



Building effective partnerships to improve birth outcomes by reducing obesity: The B'more Fit for healthy babies coalition of Baltimore



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ABSTRACT

Obesity affects a large percentage of Baltimore City's population with repercussions on maternal health and birth outcomes. Approaches to ameliorate its impact must be comprehensive and include stakeholder involvement at all levels of influence including policy makers, service providers, and community residents. In this article, we examine the evolution of the B'more Fit for Healthy Babies Coalition in Baltimore, Maryland, with a specific focus on how the public health alliance was formed, the strategies employed, and how partners continually evaluated themselves. This study offers the opportunity to understand the extent and complexity undergirding the collaborative processes of community coalitions as they strive to find innovative solutions to major public health concerns.

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1. Introduction

A community coalition brings together members from multiple sectors and focuses on community-specific issues while building on existing resources and strengths (Wolff, 2001). Successful coalitions seek to address critical issues and to encourage community engagement in generating solutions (Roussos & Fawcett, 2000; Wolff, 2001). At the same time, a successful coalition is comprehensive and not constrained by a specific mission; coalitions can be flexible and responsive to community needs as new issues emerge. Successful coalitions build a sense of community among affected residents by bringing diverse groups together to find common ground, address community issues, exchange information, and share resources. While coalitions form to address seemingly local intractable community issues that may also have national significance (Faubion, Brown, Bindler, & Miller, 2012), a successful community coalition relies on strategies that could be replicated elsewhere (Wolff, 2001). In fact, a defining

characteristic of breakthrough community alliances is the creation of innovative solutions for both local and national problems.

1.1. Formation of B'more for healthy babies initiative

Based on a Baltimore City Health Department (BCHD) analysis released in 2008, the City's infant mortality rate was 1.4 times greater than the state of Maryland; African American infants were found to be almost nine times as likely to die before their first birthday compared to White infants (Baltimore City Health Department, 2008). After Baltimore City's Mayor and Health Commissioner declared infant mortality a public health crisis in 2009, the BCHD and the Family League of Baltimore (a non-profit that focuses on improving the well-being of Baltimore's children, youth, and families) designed a series of evidence-based programs targeting the most significant factors associated with infant mortality: infant safe sleep, maternal smoking cessation, and weight loss/nutrition education for women of childbearing age. This partnership led to the formation of B'more for Healthy Babies Initiative (BHB), which oversaw the implementation of synergistic and multi-phased interventions intended to lower infant mortality rates across the city. The results of the collaborative service approach appear promising. Since its inception in 2009, there has been a 22 percent reduction in Baltimore City's infant mortality

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rate from 13.5 in 2009 to 10.5 in 2011 (Maryland Vital Statistics, 2011).

The Social Ecological Model (SEM) formed the conceptual scaffolding for BHB's strategy to improve birth outcomes. Emphasizing multiple levels of influence (such as individual, interpersonal, organizational, community, and public policy) and the idea that behaviors shape and are shaped by the social environment (Institute of Medicine, 2003), SEM facilitates an understanding of the factors affecting behavior and provide guidance for developing successful programs through social environments. BHB has invested in coalition building and strategic planning with partners from government, healthcare, social services, academic, non-profit, community, and civic sectors at every level of intervention and across all content areas.

1.2. The need for coalition building beyond B'more for healthy babies

Fifty-five percent of women living in Baltimore City are obese or overweight (Maryland Vital Statistics, 2011); the rates are highest among African American women. Similar trends are seen nationally, where the prevalence of obesity among women has outpaced that of men (Wang & Beydoun, 2007) and the rate is further accelerated among African American women. Obesity and its effects have also become issues for the Latin American community, as 74 percent of Latinas are overweight or obese (Association of Maternal & Child Health Programs, 2011).

There are significant links between obesity and complications during pregnancy and delivery (Asbee et al., 2009). Obese women are almost three times more likely to experience stillbirth and neonatal death than normal weight women (Kristensen, Vestergaard, Wisborg, Kesmodel, & Secher, 2005). The B'more Fit for Healthy Babies (B'more Fit) Coalition represents the evolution of the BHB organizational scope focused on obesity and its impact on infant mortality. Specifically, the B'more Fit Coalition aims to contribute to the reduction of infant mortality by providing opportunities for overweight and obese, low-income, postpartum women to lose weight and improve their eating habits for subsequent pregnancies, and those of their families. As an outgrowth, the new coalition converges with the rise in national concerns about obesity as a major public health issue for the U.S. (Flegal, Carroll, Ogden, & Curtin, 2010). The B'more Fit Coalition also complements the Baltimore City's *Healthy Baltimore 2015* policy agenda, which includes obesity reduction among its priorities. Equally important is the fact that the B'more Fit Coalition is grounded in the same theoretical structure as BHB. Both BHB and the B'more Fit Coalition describe a pathway to social change that requires intervention at the four levels identified in the Social Ecological Model: policy, services, communities, and individuals/families. These content areas guided program and service development offered by the B'more Fit Coalition.

