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

Stacey G. Tuck, MS [a], Amber C. Summers, PhD, RDN, CHES [b], Janice Bowie, PhD, MPH [c], Donnica Fife-Stallworth [d], Chase Alston [e], Stephen Hayes [f,*], Stephanie Alexander, MS [f,*]

[a] *Baltimore City Health Department, Bureau of Maternal and Child Health, Baltimore, Maryland*
[b] *Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland*
[c] *Johns Hopkins Bloomberg School of Public Health, Hampton House, Baltimore, Maryland*
[d] *Family League of Baltimore, Baltimore, Maryland*
[e] *Johns Hopkins University, Baltimore, Maryland*
[f] *Office on Women's Health, U.S. Department of Health and Human Services, Washington, District of Columbia*

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A B S T R A C T

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

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

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

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

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

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* Correspondence to: Stephen Hayes, Stephanie Alexander, MS, Office on Women's Health, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 712E, Washington, DC 20201. Phone: 202-690-7650; fax: 202-205-2631.

E-mail addresses: Stephen.hayes@hhs.gov (S. Hayes), stephanie.alexander@hhs.gov (S. Alexander).

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

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

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

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

Background

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

Mental Health

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

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

& Schantz, 2004). Women who are obese have an increased risk of lifetime obesity, cardiovascular disease, and type 2 diabetes (Look AHEAD Research Group, 2013). Obese women of reproductive age are more likely to experience preeclampsia, gestational diabetes, caesarean delivery, and postpartum anemia (Siega-Riz, & Laraia, 2006). Additionally, infants born to obese women are more susceptible to developing diabetes, hypertension, and obesity later in life (Siega-Riz, & Laraia, 2006).

Environmental issues prohibit women from exercising to combat obesity. Specifically, neighborhood safety is a major impediment to physical activity for women and girls (Gomez, Johnson, Selva, & Sallis, 2004). Young women in Baltimore consistently rated crime, violence, drug dealers, and sexual offenders as major barriers to physical activity (Ries, Voorhees, Gittelsohn, Roche, & Astone, 2008).

To reduce obesity and address trauma as part of a citywide infant mortality strategy, the B'more Fit coalition of academic, nonprofit, and community partners developed a strategic plan, met monthly, created an online toolkit on weight loss counseling for providers, and designed and implemented a weekly intervention consisting of group-based weight loss counseling, exercise classes, blood pressure screenings, transportation, and onsite childcare. The classes were available for all women and their children, but the program operated out of neighborhoods that are predominantly African American and/or Latino. In one location, classes were conducted in Spanish, and targeted outreach to organizations serving Latinos generated referrals. Program content was often driven by participants' suggestions so that it was culturally relevant. The coalition intentionally set out to use a TIC approach to be responsive to the needs of women and children in Baltimore City. Being trauma informed means that an organization recognizes these principles of TIC: trust, safety, choice, collaboration, empowerment, and respect for cultural issues. Further, trauma-informed programs are oriented around being responsive to the needs of trauma survivors, yet they may not necessarily provide direct trauma treatment. Trauma-informed programs emphasize client engagement to effect change and recognize that symptoms may be adaptations or coping mechanisms (Fallot, & Harris, 2009).

The B'more Fit intervention considers factors that influence behaviors related to weight loss and healthy living, including, but not limited to:

- Societal influences as well as gender inequities (i.e., shouldering the responsibilities of child rearing while struggling to take care of self; trauma of growing up in poverty or experiencing violence), and
- Environmental and policy issues (i.e., living in food deserts without access to fresh, healthy foods, or visiting medical providers who do not effectively inform or counsel women about weight loss in culturally sensitive ways).

Methods

Through CHC funding and support, the B'more Fit for Healthy Babies coalition conducted an obesity-related, gender-based analysis to identify issues that impact Baltimore City women's access to nutrition and physical activity opportunities. The analysis examined the social and structural barriers that impact obesity-related behaviors among African American and Latina women in Baltimore City and included a literature review, focus groups, and focus group surveys.

