

Maternal and Child Health and Housing Proposal to the Chicago Continuum of Care

From: Facing Forward to End Homelessness, the Illinois Chapter, American Academy of Pediatrics (ICAAP), and Start Early

Proposals:

- To prioritize for Family Rapid Rehousing slots households where someone is pregnant or has delivered an infant within the last 12 months.
- To track in HMIS the number of individuals in Chicago's homeless service system who are pregnant.

Purpose:

- Homelessness and housing instability during pregnancy contributes to poor parent and infant health outcomes, including premature births, low birth weight, intensive care admissions, and ventilator use. Pregnant persons experiencing homelessness (with or without other children or household members) should be a priority population for housing support. Without a system to track data related to pregnancy and homelessness, the scope of the problem is unclear.

Eligibility:

- Households of any composition, experiencing literal homelessness (in emergency shelter or living in a place not meant for human habitation), where a household member is pregnant or has delivered an infant within the last 12 months.

Services:

- A short- or medium-term rental assistance through Rapid Rehousing
- Assistance in locating housing
- Housing case management, including the development of a plan for long-term housing stability
- Referral to Early Childhood Home Visiting Services via a partner agency
- Additional supports provided by non-CoC partners
- Outcome reporting including follow up after rental assistance has ended

Description:

- Rapid Rehousing Assistance will provide families with a safe and stable place to live during pregnancy and after delivery, facilitate better access to pre-natal and post-partum health care, and will reduce the negative impact of homelessness and unstable housing on pregnant women, pregnant persons, and infants under 12 months of age.
- Rapid Rehousing Case Managers will work with families to create a plan for long-term housing stability, which may include referrals to mainstream affordable housing, supports to increase income, or safe and stable shared housing arrangements.
- Partners from outside the CoC will provide additional resources to ensure that families are connected to appropriate supports for health care and early childhood services.
- Better tracking the number of pregnant persons experiencing homelessness will allow the CoC and other stakeholders to better understand the scale of the problem.

Frequently Asked Questions

Q: Why do pregnant persons and those who have delivered infants within the last 12 need prioritization?

A: Housing insecurity can impact health outcomes for pregnancy and infants:

Infants born to persons experiencing homelessness are more likely to be born prematurely and with low birth weights, to require a ventilator upon birth, and to require admission to an intensive care unit than those born to pregnant persons who are stably housed.^{i,ii} If pregnant women and persons are exposed to extreme stress during pregnancy, their infants still in the womb may undergo changes to the brain that affect their ability to react to stress for the rest of their life.ⁱⁱⁱ

Pregnant women and persons who live in shelters are less likely to receive well care in ambulatory settings and are more likely to use the emergency department than women of similar demographics who did not require a shelter (76% vs 59%).^{iv} Homelessness during pregnancy increases multiple complication risks in pregnant women and persons compared to housed pregnant women and persons, especially bleeding complications (1.9 times higher risk), early labor (twice higher risk) and overall complications (2.6 times higher risk.)^v

Black families, who make up the vast majority of families experiencing homelessness, are at an increased risk of these poor outcomes.

Q: Who would this proposal impact?

A: This proposal is directed to the Chicago Continuum of Care serving persons experiencing homelessness. It would impact how housing resources for families with children are prioritized. It would impact families with children experiencing literal homelessness (including those living in shelters or living in places not meant for human habitation such as cars, parks, or abandoned buildings). It would not impact families who are doubled up or unstably housed, or non-family households experiencing homelessness.

Q: What does “prioritized” mean in this context?

A: Within the Coordinated Entry System, if two households are both eligible for the same housing program, the household in the prioritized category would be referred to housing first. If this proposal were accepted, households where someone is pregnant or has delivered a baby within the past 12 months would be prioritized over other family households. The specifics of prioritization could change based on how the Continuum of Care operationalizes matching families to housing programs.

Q: Does this proposal create new housing resources for families experiencing homelessness?

A: No, this proposal would not create new housing resources. It would change how current resources are prioritized. To end family homelessness, our community needs to create new permanent housing resources for families.

Q: Who would be de-prioritized under this proposal?

