AN ABSTRACT OF THE THESIS OF

Margaret M. Shatzel for the degree of Master of Science in Public Health presented on December 8, 1999. Title: A Qualitative Description of Pregnant Women Experiencing Homelessness.

Abstract approved:  

Susan L. Prows

This study describes the experience of homelessness and pregnancy for seven women and their partners in Lane County, Oregon. Homeless pregnant women provide a unique challenge to health care providers and social workers. These women are at increased risk for many negative factors that could affect their pregnancy outcomes.

The purpose of the study was to collect information from pregnant women experiencing homelessness in Lane County. Data was analyzed to identify demographic characteristics, service use patterns and recurring themes. It is expected the results will be the basis for further research with homeless pregnant women in Lane County.

The project utilized a mostly qualitative research design supported by limited quantitative data. The sources of data included client records, written surveys, and face-to-face personal interviews. Findings indicated that there is a service gap for women less than eight months pregnant with no other children in her custody and that over half of the participants had other children that were not in their current custody.

The investigator recommends that further research examine the psychosocial aspects of homelessness and pregnancy. Also, the association between current pregnancy and the previous removal of a child from a mother’s custody should be further explored.
A Qualitative Description of Pregnant Women Experiencing Homelessness

by

Margaret M. Shatzel

A THESIS

submitted to

Oregon State University

in partial fulfillment of
the requirements for the
degree of

Master of Science

Presented December 8, 1999
Commencement June 2000
Master of Science thesis of Margaret M. Shatzel presented on December 8, 1999.

APPROVED:

Redacted for Privacy

Major Professor, representing Public Health

Redacted for Privacy

Chair of Department of Public Health

Redacted for Privacy

Dean of Graduate School

I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

Redacted for Privacy

Margaret M. Shatzel, Author
ACKNOWLEDGEMENT

I wish to acknowledge the following people for their assistance in the completion of my thesis research. I would like to thank Dr. Susan Prows for all of her ideas, support and guidance throughout the project. Also for all of her time and energy editing rough drafts. I would also like to thank to Dr. Sunil Khanna for his ideas and guidance with qualitative design and analysis and use of ethnographic methods. A thank you to Dr. Jay Schindler for serving on my graduate committee and a thank you to Professor Nancy Bryant for serving on my committee as Graduate Council Representative.

I would also like to acknowledge the staff at First Place Family Center. I wish to thank Jake Dudell (Director), Tim Rockwell (Assistant Director) and Shelley Graham (Child Development Center Director) for their support and assistance. I would like to make a special thanks to Linda Zellick (Case Manager) for all her time, effort and especially her support. Without Linda’s cooperation this project could not have been completed.

Finally, I would like to thank my family and friends who have listened to and encouraged me through the duration of the project. Their encouragement and support got me through the tough times when I wondered if I would ever finish. I made it! Thanks to all of them!
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Background</td>
<td>1</td>
</tr>
<tr>
<td>Significance</td>
<td>2</td>
</tr>
<tr>
<td>Purpose</td>
<td>2</td>
</tr>
<tr>
<td>LITERATURE REVIEW</td>
<td>3</td>
</tr>
<tr>
<td>Homelessness in the United States</td>
<td>3</td>
</tr>
<tr>
<td>Homelessness and Families</td>
<td>5</td>
</tr>
<tr>
<td>Homelessness and Children</td>
<td>7</td>
</tr>
<tr>
<td>Homelessness and Youth</td>
<td>8</td>
</tr>
<tr>
<td>Homelessness and Women</td>
<td>9</td>
</tr>
<tr>
<td>Homelessness and Pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Related Research</td>
<td>13</td>
</tr>
<tr>
<td>Justification for Current Project</td>
<td>15</td>
</tr>
<tr>
<td>METHODS</td>
<td>16</td>
</tr>
<tr>
<td>Selection and Treatment of Human Subjects</td>
<td>16</td>
</tr>
<tr>
<td>Sources of Research Material</td>
<td>17</td>
</tr>
<tr>
<td>Procedure</td>
<td>18</td>
</tr>
<tr>
<td>RESULTS</td>
<td>19</td>
</tr>
<tr>
<td>Response Rate</td>
<td>19</td>
</tr>
<tr>
<td>Demographic Characteristics</td>
<td>19</td>
</tr>
<tr>
<td>Survey Responses</td>
<td>21</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Qualitative Descriptions</td>
<td>27</td>
</tr>
<tr>
<td>Client Background and Demographic Characteristics</td>
<td>27</td>
</tr>
<tr>
<td>Pregnancy Related Concerns</td>
<td>33</td>
</tr>
<tr>
<td>Service Utilization</td>
<td>35</td>
</tr>
<tr>
<td>Future Plans and Goals</td>
<td>37</td>
</tr>
<tr>
<td>CONCLUSIONS</td>
<td>41</td>
</tr>
<tr>
<td>Discussion</td>
<td>41</td>
</tr>
<tr>
<td>Strengths and Limitations</td>
<td>44</td>
</tr>
<tr>
<td>Recommendations for Further Research</td>
<td>45</td>
</tr>
<tr>
<td>SUMMARY</td>
<td>46</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>47</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>50</td>
</tr>
<tr>
<td>Appendix A Informed Consent Form</td>
<td>51</td>
</tr>
<tr>
<td>Appendix B Written Survey</td>
<td>53</td>
</tr>
<tr>
<td>Appendix C Interview Outline</td>
<td>55</td>
</tr>
<tr>
<td>Appendix D List of Services</td>
<td>56</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demographic Characteristics of Sample</td>
<td>20</td>
</tr>
<tr>
<td>2. Frequency of Use of Services</td>
<td>22</td>
</tr>
<tr>
<td>3. Helpful Services</td>
<td>24</td>
</tr>
<tr>
<td>4. Qualitative Responses to “In the following space, please provide any additional information that might be helpful to the researcher.”</td>
<td>26</td>
</tr>
</tbody>
</table>
DEDICATION

This thesis is dedicated to the women and men who were willing to share their personal stories and experiences with me.
PREFACE

My interest in the health issues of people experiencing homelessness was sparked while taking a Minority Health class in 1997. While studying the health issues facing different culturally and ethnically diverse populations in the United States, I became most interested in those faced by people experiencing homelessness.

Each day on my drive to school I would pass the day center for homeless individuals in my community. On any given day there might be up to 25 people sitting outside the day center. I often wondered what it would be like to be them for one day. I was always reminded about how grateful I should be for what I have and the opportunities I have been given.

Professionals in the field often state that a person experiences homelessness. We do not define a person as homeless; rather we define a situation. Although homelessness is an often-temporary situation, the effects on a person’s social, mental and physical well being is often long-term.

I began volunteering at the First Place Family Center, a day center for families experiencing homelessness, in January of 1998. My intention was to spend time observing and learning about the clients that accessed the center in order to develop an idea for my thesis research. Utilizing the techniques I learned from the fields of Anthropology and Public Health I proposed to recruit, survey and interview pregnant women experiencing homelessness in Lane County. Following is the result of almost two years of observation, investigation and analysis.
A Qualitative Description of Pregnant Women Experiencing Homelessness

INTRODUCTION

No two communities face the same challenges in meeting the needs of people experiencing homelessness. Fortunately, decades of advocacy and federal legislation have increased the number of services available for people experiencing homelessness. Yet, there remain sub-groups of people that are not receiving the services they need.

Homeless pregnant women are one such group. These women must deal with a number of obstacles in addition to being pregnant and homeless. These women must not only overcome the stress of poverty, homelessness and severe isolation, but must also take care of their own health in order to assure the health of their baby.

Background

The number of people experiencing homelessness in the United States has been estimated at anywhere from 300,000 to 7,000,000. The National Alliance to End Homelessness estimates that on any given night, 750,000 Americans will be without shelter, and 1.3 to 2 million Americans will experience homelessness sometime during the year (National Alliance to End Homelessness, 1999).

