CIRCLE OF RESPECT:

BALTIMORE'S B'MORE FOR HEALTHY BABIES HEALTHY FAMILY AMERICA (HFA) HOME VISITING PROGRAM PRIORITIZES COLLABORATION TO EMPOWER NEW MOTHERS

NICHQ
National Institute for Children's Health Quality

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OVERVIEW

This brief presents lessons learned from Baltimore's B'More for Healthy Babies (BHB) Healthy Family America (HFA) home visiting program on how to establish multi-directional communication across funders, city agencies, home visiting programs, and families to create a culture of collaboration that benefits families with young children.

Part of a larger project entitled the Early Childhood Health Equity Landscape Project (ECHE), this case story is one of three that highlights bright spots in multi-sector early childhood health equity initiatives around the country with the common themes of meeting the diverse needs of families and community providers; and committing to lift the voice of and center families and caregivers (individually and collectively). Strategies of family engagement used by BHB's HFA home visiting programs include:

- Creating a culture of collaboration
- Understanding the stories behind the numbers
- Coordinating services prioritization across the city for families
- Working collaboratively to ensure family and home visitor relationships are strong
- Adopting a strengths-based and holistic approach to supporting families

Information in this case story is drawn from interviews with BHB's HFA program funder and the program lead at one of the HFA programs, BHB's strategic plans and year end reports, and city-level demographic data from Baltimore.

Early Childhood Health Equity Landscape Project Early Childhood Health Equity (ECHE) work seeks to strengthen early childhood systems to support healthy child development and reduce health inequities and disparities that can have a lifelong impact.

In an effort to understand how ECHE work is carried out at the local, state, and national levels, the **ECHE Landscape Project**, a joint venture of the National Institute for Children's Health Quality (NICHQ) and Child Trends and funded by the Robert Wood Johnson Foundation, gathered and analyzed information on cross-sector initiatives promoting early childhood health equity through the **ECHE Landscape Survey**. To provide context to the ECHE Survey, the ECHE Landscape Project team has also held conversations with ECHE initiatives to inform a series of spotlight briefs on the topics of health equity, measuring and reporting progress and impact, sustainability, cross-sector partnerships, and state-local collaborations. The information from the landscape survey and series of spotlight briefs is intended to support innovation across sectors to advance health equity for young children.

B'More for Health Babies (BHB) is a Baltimore City initiative led by the Baltimore City Health Department with support from Family League of Baltimore and HealthCare Access Maryland. BHB brings together communities, organizations, and resources so that every baby might have the best start possible. BHB envisions a future where all of Baltimore's Babies are born at a healthy weight, full term, and ready to thrive in healthy families and communities.

DRU/Mondawmin Healthy Families Inc. (DRUM) is committed to providing individualized quality support to families with pregnant women and young children from birth to school readiness in order to enhance the lives of the parents and positively impact the safety and development of healthy children.

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BACKGROUND

In 2009, Baltimore had the fourth highest rate of infant mortality in the nation at 13.5 infant deaths per 1000 births, with Black babies five times more likely to die than white babies. Charlene Thomas, program director at DRU/ Mondawmin Healthy Families Inc. (DRUM), Baltimore's oldest home visiting program for pregnant mothers and young children, recalled those days. "We began our program [in 1999] with the overarching goal to ensure healthy birth outcomes. We are located in West Baltimore, and it was primarily African-American women who we would see," Thomas said. "We would get referrals from word-of-mouth or previous parents we had worked with. We were trusted in the community."

In 2009, recognizing that there were multiple passionate and community-trusted agencies like DRUM working independently to promote the health of pregnant women and young children, the Baltimore City Health Department spearheaded the creation of a collective impact framework that would bring 150 Baltimore agencies under one umbrella. They called the effort B'More for Healthy Babies (BHB), and with lead implementation partners Family League of Baltimore and HealthCare Access Maryland, set out to "ensure that all Baltimore babies are born at a healthy weight, full-term and ready to thrive in healthy families."[1]

Nine years later, in 2018, Baltimore reported the lowest rate of infant mortality in Baltimore's history, falling 36 percent to 8.4 deaths per 1000 live births. The disparity between Black and white infant mortality had fallen by 38 percent during the same period.

In their 2019 strategic plan that looked forward to 2024, BHB deepened their commitment to a five-pronged strategy to: address priority health needs, connect families to resources, mobilize communities, tackle systemic inequity through policy advocacy, and transform systems and services for families and children ages 0 to 3.[2] The latter strategy, related to service coordination, comprises the bulk of BHB's effort, with a wide array of programs from connecting women and birthing people to prenatal care to supporting parents and children through early childhood with support programs like home visiting and parenting classes, to helping families access food, housing, and child care.

