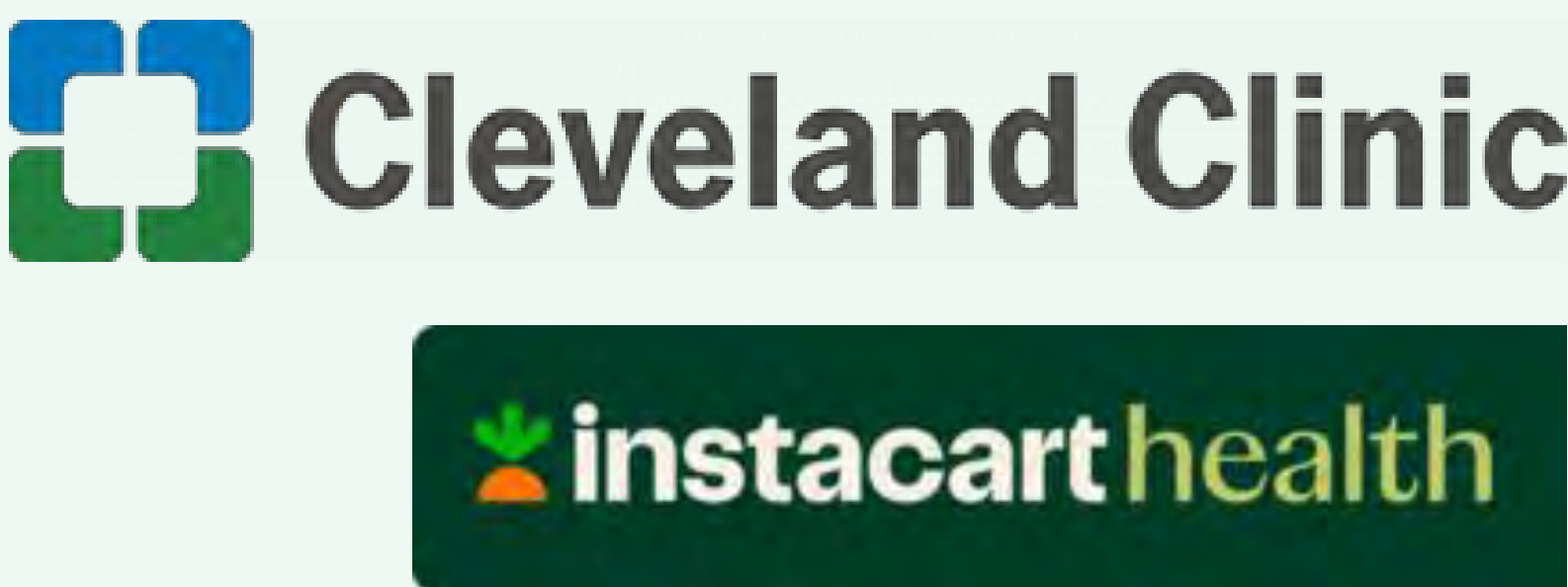


Assessing Healthy Moms & Babies Initiative in Ohio

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Background

The **Healthy Moms and Babies Initiative** is a collaborative food-delivery program launched by Cleveland Clinic and Instacart Health in Cleveland, Ohio. Designed to support expectant mothers who face barriers to accessing nutritious food, the program provides essential groceries to promote maternal and family health during pregnancy.

Population

Low-income **pregnant women**, **breastfeeding mothers**, and **postpartum caregivers** of infants living in Cleveland who experience barriers to accessing nutritious food.

Learning Objectives

- 1. Data Analysis:** Apply biostatistical methods in R to examine quantitative program data, identifying participant trends and health-related outcomes.
- 2. Impact Evaluation:** Assess the pilot program’s effectiveness by interpreting analytic results, highlighting key factors that drive success or present challenges.
- 3. Program Recommendations:** Develop evidence-based strategies to strengthen food insecurity initiatives, using insights from the analysis to improve reach and effectiveness.