Families with children represent close to 35% of the homeless and are the fastest growing subgroup among this population (National Coalition for the Homeless, 1999). In addition, it has been found in some samples of homeless women that as many as 35% are pregnant (Weinreb et al, 1995).
Significance

Often times the health of the homeless woman and fetus suffer as the mother focuses all of her energy on finding shelter, securing entitlements and looking out for her other children (Weinreb et al, 1995). These women and their babies are at increased risk for many adverse pregnancy outcomes including miscarriage, premature birth, fetal alcohol syndrome and other complications due to economic, social and health problems (Bassuk & Weinreb, 1993; Browne, 1993; Newberger et al, 1992; Robertson, 1991; Weinreb & Bassuk, 1990b; Weinreb et al, 1995).

Previous research has indicated that coordinated and comprehensive case management for pregnant women experiencing homelessness provides the most effective strategy at reducing the adverse effects experienced by these women (Weinreb et al, 1993; Ovrebo et al, 1994). Research devoted to identifying the specific pregnancy-related needs and service utilization patterns of these women is vital to the delivery of coordinated and comprehensive services in any community.

Purpose

The intent of the project was to collect information from pregnant women experiencing homelessness in Lane County, Oregon. This information was used to describe the experiences of these women and their families and help determine if their needs are currently being met. Information was gathered about what services are used most frequently and which are most helpful. Lastly, a recommendation for further research with these women and their families was discussed.
LITERATURE REVIEW

Homelessness in the United States

Homelessness in the United States is an important social issue, hot political debate and major public health concern. Numerous studies published in the last decade indicate that the situation of homelessness in the United States is not going to go away and in fact may be getting worse. The resultant social and public health problems related to homelessness have been well documented.

The multiple definitions of homelessness and numerous methodological constraints make quantifying the numbers of homeless in the United States a daunting task. Estimates of the number of homeless in the United States range anywhere from 300,000 to 7,000,000 depending on the method of counting. Although precise numbers of people experiencing homelessness are unavailable few would argue that homelessness is not a national concern and a public health priority.

There are two trends largely responsible for the increase in homelessness over the last two decades: a lack of affordable rental housing and an increase in poverty (National Coalition for the Homeless, 1999). Other factors that contribute to homelessness include lack of affordable health care, domestic violence, mental illness, chemical dependency and recent welfare reforms that have left many individuals and families at risk of homelessness. Significant predictors of homelessness also include events from childhood, such as physical abuse, parental absence, residential instability, or placement in foster care.
The effects of homelessness on individual and public health have been well documented. People experiencing homelessness are at increased risk of many adverse health conditions including tuberculosis and other respiratory diseases, trauma, alcoholism, drug abuse and sexually transmitted diseases. In addition, there are many minor respiratory, dermatological, vascular, nutritional, and psychiatric disorders that impair those experiencing homelessness (Breakey, 1997).

National advocacy organizations for the homeless stress the rights of the poor, disabled and homeless. Two leading advocacy organizations include The National Coalition for the Homeless and the National Law Center on Homelessness and Poverty. Currently their agendas include an increase of affordable housing, secure health care, decent jobs paying a living wage, adequate income supports, targeted education, community-based care for the disabled and civil rights for those who still brave the elements (Hopper, 1998).

An interesting survey conducted by the Gallup Organization in 1995 indicates that nine out of ten Americans say they feel some sympathy for homeless people. For some their sympathy arises from their own feeling of vulnerability as one out of six indicated they could become homeless sometime themselves. Sixty-seven percent (67%) of adults surveyed named job loss as a contributor to homeless and more than half blamed lack of affordable housing and alcohol abuse. Lastly, seventy-seven percent (77%) say they have been personally approached by someone on the street and asked for a handout (Larson, 1996). Unfortunately, only fifty percent (50%) of respondents could name an organization that feeds and shelters the homeless.
Homelessness and Families

Family homelessness in the United States has increased steadily throughout the 1980’s and 90’s (Lindsay, 1998). Today, families with children constitute almost 40% of people who become homeless (National Coalition for the Homeless, 1999). Families are now the fastest growing segment of the homeless population and the numbers are predicted by some to rise due to the welfare reforms of 1996 and other cuts in funding (Gorzka, 1999).

There are many factors that contribute to family homelessness. The American Academy of Pediatrics Committee on Community Health Services (1996) provides a summary of the factors contributing to family homelessness. The committee states “several societal problems contribute to the increasing rate of homelessness among American families, including lack of affordable housing; decreases in availability of rent subsidies; unemployment,…; personal crises such as divorce or domestic violence; cutbacks in public welfare programs; substance abuse; deinstitutionalization of the mentally ill; and increasing rates of poverty.”

Homelessness can be a devastating experience for families. Homelessness impacts almost every aspect of a family’s well being, including the physical and emotional health of all family members. Family members may be separated due to shelter policies, foster care or parents leaving the children with other family members. In addition, access to health care, especially preventive care, is impaired for many homeless families. Homeless families are at increased risk for many medical conditions and have multiple health and psychosocial needs (Weinreb & Bassuk, 1990b).
Hausman and Hammen (1993) state that “homeless families struggle with a double crisis: the disruptive and traumatizing experience of losing a home as well as impediments to a parent’s ability to function as a consistent and supportive caregiver.” These situations have both immediate and long-term consequences on the mental and physical development of homeless families and their children. In addition, this double crisis provides a challenge to service providers, social service agencies and policy makers working with homeless families.

Numerous programs have been developed to address the needs of homeless families throughout the United States. Weinreb and Buckner (1993) state that “the enormous number of programs, the wide mix of program types, and the focus on emergency services limit the success of the current service system in meeting the complex and long-term needs of many homeless families.” In addition the scope and type of services offered vary locally determined in large part by available resources and funding agencies.

Weinred and Buckner (1993) also indicate the need for evaluative research to demonstrate the effectiveness of various service delivery approaches. They state that “the failure of lawmakers, governments, and policy makers to develop a comprehensive and coordinated strategy to eliminate homelessness has compelled scores of individual organizations to design ad hoc methods to meet the needs of homeless clients.” Lack of evaluative research, coordinated efforts and comprehensive services have contributed to the insufficiency of programs for homeless families (Weinreb & Buckner, 1993).
Homelessness and Children

As the number of families experiencing homelessness increases, so too does the number of homeless children. Families with children account for almost 40% of the homeless population and the numbers are still rising. Many of the nation’s homeless children are temporarily housed with their families in shelters. These circumstances have profound effects on children in virtually every aspect of their life (National Coalition for the Homeless, 1999).

When compared with housed poor children, homeless children experience worse health, more developmental delays, depression, behavioral problems, and more anxiety. In addition, homeless children experience lower educational achievement because they face barriers to enrolling and attending school. It has been estimated that 30% to 50% of the nation’s 220,000 to 280,000 school-age homeless children do not attend school and of those that do, sporadic attendance, grade repetition and below-average attendance are common (National Coalition for the Homeless, 1999).

Bassuk (1991) states that homeless children experience many more acute health problems than other children do. These acute health problems include upper respiratory infections, scabies, lice, tooth decay, ear infections, skin infections, and diaper rash. Weinreb et al (1998) found that homeless children were reported to experience an increased number of acute illness symptoms, including fever, ear infection, diarrhea, and asthma when compared with low-income housed children. Also, the incidence of chronic diseases such as anemia, sinusitis, bowel dysfunction, and visual deficits is higher than for other children. Trauma related injuries, neurologic deficits and developmental delays are also more common among homeless children than for others (Bassuk, 1991).
Homelessness and Youth

Homeless youth are individuals under the age of eighteen who lack parental, foster, or institutional care. It has been estimated that the total number of homeless youth in the United States is between 100,000 on any given night and 2 million per year. Unaccompanied youth account for 3% of the homeless population (National Coalition for the Homeless, 1999).

