

THE ALBERT
SCHWEITZER
FELLOWSHIP

Final Report: Asimwe Najjuma

Health Inequity

The health inequity that I set out to address was food insecurity, which exacerbates poor maternal health outcomes in Detroit. Among 10 high-income developed nations in Europe and North America, the United States was found to have the highest likelihood of women dying from complications related to pregnancy or childbirth. Poor maternal health outcomes are a national public health crisis and are particularly severe in the city of Detroit. Detroit's maternal death rate is triple that of the national average, with Black women being over four times as likely to die from pregnancy-related complications than white women. These harrowing statistics, on not only a national but local level, make it clear that the city of Detroit needs to be a prime area of concentration in addressing maternal health disparities.

Poor maternal health outcomes in Detroit are shaped largely by the social determinants of health that create the environment in which these disparities can proliferate. 80-90 percent of modifiable contributors to healthy population outcomes can be attributed to social determinants of health, which are the non-medical factors (such as public infrastructure, economic stability, and education) that influence health outcomes. The particular social determinant of health that I chose to focus on, as it relates to maternal health outcomes, is food insecurity. This is defined as a lack of regular access to enough nutritious and safe food for normal growth, development, and a healthy lifestyle. This is a severe stand-alone inequity in Detroit, as 48 percent of Detroit households are food insecure according to a 2017 report from the Detroit Food Policy Council.

This is unsurprising when we consider that Detroit is known to be a “food desert,” which is any urban area in which it is difficult to buy affordable or quality fresh food. When impacting pregnant women, the effects of food insecurity are particularly harmful. Food insecurity among pregnant women has been associated with preterm birth, high blood pressure, gestational diabetes, high gestational weight gain, and postpartum depression, and is known to complicate preexisting health conditions, such as diabetes.

This is why I decided to address food insecurity in Detroit, with the target population being low-income pregnant women and new mothers in Detroit. Because these disparities impact Black women particularly severely, this project also sought to highlight Black women, but did not necessarily exclude non-Black women. My approach to addressing the issue of food insecurity was by designing a grocery delivery service directly to the homes of a small group of pregnant women and new mothers in Detroit. I carried out this goal by first partnering with Nurse-Family Partnership (NFP), which is a non-profit organization in Detroit that connects mothers who are pregnant with their first child to registered nurses, to provide them home-visits until their child’s second birthday. I also partnered with a Gleaners food bank in Detroit that was located at Covenant House Academy and that hosted monthly food distributions. I was able to use the pre-existing clientele at NFP to reach out to my target population for this project. My initial project plan was to carry out deliveries twice per month to a group of up to 12 pregnant women/ new mothers. In order to solidify the group of women that would be served by this grocery delivery service, I distributed a preliminary online survey among NFP clients to gauge for women who were dealing with food insecurity. We ended up being able to finalize a group of seven women.

There were a few adjustments that needed to be made to this project once the logistics at the start were finally set. One change is that the group that the grocery-delivery program would serve was slightly smaller than what was initially projected for. The final group of women consisted of seven people, which was due to the number of responses received from the preliminary online survey. A second adjustment made to this project was that I eventually made a switch to the food bank I was utilizing. A few months into the fellowship year, I came across a different food bank called Grassroots. I spoke to a contact from this food bank and discovered that Grassroots does food distributions weekly. I decided to switch to this food bank so that I could deliver grocery boxes to my delivery program's clientele on a more regular basis, as the previous food bank at Covenant House Academy only allowed me to complete deliveries once a month. Once I was partnered with Grassroots, the new routine was to pick up grocery boxes for delivery every Friday.

The specific activities I employed to carry out this delivery service were:

- A) Distributing a preliminary survey to gauge levels of food security and interest in the program.
- B) Finalizing group of seven women to be in the program.
- C) Carrying out monthly deliveries from Covenant House Academy, then transitioning to weekly food deliveries from Grassroots.
- D) Creating recipe cards to include in the grocery boxes.
- E) Delivering grocery boxes to clients monthly from Covenant House Academy and weekly from Grassroots.
- F) Having regular phone calls with clients to invite feedback and provide updates about upcoming deliveries.

