Coalition name: The Baltimore Food Policy Initiative (BFPI), Food Policy Advisory Committee (Food PAC) in conjunction with the Johns Hopkins University WIC Program, Baltimore, MD.

Project Overview The purpose of this initiative was to reduce chronic disease prevalence in Maryland, especially Baltimore, by focusing on the risk factors resulting from poor nutrition and limited access to prevention, risk, and management opportunities. In order to accomplish the goal, we utilized Policy, Systems, and Environmental strategies and the twin approach, to target both the WIC population and the greater Baltimore community. Our work was guided by a community coalition, consisting of nutrition and hunger focused agencies and groups, other social service agencies and retail outlets, and the results of a comprehensive needs assessment. Our partnerships were critical in developing and implementing broader community strategies that go beyond WIC’s initial mandate and targeted population. We subsequently developed a community action plan to address the identified risk factors and followed the plan to accomplish the three project objectives:

Project Objectives

A) Increase the number of people in Baltimore City with improved access to environments with healthy food and beverage options from 0 to 404,757. (Over 500,000 people were reached)

Working with coalition partners to help corner stores to make healthy foods available, we increased and improved store promotion strategies; improved the healthy food supply chain, assisted in the passing of the Ordinance for Personal Property Tax Credits-Food Desert Incentive Areas in order to create incentives to address the high cost of property tax, workforce development and security that Baltimore City grocers encounter; and increased the number of tools to assist residents to access healthy food options in Baltimore City. We accomplished this objective and significantly surpassed the specified reach goal.

B) Increase the number of people in Baltimore City with improved access to opportunities for chronic disease prevention, risk reduction or management through community and clinical linkages from 0 to 41,000. (68,000 people were reached)

We accomplished this Project Objective and surpassed our reach goal by: providing WIC service training to Baltimore health care providers and community group and agency staff; developing, expanding, and disseminating resource guides for Maryland WIC participants,
Maryland WIC staff, coalition members, and Baltimore City residents; and providing representation at community health fairs, festivals and other community events which provided direct access to community members where literature was distributed and information communicated.

C) Increase the number of public and partner messages showcasing CPHMC efforts and achievements related to healthy food and beverage options and improving opportunities for chronic disease prevention, risk reduction or management through community and clinical linkages from 0 to 6. (378 messages were released)

A comprehensive list of communication strategies was utilized to achieve this objective. By using numerous and diverse types of media, we accessed the vast majority of Baltimore residents, a sizable portion of Maryland residents, and reached a National and international audience. Print, radio, electronic media, and face to face interactions (individual and group) were used to ensure saturation and reaching residents who may not have had ready access to specific communication networks. We accomplished this objective and significantly surpassed the specified reach goal.
Project Secondary Objectives
1. Increase the number of existing stores that sell “healthy” foods in Baltimore City from 43 to 62 by the end of the project period.
   Increased to 73 stores
2. Increase the number of existing stores that expand their inventory of “healthy” foods in Baltimore City from 45 to 62 by the end of the project period.
   Increased to 77 stores
3. Increase the number of stores with new on-site and in-store placement and promotion strategies for healthy foods in Baltimore City from 0 to 4 by the end of the project period.
   Increased to 10 stores
4. Increase the number of new tools or resources to create awareness of how to access healthy food options in Baltimore City from 0 to 3 by the end of the project period.
   Increased to 3 tools/resources
5. Increase the number of tools or resources to improve awareness of available chronic disease prevention and management services in Baltimore City from 0 to 3 by the end of the project period.
   Increased to 3 tools/resources
6. Increase the number of providers, other healthcare staff, and other community partners that receive basic training on WIC services and benefits in Baltimore City from 0 to 29 by the end of the project period.
   Increased to 87
7. Increase the number of public messages on CPHMC efforts and achievements related to improving access to environments with healthy food and beverage options from 0 to 6 by the end of the project period.
   Over 35 messages released.
8. Increase the number of public messages on CPHMC efforts and achievements related to improving opportunities for chronic disease prevention, risk reduction or management through community and clinical linkages from 0 to 18 by the end of the project period.
   Over 18 messages released
9. Increase the number of partner messages on CPHMC efforts and achievements related to improving access to environments with healthy food and beverage options from 0 to 18 by the end of the project period.
   Over 250 messages released
10. Increase the number of partner messages on CPHMC efforts and achievements related to improving opportunities for chronic disease prevention, risk reduction or management through community and clinical linkages from 0 to 18 by the end of the project period.
    Over 75 messages released
Remarkable Outcomes

During all phases of this Project, we encountered numerous “remarkable” experiences, encounters and results. The most significant of these, which greatly facilitated the implementation of Project activities, was the identification of an existing multi-sectoral Coalition that is charged with a mission that so closely matched ours. Prior to the initiation of this Project, Johns Hopkins WIC was not a member of the Baltimore Food Policy Initiative, Food Policy Advisory Committee (Coalition). The Project Coalition is extensive and comprehensive. It “brings together stakeholders in Baltimore’s food production, distribution, and consumption system to collaboratively identify means to create demand for healthy food through awareness and education, and to ensure opportunities for all Baltimoreans to access affordable healthy food options in order to achieve and sustain better health outcomes and a higher quality of life.” Coalition organizations include those that focus on: anti-hunger; farmer’s markets; farming and gardening; nutrition/cooking education; policy; research; retail; transportation; the faith community; education; chronic diseases; health service delivery; and advocacy. We have since become an integral Coalition member and as such will continue to assist with implementation of other members’ projects (as appropriate). Additionally, there are numerous organizations that we will continue to partner with in order to continue the work of this initiative.

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