Prenatal-to-Three CAPACITY BUILDING HUB
POWERED BY THE BUILD INITIATIVE

Held and Housed

Protecting Maternal and Infant Well-Being from the Harms of Homelessness

Tuesday, October 6, 2026





CONNECT WITH 3,500+ LEADERS ACROSS ALL 50 STATES

JOIN DISCUSSIONS ON POLICIES AND SYSTEMS IMPACTING PRENATAL–3 OUTCOMES

ACCESS RESOURCES AND EVENTS FOR PN-3 INITIATIVES

LEARN FROM PEERS AND EXPERTS ANYTIME, ANYWHERE!

https://pn3xchange.org/

Who are we?

- **Housing, homelessness, and basic-needs organizations**: housing providers, fair housing and homelessness services agencies, interagency councils on homelessness, food banks, and related community services
- **Federal agencies**
- **State government agencies**: health, human services, early childhood, and education
- **County, city, and local government**: local public health departments and regional education agencies
- **Elected officials and legislative bodies**
- **Tribal nations and tribal organizations**
- **Colleges, universities, and academic centers**
- **Hospitals, health systems, clinics, and health plans**: behavioral health and perinatal or birth organizations
- **Head Start, Early Head Start, and child care and early learning providers**, including family child care
- **Home visiting and family support programs**
- **Community action agencies and multi-service human services nonprofits**
- **Early childhood systems intermediaries**: First 5s, early learning coalitions and hubs, and child care resource and referral agencies
- **Advocacy, policy, and membership organizations**
- **Research, evaluation, consulting, and technical assistance**
- **Philanthropic organizations**


Housing and Homelessness Services
Executive Leadership
Head Start and Early Head Start
Nurses and Clinicians
Home Visiting
Parent and Youth Leaders
Policy and Advocacy
Students, Fellows and Interns
Communications and Development
Social Work
Care Coordination and Navigation
Training and Technical Assistance
Maternal and Child Health
Consultants and Advisors
Program Managers and Coordinators
Doulas and Community Health Workers
Community Engagement and Outreach
Family Support and Engagement
Health and Nutrition Services
Directors and Administrators
Early Care and Education
Research, Evaluation and Academia
Infant and Early Childhood Mental Health

Today's Objectives

- Understand the concrete ways homelessness harms pregnant people, new parents, and infants — across pregnancy, birth, and the earliest months.
- Explain why these harms fall hardest on families in historically underserved communities, and why the drivers are structural.
- Describe state- and community-level models that cross the housing, health, and early-childhood educationa sectors — and name what it takes to build and sustain them.
- Name one concrete next step to act on what was learned today.

Presenters



Jami Helmig

Parent Leader & PhD Student
Warren Village Alumna
Johns Hopkins University



Cassidy Spence

Director of Operations
The National Association to Advance Black Birth (NAABB)



Erin Patterson

Senior Director, Strategic Initiatives and Partnerships, SchoolHouse Connection



Paige Klemme

Assistant Professor of Research
Director of Healthy Beginnings at Home

Department of Pediatrics, School of Medicine, Indiana University



Tyese Lawyer

President and CEO
Our House

Prenatal-to-Three CAPACITY BUILDING HUB
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Lived Experience

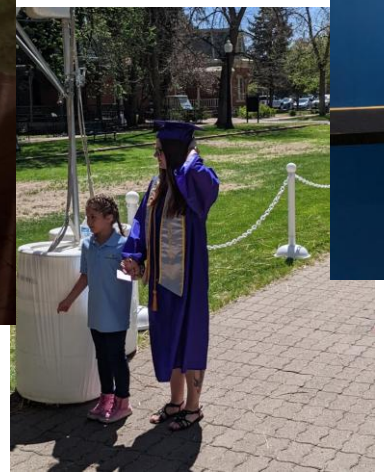
Jami Helmig

Parent Leader & PhD Student
Warren Village Alumna
Johns Hopkins University













My Story in One Sentence

From unstable housing and navigating survival systems as a single low-income parent to becoming a doctoral student and parent leader.

The National Association to Advance Black Birth:
Addressing Homelessness in the Perinatal Population

Cassidy Spence, MPH
Director of Operations

NATIONAL ASSOCIATION TO ADVANCE BLACK BIRTH

THE NATIONAL ASSOCIATION TO ADVANCE BLACK BIRTH (NAABB)

