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**Examining the interventions that address reproductive health challenges among
homeless women San Francisco Bay Area**

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MPH 683: Integrated Learning Experience (ILEX)

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August 12, 2023

ACKNOWLEDGEMENTS

Words cannot express my heartfelt gratitude to my esteemed professor Dr. Zahra Goliaei for her invaluable guidance and mentorship throughout this research project. Her insights and expertise have greatly enriched my study. I am also thankful to the University of San Francisco for providing the platform and resources necessary for my research.

I extend my appreciation to the officials and organizations whose reports and data were crucial in shaping my understanding of the subject matter. Their contributions were pivotal in the success of this study. Lastly, I would like to acknowledge the support and encouragement of my classmates, whose reviews and insights added depth to my research journey. Their companionship was a constant source of motivation. Thank you to all who played a role in making this research possible.

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Abstract

The profound impact of homelessness on health and well-being, particularly among women, underscores the urgency of addressing the reproductive health challenges faced by homeless women in the San Francisco Bay Area. Between 2020 and 2022, the escalation of homelessness had a more pronounced impact on women, both in terms of numerical count and proportion. The count of homeless women surged by 6%, while homeless men experienced a comparatively modest rise of 1% (Annual Homelessness Assessment Report, 2022). The increasing rates of homelessness among women in the Bay Area necessitate targeted interventions to address their unique needs. Employing a qualitative methodology, this research combines a comprehensive review of examining existing evidence-based interventions. Leveraging the Social Ecological Model, this study critically assesses interventions to identify multi-tiered impacts and areas for enhancement. Rooted in a public health framework, the recommendations are designed to bridge gaps in reproductive health support. Strategies include establishing tailored clinics for homeless women, deploying mobile health units for direct outreach, integrating cultural competence and trauma-informed care, facilitating educational workshops, fostering collaborative partnerships, and advocating for policy reform. By addressing structural biases and inequities, these recommendations intend to enhance care quality and inclusivity. The findings underscore the necessity of targeted interventions, contributing to healthier communities by addressing reproductive health challenges among homeless women. This research concurrently advances immediate health amelioration and the overarching health equity agenda, ultimately elevating the well-being of this vulnerable population.

Keywords: Reproductive health Challenges, Homeless women, Healthcare interventions, San Francisco Bay Area

Introduction

According to SOAR Works, homelessness refers to individuals or families lacking a secure, regular nighttime dwelling, including emergency shelters, transitional housing and unsuitable places. It signifies housing uncertainty, impacting the health, safety, and welfare of the individuals. Within the United States, California stands out with approximately the highest proportion of individuals facing homelessness, totaling 171,521 people according to the 2022 Annual Homelessness Assessment Report conducted at the statewide level.

Currently, women comprise approximately one-third of the sheltered homeless population in the United States, and trends indicate that this proportion is progressively increasing, especially among women with children (Kennedy et al., 2014). Homelessness among women in the San Francisco Bay Area is not just a statistic; it represents a staggering reality that demands immediate attention. According to the 2022 Annual Homelessness Assessment Report, between the years 2020 and 2022, the rise in homelessness was more pronounced among women both in terms of numerical count and percentage. The number of homeless women surged by 6,837 individuals or six percent, whereas homeless men saw an increase of 3,663 people or 1%. These figures represent the sole data accessible online, yet it's important to recognize that there are additional homeless women enduring genuine hardships and confronting reproductive health difficulties. Reproductive health is a notable concern among homeless women.

Homeless women have been reported to be less likely to undergo regular Pap smears, more susceptible to abnormal Pap smears, have a higher prevalence of sexually transmitted infections and pelvic inflammatory disease, and a higher rate of HIV compared to non-homeless individuals (Kennedy et al., 2014). Homelessness remains a significant societal challenge, and the impact on vulnerable populations, particularly women, is a pressing public health concern. Homeless women often face numerous challenges related to their

reproductive health due to limited access to healthcare services, lack of stable housing, insurance, education and various other socioeconomic factors. Understanding the unique circumstances and health challenges faced by homeless women is crucial for developing targeted interventions to address their specific needs.

In addition to the risk of STD and HIV, available data suggests that homeless women face elevated risks of unintended pregnancies and inadequate utilization of contraception when compared to the general population (Kennedy et al., 2014). This places them at a higher risk of adverse maternal and child health outcomes and perpetuates the cycle of homelessness, exacerbating their already precarious circumstances.

