



# Homeless Prenatal Program

*In partnership with our families,  
breaking the cycle of childhood poverty*

# History of HPP



- Began as a volunteer effort 24 years ago.
- Volunteering in a family shelter
- Homeless expectant mothers not receiving prenatal care
- Working on MPH at UC Berkeley
- Planned to return to Africa to set up MCH programs

# Going Back Even Further

- Former Peace Corps Volunteer
- Taught English in Ethiopia from 1973-75
- Wanted to return, but to offer more than English
- Became a nurse
- Returned to Eastern Africa 3 times during early 1980s
- Somalia, Uganda and the Sudan



# HPP Modeled After Work in Refugee Camps

- In Somalia and the Sudan trained women as community health workers
- 1985 – 3 epidemics in the Sudan
- Measles, Meningococcal meningitis, hepatitis and cholera
- Able to control the epidemics because of the women

# 1989 HPP is Launched



- Funded by SF Foundation
- Grant of \$52,000/year x 3 years
- Supports 3 part-time people
- Me (the nurse), a social worker and a former client



# First Programs

- Linkages to prenatal care
- Southeast health center
- Provide care to women at the family shelter
- How to get them to come across town for healthcare?



# Community Health Workers



- Women who were clients become paid Community Health Workers (CHWs).
- On the job training.
- How could we pay them and not have this income effect their Aid to Families with Dependent Children?
- 2 year training program
- Later reduced to 1 year

# Results from the First Year

- Served 72 homeless expectant mothers
- 93% delivered healthy and robust babies
- 97% of the infants were born drug free



# Our Evolution & What We Did Right

- I LISTENED to the women who had been homeless
- They knew what people need
- Substance Abuse Services
- Housing
- Listening to the women led to HPP's expansion to provide services which addressed the social determinants of health

# Social Determinants of Health

The World Health Organization defines the social determinates of Health as:

**“The circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.”**



# Causes of Homelessness





**Homeless families comprise roughly  
1/3 of the total homeless population.**

**- the National Center on Homelessness**

# Causes of Homelessness of Pregnant Woman and Families

- Pregnancy
- Lack of Social Support
- Domestic Violence
- Lack of adequate housing



# Physical Health Disparities



- Homelessness in general increases risk of a variety health issues
- Increased Pregnancy related health risks for homeless women
- Reduced utilization of prenatal care

# Mental Health Disparities



- Abuse History
- Posttraumatic Stress Disorder (PTSD)
- Drug and Alcohol dependence
- Depression
- Anxiety

## Barriers to Care

**“Being addicts, underprivileged, and you done been through the ringer and you’ re trying to get your life back into perspective and they [providers] treat you like a bunch of crap”**

Source: Milligan R., Wingrove B.K., Richards L., Rodan M., Monroe-Lord L., Jackson V., Hatcher B., Harris C., Henderson C. and Johnson A.A. (2002). *Perceptions about Prenatal Care: Views of Urban Vulnerable Groups*, Bio Med Central Public Health, 2, 25.

# The Homeless Prenatal Program

Started in 1989 to support the social as well as physical needs of the homeless and low income women of San Francisco







HPP receives 501(c)(3) status in 1992.





**We are located in a safe, modern,  
26,000 square foot facility in  
San Francisco's Mission District.**

# Primary Objectives



- Healthy Babies
- Safe, Nurturing Environments Where Children Thrive
- Economically Stable Families
- Breaking the Cycle of Childhood Poverty



**HPP was the first social service agency in San Francisco to hire former clients as staff**



In 1989, HPP served **72 homeless women** with **3 staff members** and a budget of **\$52,000**.

In 2012-13, HPP served **4,614 families** with **75 staff members** (more than half of whom are former clients) and a budget of **\$5.8 million**.