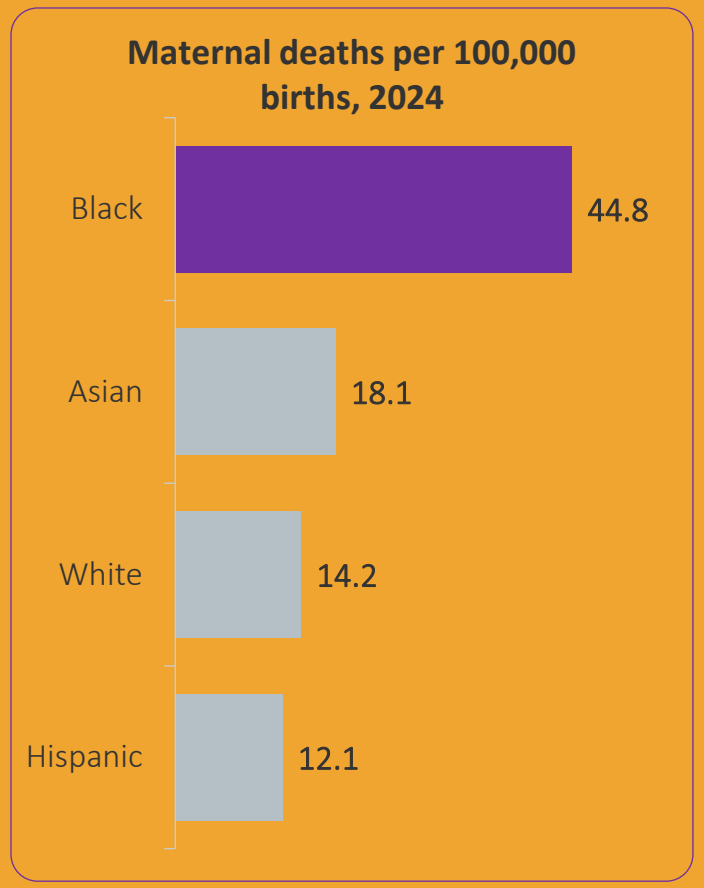
Our Vision: We envision a future where Black birthing families are cherished and healthy — receiving the highest quality of care and upheld within systems that honor their rights, choices, and dignity. By centering the needs and wisdom of Black birthing families, we illuminate the path where all birthing people thrive, and maternal health in this nation is transformed.

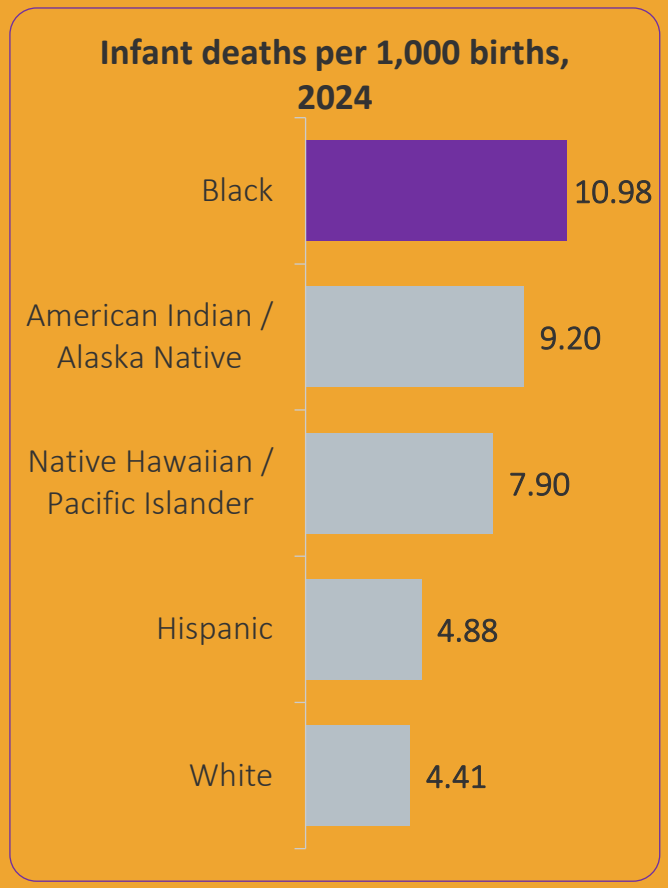
MATERNAL AND INFANT HEALTH OUTCOMES IN THE UNITED STATES

- **649 women died** of maternal causes in 2024
- **20,048 infants died** before their first birthday in 2024
- **1 in 10 babies** was born preterm in 2024
- **87%** of pregnancy-related deaths were **preventable**

57% of pregnancy-related deaths occur between one week and one year postpartum. Mental health conditions — overdose and suicide — are a leading cause, accounting for nearly 1 in 4 pregnancy-related deaths. The riskiest stretch is exactly when support tends to fall away, and when a family without housing is most exposed.

RACIAL DISPARITIES IN MATERNAL AND INFANT HEALTH OUTCOMES





It's not just outcomes — it's how women are treated

40%

of Black women reported discrimination during maternity care

30%

of Black women reported mistreatment — ignored, scolded, or threatened with withheld care

Uninsured and publicly insured women reported more mistreatment, too.

