The need for stable housing for pregnant women and babies in Baltimore

Poor pregnant women in Baltimore often have difficulty maintaining stable housing, which puts them at high risk for adverse pregnant outcomes and their babies at high risk for disability and death.

As the cost of rent outpaces income and unpaid bills mount, poor pregnant women—along with their children and sometimes the children’s fathers—are often evicted from their rental housing. They move, unpaid bills pile up again, and they move again. Eventually, arrears with landlords and utilities prevent them from being offered a lease. They and their children “double up” with friends or extended family, sleeping on couches and makeshift beds in overcrowded apartments. They move every few weeks or months as the demands of housing their families overwhelm their hosts or anger their hosts’ landlords. Many times, pregnancy itself is the trigger for needing to move, as it creates tension in the family and causes financial strain.

These pregnant women sometimes end up homeless. At that point, they may try to secure one of the approximately 231 emergency beds in Baltimore that could potentially be filled by pregnant women—roughly 1 in 6 of all beds in the city. If the pregnant women have other children with them, the number drops to 136 beds, or 1 in 10. None of these beds are allocated to pregnant women, however, and all are almost always full on any given night. If they do secure a bed, the women may be separated from their families, particularly fathers and male children over 9, who are often not accepted at family shelters. Women who are turned away by emergency shelters may sleep in abandoned housing and other unsafe places or seek a place to stay with a more distant friend or family member.

These pregnant women are experiencing housing instability—they are unable to pay rent, make frequent moves, live doubled up and in overcrowded conditions, and/or experience periods of homelessness. Research shows that they have nearly three times the rate of preterm births and seven times the rate of babies born with low birthweight, the leading causes of infant mortality in Baltimore.

The scope of the problem

The Maryland Department of Health and Mental Hygiene reports that 4% of pregnant women in Maryland—nearly 3,000 women annually—experience at least one episode of homelessness in the 12 months before giving birth. In 2010, pregnant women made up 8.4% of the women ages 18 to 30 (258 of 3,071) who stayed at the five homeless shelters in Baltimore where such data is tracked. Unknown numbers of pregnant teens and women older than 30 also stayed in these shelters, and unknown numbers of pregnant women of all ages stayed in other shelters throughout the city. They were also turned away, again in unknown numbers, when the shelters were full to capacity or when they sought beds at any of the shelters that do not admit pregnant women as a matter of policy.
Given these unknowns, only a low estimate can be made of the number of pregnant women in Baltimore who have reached the point of homelessness—50 or more of the likely 600 women of reproductive age experiencing homelessness in Baltimore on any given night. This estimate does not include pregnant women—and soon their newborn babies—who are doubling up, living in overcrowded or dangerous conditions, or making frequent moves in an effort to stay sheltered. This data remains uncollected, making it difficult to quantify the full extent of housing instability for poor pregnant women. However, the figures that do exist point to a serious crisis.

In the 12 months before giving birth, 31% of all pregnant women in Maryland in 2010 made at least one move, 16% lost their jobs, 22% reported that they could not pay their bills for basic necessities, and 34% reported delaying prenatal care due to lack of health insurance or money to pay for care. Nearly 45% of births in Maryland are to teens and women under 24 years old, the highest risk group for housing instability. Most alarming, case managers from the six home visiting programs serving pregnant women in Baltimore most frequently estimated that 70% or more of their pregnant and postpartum clients cannot pay their rent, double up, move frequently, and have significant difficulty maintaining stable housing.

What causes housing instability

Housing instability is almost always a result of a lack of access to affordable housing. Affordable housing is difficult to secure in Baltimore. The median rent in Baltimore from 2005–2009 was $813. During that time, fully 55% of renting households in the city were cost-burdened, spending more than 30% of their gross income on rent and at risk for having difficulty paying for basic needs such as food and electricity. Poor pregnant women, even those who receive supplemental income from the Temporary Assistance for Needy Families (TANF) program and the Supplemental Nutrition Assistance Program (SNAP)—the social safety-net programs meant to shore up poor families—have great difficulty paying for rent and basic needs. Maryland’s maximum TANF benefit for a family of three is $565, which comes to only 69% of the city’s median rent. Combined TANF and average SNAP benefits in Maryland amount to less than 70% of the federal poverty line, which is $19,090 for a family of three. However, because many poor pregnant women and mothers sell their SNAP food stamps for 50 cents on the dollar to pay for housing, their actual income is even lower.

