

Supporting Young Parents Facing Homelessness

Assessing Gaps in Health Knowledge and Services for the First Steps Program

Chapin Hall Research Brief

Primary Gaps: parent health, child development and the Early Intervention system, nutrition, parent mental health, and racism in health care.

This document summarizes themes from data collected in June 2023 with First Steps project team members as well as feedback from New Moms and The Night Ministry residents.

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 **CHAPIN HALL**
AT THE UNIVERSITY OF CHICAGO

Introduction

The First Steps project, launched in January 2023, focuses on improving health for three groups who are experiencing housing insecurity: pregnant and parenting persons, their infants, and their young children. The project is led by the Illinois Chapter, American Academy of Pediatrics (ICAAP), and is a collaboration between ICAAP, New Moms, and The Night Ministry to undertake small scale interventions to address children and young people's health. The project's goals include:

Goal 1: Build collaboration and consensus between healthcare and housing project partners serving pregnant and parenting persons, their infants, and young children experiencing housing insecurity.

Goal 2: Build capacity for developing training and resources and other interventions to address identified needs of the project partner workforce and target populations and improve connection to local resources and services.

Goal 3: Implement interventions and recommend refinements to improve care and systems.

Organizational representatives meet regularly, as part of a First Steps project team, to talk about their services, child and youth health needs, and any gaps in services that might affect health. Chapin Hall was invited to provide research and evaluation support for First Steps, as well as participate in project team meetings. This memo explains our findings from the initial set of research activities and is being used to help identify interventions to improve child and youth health.

Study Methods

We conducted semi-structured interviews with 9 individuals who were all participants on the First Steps project team, including staff members from each of the participating organizations and lived-experience experts from each organization. Interviews were conducted in June 2023 over Zoom. We recorded and transcribed the interviews and used transcripts to conduct analysis. We used thematic analysis (Braun & Clarke, 2006) to look for patterns and themes in the interviews. Findings were presented to the project team on June 28, 2023, and are summarized in this memo.

The project team wanted to ensure that resident perceptions from New Moms and The Night Ministry were also included in the plans for interventions. Each organization was tasked with soliciting input from their current residents. New Moms added some questions to their regular resident survey and shared findings with the project team in July 2023. Those findings are summarized in this memo. The Night Ministry spoke directly with their residents and did not receive any specific suggestions about gaps or potential interventions.

LIMITATIONS

Since the interview sample had only 9 people, our findings may not represent all viewpoints. The interviews did not cover all potential subjects that might be relevant to child and youth health; the scope of themes presented here might be limited. Additionally, current residents' perspectives are not reflected in this memo. We were not able to interview current residents due to resource limitations.

Findings

Our interviews identified five primary themes related to gaps in health services or support: parent health, child development and the Early Intervention system, nutrition, parent mental health, and racism in health care. Each of these are explained below. We also discuss some additional gaps mentioned during the interviews.

THEME 1: PARENT HEALTH

Most interview respondents explained that the highest priority health issue is the health of the pregnant or parenting person. All respondents noted this as a significant problem. This section highlights specific issues and then presents interventions suggested by the project team.

ISSUES

Organizational focus on health: New Moms and The Night Ministry both have a strong focus on child health; however, there is less focus on parent health.

Parent priorities: Parents are primarily focused on their child's health and "put themselves on the backburner" because of time constraints, lack of health knowledge, and not having access to culturally competent and nonjudgmental providers.

Appropriate providers: Once parents are no longer pregnant or are in the immediate postpartum period, it is unclear what type of provider they should use for their health needs. They typically do not continue to see an OB-GYN and they may or may not "age out" of pediatric care. In addition, many do not have a regular primary care physician.

