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

Maternal Health

Housing Insecurity/ Homelessness
Pregnancy Intention

Pregnancies by Intention Status
Nearly half of U.S. pregnancies are unintended.

- Intended: 55%
- Mistimed: 27%
- Unwanted: 18%

www.guttmacher.org
Pregnancy Intention

UNINTENDED PREGNANCY RATES

Unintended pregnancy is increasingly concentrated among low-income women.

Rate (no. per 1,000 women aged 15-44)

<table>
<thead>
<tr>
<th>Year</th>
<th>All women</th>
<th>&lt;100% of poverty</th>
<th>100-199% of poverty</th>
<th>≥200% of poverty</th>
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</thead>
<tbody>
<tr>
<td>1981</td>
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<td></td>
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<td>2001</td>
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<td>2008</td>
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<tr>
<td>2011</td>
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</tbody>
</table>

www.guttmacher.org
Reproductive Outcomes

- Pregnancy Intention
- Maternal Health
- Housing Insecurity/Homelessness
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

- Mental Health: 48.7%
- Substance Use: 8.6%
- Medical Condition: 55.6%

HousedEver-Homeless

- Mental Health: 74.7%
- Substance Use: 84.5%
- Medical Condition: 55.6%
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

Pregnancy Intention

Maternal Health

Housing Insecurity/Homelessness
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 Intention
- Maternal Health
- Housing Insecurity/Homelessness
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)

<table>
<thead>
<tr>
<th>Ideal Method(s)</th>
<th>None</th>
<th>Behavioral</th>
<th>Short Acting</th>
<th>Highly effective</th>
<th>Highly effective +</th>
<th>Currently pregnant</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>None</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Behavioral</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Short Acting</td>
<td>4</td>
<td>1</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Short Acting +</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Highly effective</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>4</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Highly effective+</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>9</td>
<td>11</td>
<td>15</td>
<td>8</td>
<td>27</td>
<td>92</td>
</tr>
</tbody>
</table>

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

Kozlowski Z. et al. In Press 2021
# Reproductive Desires

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

Kozlowski Z. et al. In Press 2021  
Kennedy SA et. al. J Health Care poor Underserved 2014
Contraception Access Barriers

Barriers to Reproductive Care Provision

Health System Barriers
- Cost of Services
- Funding
- Insurance
- Scheduling

Provider Barriers
- Language
- Culture
- Lack of Training
- Bias
- Lack of Focus

Patient-level Barriers
- Competing Needs
- Transportation
- Domestic Violence
- Systemic Distrust

Panushka K. et. al. In Press 2021
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!