Unfortunately, Baltimore’s Section 8 Housing Choice Vouchers program, which could help poor pregnant women access affordable housing, no longer accepts applicants. The waiting list is closed, and the wait for those on the list is several years long. Although pregnant women may join the 20,000 households on the waiting list for public housing, more than half of Baltimore’s public housing stock for families has been eliminated since the early 1990s, dropping from more than 13,500 units to fewer than 6,500. Pregnant women experiencing housing instability have few places to turn for help.
Women and children in poverty are the fastest growing homeless population in the United States and are especially vulnerable to housing instability. Unlike their middle-class counterparts, families in poverty are typically not able to financially assist their children to leave home and live independently. Many families in poverty have long experienced housing instability themselves, which then continues for adolescents as they transition to adulthood. Factors such as a death in the family, a lost job, or intimate partner violence may quickly destabilize those without family financial support to fall back on. Pregnancy itself, particularly for younger women, may be destabilizing as it strains family relationships and increases expenses at a time when their pregnancies make it more difficult to find and maintain employment. These factors combined with a lack of access to affordable housing prevent many pregnant women from achieving stability.

How housing instability puts babies at risk

Housing instability is a major risk factor for preterm birth and low birthweight, on par with risk factors such as maternal diabetes and hypertension. Preterm birth and low birthweight are the leading causes of infant death in Baltimore, which has among the nation’s highest rates of infant mortality. One large study of 2,000 women has shown that women with unstable housing have nearly three times the rate of preterm births (19.4% versus 6.3% of births) and seven times the rate of babies born with low birthweight (10.9% versus 1.6% of births). That translates into 13 "excess" preterm births and 9 additional babies born with low birthweight for every 100 pregnant women who experience housing instability. Born too early and too small, these babies are at very high risk for lifelong developmental disabilities, learning problems, chronic health conditions, and death.

Housing instability leads to adverse birth outcomes for several reasons. Chief among them is that experiencing periods of homelessness, living in doubled up and overcrowded conditions, and making frequent moves create high levels of toxic stress, which triggers the release of the hormones responsible for initiating preterm labor. In addition, housing instability is strongly associated with a lack of adequate nutrition, delayed or no prenatal care, and poor maternal physical and mental health, all of which increase risks for preterm birth and low birthweight. Despite best efforts, home visiting programs intended to reduce adverse birth outcomes in Baltimore often lose track of clients experiencing housing instability for weeks or months at a time as the pregnant women move from place to place. Often without phones and transportation, the women miss their appointments with their doctors. (Cont. on page 6)
The neighborhood of a new mother in Baltimore City...

A new mother with her 6-month-old son lives doubled up with her mother, two brothers, two sisters, and niece in this Baltimore neighborhood lined with abandoned houses. She wants her own place with “two bedrooms, a nice kitchen so I could cook, and—I don’t expect the neighborhood to be goody-goody—but a better neighborhood where they’re not always shooting dice and playing with guns.” But she wants to stay near her mother. There is one rehabbed house on the corner on a block with all other vacants. She tried to rent one of the two apartments inside, but the rent was $950, dropped from $1,150 as a deal. “Well, you can keep on bringing it down. There is no way I could afford that.” She’s been on the waiting list for nearby public housing for a little more than a year now. She said that, in many ways, when she moved into the subsidized apartment her mother got a few years ago, she got what she always wanted, despite the dangerous neighborhood. “I was used to sleeping on the floor, sharing beds. This was the first time we ever had [an apartment]. It was everything I dreamed of.” But she needs a better place to keep her baby healthy.
The mother of three living in this small apartment has mice and insects running through a hole in the kitchen wall (bottom left), cracking tile (top), and missing kitchen cabinet doors. The floors bother her a lot, and she wishes she had carpet for the children. She’s also concerned about how the pests are affecting her children’s health. She says, “I live in a place where a lot of people don’t care about the living situation of people with children. The rental management could take better care. People leave trash out front and people destroy our property. It’s not a safe place for kids.” She just got a new job, and she wants a place with “carpet, another bedroom, carbon monoxide detectors, and better safety,” but she doesn’t think she will be able to afford that. The bright spot in her apartment is the corner where her son Kamryn’s crib is, which the family calls “Kamryn’s Corner” (bottom right).