The causes of homelessness among youth include family problems, economic problems, and residential instability. Many homeless youth have left home after years of physical and/or sexual abuse. In addition, strained relationships, chemical addiction of a family member, or parental neglect also contribute to homelessness among youth. A study by the Family and Youth Services Bureau of the U.S. Department of Health and Human Services found that disruptive family conditions may be the principal reason that young people leave home. More than half of the youth interviewed during shelter stays reported that their parents either told them to leave or knew they were leaving and did not care (National Coalition for the Homeless, 1999).

Homeless youth face many challenges on the streets. Few are housed in emergency shelters and because of their age few are able to secure jobs to earn enough money to support themselves. For these reasons many homeless youth suffer from depression, low self esteem, severe anxiety and poor health and nutrition. In addition, many homeless youth face challenges when trying to attend school due to legal guardianship requirements, residency requirements, lack of proper records, and lack of transportation (National Coalition for the Homeless, 1999).
Homelessness and Women

Within the last decade, the demographic description of the U.S. homeless population has changed drastically. In the 1950's, an estimated 3% of the homeless population were women. Today, women account for 20% to 30% of this population depending on locality (Bassuk, 1993a). Approximately half of the women experiencing homelessness are currently caring for dependent children (Burt & Cohen, 1989).

Many factors have been identified as contributing to homelessness among women. At the macro level, Cummins et al (1998) and Wasson & Hill (1998) reiterate the following factors; the inability to obtain affordable low-income housing, inadequate welfare benefits, low-paying jobs, unemployment, and barriers to employment such as lack of child care and transportation. In addition, educational background, income status, history of abuse, depression, substance abuse and poor family functioning during childhood may increase a woman’s risk of homelessness (Hausman & Hammen, 1993; Bassuk et al, 1998; Browne & Bassuk, 1997).

Bassuk (1993b) talks about the structural inequalities that increase a woman’s risk of homelessness. Bassuk states that “structural inequalities along the lines of gender in large measure determine women’s experiences.” She states that these women “are trapped by lack of economic and social opportunities – inequities built into our society’s structure.” It is not surprising then that over one third of families headed by women are living below the poverty line and that the financial hardships experienced by these women are heightened by the large number of absent fathers who fail to pay child support (Bassuk, 1993b).
Estimates of the number of homeless women and children fleeing abuse ranges from 25% to 50% (NCH, 1998). A study by the University of Massachusetts Center for Community Planning and Women’s Institute for Housing and Economic Development (1997) found that over 50% of the women in the study named domestic violence as the primary reason for their homelessness. The effects of violence on these women and children can be devastating. Many of these women suffer from depression, substance abuse problems, and lack support networks to deal with their situation (Browne, 1993).

It has also been estimated in some homeless populations that as many as 35% of the women are pregnant. A study by Bassuk et al (1996) found that a greater percentage of homeless women were pregnant or had recently given birth to a child when compared with low-income housed mothers. In addition, children of the homeless mothers were significantly younger than the low-income housed mothers. These women and their babies are at increased risk of adverse pregnancy outcome including premature delivery, low birth weight, and developmental delays in the infant (Bassuk & Weinreb, 1993; Newberger et al, 1992).

Homelessness leaves many women exposed and increases their vulnerability to violent acts including rape, assault, and robbery (Bassuk, 1993a; Bassuk, Melnick, & Browne, 1998). Weinreb et al (1998) found that homeless and low-income housed mothers had lower health status, more chronic health problems and higher smoking rates than the general population. It is unfortunate that many homeless women lack the social support networks to deal with their circumstances (Bassuk et al, 1996; Letiecq et al, 1996).
Homelessness and Pregnancy

Research has indicated that pregnancy and the recent birth of a baby appear to be two factors highly associated with women’s homelessness (Weinreb, Browne, and Berson, 1995). It has been found in some homeless samples that as many as 35% of the women are pregnant (Weitzman, 1989). A study by Weitzman (1989) found that poor women who were pregnant had an 18% chance of becoming homeless compared to 2% for poor women who were not pregnant. A study by Wasson and Hill (1998) found that pregnancy had the greatest impact of any personal characteristic for women entering a homeless shelter.

Characteristics of homeless pregnant women are similar to that of other homeless women. These women tend to be younger, have experienced more serious family disruptions as children, and suffer from more acute and chronic health problems than housed women. Also, they have more frequent pregnancies, higher rates of tobacco and drug use, and are more often the victims of violence than their housed counterparts (Weitzman, 1989; Becker et al, 1992).

Pregnant women experiencing homelessness provide a unique challenge to health care providers and social workers. These women are at increased risk for many negative factors that could affect their pregnancies. Pregnant women experiencing homelessness often lack adequate prenatal care, adequate nutrition and social support for successful pregnancy (Bassuk & Weinreb, 1993). Previous studies have indicated that often times the pregnancies are unwanted, increasing the risk of delayed care and inadequate nutrition (Bassuk & Weinreb, 1993; Weinreb et al, 1995).
In addition, some of these women are escaping situations of domestic violence and many have a history of serious victimization, including physical, verbal and sexual abuse (Browne, 1993; Bassuk, 1993b; Newberger et al, 1992). A significant minority of these women may also suffer from substance abuse problems (Weinreb et al, 1995). Unfortunately, women experiencing homelessness often lack meaningful and effective support to deal with the problems that arise after the baby is born and may also lack the basic knowledge of childcare (Weinreb et al, 1995).

The most important predictor of inadequate prenatal care is poverty and its associated problems. These problems include lack of health insurance, transportation difficulties, lack of social support, lack of knowledge of the importance of prenatal care, ambivalence about the pregnancy, substance use and fear of getting the baby taken away (Bassuk & Weinreb, 1993). Certainly women with these characteristics are over-represented in the homeless family population, suggesting that these women are more likely to receive inadequate prenatal care and increased negative birth outcomes (Bassuk & Weinreb, 1993).

Many homeless people eat fewer meals per day, lack food more often and are more likely to have inadequate diets and poorer nutritional status than their housed counterparts (Wiecha et al, 1991). This includes homeless pregnant women whom often eat poorly and fail to gain adequate weight needed for successful pregnancy. Babies born to these women are at increased risk for many developmental and medical problems such as premature birth, low birth weight, fetal alcohol syndrome and nicotine or drug addiction (Bassuk & Weinreb, 1993; Browne, 1993; Newberger et al, 1992; Robertson, 1991; Weinreb & Bassuk, 1990a; Weinreb et al 1995).
Related Research

The costs associated with premature delivery, low birth weight, fetal alcohol syndrome and nicotine and drug addicted infants has been well-documented (Newberger et al, 1992). The enormous impact on society in both monetary and social costs highlights the importance of research in this area and program response for pregnant women experiencing homelessness and their babies.

There have been numerous programs implemented to address the needs of women and families experiencing homelessness, yet there are few designed specifically to address the needs of pregnant women. Two interventions that address the needs of pregnant women experiencing homelessness are the Tomorrow’s Child Program and the Homeless Prenatal Program (HPP).

The Tomorrow’s Child Program intervention is based on the understanding that the conditions of these women’s lives often divert them from looking after their own health and the health of the baby. The goal is to provide intensive supports that encourage pregnant women to engage in and sustain use of medical and human services, encourage the women’s sustained use of preventive and other health care and encourage modification of high-risk behaviors (Weinreb et al, 1995).

The Homeless Prenatal Program (HPP) is a program designed to provide comprehensive prenatal care services to pregnant women experiencing homelessness. The program has two goals: improving birth outcomes and transforming the lives of its clients. The empowerment model serves as the theoretical basis for this intervention and has two central tenets: the “mother-child connection” and “giving back” (Ovrebo et al, 1994).
Findings from an extensive process evaluation of the *Tomorrow's Child Program* indicated that there are a variety of potentially effective service delivery approaches for pregnant women experiencing homelessness and their newborns. Findings also indicated that coordinated and comprehensive services provide the most effective strategy at reducing the adverse effects experienced by these women. Intensity of service contact, integration of services, amount of follow-up and home-based services after housing is found are important components of this strategy (Weinreb et al, 1995).

