Photo courtesy of B'more for Healthy Babies

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By Nicole A. Johnson and Lauren Thiesse, Extraordinary Changes

B'more for Healthy Babies: The Story Behind the Data

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Executive Summary

In 2009, 128 babies died before their first birthday in Baltimore City, an infant mortality rate of 13.5 deaths per 1,000 live births. Black babies were five times more likely to die than white babies, a reflection of the deep inequities in health and resources faced by Baltimore families. Although the main causes of infant mortality—prematurity, low birth weight, and sleep-related deaths—were known, city leaders struggled to confront them.

In response, the Baltimore City Health Department, in partnership with the Family League of Baltimore City and HealthCare Access Maryland, launched B'more for Healthy Babies (BHB), a multidisciplinary public health strategy to improve maternal and child health outcomes citywide. It engages the most vulnerable expectant mothers with the goals of reducing infant mortality and eliminating disparities that exist among Black, Latino, and white families.

BHB coordinates more than 150 partners citywide to improve the overall system of care for expecting parents and families with young children. Every year, 86% of pregnant people with Medicaid (about 4,000) receive care coordination, hundreds receive evidence-based home visiting, and all residents learn about the importance of safe sleep.

Additionally, BHB provides more intensive outreach and services in two target neighborhoods: Patterson Park North & East (Patterson Park N&E) and Upton/Druid Heights, through two anchor institutions: Baltimore Medical Systems and Promise Heights, an initiative of the University of Maryland School of Social Work. Each institution received about $200,000 per year to support a small number of staff dedicated to BHB's efforts. These staff organize community-level partners, like churches, small businesses, schools, nonprofits, and city agencies, to better serve parents before and after birth.

After 13 years of sustained commitment, funding, and leadership, BHB has made a significant difference. From 2009 to 2019, Baltimore's overall infant mortality rate decreased from 13.5 to 8.8 deaths per 1,000 live births. This decrease outpaced the state's infant mortality rate reduction of 6.6 to 6.3 deaths per 1,000 live births. Critically, Baltimore's Black–white racial disparity was cut by more than half thanks to a 7.1 point reduction in the Black infant mortality rate. Data from 2020 shows some setbacks, but given the disruptions to BHB programming stemming from the COVID pandemic, officials are hopeful that will prove an anomaly.

Photo courtesy of B'more for Healthy Babies

Gains were even more impressive in the two neighborhoods providing community-level support to families. Upton/Druid Heights' infant mortality rate decreased by 73%, and Patterson Park N&E's decreased by 60%. In both communities, the racial disparity between Black and white infant deaths was eliminated.

During focus groups and interviews, parents, community partners, and city leaders reflected on the evolution of BHB and the factors that made it successful. Key themes from these conversations include: (1) the influence of race and racism; (2) the importance of data and storytelling; (3) honor for the lived experience of expectant mothers; and (4) sustained leadership, partnership, and trust within the BHB network. All agreed that BHB has transformed the system of care for families in Baltimore, which needs to be sustained and further strengthened. Additionally, the remarkable success of BHB's neighborhood-level work and its relatively low cost (about $200,000 per neighborhood per year) should spur expansion to other Baltimore City communities facing disproportionate infant deaths.

Funding concerns, however, have tempered such calls for expansion. In recent years, the financial security and sustainability of BHB have been threatened by shifts in the public and private funding landscape. Existing private foundation support will phase out in the coming years, and a number of local and state programs face budget cuts or formula changes that will adversely impact the amount of funding available to serve families in Baltimore. Advocacy from BHB partners, community residents, parents, and caregivers is needed to secure BHB's future through increased public and private investment in maternal and child health.

Introduction

In 2009, Baltimore had one of the worst rates of infant mortality in the country—128 babies died before their first birthdays that year. The highest infant mortality rates were concentrated in neighborhoods that experienced racial residential segregation, high rates of poverty, and high incidence of neighborhood violence. Black babies were five times more likely to die than white babies. These conditions became a call to action to city leadership and resulted in the creation of B'more for Healthy Babies (BHB), a public health strategy to improve maternal and child outcomes citywide. The Baltimore City Health Department co-leads BHB with the Family League of Baltimore and HealthCare Access Maryland. BHB "envisions a future where all infants in Baltimore are born at a healthy weight, full-term, and ready to thrive in healthy families and communities."

BHB recognizes the cumulative effects of stress and trauma caused by poverty, displacement, racism, and other forms of neglect and marginalization. Elements of the strategy include a centralized intake system for expectant mothers, evidence-based home visiting, neighborhood-based intervention programs, and citywide communications campaigns. To understand the design of BHB, it is important to acknowledge the following:

- **BHB is not the work of a single organization.** Using a collective impact approach, BHB results from aligned action taken by more than 150 organizations working citywide and within target neighborhoods. Each organization shares responsibility for BHB design, implementation, and impact.
- **BHB sheds light on racial disparities and racism's harmful effect on the health and well-being of Baltimore residents.** Partners are accountable to one another for being explicitly anti-racist in their efforts to change individual behavior and transform public systems.
- **BHB is not a program but a multidisciplinary strategy.** Adapted from the Centers for Disease Control and Prevention's public health impact pyramid, BHB works to support expectant and parenting women via 1:1 counseling and case management, peer support groups, and citywide communications and advocacy campaigns.

BHB creates the population-level conditions that promote health and wellness for expectant mothers and infants. The strategy braids funding from public grant programs, such as Maryland Medicaid, with investment from private foundations to deliver a seamless, coordinated system of care. Direct services and medical care for expectant mothers are supported by public grant funds. Private foundations fund strategic planning and collaboration, prenatal and postpartum education, and community engagement activities.

BHB is a proof point that a population approach to reducing infant deaths can succeed. During its first 10 years of implementation, the infant mortality rate in Baltimore City declined from

13.5 deaths per 1,000 live births in 2009 to 8.8 in 2019, and the racial gap between Black infant deaths and white infant deaths decreased by 38 percentage points.[1] Even more significant reductions in infant mortality rates have been achieved in the BHB target neighborhoods of Patterson Park N&E and Upton/Druid Heights: 60% and 73%, respectively.

This report summarizes the impact of BHB and the factors contributing to its success. It tells the story behind the data and includes reflections from BHB partners, neighborhood leaders, and mothers connected to the initiative. It explores the following questions:

- How has BHB impacted maternal and child health outcomes? What are the factors driving down rates of infant mortality?
- How does BHB work? What are the key elements of the BHB strategy?
- What can be learned from those connected to the initiative?
- What does the future hold for BHB? What will it take to expand the geographic reach and sustain its impact?