The development of B'more Fit was grounded in the Social Ecological Model, acknowledging the multiple levels of influence on weight loss, including individual, interpersonal, community, and public policy (McLeroy, Bibeau, Steckler, & Glanz, 1988). Embedded among many factors at these levels of influence, a review of the literature findings emphasized the societal expectations that women experience, such as childcare expectations, serving as barriers to being able to fully benefit from weight loss interventions and other health programs. A survey of coalition members to identify available organizational resources (Truiett-Theodorson et al., 2015) informed the intervention. Vital statistics and mapping identified communities of women in Baltimore with greatest need.

Focus groups consisted of questions related to typical nutrition and exercise habits, and barriers to healthy eating and physical activity. A follow-up focus group took place specifically to establish a more in-depth understanding of gender and trauma-related issues among participants (e.g., influence of traumatic experiences on food and exercise choices, the resulting effects on participants' experience with B'more Fit, and participants' perceptions on how the program can be improved to enhance feelings of comfort, safety, and acceptance at program events). They revealed barriers to healthy eating and B'more Fit program participation among participants, including symptoms and experiences of trauma such as chronic stress, gun-related deaths among family and friends, depression and anxiety, and poverty. Participants described less-desirable stress management behaviors such as overeating, not eating, or substance use. Survey results also indicated that the majority of participants experienced significant levels of stress, and the importance of support began to emerge. At the same time, the majority of participants indicated through survey responses and focus group discussion that they felt physically and emotionally safe at the B'more Fit program.

Focus groups were especially informative in further shaping our program to address gender barriers for our participants' (and their families') full access to weight loss, nutrition, and exercise programs and in helping us to identify potential policy changes to support women during time spent at the program and in daily living. These findings, for example, corroborated the need for a peer-led model to be introduced to the group to motivate participants, onsite childcare, and online nutritional content to use during the week. The focus group data provided interesting insight into the empowerment that was happening within participants, such as giving them a greater sense of community and increasing self-worth. It also informed our efforts to explore a TIC model and provided direction on ways to support B'more Fit participants in a culturally appropriate way to address their stresses and trauma. These research and evaluation activities conducted during the implementation phase were approved by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board.

Results

Resulting Policy Changes

Trauma was a theme that recurred in the gender-based analysis findings. In response to this, key policies around developing and implementing trauma-informed approaches emerged within B'more Fit, and also in the overarching BHB infant mortality initiative. Further, these organizational policy changes helped to influence and happened concurrently with

broader, systems-level changes across organizations in Baltimore City. The timeline in Table 1 shows the progression of the TIC policy and activities from the organizational level within B'more Fit through broader municipal agency efforts, and finally city-wide actions. Details about each of these phases follow.

B'More Fit Policy Changes: B'more Fit Will Operate as a Trauma-Informed Program

After examining findings from the planning period's gender-based analysis, the B'more Fit Coalition and its leaders established a policy that B'more Fit would become BHB's first trauma-informed initiative.

B'more Fit and BHB leadership sought additional funding in excess of $30,000 to implement a trauma-informed approach within B'more Fit. The policy of developing and implementing trauma-informed approaches included allocation of fiscal resources, training, creating a formal working group, writing formal policy statements, and examining existing program procedures. In 2012 and 2013, BHB hosted trainings from the Substance Abuse and Mental Health Services Administration (SAMHSA) that included B'more Fit staff and employees from major partners, including several home visiting programs, academic partners from University of Maryland and Johns Hopkins University, medical clinics, and social-service agencies. Training topics included the anatomy and physiology of trauma in the brain; the TIC principles of safety, trust, choice, collaboration, empowerment, and respect for cultural diversity; recognizing supportive versus retraumatizing policies and practices; rating your organization's TIC readiness; and trauma identification among clients and staff.