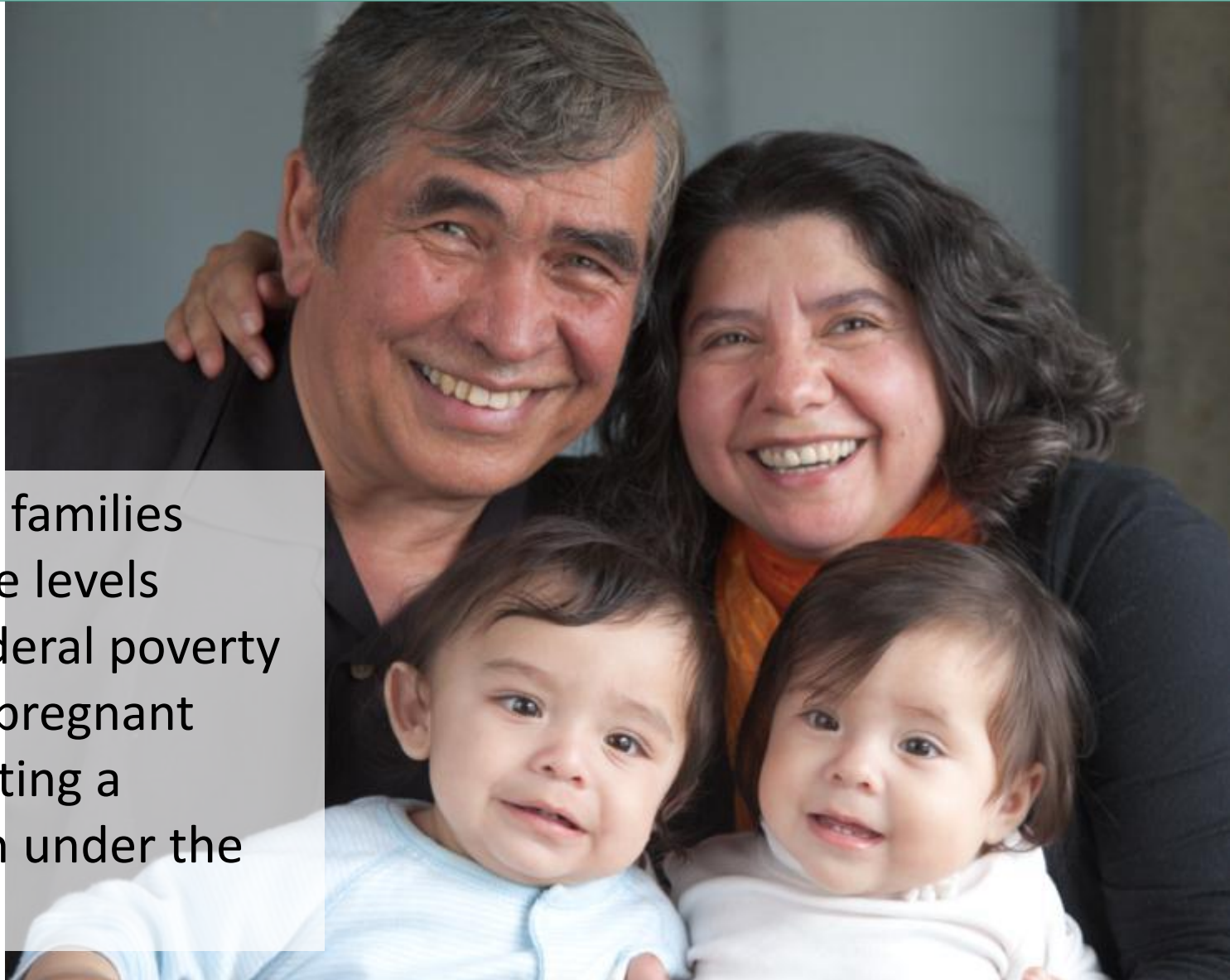
**The City & County of San Francisco  
spends approximately **\$61,000** per  
year per homeless adult.**

**In FY 2013-2014, HPP will spend less  
than **\$5,000** per family to end  
homelessness.**



# Who We Serve

All HPP client families report income levels below the federal poverty line, and are pregnant and/or parenting a child/children under the age of 18.