Activities

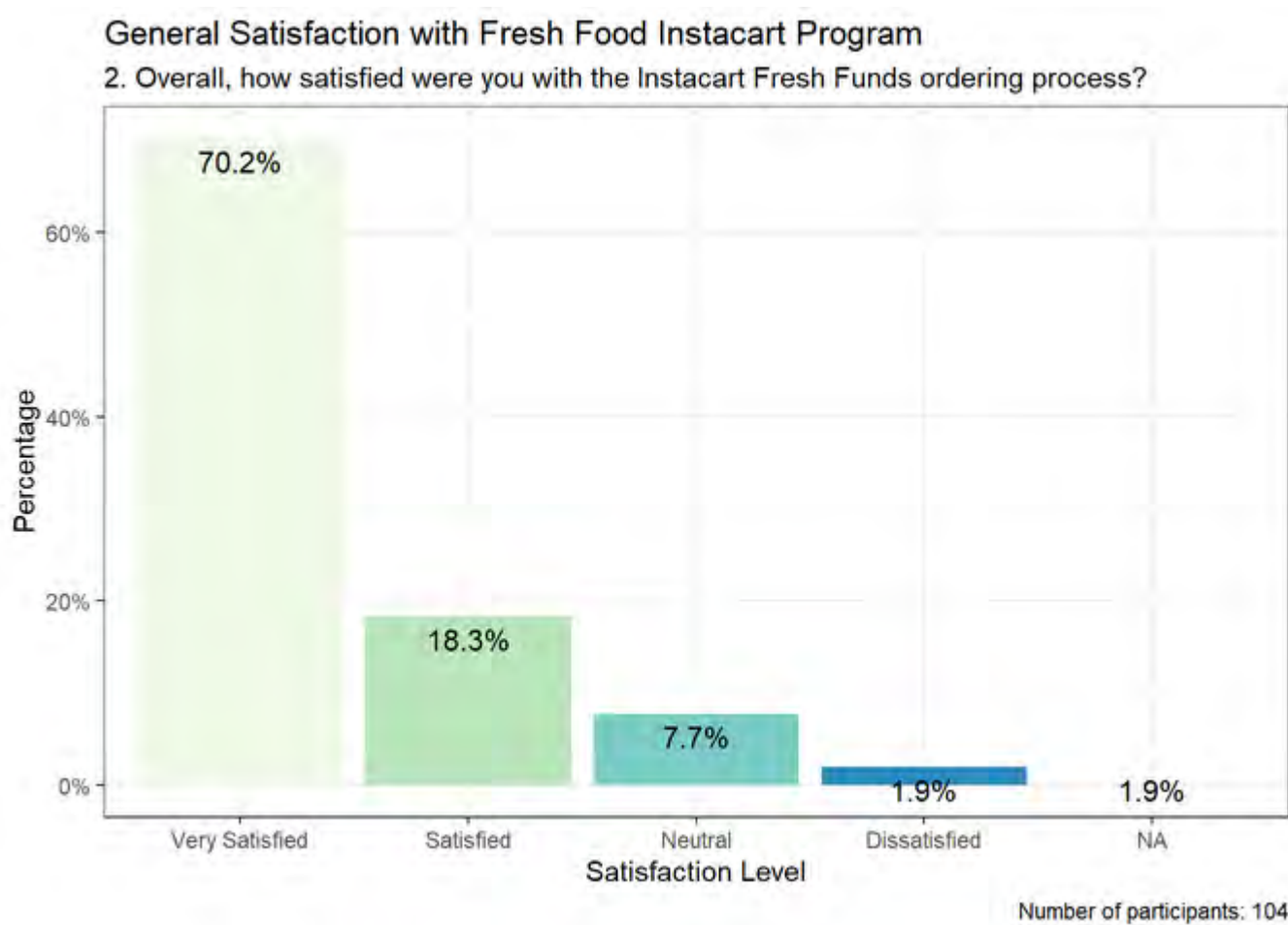
- **Survey management:** Organize participant data in REDCap
- **Data analysis:** Generate insights using RStudio
- **Recommendations:** Translate findings into actionable improvements
- **Communication:** Share results with clinical and community partners
- **Collaboration:** Refine strategies through feedback and debriefings