Photo courtesy of B'more for Healthy Babies

Impact of B'more for Healthy Babies

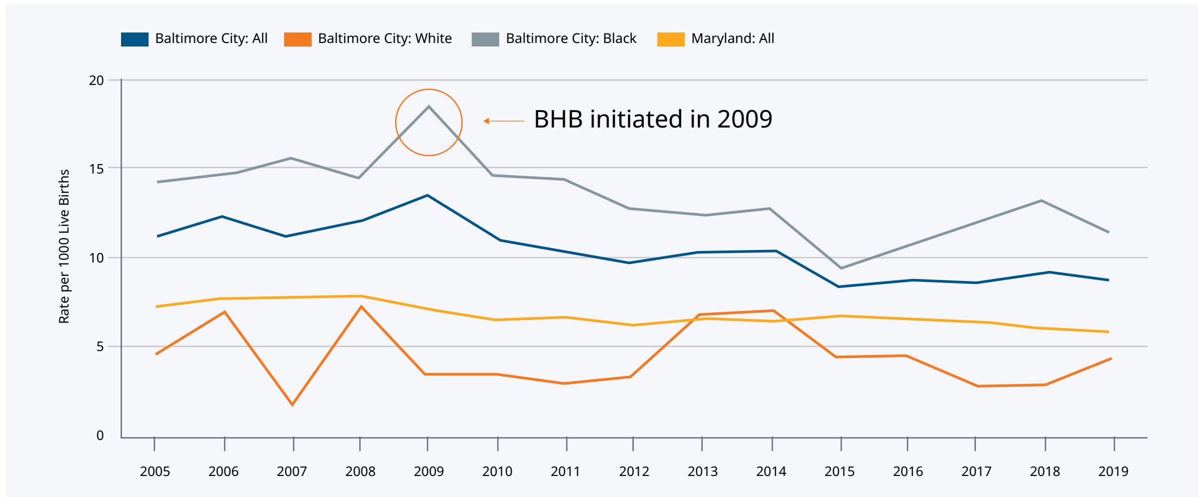
The 2009 Strategy to Improve Birth Outcomes in Baltimore City (2009 SIBO), the blueprint for the BHB launch, was shaped by research and a community needs assessment. BHB developed an infant mortality reduction strategy using a theory of change supported by key activities targeting the leading causes of infant mortality. Prematurity (babies born before 27 weeks) and low birth weight (babies born weighing less than 5.5 pounds) were the first two leading causes of infant mortality in Baltimore City. The third leading cause of infant mortality in Baltimore was sleep-related deaths. These leading causes of death are preventable. BHB directs services and programs to the most vulnerable expectant mothers in the city. When the program launched in 2009, BHB stakeholders wanted to decrease citywide rates of infant mortality and address the infant mortality disparity between Black and white families.

Data trends reveal that BHB is making a difference. From 2009 to 2019, Baltimore's overall infant mortality rate decreased from 13.5 to 8.8 (per 1,000 live births).[2] This decrease is driven by a 7.1-point decrease (per 1,000 live births) in the Black infant mortality rate during that time span.[3] Figure 1 displays the disaggregated Black and white infant mortality rates from 2005 through 2019. During this same period, infant mortality rates for the state of Maryland fell from a five-year average rate of 6.6 per 1,000 live births (2010–14) to an average of 6.3 per 1,000 live births (2015–19).[4]

For Hispanic families, which is a smaller but growing demographic in Baltimore City, data is not complete because infant mortality rates are not reported in years when there are fewer than five deaths. Data is available for 2014, 2015, 2019, and 2020. Between 2014 and 2015, the Hispanic infant mortality rate increased from 7.6 to 8.7 per 1,000 live births. The next available data was between 2019 and 2020, when the rate was lower but still increasing (6.3 to 7.2).[5] Patterson Park N&E, which has a high concentration of Hispanic families, provides a glimpse into what can be achieved through BHB neighborhood-level work. Between 2009 and 2019, the five-year average rates for infant mortality in Patterson Park N&E decreased by 60% from 8.8 to 3.5 deaths per 1,000 live births.

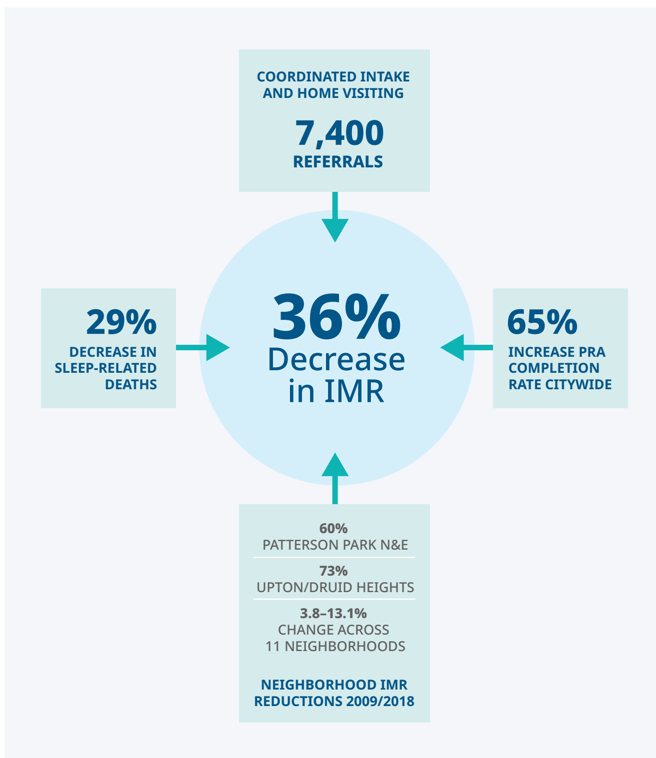
Photo courtesy of B'more for Healthy Babies

Figure 1: Infant Mortality Baltimore City and Maryland, 2005–2019



Note: A trendline for Hispanic infant mortality is unavailable. Sufficient rates for Hispanic infant mortality are available in 2014, 2015, 2019, and 2020.

Figure 2: Factors Contributing to IMR Reductions



BHB is a multidisciplinary strategy working across multiple agencies and interventions. Isolating a single factor or determinant as the primary cause for the 10-year reductions in infant mortality rates is challenging. Figure 2 presents factors that contributed to the 36% reduction in citywide infant mortality rates. These factors include increases in the number of completed centralized intake referrals; increases in the percentage of pregnant women connected to wraparound services (such as WIC, home visiting, behavioral health) through prenatal risk assessments (PRA); and decreases in sleep-related deaths citywide.

Large declines in infant mortality rates at the neighborhood level also contribute to the overall citywide reduction.

BHB's successful approach could be used to address child fatality more broadly. From 2016 to 2020, 208 children from birth to age 17 living in Baltimore City died in unusual and unexpected circumstances, representing nearly a quarter of all child fatalities in the state of Maryland.[6] Infants were the most vulnerable to fatality, accounting for 87 of the 208 fatalities (42%).[7] Toddlers (ages 1–3) were also at great risk, with 31 total fatalities (15%).[8] Figure 3 presents the child (birth to age 17) fatality data for 2016–2020 by cause.

Photo courtesy of B'more for Healthy Babies

In 2021, the Baltimore City Child Fatality Review (CFR) team concluded that a "public health approach that involves all agencies and providers serving families… that simultaneously works on multiple fronts to change policy, improve services, and mobilize communities" is needed to prevent child fatalities.[9] The report references multiple BHB strategies, including the safe sleep campaign, the scale-up of the electronic prenatal risk assessment, postpartum infant and maternal referral (PIMR), and anti-racism training for partners and agency staff, among others. These specific BHB components are referenced as part of a menu of recommendations to strengthen the system of maternal and child health care.

Photo courtesy of B'more for Healthy Babies

Figure 3: Number of Child Fatalities by Cause (2016–2020)[10]

Cause of Fatality	# of Fatalities
Homicide	69
Sleep-Related	60
Accident	40
Natural	20
Undetermined	12
Suicide	7

BHB is an important foundation for city leaders to build a more systemic response to enable all families to thrive. Reaching the first birthday is just the start of raising healthy and happy children. Tamira Dunn, Family League's program director of home visiting, said that a positive birth outcome has the power to break "generational curses so that they set a foundation for a young child... teaching things they weren't taught." When a mom has a healthy pregnancy, she begins the journey of raising a healthy child with many life opportunities.

How B'more for Healthy Babies Works

Collective Design and Impact

When BHB launched in 2009, there were pockets of leaders across the city working in the shadow of infant mortality rates that were the highest in the state. These efforts were isolated, duplicative, and fragmented. In response to the systemic challenges, the Baltimore City Health Department (BCHD), with the Family League of Baltimore and HealthCare Access Maryland (HCAM), convened service providers, physicians, home visiting staff, and others from across the city to examine birth outcomes data, reflect on their experiences, and collaborate to transform the systems of care serving expectant mothers. It was decided during the design stage of BHB to develop a comprehensive strategy informed by public health best practices. Rebecca Dineen, Baltimore City Health Department's assistant commissioner of maternal and child health, shared that "small pilot projects are not really helpful unless they are a seedling for a new idea. Scattering things around has not been productive; where you see big change is when people have very thoughtful, long-term ideas and vision."