Table 1
Timeline of Trauma-Informed Care Implementation

Years(s)	Event
2009	Launch of overall BHB
2010–2011	CHC initiative grant awarded to begin B'more Fit for Healthy Babies coalition to represent nutrition/fitness arm of BHB
2011–2012	CHC planning grant needs assessment, including literature review and focus groups, demonstrates the need to address trauma in program development and implementation
2012–2013	BHB hosts SAMHSA introduction to TIC training B'more Fit hosts Risking Connections training
2013–2014	B'more Fit TIC working group forms B'more Fit is first BHB component to work toward becoming trauma informed B'more Fit trauma policy created and implemented Ongoing process mapping of B'more Fit policies ensues BCHD Maternal and Child Health, BHB, and B'more Fit apply for and receive private funding for TIC work
2015, Baltimore Uprising as a result of Freddie Gray tragedy	
2014–2016	B'more Fit receives CCTIC technical assistance from Community Connections B'more Fit begins Circle of Security trauma groups for participants BCHD Maternal and Child Health staff (including B'more Fit Director) receive mindfulness training BCHD holds agency wide SAMHSA trauma trainings Citywide coordination of trauma work begins, including training and coordinated services

Abbreviations: BCHD, Baltimore City Health Department; BHB, B'more for Healthy Babies Infant Mortality Strategy; CHC, Coalition for a Healthier Community; CCTIC, Child Care Training Information Center; SAMHSA, Substance Abuse and Mental Health Services Administration; TIC, trauma-informed care.

B'more Fit also offered the trauma training known as "Risking Connections" to coalition members. This 2-day training included several B'more Fit mothers, direct staff, management, and representatives from organizations serving on the coalition. This training emphasizes self-care for staff and the importance of relationship building as a vehicle for healing.

Between 2013 and 2014, B'more Fit formed a TIC working group that included program participants, site coordinators from both program locations, and management. The group was facilitated by a BHB staff person who is a trained social worker. This group drafted a TIC guiding policy statement. The statement outlines B'more Fit's goal to offer a trauma-informed approach; the coalition's commitment to fostering a trustworthy, safe environment where participants are empowered to contribute in decision making; that staff will always strive to make participants feel safe; and that there will be no discrimination regardless of race, gender, or sexual orientation. Feedback was solicited from program participants and all coalition members before its adoption. The TIC working group also examined all B'more Fit processes and procedures to identify any practices that may be "retraumatizing" for members. An example of modifications made as a result of this process mapping exercise is that B'more Fit weight collection methods were modified to occur in a more secluded setting. A protocol for managing conflicts among program participants was also adopted. The most salient example of TIC in practice within B'more Fit began in 2014 when the program's group-based model for nutrition education shifted to a peer-led modality. For the first 2 years of the project, nutrition lessons had been taught by a designated leader who was an employee. After shifting to the evidence-based Taking Off Pounds Sensibly model, the program empowered its members to become voluntary leaders who took turns facilitating lessons selected by the group. This change in models exemplified the principals of choice, empowerment, and collaboration.

Continued Expansion of TIC Policies within B'more Fit and the Bureau of Maternal and Child Health

In 2013, BHB and BCHD leadership sought funding to continue supporting TIC within B'more Fit and BCHD's Bureau of Maternal and Child Health. A $45,000 grant from a private foundation contributed to TIC-related activities occurring between 2014 and 2016.

Between 2014 and 2016, a private foundation funded TIC work involving B'more Fit and BCHD's Maternal and Child Health Bureau (MCH). Community Connections, a counseling and technical assistance group and one of the pioneers in TIC, began teaching the B'more Fit working group the Creating Cultures of Trauma Informed Care Curriculum. Funding also allowed a clinical psychologist to begin offering trauma groups based on the "Circle of Security" parenting curriculum to B'more Fit participants in the English-speaking site. These sessions occurred between the spring and summer of 2016. In surveys after the sessions, 100% of participants responded favorably, and participants reported that they have learned better coping mechanisms for mitigating life- and parenting-related stressors that could supplant negative behaviors such as overeating, which contributes to weight gain, or the use of harsh discipline with their children.