BHB's home visiting program is one example of the many services in Baltimore aimed at families and children that have changed dramatically since BHB's inception. Prior to 2009, home visiting agencies across the city were operating independently, and BHB's priority was to bring the agencies together. Family League of Baltimore, a local management board and one of BHB's many partners, provides state and private funding to five home visiting agencies and uses intake data from HealthCare Access Maryland to refer qualified women for home visits. Family League also provides data analysis and programmatic support to home visiting programs.

The five home visiting agencies funded by Family League adopted the use of the Healthy Families America (HFA) model, which meets the criteria for an evidence-based model by the Department of Health and Human Services. The HFA model was conceived in 1992 to use structured home visits "to promote positive parenting, enhance child health and development, and prevent child abuse and neglect."[3] HFA programs can attain accreditation by completing a comprehensive assessment. In 2016, all five home visiting programs funded by Family League were HFA accredited.

BHB's successful integration of their home visiting programs offers unique insight for other cities looking to create inclusive and empowering early childhood programming. At every level, BHB's home visiting programs prioritize mutually respectful collaboration, from administrators at Family League and the Baltimore City Health Department to HFA home visitors and their program leads to the parents served by the program.

CREATING A CULTURE OF COLLABORATION

Jazmyn Covington, based at Family League of Baltimore, serves as the Program Director for BHB's HFA home visiting programs. She uses a collaborative approach when working with the five agencies to ensure that long-standing practices at each site are honored while working toward uniform procedures. She explained, "A few years ago, we were revamping our city-wide outreach protocol and we spoke to each site to see how they were currently reaching clients." Covington noticed that while some methods were the same—the use of an initial contact by phone call, for example—sites differed greatly when doing follow-up contact. Some would stop by and knock on a family's door, while others would send out a mailer or try again by phone.

Coming up with a uniform protocol meant honoring the strategies the sites had historically used while doing outreach, and at the same time, establishing consistent guidelines across all sites. Thomas, at DRUM described the approach adopted by Covington and others at Family League: "We have monthly meetings with Family League, where we have opportunities to flesh out program details—how could this policy work for my agency versus another agency that is connected to the hospital, for example."

With respect to outreach practices, the collaborative approach led to the sites establishing a specific goal for a required number of contacts between agencies and clients, while allowing for latitude on the nature of each contact. "We love that all of the sites are really different, and we never want to take away that individuality," Covington said.

UNDERSTANDING THE STORIES BEHIND THE NUMBERS

In her role at Family League, Covington collects programmatic data that inform day-to-day policy considerations for the home visiting programs. Over the years, she has learned that policy decisions cannot be made based on quantitative data alone and routinely relies on stories collected from home visitors to explain patterns she sees. She explained, "A few years ago, we saw data that showed a falloff in first postpartum visits among our moms. It looked like they weren't going to their first postpartum visit, which we view as program non-compliance." The American College of Obstetricians and Gynecologists (ACOG) recommends postpartum visits take place ideally within three weeks and no longer than 12 weeks after birth.[4]

Covington turned to the home visitors and learned that there were structural barriers preventing women from accessing postpartum care. "The home visitors knew that a certain provider only sees Medicaid patients on Wednesdays from 10am to 1pm, so she couldn't get her first visit until she was 10 weeks postpartum," Covington said. "They also told me that another provider doesn't allow other children to come with mom to the visit, and since she doesn't have a babysitter, it looks like non-compliance."

Covington used the information to extend the timeframe for a first post-partum visit, and routinely checks in with home visitors to learn about other structural impediments to program compliance. She uses information learned from home visitors to advocate for the women and children in the home visiting program. "I am listening to the stories from the home visitors and then bringing it back to our team [at Family League]," she said. "I want to do whatever I can to support them to be successful in serving their families, from looking at how we make different decisions or how we're presenting data to the community."

COORDINATING SERVICES PRIORITIZATION ACROSS THE CITY FOR FAMILIES

Both Covington and Thomas agreed that advocating for parents and children is the highest priority at both of their agencies. While this approach centers the needs of families, it can also complicate strict adherence to program enrollment and discharge policies. Covington elaborated, "With our centralized intake system, we only have a certain amount of slots for home visiting city-wide, so we try to prioritize the moms with the highest needs. Because of that, we tried to transition moms out of home visiting when the child turns three years old, or we denied re-enrollment for moms who had been non-compliant last time."

However, bringing these proposed policies to the monthly meetings with sites showed Covington the shortsightedness of using a top-down approach to program enrollment and discharge. "I learned that there are a lot of reasons a mom may need to stay in the program, like psychosocial needs. Or maybe she needs to be re-enrolled because during the last pregnancy she was in a really tough spot—in between housing, for example—and she just couldn't commit to home visiting, but now with this pregnancy, she really needs it and she wants it."

