



THE FRAMEWORK
FOR AN EQUITABLE
HOMELESSNESS
RESPONSE
#HousingEquity

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

September 2023

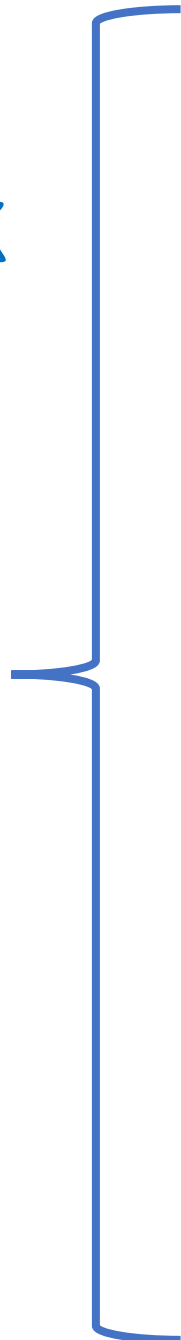
<https://housingequityframework.org/healthyparents-healthybabies>

About the Project

- 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.**
- The recommendations highlight an **equitable approach to working with families of color** to reduce racial disparities in accessing housing, healthcare, and community support.
- The report includes:
 - **First Person Perspectives** - to share the deeper connection and understanding of the intentionality behind each policy recommendation
 - **Recommendations** – description of recommendation, what the recommendation addresses, and examples of policies and programs that exemplify and advance the recommendation
 - **Program Profiles** – examples of organizations that combine housing and healthcare resources using equitable practices



Framework Project Partners



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Barbara Poppe and associates
The collective for impact

Legacy Partner



Our Aim

Our Vision

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

This report is intended for:



Policy makers at the federal, state, and local levels

Decision makers who oversee state Medicaid plans, public housing agencies, Continuums of Care, and others who finance/fund health, housing, and other services

Providers of health, housing, and services to pregnant and parenting people



What We Know



- 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 outcomes. Black women are significantly more likely to experience severe maternal morbidity and mortality
- 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 complications.
- 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 outcome.



**Project launched
in March 2023**



**Development of
Lived Experience
Committee (LEC)**
composed of five
people with the
lived experience
of housing
instability while
pregnant

This committee was
tasked with developing
policy and practice
recommendations to
address the identified
needs and gaps that LEC
members prioritized.



**Recruitment of
experts in
maternal health
and housing
policy and
practice to serve
as Research and
Policy Advisors
(RPAs)**



**Joint session
with LEC and
RPAs during April
2023**

There were varying stages
of review and finalization
of recommendations by
June 2023.



