



Reproductive Health and Contraceptive Care Among Clients Experiencing Homelessness

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Disclosures

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Objectives

At the conclusion of this educational program, learners will be able to:

1. Describe risk factors and pathways to homelessness for women
2. Understand impact of housing instability on reproductive health outcomes
3. Identify unique challenges to contraceptive use and pregnancy desires in homeless women



HUD Definitions for Services

- Individuals/families who lack a fixed, regular and adequate nighttime residence
- Individuals/families who will imminently lose their nighttime residence
- Unaccompanied youth/ families with youth who are defined as homeless under other federal statutes
- Individuals/families who are fleeing domestic violence, assault or other dangerous conditions



Descriptive Definitions

- Chronic
 - Continuous for 1y or 4 episodes in 3y
 - 86,962 on any given night in US (24%)
 - Older, complex health issues
 - Location that is not suitable for human habitation
- Episodic
 - Currently homeless AND 3+ episodes in previous year
 - Younger, disabling condition (e.g., substance use, MH)



Descriptive Definitions

- Transitional
 - Most common
 - Shelter or temporary housing for one brief stay
 - Younger, catastrophic event or sudden life change
- Hidden
 - Temporarily living with others / “couch surfing”
 - No long-term guarantees or permanent housing prospects
 - Do not access services and are not counted



Utah Homelessness

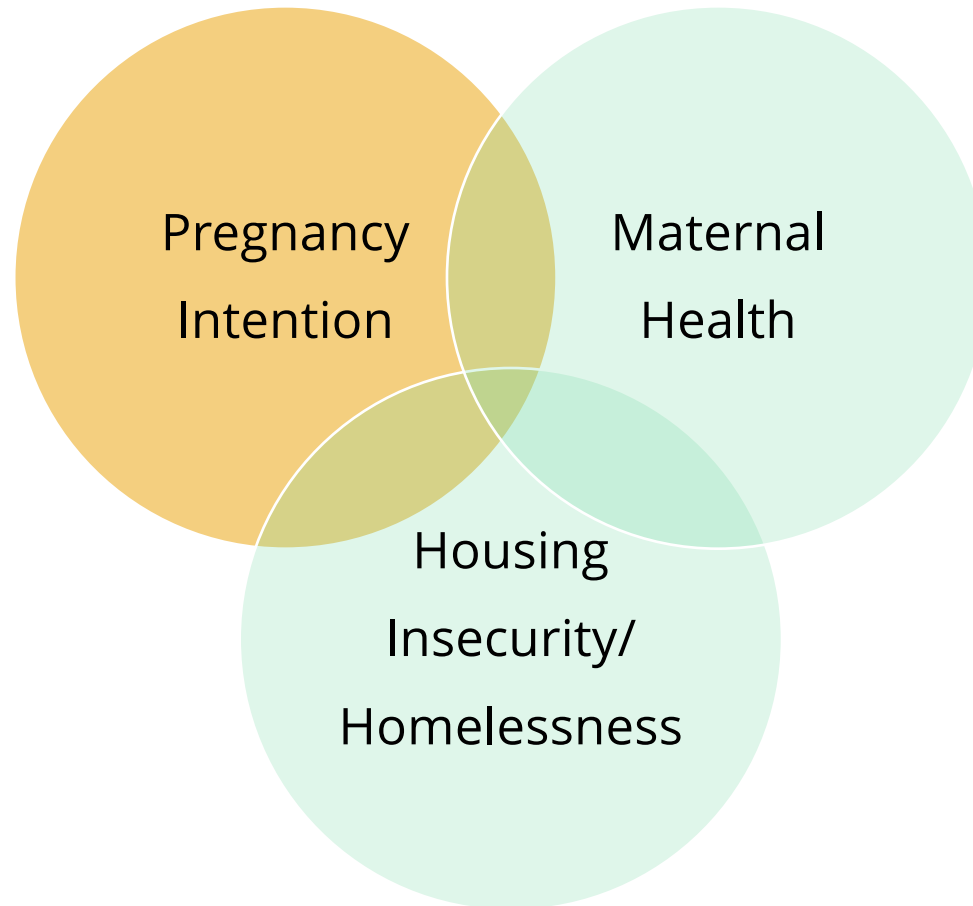
- Point-In-Time count
- Includes sheltered and unsheltered
- Total # on 1/22/20 was 3,131
- 12% increase over 2019
- 10/10,000 Utahns homeless
- 23% survivors of DV