This research aims to examine existing evidence-based interventions that target the reproductive health challenges faced by homeless women in the San Francisco Bay Area. By shedding light on this neglected aspect of homelessness and exploring existing interventions, this paper is able to identify the gaps in the services and areas for improvement and advocate for targeted strategies to support the reproductive health needs of homeless women.

Background

According to the United Nations, approximately 1.6 billion individuals lack sufficient shelter, and over 100 million people live without any form of housing (Yohannes et al., 2023). Narrowing our focus to the San Francisco Bay Area, the statistics are equally concerning, with a reported count of 38,120 homeless individuals, as reported by the National Alliance to END HOMELESSNESS in 2022. Within the United States, the Bixby Center for Global Reproductive Health unveils a disconcerting fact: approximately 19% (n=356) of abortions are performed among those grappling with homelessness or housing instability. This statistic underscores the pressing need for targeted interventions in reproductive health among homeless women.

Delving deeper into regional data, the "Home Not Found" report originating from Santa Clara County in 2015 presents an unexpected revelation that the prevalence of persistent homelessness is notably higher among women than men within the county. This deviation from the national trend underscores the multifaceted nature of homelessness patterns, intricately woven with localized circumstances. Also, the Father Joe's Village Health program exposes a disheartening reality that the United States holds the unfortunate distinction of harboring the highest count of homeless women and children among all other developed countries. The lack of access to consistent healthcare and other social determinants of health contributes to these disparities and that leads to underscoring the urgency of addressing reproductive health challenges among homeless women. Moreover, housing stability is a critical factor influencing the health and well-being of homeless women. A recent study examining multiple dimensions of social instability, including housing, employment, and incarceration, found that increased social stability was associated with decreased HIV risk practices related to sexual practices and drug use among low-income women in Baltimore,

USA (Pinkham et al., 2012). This study emphasizes the essential role of stable housing in mitigating health risks and promoting positive health behaviors among homeless women.

According to the 2022 Annual Homelessness Assessment Report (AHAR) submitted to Congress, on a specific night in the year 2022, an estimated 582,500 individuals were encountering homelessness within the United States. Worldwide, the issue of homelessness is on the rise, and women experiencing homelessness during their reproductive years face heightened vulnerability to adverse physical, mental, and reproductive health challenges, including instances of violence. Women's homelessness is a globally significant issue, but comprehensive data remains challenging to gather due to the transient nature of this population. Despite this, available evidence highlights the prevalence and impact of women's homelessness. Furthermore, homelessness has been consistently associated with HIV-related outcomes, indicating that housing plays a pivotal role in determining HIV risk for women (Pinkham et al., 2012). The situation is not limited to the United States alone. An examination of studies conducted in nine European Union countries revealed that the average HIV prevalence among female injecting drug users (IDU) was over 50% higher compared to their male counterparts, this highlights the global implications of homelessness on health outcomes (Pinkham et al., 2012).

Homeless youth in Canada exhibit risky sexual behavior, with 95% reporting sexual activity, initiating sex at an early age (14 years), having multiple partners (22-23), and 50% not using condoms during their last sexual encounter (PHAC) (Oliver & Cheff, 2012). Homeless individuals, especially women, encounter significant obstacles that impede their access to vital reproductive healthcare services. Many of the reasons homeless women provide for not consistently using contraception closely resemble the barriers reported by the general population, such as concerns about side effects, health issues, and partner resistance to using

condoms, however, some hurdles mentioned were unique to the homeless context (Kennedy et al., 2014).

Women comprise a substantial proportion of the homeless population worldwide, facing unique challenges related to gender-specific vulnerabilities like domestic violence and limited economic opportunities. The United States and other countries have seen a progressive increase in the representation of women, especially those with children, among the homeless. Factors such as unstable housing, limited healthcare access, and socioeconomic disparities further compound the vulnerability of homeless women. To address their distinct needs and ensure their safety and well-being, targeted interventions are urgently needed.