Outside of B'more Fit, the grant supported several activities to address TIC within the BCHD MCH Bureau. All 120 health department MCH staff received training in mindfulness, and

supervisors participated in an intensive 9-month series facilitated by the Center for Mindful Awareness. Before having this funding, MCH's exposure to TIC had been limited to a few staff participating in the SAMHSA trainings and a single half-day staff retreat addressing the topic. Now, MCH programs including Women Infants and Children, Baltimore Infants and Toddlers, Adolescent and Reproductive Health, Early Head Start, Health Care Access Maryland Care Coordination Program, and Immunizations have trauma-informed staff and leadership who recognize TIC principles and actively work to address mental health concerns among participants and in their own lives.

This coaching has helped to foster a trauma-sensitive environment to support the staff and service recipients of B'more Fit, BHB, and MCH services. Organizational-level policy changes, including piloting B'more Fit as the first BHB trauma-informed program and introducing TIC across the MCH and BHB, represent a gender-sensitive approach. The aim has been for the actions of BHB, BCHD MCH, and the B'more Fit coalition to be transformative so as to eliminate inequities owing to gender; however, because gender-based concepts were only recently introduced through working with the CHC initiative, reaching that level of programming will take much more time and broader-scaled efforts.

Groundwork Laid for Citywide Trauma Policies

Owing to recommendations from BHB leadership at the Health Department and with the knowledge obtained from beginning trauma work within the CHC-funded B'more Fit, BCHD invited SAMHSA back to offer a series of trainings on TIC to Health Department staff. This laid the groundwork for widespread trainings for all city government workers in 2014.

An Urgent Call to Action

The death of Freddie Gray, a young man who died after a controversial arrest, incited civil unrest in Baltimore that had been building for some time. The Baltimore Uprising on April 27, 2015, was the direct response to Mr. Gray's passing and the result of years of police brutality, blight, racism, unsafe neighborhoods, and economic disparities (Marbella, 2015; Serpick, 2015).

Citywide Policy Changes

Coordinated trauma counseling and referrals

The upheaval from the Freddie Gray tragedy drew attention and resources to Baltimore. The mayor's office, BCHD, and BHB partnered with Behavioral Health Systems Baltimore—the City's leader in managing the system of care for mental health and substance abuse—to deliberately set policy for offering coordinated rather than piecemeal trauma services in the city. This meant that agencies would work together to plan, implement, and/or scale up much-needed trauma-related activities. BCHD partnered with schools, churches, and community organizations to provide supportive counseling services to affected communities. Services are now available 24 hours a day in individual (face-to-face), group, and telephonic formats (FAQs on Trauma and Mental Health). Specifically, through BHB and in partnership with Behavioral Health System Baltimore, Health Care Access Maryland, and Baltimore Crisis Response, Inc., an existing crisis hotline was revamped to become the Crisis Information and Referral line. Coordination between service agencies now enables the hotline to have direct linkages to all citywide mental health and substance abuse services, and follow-up service appointments can be made directly through the line. Assistance was also made available via electronic communication, and trauma-related resources have been featured on the health department's webpage in response to the uprising.

Citywide trauma training

Because of its familiarity with TIC from previous trainings, BCHD was able to quickly reconnect with SAMHSA to lead trainings for all city agencies. With co-leadership of Behavioral Health Systems Baltimore, Inc., and under the direction of Baltimore Health Commissioner Dr. Leana Wen, BCHD is the first local health department in the United States to attempt citywide rollout of trauma training and subsequent services. More than 1,000 employees from all city agencies and key community partner organizations were trained in the summer of 2015. Table 2 lists participating agencies.

Surveys from training sessions indicated an increase in knowledge of client-oriented solutions, strengths-based approaches, and trauma in general. Coordinating TIC trainings across multiple agencies involved working amid a tenuous climate in the wake of Freddie Gray's death while facing bureaucratic procedures that can delay activity. Providing coordinated resources and holding the initial set of trainings represented the genesis of a long-term process to remain engaged.