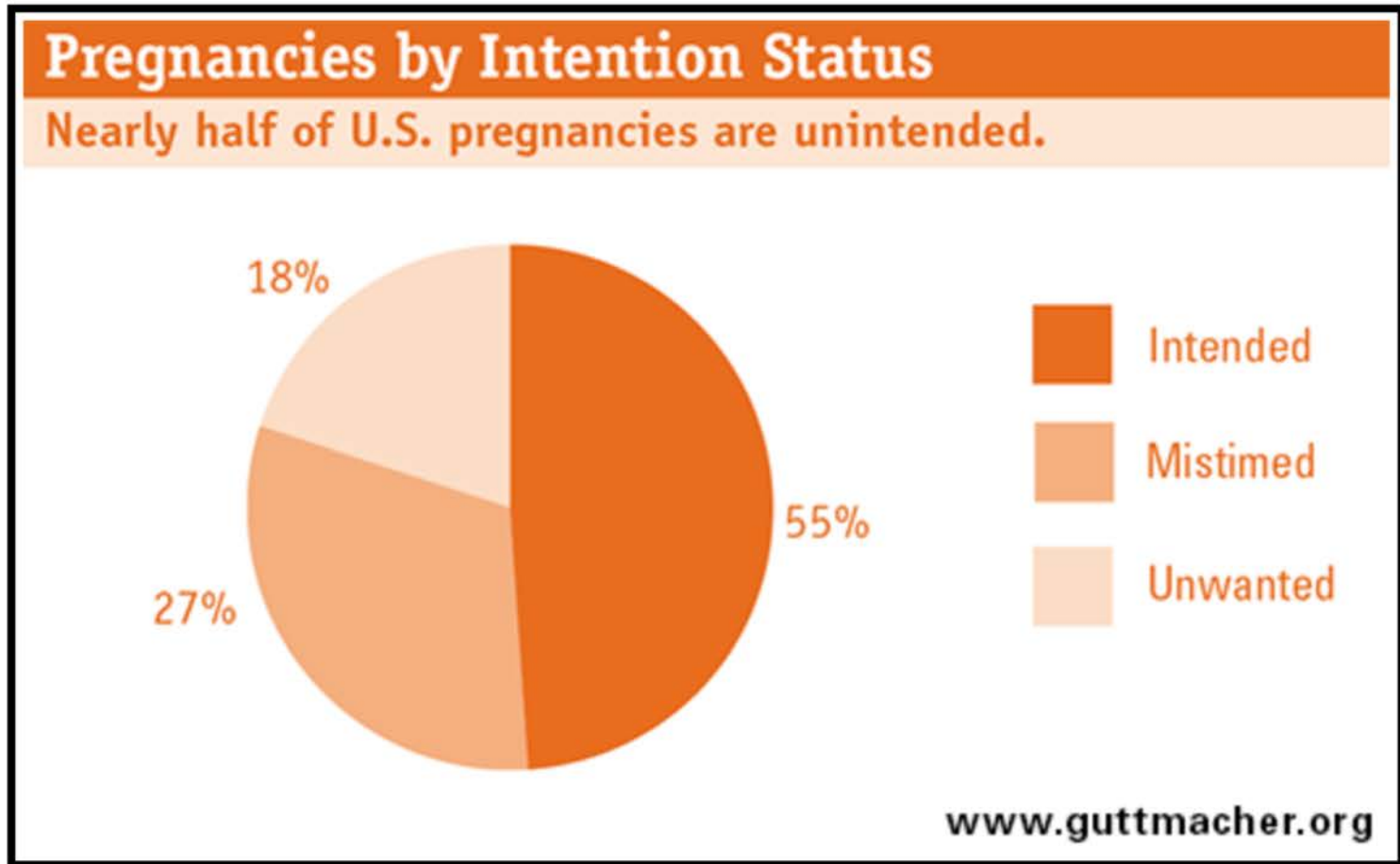
Homelessness Risk Factors

- Unemployment
- Job loss
- Rent increases
- Lack of affordable housing
- Foreclosures
- Reductions in public health programs
- Lack of job skills
- Inadequate social support
- Substance abuse
- Mental illness
- Prior incarceration
- Experiences of violence
- Military Veteran
- Personal or family crisis
- Youth sexual orientation conflicts
- Domestic/sexual violence

