more on structures, environments, and policies that shape the health of entire populations over the course of a lifetime. Coordinated action at every level of society is the only way to give every baby the best start possible.

HOW BHB WORKS TO PROMOTE HEALTH

- **Individual**
  - Preconception: Educate and link families to resources that support behavior change
  - Pregnancy: Nurture social networks through group programs and social media
  - Postpartum: Early Childhood: Adolescence: Adult hood

- **Interpersonal**
  - Nurture social networks through group programs and social media

- **Service/Organization**
  - Improve the quality of services and increase access to them

- **Community**
  - Organize to create healthy neighborhoods, advocate for policy, and hold systems accountable

- **Policy**
  - Advocate for institutional, local, and state policies to remove barriers to care and address social determinants

Undoing the Structural Racism that Affects Each Level
Puts anti-racism on the agenda

Racism—in our institutions, communities, and society—has a negative impact on health that affects not only families today but also sets the stage for poor health outcomes in future generations.

Some examples of racial inequity that lead to poor health outcomes are:

» Racist housing policies leading to poor housing and neighborhood conditions that persist today

» Inability to accumulate wealth for generations due to slavery, segregation, and oppression

» Systemic racism, including inequitable banking policies, housing and employment discrimination, and educational segregation

» Poor treatment and bias affecting quality of health care and education

» Interpersonal racism, either overt or covert

» Internalized racism and harboring negative beliefs about one’s own racial group

Racism’s harmful effect on health persists regardless of education or income levels. In fact, a college-educated black woman is still much more likely to have a poor birth outcome, or to die during childbirth, than a white woman who has not graduated from high school. These differences in health outcomes are not genetic or the result of bad choices. They are the effects of accumulated stress and trauma caused by racism over the course of a lifetime.

Builds upon our work in health equity

For the past 5 years, BHB has convened a working group to build a common framework, language, and agenda for undoing racism and achieving health equity. Through this Strategy Update we will continue to:

» Make community voice central to planning and mobilization

» Use data to make injustice visible

» Welcome challenges to privilege and oppression

» Root out racist and discriminatory practices in our programs and workplaces and replace them with equitable ones

» Look first to partner on new funding with community-based organizations instead of larger institutions

235 people have participated in Undoing Racism Workshops since June 2016 to learn how they can dismantle racism and discrimination where they work and live

64 organizations have participated in the workshops (led by the People’s Institute for Survival and Beyond) since June 2016
BHB’s Strategy Update

Commits to shared decision-making

BHB is committed to sharing decision-making power with people who are most affected by BHB’s priorities and actions. This commitment, which grew out of BHB’s health equity work, led to the formation of the Community Advisory Board (CAB) in 2017. The 14-member board brings a wide range of talents, expertise, and life experience to BHB’s management structure.

Through the CAB, BHB strives to become more anti-racist, community-driven, and accountable to Baltimore’s families. With technical assistance from the Maryland Association of Nonprofit Organizations, CAB members are creating guidelines to help BHB improve practices for how we hire staff, purchase goods and services, select partners for grants, and decide which priorities to focus on.

The CAB joined two existing decision-making bodies: the Steering Committee, which includes the Mayoral Cabinet and heads of public agencies, and the Core Implementation Team, which consists of program staff from government, non-profit, and academic sectors. Program staff also lead BHB’s technical working groups on specific health topics, by bringing together policymakers, providers, researchers, and frontline staff to share their expertise.
Adds innovation to an already successful strategy

**What’s Continuing**

» Centralized intake system for pregnant women and infants

» SLEEP SAFE Campaign to eliminate sleep-related infant deaths

» U Choose initiative to educate young people on reproductive health

» Neighborhood outreach and education in Upton/Druid Heights and Patterson Park North & East

» Aligned action by BHB partner coalitions on priority health areas

» Systematic improvements to city health care services

**What’s New**

» Explicit focus on health equity and quality services across the life course

» Early childhood goals for child maltreatment and school readiness

» Community Advisory Board guidelines to increase accountability to residents

» Priority health areas of parenting and social-emotional development

» Expanded neighborhood teams

» Strategies to address social determinants

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**SUPPORTING WOMEN DURING PREGNANCY & DELIVERY – A BHB EQUITY PRIORITY**

The Baltimore Community Doula Scholarship Program is an early success of the CAB’s commitment to health equity. Mothers who have the support of a doula during pregnancy, labor, and the postpartum period have better health outcomes, but most women of color and low-income women do not have access to these services. Through a partnership of CAB members and BHB staff, a small group of city residents are becoming certified doulas who will provide services to pregnant and postpartum women in Baltimore City.