Findings from the evaluation of the *Homeless Prenatal Program (HPP)* indicate that when working with these women, empowerment provides a mechanism for transformation. The *HPP* ascribes to a model of empowerment where women are empowered to have healthy birth outcomes and change their life circumstances. The “*HPP* takes as its premise that every woman wants to have a healthy baby and that pregnancy offers a window of opportunity to reach homeless women and assist them in turning their lives around” (Ovrebo et al, 1994).

These interventions and their subsequent evaluations provide a framework for the present research. The investigator’s use of both quantitative and qualitative research strategies is a direct result of the review of related research. Like the interventions, the present research uses interviews as a primary source of research material. In addition, the use of written survey and client records was also adapted from the literature. The present research is only the first of many steps needed to develop a coordinated and comprehensive program for pregnant women experiencing homelessness in Lane County, Oregon.
Justification for Current Project

It has been estimated that the number of persons experiencing homelessness in Lane County, Oregon is 4000. The majority of the homeless are in the Eugene/Springfield area. There are many services available to the homeless in Eugene and Springfield through a network of social service agencies. Many of these agencies focus on the immediate and most pressing issues faced by the homeless: food, shelter, bath facilities and clothing. Currently there is no specific program that targets the needs of pregnant women experiencing homelessness. The investigator hopes the research might indicate what types of programs and interventions would be effective for the specific needs of homeless pregnant women in the Eugene/Springfield area.

The investigator used both quantitative and qualitative research strategies. As supported by the fields of Public Health and Anthropology, “going where the people are” is the first step in developing programs or interventions that are going to be effective. Identifying the specific needs of pregnant women experiencing homelessness in the Eugene/Springfield is best accomplished by talking to the homeless pregnant women as the investigator did.

Following is a qualitative description of seven homeless pregnant women and their families in Eugene, Oregon. The introduction and literature review provide the reader with background information. The methods and procedures used for the study are then outlined. Results from a brief survey on use, access, and awareness of services and results from the personal interviews are presented and discussed. Lastly, there is a discussion of the study findings, strengths and limitations and recommendations for further research.
METHODS

Selection and Treatment of Human Subjects

The subjects for this study were pregnant women, 18 years and older, experiencing homelessness in Lane County, Oregon. Subjects were identified by the case manager at First Place Family Center, a day center for homeless families, via the Center’s intake evaluation. Marital status, number of children, and ethnicity were not included in the selection process. The case manager verbally informed potential participants about the project. The investigator recruited women that were interested in participating.

The investigator discussed the informed consent document (Appendix A) with the subjects. Subjects were then asked to sign the document. The informed consent document outlined the project objectives, potential risks and benefits, participant responsibility and other important information. The project and the informed consent document received full approval from Oregon State University’s Institutional Review Board for the Protection of Human Subjects.

Participants were assured strict confidentiality regarding any and all information collected. Eliminating any personal references on all materials including written surveys, taped interviews, transcripts of interviews, and client records protected client confidentiality. Signed consent forms are kept in a locked desk drawer at all times. All participants were told that their participation was completely voluntary and that they may withdraw from the study at any time for any reason.
Sources of Research Material

The project utilized a mostly qualitative research design supported by limited quantitative data. The use of qualitative research methods increases the perspective of the resultant social and health problems of pregnant women experiencing homelessness. "Going where the people are" to help explain the how and why allowed the investigator to generate a better understanding of homelessness and pregnancy.

The sources of research material include written surveys, taped personal interviews and client records. Participants first completed a brief written survey (Appendix B) about their awareness, access and use of local social service agencies. The investigator then conducted taped personal interviews. Lastly, demographic characteristics were gathered from the client records.

The six-item questionnaire included questions about the participants' use of services. Participants were asked to list up to five services they found helpful before they found out they were pregnant and after they found out they were pregnant. The participants were also asked to rank their top five services based on frequency of use. In addition they were asked to identify from a list any service they had used in the previous six months and any services they were unfamiliar with. Lastly, participants were asked to provide any other information that might be helpful to the investigator. Content validity was established through consensus of the investigator, case manager and professors.

The interviews followed an outline developed by the investigator (Appendix C). Topics included client background and demographic characteristics, pregnancy related concerns, service utilization, and future plans and goals. In addition, the investigator encouraged participants to share any other personal stories, experiences or concerns.
Procedure

The case manager at First Place Family Center identified homeless pregnant women, 18 years and older, via the Center's intake evaluation. Potential participants were verbally informed about the project and introduced to the investigator. The investigator went over the informed consent document with the clients. Clients that were interested were recruited and asked to sign the informed consent form.

The participants were first asked to fill out a brief written survey about their awareness, access and use of services. No names were required on the survey as the data was for group analysis only. The participants were then briefed about the interview process. They were shown the interview outline and assured that they did not have to answer any questions that were uncomfortable. The interviews took place in an office at the Center and took from 20 minutes to one hour. To assure confidentiality, participants were asked to not use their names during the taping.

When the interview ended, participants were thanked for their time and given a photocopy of the signed consent form outlining their rights as a participant, potential benefits and risks and phone numbers to call with questions. In addition, each participant received a list of the services for pregnant women in Lane County. The information provided a brief description of the program, address, phone number, hours of operations and fees, if any.

The client records were then accessed to gather demographic characteristics including age, ethnicity, family size, education level, and employment status. To assure confidentiality, the information collected made no reference to any personal identifying information.
RESULTS

Response Rate

The case manager identified nine pregnant women during the study period. Eight of the nine were recruited and signed the consent form. One participant completed the written survey but was not interviewed. She dropped out of the study and her data was not included in the analysis. Seven (78%) of the women completed the written survey and interview. Demographic data was available for six (86%) of the fathers. In addition, four (57%) of the fathers participated in the project. These four fathers assisted in the completion of the written survey and were included in the interviews.

Demographic Characteristics

The average age of the sample was almost 27 years old and the range was from 18 to 34. Twelve of the thirteen participants were Caucasian and one participant was Native American. One female participant had completed some college education. Two participants had graduated from high school and four had received a Graduate Equivalency Diploma (GED). Five had some high school education (9th to 12th grade) and one 19-year-old female had an 8th grade education level. Ten of the participants were unemployed and three (two females and one male) were employed part-time. None of the participants were employed full-time.

Table 1 presents the demographic characteristics of the sample including age, ethnicity, education level, and employment status.
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Female n=7</th>
<th>Male n=6</th>
<th>Total n=13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current age, y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-24</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>25-34</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>35-44</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Average Age</td>
<td>25.5</td>
<td>28.5</td>
<td>26.9</td>
</tr>
<tr>
<td>Age range</td>
<td>18-34</td>
<td>24-35</td>
<td>18-35</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Black</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Native American</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jr. high</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Some high school</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>GED</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>H.S. diploma</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Some college</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Part-time</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Full-time</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The average number of children, including current pregnancy, for the sample population was 1.86. The range was from one to four. One family had four children, one had three and one two. Four families had no other children in their custody at the time of the study.

Six of the families indicated that they had a two-parent headed household. The family of four was a single female head of household. The children were 10, 6, and 4 and the 29-year-old woman was expecting her fourth.
All but one of the seven families indicated that they were homeless (on street, in tent or car) at time of First Place Family Center intake. One family indicated a shelter as their current housing at time of intake. It is unclear if they were referring to the First Place Family Center or some other shelter.

All families indicated housing as a family issue. Six families indicated employment/income as a family issue and one indicated legal problems as a family issue. One 35-year-old male participant indicated veteran status on his intake and one 33-year-old male participant was learning disabled.

Survey Responses

The written survey focused on awareness and utilization of services. Respondents were asked to list and rank the services they use most frequently. They were also asked to identify the services that had been most helpful, both before and after they found out they were pregnant. In addition, they were asked to identify, from a list, services they had used in the past 6 months and any services they were not familiar with.