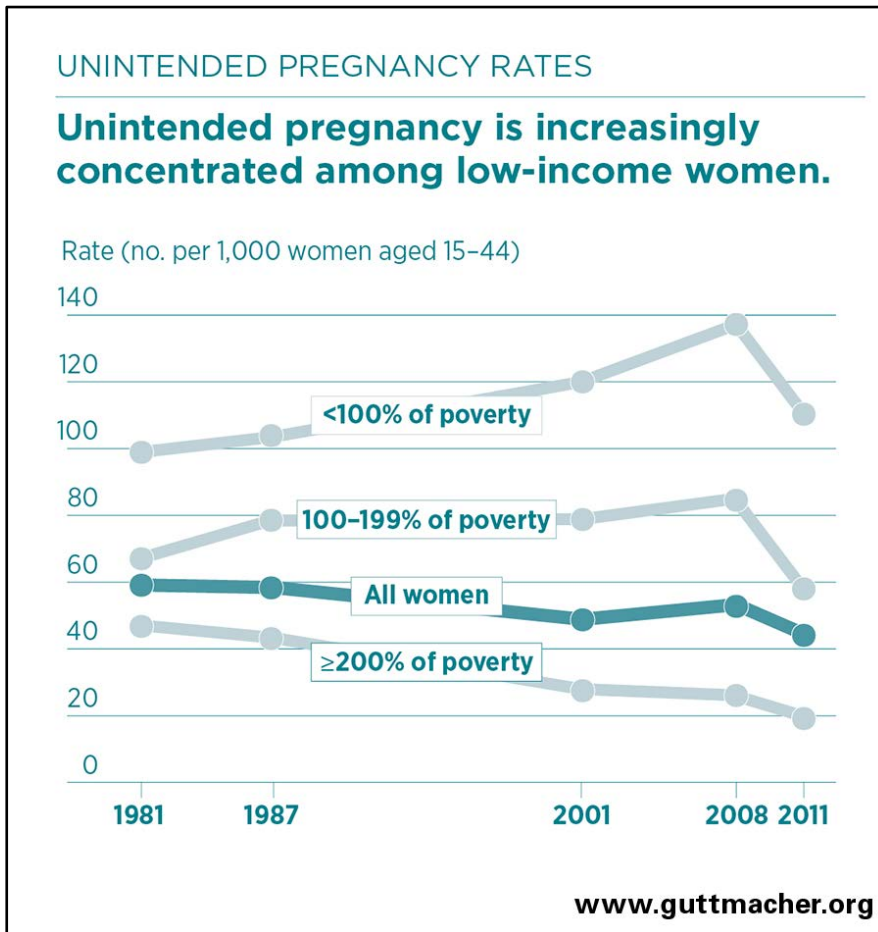
Reproductive Outcomes



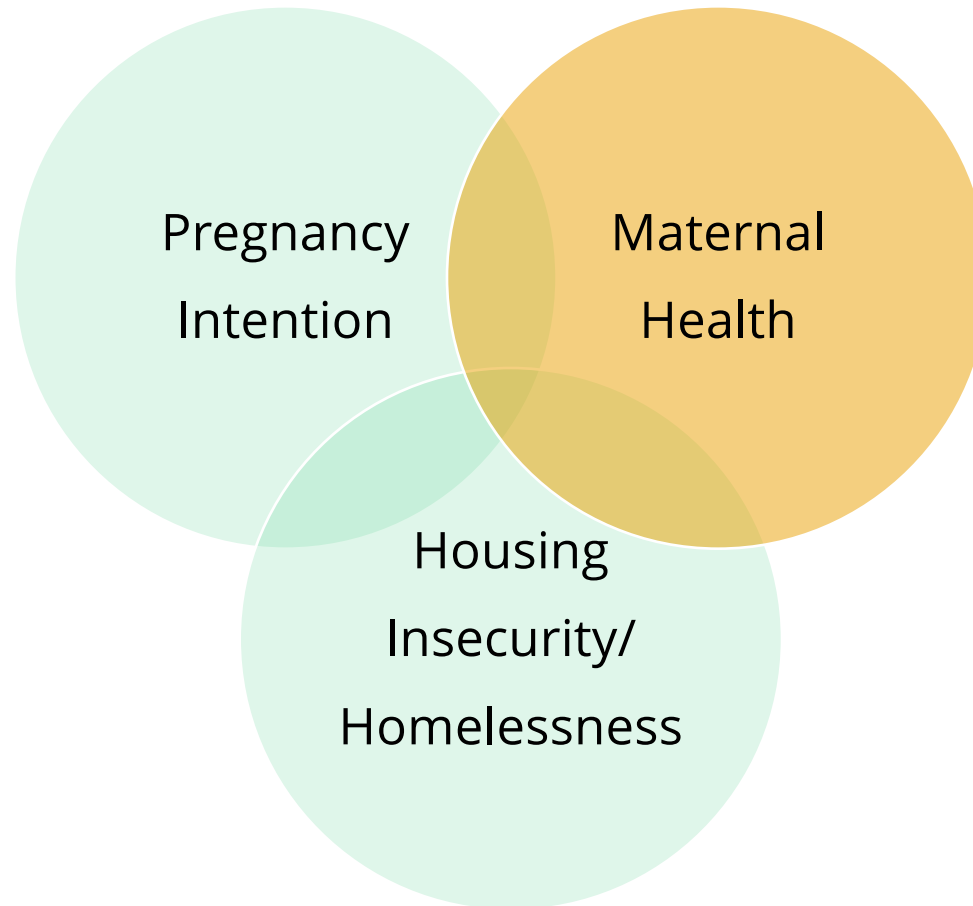
Pregnancy Intention



Pregnancy Intention



Reproductive Outcomes





Maternal Health

- Planning can optimize health prior to a pregnancy
 - Chronic health issues
 - Substance use
- Poorly health at conception:
 - Recurrent flares in pregnancy
 - Miscarriage
 - Preterm delivery
 - Low birth weight
 - Fetal anomalies, exposures