All people, organizations, and public agencies connected to the BHB initiative understand their unique role in decreasing infant mortality and championing maternal and child health more broadly. The BHB collaborative structure consists of three main bodies: Core Implementation Team (CIT), Community Advisory Board (CAB), and a citywide Steering Committee. Each body has a different role and composition. CIT is made up of staff at each key agency—BCHD, Family League, and HCAM—dedicated to BHB. The CAB is made of community members who use or provide maternal and child health services in Baltimore. The Steering Committee is chaired by the Baltimore City Health Commissioner and comprises medical and public health leaders and funders. They all operate with a set of shared values and beliefs, including a conviction that all of Baltimore's babies should be born healthy and ready to thrive in healthy families and communities, a passion for improving birth outcomes in Baltimore City, a belief in systemic and individual accountability, deep care for Baltimore City and the health of its residents, and a commitment to change. Lastly, collaborative members embrace an anti-racist approach to systemic change that examines and disrupts racist assumptions, beliefs, and practices. Figure 4 presents the contribution and impact of each group.

You see big change when people have thoughtful, long-term ideas and vision. – Rebecca Dineen

Figure 4: BHB Collaborative Structure

Role and Contribution	Impact/Difference Made
Core Implementation Team (CIT)	
• Takes collective action to address the seven BHB priority areas identified and prioritized by families, staff, and partners as affecting health outcomes for women and children. • Improves the public health system of preconception, pregnancy, and early childhood programs and services. • Links families to resources, housing, jobs, and social support. • Mobilizes communities to build upon their assets and strengths for action and advocacy. • Prioritizes and acts on recommendations from Baltimore City's Fetal-Infant Mortality Review and Child Fatality Review Teams to reduce infant mortality. • Coordinates with citywide coalitions and work groups, including the Early Childhood Advisory Council, Prenatal/Postpartum Behavioral Health Coalition, Sexual Health Coalition, Equity Work Group, and BabyStat. • Advocates for state and local policies that will help reduce health disparities.	• Managed the centralized intake system for care coordination of pregnant women and young families; expanded home visiting citywide. • Secured funds for community teams in Upton/Druid Heights and Patterson Park N&E that have reached more than 30,000 residents and connected birthing families to prenatal care, Moms Clubs, and resources like WIC and safe sleep education. • Reduced sleep-related infant deaths through an ongoing campaign of standardized messaging, provider education, community mobilization, and media campaigns. • Integrated pregnancy and early childhood support interventions into existing city programs and services. • Increased citywide access to the full range of birth control methods. • Implemented evidence-based sexual health curriculum in city schools.
Community Advisory Board (CAB)	
• Maintains a consistent level of commitment to BHB and challenges the status quo. • Supports others to access the health care system and the resources that exist. • Communicates public health information as trusted messengers.	• Created a space for real issues in communities to be heard—not a rubber stamp. • Informed the priorities and activities presented in the BHB strategic plan for 2019–2024. • Created the Baltimore Community Doula Scholarship Program.
Steering Committee	
• Mobilizes resources, including funding, staffing, and in-kind donations, to ensure that CIT and CAB have what is needed to implement the BHB strategic plan effectively. • Ensures that BHB's communications campaign messages are incorporated into their organizations' in-service professional development. • Advocates for citywide implementation of strategies and programs. • Monitors performance of the overall strategy.	• Bridged the divide among government agencies, policy, and practitioners in the field. • Increased medical practitioner awareness and completion of prenatal risk assessment (PRA). • Launched electronic PRA (ePRA) pilot.

Photo courtesy of B'more for Healthy Babies

An Explicit Anti-Racist Approach

From its inception, BHB acknowledged the role of inequity in birth outcomes and committed to disaggregating data to reveal racial disparities. Over the years, BHB has deepened its equity and anti-racism work, often at the urging of neighborhood leaders who pushed public health officials to examine community members' experiences of racism with medical providers and the health care system. Between 2013 and 2018, BHB refined its anti-racism strategy to combine racial disaggregation of data, anti-racism training for partners, mechanisms for community accountability, and formal recognition that lived experience matters.

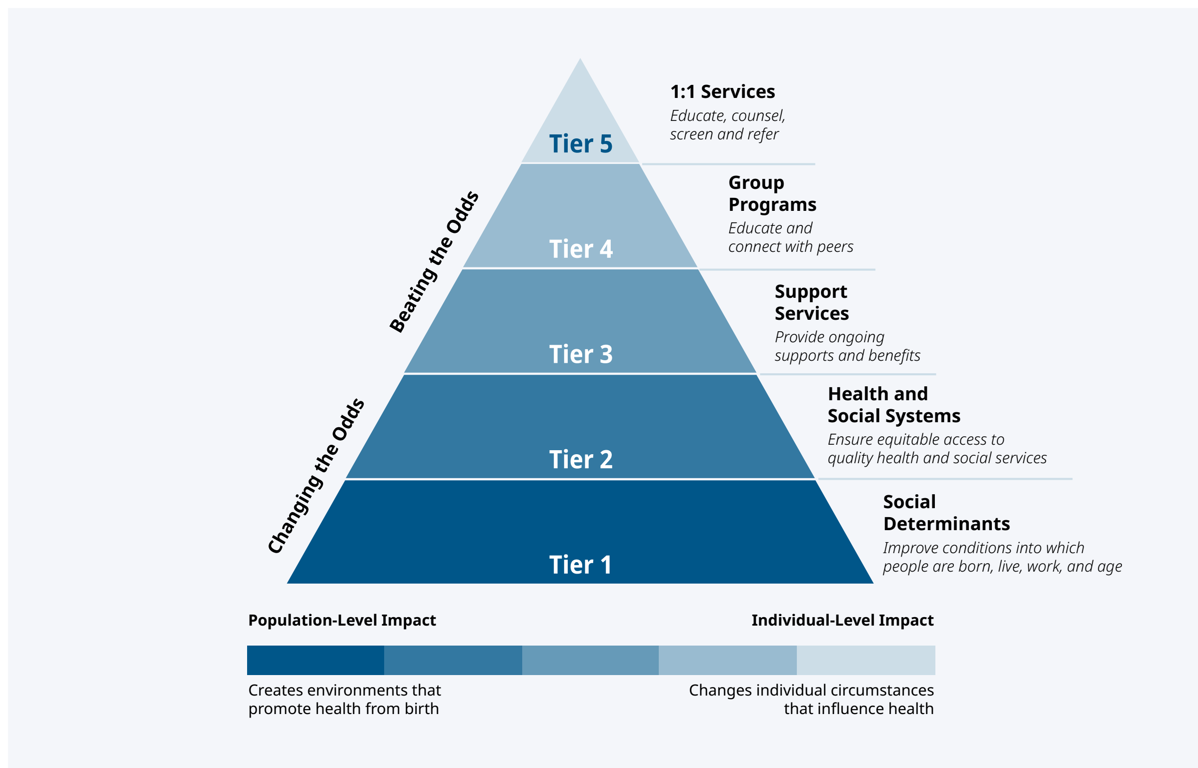
In 2013, four years into the implementation of the strategy, BHB created the Equity Work Group to identify more explicit ways to reveal and disrupt racism. It served as the first step in a series of actions that BHB would take to demonstrate its commitment to eliminating the inequities that prevent every child and family in Baltimore from having a chance to thrive. In 2016, BHB partnered with The People's Institute for Survival and Beyond (PISAB) to host a series of workshops titled Undoing Racism, which helped BHB stakeholders learn a common language and framework for understanding "what racism is, where it comes from, how it functions, why it persists, and how it can be undone."[11] Between 2017 and 2018, 235 individuals from 64 organizations completed the Undoing Racism series.