Deliverables Participant Demographics

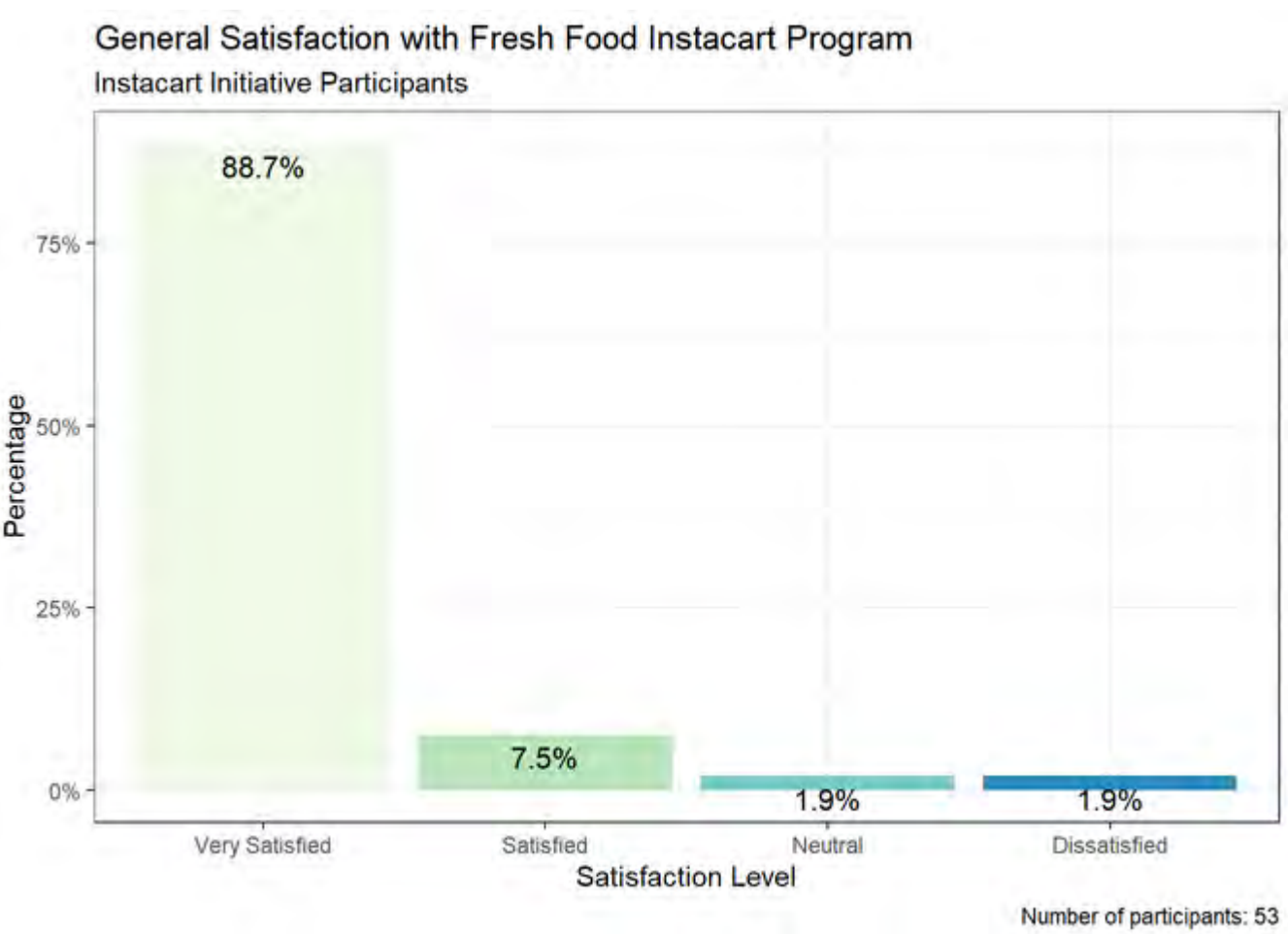
Variable	N = 129 ¹
Race	
Black, African American, or African	87 (67%)
White	13 (10%)
Hispanic, Latino, or Spanish	17 (13%)
Other	10 (7.8%)
Middle Eastern or North African	2 (1.6%)
Marital Status	
Single	97 (75%)
Married	15 (12%)
Live In	16 (12%)
Widowed	1 (0.8%)
Educational Level	
Less than high school	18 (14%)
High school diploma or equivalent	88 (68%)
Associate degree	10 (7.8%)
Bachelors degree	8 (6.2%)
Graduate/ Professional degree	5 (3.9%)
Annual Household Income	
\$29,000 or less	109 (84%)
\$30,000-\$49,999	16 (12%)
\$50,000-\$99,999	4 (3.1%)
Household Size	
1	25 (19%)
2	46 (36%)
3	19 (15%)
4	21 (16%)
5	6 (4.7%)
6	9 (7.0%)
7	1 (0.8%)
8	2 (1.6%)