Photo credit: D'Pinney Photography
STRATEGY #1
Rally Around 7 Priority Health Areas

Take collective action to address mental health and stress, substance use, sexual health, nutrition, parenting, social-emotional development, and safe sleep for infants.

For the 2009 strategy, BHB reviewed data and the research, and solicited input, to identify 11 priority health areas that have a big impact on a baby’s health, growth, and development. For the Strategy Update, community residents, CAB members, partners, and service providers played an important role in identifying priorities through guided conversations, individual interviews, surveying, and a voting exercise.

All participants expressed concern about social determinants—racism, poverty, unstable housing, and lack of employment. They planned to address them through BHB’s strategies for policy change, community mobilization, and linkages to resources.

Participants then ranked 23 health areas that have an impact on the health of families and babies. They voted to keep 5 of the original 11 priorities and add 2 new ones, as follows:

**Mental health & stress: Improve referrals, reduce stigma**

- Improve the city’s referral system for mental health services
- Raise awareness of mental health issues and decrease stigma

**Substance use: Reduce stigma, respond effectively to youth and women with substance use disorders**

- Improve policy to increase access to substance use screening, referral, and treatment
- Educate providers on trauma-informed screening and referral to state and city hotlines and services

**Sexual health: Prevent teen pregnancy and support quality, client-centered counseling**

- Institutionalize youth-friendly standards in adolescent reproductive health clinics
- Reach out to men, LGBT people, women with substance use disorders, and youth in foster care

**Nutrition: Increase use of food and nutrition services**

- Increase enrollment in WIC through improved screening for food insecurity at prenatal and pediatric visits
- Support distribution of prenatal vitamins and calcium supplements

**Parenting: Reduce parenting stress and increase positive parent-child interactions**

- Advocate for policies to reduce parenting stress
- Build the capacity of city systems to offer parenting workshops

**Social-emotional development: Enroll more families in supportive programs**

- Help child care providers and teachers create high-quality early childhood environments
- Help providers implement social-emotional screening and referral of infants and toddlers to the early intervention system

**Safe sleep: Focus on families with highest risk factors**

- Provide more education to families whose babies have been in the NICU or exposed to smoke or other substances
- Maintain the momentum created by policy change, outreach, and advertising since 2010

Safe Sleep Accomplishments 2009-2018

- **565** Cribs provided to families in 2016
- **74%** Mothers reporting that their babies sleep safely
- **100%** Birthing hospitals in Baltimore City providing safe sleep education to families at discharge from labor & delivery
- **90M** Number of safe sleep advertising impressions
STRATEGY #2
Advocate for Equitable Policies

Partner with advocacy organizations and organize staff and residents to advocate for policy change at the institutional, local, and state levels.

BHB is well-positioned to influence policy through data, testimony, and partnerships.

Our analysis of data from the Baltimore City Health Department and Maryland Department of Health provides a strong advocacy foundation for reducing health disparities. It is enriched by the city’s processes for understanding the context and factors underlying infant and child deaths. The Fetal-Infant Mortality Review and Child Fatality Review bring together providers, staff, and residents to review the circumstances surrounding deaths and and develop recommendations based on data and interviews with families. These recommendations form the basis of BHB’s policy agenda.

Community residents and CAB members can ensure that policymakers hear the testimony of those affected most by legislation. In the 2018 legislative session, the testimony of a CAB member helped convince policymakers to pass a law that improves the state’s process for reviewing maternal deaths.

BHB will partner with organizations that have substantial policy expertise — including Advocates for Children and Youth, Maryland Family Network, and Family League of Baltimore — to advance our policy agenda. BHB staff and partners will also continue to work with local and state agencies to improve agencies’ administrative policies.