In 2018, BHB contracted with the Tamarack Institute to facilitate planning sessions with BHB leadership and partners to establish mechanisms for community members to work and learn together as part of the initiative. Prior to the work with Tamarack, the citywide strategy lacked meaningful mechanisms for community residents to make decisions or hold leaders accountable to do more than study the influence of race. As Cathy Costa, BHB's strategic director, notes: "The community organizing and equity work is core, but it wasn't always smooth or linear.... It has been organic and in response to the data and what community members and mothers have shared with us." The Tamarack planning process led to the formation of the Community Advisory Board.

Citywide and Neighborhood Strategy

The BHB population health pyramid featured in Figure 5 frames partner efforts across five levels to prevent infant death. **Tier 1**, the base of the BHB pyramid, focuses on population-level change to create conditions for all Baltimore families and babies to thrive. **Tier 1** actions address the social determinants of health: poverty, racism, education access, and other social and economic factors that shape people's health. They require coordination and effort across multiple stakeholders and institutions. **Tiers 2, 3,** and **4**—the middle layers of the pyramid—are the locus of a coordinated system of peer support programs, access to health insurance, financial support, and social services for expectant and postpartum mothers and their families. At the top of the pyramid, **Tier 5**, 1:1 services are intentionally preserved for those identified in **Tiers 2–4** as having the greatest need. This framework seeks to remove barriers, reduce infant mortality rates, and improve the overall health and well-being of expectant and postpartum mothers and their families.

Figure 5: BHB's Population Health Pyramid



Citywide Strategy

B'More for Healthy Babies pairs work that changes systems citywide with neighborhood efforts that are responsive to families' diverse backgrounds and needs. The citywide strategy focuses on coordinated systems of care and policy changes that improve conditions for all families in the city. The neighborhood strategy empowers local leaders to partner with residents to design programming and support that work to meet their unique needs. The key elements of the citywide strategy are described here:

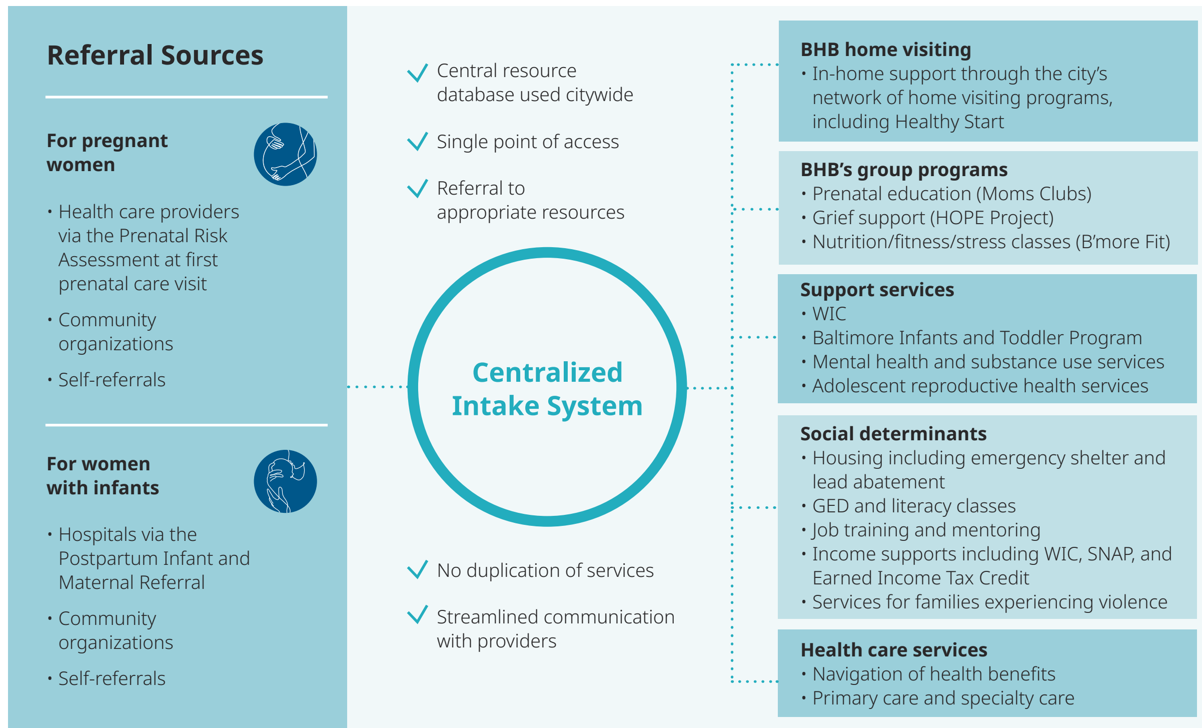
CARE COORDINATION THROUGH A CENTRALIZED INTAKE SYSTEM. The centralized intake system fosters equitable access to resources and no duplication of services. This system is presented in Figure 6. Pregnant women and women with infants are referred to the centralized intake system in one of four ways: (1) self-referral; (2) via a community-based partner; (3) through health care providers via the prenatal risk assessment (PRA) process; and (4) through hospitals via postpartum infant and maternal referral. From 2020 to 2022, HCAM received approximately 7,400 PRAs, and 77%, or 5,698, were successfully contacted by a service organization.[12] Centralized intake systems are common practice in health care. Janelle Olaibi, HealthCare Access Maryland's (HCAM) deputy director for care coordination programs, described what it takes to make sure that no referral falls through the cracks:

> "I am responsible for supervising the full-time trainer for our program. I want every new hire to understand that these referrals are not just a piece of paper. They are connected to people who need the services that we provide, education on their rights, including their right to be treated fairly by a provider of their choosing, regardless of their insurance status, their right to home visiting, and their right to access services to improve their birth outcome."

When a case is received, health care coordinators assess each person's profile against a four-tier hierarchy of risk factors. These risk factors are used alongside the prenatal risk assessment or the Postpartum Maternal & Infant Referral (PIMR) to match women with the services that support positive birth outcomes.

Photo courtesy of B'more for Healthy Babies

Figure 6: BHB's Vision for Baltimore's Preconception, Pregnancy, and Early Postpartum



MARYLAND PRENATAL RISK ASSESSMENT (PRA) COMPLETION. The Maryland Prenatal Risk Assessment (MPRA) process helps to identify pregnant women who have medical, nutritional, and/or psychosocial predictors of poor birth outcomes and allows the patient, local health department, provider, and managed care organization to work together to promote the best possible birth outcome.[13] Currently, all pregnant women with Medicaid are required to have a PRA completed and submitted by the obstetric provider to the centralized intake system managed by HCAM. A health care coordinator then matches the pregnant women to home visiting, WIC, and other supportive services based on the PRA. BHB continues to advocate for the PRA to be required for all pregnant women regardless of insurance. Data from the Baltimore City Fetal and Infant Mortality Review indicates that pregnant women who do not have a PRA submitted by their providers are five times more likely to experience an infant loss.[14] Recognizing the value of the PRA and seeing it rely on a paper-based faxing system, BHB has worked with the Maryland Department of Health to make this a much tighter and electronic process. Baltimore Medical System providers were among the first to pilot BHB's electronic PRA (ePRA), which was linked to the patient's electronic medical record.[15] The BMS pilot yielded a PRA completion rate of 83%, compared to the city paper-based completion rate of 65%.[16]

EVIDENCE-BASED HOME VISITING PROGRAMS. Home visiting programs provide in-home support to pregnant and newly delivered women with the goal of improving

the health of infants through early childhood. In 2009, the Maryland Department of Health required all state-funded programs to adopt an evidence-based home visiting model. Existing home visiting program leadership and practitioners were accustomed to autonomy with recruitment, enrollment, and curriculum content. During the transition, BHB coordinated training for home visiting program staff and listened to their needs and interests. A full write-up of the BHB work in transforming home visiting services can be found in the report "Bringing Up Baltimore: One city's approach to strengthening its most vulnerable families."[17]

In Baltimore City, home visiting programs implement one or more of six evidence-based models: Baltimore Healthy Start, Early Head Start, The Family Tree, Healthy Families America (HFA), Helping Ourselves through Peer Empowerment (HOPE), and Nurse-Family Partnership (NFP). There are 830 slots available to expectant and postpartum mothers in Baltimore City. These slots are equitably distributed to those in the city with the most need through the centralized intake process managed by HCAM.

