

Healthy Parents Healthy Babies

Recommendations developed by people with **lived experience** of homelessness and extreme housing instability when pregnant focusing on how to **improve birth, health, housing, and other outcomes** for **pregnant people, parents, and their children**

July 15, 2023



THE FRAMEWORK
FOR AN **EQUITABLE**
HOMELESSNESS
RESPONSE

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- Urban Institute
- Housing Narrative Lab
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About Us

The HPHB Project Team

The process and report were shepherded by this dedicated team during the period from March 2023 through June 2023.

- **Natalie Jimenez, BAS**, interned on this project while completing her bachelor's degree in healthcare management and leadership from Bellevue College. Ms. Jimenez has prior work experience in labor and delivery and the lived expertise of having housing instability while pregnant. Ms. Jimenez led the recruitment and engagement of the Lived Experience Committee, co-facilitated meetings, and co-authored the report. Ms. Jimenez resides in the Seattle metropolitan area.
- **Kaitlyn R. Jones, MPH, MSW, C-CHW, CHES**, has co-authored research for the Ohio Commission of Minority Health on policy recommendations to improve Black maternal and infant health across the state of Ohio as well as working as a program manager focused on homeless pregnant youth. Ms. Jones supported the engagement of the Lived Experience Committee, co-facilitated meetings, and co-authored the report. Ms. Jones resides in Denver, Colorado.
- **Barbara Poppe, M.S.**, is a national expert on housing, health, and homelessness. She also, serves as the lead consultant for [Healthy Beginnings at Home](#) which has demonstrated birth outcomes improvements through housing intervention. Ms. Poppe supported the overall project plan, co-facilitated meetings, and co-authored the report. Ms. Poppe resides in Columbus, Ohio.

Executive Summary

Across the country, families, including pregnant people and parents with babies, do not have a place to call home. The stress of housing instability and homelessness leads to poor birth and health outcomes that can extend across individuals' lifetimes. Black women and other women of color are disproportionately impacted. Instability and a lack of housing can make people feel helpless as they strive to care for their children and themselves. This report recommends policy changes to improve maternal and infant health while simultaneously creating housing stability and reducing family separation.

Healthy Parents Healthy Babies (HPHB) was established to document and disseminate strategies to reduce racial disparities, increase housing stability, and improve maternal health, birth outcomes, and child health associated with homelessness and extreme housing instability among women and families of color. Centering the voices of people who have experienced pregnancy while housing unstable in developing and determining these recommendations was foundational for this work.

Our Vision
All parents are healthy and provide for their children, and all babies are born healthy and thrive as infants.

The HPHB project team recruited a committee of women with the lived experiences of being pregnant while dealing with housing instability and homelessness. They met as the HPHB Lived Experience Committee to build community healing with one another, validate each other's experiences, and use their lessons learned to build policy recommendations that could save another mother from experiencing similar trauma. Three committee members' stories are highlighted in the First-Person Perspectives to share the deeper connection and understanding of the intentionality behind each recommendation. HPHB Research and Policy Advisors, experts in housing and healthcare, provided guidance and suggestions to the Committee. The final decision on what was included in the report was made by the HPHB Lived Experience Committee.

The recommendations highlight an equitable approach to working with families of color to reduce racial disparities in accessing housing, healthcare, and community support. Each recommendation contains a description, what the recommendation addresses, and examples of policies and programs that exemplify and advance the recommendation. Two program profiles highlight DC's Community of Hope and Ohio's Healthy Beginnings at Home that bring together housing and healthcare using equitable practices.

Policy and Practice Recommendations

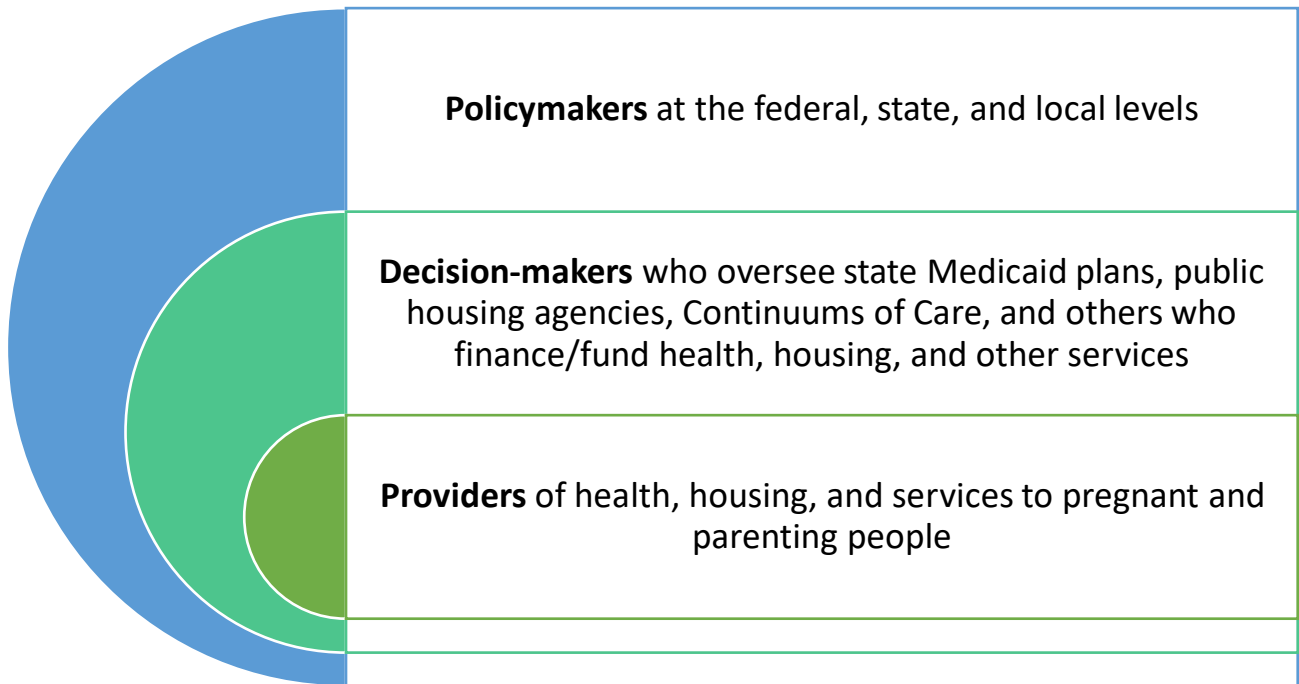
1. Prevent trauma, utilize trauma-informed support, and practice harm reduction in all programs and systems.
2. Provide housing AND income during the entire perinatal period.
3. Design quality housing with an equitable lens.
4. Create stronger protections for renters and provide emergency rental assistance.
5. Extend the timeframe for cutting off public assistance and benefits and provide more gradual intermediary step-downs.
6. Extend postpartum Medicaid and provide a more comprehensive standard of care.
7. Expand awareness and access to programs and resources among parents and pregnant people, communities, and organizations.
8. Build 24-hour supports, programs, and centers for new parents.

