Original article

B'More Fit for Healthy Babies: Using Trauma-Informed Care Policies to Improve Maternal Health in Baltimore City

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Abstract

Background: Pregnant obese women have an increased risk for infant mortality and poor maternal outcomes. Environmental and social conditions pose barriers for less-advantaged overweight women to participate in weight loss interventions. The B’more Fit for Healthy Babies Program aimed to address existing gender inequities that persist where exposure to community-level trauma is present.

Methods: A gender-based analysis using qualitative and quantitative approaches informed B’more Fit’s intervention and identified opportunities for trauma-informed care policies. Key data sources for analyses included two series of focus groups and a quantitative survey. Review of additional Baltimore-based literature and research also informed policy development.

Results: A workgroup formulated policies for B’more Fit staff and participants. Policies involved technical assistance, staff consultation, and gender-sensitive counseling sessions. These activities gained the attention of the Baltimore City Health Department’s leadership, and department-wide trainings were conducted. Highly publicized violence in Baltimore led to expanded trauma-informed care training and policy development in all local government agencies through a partnership between the Baltimore City Health Department and Behavioral Health Systems Baltimore, Inc.

Conclusions: The development and monitoring of trauma-informed interventions and policies within governmental and human service agencies can counterbalance social and environmental exposures. Applying a gender-based and trauma-informed program provided B’more Fit participants with strategies for weight loss, improved nutrition, and better parenting. Coordinated policies and interventions are underway in city institutions to address residents’ behavioral health needs and improve citywide services.

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Stacey G. Tuck had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis that was performed by the evaluation team, Janice Bowie and Amber C. Summers.

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The U.S. Department of Health and Human Services Office on Women’s Health Coalition for a Healthier Community (CHC) grant initiative empowered local stakeholders to address an identified issue that has negatively affected women and girls. The CHC trained grantees in gender-based programming and mandated that they conduct a gender-based analysis to guide their interventions. Sex and gender operate in tandem to influence health outcomes and behaviors (Johnson, Greaves, & Repta, 2009). Applying a gender lens highlights the influence of societal roles that are often prescribed based on sexual characteristics and examines the impact that those roles have on health outcomes. Similarly, examining public health issues from a racial equity perspective delineates the influence of race and ethnicity on health outcomes and recognizes that merely making conditions equal often does not ensure equity. Intersectionality considers the compounded influence of race, gender, ethnicity, and class on outcomes (McCall, 2005).

CHC funds were awarded to the Family League of Baltimore and the Baltimore City Health Department (BCHD) from 2011 to 2016 for B’more Fit for Healthy Babies (B’more Fit), a coalition and weekly intervention designed to address obesity and trauma among postpartum women in Baltimore (Baltimore City Health Department, 2009). This paper describes the coalition’s use of a gender-based analysis to identify and develop trauma-informed care (TIC) policies to improve health outcomes for vulnerable postpartum women. The intervention’s policies surrounding trauma served as a precursor for coordinated, citywide policies led by Baltimore City government and partnering agencies.

B’more Fit is part of a larger, citywide infant mortality reduction initiative known as B’more for Healthy Babies (BHB) that began in 2009. BHB is an innovative demonstration of public–private partnerships with more than 150 community partners, including local and state government, nonprofit organizations, health organizations, and academic institutions. It is led by the BCHD, and the Family League of Baltimore is a key implementation partner.

Research conducted during phase I of the CHC assessment for B’more Fit along with preexisting BHB analysis results and information gathered throughout program implementation (CHC phase II) revealed that race, gender, high rates of obesity, and a lack of access to healthy foods and fitness opportunities were exacerbating infant mortality and contributing to poor maternal health.

Background

The 2015 Uprising sparked by the death of Freddie Gray shed a harsh light on the poverty, violence, and injustice that have plagued the city for decades. With a population of approximately 620,000 people, more than one-third of Baltimore households earn less than $25,000 per year, and these households are more likely to have unmet healthcare needs (Barbot, 2014). Moreover, the city has had a consistently high violent crime rate. In 2015, Baltimore’s crime index, a measure of violent crime rates of population residents and visitors, was 776.3, which is more than 2.5 times higher than the nation’s crime index of 286.7 (available: http://www.city-data.com/crime/crime-Baltimore-Maryland.html). Black youth are disproportionately affected by violence because city residents are more than 60% African American. A study of Baltimore City children ages 6 to 9 found that 87% have experienced multiple traumatic events, and 28% met partial or full criteria for posttraumatic stress disorder (Kiser, Medoff, & Black, 2010). Multiple social determinants have historically excluded Black people from receiving equal treatment, including extreme housing segregation policies, the absence of adequate health care, and a lack of employment opportunities. In Baltimore City, housing segregation through redlining policies has perpetuated the concentration of groups according to race, and there is a direct relationship between racial homogeneity and poverty in Baltimore’s neighborhoods. Baltimore ranks 13 out of 100 among the largest metropolitan areas in terms of racial segregation in the United States. Further, areas with the least racial diversity and highest concentrations of African Americans are among the poorest (available: http://www.societyhealth.vcu.edu/media/society-health/pdf/PMReport_Baltimore.pdf).

Mental Health

The endemically harmful conditions mentioned, as well as historic trauma, have had deleterious effects on the mental health of families living in high-risk neighborhoods for generations. The link between external stressors and both physical and emotional well-being is fully established. Stress is a person’s response to adverse stimulation, and those responses can be physical as well as mental (Proper, Picavet, Bogers, Verschuren, & Bemelmans, 2013). A total of 22.4% of women and 27.1% of persons with incomes of less than $15,000 in Baltimore City reported having more than 8 days per month where they classified themselves as having depressive symptoms (Barbot, 2014). The Baltimore Mental Health Outreach Survey provided insights on perceived mental health needs, areas of strength, and barriers to receiving mental health services for mothers in Baltimore City (University of Maryland School of Medicine, Maryland Coalition of Families, Baltimore City Health Department, 2015). The survey, modeled after another CHC project, New Haven MOMs Partnership (2015), indicated that Baltimore mothers have had high exposure to adverse events such as witnessing violence as an adult and as a child, or having a family member go to jail or prison. Such circumstances and other similar negative experiences can be categorized as trauma. A total of 46% of women reported negative effects of trauma on motherhood, and 60% of pregnant women and mothers of children ages 0 to 5 reported four or more adverse childhood events (University of Maryland School of Medicine, Maryland Coalition of Families, Baltimore City Health Department, 2015). These traumas, exacerbated by gendered racism, may lead to stress that contributes to adverse birth outcomes as women strive to keep their children safe during pregnancy and after birth (Jackson, Phillips, Hogue, & Curry-Owens, 2001).

Obesity is an example of a poor health outcome that is prevalent in Baltimore. The prevalence of obesity among adults in Baltimore increased steadily from 29.3% in 2004 to 33.7% in 2013 (Centers for Disease Control and Prevention, 2017). In comparison, Maryland’s obesity prevalence increased from 21.7% to 28.3% during the same time period (The State of Obesity, 2016). Although the state showed a more marked increase, Baltimore City’s rate started out higher and remained so. In terms of race and gender, the disparities in obesity rates are even more apparent. In 2012, 34% of women were reported to be obese as compared with 26.7% of men, and the rate of obesity among African Americans in the City was 38.5% compared with the overall rate of 30.8% (Barbot, 2014). Additionally, obesity is a major contributor to infant mortality and poor maternal health. Research has shown that pregnant obese mothers and women who gain excess gestational weight have an increased risk for infant mortality and poor birth outcomes (Andreasen, Andersen,
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