HOMELESSNESS IN THE PERINATAL POPULATION

- In 2025, there were **230,366** people expereincing homelessness in families with children
  - 39.9% Hispanic/Latino
  - 39.7% Black/African American
  - 20.1% White
  - 0.3% Other
- Approximately **40%** of people experiencing homelessness are women

HOMELESSNESS DURING PREGNANCY

- Significantly less likely to attend prenatal appointments, and well-child visits following birth.
- More likely to experience pregnancy-related conditions and complications, including high blood pressure, anemia, nausea and vomiting, hemorrhage, placental problems, and abdominal pain.
- Infants born to an unhoused person are more likely to be born preterm, low birth weight, have longer hospital stays, and have higher rates of NICU admittance.

THE WEATHERING HYPOTHESIS

- The **weathering hypothesis** states that the cumulative stress of systemic racism, poverty, and social inequality accelerates biological aging and leads to earlier health deterioration in marginalized groups.
  - Identified through observing maternal and infant health outcomes between Black birthing people and their white counterparts.
  - This is exacerbated during the perinatal period, and in those experiencing homelessness.

THE LIFECOURSE MODEL

- Reproductive health, pregnancy, birth and postpartum, are all informed by a lifetime of experiences and a product of a persons environment.
  - Maternal health begins where a mother is “born, lives, learns, works, plays, worships, and ages” (Healthy People 2020). Maternal health does not begin when a mother receives her first prenatal check-up or even when she finds out that she is pregnant; it is shaped by a lifetime of experiences that begin with the earliest exposures to social conditions.

BLACK BIRTHING BILL OF RIGHTS

A resource for birthing people who engages in maternity and perinatal care.

Serves as guidance for government programs, hospitals, maternity providers and others to transform policies, procedures, and practices to meet the needs of birthing people.

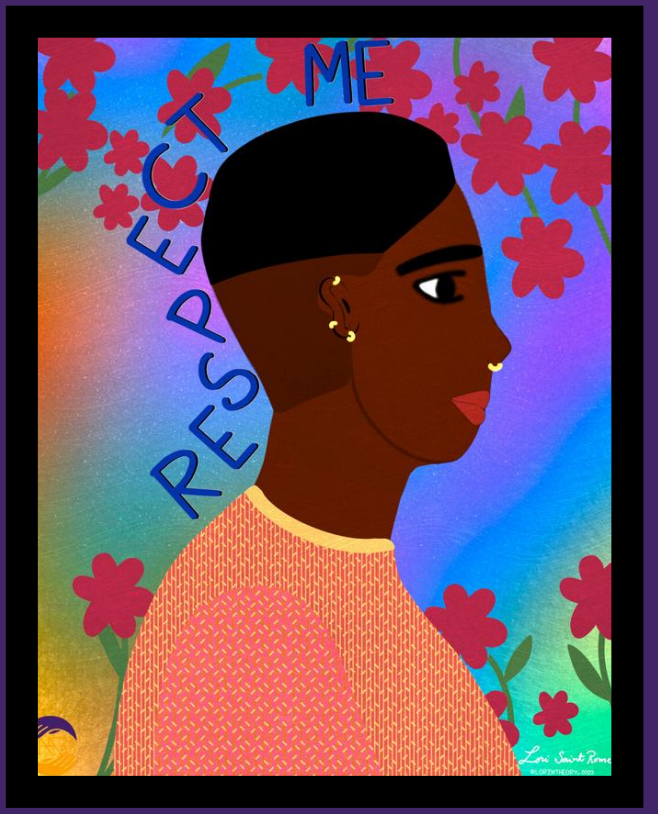


BLACK BIRTHING BILL OF RIGHTS

BIRTHING RIGHTS ARE HUMAN RIGHTS!







DIGNIFIED AND RESPECTFUL PERINATAL HEALTHCARE

- **Collaborative and truly community-based**
  - Midwives, doulas, physicians, lactation consultants, CHW's, social workers, etc.
  - Meeting people and families where they are at (physically and situationally). Birth centers, FQHC's, mobile clinics, etc.
  - Making connections, not referrals.
- **Culturally congruent and person-centered**
  - Care plans reflect the birthing person's wishes, priorities and circumstances
  - Cultural preferences and practices are honored

PROGRAM HIGHLIGHT: COMMUNITY OF HOPE

Community OF HOPE | HONEY Housing Our Newborns EMPOWERING YOU



THANK YOU!

Email us for more information on the Black Birthing Bill of Rights!

Cassidy Spence • cassidy@thenaabb.org

SchoolHouse Connection

Held and Housed: Protecting Maternal and Infant Well-Being from the Harms of Homelessness



SchoolHouse Connection



SchoolHouse Connection works to overcome homelessness, from prenatal to postsecondary, through strategic advocacy and practical assistance in partnership with youth, families, schools, early childhood programs, institutions of higher education, and service providers.