Risk Factors; This study uses the Socio-Ecological model to understand how personal factors and society impact people's behavior and investigated the reasons behind homeless women's reproductive health issues, considering both individual and external factors. Homeless women face serious risks to their reproductive health, like lack of prenatal care due to healthcare and insurance problems; Limited access to nutritious food during pregnancy worsens their situation. Living in unsanitary conditions harms their health and their babies; Higher substance abuse risks among homeless women complicate their reproductive health challenges, especially without stable housing; Domestic violence is also common; 63% of homeless women experienced it according to National Coalition for the Homeless; Limited access to family planning and birth control raises the risk of unplanned pregnancies and limits their reproductive choices and lastly lack of awareness worsens this issue. These combined issues make it tough for homeless women to maintain good reproductive health. This study aims to discover solutions, addressing not only their physical health but also other factors contributing to these challenges.

Homelessness poses significant barriers to reproductive healthcare for women, creating a complex landscape of challenges. The lack of secure storage space in shelters hinders

homeless women from accessing and maintaining contraceptive methods, while unhygienic conditions raise concerns about infectious diseases for both women and their children.

Moreover, disclosing their homeless status to healthcare providers can lead to feelings of being treated differently, potentially impacting the quality of care they receive. Homeless women also experience a shift in power dynamics within their sexual relationships, feeling less in control of their choices and experiences during periods of homelessness (Kennedy et al., 2014).

Clinics tailored for homeless youth often overlook their unique needs, relying on an adult model of care that prioritizes reproductive health. The lack of consideration for specific requirements, like sex-positive counseling and informal doctor-patient relationships, can lead young women to reject the system entirely if they feel mistreated and this can result in remaining uninformed or untreated (Oliver & Cheff, 2012).

Homelessness presents a multifaceted global public health challenge and plays a pivotal role in contributing to poor health outcomes. It arises from the accumulation of adverse social and economic circumstances. Health disparities are linked to homelessness, as individuals experiencing homelessness have a reduced life expectancy, higher rates of health issues, and more frequent use of emergency healthcare services as compared to the general population. Consequently, homelessness can both be a cause and a consequence of compromised health. The condition of homelessness significantly impacts the physical, mental, and social well-being of those affected and moreover, homeless women face a significant prevalence of substance use disorders, severe mental health conditions, and a higher risk of suicide as compared to men (Yohannes et al., 2023).

Furthermore, the immense stress of being homeless and the necessity to attend to other urgent requirements like finding shelter and food frequently lead to a decreased emphasis on both overall and reproductive health. As a consequence, personal healthcare appointments

may be neglected or postponed. These barriers underscore the urgent need to address the unique reproductive health challenges faced by homeless women and develop targeted interventions to improve their overall well-being and access to essential healthcare services (Kennedy et al., 2014).

These barriers not only impede homeless individuals' ability to address their reproductive health needs but also exacerbate existing health disparities, perpetuating a cycle of unmet healthcare needs and compromised well-being. Biases and perspectives held by healthcare providers regarding the reproductive health requirements of homeless women impacted by substance use have a notable influence on both their access to healthcare services and their ability to make autonomous decisions about their reproductive health (Wingo et al., 2023). Addressing these barriers is crucial to ensure equitable access to reproductive healthcare for homeless individuals, promoting their overall health outcomes and fostering health equity.

This research focuses on homeless women in the San Francisco Bay Area, acknowledging the challenges they face regarding their reproductive health. Encompassing nine counties: Alameda, Contra, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma. Within this region, a total of 38,120 homeless individuals were reported by the SOH: State and CoC Dashboards - National Alliance to End Homelessness, 2022. Unsheltered homelessness among women and girls in the area increased by 5% from 2020 to 2022, as highlighted in data from the U.S. Department of Housing & Urban Development (Wingo et al., 2023). Particularly susceptible to homelessness are women and children living in poverty, with limited economic resources, or survivors of domestic and sexual violence, as indicated by the County of Santa Clara Gender and Homelessness Study (2016). This alarming situation is further underscored by the National Coalition for the Homeless, reporting that 46% of women endure abusive relationships due to the lack of alternative shelter options. Addressing the

underlying factors contributing to homelessness among women becomes crucial in light of these statistics.