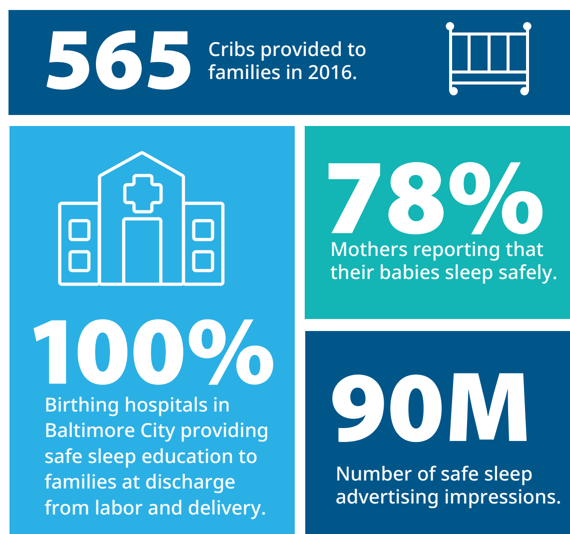
CITYWIDE COMMUNICATIONS CAMPAIGNS. Among BHB's multiple communications campaigns, one that stands out is Infant Safe Sleep. The campaign uses a video developed in 2010 with stories from mothers who experienced sleep-related infant deaths and has converted all of the messages from the video into multiple tools. Combining real stories with graphics, the campaign emphasizes that babies should sleep alone (A), on their back (B), in a crib (C), and sending the message, "don't smoke," (D) to adults in the household—giving mothers and other caregivers the abbreviation "ABCD" to improve infant sleeping habits and reduce exposure to secondhand smoke. Figure 7 shows one example of this messaging. These evidence-informed materials are shared in English and Spanish with images that reflect the diverse racial identity of infants and mothers. The campaign includes showing the video in all city birthing hospitals and home visiting programs, as well as all WIC sites, social media outreach, signage on public transportation, pamphlets, and direct education by safe

Figure 7: Example of safe sleep messaging

sleep coordinators and neighborhood-based community health workers and resource parents. BHB partnered with the Johns Hopkins Center for Communications Programs to develop the safe sleep campaign.

SAFE SLEEP COORDINATORS. Safe sleep coordinators based at HCAM are dedicated to administering safe sleep education and resources to expectant mothers. They deliver and assemble cribs, share the ABCD safe sleep message, and help expectant mothers enroll in Medicaid. The safe sleep coordinators join with medical providers and home visiting programs to create a safety net for expectant mothers. When speaking of her time as manager of the safe sleep coordinators, Angela Burden shared, "I love that we can meet people where they are. I can call someone I know in the field and ask them to divert and deliver a crib. Everyone became so committed to this work… Friday at 4:00 p.m., BHB is always there." Figure 8 outlines the impact of the safe sleep coordinators and the messaging campaign.[18]

Figure 8: Safe sleep accomplishments



CITYWIDE MORTALITY REVIEW. There are three mortality review sessions in Baltimore: the Fetal Infant Mortality Review (FIMR), the Child Mortality Review (CMR), and the Maternal Mortality Review (MMR). The case review teams consist of medical providers and representatives from partner organizations across the city who bring different perspectives to the table to understand the factors that lead to the loss. Surviving family members are contacted for input or participation in the case review. Many of the innovations that have made a measurable impact on the infant mortality rate in the city have come directly from the FIMR and CMR processes. Key recommendations to emerge from the case review include:

- Obstetric provider training on implicit bias authorized by state legislation in 2020.
- Expanding group-based programming for social support and care coordination.
- Increased prenatal care coordination citywide and in neighborhoods.
- Improved quality obstetric care, FIMR training, and survey of hospitals on the use of safety bundles.
- Community hypertension screening and education.
- Advocacy for local fair housing policies.

BHB is the community action arm of FIMR, CMR, and MMR. It implements the review teams' recommendations and advocates for policies and programs that ultimately prevent the deaths of infants and young children.

ADDITIONAL PROGRAM INNOVATIONS. BHB holds space for innovations to arise. Since its initial launch, BHB has added four

supplemental programs to its network of support. These programs were primarily driven by moms and community members.

- **The HOPE Project**, operated by Roberta's House, offers grief support groups for moms who have experienced an infant or pregnancy loss. It ensures that moms know they are not alone in their loss.[19]
- **Baltimore Community Doulas** is a partnership through BHB that provides free and pro-rated doula services for moms based on income. Doulas are companions who support moms with their births and can help reduce complications.
- **Judy Centers** in Baltimore City, in partnership with HCAM, connect families with high-quality, full-day education services and act as resource hubs. Community health advocates are placed at five Judy Centers across the city to follow up with pregnant women who cannot be reached through the centralized intake process.
- In partnership with **faith-based organizations** across the city, BHB created a toolkit that faith-based institutions can use to create a health ministry in their community.

Figure 9 outlines the evolution of BHB, listing major events, program interventions, and policy changes that influenced the design and impact of BHB.

Figure 9: Evolution of B'more for Healthy Babies

Year	Policy Context	Events and Milestones	Program Interventions
2008-2011	Affordable Care Act, aka "Obamacare," signed into federal law. (2010) Mayoral proclamation mandates safe sleep education upon discharge from birth hospitals. (2010)	Health department maps factors affecting local birth outcomes. (2008) Baltimore City Birth Outcomes strategy rebranded as B'more for Healthy Babies and launched as a public effort. (2009) Key staff from BCHD, HCAM, the Family League, and the Annie E. Casey Foundation are leveraged to implement BHB strategy. (2010) Needs assessment conducted. (2009–10)	Home visiting identified as a potential "high impact" service to affect birth outcomes. (2008) Transition to evidence-based home visiting programs begins. (2009) Home visiting evidence-based programs selected. (2010) Staff training and technical assistance for home visiting programs begin (funded by MIECHV). (2011) Centralized intake and triage for home visiting referrals revised. (2011)

Year	Policy Context	Events and Milestones	Program Interventions
2012–2016	The Maryland Department of Health requires all community clinics to plan for providing the full range of contraception. (2013) The Maryland Department of Health issues a transmittal that all obstetric providers complete the Maryland PRA at the first prenatal care visit. (2014) The Maryland Contraceptive Equity Act provided comprehensive insurance coverage of birth control methods. (2016)	UChoose Know What You Want initiative launched to educate young people on reproductive health. (2016)	Implementation of evidence-based home visiting programs begins. (2012) Home visiting monitoring and reporting system is established. (2013)
2017–2019	The Department of Corrections requires medical providers to provide a full range of reproductive health services for women in Baltimore City's justice system. (2017) Baltimore City Ordinance requires lactation accommodations in the workplace. (2019)	BHB five-year strategic plan (2019–2024) completed, expanding strategy to include health equity and social determinants of health. (2018)	BHB Community Advisory Board established to increase accountability to neighborhood residents. (2017) BHB launched the Baltimore Community Doula Scholarship Program. (2017) Development of BHB citywide faith-based initiative. (2018)
2020–2022	Medicaid expansion of postpartum women, dual coverage. Maryland Opium Misuse (MOM) Model for case management for postpartum women using substances funded by MDH.	COVID-19 pandemic.	Adaptations in response to the COVID-19 pandemic. (2020) Placement of community health advocates in Judy Centers, staffed by HCAM. (2020)

Neighborhood Strategy

The grassroots neighborhood work is a micro-version of the citywide BHB strategy. Anchor institutions and a network of partners connect every pregnant woman and parent of an infant to primary health care and wrap-around services. As part of the 2009 SIBO blueprint, BHB identified 12 target neighborhoods that contained census tracts with at least four excess infant deaths, compared to statewide rates, from 2002 to 2006.