Purpose of the Report

Homelessness persists across the United States and is increasing in some regions. Concurrently, there is a growing recognition of a maternal and infant health crisis. Both crises disproportionately affect and harm people and families who are Black, Indigenous, or other people of color.

Systems and policies established to address the maternal and infant health crisis and the homelessness crisis have historically overlooked pregnant people’s voices, especially those of Black women. Healthy Parents Healthy Babies (HPHB) was established to **document and disseminate strategies to reduce racial disparities, increase housing stability, and improve maternal health, birth outcomes, and child health associated with homelessness and extreme housing instability among women and families of color.** Centering the voices of people who have experienced pregnancy while being housing unstable in developing and determining these recommendations was foundational for this work.

HPHB recommendations are aimed at these key leaders:



Our Methodology

Consistent with a targeted universalism approach¹, Healthy Parents Healthy Babies (HPHB) has a universal goal that all parents can be healthy and provide for their children, and all babies are born healthy and thrive as infants. While our overall project goal is to improve birth, health, housing, and other outcomes for all pregnant people who are at risk of homelessness and other forms of extreme housing instability, HPHB is centered on strategies that target the needs of Black women who represent the largest number of people experiencing homelessness and housing instability while pregnant.



HPHB was launched in March 2023 by the project team that organized a Lived Experience Committee (LEC) composed of five people with the lived experience of housing instability while pregnant. The people selected for the LEC were from five different states and recruited through networks associated with the Framework project members and HPHB team members' connections. The LEC was charged with developing policy and practice recommendations to address the identified needs and gaps that LEC members prioritized.

Concurrently, a group of experts in maternal health and housing policy and practice were recruited to serve as HPHB Research and Policy Advisors (RPA). They were invited to participate in a joint session with the LEC during April 2023. RPA members also reviewed and commented on the draft report before it was finalized by the LEC in June 2023. The project team facilitated meetings, engaged with LEC members to gather their feedback, and prepared the report. Members of the Lived Experience Committee and the HPHB Project team were compensated; RPA members were volunteers. The LEC retained final decision-making over the content of the report and recommendations.

See the section on *Acknowledgments* for a list of people who participated in the HPHB.

¹ Powell, John A. (2022, June 8). Equity 2.0? what is targeted universalism and how does it address inequality? *NPQ*. Retrieved June 8, 2023, from <https://nonprofitquarterly.org/equity-2-0-what-is-targeted-universalism-and-how-does-it-address-inequality/>.

Our Findings



Healthy Parents Healthy Babies (HPHB) considers the impact of being pregnant and newly parenting while homeless or experiencing extreme housing instability. We consider these effects from first-person perspectives, as well as perspectives developed from research, evaluation, and policy.

What do we hear from people with lived experience?

Healthy Parents Healthy Babies is grounded in the realities that confront pregnant people, new parents, and their children. We ask readers to place themselves in this reality:

Imagine that you are pregnant without stable housing and couch-surfing while working and attending college. You long for health, happiness, security, and the hope for a better tomorrow. However, without a stable place to call home, your future and that of your child is uncertain at best. You are confused about how to get help and can't get a straight answer about what help is even available. Being homeless while pregnant means you have trouble accessing prenatal care, good nutrition, and adequate sleep. You experience extreme stress and anxiety about the future for yourself and your child-to-be.

When you leave the hospital after delivery, you do not have any safe and healthy options for you and your tiny baby. Couch-surfing, staying in a tent or car, or camping out in an abandoned building are not safe and healthy environments. Emergency shelters (if available) are not designed for postpartum recovery and the needs of newborns. How would you meet the basic needs of your baby, like a crib, diapers, baby supplies, and infant clothing? How would you breastfeed or manage to secure, prepare, and store baby formula? How would you take care of your own needs for good nutrition, postpartum rest and recovery, adequate sleep, and postpartum care? How would you handle extreme stress and anxiety about the future for yourself and your newborn? Add to this a concern that child protective services will take away your baby because of your living environment.

We share the following three “first person perspectives” from members of the HPHB Lived Experience Committee to provide real-life examples of the hopes, fears, and challenges they experienced. Their experiences provide the foundation for the recommendations that are included in the next section of the report.

First-Person Perspective: **Destiny**

Support, when needed, could make a big difference.

Even though Destiny's life journey does not have a lot of geographic diversity — she has lived in Indianapolis her entire life — it does not mean that it has not had more than its share of twists and turns. Yet, despite significant hiccups, she remains optimistic for her future and that of her two children and believes that it is essential to lend her voice to the housing instability crisis.

When Destiny first found herself in a shelter at the age of 21, she was young and scared and attempting to navigate these challenging circumstances with a newborn. Determined to provide her child with a safe sleeping environment, she reached her breaking point with couch-surfing after stuffing a milk crate with blankets to mimic a crib. Even at the shelter, she felt adrift without her partner and had no idea what resources were out there. Destiny had believed that having no income disqualified them from income-based housing. Ultimately, she encountered a case manager who was able to help them navigate the system enough to get into stable housing. As Destiny noted, before this she had completely misunderstood what services her family qualified for.

Stable housing has not solved all their problems. One challenge that she highlighted was the lack of affordable childcare. Destiny noted that they felt trapped by the system and that she could not qualify for childcare support grants until her co-parent was placed on mandatory child support, and because of their distrust of the system this was a difficult step for them to take. Ultimately to get back to her work in administration and philanthropy, she accepted this childcare support, and her kids continue in the program today — even though she is now paying \$81 per week for care. Childcare support is one of Destiny's passions and this is also why she has advocated for 24-hour help centers to protect both parents' and children's mental and physical health. She understands that support needs do not always happen during 9-5 work hours. This is also a driving reason for why Destiny thinks policy leaders need to step up and implement real policy actions so that other mothers do not find themselves in a situation like hers — trapped in a tiny shelter room with a sobbing baby and no respite.

Destiny marches toward the future with both hope and fear. She believes that she will continue to be an advocate for change and someone who will inspire their own children, breaking generational cycles. Yet, at the same time, there is also fear and uncertainty. Because of Destiny's increased work hours and a rise in income, the household is now above the income limits for the apartment so they will no longer receive subsidized rent. This is scary from a budgeting perspective, but Destiny also sees it as a sign of success and gaining more independence and autonomy.

Destiny identifies as Black female and serves as member of the HPHB Lived Experience Committee.

First-Person Perspective: Julia

Respect for autonomy and support are critical to success.

Many people believe that individuals are unhoused because they are undereducated and underemployed. However, this is not the case with Julia who came to the Seattle metropolitan area from her home in Kenya. Julia has both undergraduate and graduate degrees. Rather than her degrees being an asset, she believes that it has almost been an additional roadblock in her journey with housing instability. Her shelter case manager thinks that finding a job and housing should be easy for her with her educational background.