The survey was designed to determine patterns of use of services among the participants. The investigator used the responses to generate data to show what services pregnant women experiencing homelessness most frequently use both before they found out they were pregnant and after finding out. Data on which services are most helpful was gathered by asking respondents to rank their five most helpful services. Lastly, data was generated to determine what services had been used in the last six months and what services the participants were unfamiliar with.
Table 2 presents the frequency of use of available services. Respondents were asked to list and rank the five services they most frequently use. Frequency of response is the number of respondents that ranked the service within their top five. The investigator calculated the total points by adding the individual ranks together. Most frequent received five points, the next four points, the next three, then two and finally one point for the least frequently used. The maximum points attainable equals 35 (7 respondents x 5 maximum points).

Table 2 – Frequency of Use of Services

<table>
<thead>
<tr>
<th>Rank</th>
<th>Agency</th>
<th>Frequency of Response (n=7)</th>
<th>Total Points (maximum = 35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>First Place Family Center (FPFC)</td>
<td>7</td>
<td>31</td>
</tr>
<tr>
<td>2</td>
<td>Adult and Family Services (AFS)</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>Oregon Health Plan (OHP)</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>Women, Infants and Children (WIC)</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>4</td>
<td>Doctor’s Office/Clinic</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>5</td>
<td>Lane Pregnancy Support Center</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 2 shows that all respondents ranked First Place Family Center (FPFC) in their top five most frequently used services and that FPFC received 31 out of 35 possible points. Four respondents indicated FPFC as the most frequently used service, two as the second most frequently used and one indicated FPFC as the third most frequently used service. These results are not surprising as recruitment for the study occurred at FPFC.
Adult and Family Services (AFS) and Oregon Health Plan (OHP) both received 14 points and were both ranked second for frequency of use. Note that each of these two services received less than half the points compared to First Place Family Center. Also, only five of the seven respondents ranked these agencies in their top five of most helpful services.

The Women, Infants and Children (WIC) program had five of the seven respondents rank it in their top five for a total of 13 points. Four of the seven respondents indicated a doctor’s office or clinic in their top five for a total of 13 points also. Finally, two respondents indicated Lane Pregnancy Support Center in their top five for a total of five points.

There were additional services that ranked in the top five for some of the respondents. These include Services to Children and Families (SCF) which one respondent ranked as their most frequently used service; Catholic Community Services; Urgent Care; Lane County Public Health; Sacred Heart hospital and emergency room.

Respondents were asked to list up to five services they found helpful before they found out they were pregnant and list up to five services they found helpful after finding out they were pregnant. In addition, they were asked to identify, from a list, services they had used in the previous six months. They were also asked to identify from that list any services they were unfamiliar with.

All services on the list were described in the Lane County list of services that each participant received from the investigator. The information included agency address, phone number, contact person, fees and a brief description of the services provided.
Table 3 shows how many respondents, out of seven, found the service helpful before finding out about pregnancy, after finding out about pregnancy, and also how many of the respondents had indicated using the service in the previous six months.

Table 3 - Helpful Services

<table>
<thead>
<tr>
<th>Agency</th>
<th>Before (n=7)</th>
<th>After (n=7)</th>
<th>6 months (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult and Family Services (AFS)</td>
<td>4</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Oregon Health Plan (OHP)</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>First Place Family Center (FPFC)</td>
<td>2</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Catholic Community Services (CCS)</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Women, Infants and Children (WIC)</td>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Services to Children and Families (SCF)</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Whitebird</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Doctor's office/Clinic</td>
<td>0</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Lane Pregnancy Support Center</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Four of the seven respondents indicated that Adult and Family Services (AFS) and the Oregon Health Plan (OHP) were helpful before they found out they were pregnant and five of the seven indicated they were helpful after they found out. First Place Family Center (FPFC) was the only service to be found helpful by all respondents after they found out they were pregnant. Only two respondents found FPFC helpful before pregnancy.
Five of the seven respondents indicated that the Women, Infants, and Children (WIC) program was helpful after they found out about pregnancy. One respondent found WIC helpful before the pregnancy. Four of the respondents indicated a Doctor’s office or clinic as helpful after finding out about pregnancy.

In the previous six months all respondents indicated that they has used the First Place Family Center (FPFC) and Adult and Family Services (AFS). Six of the seven had used Oregon Health Plan (OHP) and the Doctor’s office. Five had used the Women Infants, and Children (WIC) program. Additionally, four had used Ask-A-Nurse, the emergency room, and the Lane County Health Department.

There was one service that all respondents were unfamiliar with: Education Potentials in Childbearing (EPIC). EPIC provides comprehensive programs enhancing all phases of childbirth and newborn parenting. Six of the seven indicated that they were unfamiliar with the Preterm Birth Prevention Program. The Preterm Prevention Program is for women at high risk of preterm labor and requires a doctor’s referral to access. Five of the seven were unfamiliar with All Women’s Health Services, a clinic providing free pregnancy tests, counseling, and birth control. There were four services that four of the respondents indicated they were unfamiliar with: First Way; Healthy Start; Lane County Prenatal Services; and Peacehealth Medical Group - New Start Program.

The written survey contained one open-ended question. This item asked the respondents to provide any additional information that might be helpful to the investigator, such as services that are unavailable, any services that haven’t been mentioned on the survey or services that they would highly recommend. Table 4 presents the responses from the participants.
Table 4 – Qualitative Responses to “In the following space, please provide any additional information that might be helpful to the researcher.”

<table>
<thead>
<tr>
<th>Response</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Unfamiliar with many of the services in the area, looked in phonebook.”</td>
<td></td>
</tr>
<tr>
<td>“Kind doctors, no medical coverage.”</td>
<td></td>
</tr>
<tr>
<td>“Family shelter for women with men under 8 months pregnant.”</td>
<td></td>
</tr>
<tr>
<td>“Financial aid without any ID.”</td>
<td></td>
</tr>
<tr>
<td>“There needs to be more help for pregnant women before the 8th month of pregnancy.”</td>
<td></td>
</tr>
<tr>
<td>“My SCF worker told me about a home program called Nedco.”</td>
<td></td>
</tr>
<tr>
<td>“Services for clothing for pregnant women would be helpful. I have been unable to find or afford to buy maternity clothes.”</td>
<td></td>
</tr>
<tr>
<td>“Catholic Community Services has a housing program that is a two year program, where you find a place outside the city limits and they help with your rent. It’s run by Chuck Yoder.”</td>
<td></td>
</tr>
<tr>
<td>“The most helpful services have been provided through First Place Family Center.”</td>
<td></td>
</tr>
<tr>
<td>“The thing that has been the most hindrance in becoming self-sufficient has been the denial of access to various services until at least being 8 months pregnant.”</td>
<td></td>
</tr>
<tr>
<td>“SCF not helpful, they think they are, but aren’t; disciplining children.”</td>
<td></td>
</tr>
<tr>
<td>“Some helpful churches (gas vouchers) First Christian Church, Irving Neighborhood Assembly of God, Pastor Chris.”</td>
<td></td>
</tr>
</tbody>
</table>

Three of the respondents indicated a need for services for pregnant women that were less than eight months pregnant. One respondent indicated a need for maternity clothes and one couple financial aid. One couple recommended a housing program run by Catholic Community Services and one woman named some helpful churches.
Qualitative Descriptions

The investigator chose the statistics software *Ethnograph v5.0* for the qualitative analysis. The investigator used the software to transcribe and code the personal interviews. The investigator and the case manager at First Place Family Center went over the transcripts to identify information to be included in the following descriptions. The following discussion is the investigators attempt to link the quantitative and qualitative aspects of the study together to provide an overall description of the study population.

Client Background and Demographic Characteristics

The topics in this part of the interview included a description of the respondent’s current situation, childhood, history of homelessness, previous pregnancies and outcomes, other children, education level, medical history, family relationships, and personal support system.

The respondents were asked to describe their current financial, employment and living situations. The financial situation for most was bleak. Many collected some type of welfare benefit through Adult and Family Services. These benefits included food stamps and cash grants for housing. One man was collecting SSI Disability benefits and one man had applied for SSI Disability Benefits.