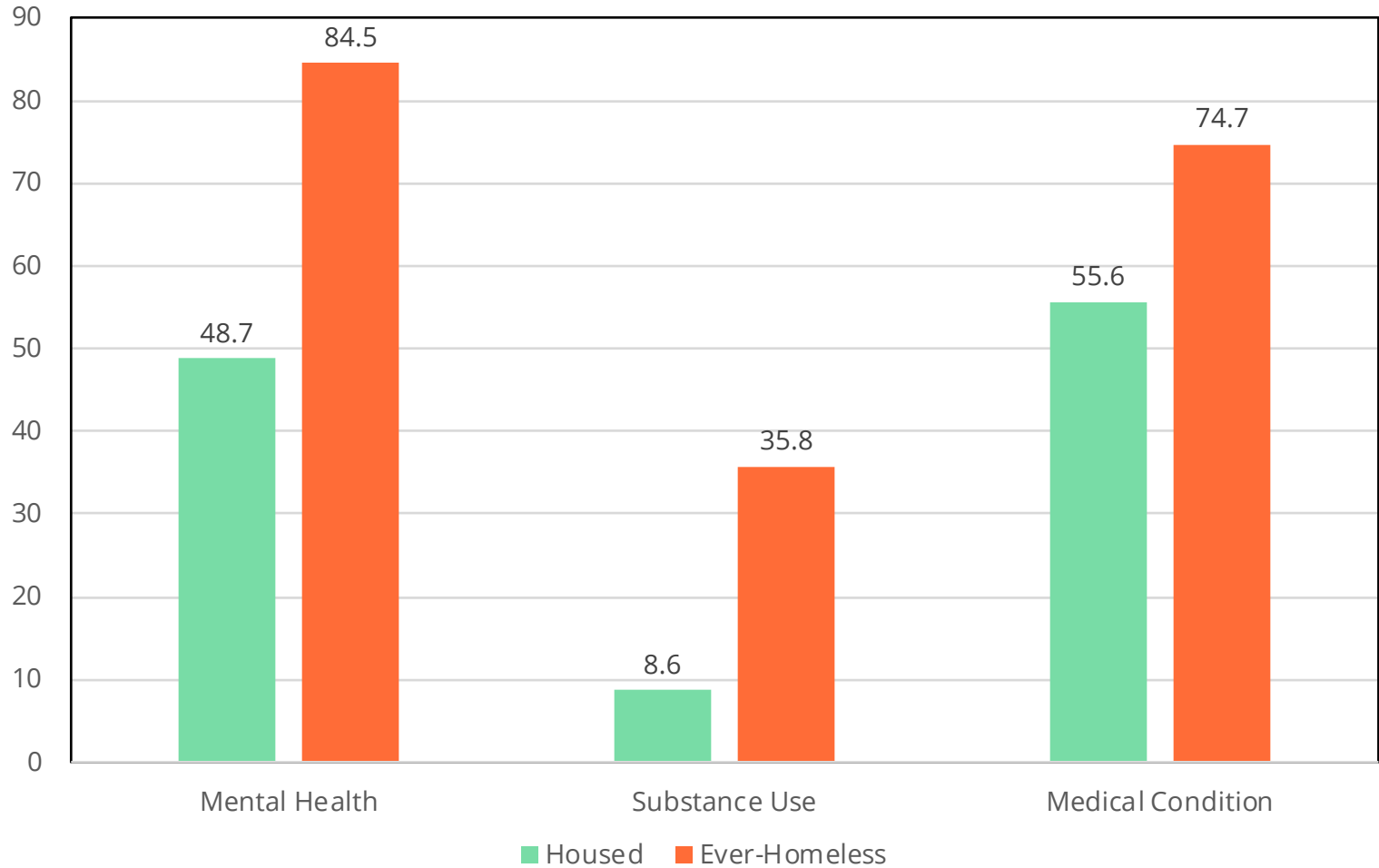


Housing Insecurity and Perinatal Risks

- Background
 - Women Vets 4X greater risk of homelessness
- Objectives
 - Quantify perinatal risk factors in ever-homeless women Veterans
- Study Design
 - RCS using VHA 2002-2015 admin data
- Subjects
 - 41,747 ever-homeless women Veterans 18-44y matched to 46,391 housed Veterans by service period