- G) Creating sustainability plan with NFP nurses to plan the continuation of this project in my absence.
- H) Delivering post survey to gauge improvements in levels of food security and nutritious eating.

Accomplishments

At the beginning of the fellowship project year, I outlined a list of goals for this project. I was able to accomplish each of these goals. Those accomplishments were:

- 1) Designed an initial survey to gauge moms' current feelings about their own level of food insecurity, to be referred to in the end-of-year program evaluation.
- 2) Compiled information via online survey with each qualifying mom regarding what healthy foods each household needs/ wants, including information about food allergies or dietary restrictions.
- 3) Coordinated meetings with my on-site supervisor to determine which food banks in Detroit to utilize.
- 4) Created nutritional recipe cards and greeting cards to supplement grocery boxes.
- 5) Regularly picked up grocery boxes and hand-delivered them to moms monthly from Covenant House Academy, and then weekly from Grassroots.
- 6) Designed program outcome evaluation survey in Winter/Spring 2024 to determine if proximal objectives (combatting levels of food insecurity and building a sense of support in healthy eating decisions) were achieved by surveying moms again at end of the fellowship program.

Project Impact

| Inputs (What we invest) | Activities (What we do) | Participation (Who we reach) | Short-term Outcomes (Learning) | Mid-term Outcomes (Actions) | Long-term Outcomes (Condition) |
|---|---|--|---|---|---|
| -Driver to take grocery boxes from food banks to NFP client's homes. -Car to transport groceries with. -Time to regularly call NFP clients to invite feedback and provide delivery updates. | -Initial survey sent to gauge levels of food security. -Monthly, then weekly grocery deliveries to the homes of 7 NFP clients. -Post survey to gauge increase in nutritional knowledge and food access. | -7 women from NFP who indicated facing food insecurity. All of these women are either pregnant or new first-time mothers. | -Increased levels of knowledge regarding nutritional eating during pregnancy. | -Increased intake of fresh fruits, vegetables, lean meats, healthy protein sources, and other overall improved dietary choices. | -Participants of this program reported increased levels of food access and food security. |

The impact of my project can be seen through the short-term, mid-term, and long-term outcomes on the logic model displayed above. These outcomes illustrate what the clients from this grocery-delivery service have been able to learn, how this has impacted their actions, and how this has impacted the overall condition of the public health issues that this project sought to address.

The short-term impact was that clients of the program were able to learn more nutritional information regarding healthy food options that can be had to support a healthy pregnancy. This came from the recipe and nutrition cards that were included in the grocery boxes during deliveries. The mid-term impact was the gradual behavior change from the clients of the program, as they transitioned to consuming more fruits, vegetables, and other healthy food options from the food banks. This was possible due to the selection of produce that was available at food distributions and included in every grocery box, particularly at Grassroots. The increased availability of healthy and fresh foods allowed for this behavior change to take place. The long-term impact of this project is the overall impact that this service had, and will have, on the level of food access available to the clients. This long-term impact is intricately tied in with my sustainability plan, which is for nurses at NFP to adopt the model that has been created of doing regular grocery deliveries from Grassroots to the homes of their clients that face food insecurity. It must be acknowledged that this project may not uproot the greater political and economic issues that have led Detroit to being a food desert, however, it still has the ability to do long-term good for this population especially as it becomes a sustained facet of NFP's work.

Sustainability Plan

At NFP, we are currently in the process of establishing a sustainability plan to continue this food delivery service when I transition out of the fellowship in May. Currently, the plan is for nurses at NFP to resume picking up grocery boxes from Grassroots. We are aiming to continue providing grocery deliveries from this location due to the frequency and regularity of their distributions. On Tuesday May 7th, I will be attending a team meeting with the NFP team, where we will discuss the logistics pertaining to which nurses will go to Grassroots, how often they will pick up grocery boxes, and if the group of women they are delivering to will expand. As each of

the nurses are assigned to specific mothers for their home visits, the plan is that the nurses will continue to carry out deliveries for the women that they are assigned to. We will also discuss if we have the capacity to increase the client pool of those who are being delivered to, based on the number of willing nurses to take over deliveries for their respective patients.