Learn more:
schoolhouseconnection.org

Join our Newsletter:
bit.ly/4brxboR

23

THE SCOPE OF THE CRISIS

More than half a million infants and toddlers experienced homelessness in 2023–2024.

513,539

estimated infants and toddlers experienced homelessness

1 in 29

estimated infants and toddlers nationwide experiencing homelessness

3.48%

of 1st graders identified as experiencing homelessness — basis for the estimate

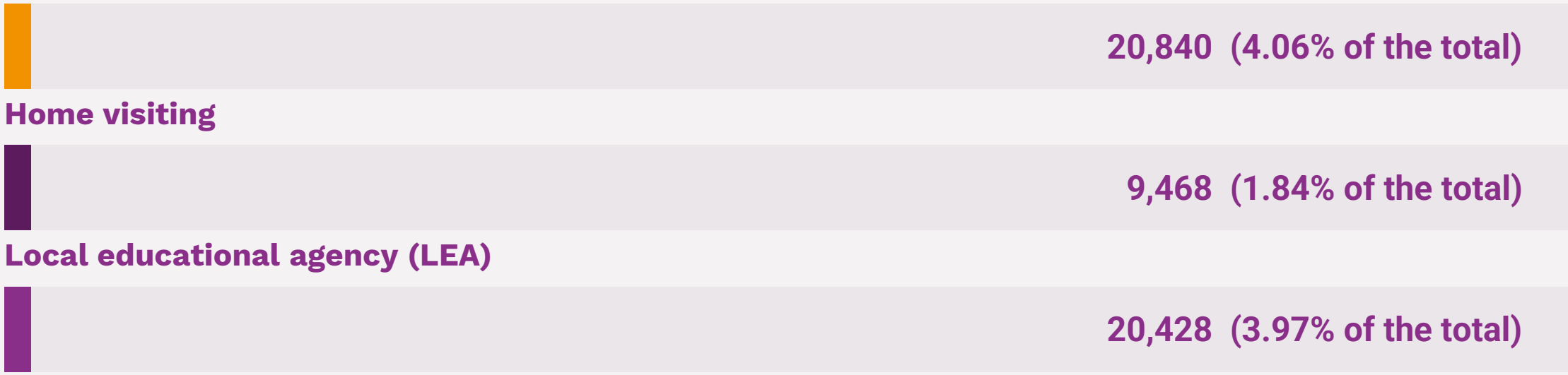
Estimate is based on the share of 1st graders identified as experiencing homelessness — the earliest point nearly all children are enrolled in public school. It is conservative: homelessness among young children remains significantly under-identified.

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PROGRAM REACH

Fewer than 1 in 10 infants and toddlers experiencing homelessness are served by these programs.

Of the 513,539 infants and toddlers estimated to have experienced homelessness in 2023–2024, only 50,736 (9.88%) participated in one of the following early childhood programs:



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THE FRAMEWORK

A framework for reaching and serving children and families experiencing homelessness.

1. Review your data.
2. Assess enrollment requirements for potential barriers.
3. Proactively revise policies and procedures.
4. Partner with other programs and systems.
5. Regularly consult parents with lived experience.

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PUTTING IT INTO PRACTICE

Considerations for reaching and serving homeless children and families.

- **Recognize the full definition of homelessness:** doubled up, in motels, and in shelters all qualify — not just literal street homelessness.
- **Accept flexible documentation:** a family's own signed statement can and should establish eligibility when no other proof exists.
- **Enroll first, gather records after:** don't let missing immunization or other paperwork delay a child's start.
- **Address transportation early:** it is consistently the most-cited barrier to enrollment and attendance.
- **Use reserved slots and prioritized enrollment:** openings — not eligibility — are often the biggest obstacle families face.
- **Build active partnerships:** regular contact with McKinney-Vento liaisons and shelter providers is what turns policy into referrals.

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Housing Equity for Infant Health
Healthy Beginnings at Home

Vision Statement

Ensuring that a safe and affordable place to call home is a right for every mother and child.