HIGHLIGHTS OF BHB’S POLICY AGENDA

Preconception, pregnancy, and early childhood system

» Increase state and local funding for the city’s centralized intake system
» Increase local public funding for the Baltimore Infants & Toddlers Program

BHB’s priority health areas

» Improve local health department access to data on families of substance-exposed newborns for program planning purposes
» Expand Maryland’s “birth match” legislation to provide safety assessments and supportive services to parents of newborns who have previously had children removed from their care

Social determinants of health

» Increase the rates paid to child care providers accepting vouchers
» Expand the Earned Income Tax Credit in Maryland

BHB’S ADVOCACY ACCOMPLISHMENTS

2010
Mayoral proclamation mandates safe sleep education upon discharge from birthing hospitals

2013
The Maryland Department of Health requires all community clinics to plan for providing the full range of contraceptives

2014
The Maryland Department of Health issues a transmittal that all obstetric providers complete the Maryland Prenatal Risk Assessment at the first prenatal care visit

2017
The Department of Corrections requires medical providers to provide a full range of reproductive health services for women in Baltimore City’s justice system (will take effect in 2019)
STRATEGY #3
Mobilize Communities

Mobilize more communities to build upon their strengths and assets for action and advocacy.

Through the Strategy Update, we will raise funds to expand BHB’s successful community model in Upton/Druid Heights and Patterson Park North & East to other neighborhoods in Baltimore City. The model offers a process for identifying community priorities and building upon strengths and assets to create solutions for these priorities.

Each BHB team in Upton/Druid Heights and Patterson Park North & East employs community health workers, many of whom live in these neighborhoods. These teams:

» Canvass homes, markets, schools, churches, and businesses to discuss health topics and connect families to resources

» Support community residents to build a vision for their neighborhood and strengthen connections to each other

» Host Moms Clubs for pregnant women, breastfeeding support groups, and stress-busting nights out for mothers

» Engage fathers and help them realize just how important they are in keeping babies healthy and safe

» Convene monthly Community Collaboratives, where service providers and community organizers create shared action plans

Family League of Baltimore and BHB’s 2 existing neighborhood teams—led by Promise Heights of the University of Maryland School of Social Work in Upton/Druid Heights and Baltimore Medical System in Patterson Park North & East—will mentor new teams in hosting community conversations, conducting outreach, organizing group programs, and developing collaboratives of partner agencies, residents, and community groups.

**BHB IN UPTON/DRUID HEIGHTS & PATTERSON PARK**

We can achieve health equity in Baltimore’s neighborhoods

**UPTON/DRUID HEIGHTS**

0 infant deaths for 2 consecutive years
—on par with the city’s wealthiest neighborhoods

**PATTERSON PARK NORTH & EAST**

0 sleep-related infant deaths for 3 consecutive years
—despite events adversely affecting immigrants in the community

**BHB ENGAGES WITH THE COMMUNITY THROUGH CITYWIDE EVENTS AND SOCIAL MEDIA**

3837 BHB Facebook fans

72 Churches participated in the 2nd Annual Precious Purple Sunday in 2018

878 Health and social service providers on BHB’s email list

9 Annual BHB birthday events
STRATEGY #4
Transform Systems and Services for Families and Children Ages 0-3

Transform the core system of public health preconception, pregnancy, and early childhood programs and services into an anti-racist, efficient, and high-quality network.

BHB’s centralized intake system for pregnant women and infants is the foundation of BHB’s work. Every year, HealthCare Access Maryland (HCAM) has managed referrals for more than 4,000 Medicaid-eligible pregnant women and families with infants. Health care providers and community organizations play an important role in making sure families are connected with the centralized intake system. Our vision is that every pregnant and postpartum woman in Baltimore City is linked to services through this system.

Pregnant women are primarily connected via the Prenatal Risk Assessment, completed by providers at the first prenatal visit.

Postpartum mothers and infants are referred by hospitals using the Postpartum Infant & Maternal Referral (PIMR).