1.3. Coalition building for B'more Fit

In February 2010, the Bureau of Maternal and Infant Care at the BCHD convened representatives from the Family League of Baltimore (FLB), Planned Parenthood of Maryland (PPM), and Weight Watchers to design a pilot weight reduction and wellness initiative. The FLB was chosen as a leading partner because of the existing collaboration between FLB and BCHD on the B'more for Healthy Babies Initiative. Since BCHD was already overseeing a PPM contract for the operation of a preconception health initiative, PPM was also selected as a partner. Furthermore, PPM client focus groups had identified nutrition counseling and weight management programs as lacking but desired resources in their communities. None of these organizations had a previous relationship with Weight Watchers. BCHD approached Weight

Watchers because some BCHD staff had experienced personal success using their program, BCHD had short term funding, and the price per person for Weight Watchers was affordable. In addition, Weight Watchers is an evidence-based program that was eager to explore serving a low-income, urban population. The four newly aligned partners devised a 9-week nutrition and weight management pilot that began in the summer of 2010.

Participants attended Weight Watchers meetings consistently, experienced weight loss, and expressed a desire to continue after the pilot ended. In August 2010, FLB and BCHD responded to a Request for Proposals (RFP) from the U.S. Department of Health and Human Services Office on Women's Health's *Coalition for a Healthier Community* planning grant with the FLB as the lead agency. The RFP was seen as an opportunity to build on the pilot and expand the budding coalition. The newly formed B'more Fit Coalition members were sharing resources, exchanging information, and discussing how best to address the problem of obesity among reproductive-age women in resource-poor communities within Baltimore City. Although the RFP did not stipulate that the project had to focus on obesity, the coalition had already identified obesity and its impact on birth outcomes as its core issue.

In October 2010, the B'more Fit Coalition expanded to include the Interfaith Coalition, the Johns Hopkins University Bloomberg School of Public Health, the Y of Central Maryland (also known as YMCA), the Department of Recreation and Parks, Priority Partners (a large Medicaid managed care organization), and Jewel House and Michele's Haven (two small community-based organizations). Two months later, Mercy Medical Center, Brick Bodies/Lynne Brick's Women's Health and Fitness, and a gender expert from the Gender and Women's Studies Department at University of Maryland, Baltimore County, joined the coalition. These new partners were solicited by participating B'more Fit Coalition members because their mission entailed the provision of services or shaping of policies related to nutrition, fitness, and/or wellness. Organizations that possess unique expertise to contribute to the coalition's work have since joined, including the City's Division of Women, Infants, and Children (WIC), Baltimore Medical Systems, DRU/Mondawmin Healthy Families, and the Park Heights Community Health Alliance. Amassing these organizations into a singular coalition enabled each party to broaden its scope and impact, to leverage resources, and to share best practices.

1.4. Establishing a vision and mission and laying the ground rules

Over a two-month period beginning in October 2010, the newly expanded coalition met to establish its guiding principles, mission, and vision. In alignment with the SEM, the B'more Fit Coalition adopted partnership principles based on a set of core values: shared vision, mission and objectives, transparency of purpose, mutual accountability, trust, direct and collective conflict resolution, flexibility and willingness to compromise, shared credit and recognition, efficiency, technical excellence, result-oriented collaboration, and evidence-based decision-making. The theoretical underpinnings connecting the new alliance to its predecessor were reinforced on multiple levels, including the vote on the B'more Fit Coalition's official name, and also in the critical task of developing a mission statement that would drive the coalition's operations and activities. Invoking lessons learned regarding obesity and infant mortality through BHB activities, the B'more Fit Coalition mission statement is: For all low-income, childbearing-age women and girls in Baltimore City who become pregnant to enter pregnancy at a healthy weight; gain appropriate weight during pregnancy; and maintain a healthy weight after pregnancy through increased access to and utilization

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