Existing interventions targeting homelessness highlight the importance of trust, confidentiality, and tailored services to cater to the diverse needs of this vulnerable group (Slesnick et al., 2009). The precarious conditions of homelessness in this region, including unsanitary environments and the prevalence of violence, significantly increase homeless women's susceptibility to sexually transmitted infections (Grammatikopoulou et al., 2021). The rationale for this study is to examine and assess interventions that address the reproductive health challenges faced by homeless women in the San Francisco Bay Area. By addressing this overlooked aspect of homelessness, we can identify and overcome the unique barriers they encounter in accessing reproductive healthcare services, ultimately promoting their overall well-being. Effective interventions have the potential to prevent adverse reproductive health outcomes, which can reduce health disparities, and empower homeless women economically. Shedding light on this critical issue through this research can advocate for targeted strategies that promote health equity and break the cycle of homelessness, benefiting both individuals and society as a whole.

Methods

This research adopts a qualitative approach to investigate evidence-based interventions addressing reproductive health issues among homeless women in the San Francisco Bay Area and the target population for this paper is homeless women in the San Francisco Bay Area. Homeless individuals in San Francisco face significant challenges, reflecting broader issues. With a reported count of 38,120 homeless individuals, as noted by the "National Alliance to END HOMELESSNESS" in 2022, the city grapples with providing adequate support and resources for its homeless residents. Unsheltered homelessness among women and girls in the area increased by 5% from 2020 to 2022, highlighting the urgency of addressing this concerning trend. Factors such as poverty, limited economic resources, and the lingering effects of domestic and sexual violence contribute to the vulnerability of women in particular. A holistic approach is required to address the complex interplay of factors contributing to homelessness in San Francisco and to ensure the well-being of its homeless population.

The methodology entails collecting a variety of existing resources and conducting a thorough review of locally published literature and evidence-based interventions pertinent to the study. To gather pertinent data, respected academic databases and websites such as PubMed, Google Scholar, governmental reports, and official websites of NGOs and NGOs who work for the homeless population were utilized. To enhance the efficiency of the search process, Boolean operators (AND, OR) were used to combine search terms. Several peer-reviewed articles were selected to align with the research question, and additional relevant literature was actively sought to enhance the comprehensiveness of the study.

The Social Ecological Model (**See Appendix B**) was utilized as a theoretical framework to analyze the findings and assess the existing interventions in this study. The SEM accounts for the interplay of various levels of influence on health behaviors, encompassing individual,

interpersonal, organizational, community, and policy factors. Through the application of the SEM, the review can delve into how interventions aimed at improving homeless women's reproductive health address barriers and challenges across different levels of the ecological model (Sallis et al., 2008). This widely used framework in public health and social sciences enables a comprehensive understanding of the complex interplay between individuals and their environment, particularly regarding health behaviors. The SEM operates across five interconnected levels: Individual Level, Interpersonal Level, Organizational Level, Community and Policy Level (Sallis et al., 2008).

Discussion

The table (**See Appendix C**) presents a comprehensive list of organizations that are dedicated to supporting homeless women in the San Francisco Bay Area, approaching its nine counties. Each organization's name, location, website, interventions and gaps have been highlighted. All the interventions have been evaluated to identify the gaps and areas for improvement in their approach to addressing the reproductive health challenges faced by homeless women. Examining their efforts within the framework of the Social Ecological Model (SEM), the multilevel impact of their interventions were discerned and promoted a holistic understanding of the strategies deployed and suggested pathways for enhancing their effectiveness and impact.

Recommendations

Based on this analysis, here are some recommendations that can enhance the impact and effectiveness of interventions to improve the reproductive health challenges faced by homeless women in the San Francisco Bay Area.

Accessible and Specialized Clinics: By establishing specialized reproductive health clinics that cater to the unique needs of homeless women can significantly improve access to essential services. These clinics, strategically located across the Bay Area, will offer comprehensive care, including family planning, STI testing, prenatal care, and access to contraceptives. This targeted approach can ensure that homeless women receive the care they require in an accessible manner.

Mobile Health Units for Outreach: By introducing mobile health units can bridge the gap in healthcare accessibility for homeless women. These units can serve various homeless communities directly, offering on-site reproductive health services. By eliminating transportation barriers, this approach can ensure that even the most marginalized individuals can access care and promote equitable health outcomes.

Culturally Competent and Trauma-Informed Care: Incorporating cultural competence and trauma-informed care into reproductive health services is paramount. This approach can acknowledge the diverse backgrounds and potential trauma experiences of homeless women. By creating an environment where women feel respected and understood, public health interventions can overcome distrust and encourage engagement with care.