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OUR VISION FOR BALTIMORE’S PRECONCEPTION, PREGNANCY, AND EARLY CHILDHOOD SYSTEM

Referral Sources

**For pregnant women**
- Health care providers via the Prenatal Risk Assessment at first prenatal care visit
- Community organizations
- Self-referrals

**For women with infants**
- Hospitals via the Postpartum Infant & Maternal Referral
- Community organizations
- Self-referrals

- Central resource database used citywide
- Single point of access
- Referral to appropriate resources
- No duplication of services
- Streamlined communication with providers

BHB home visiting
- In-home support through the city’s network of home visiting programs, including Healthy Start

BHB’s group programs
- Prenatal education (Moms Clubs)
- Grief support (HOPE Project)
- Nutrition/fitness/stress classes (B’more Fit)

Support services
- WIC
- Baltimore Infants & Toddlers Program
- Mental health and substance use services
- Adolescent reproductive health services

Social determinants
- Housing including emergency shelter and lead abatement
- GED & literacy classes
- Job training and mentoring
- Income supports including WIC, SNAP, Earned Income Tax Credit
- Services for families experiencing violence

Health care services
- Navigation of health benefits
- Primary care and specialty care
# STRATEGY #4

## HOW WE WILL TRANSFORM THE SYSTEM

We will build upon our work of the past 9 years to improve the centralized intake system and the individual programs and services within this network.

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<td><strong>Centralized Intake System</strong>&lt;br&gt;Connects women and children to health care, programs, and services citywide</td>
<td>» Improved cutreach, protocols, triage system for pregnant/postpartum women&lt;br&gt; » Improved compliance among prenatal providers for submitting Prenatal Risk Assessments</td>
<td>» Ensure funding for essential system needs&lt;br&gt; » Increase outreach at emergency departments, WIC sites, and in communities&lt;br&gt; » Respond to real needs of clients via robust resource database</td>
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<td><strong>Home Visiting</strong>&lt;br&gt;Ongoing structured visits from a home visitor to help families raise children who are healthy and ready to learn</td>
<td>» Unified individual programs under 1 umbrella and standardized reporting&lt;br&gt; » Transitioned all programs to evidence-based models&lt;br&gt; » Increased pay for home visitors&lt;br&gt; » Expanded coverage citywide</td>
<td>» Train staff to address the impact of racism and trauma on families (including themselves through self-care)&lt;br&gt; » Adopt models designed to support substance-exposed newborns and their families&lt;br&gt; » Create career paths for staff advancement</td>
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<td><strong>Baltimore Infants &amp; Toddlers Program (BITP)</strong>&lt;br&gt;Early intervention for young children with developmental delays</td>
<td>» Increased referral completion rate by making services more efficient and family centered&lt;br&gt; » Completed a 5-year strategic plan aligned with Maryland’s strategic plan</td>
<td>» Address funding gaps to reach more children in need of services (target of 13% vs. current 3%)&lt;br&gt; » Partner with communities and agencies to improve screening and referrals&lt;br&gt; » Adopt a family-centered model&lt;br&gt; » Improve families’ transition from BITP to school system</td>
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<td><strong>Women, Infants &amp; Children (WIC)</strong>&lt;br&gt;Food/nutrition support for 25,000 women and children ages 0-5 each year</td>
<td>» Integrated BHB messages and materials into WIC services&lt;br&gt; » Incorporated literacy programming&lt;br&gt; » Increased breastfeeding initiation rates</td>
<td>» Integrate screening and referral for substance use, mental health, and other health conditions into WIC services&lt;br&gt; » Develop a strategic plan for Baltimore City</td>
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<td><strong>Title X Family Planning Clinics</strong>&lt;br&gt;Comprehensive family planning and preventative health services for individuals</td>
<td>» Ensured full range of birth control methods available citywide&lt;br&gt; » Implemented evidence-based sexual health curriculum in City Schools&lt;br&gt; » Launched the U Choose campaign in 2011 to connect teens to youth-friendly services</td>
<td>» Institutionalize standards for providing quality care to teens, men, women, and LGBT people&lt;br&gt; » Adopt a reproductive justice framework&lt;br&gt; » Increase education to young people on sexual health</td>
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## DID YOU KNOW?