GRASSROOTS MCH

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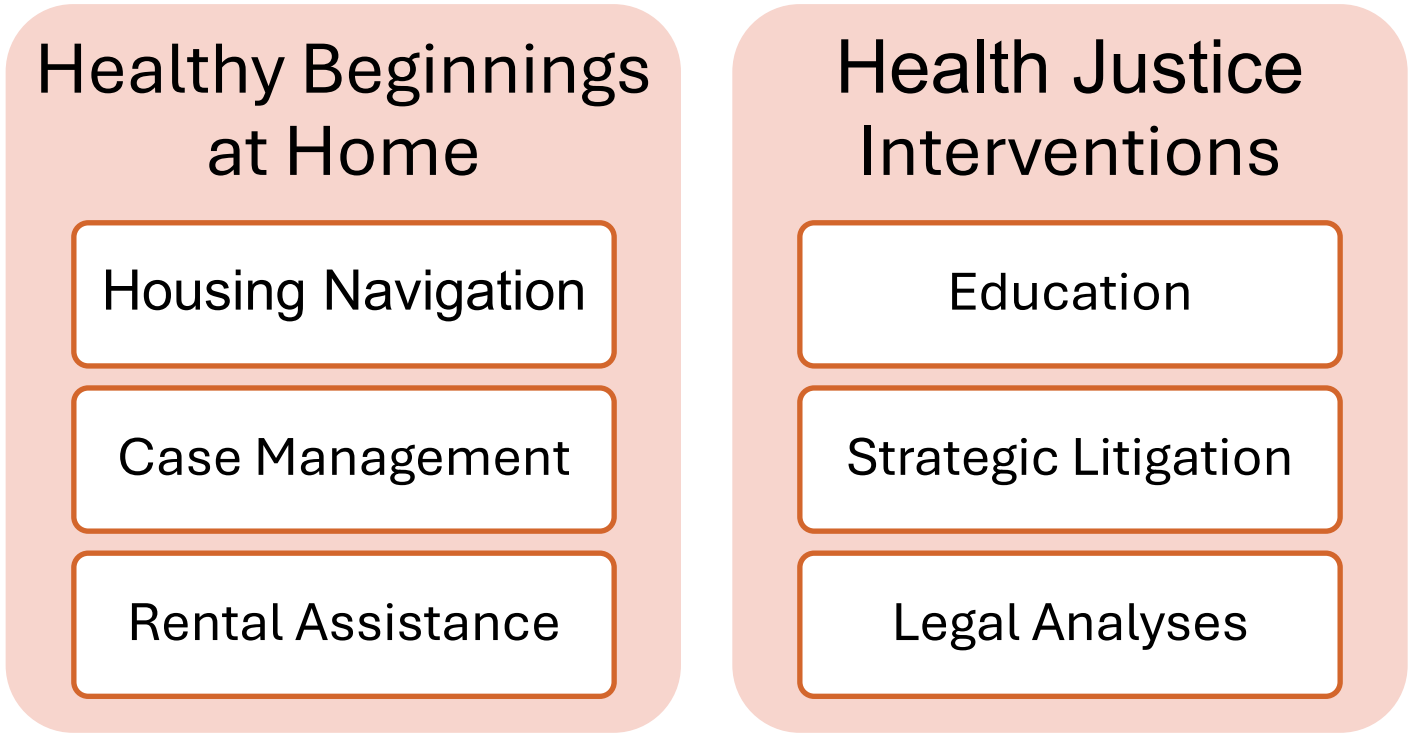
Background

2022-Applied and Catalyst funded by the Health Resources and Services Administration. Focused on Systems Change through a combination of Direct Service (Healthy Beginnings at Home) and Housing Justice (Indiana Justice Project)

Based off of Healthy Beginnings at Home in Columbus, OH

- This was never exclusively about direct service.
- It was about **building capacity**.
- And it was about **informing, influencing, and challenging systems**.

Housing Equity for Infant Health



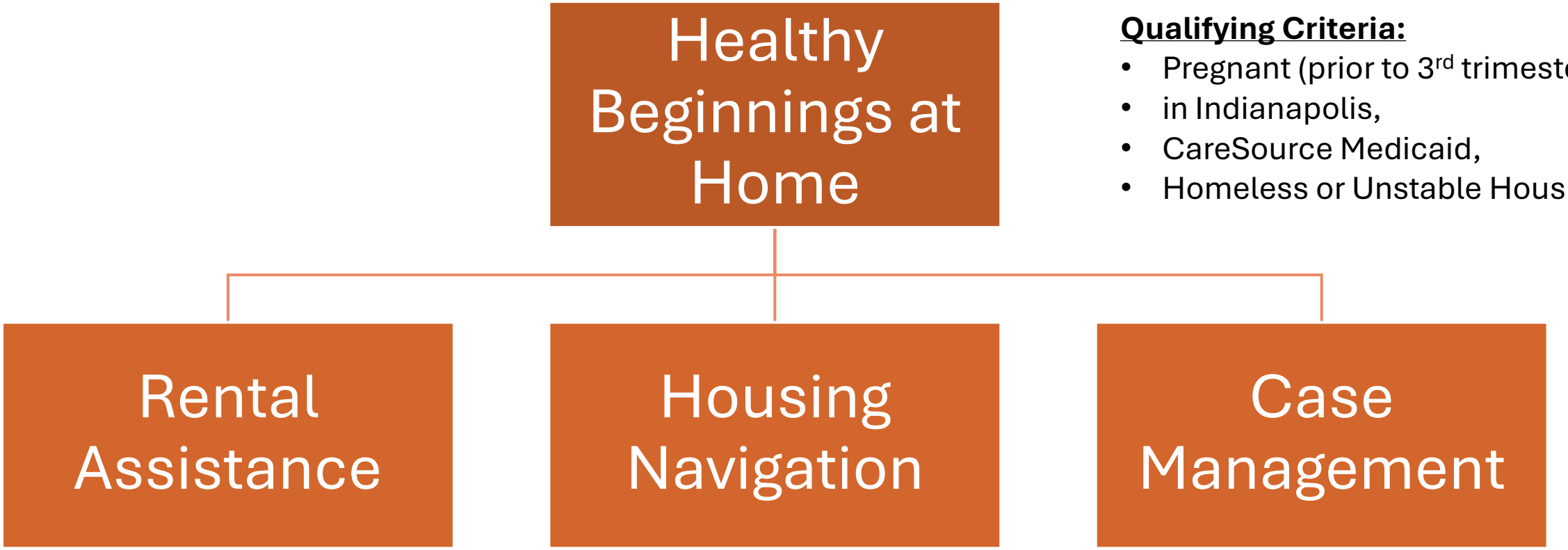
It Takes a Village!

