



Hub Community Spotlight: Baltimore City

Amy Secrist, Prenatal-to-Three Program Coordinator
Baltimore City Health Department

BUILD: What are the big prenatal-to-three goals in your community?

The big prenatal-to-three goals for Baltimore City center on increasing referrals and doing so in a meaningful way.

1. Our first goal is to increase referrals to our intake system, which is a centralized place for pregnant women and children to be referred into and then connected to all of the other resources available. Families can be connected into the centralized intake system through referrals from a number of different sources, such as medical providers and community organizations. We are focused on increasing referrals and doing so in a way that's going to increase not only participation in all of the available programs, but also provide support for new parents and young families when they need it. We know that coordinated systems and improved access are key to population outcomes.
2. Our next big goal is to work with Baltimore City public schools on a three-year partnership, building on BHB's successful Pregnancy Engagement Specialist workforce and community models. Baltimore City Schools currently operates twelve early childhood centers, known as Judy Centers, throughout the city. We have embedded community health advocates in five Judy Centers in the neighborhoods where we have seen the highest rates of parents who are unable to be located through traditional outreach. We are partnering with the Family League of Baltimore and Healthcare Access Maryland to support the community health advocates, who will link young families to services, and engaging the community in which they are embedded.
3. The third goal is to improve our provider outreach and strengthen our provider networks in order to increase meaningful referrals. That requires a strengthening of our network of obstetric and pediatric providers, but also general practitioners and emergency department providers. In Baltimore city, we want to see a strong network of medical providers who are not only aware of the centralized intake system and the resources available to moms and children, but who see the system as a safety net, strengthening and supporting their patients. Medical providers play an essential role in not only referring families into services, but also in priming families for outreach, explaining the services they are referring the family to and how those services can benefit healthy growth and development.

BUILD: What are your primary challenges in achieving your prenatal-to-three goals?

It's just so hard to get around COVID right now because we put all this together in January of 2020 and had no idea that this was coming down the pike. I think, outside of COVID, the biggest challenge that we really face is populations that we have not reached well in the past. As I mentioned with the Judy Center project, there are communities that we know we are missing in our centralized intake system. Some people have either been missed or haven't been engaged well.

Baltimore City is really a city of neighborhoods. We've done a lot of work to build up trust in certain neighborhoods. There are two that we've partnered with very closely with and we've seen really meaningful impact there. And so, we're hoping to be able to build on that work with the community health advocates embedded in the community and taking a less traditional approach to referrals and outreach.

I think the other challenge is digging through and better understanding our data. We really need to understand why we are lacking engagement with certain groups whom we are doing well with, what the difference is there, and use that analysis to drive improvements to programs and systems.

A lot of our work to address these issues was centered around on-site engagement, both with the Judy Center project, and the co-location of our WIC clinics. COVID is a challenge to both these efforts. We were hoping to have the community health advocate on site and to add more warm handoffs and build a better networking community for families. COVID has forced us to reevaluate just how we are going to do that.

But our family engagement specialists are from Healthcare Access Maryland. They are wonderful. They work really hard and they have done an incredible job with phone outreach during COVID. We actually saw an increase in response to outreach at the beginning of the pandemic, which surprised us. It's been a little light in the middle of all of this.

BUILD: Who makes up your coalition, including at the leadership level public, private partners, parents, etc.?

B'more for Healthy Babies, which is the community organization within the health department that we work with, is a collective impact strategy which works to ensure that the city's infants and toddlers are healthy, safe, and ready for school. We've been operating in this collective impact manner since 2009 and have more than 150 public and private partners. But the big players at the leadership level, that drive a lot of this work, are the Baltimore City Health Department, the Maryland Department of Health, the Family League of Baltimore, and Healthcare Access Maryland. We also have medical providers like Baltimore City Medical System, University of Maryland School of Social Work, and the Baltimore City public school system.

B'more for Healthy Babies also has a community advisory board, that we've been working with for the last five years, that really serves to inform from the community level and drive how we work, not only for our community projects, but also from an advisory and budgetary standpoint. It really has a lot of say in how we move forward and has been a really great source of insight. Parents are a strategic part of the community advisory board, which also includes faith-based leaders and community organizers from strategic neighborhoods.

BUILD: How are you supporting families of infants and toddlers and pregnant women who face significant barriers to supports and services?

In Baltimore City, equity is something that you cannot turn a blind eye to. At B'more for Healthy Babies, we specifically take an anti-racist approach, making sure that we are communicating to all of our partners that it's not race but racism that is driving the inequities in both birth and educational outcomes here in Baltimore City, and across the US. We are leading by not only actively working as a coalition to better understand how racism has impacted the outcomes and policies that we see in Baltimore, but also by bringing this understanding to the table with all of our other partners and coalition members.

We have a partnership agreement that all our partners have to sign that includes an understanding of the way that racism impacts health outcomes. All BHB partners commit to anti-racist principles commit to learning alongside us as coalition.

In our fetal and infant mortality review and our child fatality review, we're working to address the ways in which racism impacts not only health outcomes, but also what services families have access to and how families interact with those services. We're working to address barriers not on a personal level, but on a community and a structural level. We're using the time that we have in the fetal and infant mortality review

and child fatality review to really look at the systems that are in place and how are they making this easier or more difficult for families to access programs, and how those systems are impacting birth outcomes for all communities, but specifically communities of color that have historically and systematically been denied access to these systems and resources. We are hoping to address some of the issues of equitable access through our partnership with Judy Centers in neighborhoods where we know we have not been reaching families with traditional outreach methods.

BUILD: What is the relationship between the state and community work?

We've been partnering with the state of Maryland on a lot of BHB initiatives over the last ten years. We're partnering with the state's Pritzker Grant on increasing access and referrals to centralized intake. The state partners are working on their own projects to increase referrals and centralize their home visiting and other programs. We're also partnering with the state on assessing and analyzing Medicaid data, at the state and local level, to better understand where we can improve referrals and strengthen those systems.

BUILD: Any recommendations or advice?

Something that we've found to be really helpful is building off of strong existing partnerships and investing in them. I think that is really where our strength lies and where we've seen the biggest impact on our ability to not only address issues, but to understand them well. I think those strong partnerships are really where we found the ability to learn and to move forward well as a coalition.