Healthy Moms and Babies: Housing and Health Integration
Why tackle housing to improve maternal, birth or child outcomes?
Black infants die significantly more frequently

**FACT**
In 2021, the infant mortality rate for Franklin County was 8.1 per 1,000 live births.
Timing and Duration of Homelessness matters, Both Prenatally and in Early life, on Child Health

Homelessness During Pregnancy: A Unique, Time-Dependent Risk Factor of Birth Outcomes

Homelessness During Infancy: Associations With Infant and Maternal Health and Hardship Outcomes

Timing and Duration of Pre- and Postnatal Homelessness and the Health of Young Children
Infants are likely to be born into homelessness

Infants were the most common age accessing the homelessness assistance system in Ohio and the number of infants grew to

2,943 in 2017

A 53.0% increase since 2012
Black families experience housing cost burden more frequently

Housing cost burden by race/ethnicity and severity, Columbus region*, 2017

Percent of renter-occupied households that are:
- Severely burdened (spending over 50% on housing)
- Burdened (spending over 30% on housing)

<table>
<thead>
<tr>
<th>Race</th>
<th>Severe Burden</th>
<th>Burdened</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>10%</td>
<td>31%</td>
</tr>
<tr>
<td>Black</td>
<td>20%</td>
<td>32%</td>
</tr>
<tr>
<td>Latinx</td>
<td>20%</td>
<td>26%</td>
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</tbody>
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* Columbus Metropolitan Statistical Area
Black families more likely to experience homelessness

Black Ohioans are only 13% of the state’s residents, but make up nearly 50% of its homeless population.

COVID-19 has exposed underlying racial disparities in health and housing. With new federal resources available for rental assistance, the opportunity to target some of the resources to pregnant women could have profound impact on the health and well-being of infants. HBAH provides a framework for communities to use to achieve better birth outcomes.
Healthy Beginnings at Home: Past, Present, and Future
Safe, stable and quality housing is essential for families to thrive and achieve optimal health.

We know that housing instability and homelessness increases the likelihood of pre-term birth, infant mortality and acute health conditions.

Despite its importance, a lack of affordable housing in Ohio and nationwide has made families – particularly those of color – vulnerable to homelessness and other forms of housing instability, putting them at increased risk for health complications.
First launched in 2018, HBAH is a community initiative striving to **improve birth outcomes and reduce infant mortality** through an **affordable housing intervention** with a strong focus on **reducing racial disparities** in health outcomes.

Phase 1 research results were very promising, so planning for Phase 2 – **Ohio multi-site replication with rigorous evaluation** - is now underway. Seeking other partners across the country.

The findings from this research will be used to support **public policy improvements** around infant and maternal health and **drive resource decisions** at all levels – federal, state, local, and managed care organizations.
Project Overview

• **Study design:** 100 women randomly assigned to receive either a housing intervention or usual care
  - pregnant adult in their first or second trimester,
  - living in Franklin County
  - household income <30% AMI
  - enrolled in CareSource, and
  - experiencing housing instability or homelessness

• **Housing intervention:** rental assistance and housing stabilization services
HBAH Intervention: Rental Assistance + Housing Stabilization Services

- **Rental Assistance**
  - 15-months of rental subsidy covering the gap between full market rent and 30% of the participants’ income
  - Followed by 6-month stepdown period in which the subsidy decreased gradually until the participant pays full rent.
  - Some participants found housing in units that included a full rent subsidy on an ongoing basis rather than the time limited subsidy provided by HBAH
HBAH Intervention: Rental Assistance + Housing Stabilization Services

Housing stabilization services

• Housing navigation
  • Identify housing, negotiate with landlords, and remain securely housed when faced with challenges

• Services model used best practices
  • Family Critical Time Intervention Housing First approach
  • Clinical best practices: person-centered planning, motivational interviewing, and trauma-informed care

• Usual care support services
  • CelebrateOne Community Health Worker
  • CareSource Care Manager and a JobConnect Life Coach
Usual Care

• Participants randomized to the usual care group did not receive a rental subsidy from the HBAH program, but remained eligible for housing assistance from other sources.

• All community-based services for which they were eligible, including support from CareSource and CelebrateOne, remained available to these participants.
HBAH 1.0 Health Outcomes

Birth outcomes for HBAH intervention and control group participants

- 40 of 51 babies in the intervention group were born full-term and at a healthy birth weight in comparison to 24 of 44 babies in the usual care group.

- Four fetal deaths in the usual care group, and NONE in the housing intervention group.

- Babies in the housing intervention group were less likely to be admitted to NICU and stayed just 8 days rather than 29 days for usual care NICU admissions.
Medicaid spending for HBAH intervention and control group participants

- Average paid per claim: Infant only at time of birth until initial release
  - Intervention group (n=47*): $4,175
  - Control group (n=41*): $21,521

- Total Medicaid spending per member, per month (PMPM) without outliers: All household claims (from date of infant's birth to first birthday)
  - Intervention group (n=94): $351
  - Control group (n=81): $646

* N is based on live births. Does not include fetal deaths.
Source: CareSource
HBAH 2.0 Expansion

• Program model
  • 24 months of rental assistance (15 mos. full subsidy, 9 mos. stepdown)
  • Family Critical Time Intervention + other best practices (housing and maternal health)

• Research & evaluation
  • Health, housing & economic outcomes
  • healthcare utilization & cost
HBAH 2.0 – Ohio

• **Implementation lead:**
  • COHHIO (Coalition on Homelessness & Housing in Ohio) with Barbara Poppe & Associates

• **Research & evaluation lead:**
  • Health Policy Institute of Ohio

• **Cohort 2.1**
  • Launched 2022
  • 2 sites
  • 90 families

• **Cohort 2.2**
  • Launch planned for 2023
  • 4 sites
  • 135-210 families
HBAH national expansion

• Seeking national organization to host
  • Share and coordinate research, policy, and practice

• Local replication sites
  • CareSource: Indiana, Mississippi
  • Seeking other interested sites

• Federal policy advocacy
  • U.S. Senate
  • HRSA
  • HUD
“Before Healthy Beginnings at Home, I was sleeping on the floor at my boyfriend’s mom’s house – pregnant. Nobody wants to do that. It’s not easy to do that. Now, not only do I have a stable place to grow my family, but I have a place for myself.”
-HBAH participant

To learn more about the HBAH 2 Replication:

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