BCHD and BHSB have planned a phased approach to ensure that the work will continue and that the commitment to implementing TIC will endure. In response to the introductory trainings provided in the summer of 2015, BCHD and Behavioral Health Systems Baltimore worked to create a team-based Trauma Informed Learning Community toward a trauma-informed Baltimore between October 2015 and June 2016. Behavioral Health Systems Baltimore dedicated funding for eight months of facilitator-led TIC training. The content included introductory training, train-the-trainer trainings, action planning, and implementation support. In practice, this work involved monthly meetings, calls, and site visits to the teams, with frequency depending on team commitment and availability. The initiative ended with a wrap-up and presentation from the following large agencies focused on what employees learned and how the initiative impacted their work: Baltimore City Department of Recreation and Parks, Baltimore City Public Schools, Daysprings Programs, HealthCare Access Maryland, and the Mayor's Office on Information Technology/311 Operators. All were given a call to action to implement the six key principles of the SAMHSA model in their agencies.

Table 2
List of Participating Agencies

Baltimore City Department of Human Resources
Baltimore City Department of Social Services
Baltimore City Head Start
Baltimore City Health Department
Baltimore City Mayor's Office of Criminal Justice
Baltimore City Public Schools
Baltimore City Recreation and Parks
Baltimore Police Department
Creative Alternatives, Johns Hopkins Bayview Medical Center
Community Action Partnership, Baltimore City Mayor's Office of Human Services
Dayspring Baltimore
HealthCare Access Maryland
Marian House
Mosaic Community Services
311 Operators, Mayor's Office of Information Technology

BCHD advocated for each of these agencies to sign a Memorandum of Understanding (MOU) to help ensure that a continuing relationship between BCHD and its partners and a commitment to implementation of changes in policies and/or practices that are trauma informed would occur. The content of these MOUs will be regularly monitored by designees at each agency and with oversight by BHSB and BCHD. Another key element to ensuring the continuance of the TIC work is the use of the train-the-trainer model. Each agency appointed staff to receive intensive training and provided them with a curriculum and training manual to educate staff in their respective agencies. An ongoing evaluation is being conducted by the Johns Hopkins Bloomberg School of Public Health to assess the success of these citywide activities, measure the frequency of referrals to trauma services among participating agencies, and examine provider- and organizational-level factors associated with agencies implementing TIC.

Additional Citywide Policies Implemented through BCHD

BCHD is committed to ongoing work around TIC and sees the amelioration of trauma as a key part of its mission. As the department creates its strategic plan for the next 5 years, it has made a commitment to incorporate trauma-related objectives. For example, the associated Child Fatality Review Team has set policy to examine all of its cases through a trauma lens. The Urban ACEs, an adapted version from Philadelphia of the original adverse childhood event assessment from Kaiser, are now a standard part of the review process for each case (available: http://www.instituteforsafefamilies.org/philadelphia-urban-ace-study). Additionally, as BHB expands into a youth health and wellness strategy, it is collaborating with an academic institution, other partners, and community residents to obtain federal funding to offer trauma services within public schools. The federal government created a grant opportunity in response to the city's unrest, and BCHD/BHB seized this opportunity to further TIC even in its approach to the proposal. Grassroots organizations and community residents were equal partners in the proposal design and budget approval. This $5.5 million grant was awarded with BCHD as the initial lead agency. Later, leadership will transfer to one of the partnering community organizations. This effort exemplifies a true commitment to TIC and its principles of trust, collaboration, and community capacity building and empowerment.

Discussion

Remaining committed to the aforementioned trauma policies and services is critical to the successful implementation of citywide TIC policies. Although workforce development on TIC care is an admirable accomplishment, continually working to enact what was learned in the trainings will be the real achievement to improving the health of women, girls, and the 620,000 residents of Baltimore City. The city government alone employs 14,000 persons. With close to 1,000 participants exposed to trainings, much work remains. The same is true for trauma-related work within the B'more Fit for Healthy Babies Coalition. Although all B'more Fit Coalition partners have received TIC training, the level of commitment and participation in promoting TIC needs further attention. Trained persons must be ambassadors, who spread the content to other staff and encourage cultural shift. It will be essential for program leaders within B'more Fit, BCHD, BHSB, and all involved agencies to further emphasize TIC and make a concerted effort to motivate individual agencies and organizations in the coalition to adopt TIC policies.