Educational Workshops and Counseling: Public health initiatives can organize educational workshops focusing on reproductive health, family planning, and healthy relationships. These workshops will equip homeless women with the knowledge needed to make informed decisions about their sexual and reproductive health and make them aware of their rights.

Collaborative Partnerships: Collaborating with existing homeless service providers and shelters is essential for a holistic public health response. These partnerships facilitate referrals, ensuring that homeless women receive comprehensive support, including reproductive health services, housing assistance, and social services. By working together, public health and social service sectors can address the multifaceted challenges faced by homeless women.

Advocacy for Policy Changes: Engaging in policy advocacy at local and state levels is a fundamental aspect of public health intervention. Advocating for policies that support reproductive health services, housing programs, and social services for homeless individuals can lead to systemic changes and these changes can create an enabling environment that promotes the health and well-being of homeless women.

By embracing these recommendations within a public health framework, efforts to improve reproductive health challenges among homeless women in the San Francisco Bay Area can become more targeted, inclusive, and impactful. The goal is not only to address immediate health needs but also to contribute to the broader health equity agenda, fostering healthier communities for all.

Public Health Implication

The implications of this study extend beyond the specific interventions to broader public health strategies that can enhance the effectiveness and inclusivity of efforts to address reproductive health challenges among homeless women in the San Francisco Bay Area. Embracing the diversity among homeless women becomes a fundamental aspect of any intervention, recognizing that the experiences, needs, and preferences of this population are multifaceted. To address the implicit biases that can influence healthcare delivery, implementing implicit bias training for healthcare providers is imperative. By acknowledging and understanding these biases, healthcare professionals can offer more equitable and unbiased care, ensuring that judgments and decisions are not influenced by automatic biases.

This can enhance the provider's awareness regarding the unique challenges faced by homeless women and can significantly impact the quality of care provided. This awareness extends beyond medical aspects to encompass the broader social determinants affecting their health. Valuing patient complaints and feedback is pivotal in shaping responsive healthcare services. Creating a safe environment for reporting experiences of racism is crucial for homeless women, who may already be marginalized and hesitant to voice their concerns. This can facilitate open dialogue, allowing healthcare providers to actively address instances of discrimination.

Cultural sensitivity is paramount in ensuring that services meet the diverse cultural beliefs, practices, and preferences of homeless women. By offering culturally sensitive care, healthcare providers can foster trust and understanding, making homeless women feel valued and respected. Implementing services that align with these cultural aspects can enhance the effectiveness of interventions and contribute to more positive health outcomes.

Incorporating these public health implications into interventions not only aligns with ethical principles but also ensures that healthcare services are equitable, respectful, and tailored

to the unique needs of homeless women. It's through the integration of these considerations that interventions can be truly impactful, creating a more inclusive and empowering approach to addressing reproductive health challenges among homeless women.

Conclusion

This paper highlighted critical gaps in the concerns of public health and the current healthcare system. The background section emphasized the staggering reality of homelessness among women and girls, the unique barriers they face in accessing reproductive healthcare, and the significant impact of unmet reproductive health needs on their overall well-being and the proposed recommendations encompass multiple levels of the socio-ecological model. At the individual level, tailored reproductive health services, including family planning and STI prevention, are recommended to empower homeless women with knowledge and access to essential healthcare. At the community level, the establishment of mobile clinics and outreach programs aims to bring reproductive healthcare services directly to homeless women's communities, addressing financial barriers and transportation challenges. Similarly, at the societal level, advocating for policy reforms prioritizing reproductive health services for homeless women is suggested to promote health equity and tackle underlying factors contributing to homelessness among women.

The potential impacts of these interventions are substantial, leading to improved health outcomes, reduced disparities, and enhanced health equity among homeless women. Timely access to reproductive healthcare can prevent adverse health outcomes and result in long-term cost savings for the healthcare system. As the next steps, further research is needed to assess the effectiveness and sustainability of these interventions, while collaborations between researchers, policymakers, and healthcare providers are crucial in implementing and scaling up the recommended strategies. The findings can serve as a basis for developing targeted interventions to better support the reproductive health needs of homeless women in the San Francisco Bay Area and serve as a model for other major cities in the US facing similar challenges. Overall, this research can make a significant contribution to public health

by addressing reproductive health disparities among homeless women and striving for better health outcomes, equity, and well-being for this vulnerable population.