- Average client family income is **\$11,775**
- Roughly **70%** of client families are **women-led households**
- **31%** of HPP' s clients are **African American**
- **37%** of HPP' s clients are **Latino**
- **44%** of HPP' s clients are **under the age of 30**
- **62%** of HPP clients are **homeless at intake**
- Approximately **1/4** are **pregnant at intake**

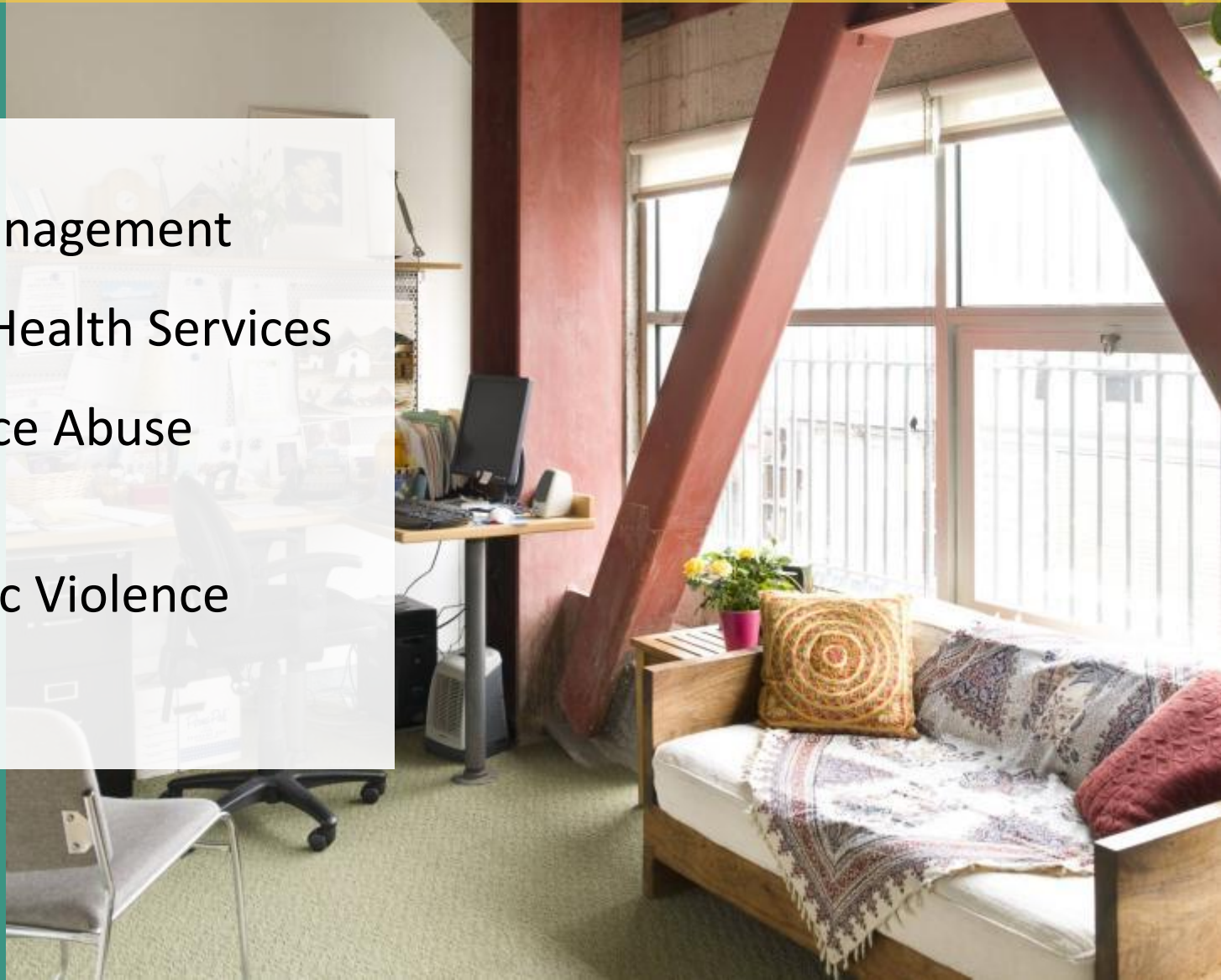


**Our Programs**



# Counseling & Support Services

- Case Management
- Mental Health Services
- Substance Abuse Services
- Domestic Violence Services