Prevalence in VHA Users

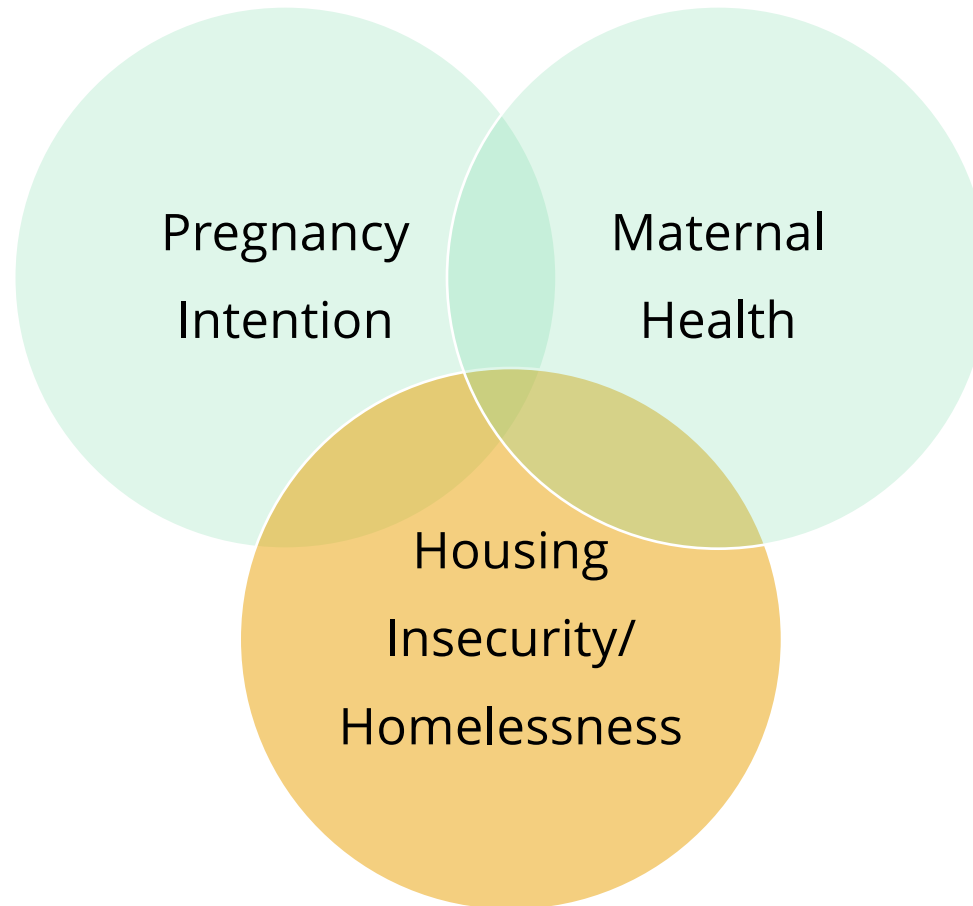




Housing Insecurity and Access to Care

- VHA is leader in homeless healthcare
- Civilian healthcare is fragmented
 - 73% report at least 1 unmet health need
 - Access to preventive services limited
 - 57% of individuals lack a regular source of healthcare
 - Overall lack of discharge planning and referrals after inpatient stays