Nothing about her journey has been easy; improved educational opportunities alone will not solve this issue. Julia notes that parenting her daughter the way that she wants in a shelter environment is difficult. It is hard to juggle work responsibilities and then return to parent in an environment in which she has no control over the meals that you are often eating or even simple things like noise levels, which can disrupt infant and toddlers' sleep schedules. Julia adds that even when she is physically exhausted at the end of the day that it is hard to turn off her brain and swirling anxiety to sleep. This has led to other challenges for Julia, like maintaining a supply to breastfeed her young daughter.

Julia is a committed parent, who shares the desire of most parents to offer their child(ren) health, happiness, security, and the hope for a better tomorrow. But she has worries that most new parents don't have to tackle. For instance, she must share a community refrigerator. This creates stress, wondering if her stored breast milk will disappear or be tampered with. Also, the shelter does not have private rooms. Julia often wonders about her and her baby's safety because she does not know who is on the other side of the curtain that separates families within the sleeping dorm.

Julia is also frustrated by her shelter case manager. Julia has not been asked what she is looking for in housing or where she would like to live with her young family. Julia believes she is simply a number to her case manager. This is concerning because the case manager has the power to refer or recommend, or not, someone to various organizations. A more effective approach would likely be transitioning to a more holistic social worker mindset.

Julia remains optimistic about the future and focused on finding stable housing. She sees home ownership as being at the heart of the American dream, as well as the best way to build generational wealth for her family. Julia is committed to doing the hard work to make this happen, but she also believes that for this to work for her and others in similar circumstances that there needs to be a real focus by policy makers on our nation's housing crisis. As Julia explains, stable housing is not only good for individual families — providing them with a sense of security and inner peace — but it is also good for the nation, and its economy, as a whole.

Julia identifies as Black/African female and serves as member of the HPHB Lived Experience Committee.

First-Person Perspective: Ariana

To survive and thrive, helpful hands and a supportive community are important.

Ariana is currently seven months pregnant, and even though she details numerous ups and downs during her pregnancy, the experience has been much more positive than her previous pregnancy. This leaves her optimistic about the upcoming delivery of her baby girl and the next steps in her life and that of her future child.

During Ariana's first pregnancy, she spent time living in her car. Seeking more stability, she moved into a motel with a man who paid her bills. But, he was abusive. She also acknowledges that she felt little choice but to engage in illegal activities to pay her bills and simply survive. With survival being her sole goal, she did not have time to focus on self-care or even following standard prenatal recommendations. Ariana ultimately lost custody of her first child.

During this pregnancy, Ariana has had more time to focus on her baby and herself, and this is in part because she finally has stable housing that she is confident that she will be able to keep. However, she admits that there were bumps along the road to getting this housing. After serving five years of time, she faced an obstacle that many people with records encounter — landlords are often reluctant to rent to people with felony convictions.

Ariana has had a helpful hand to get around this roadblock. An employee at the halfway house that she was living at in Albuquerque, New Mexico following her release from prison knew someone in a local property management company and advocated for Ariana, as well as some other people in the program. Ariana also added that it was helpful that the halfway house held all of her salary from her job during her six months of living there until she moved into her own place. What she had perceived as an annoying loss of freedom gave her the opportunity to be able to afford to pay first and last month's rent, as well as security deposit, to get into her apartment.

Like many parents-to-be, Ariana is focused on the future and giving her daughter a life full of happiness and stability. For the moment, she is happy to stay at her current restaurant job where she feels respected and valued by her bosses and co-workers. But, she continues to look for new opportunities and added that she does have a peer support worker certification and is excited about having a voice in this space.

Ariana understands that many women have navigated similar challenges to her, and that is part of why she is such a firm advocate for the work that the Lived Experiences Committee is doing. She believes that policy changes, like the ones advocated for in the report, will boost up individual women. However, she also notes that it is not just about helping individuals. Instead, it is also about building communities that support the most vulnerable among us.

Ariana identifies as Hispanic female and serves as member of the HPHB Lived Experience Committee.

What do we already know from research and reports?

Homelessness disproportionately harms people who are Black, Indigenous, or other people of color due to a long history of systemic racism in the nation's housing and economic policies and practices. According to a 2022 HUD report², 12 percent of the total U.S. population identifies as Black, but Black individuals accounted for 37 percent of all people experiencing homelessness and 50 percent of people experiencing homelessness as members of families with children. Racial disparities persist in maternal and infant health outcomes³. Black infants are significantly more likely to be born pre-term and/or low birthweight or die before their first birthday than their white counterparts. Black women are significantly more likely to experience severe maternal morbidity and mortality. For example, Black women are three times more likely to die from a pregnancy-related cause than white women⁴. These differences persist even when adjusting for socioeconomic status. Black adults have reported that discrimination in healthcare is severe, with Black women reporting the highest rates of discrimination in healthcare settings⁵. The COVID-19 pandemic further exposed underlying racial disparities in health and housing, such as premature death, lack of access to medical care, increased likelihood of eviction, and living in overcrowded and/or unaffordable housing.



It is well documented that pregnancy increases a woman's risk of becoming homeless and that homelessness and housing instability (i.e., frequent moves, overcrowding or doubling up, living in substandard or unaffordable housing) adversely impacts the health of mothers and their children. Homelessness during pregnancy is harmful for both mothers and their infants, resulting in higher rates of pregnancy complications, pre-term and low birthweight delivery, and other health complications⁶. Housing instability during pregnancy increases the likelihood of pre-term birth,^{7,8} a leading cause of infant mortality and a risk factor for acute and chronic health conditions. Housing instability during pregnancy is linked to increased health-care utilization postpartum and during the first years of life, including length of hospital stay, an ER visit, and hospital readmission.^{9,10} Beginning in the prenatal period and extending throughout childhood, any duration of homelessness – from the briefest experience to extended periods – is associated with adverse child physical, mental, and developmental outcomes.^{11,12,13} Homelessness is also associated with pregnancy complications, pre-term birth, and low birth weight; these adverse outcomes are leading causes of maternal and infant mortality in the United States.^{14,15}

² <https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf>

³ Jang, C. J., & Lee, H. C. (2022). A Review of Racial Disparities in Infant Mortality in the US. *Children (Basel, Switzerland)*, 9(2), 257. <https://doi.org/10.3390/children9020257>

⁴ <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>

⁵ <https://www.kff.org/report-section/kff-the-undefeated-survey-on-race-and-health-main-findings/>

⁶ <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05156>

⁷ Housing, pregnancy & preterm birth in San Francisco: A community-academic partnership for research policy & practice. 2017. Prepared by San Francisco State University, the Health Equity Institute, and the Benioff Community Innovators. Francisco Department of Public Health, Coordinated Care Management System, 2019. Available at <https://view.publitas.com/ucsf/benioff-community-innovatorsassessment-report-2017/page/1> v San

⁸ Maternal and Infant Health Indicators for San Francisco County, 2019. Division of Maternal, Child and Adolescent Health, Perinatal Equity Initiative, California Department of Public Health.