Neither B'more Fit nor BCHD can effectively tackle the issues stemming from trauma alone; rather, a concerted effort led by BCHD and BHSB with city government agencies and human service organizations has the potential to accomplish the necessary large-scale change. The diverse composition of the B'More Fit Coalition has the ability to reach large numbers of individuals from different socioeconomic and racial backgrounds, and coalition partners have had different degrees of experience with TIC. Coalition partners who were already under the BHB umbrella and had some prior exposure to TIC trainings, like Baltimore Medical System, Inc. and Dru Mondawmin Healthy Families, had more familiarity with TIC at the onset, and their knowledge was enhanced by technical assistance from the CHC on gender-based programming and B'more Fit TIC trainings. As a result, these organizations became more invested and began offering more group-based support classes and intensifying referrals to mental health services. Through exposure to TIC training and encouragement through B'more Fit, the Druid Hill Y and the Department of Recreation and Parks have now begun promoting trauma resources to their clientele.

Evidence of the true impact of TIC programs will be changes that come from community residents. The added value of TIC is that it has been instrumental in reaching high-risk populations in culturally sensitive and practical ways. There is evidence that its preliminary actions have been effective in shaping changes in participants' attitudes and behaviors. The actions of two B'more Fit participants provide an example of the expression of TIC values (trust, collaboration, safety, choice, and empowerment). Keyonna Starkes-Green and Natasha Gregg met at B'more Fit in 2013 and became close friends who shared their weight loss journeys and other life events. In 2015, Keyonna's husband passed away owing to heart disease, after years of mentoring and assisting local children. A desire to live up to Tim's example of service, coupled with the support of Natasha's friendship and B'more Fit, enabled Keyonna to honor her husband by forming the nonprofit Tim's Day. The organization has hosted two community health events that served more than 800 community residents. Anecdotal evidence like this suggests B'More Fit is making a meaningful impact among Baltimore City residents. Further, survey results from B'more Fit mothers who participated in the trauma groups indicate that B'more Fit's TIC work is positively impacting their lives. Participants have reported that they now have healthy coping mechanisms for handling stress and that they feel more equipped as parents. Other strong relationships between group members and multiple positive, health goal–oriented social media posts written by them have also been observed. The positive outcomes associated with B'More Fit's TIC work align with United States Department of Health and Human Services (2014) goals around well-being, which acknowledge the importance of social interaction to quality of life (United States Department of Health and Human Services, 2014). With encouragement, more participants can be inspired to act as community wellness ambassadors.

Implications for Practice and/or Policy

Programs may benefit from incorporating gender-based analyses before and during program implementation. By exploring postpartum women's experiences, challenges, and barriers to weight loss through a gender lens, the B'more Fit

coalition and weekly intervention provides an environment and resources to help address the negative impact of societal gender norms on program participants' health outcomes, and potentially to improve future birth outcomes. Our gender-based analysis revealed the chronic stress and experiences of trauma impacting participants' health-related choices and participation in B'more Fit program. TIC has been important for supporting the mothers in the program and in laying the groundwork for several Baltimore City programs serving mothers.

The policies and supportive activities related to TIC are encouraging and point to implications for further practice and policy changes. Broader implementation of TIC would be possible if B'more Fit offered technical assistance to coalition partners and adopted a more formal means of monitoring and evaluating TIC uptake in each partnering organization. Technical assistance could be modeled after the process that occurred within B'more Fit programming, which included process mapping to avoid program practices that could be "retraumatizing," coaching organizations to create a guiding trauma policy statement, and helping organizations to consider how to give participants a voice. Evaluation of TIC efforts in those organizations would also be useful. Evaluation components could include process analysis of beneficial aspects as well as those that would benefit from improvement, and data could be analyzed to assess improvements in participant and program outcomes to ensure TIC changes are actually implemented.