Specific Gaps:

- **Inadequate pregnancy care:** Pregnant persons are often unable to see the same provider (within the practice they receive care from), leading to a missed opportunity to build rapport and trust. In addition, many health care providers are judgmental about the pregnant person's circumstances (such as age or economic circumstances). This is in addition to typical barriers such as transportation or knowledge of where to go. However, most residents have already had their babies by the time they move into housing at New Moms or The Night Ministry, so this might be more relevant with 2nd or 3rd pregnancies.
- **Lack of postpartum care:** Many residents do not receive postpartum care at all, in part because they do not know why it is important to their health. Sexual and reproductive care is often not received.
- **Lack of regular health care:** Residents do not receive regular health care for themselves unless there is an acute issue. Furthermore, many issues that have a disproportionate effect on Black women (such as blood pressure, cholesterol, diabetes) are not regularly addressed.
- **Unaddressed mental health challenges:** Many residents face mental health struggles that they do not receive care for (we discuss this more fully in "Theme 4: Parental Mental Health").

POTENTIAL INTERVENTIONS

Interview respondents suggested several potential interventions to address the issues around parent health.

Onsite health providers: Respondents recommended having onsite health providers (from Rush or a similar provider) to focus on parent health (regardless of age). Providers should be culturally responsive, nonjudgmental, and able to address the multitude of issues facing young adults who are parenting or pregnant while experiencing housing insecurity.

Access to doulas: Respondents recommended increasing access to doulas for all pregnant people being served by New Moms and The Night Ministry.

Access to health education: Programs should provide educational materials or opportunities about the importance of caring for parents' own health in addition to their children's health (and how the two are related).

Consider incentive programs: The two organizations should consider implementing incentive programs to address parent health (similar to incentive programs for child health).

Extend postpartum period: Shifting programmatic frameworks to consider postpartum as a 1-year period (versus 6 weeks) might reduce maternal mortality.¹

Explore additional resources: The project team could consider Activate resources for sexual and reproductive health information.²

¹ <https://effectivehealthcare.ahrq.gov/products/postpartum-care-one-year/protocol>; <https://ccf.georgetown.edu/2022/07/15/opportunities-to-support-maternal-and-child-health-through-medicaids-new-postpartum-coverage-extension/>; <https://www.acog.org/news/news-releases/2019/06/acog-statement-on-ama-support-for-12-months-of-postpartum-coverage-under-medicare>; <https://www.commonwealthfund.org/blog/2022/improving-maternal-health-extending-medicare-postpartum-coverage>

² <https://activatecenter.org/resource>

THEME 2: CHILD DEVELOPMENT AND ACCESS TO THE EARLY INTERVENTION SYSTEM

Interview respondents reported another high priority issue, concerning child development and access to Early Intervention services. Specific issues are highlighted here, followed by interventions suggested by the project team.

ISSUES

Early Intervention System access: The Early Intervention system is a huge problem for families due to long wait times, no providers being available in the community, confusing processes, and other issues. It is very difficult for families to access services in a timely manner. Respondents explained that both programs know how to refer families to Early Intervention. However, after referrals are made, families cannot access the system.

Lack of parental knowledge: Respondents explained that their residents often have little knowledge about typical infant and child development, including social-emotional development. The exception to this is residents who have a doula or home visitor.

Trust between residents and staff: In order for residents to feel comfortable asking questions, or for staff to feel comfortable bringing up issues about suspected child development delays or atypical behavior, there must be a high level of trust between staff and residents. Those types of conversations can be difficult, and most staff members are not experts in child development (other than their own lived experience as parents or caregivers).

Health care provider issues: Respondents described experiences with health care providers not listening to young parents, or not taking their concerns about their infant or child's development seriously, because of their age or other types of biases (such as racial or economic).

POTENTIAL INTERVENTIONS

Interview respondents suggested several potential interventions to address child development and access to early intervention.

Onsite therapists: Several respondents emphasized how helpful it would be to have early intervention providers on site (speech, occupational, physical therapists). If this is not possible, the project team should explore ways to help support residents' access to these services.

Engage in systems-level advocacy: ICAAP and partners might engage in systems-level advocacy and engage with the Early Intervention system to identify ways to increase access for residents.

Access to home visiting: The Night Ministry and New Moms could explore options to ensure all residents have access to home visitors to support their parenting.