⁹ Pantell MS, Baer RJ, Torres JM, Felder JN, Gomez AM, Chambers BD, Dunn J, Parikh NI, Pacheco-Werner T, Rogers EE, Feuer SK. Associations between unstable housing, obstetric outcomes, and perinatal health care utilization. *American Journal of Obstetrics & Gynecology MFM*. 2019;1(4):100053.

¹⁰ Petrou S, Mehta Z, Hockley C, Cook-Mozaffari P, Henderson J, Goldacre M. The impact of preterm birth on hospital inpatient admissions and costs during the first 5 years of life. *Pediatrics*. 2003;112(6):1290-7.

¹¹ Buckner JC, Bassuk EL, Weinreb LF, Brooks MG. Homelessness and its relation to the mental health and behavior of low-income school-age children. *Developmental Psychology*. 1999;35(1):246-257.

¹² Cutts DB, Coleman S, Black MM, Chilton MM, Cook JT, de Cuba SE, et al. Homelessness during pregnancy: a unique, time-dependent risk factor of birth outcomes. *Maternal Child Health Journal*. 2015;19(6):1276-1283.

¹³ Sandel M, Sheward R, Ettinger de Cuba S, Coleman S, Heeren T, Black MM, et al. Timing and Duration of Pre- and Postnatal Homelessness and the Health of Young Children. *Pediatrics*. 2018;142(4).

¹⁴ Centers for Disease Control and Prevention. Reproductive Health: Infant Mortality. Updated 2019. Available at <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

¹⁵ Centers for Disease Control and Prevention. Reproductive Health: Pregnancy Mortality Surveillance System. Updated 2020. Available at <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>

Our Recommendations

Background

The Lived Experience Committee (LEC) developed these recommendations with support from the HPHB team. An initial facilitated session and individual sessions were held so that all LEC members participated in developing recommendations. The HPHB team consolidated the content into a draft document that was shared at a joint session with the LEC and HPHB Research and Policy Advisors (RPA). The LEC members further refined the recommendations based on dialogue from the joint session and incorporated them into a draft report which was reviewed by both LEC and RPA members. The recommendations included in this section are endorsed and owned by the LEC members.

Overview

The recommendations are described in the subsequent section:

1. Prevent trauma, utilize trauma-informed support, and practice harm reduction in all programs and systems.
2. Provide housing AND income during the entire perinatal period.
3. Design quality housing with an equitable lens.
4. Create stronger protections for renters and provide emergency rental assistance.
5. Extend the timeframe for cutting off public assistance and benefits and provide more gradual intermediary step-downs.
6. Extend postpartum Medicaid and provide a more comprehensive standard of care.
7. Expand awareness and access to programs and resources among parents and pregnant people, communities, and organizations.
8. Build 24-hour supports, programs, and centers for new parents.

Recommendation #1: Prevent trauma, utilize trauma-informed support, and practice harm reduction in all programs and systems.

Description

There are two components to consider for this recommendation:

Part 1: *Prevent trauma*. To do this, it is important to invest in early intervention and provide concrete support that stabilizes the pregnant person and new parents. It is also essential to ensure policies and services are implemented in a manner that supports the well-being of children and families of diverse racial and ethnic backgrounds. Child removal should be rare and a last resort.

Part 2: *Mitigate trauma*. To build and deepen staff and provider organizations' understanding around trauma-informed care and harm reduction for pregnant homeless people and parents, programs, services, and organizations should provide extensive training to all staff in community and healthcare settings. This will help meet the pregnant person/parent where they're at and identify personal and cultural barriers around building trust and the ability to ask for help. Programs should validate the person's experiences and reduce the potential for implicit bias to affect their experience with asking for help. This applies to both harm reduction and combating the stigma of needing help and addressing substance misuse. Programs must also acknowledge and address intergenerational (historical) trauma. Communities and states should raise awareness around local and national numbers (i.e., 211 and 988) that can potentially help in a crisis.

What needs does this recommendation address?

Policymakers and organizations too often traumatize pregnant people and parents with real, spoken, and implicit threats to remove children from their parents. Black children are twice as likely to experience a child welfare investigation, to be placed in foster care, and to have their relationship terminated with their birth parent compared with their peers. People who have been in foster care as a child have a much greater likelihood of experiencing youth and adult homelessness. Threats of removal begin during pregnancy and continue at birth, and during the postnatal period. Entanglement with the child welfare system causes tremendous harm and trauma to both parents and children. Trauma can come from not only the process of separation, but also from the reunification experience.

Black women report high rates of discrimination in healthcare settings which can prevent Black pregnant people from seeking services and perinatal healthcare. The impact of this trauma could be prevented and mitigated by better understanding how this occurs, then establishing effective alternatives, including ensuring that Black pregnant people and new parents participate in redesigning maternal and postpartum healthcare.

There is a continuing need to reduce the stigma for pregnant people and parents to receive education and support for their pregnancy and family needs. Asking a pregnant person or parent to share what they need has the potential to create the space for mothers to not be required to re-live or reconcile with traumas that they have/are actively experiencing. Vulnerability in disclosing information and acknowledging the uncommon "common knowledge" around maternal health can lead to feelings of shame, guilt, and hopelessness if the

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person gets to the end of intake and nothing is available for them. Policymakers at all levels should identify and end policies that inflict trauma and invest in support training on trauma-informed practices and require programs that receive funding to serve pregnant people, parents, and children to utilize these practices.

Has this been implemented anywhere?

- The Children’s Bureau, Administration for Children and Families, U.S. Health and Human Services published a 2021 bulletin that describes effective systemwide strategies to address racial disproportionality and disparity.
- There are health departments that are implementing trauma-informed care and relevant evidence-based practices, such as in communities like Columbus, OH that offer additional trainings for providers and community partners.
- The Primo Center for Families and Children (Chicago, IL) and Mothers on the Move (Atlanta, GA) provide trauma-informed and harm reduction services to pregnant people and parents with young children.



Recommendation #2: Provide housing AND income during the entire perinatal period.

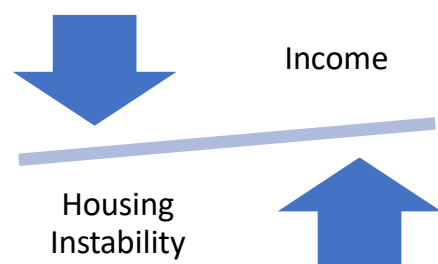
Description

Provide financial support to pregnant and postpartum people during the transition from pregnancy to postpartum through government-paid maternity leave and rental assistance help for at least one year after birth. This should be available for long enough to ensure the health of the parent and the infant, as well as to provide adequate time for the parent to locate childcare and return to work at a job that pays sufficiently to cover housing, childcare, and other basic needs and that offers family-friendly hours and benefits. This should at a minimum cover at least the final month of pregnancy and the “fourth trimester” – the twelve weeks following birth. Ongoing rental assistance (such as a housing voucher) would provide the best solution. Alternatively, assistance would last for at least one year after birth, since it is very difficult to find a job that is “family-friendly” and pays adequate wages and benefits to meet basic needs. Additionally, infant childcare is scarce and very expensive.