# Emergency Services



Food & Shelter Assistance



# Family Support Services



- Housing Assistance
- Family Reunification
- Childcare Center
- Parenting Classes
- Support Groups



# Financial Economic Success



- Community Health Worker Training Program
- Community Technology Center



# **Prenatal/ Postpartum Health Services**

# The Wellness Center

## Mission:

Support HPP' s pregnant clients to have healthy pregnancies, healthy babies and supported postpartum periods through the provision of innovative prenatal and postpartum services.

## Goal:

Reduce the incidence of child abuse and neglect, increase knowledge of child development and improve the bond between mother and child beginning in pregnancy





# Wellness Center Services



## Prenatal Services

- Education Classes and baby shower
- Prenatal Care - Centering Pregnancy
- Prenatal Yoga
- Prenatal Massage
- Volunteer Doula Program
- Belly Casting
- Prenatal Photos
- New Beginnings







## Post Partum Services

- Parent-Child Interactive Group
- Infant Massage
- Post Partum Doula Support
- Home Visits
- Crib Program
- Breastfeeding Support

## Community

- Acupuncture
- Massage





# Benefits of Alternative Health Services

- Alternative health services have been found to have a positive impact on birth outcomes and feelings of satisfaction with birth experience
- Importance of reducing incidence of stress, anxiety and depression, particularly in population experiencing trauma and poverty



# Program Evaluation



Program evaluation includes client surveys and birth data collection and analysis.

Since 1992, nearly **3,000 babies** were born to Homeless Prenatal Program clients.

Of those, **90.1%** were born at a normal weight and **98.7%** were born drug free.



# Outcomes (2011 Analysis)



- **100%** of babies from prenatal class attendees were born drug free
- **90%** of HPP mothers gave birth to a normal birth weight baby
- **9/10** reported that after attending WC classes they had: Improved mood, felt a stronger connection to their baby, increased connection to their community and an increased knowledge of the subject and available resources.



# Outcomes (Additional Analysis)



## Healthy birth weights

- From 2009-2011, **94%** of HPP prenatal class attendees
- **90%** of clients who did not attend prenatal classes

## C-Section rate

- The C-Section rate in SF is: **29.8%**
- C-Section rate for HPP clients is: **20%**
- C-Section rate for clients with doulas is: **13%**

**Breastfeeding stats: forthcoming**

# Meeting challenges to incorporate alternative health services

- 1) Use of Volunteers and Students
- 2) Connection with outside agencies, schools
- 3) Data Collection
- 4) Peer staff
- 5) Program participation
- 6) Passion for birth and babies

# Engaging With High-Risk Clients

- 1) Meet clients where they are, without judgment
- 2) Address client personal needs before inserting your own agenda
- 3) Holistic approach to care
- 4) Importance of someone feeling valued, dignified, and respected
- 5) Provide comprehensive services, collaborating with other providers

**“ Each client that walks into my office wants the same thing for their children as I wanted for mine...**

**A healthy, safe and happy life, and so I meet them where they're at...right here. ”**

**-Stephanie Schroder  
Case Manager, Homeless Prenatal Program**



# Conclusion

The provision of HPP programs, referrals, support services and risk identification has improved the lives of an often neglected population. The important work done by HPP staff has had a tangible impact on the lives of it's clients, and should serve as a model for organizations around the country who seek to achieve true health equity.





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