Funders	Leadership Team	Healthy Beginnings at Home Staff	Community Partners
• Dept. of HHS - Health Resources and Services Administration • Indiana Dept. of Health • CareSource Foundation • Birge and Held Properties • Indianapolis Foundation	• ***Jack Turman, Jr. PhD,*** Director, Housing Equity for Infant Health • **Paige Klemme, PhD, LSW**, Director, Healthy Beginnings at Home • ***Adam Mueller, JD***, Director, Health Justice Intervention, ED - Indiana Justice Project • ***Breya Birdsong, VP***, RDOOR Housing Corp. - Manages Housing Navigation • ***Adam Brainerd, MPA***, CareSource	• LaVonna York, LCSW • Sarah Rice, MSW • Kati Brown, MSW • Elsa Bueno, MSW, MPH student • Nina Porter, Tia Washum, Kelly Evans, MSW, Grassroots MCH Leaders • Kenzie Mintus, PhD, Assoc. Professor of Sociology • Shamika Morales, MSW, PhD Candidate • IU MSW and JD Students	• Indiana Justice Project • CareSource • RDOOR • St. Luke's Methodist Church • North United Methodist Church • Perinatal-Postpartum Mental Health Clinic • Moorhead Community Resource Center • Wheeler Mission • Prosperity Indiana



This work would not be possible without the strength of our community partnerships and, most importantly, the mothers and families who share their experiences, insights, and voices to guide and shape this work.

Healthy Beginnings at Home



Qualifying Criteria:

- Pregnant (prior to 3rd trimester),
- in Indianapolis,
- CareSource Medicaid,
- Homeless or Unstable Housing

Housing Insecurity for Pregnant Women in Indianapolis

Data from Our Self Referral System for Pregnant Women who are Housing Insecure in Indianapolis (October 2023-June 2026)

527 pregnant women requested our services to assist them with their housing insecurity (averaging 18 self-referrals/month)

- 50.1% were homeless, 40.4% housing unstable, 8.3% other
- 79.9% Medicaid insured
- 41.6% dealt with an eviction within the past 4+ years
- 40% in first trimester, 51.6% in second trimester, 7.6% in third trimester

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Summary of Participant Profile (Intake)

- A single, 27-year-old Black-identifying woman (non-Hispanic), with a high school education, parenting one child.
- Not suffering from any physical impairments/disabilities.
- She has experienced three previous pregnancies, with a history of high-risk pregnancies.
- She is unemployed, but looking for work, major barriers to employment are pregnancy-related conditions and a lack of transportation.
- She is struggling with housing legal issues (evictions) but is not involved with the justice system.
- She has a history of DCS involvement (27% as a child, 29% with her own kids).
- She does not have access to transportation, which keeps her from attending medical appointments, getting meds, or attending other appointments.
- She is food insecure, and struggles affording hygiene supplies.

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The Voice of Moms: What led to their Housing Insecurity?

Finances	***Unhabitable Living Conditions***	***Toxic Environment***
• Increase in rent • Lack of affordable housing • Lack of employment • Income restrictions due to pregnancy	• Mold • Pests • Pipes bursting • Holes in floor • Unsafe Neighborhood	• Partner • Friends • Other tenants • Landlords • Overcrowding

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Healthy Beginnings at Home Babies!

50 Live Births/3 Fetal Losses

- Currently awaiting up-to-date claims data to accurately confirm gestational age at delivery.
- We know that over 70% are full term.