“When I was taking these pictures, [the picture of Kamryn’s Corner] was the only one where I felt happy. That’s the place we go to to get peace of mind. It’s where we go to get relief from the stuff we can’t control.”
Women with unstable housing have nearly 3 times the rate of preterm births (19.4% versus 6.3% of births) and 7 times the rate of babies born with low birthweight (10.9% versus 1.6% of births). That is 13 “excess” preterm births and 9 “excess” low birthweight babies for every 100 women.

They are also less likely to deliver their babies at the hospital at which they planned to deliver, meaning that hospital staff must work without access to their medical records, which detail the health problems of the mother and the baby. Making appointments, eating well, and doing the other things women need to do to deliver a healthy baby necessarily take a backseat when housing is in jeopardy.

The impact of housing instability on babies goes well beyond the problems of preterm birth and low birthweight. The families of babies and children growing up in unstable housing and homelessness must make trade-offs between rent and basic expenses, including food and medical care. These trade-offs have lasting effects on health and development. Babies and children often lack access to primary care and have higher rates of emergency department visits and hospitalizations. They experience high levels of stress that may overwhelm their coping skills. They are twice as likely to experience hunger and food insecurity. They also have higher rates of developmental delays, learning disabilities, low IQ, asthma, hyperactivity, acute and chronic health problems, depression, anxiety, behavioral problems, special education use, and grade repetition. Babies in families with unstable housing grow to be children and adults who face numerous obstacles to meeting their full potential.

The cost of not providing stable housing for pregnant women and babies

Failing to address the housing instability of pregnant women in Baltimore jeopardizes the city’s ability to reach its goals for reducing infant mortality and improving babies’ health. It significantly increases costs to the city and state. It also leaves mothers and babies in poverty more vulnerable not only to poor health but also to chronic instability across multiple generations of families, a phenomenon now occurring with more frequency in Baltimore.

Baltimore has substantially invested in the reduction of infant mortality through the B’more for Healthy Babies initiative launched in 2008. B’more for Healthy Babies programs and services are broad in scope and reflect the critical importance of myriad key factors, including maternal mental health, substance use, and nutrition assistance, on infant health in high-risk neighborhoods throughout the city. However, the many pregnant women in these neighborhoods experiencing housing instability do not have a secure base from which to participate in these services. According to B’more for Healthy Babies service providers, housing instability is the number one factor compromising the effectiveness of services for pregnant women, and subsequently, Baltimore’s investment in the initiative. Providing stable housing would enable the city to maximize the effectiveness of B’more for Healthy Babies.

In addition to the loss of investment, the financial costs of excess preterm birth and low birthweight associated with housing instability are high. Annual costs to society for each baby born preterm or with low birthweight are $51,600. More than two-thirds of these costs are medical, and most are borne by Medicaid. The other third are the ongoing costs of providing publicly funded early intervention and special education services for children who go on to have long-term developmental delays and disabilities, as well as lost work productivity for families caring for these children. For every 100 pregnant women who achieve housing stability, approximately 20 excess preterm births and babies born with low birthweight are averted. For every 20 excess preterm or low birthweight births averted, society saves more than $1 million.

What is needed to achieve housing stability for pregnant women and babies in Baltimore

Three primary issues must be addressed to resolve housing instability for pregnant women and babies in Baltimore: 1) the need to systematically collect and analyze data to enable city initiatives to better assess needs and progress; 2) the need to adopt new strategies and policies for emergency shelter; and, most critical, 3) the need for affordable, permanent housing for young families now, without reliance on Section 8 Housing Choice Vouchers and public housing programs.