What needs does this recommendation address?

Housing and income are inter-related. However, they are usually treated as independent issues, not as correlated ones. The amount of income that a person earns determines the type of housing that can or cannot be accessed. Even after working 40 hours or working multiple jobs, many people are still not able to meet a landlord’s requirements that they have between two and four times rent in monthly income – this even happens when the apartment has received public funding for development or operating assistance/rental subsidy. Black women experience both a pay and family wealth gap. They are more likely to be working in lower paying jobs and sectors.¹⁶

Loss of income also threatens housing stability. Black women are far more likely to be evicted than white women or men¹⁷. During pregnancy and the postpartum period, people often become unemployed since they do not have paid medical leave/paid paternity leave or the leave isn’t long enough to cover the period from late pregnancy through postpartum recovery. This may mean that they cannot pay their rent, and this can lead to eviction. For others, the need to return to work quickly means they have limited time to adequately care for their newborn and must leave them in less than quality childcare arrangements, which can put them at risk of entanglement with child protective services. Programs generally do not help pregnant and postpartum people deal with income and housing as connected issues. Families that are trying to regain custody of their children are often caught in a “Catch-22” with federal housing assistance; they need a larger unit to be approved for their child to be returned, but they aren’t eligible for a larger unit until their family is larger. Providing emergency rental assistance would help pregnant people and new parents avoid eviction and provide time to safely recover and return to work safely. The American College of



¹⁶ <https://www.aauw.org/resources/article/black-women-and-the-pay-gap/>

¹⁷ https://www.macfound.org/media/files/hhm_-_poor_black_women_are_evicted_at_alarming_rates.pdf

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Obstetricians and Gynecologists¹⁸ recommends that postpartum be defined as the “fourth trimester,” i.e. twelve (12) weeks after giving birth. Providing rental assistance during this period and beyond should improve maternal and child health outcomes.

Has this been implemented anywhere?

- We are not aware of any public policies that support both income and housing during both the prenatal and postpartum period.
- During the pandemic, the federal child tax credit (CTC) was expanded and provided monthly payments for working families with low incomes; it led to a historic reduction in poverty across racial and ethnic groups. Some studies found that CTC expansion was associated with improved mental health and reduced food insecurity.
- Some local pilot programs that include pregnant people and new parents provide “universal basic income” or “guaranteed income” (Denver, New York City, DC, and several places in California). This provides income, but these programs do not explicitly pair this with rental assistance (in some cases, the participant will also receive rental assistance through another source).
- Cash transfer programs have been launched with youth and young adults experiencing homelessness; these could be worthy of reviewing.
- Healthy Beginnings at Home (see program profile later in this report) provides 24-months of rental assistance that begins during pregnancy.

¹⁸ <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care>

Recommendation #3: Design quality housing with an equitable lens.

Description

Federal, state, and local governments should increase investment to build quality affordable housing and provide rental assistance at a scale that eliminates racial disparities and provides choice and autonomy for Black, American Indian, and Latinx people. This investment should require that developers and landlords that receive funding provide the types of renter protections described in a later recommendation. Fair housing and disability protections should be enforced when considering zoning and building approvals. All levels of government should ensure that units are built that can accommodate families of all sizes. Investment should also be made to neighborhoods and communities that have experienced significant under-investment and disinvestment, but that for some families are viewed as communities of choice because of their cultural, familial, and social connections.

What needs does this recommendation address?

Pregnant people and parenting families deserve choice and autonomy in housing to live and *thrive*. Currently, there are extremely limited housing options for pregnant people, parents, and their families that meet their needs. Lots of land in metropolitan areas and cities have been bought, gentrified, and transformed into “affordable” housing that is simply not affordable to homeless pregnant people and their families. This means that neighborhood choice is very limited for families with lower incomes. Pregnant people and parenting families struggle to have adequate space for all family members to prosper, grow, and flourish. People with disabilities need accessible housing that is affordable and has nearby resources for all family members. Many existing affordable housing options have issues, such as trash outside, bugs, criminal activity, outdated appliances, mold/asbestos, utility extortion, and poor education opportunities for children in under-resourced school districts. There are long waiting lists for housing vouchers and subsidized housing units.

Race and economic status determine housing stability and have significant health consequences. There is a historic legacy and current level of investment that under-resources Black, American Indian/Indigenous, and Latinx individuals and families and reinforces systemic discrimination. Racial disparities are rooted in white supremacy and settler colonialism. These disparities exist across rural, suburban, urban, and tribal lands. Race and economic status also have significant health consequences. Even when a family receives a Housing Choice Voucher (Section 8), they are often discriminated against and cannot find a landlord willing to accept the voucher in their preferred neighborhoods.

Has this been implemented anywhere?

- No jurisdiction has scaled investments and the supply of deeply affordable housing at a scale that eliminates racial disparities and provides choice and autonomy for Black, American Indian, and Latinx people or that provides the opportunities needed by pregnant and parenting people, especially Black women.
- Philadelphia, PA, and Washington, DC are doing specific work with increasing vouchers in more affluent areas of the city to improve the options for mothers with housing vouchers.

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- Florida is now requiring that 20% of new units that get state funding will be for affordable housing and these units will be required to accept Housing Choice (Section 8) Vouchers.
- HUD Small Area Fair Market Rents have been adopted in some cities and can help promote more neighborhood choice.
- Some public housing agencies use landlord incentives to encourage landlords to accept vouchers; Santa Clara County, CA is a good example.

Recommendation #4: Create protections for renters and provide emergency rental assistance.

Description

States and local governments should enact renter rights legislation to prevent evictions, ensure housing stability, and remove discriminatory barriers to tenancy. Local, state, and federal governments should aggressively monitor landlords and enforce tenant protections. Federal, state, and local governments should also provide emergency rental assistance.

The types of renter protections that are needed include mitigating how property owners can use a history of eviction and/or criminal history in selecting among prospective renters, prohibiting source of income discrimination, providing “just cause” tenant protections to build housing security, regulating how much rents can increase, providing right-to-counsel guarantees, and enforcing “fair housing” regulations. Providing access to emergency rental assistance and legal representation is also needed to help renters avoid eviction. During the pandemic, emergency rental assistance coupled with eviction moratoriums saved many families from homelessness. A permanent emergency rental assistance program would protect renters facing unexpected crises, including pregnant people and families with children who are at-risk of housing instability. States and local jurisdictions could also fund programs to work with pregnant people and parents that have eviction backgrounds to devise a plan to prevent future evictions.

