

Over one in three clients at HFH family shelters are "new parents," meaning they are pregnant or have a child who is under the age of two. This snapshot offers shelter providers a look at new parents at HFH and aims to start a critical conversation about ways to orient services to meet their needs.<sup>1</sup>

## 35% of Families at HFH Include New Parents<sup>2</sup>

| Site           | Number of<br>New Parents | Total Number of Families who Reside at the Shelter | Percent of Families<br>with New Parents | Fam  |
|----------------|--------------------------|--|---|------|
| Allie's Place  | 28                       | 94   | 30%                                     | 35%  |
| Prospect       | 43                       | 82   | 52%                                     | 0070 |
| Saratoga       | 78                       | 224  | 35%                                     |      |
| Williamsbridge | 21                       | 85   | 25%                                     |      |
| All HFH Sites  | 170                      | 485  | 35%                                     |      |

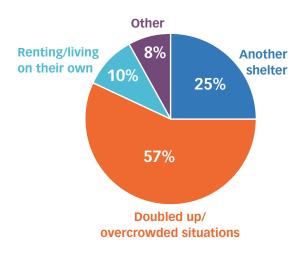
### Fast Facts about New Parents at HFH

- The median age for these parents is 25 years old.
- For almost half of these new parents, this is their **first** child (47%).
- For those clients who have another child, over a third (35%) do not have that child currently living with them in shelter.
- 99% of new parents are female.

- Before their current shelter stay, one in five new parents most recently lived outside of New York City.
- 26% of new parents are currently working.
- 78% of new parents at HFH are Black.
- **21% of new parents listed Spanish** as the language they feel most comfortable speaking.
- Where New Parents Lived Prior to Their Current Shelter Stay

Nearly half of new parents (47%) previously lived in a borough different from the borough of their current shelter placement. However, this may be for safety reasons—39% of new parents have domestic violence listed by the New York City Department of Homeless Services (DHS) as a reason for their eligibility for shelter. That being said, living in a new neighborhood can be a challenge for clients, as commutes to friends and family, childcare, work, healthcare, and other supports may become longer.

Broken down in the pie chart to the right is the living situation for new parents prior to their current shelter stay. The most common living situation stated was previously living in doubled up or overcrowded situations (57%). The second most common previous living situation for new parents was at another shelter (e.g., domestic violence shelter, another family shelter). The "other" category includes those who were living on the streets or living at their job, among other responses.



# **Healthcare for New Parents and Their Children**

#### **Prenatal Care**

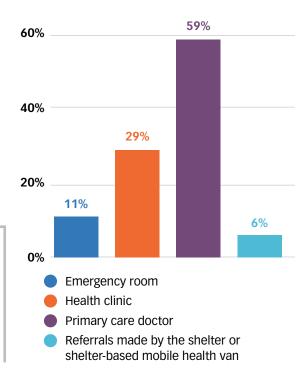
Access to quality healthcare is essential for new parents and their children. Fourteen percent of new parents at HFH reported that they did not receive prenatal care during their pregnancy, despite 96% of new parents at HFH having some form of health insurance. This is higher than the citywide average, where 6.7% of New Yorkers received late or no prenatal care. Neighborhoods in New York City with higher poverty rates tend to also have higher rates of late or no prenatal care. However, even neighborhoods with very high poverty rates had lower rates of late or no prenatal care (8.6%) than did HFH new parents.<sup>3</sup> Early prenatal care is essential for keeping parents and their children healthy. According to the U.S. Department of Health and Human Services' Office on Women's Health, babies of mothers who did not receive prenatal care are three times more likely than babies of mothers who did receive prenatal care to have low birth weight and die during infancy.<sup>4</sup>

#### Where New Parents at HFH Receive Healthcare Services

Additionally, 11% of new parents receive healthcare services at an emergency room. While this setting is appropriate for treating acute health problems, patients who receive emergent or unscheduled care may miss out on the benefits that come with having a consistent primary care doctor or OB/GYN monitoring their overall health. A study published in 2019 found that people with established primary care receive significantly more high value care and a better health care experience.<sup>5</sup> Emergency room visits also cost over three times as much as office-based primary care visits.<sup>6</sup> While this cost is often borne by the Medicaid program or insurance companies,<sup>7</sup> more expensive visits that provide lower quality care put a strain on the healthcare system as a whole.

#### Systemic Racism and Maternal Health Outcomes

Longstanding racial inequities and bias in the healthcare system have contributed to disparities in maternal health outcomes. The maternal mortality rate of non-Hispanic Black women is 2.5 times the rate of non-Hispanic White women and 3.5 times the rate of Hispanic women.<sup>8</sup> Given that 78% of new parents at HFH are Black, many new parents at HFH are at a heightened risk for maternal mortality and poor maternal health outcomes.



Over one third of the families at HFH include new parents. The vast majority of these new parents are the only adult living in their shelter unit, leaving them to navigate being pregnant, recovering from childbirth, and caring for a young child without consistent help from another adult. While new parenthood brings joy, it is often challenging for adults living in relatively stable circumstances — it may prove overwhelming while dealing with the stresses of experiencing homelessness and processing the trauma related to domestic violence or separation from another child. Overall, 12.5% of women self-reported postpartum depressive symptoms in New York City in 2019.<sup>9</sup> Rates of postpartum depression among Black and Hispanic new mothers are often higher than the community average, and studies have demonstrated that women who are unemployed and parenting alone on limited incomes with fewer social supports struggle with particularly high rates of postpartum depression.<sup>10</sup> In addition to the barriers outlined above, postpartum depression may present challenges to new HFH parents. This analysis aims to open the conversation about how shelter providers can best support clients and their children as they adjust to new parenthood.

- 1 Data are from a survey of HFH clients conducted in July 2021.
- 2 Data are from clients who were residing in HFH shelters on 7/2/21. HFH system-wide, there are fewer than five clients who are pregnant and have a child under two.
- 3 https://www1.nyc.gov/assets/doh/downloads/pdf/vs/2017sum.pdf
- 4 https://www.womenshealth.gov/a-z-topics/prenatal-care
- 5 https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2721037
- 6 https://datatools.ahrq.gov/meps-hc?type=tab&tab=mepshch3uep

- 7 Eighty-six percent of new parents at HFH have Medicaid health insurance.
- 8 https://www.healthaffairs.org/do/10.1377/hblog20210729.265068/full/
- 9 https://www.cdc.gov/prams/prams-data/mch-indicators/states/pdf/2019/New-York-City\_PRAMS\_Prevalence-of-Selected-Indicators\_2016-2019\_508.pdf
- 10 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835803/; https://www.npr. org/sections/health-shots/2019/11/29/760231688/black-mothers-get-lesstreatment-for-their-postpartum-depression; https://www1.nyc.gov/assets/doh/ downloads/pdf/survey/postpartum-depression.pdf