Staff training: The project team should consider regular training opportunities for program staff on typical and atypical child development and how to have difficult conversations with residents.

THEME 3: NUTRITION AND COOKING EDUCATION

Another high-priority issue reported by interview respondents concerns nutrition, for both parents and their children. Many residents have never cooked meals or planned menus or made their own choices about food. Specific issues are highlighted here, followed by interventions suggested by the project team.

ISSUES

Lack of parental knowledge: Many residents lack practical, concrete knowledge and skills regarding nutrition for themselves (especially postpartum) or for their infants/children.

Scarcity of concrete advice: Staff talk to residents about the importance of good nutrition, but those talks may not always be actionable or practical (for example, how to actually cook or prepare a healthy meal that is low budget and quick) and parents may not seem interested in the advice.

WIC limitations: WIC provides support to pregnant women and young children so they can purchase healthy food. However, WIC provides little in the way of practical advice about cooking or meal planning.

Absence of experiential learning opportunities: Parents do not have access to experiential learning around nutrition.

POTENTIAL INTERVENTIONS

Interview respondents suggested several potential interventions to issues around nutrition and cooking education.

Provide educational opportunities: Residents would benefit from experiential, practical, regular, and nonjudgmental educational opportunities around nutrition, meal preparation, and cooking. These opportunities could be on site and provided by the project team. Respondents stressed that educational opportunities must focus on practical, culturally responsive, and age-appropriate skills.

Engage in collaboration with WIC: The project team could explore WIC educational resources and their potential to provide culturally appropriate and age-appropriate practical advice to young parents experiencing housing insecurity.

Engage in systems-level collaboration: The project team could explore collaboration with other organizations or agencies to provide educational opportunities and resources (for example, Early Head Start, WIC, and others).

THEME 4: PARENTAL MENTAL HEALTH

Another theme reported by interview respondents concerns parental mental health. Specific issues are highlighted here, followed by interventions suggested by the project team.

ISSUES

Widespread mental health issues: Interview respondents believe that most residents struggle with their mental health due to trauma (including housing insecurity during pregnancy), depression, anger, lack of coping skills, learning disabilities, anxiety, and other issues.

Scarcity of culturally responsive providers: It is difficult to identify and access culturally responsive providers who are trauma-informed, have openings, and are in close geographic proximity.

Organization-provided services: The Night Ministry has mental health providers on site, but most parents do not access the services. New Moms has not had access to an onsite mental health provider but is in the process of hiring an onsite therapist.

POTENTIAL INTERVENTIONS

Interview respondents suggested several potential interventions to address the above issues.

Offer services on site: Continue to provide access to culturally responsive, trauma-informed mental health providers on site; add capacity at New Moms.

Increase understanding: Undertake efforts (such as research) to better understand why most residents do not take advantage of available mental health supports (at The Night Ministry). It would be important to hear directly from residents themselves.

Provide educational opportunities: Educate staff and residents on how cultural beliefs and practices interact with understanding of mental health services and help-seeking behavior.

THEME 5: RACISM IN HEALTH CARE

Another issue reported by interview respondents concerns the pervasiveness of racism in health care. Racism directly affects residents of The Night Ministry and New Moms, whose residents are primarily people of color. Specific issues are highlighted here, followed by interventions suggested by the project team.

ISSUES

Experiences with racism: Residents frequently experience racism in health care, making it difficult to access or continue with services.

Insufficient discussions about racism: Neither organization systematically discusses the issue of racism in health care with residents, possibly leading to parents feeling even more vulnerable and powerless. This may contribute to the feeling of mistrust residents naturally have of people in their lives with power.

Leads to care disruption: If parents feel discriminated against or mistreated, they may choose to stop care rather than have to deal with it, leading to less participation in health care.

POTENTIAL INTERVENTIONS

Interview respondents suggested several potential interventions to address the above issues.

Provide educational opportunities: Provide educational opportunities for staff and residents around racism in health care and what to do about it.

Engage in systems-level advocacy: Engage in systems-level advocacy (with providers, professional organizations, hospitals, and other entities) to address racism in health care.