It is time for city agencies, nonprofits, and community-based organizations to collaborate to enact policies and programmatic solutions that enable pregnant women and families to achieve housing stability. The health and survival of Baltimore babies and their mothers depend on it.
Data collection on housing instability is critical to measuring the extent of the problem and matching services with needs. Data collection efforts should capture both the extent of housing instability among pregnant women in Baltimore and the expressed need for homeless services by pregnant women. Programs supported by the B’more for Healthy Babies initiative are currently adopting a set of questions and procedures designed to identify and track housing instability among pregnant clients. Ideally, similar efforts will be implemented to track shelter use and turn-aways by pregnant women of all ages citywide.

Although efforts to truly resolve housing stability must focus on meeting the need for affordable, permanent housing, emergency shelters are frontline in the effort to triage families who are experiencing crisis. Changes in shelter policies, such as those that deny beds to pregnant women as a matter of course, would provide immediate help to pregnant women. Creative strategies piloted in other U.S. cities, such as using master-leased apartments for emergency shelter, would address other critical needs, including housing “hard-to-serve” families, larger families, and families with older male children, as well as putting pregnant women on a faster track to permanent housing.

The more quickly pregnant women and babies move to stable, permanent housing, the less the negative impact on birth outcomes and long-term maternal and child health. Both Baltimore City and the State of Maryland have endorsed using a Housing First approach to ending homelessness, which emphasizes rapid re-housing and minimizing stays in emergency shelter. This approach should also be used for housing pregnant women and babies experiencing housing instability. Best practices call in particular for the pairing of rental placements in permanent, scattered-site housing with time-limited, voluntary supportive services geared toward increasing income. Given the lack of availability of Section 8 housing vouchers and public housing in Baltimore, creative solutions are needed to address the affordability of permanent housing in the city.

It is time for city agencies, nonprofits, and community-based organizations to collaborate to enact policies and programmatic solutions that enable pregnant women and families to achieve housing stability. The health and survival of Baltimore babies and their mothers depend on it.

B’more for Healthy Babies

The Baltimore City Health Department, through the Bureau of Maternal and Child Health, is working to improve birth outcomes and reduce the infant mortality rate in Baltimore, which is among the highest in the United States. The Health Department has partnered with Baltimore’s local management board, the Family League of Baltimore City, Inc., to implement the B’more for Healthy Babies initiative. B’more for Healthy Babies is a 10-year citywide plan that brings together city agencies, health care institutions, and community-based programs to ensure safe motherhood and healthy, thriving babies that are born full term and at a healthy weight. This initiative is endorsed by Mayor Stephanie Rawlings-Blake and plays a significant role in supporting the plan to reduce infant mortality in the State of Maryland.

The Housing Task Force

In September 2011, B’more for Healthy Babies launched a Housing Task Force to document and identify solutions to the housing instability crisis experienced by pregnant and postpartum women in Baltimore.

For more information about B’more for Healthy Babies or the work of the Housing Task Force, contact Rebecca Dineen (410-396-1834; rebecca.dineen@baltimorecity.gov) or Gena O’Keefe (410-662-5500 x201; gokeefe@flbcinc.org).

Author

Cathy L. Costa, MSW/MPH Candidate 2012, University of Maryland School of Social Work and School of Medicine, Baltimore, MD. She can be reached at cathylcosta@gmail.com.


2 Data collected at a focus group of representatives from Baltimore City’s home visiting programs held by the B’more for Healthy Babies Housing Task Force at the Baltimore City Health Department on November 28, 2011.