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Appendix A

Table of MPH competencies applied in the ILEX paper

CEPH Foundational Competencies

Competency	Anticipated ILEX Component
Evidence-based Approaches to Public Health	
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate	
4. Interpret results of data analysis for public health research, policy and practice	Further examination is necessary to assess how effective and sustainable the approaches are. The successful execution and growth of the suggested strategies depend on robust collaborations among researchers, policymakers, and healthcare professionals. The results provide a basis for designing precise interventions that better cater to the reproductive health needs of homeless women in the San Francisco Bay Area. Additionally, this methodology can be duplicated in other significant cities across the United States that grapple with similar challenges, offering a model for guiding initiatives.
Public Health & Health Care Systems	
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	When examining interventions for homeless women's reproductive health challenges in the San Francisco Bay Area, their effectiveness is notably influenced by healthcare, public health, and regulatory systems at national and global levels. Differences in healthcare methods, public health focus, and regulations directly affect how interventions are designed, implemented, and their outcomes. Recognizing these variations is vital for tailoring interventions to local needs and effectively addressing reproductive health challenges while respecting the unique contexts of healthcare, public health, and regulations.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create	At the individual level, personalized reproductive health services, such as family planning and STI

<p>challenges to achieving health equity at organizational, community and societal levels</p>	<p>prevention, are crucial for empowering homeless women with essential healthcare information and access. On a community level, the implementation of mobile clinics and outreach initiatives directly addresses financial constraints and transportation issues. Advocating for policy changes prioritizing reproductive health services for homeless women on a societal scale not only promotes health equity but also addresses underlying factors contributing to women's homelessness.</p>
Planning & Management to Promote Health	
7. Assess population needs, assets and capacities that affect communities' health	
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	
9. Design a population-based policy, program, project or intervention	
10. Explain basic principles and tools of budget and resource management	
11. Select methods to evaluate public health programs	
Policy in Public Health	
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	
14. Advocate for political, social and economic policies and programs that will improve health in diverse populations	
15. Evaluate policies for their impact on public health and health equity	
Leadership	
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	
17. Apply negotiation and mediation skills to address organizational or community challenges	
Communication	
18. Select communication strategies for different audiences and sectors	

19. Communicate audience-appropriate public health content, both in writing and through oral presentation	Effectively conveying public health content about interventions for reproductive health challenges among homeless women in the San Francisco Bay Area involves clear, concise writing and tailored oral presentations. In written materials, use accessible language, avoid jargon, and keep information brief. For oral presentations, engage the audience with visuals and relatable examples, adapting the complexity to their familiarity with public health concepts. This approach ensures understanding among diverse stakeholders, including healthcare professionals, policymakers, and the general public, regarding the significance of these interventions for homeless women's reproductive health in the Bay Area.
20. Describe the importance of cultural competence in communicating public health content	
Interprofessional Practice*	
21. Perform effectively on interprofessional teams	
Systems Thinking	
22. Apply systems thinking tools to a public health issue	

MPH - Community and Public Health Practice Competencies

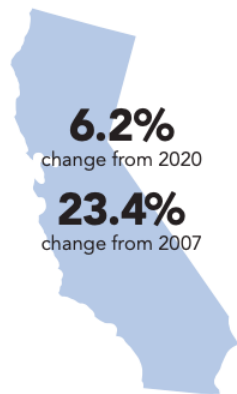
Competency	Anticipated ILEX Component
1. Evaluate the uses of different asset identification methods in helping communities address public health and environmental issues.	Assessing various methods of identifying assets can greatly assist communities in tackling public health and environmental challenges related to interventions for reproductive health issues among homeless women in the San Francisco Bay Area.
2. Analyze how issues of power, race and ethnicity, sex and gender identity, and socioeconomic factors affect the development, implementation, and evaluation of community-based projects.	Examine the impact of power dynamics, race, ethnicity, sex, gender identity, and socioeconomic conditions on the creation, execution, and assessment of community-based initiatives targeting reproductive health challenges among homeless women in the San Francisco Bay Area.
3. Develop a research project proposal using mixed methods to address a public health problem	
4. Apply project management strategies to improve the quality of programs and services in public health settings	