Of the thirteen respondents, just one couple reported being employed at the time of the interview. Both worked in part-time and temporary positions. One man was out of work on disability but was not receiving benefits. One woman had recently lost her job as a part-time caregiver. Most participants reported no employment.
All of the couples considered themselves homeless or houseless. Four of the seven pairs were currently accessing the night shelter program. One couple was currently living in a 21ft trailer with no water or electricity, one couple was living out of their camper-van and one couple was staying with friends. One of the couples staying in night shelter also maintained a camp outside. Following is an excerpt from their interview:

M: We have had this place going on for oh just over a year now, and she got mad at me one day and said how come you still have this up there, you know we’re indoors and after we lost our apartment I said this is why.
I: So you want to keep it?
M: It’s a safe place.
F: It’s a nice little retreat, it’s outdoors and it’s safe and you know nobody knows where it is at.
M: It will always be there.
F: Even if it’s just for weekends you know, that kind of thing, that would be cool.

Participants were asked to describe their childhood, education level, and whether they had a history of homelessness either as a child or as an adult. When asked about their childhood, some of the participants were eager to share their stories while others had little interest in talking about their childhood. Five of the women indicated that they had a relatively normal childhood compared to most and that they always had a home as a child. Two women indicated that their parents were living in the same house in which they grew up.

One woman said her childhood was pretty normal compared with most except she didn’t have a daddy half the time. She became pregnant at 15 with her first child who was not currently in her custody. One woman didn’t talk about her childhood and one woman said that her mother was an alcoholic and she grew up a “welfare kid”. Her partner also said he grew up on welfare.
The men seemed to indicate a less stable childhood than the women. One man had moved around a lot as a child and continued to do so into adulthood. One man had been on his own and lived outside most of his life and described himself as very self-sufficient. One man had been molested as a child and shared his story with the investigator:

M: My family is probably the worst family I’ve ever had, never really had one. I lived in LA basically, I’ve seen my aunts get shot in front of me, my uncle get shot in front of me, a woman died a room down from me because somebody broke in the house thought it was drugs in the house and decided to shoot her a million times. I remember sitting, I used to walk around carrying a gun, carrying a gun is like walking down the street carrying a can of soda, it’s no big deal, and getting a piece of gumbo. The most scariest thing I’ve ever had in my family was confronting so many people in my family for the fact that what they’ve done to us kids in our generation and their generation’s got a disease. There’s a lot of molestation in my family going on and I was the one who brought it to an end when I confronted my family about it, because it happened to me. That’s why that church thing, I’m not really up for church. My family was church going and I never went to church. I remember when I was a kid getting dressed up and going once. Then I never went again, I always got out of it because of what my family did. You know my uncle, people, my step-grandfather and everybody’s telling me oh God says we can do this, and I’d pray at night and cry my butt off, it never stopped.

None of the women had been homeless as children, although two of the women had been homeless before as adults. One woman had been homeless with her first husband and was also homeless for quite some time when she left him due to domestic violence. The other woman had been homeless on and off since she was 20 years old. One woman indicated that she was never really homeless but she had moved around a lot since she was 17. She and her partner lived out of their van. The four remaining women had never been homeless previous to now. Two of the men had been homeless before. One had spent a lot of his life living outdoors.
The education level of the participants ranged from 8th grade to Associates of Science degree. Six of the 13 participants had less than a high school diploma or Graduate Equivalency Diploma (GED). Two of the six were currently taking GED classes. Four of the participants had received their GED's, two had received high school diploma's and one female had an Associate's of Science degree.

The investigator also asked the participants about their medical history including mental and physical problems. Most of the respondents indicated no physical health problems of any kind. One man reported to have a severe kidney problem as a child and now has only one kidney that was donated by his brother. He also has four pins in each hip and is on anti-depressants, medication for panic attacks and anti-rejection drugs. One woman had a sunken chest as a child and had surgery to correct it. One woman indicated allergy and asthma problems and one woman stated that she was anemic. One man had recently hurt his knee. He was out of work on disability although he was not receiving any disability benefits.

Most of the respondents indicated that they had no mental health problems. One woman responded as follows when asked about her mental health:

I: What about your mental health?
F: Um, free of drugs, um pretty stable, although SCF doesn't seem to think so, um but that's their problem. You know I got an evaluation on the third, and that's Thursday and they think they're gonna find something wrong with me, but I got news for them, they're not.
I: Right, what kinds of things do they look for, depression or attention deficit?
F: Well, um I told them I got attention deficit disorder but um I don't know you know what the thing is. All I know is there trying to prove me out to be an unfit mother and they are bound and determined to take my daughter away from me and I'm bound and determined to say no you're not, you're not getting her.
The women were asked about their previous pregnancies and outcomes and the men were asked if they had any other children. Previous pregnancies ranged from none to five for the women. One woman had five previous pregnancies. She had three children and two miscarriages. All children were in her custody. One woman had four previous pregnancies. She had two boys, a girl and one miscarriage. None of her children were in her custody. One was in state custody, one had been adopted out by the state and one was with his grandmother.

Four of the women had two previous pregnancies. One woman had two miscarriages. Two of the woman had neither of their children in their custody. Each had one child taken by Services to Children and Families. One of the women had an 18-year-old son and one the other women’s child was in his father’s custody. One woman had one daughter in her custody and one daughter temporarily staying with her grandparents. This was the first pregnancy for one of the participants.

The number of other children not in current custody ranged from zero to five for the men. For two of the men this was their first child. One man had only one child and the child was in his and his wife’s custody. Two of the men had one other child each that was not in their custody. Neither of them saw their child and it is doubtful that they provided any child support. One man had one child that was in state custody and one man had five other children:

M: And I’ve got five other children.
I: Really, do you?
M: Yeah.
I: Where are your kids?
M: Uh, I’ve got an 18-year-old daughter in Washington, I’ve got two sons with my second wife um and two daughters with my second wife, my sons live in Springfield with their grandpa and my girls live with their mother in Grants Pass.
Finally, participants were asked about their relationships with their families, and whom they turned to for personal support. Very few of the respondents felt they had a close relationship with anyone in their immediate family. Only one of the couples had family in the area and the man had no contact with his mother, brother or grandmother who each live within 10 miles of Eugene. The other respondents had family in California, Washington, other parts of Oregon, Colorado, Mississippi and South Carolina.

Most of the respondents seemed to be close with some family members and not others as indicated by the following:

I: Family relationships, are you close to your family, your immediate family?
F: Not anymore, no not anymore, I still, I’m real close with my mom still but not my dad and my step mom and my sisters.
I: Not your dad and your step mom, but you’re close to your real mom?
F: My real mom right, and my sisters I don’t talk to anymore.

Four of the respondents indicated staff at the First Place Family Center as being their main source of personal support. All four mentioned the case manager, Linda. One couple received support from two male volunteers they had met through the night shelter program. One woman stated that she received support mostly from people at work and sometimes from her partner.

Two of the women indicated that they had personal support from people they met at drug and alcohol treatment. These two women both named several people they considered part of their support network. These included counselors, Narcotics Anonymous and Alcoholics Anonymous friends, sponsors, SCF worker and a mother. Both women were trying to get their partners to begin treatment. Although both men claimed to not be using, neither one was in a recovery program.
Pregnancy Related Concerns

This part of the interview focused on prenatal care, nutritional status, tobacco, alcohol or other drug use, stress, sleep and rest. Participants were asked about their prenatal care visits with a doctor or midwife, their nutritional status and their use of the WIC program. They were also asked about their use of tobacco or other drugs. Lastly they were asked if they were receiving adequate sleep and rest and if they felt stressed.

Two participants visited an OB/GYN on a regular basis for prenatal care and two were receiving prenatal care from a midwife on a regular basis. Two of the participants had not returned for prenatal care since finding out about the pregnancy. One woman had not returned to see a doctor because she did not have health coverage and the other was only 6 weeks pregnant and had not yet decided if she was going to use a doctor or midwife. Lastly, one participant had just moved and had an appointment with a doctor the following week. She was seeing an OB/GYN before she had moved.