Local Coverage of Initial Successes:
https://www.wthr.com/article/news/health/indiana-university-pilot-program-provides-housing-for-pregnant-women-aims-to-improve-birth-outcomes/531-fceafe7d-cade-4279-a146-29786ba50336.

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HBAH Intervention Results Thus Far: Improving Birth, Healthcare Utilization, and Healthcare Cost Outcomes

Birth	Healthcare Utilization	Medicaid Delivery Costs
• Decrease fetal loss (p=0.02) • Increase gestational age (p=0.03) • Larger birth weights (p=0.02)	• Increase number of prenatal visits (p=0.01) • Increase utilization of CareSource Life Services (p=0.01)	• Decrease delivery costs for women (p=0.007)

Note: P-values generated from t-test for continuous measures and chi-squared test for categorical measures. (39 HBAH participants, 36 comparison group members for birth and healthcare utilization analyses, 35 HBAH participants, 29 comparison group members for healthcare costs).

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Intervention Improves Mental Health Screening Results (participants only)

ACE Score at Intake (n =45): Mean = 4.36, SD = 2.44, Range = 0-9

Assessment	Pre-Intervention Mean & (SD) (n=23)	Post-Intervention Mean & (SD) (n=19,19,18)	P value	Interpretation
PHQ-9 (depression)	10.39 (6.21)	6.26 (4.17)	0.01	Decrease from moderate to mild depression symptoms
GAD-7 (anxiety)	10.39 (5.81)	6.63 (4.09)	0.006	Decrease from severe to moderate anxiety symptoms
PCL-C (PTSD)	14.60 (5.88)	13.61 (4.27)	0.159	

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Rental Assistance Costs

We raised $2.3 million to support rental/utility/arrears costs – Thanks to IDOH, CareSource Foundation, Birge and Held Housing.

Average Rent Payment/Participant (Jan. 2026)	$1492
Average Monthly Utility Fees (Across all participants) (Jan. 2026)	$1270 Monthly
Amount Spend on Arrears (utility, eviction, rental) across program (Jan. 2026)	$100,313

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Program Completion (data as of July 1)

Twenty-one participants successfully completed HBAH, all are stably housed via:

- Remaining in their current homes by signing new leases and assuming responsibility for their rent.
- Our connecting and guiding them through the Housing Choice Voucher process.
- Relocating to a more affordable unit within the same community.
- Moving in with a family member upon exiting the program.

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Systems Change Outcomes!

Developing an Intake System	*Rapidly Housing Pregnant Women*	*Provide a Path for Sustainable and Safe Housing*	*Data Tracking System*	*Workforce Development Program*
• Self-Referral Link • Resource Coordination	• An average of 36 days to house participants. • Typical city process - 70% housed in average of 120 days (not counting intake).	• Process to connect participants to get Section 8 housing. (no longer available- ended March 2025) • Turman received funding for Healthy Homes for Maternal and Infant Health	• Health outcomes • Economic outcomes • Social outcomes • Qualitative data from participants	• 9 enrolled in entry-level healthcare career training programs, including doula, community health worker, dental assistant, and phlebotomy certifications. • 3 pursuing other certifications or degree programs. • 2 working toward earning their GED

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Key Takeaways

1. **Build relationships and tell the story of your work.** Strong partnerships and communication create opportunities for greater impact.

2. **Identify gaps- and leverage resources to address them.** For example, pairing barrier-smoothing funds with eviction sealing helped participants access housing opportunities that otherwise may have been unavailable.

3. **Use evaluation data to drive systems change.** Turn what you learn through direct service into evidence that can inform policy and practice.

4. **Build capacity and center the people you serve.** Engage participants as partners in shaping services, solutions, and systems.


OUR
HOUSE
Shelter and
Healthcare to Live.
Education to Thrive.