Appendix B

Figure 1 - Social Ecological Model

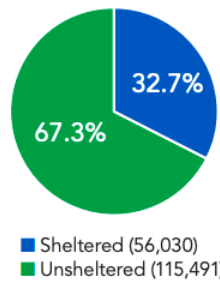


CALIFORNIA



Total Homeless, 2022
171,521

43.7 in every **10,000** people were experiencing homelessness






Estimates of Homelessness



- 145,983** individuals
- 25,538** people in families with children
- 9,590** unaccompanied homeless youth
- 10,395** veterans
- 57,760** chronically homeless individuals




Figure 2: Data of Homelessness in CA, 2022


Source: Annual Homelessness Assessment Report 2022

Appendix C

S. N	Organization	Target Population	Location and Website	Intervention / Existing Services	Gaps and Areas for Improvement
1	A Home Away from Homelessness 	Homeless women and families	Address: 33 Fort Mason 10, San Francisco, CA 94123 Website: http://www.homeaway.org/	Individual Level: Health education and awareness programs to inform homeless women about reproductive health and pregnancy care. Interpersonal Level: Support groups and counseling sessions to provide emotional and psychological support for homeless women. Organizational Level: Collaborations with local clinics to facilitate healthcare access for homeless women. Community Level: Outreach programs providing hygiene products and reproductive health resources to homeless women. Policy Level: Advocacy for homeless women's reproductive health rights.	While the organization covers various levels of the Socio-Ecological Model, there could be more emphasis on tailored reproductive health education for specific age groups within homeless women. Addressing issues related to substance abuse and its impact on reproductive health could be further integrated into their interventions.
2	Compass Family Services 	Homeless women and families	Address: 37 Grove St, San Francisco, CA 94102 Website: https://www.compass-sf.org/	Individual Level: Educational workshops on reproductive health and family planning for homeless women. Interpersonal Level: Support groups and counseling sessions to address psychological and social challenges faced by homeless women. Organizational Level: Partnerships with local clinics to provide healthcare access and reproductive health services. Community Level: Distribution of hygiene products and educational materials about reproductive health in outreach programs. Policy Level: Advocacy for policies that support homeless women's reproductive health needs.	The organization could strengthen its policy-level advocacy by actively engaging with policymakers to ensure that homeless women's reproductive health rights are represented in legislative discussions. Additionally, involving peer educators who have experienced homelessness could enhance the effectiveness of their educational workshops.
3	HomeFirst 	Homeless women and families	Address: 507 Valley Way, Milpitas, CA 95035, Santa Clara	Individual Level: Health education sessions to raise awareness about reproductive health and contraception methods. Interpersonal Level: Support groups for homeless women, offering a platform to share experiences and receive emotional support. Organizational Level: Collaboration with local healthcare providers to offer medical services for homeless women. Community Level: Outreach programs providing hygiene kits and	Focusing on long-term policy changes to increase access to affordable housing and stable employment for homeless women could complement their efforts. Collaborating with local universities or research institutions to gather data on the specific

			<p>Website: https://www.homefirstscc.org/</p>	<p>reproductive health resources in shelters and community locations. Policy Level: Advocacy for policies that prioritize reproductive healthcare access for homeless women.</p>	<p>reproductive health needs of homeless women in the Bay Area could further inform their interventions.</p>
4	<p>Women's Community Clinic</p> 	<p>Homeless women and underserved communities</p>	<p>Address: 1735 Mission St, San Francisco, CA 94103</p> <p>Facebook Page: https://www.facebook.com/WomensCommunityClinic/</p>	<p>Individual Level: Reproductive health education workshops and access to contraception counseling for homeless women. Interpersonal Level: Support groups and counseling sessions to address the psychological and emotional needs of homeless women. Organizational Level: Partnerships with local clinics to offer comprehensive healthcare services to homeless women. Community Level: Outreach programs providing hygiene products, condoms, and educational materials. Policy Level: Advocacy for policies that ensure reproductive healthcare equity for homeless women.</p>	<p>They can expand their collaboration with other organizations and could help address the gap in providing direct access to reproductive healthcare services for homeless women. Developing trauma-informed approaches in their support groups and counseling sessions could better address the unique needs of homeless women who have experienced trauma.</p>
5	<p>La Casa de las Madres</p> 	<p>Homeless women experiencing domestic violence</p>	<p>Address: 1269 Howard St, San Francisco, CA 94103</p> <p>Website: https://www.lacasa.org/</p>	<p>Individual Level: Educational workshops on reproductive health, including discussions on pregnancy options, for homeless women affected by domestic violence. Interpersonal Level: Support groups and counseling sessions for survivors of domestic violence, addressing trauma and emotional well-being. Organizational Level: Collaborations with local clinics to provide healthcare services tailored to survivors of domestic violence. Community Level: Distribution of hygiene products and reproductive health resources in safe spaces for survivors. Policy Level: Advocacy for policies protecting the reproductive health rights of homeless women affected by domestic violence.</p>	<p>While the organization focuses on survivors of domestic violence, expanding its outreach efforts to homeless women who are not survivors of domestic violence could help reach a broader population. Strengthening collaborations with housing organizations could address the intersection of homelessness and domestic violence.</p>
6	<p>Project Homeless Connect</p>	<p>Homeless individuals and families</p>	<p>Address: 1031 Franklin St, San Francisco, CA 94109</p> <p>Website: https://www.projecthomeless.org/</p>	<p>Individual Level: Health education workshops, including reproductive health topics, for homeless women and families. Interpersonal Level: Supportive interactions with volunteers who offer guidance on reproductive health and available resources. Organizational Level: Collaboration with local healthcare providers</p>	<p>There could be a more structured approach to ensure continuity of care for homeless women beyond the service events, such as facilitating follow-up medical appointments and referrals.</p>