**The LEC
retained
final
decision-
making** over
the content
of the report
and
recommenda
tions.

Our Methodology

Our Lived Experience Committee

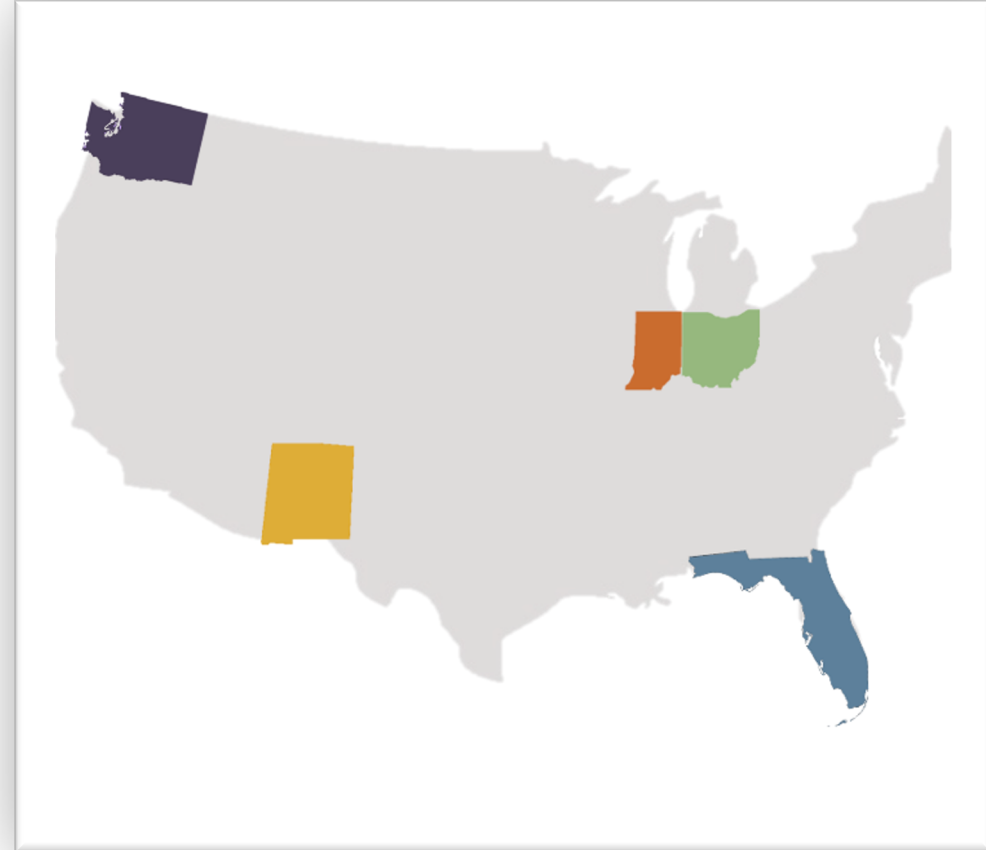
Ariana Rael,
Albuquerque,
NM

Cici Iverson,
Miami, FL

Rodrika Buckler,
Columbus, OH

Destiny,
Indianapolis, IN

Julia, Seattle,
WA



*Lived Experience Committee members shared and connected their stories throughout **each and every recommendation** to solidify the **why** behind the asks in the policy recommendation brief.*



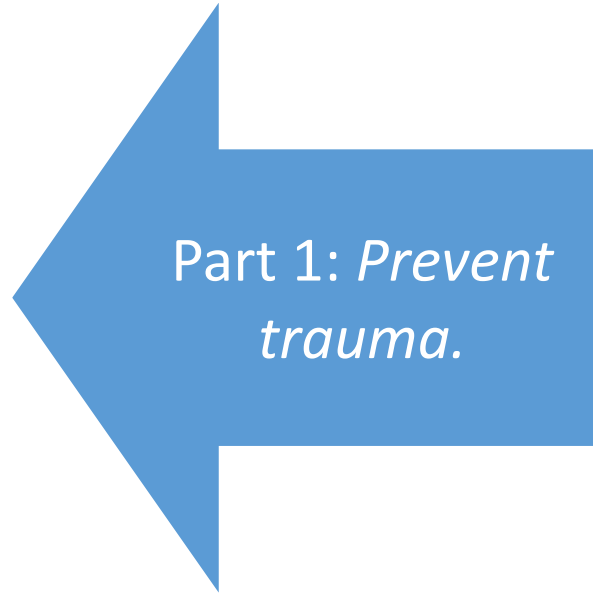
Overview of Recommendations

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

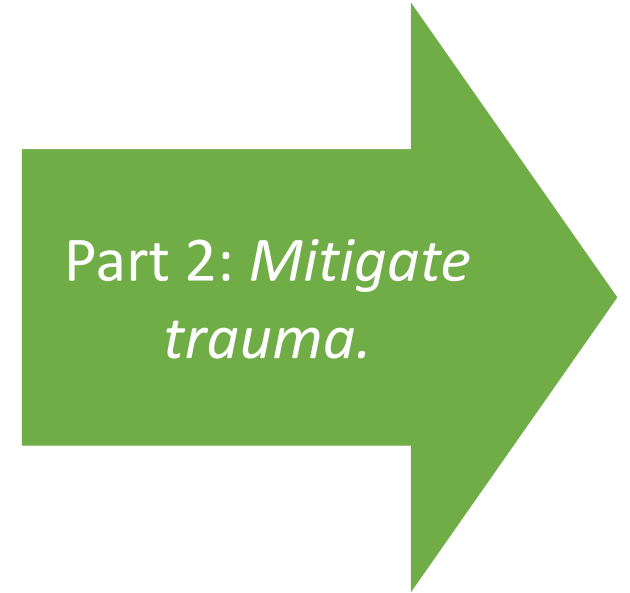


Recommendation #1:
Prevent trauma, utilize trauma-informed support, and practice harm reduction in all programs and systems.