Reproductive Outcomes

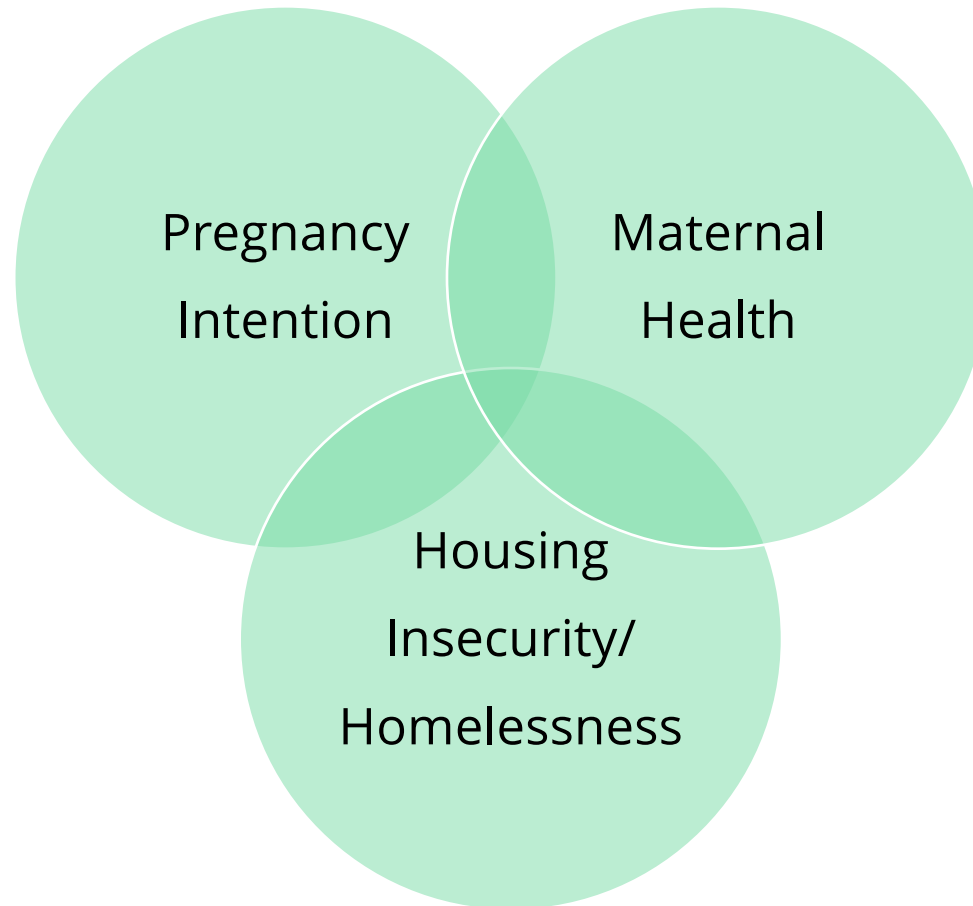




Housing Insecurity Reproductive Risks

- Domestic and sexual trauma
- Physical and emotional safety
- Communicable/ sexually transmitted diseases
- Survival/transactional sex
- Early sexual activities
- Multiple partners
- High smoking rates
- Access to barrier methods
- Food insecurity

Reproductive Outcomes





Pregnancy Outcomes in Homeless

- Low birth weight
- Preterm labor
- Preterm birth
- NICU admission
- Extended hospitalization
- ED visit at 3 and 12 mo
- Readmissions at 3 and 12 mo



Pregnancy Outcomes in Homeless

- Lower pap rates, knowledge regarding pap frequency, and follow-up on results
- High rates of STIs, esp. in youth and with transactional sex
- Low rates of breast screening
- Cancer is 2nd most common cause of death in homeless individuals over age 45y



Contraceptive Barriers in Homeless

- Inability to prioritize health due to competing demands
- Shelter-related obstacles and restrictive provider practices that impede access to reproductive health care services and the use of contraception
- Change in the power dynamics of sexual relationships while homeless, making women more vulnerable to sexual exploitation



Contraceptive Care in Homeless

- HER Salt Lake Contraceptive Initiative
- 22.3% of the 4,327 identified as housing insecure/homeless
- More likely to chose LARC prior to intervention
- Once counseling was standardized, all methods no cost, and option to switch, method choice equalized between homeless and housed participants



Contraceptive Care in Homeless

Current vs. ideal contraceptive method use by homeless or housing insecure survey respondents (N=92)