What needs does this recommendation address?

Housing instability is a growing problem in the United States, and it particularly negatively impacts vulnerable populations, such as pregnant people and children. Rent prices have outpaced wages for decades, and since the start of the COVID pandemic, rental prices have skyrocketed, and landlords have been more selective about who they will rent to. Many people have effectively been priced out of housing. Black renter households are the most likely to be severely cost-burdened, the most likely to be behind on rent, and at the greatest risk of eviction¹⁹.

Property owners have a disproportionate level of power compared to renters. Discrimination by landlords occurs based on the source of income (e.g., housing voucher), or requirements related to total household income (e.g., household income must be four times the amount of rent). Many property owners refuse to rent to people with evictions and/or criminal records. Often, background checks go back many years and have no bearing on a person’s current ability to be a good tenant. The U.S. Department of Housing and Urban Development (HUD) released guidance about how the Fair Housing Act applies to housing policies regarding criminal background checks, but not all property owners follow this guidance. Some criminal convictions also result in absolute bans from public and assisted housing and housing vouchers. These practices can also lead to issues with family upheaval — forcing parents to live separately if the criminal background regulations also apply to parents and/or additional caregivers in the home. As a result, people with evictions and criminal records have even less access to an already limited housing supply.

¹⁹ <https://www.jchs.harvard.edu/blog/black-and-hispanic-renters-face-greatest-threat-eviction-pandemic>

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Property owners generally can increase the rent as much as they want and do not need to provide a reason for terminating a tenant at the end of a lease term or for evicting a tenant without a lease (i.e., a resident with month-to-month tenancy). This can be harmful to a family that has to find a new home and bear the cost of the move, despite having paid rent on time and followed the lease. Also, property owners may threaten families and even evict them outside of a court process, and families without legal counsel may lose their housing and have evictions on their background check. These types of practices have led to spiraling housing instability.

Coupled with increased gentrification, families are being pushed into unfamiliar communities or into states of homelessness if there's nowhere else for them to go. Further, these practices are punitive in nature.

Has this been implemented anywhere?

- Some cities and states have recently enacted a range of protections for renters. Some cities, such as New York City, have had rent-controlled apartments for decades. St. Paul, MN and Boston, MA recently established caps on the amount rent can increase each year. The State of Colorado is considering legislation that may permit local jurisdictions to establish rent controls.
- The cities of Oakland and Berkeley, California, and Detroit, and the states of Oregon and New Jersey, have enacted “fair chance housing” laws that have limited criminal background checks for all rentals.
- Miami-Dade County, Florida passed and is implementing a new tenant’s bill of rights that bars landlords from requiring disclosure of previous evictions on an initial application.
- New York City recently announced a major investment in enforcing housing discrimination.
- Many communities, including Baltimore, MD, have implemented “just cause” renter protections. More than twenty states prohibit discrimination based on source of income (PRRAC report).
- These types of protections are documented in this [report](#) by the National Low Income Housing Coalition. The benefits of emergency rental assistance and tenant protections during the pandemic are documented in this [report](#) by the National Low Income Housing Coalition.

Recommendation #5: Extend the timeframe for cutting off public assistance and benefits and provide more gradual intermediary step-downs.

Description

Federal, state, and local governments should extend time limits, provide gradual intermediary step-downs, and increase the income caps for all types of public assistance and benefits that are provided to perinatal people and their families. Rather than immediately being cut-off, people should be allowed to continue to participate in the program for an extended period with stepped down/phased out support based on what families need to pursue their goals and not arbitrary timelines. Policymakers should focus on providing participants with the support and skills to achieve stability. This phased approach optimizes the likelihood that long-term stability will be achieved.

What needs does this recommendation address?

Historically, Black families have been targeted by welfare “reforms” and time limits on public benefits through anti-Black rhetoric that has created policy that is very harmful to Black parents and children²⁰. The harmful rhetoric and policy decisions continue today. The goal of this recommendation is to make the transition from support to independence more stable and seamless. A variety of state and federal programs have income restrictions and time limits that can negatively impact postpartum people and their families. Postpartum people need time to recover from pregnancy and birth, to find affordable childcare, and in many cases find a decent-paying job with family-friendly hours and benefits. This should be a very gradual process, allowing time to achieve each step. Many pregnant and postpartum people require government assistance to meet their basic needs, such as housing, utilities, food, childcare, and healthcare. When people return to work and their income increases, they often lose this assistance. Sometimes the assistance is lost due to time limits. In either case, this cut-off can be abrupt and does not provide an adequate safety net. Sometimes the value of the benefit that is lost is greater than the net increase in income. The timeframe and the income level that triggers loss of benefits do not consider all the costs that the family must weigh, such as saving or paying for insurance, such as health, dental, and life insurance. The loss of benefits leads to the inability of families to be able to grow and cover basic costs.

Has this been implemented anywhere?

While there has been considerable discussion and a wide range of local, state, and federal initiatives surrounding adjusting income and time limits for an array of low-income programs (e.g., SNAP, TANF, Medicaid, HUD housing assistance programs, and LIHEAP, etc.), we are not aware of specific efforts to adjust such program policies for pregnant and postpartum people and their children.

²⁰ <https://www.cbpp.org/research/income-security/tanf-policies-reflect-racist-legacy-of-cash-assistance>

Recommendation #6: Extend postpartum Medicaid and provide a more comprehensive standard of care.

Description

Work with state governments to increase the amount of time that postpartum people qualify for Medicaid and to improve the standards of care during the postpartum period to comprehensively address physical and mental health needs, as well as social needs for both postpartum people and infants. Also, work with those states that have not yet adopted Medicaid expansion to do so. During the postpartum period, the services and standard of care should be comprehensive and include postpartum depression screening and treatment, pediatric and maternal care coordination, and screening for unmet social needs screening and follow-up to ensure that those needs are met. The latter should include having medical staff ask about housing status to truly understand the safety and adequacy of their housing situation. If housing is needed, connections to housing help and support to find and move into safe, stable housing should be part of the follow up by the healthcare provider. Support should include paying for items like breast pumps, medications, postnatal vitamins, medications, special needs for babies and mothers (i.e., sensitive formula for babies), support with aftercare, postpartum doulas, transportation to and from appointments, and even childcare.

What needs does this recommendation address?

Millions of Americans, including many who are postpartum, do not have access to necessary healthcare. Uninsured pregnant people with low incomes can qualify for Medicaid during their pregnancy and immediately postpartum (typically just 60 days). Unfortunately, postpartum coverage is quickly terminated and/or education is not provided in enough time to build a continuum of care. During the postpartum period, there are both physical, emotional, and mental health needs with serious consequences that can result in harm and even death of the infant and the postpartum person. Black women have much higher rates of maternal morbidity and mortality than other groups. Structural racism is the underlying and overt cause of these racial disparities.