*The Lived Experience Committee shared “[they felt] **guilted, shamed, and humiliated for being in [their] situation**” when working with case workers that lacked trauma informed care, making them less likely to reach out for services.*



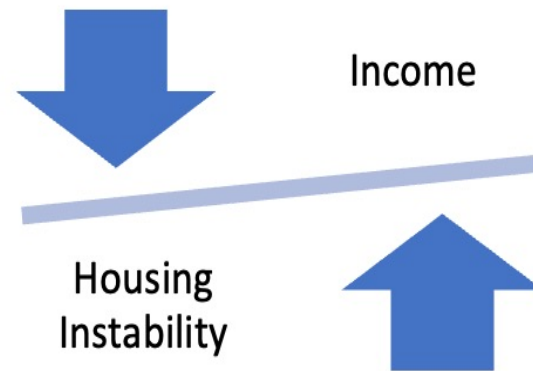
- Invest in early intervention and provide concrete support that stabilizes the pregnant person and new parents
- Ensure policies and services are implemented in a manner that supports the well-being of children and families of diverse racial and ethnic backgrounds



- Provide extensive training to all staff in community and healthcare settings
- Validate the person’s experiences and reduce the potential for implicit bias
- Raise awareness around local and national numbers (i.e., 211 and 988) that can potentially help in a crisis



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



In the US, Black women are 2-6x more likely to die from complications of a pregnancy than White women. An LEC member shared how her healthcare needs played an additional stress in knowing how she was going to survive without income during her pregnancy and in postpartum:

“[As a Black woman] Having a high-risk pregnancy that doesn’t support paid leave or other financial support during their pregnancy is detrimental.”

- 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
- Provide adequate time for the parent to locate childcare and return to work
- Ongoing rental assistance (i.e., housing vouchers)

Recommendation #3:

Design quality housing with an equitable lens.

Increase investment to build and preserve quality affordable housing

Provide rental assistance at a scale that eliminates racial disparities and provides choice and autonomy for Black, American Indian, and Latinx people

Enforce fair housing and disability protections

One mother in LEC shared her difficulties in finding stable and quality housing with a Section 8 voucher for her and her four children due to no larger units being available.

*The LEC members want mothers to have **autonomy** and **choice** to live where they want with the ability to **thrive**.*



First Person Perspective: Rodrika

Housing needs to be addressed in an equitable way that improves families' quality of lives.

- Rodrika experienced housing instability at a young age, as a vulnerable pregnant teenager. These memories remain vivid and have shaped her life experiences.
- **Barriers** for Rodrika include concerns about her family's health and safety, given the condition of the housing and concerns about gang violence in the neighborhood. Past traumatic experiences around losing housing when speaking out on condition concerns is also a barrier, as are ambiguous housing rules.
- Rodrika believes that is essential that people have high quality housing that supports and protects their emotional and physical health. She also feels that housing should be in communities that are safe from violence and have spaces where kids can be kids. (**Recommendation #3**)
- Rodrika plans to harness her heart of service, her extensive work experience, and her personal background as an advocate for her family to continue to build awareness around the need for housing equity across the country.

Rodrika identifies as Black female.



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

- Enact renter rights legislation to prevent evictions, ensure housing stability, and remove discriminatory barriers to tenancy
- Monitor landlords and enforce tenant protections
- Mitigate how property owners can use a history of eviction and/or criminal history in selecting among prospective renters
- Prohibit source of income discrimination
- Provide “just cause” tenant protections to build housing security
- Provide right-to-counsel guarantees
- Provide access to emergency rental assistance and legal representation

*LEC members recognized the barriers of having previous evictions and shared the fear they felt when they couldn't pay their rent – not only in the **now**, but the consequences it could lead to in the **future**.*

*Criminal histories made it difficult for an LEC member to find housing – if it hadn't been for her case worker who had a connection, she **wouldn't** have been able to find a place to stay on her own.*



First Person Perspective: Ariana

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

- During Ariana's first pregnancy, she spent time living in her car then moved into a motel with a man who paid her bill but was abusive. With survival being her sole goal, she did not have time to focus on self-care or even follow standard prenatal recommendations. Ariana ultimately lost custody of her first child.
- **Barriers** for Ariana have included dealing with having a criminal background with a felony conviction that made it hard to find a landlord. (**Recommendation #4**)
- During her second pregnancy, Ariana has had more time to focus on her baby and herself, because she finally has stable housing that she is confident that she will be able to keep.
- 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.
- Ariana believes that policy changes will boost up individual women and building communities that support the most vulnerable among us.

Recommendation #5:

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

- Provide parents with the time, support and opportunity to improve skills to achieve greater stability as they transition from postpartum through baby's first birthday
- The goal of this recommendation is to make the transition from support to independence more stable and seamless.

*LEC members explained that longer step downs would provide them with the opportunity to feel **capable of personal growth** without **immediate penalty**.*

*One LEC member shared that when she went back to work after giving birth and received **less than a one dollar pay raise**, she lost some of her benefits even when she still needed them, leading to **more experiences of harm**.*



Recommendation #6:

Extend postpartum Medicaid and provide a more comprehensive standard of care.