Ideal Method(s)	Current Contraceptive Method							Total
	None	Behavioral	Short Acting	Highly effective	Highly effective +	Currently pregnant		
None	7	0	1	2	1	4	15	
Behavioral	2	2	1	1	1	4	11	
Short Acting	4	1	7	2	0	3	17	
Short Acting +	1	3	2	0	0	3	9	
Highly effective	6	0	0	10	4	5	25	
Highly effective +	2	3	0	0	2	8	15	
Total	22	9	11	15	8	27	92	

Behavioral methods include periodic abstinence, cycle timing, barriers; short-acting methods include pills, patch, ring and injection; highly effective methods include intrauterine devices, contraceptive implants and sterilization; + includes addition of less effective method to a short acting or highly effective method

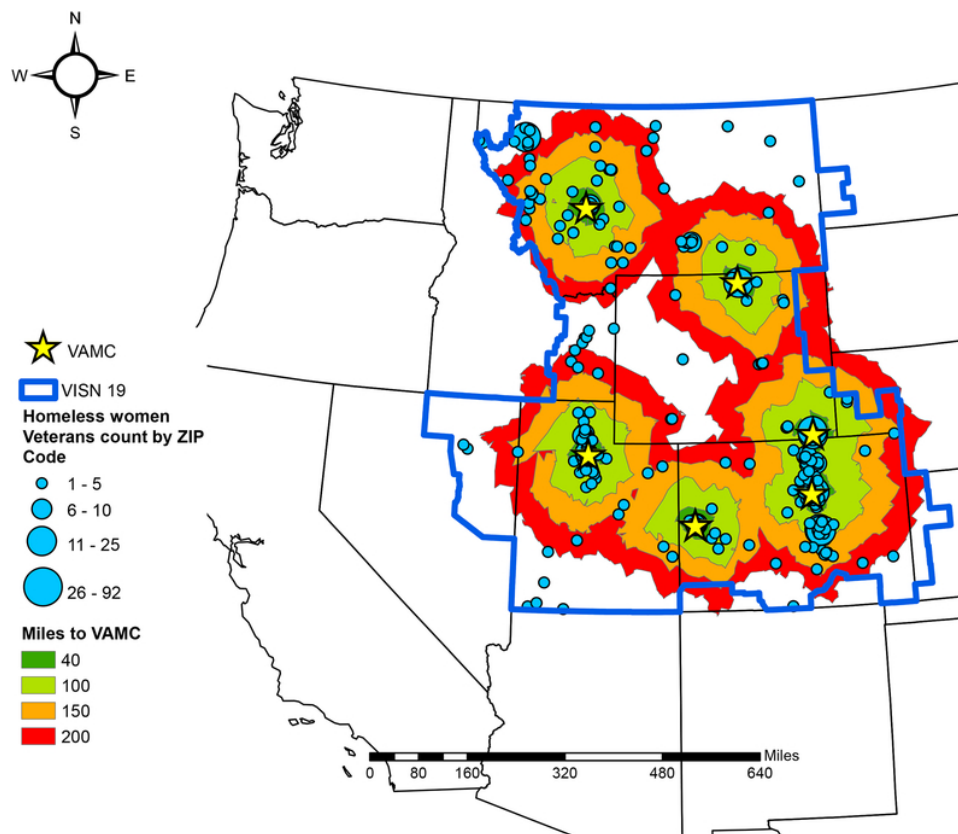
Reproductive Desires

Variable n (%)	Not Using Ideal Contraceptive n=37	Using Ideal Contraceptive n=26	Currently Pregnant n=27
Pregnancy desire in next year			
No	25 (68)	20 (77)	16 (59)
Yes	9 (24)	5 (19)	6 (22)
Unsure	3 (8)	0	4 (15)