3 Data collected via phone and online by the B’more for Healthy Babies Housing Task Force from all 16 emergency overnight shelters determined to be in operation in Baltimore City in October 2011. The shelters were identified via the Directory of Maryland Emergency Shelters and Transitional Housing Programs and the Maryland Community Services Locator (First Call for Help). The shelters that had ceased operations were eliminated from the list. Six of the 16 shelters accepted men only, and the other 10 accepted women in some form (e.g., single women, women with children, women who are victims of intimate partner violence). Three of those 10 also accepted men, and two of those three accepted men with children. Bed count data was collected for each shelter. Exact breakdowns of bed counts by gender and age for shelters that accepted men, women, and children or woman and children were not always available. A conservative estimate of 1.5 children per female adult in women’s shelters that accept children and .25 children per male adult in men’s or family shelters that accept children was used to estimate number of beds occupied by women, children, and men on any given night. The total number of beds was approximately 1,306. Approximately 873 were for men, 233 were for women, and 200 were for children. Of the 233 beds available to women, approximately 231 were in shelters that accepted pregnant women. 95 of these 240 were in shelters that accepted only pregnant women who do not have other children with them.


5 Baltimore City Health Department analysis of 2006 data from the Vital Statistics Administration, Center for Maternal and Child Health, Maryland Department of Health and Mental Hygiene.


7 Data provided via e-mail by Research Analyst Tammira Lucas of Baltimore City’s Mayor’s Office of Human Services on October 28, 2011.


9 This estimate is based on the following: The most recent biannual Baltimore City Homeless Point-in-Time Census Report (Morgan State University, 2011) counted 4,088 people experiencing homelessness (either in emergency shelter or unsheltered) on a single night in Baltimore. Based on this census, it is estimated that more than 4,000 people are experiencing homelessness on any given night in Baltimore City. The census revealed that 34% of people experiencing homelessness are female (34.3% in emergency shelter and 33.8% unsheltered), or 1,390 of the 4,088 total homeless population. Based on age data recorded by the census, it is estimated that approximately 43% of the female population is of reproductive age (13 to 45 years), or 598 of the 1,390 total female population. Point-in-time pregnancy rates for adolescents and women under 50 experiencing homeless have been reported to be higher than those of the population as a whole (8% versus 5%) and up to five times higher for youth. Based on the 8% figure, which aligns with data supplied by the Mayor’s Office of Human Services, 48 of the 598 total female population of reproductive age would be expected to be pregnant at any given time.


11 2009 Birth Statistics for Baltimore City from the Maryland Assessment Tool for Community Health (MATCH), Family Health Administration, State of Maryland.

12 Data collected at a focus group of representatives from Baltimore City’s home visiting programs held by the B’more for Healthy Babies Housing Task Force at the Baltimore City Health Department on November 28, 2011.


16 Data from the 2006–2010 American Community Survey, U.S. Census Bureau. See http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml


21 Housing Authority of Baltimore City. See http://www.baltimorehousing.org/housing_choice_voucher_program


26 Little et al. (2005).


29 Baltimore City Heath Department. See http://www.healthybabiesbaltimore.com/about

30 Little et al. (2005).


38 Data collected at a focus group of representatives from Baltimore City’s home visiting programs held by the B’more for Healthy Babies Housing Task Force at the Baltimore City Health Department on November 28, 2011.


44 Information obtained in conversation with Betty Schulz, RN, CPNP, of Health Care for the Homeless on March 19, 2012.


47 Data collected at a focus group of representatives from Baltimore City’s home visiting programs held by the B’more for Healthy Babies Housing Task Force at the Baltimore City Health Department on November 28, 2011.


49 Little et al. (2005).


I live in the Woodlawn area, which borders Baltimore City. As I come into work each day, I cannot only visually see the sadness and despair of the living situations of pregnant women and families, but I also can feel them like a dark cloud, slowly moving in from a storm. The change is not sudden—it’s gradual—and by the time I get to Pennsylvania Avenue, it seems hopeless. I so badly want my clients to know that I hear their cries, and I hope that we can pull together to help these women and their families.

—Monique Johnson, BHB Resource Mom
For information, please contact:
Rebecca Dineen at the Baltimore City Health Department (410-396-1834) or
Gena O’Keefe at the Family League of Baltimore City, Inc. (410-662-5500)