Recommendations

This fellowship opportunity provided valuable insight into what it is like to serve young pregnant women and new mothers from the Detroit and Metro Detroit area. From this experience, there are a few key recommendations I can give to anyone setting out to serve this population.

Most importantly, I would recommend prioritizing getting to know these women on an intimate and personal level for who they are outside of any maternal health or food insecurity issues they may be faced with. I found that establishing personal connections with my clientele, by learning about their families, hobbies, children, and personal interests, was the best way to build a foundational relationship with them. Establishing a foundational connection is imperative in order to build trust and closeness. I believe that service work is most effectively carried out when there is trust and closeness between those serving and the population being served. This is to ensure that the population being served never feels as though they are being looked down upon or pitied.

A second recommendation I would have when working with this population is to bear in mind the individuality of each person being served. As my project was a grocery-delivery service, it was important to be keen to the allergies and preferences of each household I was

delivering food to. In the preliminary survey that I created, I inquired about any food allergies or dietary restrictions. I wanted to create a system of delivering grocery boxes that were properly curated to the needs of each household. I would recommend that interventions for this population are personalized, with opportunities for those being served to exercise their autonomy and express their personal preferences whenever possible.

A third recommendation I would have is to maintain strong lines of communication and always remain open to feedback from clientele. I worked to maintain strong communication by having regular phone calls with my clientele, prompting them to provide feedback, and keeping them updated on the delivery schedule. Keeping these open lines of communication reinforced to clients the importance of their voice and opinions on the ways they were being served. It is necessary to be open-minded and flexible to the ideas and thoughts of those you set out to serve, as no one knows exactly what will serve them best the way that they do.

Reflection

This Albert Schweitzer Fellowship experience has been such an invaluable experience for me in a multitude of ways. Since I began my career journey into public health at Wayne State in 2017, learning about the state of maternal health in the City of Detroit was one of the driving factors that made me decide to choose this area of study. As a Black woman, being able to work in improving health outcomes for Detroit mothers became a goal of mine, not only for my career but also on a personal level.

With that said, I feel grateful and a level of fulfillment from being able to have worked with this population. Working alongside seasoned maternal healthcare professionals at NFP

afforded me an environment where I could be mentored by those who have worked with this population extensively. This primary exposure was an irreplaceable way to learn some of the key lessons that I did regarding humanitarian work in the maternal health sphere. I overall felt happy about the service that I provided, especially because I felt I had strong examples set by the nurses regarding how to best serve and relate with these mothers. I also continually had positive feedback given by clients regarding their thoughts on the deliveries and project as a whole, which was affirming to hear directly from those I was serving.

This fellowship experience provided me so much opportunity to reflect on how I grew up viewing service, especially coming from a Christian community, and what culturally humble servitude actually looks like. In my fellowship application in February 2023, I wrote about the life-changing experience I had when I went on a school-sponsored mission trip to Mexico City my senior year of high school. While I still do maintain that the Mexico mission trip was life-changing for me, I feel that after this fellowship, I have gained the ability to look at that form of service and other forms of service with more of a critical lens. I have learned how often humanitarian work is done without centering the voices, autonomy, or intelligence of those being served. While not done maliciously, carrying out service in this way can be harmful, as I believe it inadvertently infantilizes those being served. It reinforces the subconscious social hierarchy between the one carrying out the service and the one being served. This model of service is something I believe must be acknowledged and called out more in the world of humanitarian work. It feels so much more fulfilling to actively work together with the population you seek to serve, to create a plan of service that they not only need but also want. I believe that this approach to service is the most empowering to both parties.

After this fellowship experience, I feel strongly that I would like to continue to dedicate my time to humanitarian work. I feel energized by the connections I am able to build through this work and feel genuine fulfillment hearing any positive feedback from those I have the privilege to serve. As an aspiring public health professional, I also feel that regular commitment to direct service in your local community is one of the best ways to keep yourself grounded and to remember why you chose this area of work in the first place. I know that I will carry so many of these values that I have learned from the Albert Schweitzer Fellowship long into the future of my public health career and life in general.