Without access to postpartum care during the entire period through the baby's first birthday, health consequences are not identified or appropriately treated. Healthcare during the postpartum period is also fractured and difficult to navigate with different providers for the infant and the postpartum person. The range of services that are covered by Medicaid during the perinatal period are not sufficient. Doulas and other community-based providers can help navigate this care but are not covered in all state Medicaid plans. It is important to address these gaps and the easiest way to do this is by extending Medicaid eligibility through Medicaid expansion and extending postpartum benefits to at least one year in all states. Extending postpartum coverage and providing a grace period in the transition to file for insurance would generate physical and mental health benefits.



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Has this been implemented anywhere?

Thirty-six (36) states have extended postpartum coverage to 12 months. At least six states, Oregon, Minnesota, New Jersey, Florida, Maryland, and Virginia, provide Medicaid reimbursement for doula care, with more states working to expand this type of service. Many states, managed care plans, healthcare systems, health centers, and others are exploring how to create effective screening tools for social determinants of health and how to intervene once needs are identified. Forty-one (41) states, including the District of Columbia, have adopted Medicaid expansion.

Recommendation #7: Expand awareness and access to programs and resources among parents and pregnant people, communities, and organizations.

Description

Policymakers at all levels need to invest in and publicize resources for maternal health and other supports, as well as prioritize housing support for pregnant people and families with young children. Policymakers at all levels should assess the adequacy, appropriateness, and scale of resources and the time of day they are available to pregnant people and families with young children who are at risk of or are experiencing homelessness. Programs and organizations should encourage and build a continuum in conversation around existing resources for pregnant people and families with young children on a programmatic and resource usage level.

Specific actions could include:

- The U.S. Department of Health and Human Services could issue guidance about the importance of their grantees' conducting in-reach to people in shelters and at risk of homelessness about programs and services that can help pregnant and parenting families of infants.
- State and local leaders (e.g., county human services, the United Way, and local health departments, etc.) could provide and publish lists of resources, programs and services that can help pregnant and parenting families of infants. This information could then be accessed online and/or through organizations that encounter people at risk of or experiencing homelessness. They could also provide training to staff who work in these organizations. They could also provide training to staff who work in their organizations, to learn more about the existence of up-to-date resources, as well as funding sustainability and cycles.
- Local, state, and federal agencies could initiate funding for peer advocates for pregnant people/parents in shelters and other organizations that encounter people at risk of or experiencing homelessness.

What needs does this recommendation address?

There is a lack of understanding and communication support for case managers and their neighboring agencies as to what resources do and don't exist in communities for pregnant people and parents with housing instability. Case managers might also not have background in the use or credibility of shared resources, and with continued communication, there is an opportunity for the community to learn more. Black-led, faith-based, and community-based organizations that have community connections are better able to reach and be trusted by Black women and families. Parents and pregnant people are applying for resources that may or may not be available to them, causing hope to be built and lost if the resource is not actually available. This affects the relationship and trust with parents and pregnant people and local agencies and efforts who also have limited knowledge about which existing and/or new resources are available. It is important to improve communication about what local and state resources can consistently help, along with identifying potential smaller grassroots organizations who are able to share the work when local and state resources are

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overwhelmed by large demand. Communication in “resource rich” cities will also improve the ability to access those resources.

Has this been implemented anywhere?

- We are not aware of any community that has undertaken these types of activities to scale.
- Resource fairs are being held in local areas, but more information should be shared via reliable networks that parents and pregnant people, case managers, and organizations can use to gain more information.
- Community of Hope in Washington, DC is piloting improved access to perinatal services for families who experience homelessness.

Recommendation #8: Build 24-hour support, programs, and centers for new parents.

Description

Developing and funding community-based support and programs designed and tailored to provide round-the-clock, 24-hour resources specifically to improve outcomes for postpartum people and their partners who are pregnant or are transitioning into parenthood is important. Like Head Start, the federal government could standardize the types of services and care that could be provided to this population. The support and resources should be voluntary and there should not be a threat of child protective service involvement. Community organizations, faith-based groups, volunteers, and peer support organizations could sponsor these support centers and/or offer mobile support. Programs and services should be welcoming, affirming, and culturally embracing for Black women. Like an urgent care, this approach could include services that address basic needs, mental health, and connections to community resources. Staff in these spaces should ideally include nurses, doulas, and peer support specialists who all specialize in postpartum care. Additional support could come from utilizing services such as 988 for 24-hour mental health support. These support centers could provide the opportunity for mothers and their infants to establish a long-standing relationship with community health and other resources. There is also a need to have spaces for people who are homeless/housing unstable to receive 24-hour shelter in a space designed for postpartum recovery and newborns, with onsite services that are appropriate and tailored to their individual needs.



What needs does this recommendation address?

Many people during the postpartum period report extremely high levels of stress and poor mental health. This is particularly true for people who may not have a strong support network, including people who are living in unstable housing situations and those experiencing homelessness. Single parents, families impacted by domestic violence, immigrants, and any parent who lacks support or knowledge about available resources are especially vulnerable to feeling overwhelmed. Postpartum depression can lead to people suffering alone since most programs and services are not open beyond weekday regular business hours. In some cases, the excess stress may result in infants and other children suffering violence, neglect, or physical abuse.

Most community-based services and programs that serve new parents have limited hours to access help (besides hospital emergency rooms). After business hours and weekends can be particularly challenging for postpartum parents who don't have family or friends that are available to help or provide guidance. Single parents also don't have the ability to take a "time out" for self-care, self-preservation, and stress reduction that does not risk the negative involvement of other systems (i.e., child protection services). For parents with more children than the newborn, 24/7 vigilance as a parent may be required. It is also very hard for new parents to be aware of and access services during the postpartum period (see other recommendations).

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Programs that shelter people experiencing homelessness are not generally safe and healthy places for postpartum people and newborns. Shelter rules often require people to leave during the day, have only congregate dormitories with bunk beds, and are not designed to support breast-feeding, postpartum rest, and the irregular sleep schedules of newborn infants. Shelters may have limited social services and are often not aware of the resources that postpartum people and infants need. They also generally require parents to directly supervise and care for their children round-the-clock and may even limit the ability of shelter residents to care for each other's children. Shelter staff's knowledge of maternal and infant healthcare centers may be non-existent, and they rarely have mental health professionals who can identify postpartum depression. Immigrant parents may have additional challenges related to language, legal issues, and a lack of knowledge about the community and how services are delivered. Shelters are also generally not supportive of cultural practices and norms for immigrants which can increase stress for postpartum parents.

Has this been implemented elsewhere?

- We are not aware of any community that has undertaken these types of activities to scale.
- Minneapolis has a crisis nursery that allows parents to get a judgment free breather from postpartum stress.
- Mothers on the Move (Atlanta, GA) provides a range of programs and services; it also has a multigenerational approach and incorporates peer support.



Program Profile: Community of Hope, DC.