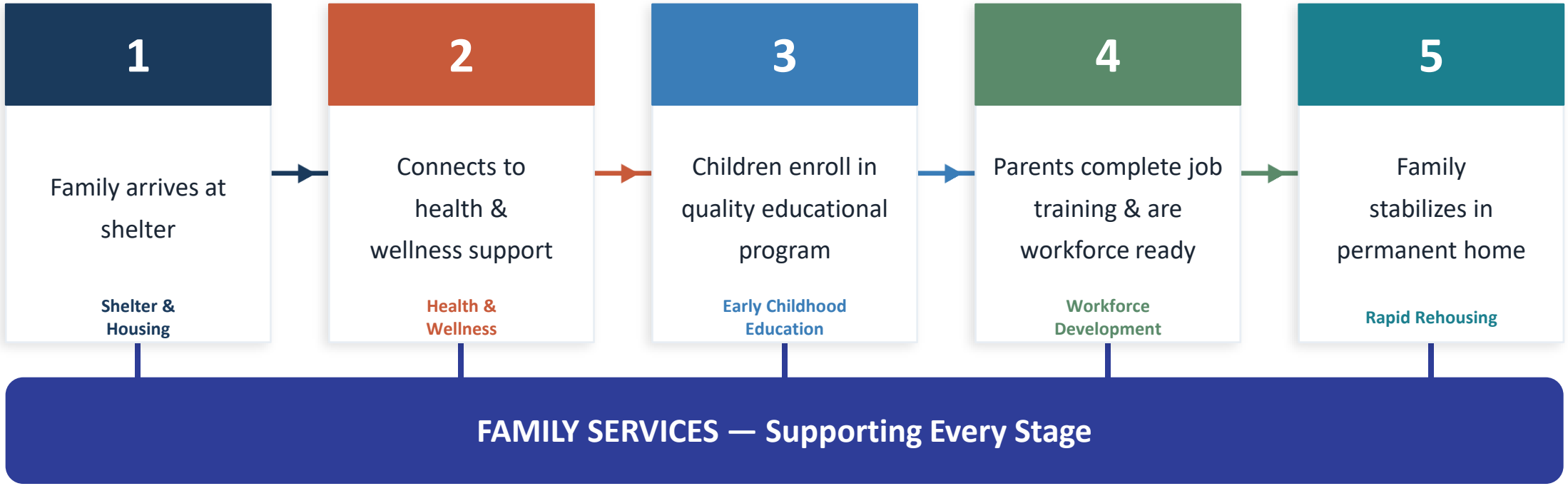
Social Determinants of Health

Our House addresses the **social determinants of health** and provides families with wraparound resources and support through our interrelated programming:



OUR HOUSE

A Shared Story



Key Insight: This journey is not always linear — clients often move back and forth between programs, and your work creates the safety net that supports their whole path.

When you support a client, you are supporting every colleague who touched that life.

Moments of Connection Across Programs

Shelter + ECE

Children in shelter are immediately linked to quality early education - stability for parents means stability for kids.

Workforce + Family Services

Workforce and Family services staff share client progress, aligning credentials with employer needs.

Health & Wellness + Shelter

On-site health services ensure people in shelter can focus on next steps — not just survive, but thrive.

ECE + Workforce Development

Stable childcare support enables parents to fully engage in job training without fear of leaving children behind.

Rapid Rehousing

Family stabilizes in permanent home.

These aren't coincidences — they're the design. Build these bridges intentionally every day.

Our Impact

2,385

children and adults experiencing or at risk of homelessness served through stable housing, early childhood education, workforce development, and healthcare



2,048

unique patients served through our comprehensive health program.

548

Adults and children served through our Human Services programs

283

Families served through our Human Services programs

100%

of families in our Human Services programs received comprehensive case management and access to wraparound support

Residence at Point of Entry



20%

residing in DeKalb County

63%

residing in Fulton County

Demographics of Families Served in our Human Services Programs

91%

of family members served identified as Black

91%

of families served were headed by single mothers

Housing Services

SHELTER & RAPID REHOUSING



136
Families Served comprised of

137
Adults

185
Children



Shelter

57
Families Served with an average stay length of

4.7
Months



Rapid Rehousing

86
families utilized our rapid rehousing program, which includes stabilization services and rental, mortgage, and utility assistance

71
households who experienced family violence housed

Childcare Services

EARLY CHILDHOOD EDUCATION



211

Students served between the ages of 6 weeks to 5 years old

175

Parents Served



84%

of students graduating from our Pre-K program tested ready for kindergarten.

84%

of children screened for development achieved age-appropriate developmental milestones.

90%

of children screened achieved age-appropriate social and emotional milestones.



Healthcare Services

OUR HOUSE HEALTH



2,048 unique patients served

5,916 patient encounters

3,099 Physical Health appts

1,228 Mental/Behavioral Health appts

64% female patients

68% patients identified as Black

27% patients identified as Hispanic

42% Patients were employed

36% experienced family violence

63% uninsured

58% patients experiencing homelessness

51%

INCREASED ACCESS TO SAME-DAY CARE FOR OF OUR CLIENTS

23%

REDUCED NON-EMERGENCY USE OF THE EMERGENCY DEPARTMENT AMONG 30% OF CLIENTS

Get In Touch With Us!

Contact Us:

- Ourhousega.org or call us at (404) 522-6056

Refer Clients:

- **Health Program**
  - Eligible clients may walk-in during our walk-in hours. No formal referral needed!
- **ECE, Shelter, & Housing Programs**:
  - Call our main number and speak with an advocate

For Our Health Program:

- Call 404-658-1500
- Email: healthcare@ourhousega.org

Follow Us on Socials!

- Instagram: @ourhousega
- LinkedIn: Our House, Inc.
- Youtube: Ourhousega



Panel Discussion

Thank you for joining us today!

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Please fill out the survey!

BUILDInitiative.org