When asked about their nutritional status, most of the women indicated that they felt they were receiving adequate nutrition. A few indicated that it might be improved. Three of the women were currently receiving food vouchers from the WIC program. Two had appointments scheduled to get started with WIC. Two were aware of the services offered by WIC but had not yet made appointments.

Two of the women respondents were not tobacco users. Four of the women indicated that they currently were tobacco users and one had quit since becoming pregnant. Three of the seven women indicated that they were in drug recovery although one admitted to smoking marijuana occasionally. In addition, the women's partners were also in recovery. All other participants indicated no other drug or alcohol use.
The participants were also asked if they were receiving adequate sleep and rest and what was their biggest stress. All four of the women that were staying in night shelter indicated that they were not receiving adequate sleep or rest. This in part was due to the fact that they had to share a room with other people and also with noisy kids. One participant was not sleeping well due to back pain associated with pregnancy and three of the participants mentioned interrupted sleep as a problem. One woman stated:

F: I have actually fallen asleep on the couch (in the shelter) snoring and everything, you know but I was tired, yeah and there is a lot of stress, yeah you’re homeless, you’re trying to take care of your kids and you know you have to keep those feelings of self-esteem up, cause I sure felt worthless for awhile, you know.

Almost all of the participants indicated that there was something causing them stress. One participant indicated that her level of stress had decreased since staying at the shelter. Two of the women were quite concerned about having a place to live before the baby was born. One woman, mother of three, felt stressed about how often her children were sick since they had been staying in night shelter.

Two of the women indicated that Services to Children and Families (SCF) was their greatest stress. One woman stated:

F: Fear of SCF’s gonna get word that I’m pregnant, umm they’re gonna try and tell me don’t leave the state, when you go in tell us you’re going into the hospital.....if they approach me I’m gonna say no I’m not pregnant are you crazy.

Although most of the women were receiving prenatal care from a doctor or midwife, two were receiving no care at all. Other issues were also playing a role in the health of the pregnancy. Most of the women expressed concern about adequate nutrition, lack of rest and sleep and some felt high stress. In addition, four of the seven women were tobacco users, three were in drug recovery and one smoked marijuana occasionally.
Service Utilization

This part of the interview focused on awareness, access and use of services. Participants were also asked if they had any unmet needs or recommendations. Most of the information on service utilization was gathered from the surveys that were completed by the participants. The investigator used this part of the interview to expand on the information that was gathered from the written survey.

Four of the respondents were very aware of the services in the area. This was in part due to previous experience with the services or from many referrals from both First Place Family Center and Adult and Family Services. One respondent was aware of some services by word of mouth from friends on the street. This couple was the youngest of the sample and spent a lot of their time at the downtown mall with friends and other homeless youth. Two of the respondents were not from the local area and were not really aware of many of the available services.

Six of the seven respondents felt that their access to services was fine and indicated no problems. One respondent had several problems with access to care. The couple had no ID and were unable to access Adult and Family Services or the Oregon Health Plan. The woman was afraid to go to a doctor because she had no health coverage. An excerpt from her interview follows:

I: So have you made any visits to the doctor or just the day you found out you were pregnant?
F: Just the day I found out I was pregnant, cause I’m afraid to go cause everytime I go I keep getting hospital bills on top of hospital bills on top of hospital bills, I have this one hospital bill for $958, you know I am just like I don’t have any money and that’s like over my head a million times and there’s no way I can pay that, you know and I’m just getting like scared and they keep sending me letters about if you don’t pay this then we’ll, and I’m just like no, no ,no.
The most frequently used service for all the respondents was First Place Family Center. In addition, five of the seven respondents were using Adult and Family Services (AFS), the Oregon Health Plan (OHP) and the Women, Infants and Children (WIC) program. Four respondents were using a doctor’s office or clinic. In addition, three of the respondents were currently involved with open Services to Children and Families (SCF) cases. Only one indicated that SCF was helpful, the other two were not happy with SCF’s involvement in their life. One participant had used the services of Womenspace, a program for victims of domestic violence.

When asked what unmet needs or recommendations the participants might have, all responded that housing was there greatest unmet need. Some also indicated that transportation was a problem. Two respondents mentioned maternity clothes and baby things, such as stroller, crib, and car seat, as needs that were not being met. Also, one respondent indicated a need for legal aid to get her son back from Services to Children and Families (SCF).

It was also reiterated at this point by three of the women, the lack of services for women with no other children in their custody who were less than eight months pregnant. Current policies keep these women from accessing transitional housing and some other programs until they are at least eight months pregnant.

The investigator shared some leads with these women from the list of services that they had received. The investigator encouraged the women to make phone calls and see if they could find some of the things that they needed such as maternity clothes, baby clothes, strollers and cribs.
Future Plans & Goals

The participants were also asked to describe their future goals and plans related to education, housing, employment, and family. The answers to these questions provided the investigator with an idea of what the participants wanted to be doing in the future and whether they were trying to make a different life or were satisfied with their life now.

Five of the seven respondents had no interest in further education. One couple was working on receiving their GED’s and the woman was interested in learning Spanish. Another couple was interested in further education. She was interested in going to school to become a beautician and he was interested in taking a literacy class.

When asked about future plans for housing, two of the respondents seemed to have some type of plan to find housing. One couple had just found a place and was waiting to move in. Another respondent put it this way:

F: Well the way I have it planned and the way my worker at welfare has talked to me about is to get a place first because that’s a huge issue right now, it’s really hard to find a job, when you have a hard time making sure that you can get up at the right time and get where you need to go, so we can get the house first and then I want to get a job so bad.

The remaining five respondents seemed to either not have a real plan or were content with their current situation. One couple was living in a 21ft trailer and had no plans to find anything else. Another couple was staying with friends and looking for a place, yet they had no money and no income. One respondent indicated that she would like to buy some land and live off the land but was unsure where and stated that “it’s just kind’ve up in the air.” Currently, she and her partner were staying in their van. The remaining two respondents had no real plan for finding housing.
Most of the respondents had some plan for employment in the future. One couple already held jobs although they were part-time and temporary. One woman had to quit her job during the pregnancy because she worked with lead, but she planned on returning to work when the baby was born. One man was interested in taking vocational rehab and his wife knew she would have to go back to work eventually. Following is an excerpt from their interview:

F: Well I'm gonna have to go to work eventually, they aren't gonna let us sit on that grant much longer.
I: Right, so you get two years on it?
M: Yeah
F: But our case worker we had before tried to put me to work right after I had the baby and yeah I done got pregnant again and she knew that and knew it hadn't been long since I had the baby so I was going to have complications just the fact I got pregnant so soon, she's constantly trying to put me to work at McDonalds or somewhere like that making $5 an hour and supporting five people, jeez.

When asked if she planned to go back to work after she had the baby, one woman put it this way, “I have to, I’m not gonna rely on anybody anymore except for myself, cause it don’t work that way.” Her partner was out of work on disability but not receiving benefits and she was quite stressed about this. He planned to return to work when his knee was better.

One woman wanted to go back to work “real bad” but was waiting to find a place to live. She was pregnant and taking care of three children on her own while her partner was working an hour away. She had to leave town because her ex-husband had located her and was harassing her. Her partner had a good job and was not going to leave until they had a place to live in Eugene. One man was receiving SSI and his wife was not working. They had no plans for employment or changing their living situation.
Lastly, one couple had no ID and could not get jobs. They were waiting to receive their birth certificates from California and then were going to get some ID. Once they had ID they wanted to find jobs. Although they did not know what kind of work they wanted to do, they knew they didn’t want to work in fast food. This couple seemed to give mixed signals about what they wanted in the future. At one point in the interview they talked about returning to California and at other times they made it seem like they were staying in the area. An excerpt from their interview follows:

M: The thing that pisses me off is they want the husband to be there for the child, but the situation that me and her are in, if we go someplace like the Mission, the kid won’t see me much, she’ll see her much, the kid will think I’m just a dad who comes in once and awhile.