A: This proposal aims to ensure that pregnant persons and those who have delivered infants within the last 12 months are prioritized for housing resources within the Chicago Continuum of Care. Adopting this priority does not prevent the Continuum of Care from also prioritizing additional categories, such as families of children and adults with serious health conditions. However, with limited resources, prioritizing one group will always mean deprioritizing other groups. One impact of adopting this proposal could be to de-prioritize families with older children.

Q: How many persons would be impacted by this proposal?

A: We do not know because the Homeless Management Information System (HMIS) does not currently collect a complete data set showing how many pregnant persons are experiencing literal homelessness. An additional goal of this proposal is to improve how our system tracks pregnancy, so we better understand the scope of the issue. Anecdotal reports from shelter providers suggest that there is a need for housing resources for persons who are pregnant.

A: Why won't this proposal assist doubled-up or unstably housed pregnant or post-partum persons?

Q: The additional housing resources coming to Chicago as a result of the CARES Act for Rapid Rehousing have eligibility guidelines that are set at the federal level. These funds may only be used to assist families experiencing literal homelessness. To end family homelessness, our community will need to identify and expand housing resources from sources other than the Continuum of Care.

Q: What are the next steps?

A: To sign on to the list of organizations supporting this proposal, please fill out [this Google form](#) indicating your support. If you have any questions, please email Tim Herring at ICAAP at therring@illinoisaap.com.

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The Ounce of Prevention**

Organizational and Individual Sign-Ons

The following organizations and individuals support the proposal:

Organizations

- Alliance Chicago
- Ann and Robert H. Lurie Children's Hospital of Chicago
- Catholic Charities
- Children's Place Association
- Cornerstone Community Outreach (Sylvia Center)
- EverThrive Illinois
- Franciscan Outreach
- Garfield Park Community Council
- Health and Medicine Policy Research Group
- Health Connect One
- House of the Good Shepherd Chicago
- Housing Choice Partners
- Hustle Mommies
- Illinois Coalition Against Domestic Violence
- Illinois Health and Hospital Association
- Innovations to Improve Maternal Outcomes-Illinois (I PROMOTE-IL)
- Kaleidoscope
- La Casa Norte
- March of Dimes
- New Moms
- Primo Center
- Rush University Medical Center
- Salvation Army Shield of Hope
- Sinai Health System (including Sinai Urban Health Institute and Sinai Community Institute)

Individuals

- Dr. Adrienne Colborg, MD
- Dr. Amanda Osta, MD, FAAP
- Dr. Deanna Behrens, MD, FAAP
- Dr. Nita Mohanty, MD
- Dr. Stephen Locher, MD, FACOG
- Dr. Vijay Subramaniam, MD

- Dr. Yolanda Peppers, PsyD, MS
- Tamela Milan-Alexander, MPPA
- Ashley Phillips, MPH, MSW
- Susan Reyna-Guerrero, LCSW
- Gerald Polanco, JD
- Janine Hill, MPH
- Rep. Robyn Gabel (IL-18)
- Gina Jamison
- Cynthia Bednarz

ⁱ Rhee J, Fabian MP, Ettinger de Cuba S, Coleman S, et al. Effects of Maternal Homelessness, Supplemental Nutrition Programs, and Prenatal PM2.5 on Birthweight. *International journal of environmental research and public health*. 2019;16(21), 4154. doi:10.3390/ijerph16214154

ⁱⁱ Reilly KH, Zimmerman R, Huynh M, Kennedy J, McVeigh KH. Characteristics of Mothers and Infants Living in Homeless Shelters and Public Housing in New York City. *Maternal and child health journal*. 2019;23(5):572-577. doi:10.1007/s10995-018-2672-1

ⁱⁱⁱ Oberlander TF, Weinberg J, Papsdorf M, Grunau R, Misri S, Devlin AM. Prenatal exposure to maternal depression, neonatal methylation of human glucocorticoid receptor gene (NR3C1) and infant cortisol stress responses. *Epigenetics*. 2008;3(2):97-106. doi:10.4161/epi.3.2.6034

^{iv} Clark RE, Weinreb L, Flahive JM, Seifert RW. Homelessness Contributes To Pregnancy Complications. *Health Affairs*. 2019;38(1):139-146. doi:10.1377/hlthaff.2018.05156