Forsake Me Not:
How HCH Providers Can Deliver Better Care to Pregnant Women Experiencing Homelessness

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Disclaimer

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# Presenters

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Learning Objectives

Participants will be able to...

• Understand why treating pregnant patients is important

• Learn how provider bias and system barriers can undermine effectiveness of care

• Identify elements of a successful care model used to treat pregnant women experiencing homelessness
Why do Health Care for the Homeless (HCH) programs and providers need to take care of pregnant women?
HCH cares for woman of reproductive age.

Nationally, girls/women of reproductive age (age 15-44): 

• 23% of all HCH patients 
• 26% of all Health Center patients
HCH cares for women who have a history of pregnancy
Survey cis- women living on the street and encampments

Have you ever been pregnant? (n=55)

- 91% Yes
- 9% No

By Age Group

Have you ever given birth? (n=50)

- 70% Yes
- 30% No

By Age Group
Many women living on the street have had their children removed or relinquished:
Survey cis-women living on the street and encampments n=35
If you could start any birth control today, what one would you choose?

40%: none

30%: Birth Control Pills

20%: Condom

10%: IUD

Society for Family Planning Innovations
Grant: Planning for vs. preventing pregnancy among women experiencing homelessness: Newmann S, Seidman D, Shapiro B, Borne D.
Pregnancy Intentions

Would you like to be pregnant in the next year?

👍 40% staying at encampments
👍 86% at methadone clinics

How would you feel if you found out you were pregnant today?

😊 50% happy
😞 14% unsure

Society for Family Planning Innovations Grant: Planning for vs. preventing pregnancy among women experiencing homelessness: Newmann S, Seidman D, Shapiro B, Borne D,
The system often fails to engage women postpartum

• Cohort of pregnant women living with HIV
  • At delivery 90% of woman were virally suppressed
  • Viral suppression falls postpartum:
    • 67% viral suppression at 6 months
    • 44% at 12 months

• Cohort of men and women living with HIV, chronic co-morbidities and homelessness
  • Women who had their children removed or relinquished had the lowest rates of viral suppression and becoming housed
Why should HCH providers support women during pregnancy?

- HCH cares for women of reproductive age: most are pregnant, have been pregnant or want to be pregnant
- Many women do not stay in care after giving birth
- Women who have had their children removed or relinquished have experienced increased trauma and stigma
- Pregnancy is an unique opportunity to make a change in the trauma/stigma cycle
- We must take care of women at all stages of their lifecycle
What Providers Need to Know...

From pregnant women who are homeless or experience housing insecurity...
Learning from Community Engaged Research

• About me

• Presentation
  • Learnings from multiple community engaged research projects
  • Focus on pregnancy, low-income women of color, homelessness and housing insecurity
  • Co-lead by women with lived experience: Community Researchers
Learning from Community Engaged Research

**Housing Insecurity, Pregnancy & Preterm Birth in San Francisco, SF State, UCSF & CBO’s, 2017**
- “Mama Sharing Session”
- 56 interviews with stakeholders

**CREATE study, UCSF, B. Chambers, PI, current**
- Interviews with providers’ of perceptions of pregnancy care
- Photovoice explore satisfaction with care, healthy pregnancies and births.

**SOLARS study, UCSF, L. Jelliffe-Pawlowski, PI & B. Chambers, PI, current**
- Behavioral, clinical, and psychosocial data collected during pregnancy and postpartum
Learning: Impact on Health & Wellbeing

Pregnant women who are homeless or experience housing insecurity...

- Are under extreme amounts of stress that puts them at risk of poor health and poor birth outcomes

- May have to move often or are displaced, compromising continuity of care and social networks
Learning: Access to Services & Housing

Pregnant women who are homeless or experience housing insecurity...

- Fall into a gap in health services and housing
- Are not prioritized for shelter or housing
- Are persistent to get services and housing
- Experience that male partners are not supported by the system to be involved
Pregnant women who are homeless or experience housing insecurity...

- Less likely to seek PNC because of provider bias and a lack of wrap around services

- Often feel that providers and care team operate with an “equality perspective” rather than an “equity perspective”
Pregnant women who are homeless or experience housing insecurity...

- Are strong beyond measure
- Lean on religion and social support
- Want quality care
- Are the experts in what they need
Approaches to Care

Regardless if you “take care of pregnant women”

What every HCH provider can do…..
SF Prenatal Transformation Partners

Women who are pregnant & experiencing homelessness

Street Medicine
SF General Hospital Labor and Delivery
OB Clinic: OB and Psych
Homeless Prenatal
Public Health Nursing
Compass: Housing Partners
HIVE: HIV Program for Pregnant Woman

Quality | Access | Justice | Community | nhchc.org
Levels of Support for Pregnant Women Experiencing Homelessness

- **Homeless**: HCH & OB Clinic Based Social Work & Care Coordination
- **Navigation**: Nurse-Family Partnership (Public Health Nurse - (PHN)) ‘CHW’
- **Case Management & BH care**: Homeless Outreach Team ‘OB Based intensive service - Team Lily’
- **Mobile Medical**: ‘Street Medicine’

Healthy Moms & Babies Stay in Care!
How can HCH providers and specialized Public Health Nurses collaborate to support pregnant women who experience homelessness?
"There is a magic window during pregnancy...it’s a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse."

David Olds, Ph.D., Founder, Nurse-Family Partnership
EXPERT: Specially-trained nurses

PROVEN: Extensive and compelling evidence

INTENSIVE: Pregnancy through age 2

TIMELY: First 1,000 days
The First 1,000 Days

- Early experience influence the developing brain
- Toxic affects of chronic stress
- Adversity can lead to lifelong problems
- Early intervention can prevent consequences
- Stable, caring relationships essential for development
Number of families served since replication began in 1996: 286,387

Number of families currently enrolled: 34,405

Number of nurse home visitors: 1,936

Number of counties where the program is serving clients: 594

Number of states where the program is serving clients: 42 + U.S. Virgin Islands

To contact Nurse-Family Partnership call: 1-844-637-6667
Key Take-Aways & Next Steps:

- Women’s health across the lifecycle needs to be part of the national homelessness policy and research agenda.

- HCH providers must be trained on reproductive autonomy and bias about pregnancy & homelessness.

- Our programs must embody HCH values and mission and have policies to include pregnant women in care and center their experience.

- Partner with public health nursing, housing providers, local labor and delivery and others to serve pregnant women.

- You don’t have to be a pregnancy expert—you can partner with one. You are the HCH expert!
Q&A
THANK YOU!

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Research and Resources

• National Health Care for the Homeless Council: https://www.nhchc.org/

• SAMHSA: Homeless Programs Resources

• Matthew Bennet: https://connectingparadigms.org/

• American Journal of Public Health: https://ajph.aphapublications.org/toc/ajph/108/S7

• Unexpected https://www.nfb.ca/film/unexpected/
  
  • This short film from the Filmmaker-in-Residence project is a provocative and transformative dialogue between homeless mothers and healthcare professionals who deliver babies.