Collaboration among agencies to address trauma has positive implications for the city. BHB/BCHD's collaboration with grassroots organizations and community residents to offer trauma-related services within the school system via the federal grant holds much promise. BCHD and BHSB's leadership in offering citywide trainings and receiving organizational commitments through formal MOUs to support trauma-informed activities is likely to have positive repercussions in the city for years to come. Engaging large institutions simultaneously and impacting health, education, and social service systems in a concerted way signifies a paradigm shift from the usual "siloed" way of offering care. As the lead organization in Baltimore for behavioral health, BHSB showed strategic wisdom in reaching out to BCHD and other organizations to create a more seamless mental health care system.

Conclusions

Federal support from the CHC initiative in gender-based programming and analysis led to an emphasis on including TIC in the B'more Fit Program, a viable component of the larger B'more for Healthy Babies initiative of BCHD. These activities provided the foundation for further TIC trainings within Baltimore City's health department. This work at the organizational level helped to lay the foundation for raising BCHD's awareness of the importance of TIC. When unrest occurred, BCHD already had a firm background in TIC and existing ties to SAMHSA that made it ready to partner with BHSB to set citywide public policy for training and implementation of TIC across all agencies. Ongoing coordination of services, a shared commitment to implementing TIC, increased participant empowerment, and allocation of resources to sustain TIC will help to address and ameliorate the impact of trauma in Baltimore and provide conditions in which women can improve their health. BCHD views incorporating TIC as "a critical step in ensuring that our residents are treated with dignity and in lessening the impact of trauma across the lifetime and between generations." This compassionate aim to improve conditions for Baltimore residents exemplifies *Healthy People 2020* goals around quality of life and well-being.

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Author Descriptions

Stacey G. Tuck, MS, works for the Baltimore City Health Department as the Director of Program Operations and is the former Director of the B'more Fit for Healthy Babies program. Mrs. Tuck has close to 20 years of Maternal and Child Health experience at BCHD in program development and monitoring, health education/promotion, and fiscal administration. She is continually humbled and excited to see the health improvements that participants have made as a result of their involvement in health programs.

Amber C. Summers, PhD, is on the Program Evaluation team for B'more Fit for Healthy Babies and a Program Officer II at the Johns Hopkins Center for Communication Programs. Her public health experience spans more than 10 years, and most of her work has centered on disease prevention among underserved communities through partnerships with numerous community and academic organizations.

Janice Bowie, PhD, MPH, is an Associate Professor at the Johns Hopkins Bloomberg School of Public Health in the Department of Health, Behavior and Society (HBS) and the Hopkins Center for Health Disparities Solutions and the Center for Reducing Health Disparities in Cancer. Her public health experience spans more than 30 years, and her work has centered on community health and health disparity. Her research portfolio includes minority and women's health, community-based participatory research (CBPR), cancer control, and spirituality. Dr. Bowie has designed, implemented, and evaluated interventions in partnership with community-based organizations and within faith settings.

Donnica Fife-Stallworth worked for Family League of Baltimore as the Program Manager for B'more Fit for Healthy Babies. She has experience in community engagement and outreach, and leads all aspects of the weekly program. Ms. Fife-Stallworth has a B.S. in Mass Communications, and has worked in women's health initiatives for the past 4 years.

Chase Alston graduated from Johns Hopkins University with a Bachelor's degree in Public Health Studies.

Stephen Hayes is Public Health Analyst, U.S. Department of Health and Human Services Office on Women's Health. His work focuses on helping U.S. communities account for gender's role as a social determinant of health while they identify, develop, and implement innovative approaches to public health issues.

Stephanie Alexander, MS, has worked with federal, state, and local health departments developing and designing various health promotion projects. She has overseen a number of large epidemiological studies guiding health policies. She serves as a Health Scientist Administrator, U.S. Department of Health and Human Services Office on Women's Health.