			<p>homelessconnect.org/</p>	<p>to offer medical services at service events. Community Level: Distribution of hygiene kits, reproductive health resources, and information about local clinics. Policy Level: Advocacy for policies supporting accessible and comprehensive healthcare services for homeless individuals and families.</p>	<p>Also, collaborating with local clinics to provide specialized reproductive health services could enhance their impact.</p>
7	<p>St. Anthony Foundation</p> 	<p>Homeless individuals and families</p>	<p>Address: 150 Golden Gate Ave, San Francisco, CA 94102</p> <p>Website: https://www.stanthonyssf.org/</p>	<p>Individual Level: Workshops on reproductive health and family planning for homeless women and individuals. Interpersonal Level: Counseling and support services addressing mental health and well-being of homeless individuals. Organizational Level: Partnerships with local clinics to provide medical care and reproductive health services to homeless individuals. Community Level: Distribution of hygiene products and reproductive health resources through community outreach programs. Policy Level: Advocacy for policies ensuring healthcare equity for homeless individuals and families.</p>	<p>Engaging in research to understand the barriers specific to homeless women's reproductive health access could further guide their interventions. Establishing partnerships with educational institutions for volunteered workshops on reproductive health could help enhance their educational initiatives.</p>
8	<p>Homeless Prenatal Program</p> 	<p>Homeless women in the San Francisco Bay Area</p>	<p>Address: 2500 18th St, San Francisco, CA 94110</p> <p>Website: https://homelessprenatal.org/</p>	<p>Individual Level: Educates homeless women about reproductive health, family planning, and prenatal care. This empowers informed choices. Interpersonal Level: Support groups and counseling sessions provide emotional support and a platform for addressing psychosocial factors. Organizational Level: Collaboration with local clinics enhances healthcare access, addressing reproductive health challenges. Community Level: Outreach programs provide hygiene products and resources, promoting awareness. Policy Level: Potential for advocacy to impact policies affecting homeless women's reproductive health.</p>	<p>Expand efforts to advocate for policies addressing reproductive health challenges and can collaborate for amplified impact. Strengthen support groups with trauma-informed practices for a more supportive environment. They can integrate mental health and substance abuse elements for a comprehensive approach. Partner with educational institutions for accurate reproductive health information.</p>

9	Planned Parenthood 	Homeless women in the San Francisco Bay Area	Address: 1522 Bush St, San Francisco, CA 94109 Website: https://www.plannedparenthood.org/	Individual Level: Planned Parenthood educates homeless women on sexual health, empowering informed choices. Interpersonal Level: Group counseling fosters emotional support and community. Organizational Level: Collaboration with clinics improves healthcare access. Community Level: Outreach provides hygiene kits, contraceptives, and education. Policy Level: Potential for advocacy partnerships to influence reproductive health policies.	They can enhance impact through expanded advocacy, collaborating with homeless advocacy groups. Adapt sessions to address homeless women's unique challenges. They can do shelter collaborations which will extend outreach via partnerships with shelters.
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