BHB funding has allowed implementation of the full strategy in two neighborhoods: Patterson Park N&E and Upton/Druid Heights. The two neighborhoods account for approximately 5% of all births in Baltimore City. Baltimore Medical Systems (BMS) facilitates the strategy in Patterson Park N&E, and the University of Maryland School of Social Work's Promise Heights (BHB@Promise Heights) anchors outreach in Upton/Druid Heights. Figure 10 outlines racial/ethnic and income demographics for each neighborhood in 2010 and 2011.[20]

Figure 10: Demographics of BHB Neighborhoods During Early BHB Years

	Patterson Park N&E	Upton/Druid Heights
Percent of Residents: Hispanic (2010)	21.1%	1.4%
Percent of Residents: Black/African American (Non-Hispanic) (2010)	38.0%	92.4%
Percent of Children Living Below the Poverty Line (2011)	43.3%	57.0%
Percent of Family Households Living Below the Poverty Line (2011)	23.2%	50.6%
Median Household Income (2010)	$48,889.50	$13,811.20

Pam Brown, director of maternal and child health and multicultural programs at BMS, and Stacey Stephens, MSW, LCSW-C, director of the BHB strategy for Promise Heights, hired staff and convened community-based partners based in their respective communities to jumpstart the BHB neighborhood outreach. Brown and Stephens learn from and inspire each other. Stephens shared that "it's a beautiful relationship… we work together and are constantly on the phone with each other. We have overcome a lot of challenges together."

A close-knit community of staff and partners share information about prenatal care and promote BHB services to mothers who may not be connected to a medical provider or social services.

At the start of BHB, the infant mortality rates in Upton/Druid Heights and Patterson Park N&E were among the highest in Baltimore City. After 13 years of investment and collaborative effort, infant mortality rates declined in both neighborhoods as presented in Figure 11.[21] From 2009-2018, infant mortality rates in Patterson Park N&E and Upton/Druid Heights decreased by 60% and 73%, respectively. To achieve these gains, anchor agency staff and collaborating partners adapted the BHB core elements and evidence-based strategies. The unique cultural context and family needs led to program innovations; deeper advocacy; rich social connections; and more direct calls to address racism, poverty, and the underlying conditions faced by families.

Figure 11: Comparison of Infant Mortality Rates (pr 1,000 live births)

Population	IMR 2005–09	IMR 2015–19
Baltimore City	12.0	8.8
Upton/Druid Heights	15.0	4.0
Patterson Park N&E	8.8	3.5

PATTERSON PARK N&E

Baltimore Medical System (BMS) is the largest federally qualified health center (FQHC) in Maryland. At BMS health centers, residents receive medical care, mental health support, and health benefits referrals. Brown leads a team of bilingual community health workers who meet mothers where they are and help them navigate the barriers they face day to day. "Communities need to be supported to select their own priorities," she said. "We cannot go into a community focused on infant mortality if people are so concerned about the violence in their communities."

Brown notes that an early intervention public health approach matters in the neighborhood not only to support people who are currently pregnant, but also to ensure that those who may become pregnant have easy access to the systems of care they need.

Prior to the COVID-19 pandemic, BHB facilitated in-person events for the Patterson Park community. Examples include Mom's Club using the BHB Baby Basic curriculum, community breastfeeding group, B'more Fit, mindfulness/meditation groups, and community dinners. During the pandemic, BHB community building transitioned to the social media platform WhatsApp. In WhatsApp groups, moms can ask questions, share information, and give advice based on their experiences. They can connect and share pregnancy traditions and experiences from their native culture. "This pregnancy has been so much better thanks to all of the information [from BHB]," shared Yohanna, a Patterson Park mom.

Via social media and in-person meetings, community health workers who have been hired and trained by BMS create culturally responsive spaces for their communities. Mothers report being treated with respect and dignity, and peer networks provide a sense of belonging. Donna, a Patterson Park mom, shared, "We have learned so much from all the information Maria [Fernandez, a community health worker,] has given us. She truly shows great interest in you learning what you should be learning. For example, in case of an issue, she is always saying that 'it doesn't matter what time of the day it is. If there is something I can help you with, here is my number to call.' That makes me feel special and makes me appreciate this person who gives me such necessary information."

Neighborhood partners praise BMS and the BHB team for being one of the first groups to prioritize resources for Latino families. Organizations like Green and Healthy Homes and Communities in Schools, as well as staff members at Judy Centers, have worked closely with the BHB collaborative to understand the factors contributing to the outcomes experienced by immigrant families from Central America. Katie Vaselkiv, a Judy Center coordinator, shared that "BHB is always at our events, Maria is there, and she has such a good way of connecting with moms and sharing information about BHB there."

Photo courtesy of B'more for Healthy Babies

UPTON/DRUID HEIGHTS

In Upton/Druid Heights, the BHB strategy is coordinated by Promise Heights, a project of the University of Maryland School of Social Work. Mothers who deliver at the University of Maryland Medical Center and other hospitals are referred to BHB@Promise Heights community health workers who are trained in

trauma-informed care and lactation counseling. Community events and services operate out of the Payne Memorial African Episcopal Methodist Church Nimrod Building and other community-based sites including local schools, churches, barbershops, and housing complexes. “This allows expectant and parenting families to meet easily and safely in their community,” noted Stacey Stephens, MSW, LCSW-C, director of the BHB@Promise Heights. She oversees BHB staff; partnerships; and zero-to-five programming in the Promise Heights cradle-to-career pipeline of services, which include case management services, outreach and community engagement, perinatal and parenting support groups, social-emotional learning activities, and community-based breastfeeding support. In 2016, the geographic boundary for the work of BHB expanded to include Greater Mondawmin.

Upton/Druid Heights is a neighborhood with many assets like “dedicated community partnerships, strong faith-based organizations, and an entrepreneurial community working to improve the area’s conditions.”[22] Stephens described the community she supports as “full of community wisdom and fortitude.” Like BMS, BHB@Promise Heights hosts Circle of Security Parenting and Parent Cafes, Prenatal and Postpartum Moms Clubs, community lactation support, and mindfulness/meditation groups. Activities unique to BHB@Promise Heights include community organizing and early childhood literacy programs.

Critical to the BHB neighborhood approach is a supportive network of primarily Black moms who share experiences and support each other’s mental health. They celebrate each other’s successes and commiserate over the common challenges of raising children. Community meetings provide a sense of sisterhood and a safe space where people can show up exactly as they are and know that they will be accepted. One mom, Keisha, shared her experience with the BHB sisterhood: “The closeness that we all have… is so important, hands down no matter what we go through, they [BHB staff] will reach out and call us and make sure we are all right. They listen to us and embrace us. Let us know if it’s all right, and we got this. Sometimes we just need to hear those words of encouragement, and they do all of this.” BHB@Promise Heights moms advocate for BHB and share information about services and events to spread the word and bring in as many people as possible.

Sustained Public–Private Investment

For FY 2018, BHB’s annual revenue totaled approximately $29 million. Approximately 95% of these funds were public, and 5% were private philanthropic. Of the 95% of public funds, 73% were federal (much of this passing through the Maryland Department of Health, Maryland State Department of Education, and Maryland Family Network), 12% were city funds, and 10% were state funds. Approximately 87% of total funds support the implementation of direct services for city residents, including care coordination, home visiting, WIC, early intervention, and Title X family planning services. Approximately 13%

of total funds support maternal and child health infrastructure, communications, the BHB neighborhood teams and citywide outreach, the work of BHB partner coalitions, and continuous needs assessment and monitoring.[23] Laura Weeldreyer, executive director of Maryland Family Network, pointed out the unique ability of BCHD leadership to maximize the scope and reach of public funding. "Their knowledge of Medicaid and medical systems, their knowledge of what those systems do to support a pregnant mom and the resources hidden in these systems, how to trigger those resources is vital."