¹n (%)
129 Participants responded to the Baseline questionnaire

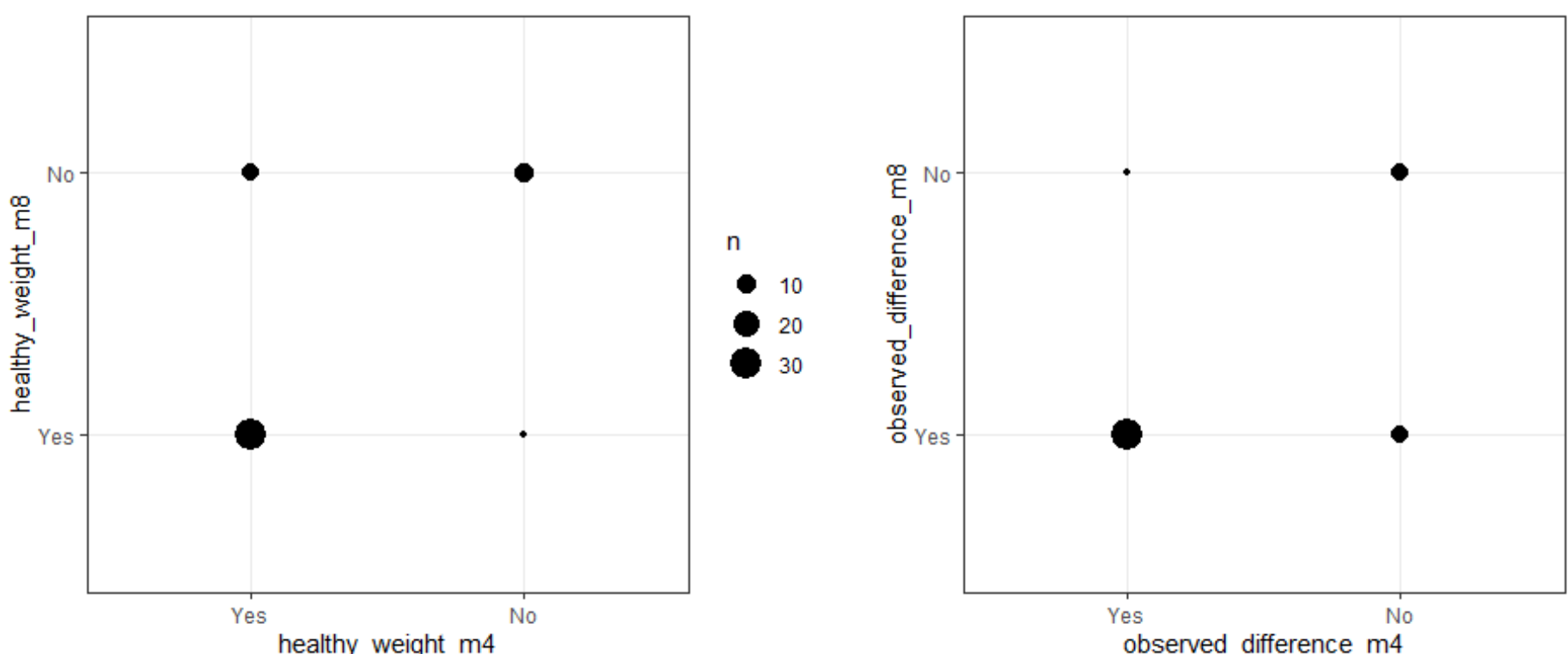
Satisfaction Levels Month 4 survey



Month 8 survey



Key Improvements Measured from month 4 to month 8



The health outcomes the survey measured are the number of fast-food meals consumed per week, vegetable and fruit consumption, and home meal preparation frequency. All measures were positively stable. Significant positive change was observed in **self-reported healthy weight** and **observed improvement in diet**.

Lessons Learned

1. Define specific, measurable objectives at project initiation
2. Establish baseline measures to quantify program impact
3. Prioritize objective metrics over subjective assessments
4. Design consistent follow-up surveys to ensure reliable data
5. Seek statistical consultation throughout program planning and implementation
6. Apply analytical methods tailored to program evaluation rather than purely research outcomes
7. Communicate findings in clear, accessible language for diverse audiences
8. Use holistic approaches to address systemic challenges
9. Foster collaborations and partnerships to strengthen impact
10. Recognize that community health programs are iterative, requiring ongoing refinement

Public Health Implications

- ✓ Reduce food insecurity in the community
- ✓ Improving maternal and infant health outcomes
- ✓ Reduced maternal and Infant mortality and morbidity
- ✓ Addressing a form of health disparities
- ✓ Potential reduction of overall healthcare costs
- ✓ Framework for future food-insecurity/ maternal programs

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