In response, Family League collaborates with sites on re-enrollment decisions and provides sites autonomy to postpone discharge for mothers and birthing people who could benefit from continued program enrollment due to mental health or psychosocial risk factors or domestic violence situations. "We can't have a hard and fast policy for enrollment or discharge. We leave it up to the sites to use their discretion," Covington said.

WORKING COLLABORATIVELY TO ENSURE FAMILY AND HOME VISITOR RELATIONSHIPS ARE STRONG

Shared decision-making and respect for families are essential aspects of BHB's collective impact framework, exemplified starting on day one for women in the home visiting program. When people are referred for home visiting, they enter a mutually respectful collaborative relationship with the agency, where their needs are prioritized, beginning with the assignment of their home visitor. Thomas explained, "We invest in a lot of training, and we've learned that it's important to tell our home visitors that you may not gel with every single parent you are serving. And I tell our mothers the same thing: you have the autonomy here and it's okay if someone else can serve you better than me." At any point during the program, a parent can request a different home visitor.

Thomas also recognizes the importance of using a trauma-informed lens when doing the intimate work of supporting parents through home visiting. "We all bring our experiences into this relationship, both home visitor and the mother," she said. "You might need a different spirit, or they may need a different spirit. You could be reminding them of their abuser, or you could remind them of their mother. You could be reminding them of people that were not so good to them, and who would want to live that again?" For home visitors who are triggered in their interactions with mothers and parents, Thomas' team works collaboratively to help each other understand and address their past traumas. DRUM recognizes that reassignment is always an option.

Using this approach has resulted in far more successful home visiting relationships. "We love our families," Thomas said. "They become an extension of our family because we care for them that deeply."

ADOPTING A STRENGTHS-BASED AND HOLISTIC APPROACH TO SUPPORTING FAMILIES

Reflecting BHB's focus on addressing systemic racism in their collective impact work, both Thomas and Covington are deeply aware of the systemic factors that disproportionately affect the lives of Baltimore's Black families and other families of color. "We need to understand institutional racism – there are institutional factors that keep families from getting help and make life harder for them," Thomas said.

With that in mind, Thomas recognized that home visiting cannot be done in a vacuum that focuses narrowly on encouraging parent skill-building or providing essential material goods, like a crib, to care for a young child. She explained that healthy families need to have access to safe homes, employment, and food; and that those needs often carry stigma and are difficult for families to disclose. The respect and collaboration established at the outset of the home visiting relationship helps home visitors to break down those barriers when entering the homes of their clients.

"We make sure that we are not seen as intruders because we know that everything may not be perfect in their home," Thomas explained. "Our families may be in difficult situations, but we need to talk about it in a decent way without making them feel horrible."

Thomas works collaboratively with the families to identify and leverage the resources and supports they have and, together, address the source of the problem. "If they can, most families will take care of these issues, but if they are barely making it, we have to get help make sure the family has enough money [and resources] to get rid of the problem."

Using this strength-based approach, DRUM home visitors help parents access government food and housing aid, direct them to job training programs of interest, refer them to career counseling programs, and connect them to GED programs. "We need to uplift communities of color so we can finally get to something that looks like equity," she explained.

FUTURE DIRECTIONS

Since 2009, Baltimore's home visiting program has unified agencies under one umbrella and transitioned to an evidence-based model while prioritizing collaboration and mutual respect at every step. Looking forward, BHB intends to increase staff training on the impact of structural racism and generational trauma on both families and staff, and work to better support substance-exposed newborns and their families.

Thomas is hopeful about the future for these families and the impact of home visiting. "All of our families, no matter what is going on in their lives, want the best for their children. They want to see their children thrive. We focus on them and work with them to find out what their hopes and dreams are for themselves and for their children," she said. "Where do they see themselves in five years? What do they want to be? Then we help them until they get there because we know they can do it."

REFERENCES

[1] B'More for Healthy Babies. (n.d.). *About*. Healthy Babies Baltimore. https://www.healthybabiesbaltimore.com/about

[2] State of Maryland, Baltimore City Health Department, B'More for Healthy Babies. (2018). *5-Year Strategy Update for B'More for Healthy Babies: 2019-2024* (pp. 1-20). Baltimore, MD: City of Baltimore.

[3] Healthy Families America. (2020, April 10). *Our History*. Healthy Families America. https://www.healthyfamiliesamerica.org/history/

[4] The American College of Obstetricians and Gynecologists. (2018, May). *Optimizing Postpartum Care*. ACOG. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care

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