Private philanthropy represents 5% of the total revenue and provides important, flexible funds. Without this investment, staffing safe sleep coordinators and community health workers, gathering crib donations, running the safe sleep campaign, and piloting innovations such as maternal grief counseling and faith-based outreach would not be possible. In addition, much of the collective impact coordination, partnership development, and support to mortality review teams would cease. CareFirst BlueCross BlueShield is BHB's longest-running and most consistent private funder, with an annual investment of approximately $1 million since 2009. This investment includes funds for the neighborhood outreach strategy, about $200,000 granted per year to each host organization.

Fiscal management of BHB funds is coordinated across five organizations: the Baltimore City Health Department, the Family League of Baltimore, Behavioral Health System Baltimore, the Baltimore City Foundation, and Baltimore Healthy Start. Annually, the Family League manages approximately $4.7 million in funds from CareFirst; the City of Baltimore; the Governor's Office of Children (GOC); the Casey Foundation; and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Approximately $3 million supports home visiting program partners: DRU Mondawmin Healthy Families, Sinai Hospital of Baltimore, and The Family Tree. The remaining funds support the BHB outreach teams in Patterson Park N&E and Upton/Druid Heights and implementation of the safe sleep messaging campaign.

In recent years, the financial security and sustainability of BHB have become threatened by shifts in the public and private funding landscape. BHB leadership is monitoring several critical private and public funding gaps that may impact the strategy:

- There will be cuts to the care coordination program and centralized intake system for pregnant women and infants housed at HCAM.
- The CareFirst grant is scheduled to begin sunsetting in 2023. These funds are the main source of support for the work taking place in Patterson Park N&E and Upton/Druid Heights. Planning and advocacy are underway to replace this funding source with the increased public general fund investment from local and state governments.
- There will be cuts to Title V funding from the Maryland Department of Health under a grant titled Babies Born Healthy.
- The Baltimore Infant and Toddlers Program (BITP) is underfunded, resulting in high caseloads, an inability to meet legally mandated

deadlines, a reduced quality of services, and the loss of critical BCHD maternal and child health programs as programs' funds are reallocated to fill the BITP funding gap.

- Federal funding for Healthy Start is being reduced, resulting in a downsizing of home visiting services, direct staff, family engagement groups, and on-site mental health services at Baltimore Healthy Start.
- Early Head Start must expand from two days per week to five days per week, requiring non-federal matching funds to be raised.

Photo courtesy of B'more for Healthy Babies

Why BHB Works

Reducing infant mortality is an important north star that unites BHB partners and community members. However, data trends do not tell the full story of the BHB influence. During focus groups and interviews, parents, community partners, and city leaders involved in BHB shared their perspectives on what drives the systemic changes and impact of BHB.

Findings from Community Conversations

Application of a Racial Equity Lens

Leaders shared that Undoing Racism workshops shifted their mindsets about racism and how it drives the failures of prenatal care in Baltimore City. Christopher Thomaskutty, senior vice president of Physician Enterprise at Mercy Health Services, shared that his understanding of the influence of race and racism changed because of his work with BHB. Anti-racism training and the centering of patient voice during FIMR meetings opened his eyes. He said, "At first, I didn't know why we were talking about race. Now it is hard to argue with the data [that] Black women are… more likely to experience a negative [birth] outcome." Thomaskutty went on to describe how Mercy Health Services is rethinking its approach to maternal health, specifically creating clinical spaces that are welcoming and respectful of all, and inviting expectant mothers to be partners in their care.

Institutional partners have taken the anti-racism conversations sparked by BHB into their respective agencies and organizations, using a racial equity lens to examine how they serve patients and clients of color. Hosanna Asfaw-Means, director of community health and social impact at BlueCross BlueShield, shared that BHB's attention to racial equity accelerated CareFirst's attention to race and racism. She stated that there has been an increase in the company's attention to "structural racism, implicit bias, and understanding how our providers are interacting with our communities of color." She added, "I think we would have gotten there, but they [BHB partners] sped up our awareness."

Importance of Data and Storytelling

The infant mortality rate is an indicator that shows how a system supports its smallest, most vulnerable population. BHB made a compelling public health case for the importance of infant mortality and what it would take to address the barriers and gaps in maternal health care. BHB created infographics that illustrated the impact of infant mortality. An early example

of this approach is a classroom image that illustrates the number of third graders who are not enrolled in school because of infant death. Asfaw-Means shared, “My daughter was in third grade, and I thought of all those milestones and what we were experiencing as a healthy thriving third grader and to think that there weren’t families who had that to experience.” BHB storytelling helps partners and the broader public understand the scale of the loss.[24]

BHB leaders combine quantitative data with the lived experiences of mothers to make injustice visible and to drive decision-making. The Fetal Infant Mortality Review (FIMR) plays a large part in the continuous use of data and the experiences of infant loss to change behavior and policies. BHB supports mothers who experienced miscarriage or infant loss to tell their stories. Instead of blaming mothers and communities for negative birth outcomes, BHB helps stakeholders understand the conditions and social determinants that contributed to those outcomes. Each year, recommendations for reducing fetal/infant mortality and the Black–white disparity gap are operationalized at the city and community levels. Any change in the care system requires effort, relationship building, and resources.

Uniting around the metric of infant mortality brought a diverse network of BHB partners together. Infant mortality is one of several vital statistics that drive their work. Teen pregnancy rates, prenatal care access, and hypertension are additional data points that BHB uses to create strategies that target the root cause of infant and maternal fatalities. In the five-year strategy, BHB prioritized seven health areas critical to reducing infant mortality: mental health and stress, nutrition, parenting, safe infant sleep, sexual health, social-emotional development, and substance use. These issue areas require a cross-sector collaboration among organizations in the city, each with its unique role in impacting infant mortality.

Honor for the Lived Experience of Expectant Mothers

Unlike other programs in the city that focus on the health and development of the baby, BHB is a space where mothers can get the support they need for a healthy pregnancy and parenting. Through BHB support groups and events, mothers and fathers build relationships beyond a single workshop series or support group meeting. In Patterson Park N&E and Upton/Druid Heights, peer connections blossom into personal sisterhood, friendships, and extended caregivers when they need an extra hand to effectively parent their children. These bonds sustain parents and caregivers beyond their loss or the birth of a child.

Expectant mothers come to BHB for their first pregnancy, and others join the community during subsequent pregnancies. Their foundational understanding of prenatal and infant care is often based on the informal teachings passed down by their mother, grandmother, or other caregivers. However, generational traditions and approaches can become dated or ill-advised compared to contemporary health care standards, so BHB community health workers honor the traditions moms bring to their prenatal and birthing beliefs while pointing out how today’s pregnancy, breastfeeding, and safe sleep practices can keep their babies healthy and thriving.

With the new knowledge and habits learned from community health workers and resource parents, mothers can make healthier decisions and advocate for the care they need.

The trust that BHB builds with moms creates a foundation that ensures current participants will encourage their friends and family to connect with BHB early in their pregnancies. Johana, a Patterson Park program participant, would "recommend all [BHB] programs blindly to anyone pregnant" because of her experience with the BHB staff. With a network of trusted BHB messengers consisting of paid staff and informal mom ambassadors, BHB has cultivated an environment where everyone can feel supported in their journey, while helping more moms connect to BHB services and support. Maia, an Upton/Druid Heights mom, shared, "Even though I'm not a resource mom at BHB, I feel like I still play a part. I feel like I play a part in creating a better environment for moms who aren't aware of the resources here."