Women on Medicaid who do not get a PRA are 5 times more likely to have a fetal or infant death.
STRATEGY #5
Connect People to Resources

_Link individuals and families to resources they need to be healthy, including income supports, housing, jobs, and social networks._

Through the Strategy Update, BHB will help families maximize their income and health. We will deepen our partnerships with housing, social services, schools, child care, libraries, and other organizations to identify resources and link people to:

» Medical Assistance, Temporary Assistance for Needy Families, WIC, SNAP, the Earned Income Tax Credit, and child care vouchers

» Job openings, job training, and mentoring services

» Social supports, particularly those intended to create freedom from internalized racism

» Housing such as emergency shelter, affordable housing, lead abatement, pest management, and weatherization

» Classes and groups to support caregivers of young children, especially fathers

» Services for families experiencing violence

» Material goods, such as diapers and other baby supplies

Creating a single comprehensive database of resources will be central to this strategy. Many resources in Baltimore are underutilized because people do not know they are eligible. BHB will ensure that service providers have access to up-to-date referral information and are able to systematically connect people to supports.

BHB will train staff on what’s available, improve screening and referral processes, and eliminate families’ barriers to accessing supports. We will also work to become a hub for distributing material goods and baby supplies to families. Linking families to supports will be part of BHB’s contracts with partners moving forward, and BHB will fundraise so that staff resources can be dedicated to this strategy.

$81.3M _Amount left on the table in unclaimed federal earned income tax credits by Marylanders in 2012_
What You Can Do

EVERYONE
✓ Participate in trainings on trauma-informed care and Undoing Racism offered by the People's Institute for Survival and Beyond
✓ Join BHB's Community Advisory Board or one of BHB's coalitions, or the Healthy Start Community Action Network
✓ Advocate with your local representative to improve policy
✓ Reach out to family and friends to let them know about BHB programs
✓ Follow us on Facebook and Twitter
✓ Attend our events
✓ Donate a crib through https://cribsforkids.org/support-a-partner/
✓ Engage in self-care—it's important to take care of yourself, too

RESIDENTS AND COMMUNITY LEADERS
✓ Provide feedback on BHB services so we can improve them
✓ Mobilize your communities to improve the health of babies and families

HEALTH AND SOCIAL SERVICE PROVIDERS
✓ Complete the Maryland Prenatal Risk Assessment at the first prenatal care visit so that women are connected to resources
✓ Use BHB’s tools and materials to counsel families on priority health areas

FUNDERS
✓ Engage communities and residents in determining how funds are spent
✓ Consider ways to level the playing field for smaller, community-based organizations that compete for awards
✓ Fund strategies instead of stand-alone work

POLICYMAKERS
✓ Champion a policy agenda on early childhood development
✓ Analyze data to understand disparities in access and health status

PRIORITy FUNDING NEEDS
✓ Ensure adequate staffing of the city’s centralized intake system
✓ Support BHB’s partnership with the Early Education Data Collaborative
✓ Sustain delivery of evidence-based sexual health education in schools
✓ Expand BHB neighborhood teams to other communities
✓ Support social marketing on priority health areas
✓ Fully fund early intervention services

Photo credit: André Chung
Acknowledgments

The Strategy Update evolved during 2017-2018 through the thoughtful contributions of many people. The Baltimore City Health Department, Family League of Baltimore, and HealthCare Access Maryland wish to thank:

» CareFirst BlueCross BlueShield, BHB’s longest and most consistent funder, without which none of BHB’s accomplishments would be possible

» Baltimore residents, who shared their priorities and vision for themselves and their families via community meetings and social media

» BHB’s Community Advisory Board, whose 14 members helped to guide the process and kept the focus on BHB’s accountability to residents

» Program and frontline staff from partner agencies, who proposed strategic solutions borne of their understanding of both Baltimore’s families and the systems that serve them

» Members of the Fetal-Infant Mortality Review and Child Fatality Review, who analyzed cases of fetal and infant death to identify the medical, social, and economic factors contributing to these tragedies

» Staff from health, education, social service, child care, and academic organizations, who reviewed the literature, analyzed the data, synthesized the feedback, and developed the strategy

» BHB’s Steering Committee members and city leadership, who champion the policy and service improvements needed to make this strategy a reality

» Funding community, who have generously provided resources to support the planning process

Remember, every baby counts on you!