Community of Hope²¹ is an organization whose mission is rooted in improving health outcomes and ending family homelessness to make Washington, DC more equitable. Across nine locations in Washington, DC, Community of Hope's services range from connecting family health services within their federally qualified health centers (FQHCs) to preventing and ending homelessness throughout the continuum and working in community resource centers to provide specialized support for things such as housing, food insecurity, employment, mental health, and other social determinants of health. This includes providing services to postpartum mothers a year after birth, including home-based healthcare visits, parent support groups, and other evidence-based programs, along with well-child checks. The predominant population served is African American, and their organization will take anyone for healthcare services regardless of payment. In 2022, Community of Hope's healthcare programs served 14,422 patients and their housing program for people experiencing homelessness served 1,427 households with 4,179 family members. A diverse staff and leadership provide these programs and services and take hands-on, equitable evaluation approaches to uplifting community voices and the lived experiences of the population served to build their organization and its services.

With deep expertise in homelessness and healthcare, Community of Hope is focused on building housing stability while providing healthcare services to improve maternal, infant, and overall family health outcomes. The organization highlights the importance of systems thinking by breaking silos to provide more complete care for mothers and their babies. When it comes to addressing homelessness, the organization supports homelessness prevention, transitional housing, and a short-term family housing program. Along with traditional case management, the organization supports families who enter the shelter to obtain 18-month rapid re-housing vouchers. They also support finding permanent supportive housing, especially for families with chronic health issues. The healthcare component works towards improving maternal and child health with a robust combination of support staff, including midwives and doulas. The program also works to reduce barriers in getting needed care, such as transportation.

Recently, Community of Hope hired perinatal coordinators to provide direct service and education to mothers experiencing homelessness through a major philanthropic grant. They also recently received federal funding to embed perinatal navigators and care coordinators within the DC's centralized Family Intake Center for homeless families. This grant will build awareness around different services within the housing and healthcare systems. A trainer will be added to educate healthcare providers and homeless services providers around the continuum of care for mothers, as well as the importance of prenatal care.

All in all, Community of Hope demonstrates strength in a community partnership to build understanding across systems about the needs of shared population services with their intentionality and creativity to build programming with the community for the community.



²¹ <https://www.communityofhopedc.org/about/who-we-are>



Program Profile: Healthy Beginnings at Home, Ohio

The *Health Beginnings At Home: Housing Stabilization Program For Pregnant Women* (HBAH) study was launched mid-year 2018 in Columbus, Ohio²². To be eligible for HBAH, women had to be 18 or older, in their first or second trimester at the time of enrollment, residing in Franklin County, have a household income of less than 30% of the area median income, be homeless and/or housing insecure, and be enrolled in CareSource’s Medicaid managed care plan (the largest Medicaid managed care organization in Ohio). HBAH implemented a robust evaluation plan that included the health outcomes study, a housing and economic outcomes evaluation, and a process evaluation.

HBAH successfully enrolled 100 families who were randomly assigned to the housing intervention or usual care group²³. HBAH provided a two-year housing intervention of housing stability services paired with rental assistance. Just under half (46 %) of the total group reported zero income over the previous month before admission; 73% reported monthly income of less than \$1,000. The preponderance of women enrolled in the study identified as Black (81%). The enrollment data demonstrated a history of housing insecurity and health problems among study participants. The health outcomes study reported a multitude of complex and severe problems ranging from high rates of substance use, longstanding housing insecurity, and financial stress²⁴.

Forty-nine out of the 50 women in the housing intervention group were successfully housed in Franklin County, with one participant in the intervention group moving out of the area. Among the 49 housing intervention households, 22 received HBAH time-limited rental assistance and 27 received selected units with ongoing subsidies. The preliminary findings show trends toward better birth outcomes for the intervention group²⁵ – with the infants from the intervention group 60% less likely to be admitted to Neonatal Intensive Care Unit (NICU) and a 72% decrease in the NICU length of stay. There were four fetal deaths in the usual care group, and none in the housing intervention group. Further, 40 out of 51 babies in the intervention group were born full-term and at a healthy birth weight in comparison with 24 out of 44 infants in the usual care group. Although these differences are not statistically significant due to the sample size, they indicate that rental assistance and housing stabilization services may help pregnant women facing housing instability achieve better birth outcomes.

Healthy Beginnings at Home is currently being replicated in two communities in Ohio with two to three additional communities identified for expansion in late 2023.



²² Healthy Beginnings at Home Explores a Novel Approach to Reducing Infant Mortality in Columbus, Ohio <https://www.huduser.gov/portal/casestudies/study-101322.html>

²³ Ervin, E., Poppe, B., Onwuka, A., Keedy, H., Metraux, S., Jones, L., Sandel, M., & Kelleher, K. (2022). Characteristics Associated with Homeless Pregnant Women in Columbus, Ohio. *Maternal and child health journal*, 26(2), 351–357. <https://doi.org/10.1007/s10995-021-03227-y>

²⁴ Healthy Beginnings at Home, Pilot Report (2021). Center for Child Health Equity and Outcomes Research in the Abigail Wexner Research Institute at Nationwide Children’s Hospital <https://cohhio.org/healthy-beginnings-at-home/>

²⁵ Healthy Beginnings at Home, Recommendations for Model Replication, CareSource (2021). <https://tinyurl.com/4tabs5z9>

Closing

The perspectives in this report demonstrate the impact of shortcomings within local, state, and federal policies for pregnant people, particularly Black mothers, when they experience housing instability and homelessness. These recommendations, informed by women’s experiences in navigating the housing and healthcare systems across the United States, provide a path forward and the next best steps to reducing racial disparities, increasing housing stability, and improving maternal health, birth outcomes, and child health associated with homelessness and extreme housing instability among women and families of color.

We call on local, state, and federal policymakers to adopt and scale these recommendations so that all parents can be healthy and provide for their children, and so that all babies are born healthy and thrive as infants and children.

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Appendix

Recommendations Matrix

Recommendation	Type of Recommendation		Impact					
	Policy	Practice	Reduce racial disparities	Increase housing stability	Improve maternal health	Improve birth outcomes	Improve child health outcomes	Other
1. Prevent trauma, utilize trauma informed support, and practice harm reduction in all programs and systems	All	X	X	X	X		X	
2. Provide housing AND income during the entire perinatal period.	All		X	X	X	X	X	Improve economic stability
3. Design quality housing with an equitable lens.	All	X	X	X		X		
4. Create protections for renters and provide emergency rental assistance.	All		X	X	X	X	X	Improve family stability
5. Extend the timeframe for cutting off public assistance and benefits and provide more gradual intermediary step-downs.	State & Federal		X	X	X		X	
6. Extend postpartum Medicaid and provide a more comprehensive standard of care.	State		X		X		X	
7. Expand awareness and access to program and resources among parents and pregnant people, communities, and organizations.	All	X		X	X	X	X	Improve family stability
8. Build 24-hour supports, programs, and centers for new parents.	All	X	X		X		X	Improve family stability