Sustained Leadership, Partnership, and Trust

Leaders who started the initiative in 2009 are still heavily involved in the work at citywide and neighborhood levels. They understand the intricacies of the systems of care in Baltimore, enabling long-term changes to succeed, like the transition of home visiting programs to an evidence-based curriculum. BHB supports pathways for former program participants to assume leadership roles, such as leading workshops, becoming resource parents and ambassadors, and serving on the BHB leadership and advisory committee. They understand the experience of moms, dads, and families navigating the health care systems in Baltimore. One mom shared her experience working with Lupita, a resource mom in Patterson Park N&E. "Every time she wants to tell us something, I am there to listen to her. I am always learning."

These trusting relationships are important to weaving the social fabric of neighborhoods and sustaining collaboration with a broad base of partners. Home visiting nurses, community health workers, and others can easily make warm hand-offs connecting moms to resources they know and trust. BHB convenes partners on a regular basis and is a trusted source for the information they need. Further, BHB shows up for its partners by providing resources like diapers and food baskets for the clients they serve. Chevelle Bash of Green and Healthy Homes Initiative in Patterson Park N&E said, "If we had new moms that needed materials or resources, Pam [Brown] and the BHB staff were always available and ready to help out."

The Future of BHB

B'more for Healthy Babies is a child and maternal health safety net. It serves as a model for community engagement, racial equity, and systems change in the maternal-child health care sector. The BHB strategy evolved as leaders learned from early mistakes and shifts in the local, state, and national landscape. When asked to comment on the future direction of BHB, partners, staff, moms, and community members shared the following recommendations for improving, sustaining, and expanding the strategy.

Recommendations

Expand and Diversify Outreach Efforts

Invest in community health workers and safe sleep coordinators. Investment is needed to build staffing capacity at the city-wide and neighborhood levels in preparation for expanding the initiative. This investment includes staffing additional community health workers and safe sleep coordinators to assist families with navigating a complex web of services and supports, and addressing the postpartum health needs of moms and their babies for at least one year after birth, including behavioral health.

Establish intentional engagement and support for fathers. Increasingly, fathers are showing up at BHB programs seeking support and resources. They are introduced to BHB by mom or word-of-mouth from their pastor, barber, or another community member. Establishing more formal systems of intake and support for fathers would allow for improved co-parent and support systems.

Strengthen outreach to non-parental caregivers. Caregivers who are not custodial parents are secondary. Fatality reviews reveal that children are injured in the care of a sibling, grandmother, aunt, uncle, or family friend. These credible caregivers can receive and direct safe sleep education, and the harms of secondhand smoke, supporting the mom as she advocates for a safe environment for her baby.

Increase outreach to medical providers. The list of items a medical provider needs to complete during a patient visit is exhaustive. The average visit of 15 minutes is not sufficient time, and follow-up can be inconsistent. Medical providers need more education about best practices for patient support and an easier way to connect with community partners who are ready to accept referrals. This outreach can include urgent care clinics, emergency room clinicians, obstetricians/gynecologists, pharmacists, and pediatricians—all potential entry points for expectant moms.

Expand the Prenatal Risk Assessment to include mothers with private insurance. Prenatal risk assessments are currently required only for pregnant women with Medicaid. Because the PRA triggers connection to a range of services, it should be expanded to include all pregnant people. The data reveals that a racial disparity gap persists for Black mothers across income levels. BHB can extend its programs and services to more income-diverse neighborhoods to serve families that are covered by private insurance but still face bias of care and racism.

Address the barriers facing doulas' access to Maryland Medicaid reimbursement. Maryland Medicaid has opened the door to credential doulas, qualifying them to receive Medicaid reimbursement. However, the complexity and burdens of the approval process present barriers. Additional education and support are needed to help doulas complete the steps to receive Medicaid reimbursement.

Strategize for Sustainability and Expansion

Implement a three-pronged resource development strategy. In light of the changes in public funding programs and the loss of CareFirst investment, BHB leadership is forging ahead to diversify its funding base. First, the Baltimore City Health Department is hiring a resource development consultant to expand its capacity to pursue state and federal multiyear grants. Second, it is working with the local and regional philanthropic communities to secure approximately $1.4 million to sustain citywide and neighborhood strategies. Lastly, it is designing a fee-for-service strategy that will enable BHB to provide technical assistance and coaching to jurisdictions interested in replicating BHB across the state and nationally.

Identify neighborhood anchors with the capacity to convene partners. Current partners agree that implementing the BHB strategy cannot be done by a single organization. It requires convening a network of diverse stakeholders with the resources and commitment to stay engaged with each other and their families. As BHB explores expanding its neighborhood strategy across the city, the first step is identifying and supporting community leaders and staff from backbone organizations that will serve as conveners for their neighborhoods.

Explore "neighborhood lite" strategies. The partnership between HCAM and local Judy Center Hubs is one example of how BHB can expand its reach. There are 12 Judy Center Hubs across Baltimore City. HCAM embeds community health advocates in five Judy Centers in areas with poor birth outcomes. The first five sites are funded by the Family League through the Governor's Office of Children, and a sixth site will be added in 2023 with private funding. Operating costs per site are approximately $81,000.

Mobilize a broad base of program participants and community residents. An organized base of program participants and community residents can be spokespersons and advocates to champion maternal and child health policy reform and investment at the local, state, and federal levels. As BHB works to address funding gaps with much-needed programs like BITP and Baltimore Healthy Start, developing local leaders to lead these campaigns could make the difference in securing general funds and influencing legislators about what it takes to improve outcomes for Baltimore children and youth.

Formalize a leadership development pipeline. BHB moms supporting one another is a core value and practice within the BHB strategy. Peer support happens organically, and there are examples of BHB program participants transitioning into full-time positions at the neighborhood and citywide levels. Formalizing the leadership pipeline will ensure that moms and community members with lived experience can assume leadership, authority, and ownership of the initiative.

Review the organizational structure and operational capacity of BHB. As BHB grows, it will become increasingly challenging for BCHD and Family League staff to navigate competing priorities for resource development, community engagement, and partnership development within their agencies. Several stakeholders recommended the formation of an independent organization (nonprofit or quasi-governmental) to manage resource development, evaluation, and partnership infrastructure, among other functions.

Photo courtesy of B'more for Healthy Babies

Conclusion

B'more for Healthy Babies works to ensure that all families in Baltimore City have the highest standard of health care and support. No single agency, revenue source, or intervention is responsible for the service delivery, policy, and system changes that resulted in a 36% reduction in infant mortality rates between 2009 and 2019. The comprehensive system of maternal health care and support established by BHB partners has the potential to improve outcomes in other dimensions of maternal and child health and well-being including rates of maternal mortality, teen pregnancy, substantiated abuse and neglect, and kindergarten readiness.

The challenge now is to sustain the gains achieved and identify ways to expand this system of care to a broader base of expectant and parenting mothers and their families. In order to maintain infrastructure and staffing for BHB's citywide staffing and partnerships, the centralized intake system, transition to electronic PRAs, communication campaigns, and existing neighborhood efforts, BHB needs to raise about $1.145 million by the next fiscal year (July 2023). If it is able to raise sustaining funds, BHB's priorities for expansion would be to bring its comprehensive neighborhood efforts to eight additional communities, double the number of Judy Centers staffed with a health advocate, and forge higher-touch models for both care coordination through the centralized system and safe sleep education and follow-up. Such an expansion would require raising an additional $5 million per year. It is estimated that $41 million annually is needed to sustain and expand the BHB strategy.[25] Although an annual budget of this scale is weighty, BHB is well positioned to organize community and institutional leaders to advocate for increased public and private investment in maternal and child health.

About the Authors

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As a private foundation focused exclusively on Baltimore City, we provide grants to nonprofit community partners, fund research to better inform civic conversation, and make catalytic investments in new businesses that offer significant social and economic benefits to the city. We believe that a community of creative problem-solvers, faced with complicated, seemingly intractable challenges is well-served by thought-provoking, research-based information and analysis. To that end, the foundation publishes background studies of select issues on the public agenda for the benefit of government officials; leaders in business, industry and academia; and the general public.

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