- Increase the amount of time that postpartum people qualify for Medicaid
- Work with those states that have not yet adopted Medicaid expansion to do so
- Improve the standards of care during the postpartum period
 - More comprehensive and include postpartum depression screening and treatment, pediatric and maternal care coordination, and screening and follow-up for unmet social
 - Cover 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
 - Have medical staff ask about housing status to truly understand the safety and adequacy of their housing situation

*LEC members did not feel **supported** during postpartum. Healthcare and social service providers did not always explain resources or health education, assuming the information was common knowledge.*

*“Having [comprehensive] postpartum care is **critical** to **support the knowledge and growth** of a new mother.”*

First Person Perspective: Julia

Respect for autonomy and support are critical to success.

- 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.
- Julia found that parenting her daughter the way that she wants in a shelter environment was difficult. The lack of privacy, noise levels, schedules, and even safe storage for breastmilk make it stressful. She wishes that her case manager had used a whole person approach to her situation, rather than making her feel like a number. (**Recommendation #1, #3 & #6**)
- **Barriers** for Julia have included finding a job and housing where she wants to live, juggling responsibilities, lack of control over her living environment, and dealing with anxiety.
- Julia remains optimistic about the future and focused on finding stable housing. Julia believes 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.

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

*Sometimes a mother will go through intakes and screenings, only to find that the resource is **not available**, the phone number doesn't work, no one is responding, making them feel **defeated**.*

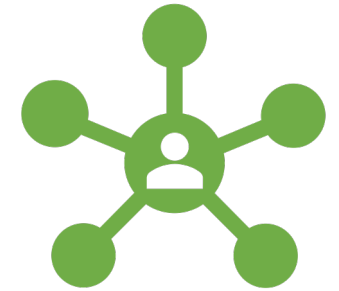
*LEC members shared their experiences how waiting for resources that were no longer available led to **issues** with **missing out** on other resources that could've **benefited** them in the moment.*



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



Assess the adequacy, appropriateness, timeliness, and scale of resources



Provide a continuum in conversation around existing resources for pregnant people and families with young children on a programmatic and resource usage level

First Person Perspective: Destiny

Support, when needed, could make a big difference.

- Destiny, at the age of 21, was scared but resolved to navigate the challenging circumstances of being homeless with a newborn.
- Determined to provide her newborn 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 after she moved to shelter, she felt trapped in a tiny room with a sobbing baby and no respite. (**Recommendation #7**)
- Destiny also felt trapped by the system when she could not qualify for childcare help until her co-parent was placed on mandatory child support. Because of their distrust of the system this was a difficult step for them to take.
- **Barriers** for Destiny have included safe housing, affordable childcare, and lack of awareness of community resources and how to access them.
- Destiny believes all families should have 24-hour access to support. She plans to continue to be an advocate for change and to inspire her own children, breaking generational cycles. (**Recommendation #8**)

Destiny identifies as Black female.

LEC members called out the **limited** availability of resources across the US **outside** of 9-5 hours. Even in shelters, LEC members explained that other people staying in the shelter are **not allowed** to help new mothers with their newborns, even when they're trying to take care of their **basic needs**.

"I wish someone had been there in the middle of the night just to hold my baby or be there for me."



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

- Develop and fund 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
 - Community approach - community organizations, faith-based groups, volunteers, and peer support organizations
 - Basic needs, mental health, and connections to community resources
 - Staff included: nurses, doulas, and peer support specialists



Program Profiles

DC Community of Hope

- 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.



Ohio Healthy Beginnings at Home

- The *Health Beginnings At Home: Housing Stabilization Program For Pregnant Women* (HBAH) study was launched mid-year 2018 in Columbus, Ohio highlighting how rental assistance and housing stabilization services may help pregnant women facing housing instability achieve better birth outcomes.





Our Vision

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

Our Call to Action

- Enhance and better connect existing services and programs.
- Expand and create new responses that align with these recommendations.
- Listen to people with lived experience and take action.



Contact the HPHB Team

- **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. (natalie.hmhb@gmail.com)
- **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. (kaitlyn.r.jones@cuanschutz.edu)
- **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. (barbara@poppeassociates.com)



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Thank you!

For the full report, visit:

<https://housingequityframework.org/healthyparents-healthybabies>

*Visit **The Framework for an Equitable Homelessness Response's** [website](#) to learn more about initiatives to end homelessness in the US.*