Kozlowski Z. et al. In Press 2021

Kennedy SA et. al. J Health Care poor Underserved 2014

Contraception Access Barriers

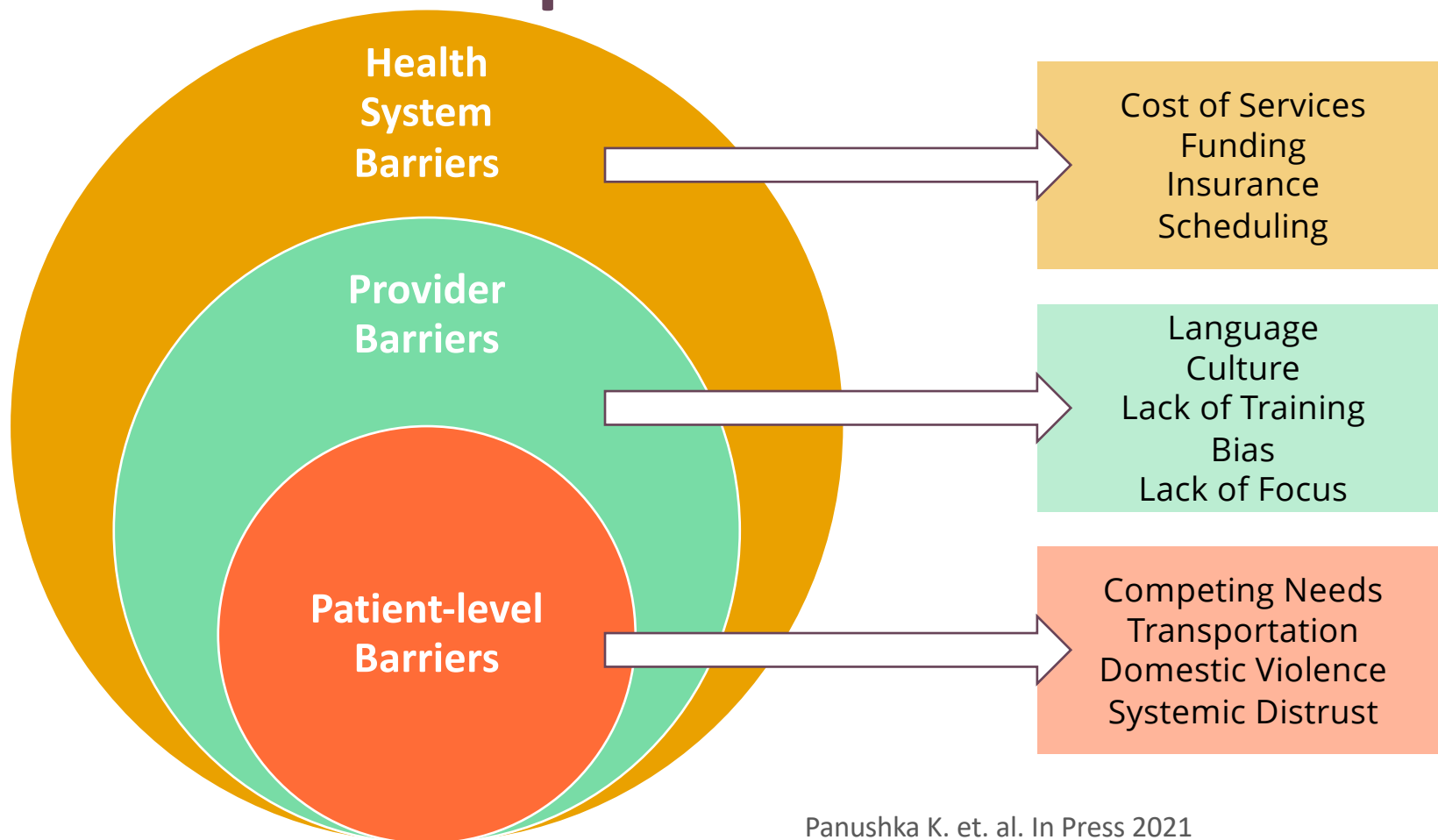


Gawron LM, et al. J Soc Distress Homeless 2019

A photograph of an elderly male doctor with grey hair, wearing a white lab coat and a blue stethoscope. He is sitting on a white bench in what appears to be an emergency room, with his hands covering his face in a gesture of distress or exhaustion. A black medical bag is on the floor next to him. The background is a blurred hospital setting. A semi-transparent white box is overlaid on the image, containing the text 'Provider Perspectives'.

Provider Perspectives

Barriers to Reproductive Care Provision





Recommendations

- Address policy challenges to reproductive health integration in homeless services
- Consider contraceptive and preconception care part of the multitude of interventions to address homelessness
- Support an interdisciplinary approach to prioritizing reproductive needs among housing-insecure women
- Increase Medicaid expansion/ family planning waiver/ title X options, depending on the state, to allow women to prioritize reproductive health
- Partner with family planning providers who provide comprehensive same day services to streamline referrals from homeless services



Take Home Points

- IPV/ sexual assault is a common pathway to housing insecurity/ homelessness for women
- Housing insecure women have a high prevalence of co-morbidities that increase risk of adverse pregnancy and reproductive outcomes
- Despite housing status, women may desire pregnancy OR contraception
- Employ shared decision making in contraceptive counseling for housing insecure women



Thank You!