Build relationships: Consider building new or expanded relationships with local providers to assess for bias and advocate against it.

OTHER INTERVIEW FEEDBACK

Early Care and Education: Families are able to access child care but the perceived quality is low.

Potential Intervention: Consider systems-level advocacy for affordable higher quality child care options in the communities around New Moms and The Night Ministry.

Financial literacy: Managing money is very stressful for parents and having access to culturally responsive, trustworthy information about money management could reduce stress.

Potential Intervention: Consider identifying resources to help support residents' financial literacy.

Outreach to program graduates: Respondents explained that the time period after leaving the transitional housing program is a vulnerable time and parents could use additional support from familiar and trustworthy providers.

Potential Intervention: New Moms and The Night Ministry should consider outreach services, especially around mental health, to parents who leave services to move into their own housing.

Lived experience expertise: Respondents highlighted the critical importance of including residents and former residents in program planning. Although respondents recognize that doing this well is time consuming and may change how decisions are typically made, they broadly agree it is imperative.

Potential Intervention: First Steps, The Night Ministry, and New Moms should continue to devise strategies to incorporate resident ideas and feedback into their programming. Processes should be respectful, trauma-informed, and genuine (that is, actually plan to use the expertise provided).

First Steps: The initiative has gotten off to a relatively slow start and will likely require more time for needed interventions to be implemented with high quality. There has been some tension between focusing on macro-level health gaps and issues as opposed to micro-level gaps and issues (for instance, those at New Moms or The Night Ministry, not broader system issues).

Potential Intervention: Consider focusing on 1–2 macro issues and 1–2 micro issues. Additionally, interventions need to add capacity and not simply add more work for current staff.

Resident Feedback

The project team tasked New Moms and The Night Ministry with asking current residents their thoughts on gaps in health care knowledge, services, and resources. The Night Ministry talked directly with residents, asking them for ideas about what they think the program could do to better support their health or the health of their infants and children. During project team meetings, The Night Ministry staff indicated that their residents reported not needing any additional support in relation to their health.

New Moms incorporated additional questions into their regular resident survey. They collected resident responses, analyzed the data, and shared findings with the project team. We provide a summary of their findings below.

Discussions about health: Residents rely primarily on health care providers for health information about themselves (72%), then on family or friends (10%). No residents reported discussing health issues with New Moms staff. There were two respondents who reported not having anyone with whom to discuss their own health issues. Results were similar when asked about their child's health; 83% talked to health care providers, then 9% to family or friends.

Health information: Residents were asked what health information would be helpful to them. Responses included information about a medical card or medical providers. When asked about child health information, residents said information about a medical card, dental, and child development would help.

New Moms services: Residents were asked how New Moms could support resident or child health, and the answers included illness disclosure to staff (by residents), child care, talk more about health, and having a health provider onsite.

Barriers: When asked what barriers keep residents from accessing health care, respondents reported getting appointments and not having access to medical cards as barriers.

Satisfaction: The vast majority of New Moms residents responding to the survey reported being satisfied or very satisfied with their health care (89%); two were neither satisfied or dissatisfied. The numbers were the same when asked about their child's health care. When asked what would improve their own health care experience, two residents responded that they needed to stay healthy/take better care of themselves and one wrote help with dental and braces. Regarding improvement of their children's health care, residents commented that they need to keep them healthy and to find a new doctor.

Conclusion

The First Steps project team are experts in their fields and generously shared their insights and ideas with Chapin Hall in hopes of improving the health of the young pregnant and parenting people they serve. Their residents face many systemic challenges (poverty, educational, racism, housing, etc.) and the people on this team are focused on providing effective support to address one aspect of their clients' lives—health. First Steps is a small, focused project that will not solve all the challenges facing these young people, but interview respondents were hopeful about making incremental changes that will improve parent and child health. The team is now identifying small interventions that can be implemented relatively quickly; Chapin Hall will interview team members again in late 2023 to understand which interventions were implemented and how they are being received.

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