I: Right, cause you can’t stay together there.

F: Exactly, that’s messed up, and that’s why I at least want to get on welfare, it’s easier to find housing quicker and then after we are stable and we got a job on the side that we know we can keep for awhile you know, I can get off welfare and just keep that job and pay the housing like I want to without welfares help cause I really don’t want to get on welfare.

M: Cause I’m tired of it, I want to get a job and go to school.

Participants were also asked about their future plans for their family. Two of the respondents, one with three children and one with two, indicated that this was their final child. One woman stated that she was going to wait a few years before having another baby because she did not like being pregnant. Three of the respondents were fighting to get children back from Services to Children and Families (SCF). None of these women indicated that this pregnancy was their last child.

One couple talked about moving out of the United States of America and going to British Columbia, Canada as refugees from the drug war after they got their daughter back from Services to Children and Families (SCF). Another couple indicated that their first goal was to pay their debt and restore their credit.
When asking the participants about their plans for the future, it was obvious to the investigator that some of the participants had given the issue some thought and some had not thought about the future at all. Some respondents were able to concisely state what their goals were and what they wanted in the future. Others made many contradictions and stumbled to find an answer about what their goals were and what they wanted for their future.

The personal stories and experiences that were shared by the respondents are diverse and demonstrate how difficult it is to quantify this population with numbers. Although the sample size is not sufficient to provide generalization, the investigator takes the risk of stating that each situation of pregnancy and homelessness is unique. Each woman, partner and baby needs and deserves individually focused interventions and assistance.
CONCLUSIONS

Discussion

The investigator identified three themes in the data analysis that warrant some discussion. The first theme identified by the investigator was that there are only a handful of agencies meeting most of the needs of homeless pregnant women in Lane County, Oregon. The second theme identified was that many of the participants had children that were not in their current custody. The last theme identified was the lack of services for women under eight months pregnant with no other children in their custody.

The data analysis indicates that there are only a handful of agencies meeting the needs of homeless pregnant women in Lane County, Oregon. These agencies include First Place Family Center (FPFC), Adult and Family Services (AFS), Oregon Health Plan (OHP), and the Women, Infant’s and Children (WIC) program. In addition, three of the seven women had open cases with Services to Children and Families (SCF).

Four of these agencies are government funded and one is a non-profit service organization. Funding and grants play a major role in the quantity and quality of services provided by these agencies. Uncertainty about future funding of programs as well as changes in funding from year to year affect service comprehensiveness and continuity.

It is imperative that programs for all individuals and families experiencing homelessness and those at risk of homelessness continue to receive adequate funding. As many in the social service and public health professions know, without adequate funding even the most effective of programs will fail.
Four of the women and three of the men had children that were not in their current custody. Three of the four women had one child in state custody and one woman had a child that had been adopted out by Services to Children and Families. Others had children that were staying with family members. One man had five other children. Although he has custody of none of them he does have weekend visitations with two of his sons.

The investigator believes that this is an important finding for many reasons. Half of the participants in the study had other children that were not in their custody and three had children removed from their custody. None of the participants were currently paying child support for other children. The investigator could not help but wonder how they planned to care for this child when they could not care for the children they already had.

Although each situation was different, the investigator sensed that some of the participants viewed the current pregnancy as a way to replace the child that had been removed from their custody or the child they no longer visited. If this is truly the case, it is imperative that further research examine this theme and appropriate prevention and intervention efforts be implemented to address this issue.

The lack of services for women less than eight months pregnant with no other children in their custody was discussed by four of the participants. The policy today states that a woman must be at least eight months pregnant or have other children in her custody in order to qualify for the transitional housing program. For these participants, this was not the case. These women and their partners were able to access the night shelter program for thirty days but were not able to access transitional housing when their time was up.
The investigator recommends that this information be used to examine the current policy. Over half of the participants (57%) indicated that there was a need for services for homeless pregnant women with no other children in their custody. These participants had no place to go when their time at night shelter was up. These pregnant women and their partners were returning to the streets, staying with drug using friends, camping or living in their van. These are certainly not desirable conditions for a healthy pregnancy.

Many of the results of this study are consistent with previous research that has been done with pregnant women experiencing homelessness. These woman were typically in the early to late twenties, six of the seven had at least two previous pregnancies, four were tobacco users and three of the women were in drug recovery. Inconsistent with previous findings is that only one of the seven women indicated a situation of domestic violence and none of the women indicated serious family disruptions as children.

Finally, the importance of qualitative research strategies will be highlighted by providing the reader with an example of how these methods can provide a more complete picture of a situation. The quantitative analysis showed that the average number of children for the participants including current pregnancy was 1.86. The personal interviews presented a different picture. It became apparent during the interviews that many of the participants had children that were not in their current custody.

Without the use of qualitative methods the investigator would have missed this important theme. The results from the qualitative analysis indicate that programs for this population must encourage responsibility and caring not only for the child they are expecting but also for the children they already have.


Strengths and Limitations

While qualitative research methods provide strategies for studying phenomena in their natural settings without predetermined hypotheses, these methods also introduce many limitations. The advantage of using qualitative methods is that it provides a holistic picture by focusing on understanding a particular social setting and examining relationships within the system or culture. In addition, qualitative methods are often personal, face-to-face and immediate.

The sampling method chosen by the investigator was to use all available cases. The investigator chose to use all available cases because of the small sample size that was expected. Although non-probability convenience sampling is the weakest of all sampling procedures, this method is valuable in the generation of hypotheses, refinement of research questions and exploration of issues not previously examined.

This study was conducted in Lane County, Oregon and the results are not generalizable to other similar sized communities due to many economic, social and cultural factors. The investigator cautions that there may be homeless pregnant women in Lane County that do not access the shelter or who accessed the shelter but were not identified for participation in this study. These women were not included in the sample and thus selection bias may be a factor.

The use of the personal face-to-face interview also introduces some limitations including interviewer bias, social desirability bias, and “going native” which occurs when the observer gets emotionally involved with the group and loses objectivity. Finally, the results may not be consistent with conditions and actual experiences over time as the political and social climate surrounding this issue continues to change.
Recommendations for Further Research

The investigator recommends that further research be done with pregnant women experiencing homelessness in Lane County. The investigator recommends that this descriptive, qualitative study be used as a basis for more detailed research in Lane County in the areas of prenatal care, service utilization and future plans and goals. The investigator also recognizes the importance of follow-up with the agencies in Lane County that service these women.

At the macro level, the investigator also recommends epidemiological studies on birth outcomes for homeless pregnant women and further research examining why homeless women become pregnant and the thought processes associated with homelessness and pregnancy. Do these women become pregnant by accident, because they long so much to be a mother or because they have had other children that have been removed from their custody? The answer to these questions will help determine what prevention and intervention approaches will be successful with this population.

Professionals in the social service and public health fields recognize that continued research on the causes, characteristics, needs and effective programs for those experiencing homelessness is essential if we are going to make headway in decreasing the rate of homelessness in the United States. Hambrick & Johnson (1998) state that “many professionals working with the homelessness problem realize that it is necessary to turn the corner from a temporary, emergency response to a long-range strategy. Both social responsibility and realism require it.” The investigator shares this view.
SUMMARY

Seven homeless pregnant women and six of their partners constituted the sample. The sample was predominantly Caucasian (12/13), ranged in age from 18 to 35, were relatively under educated and most were unemployed. Of the seven pregnant women, only one was pregnant for the first time. The six others had each been pregnant at least two previous times. Three women were fighting to regain custody of at least one child that had been removed from their custody by Services to Children and Families (SCF).

Findings indicated that there are only a handful of services in Lane County providing most of the needs for homeless pregnant women. An apparent gap in services for women less than eight months pregnant who have no other children in their custody was identified. Current policies prevent these women from accessing transitional housing until they are eight months pregnant. Data from the interviews indicated that half of the participants had other children that were not in their custody.

This study explored the situation of homelessness and pregnancy in Lane County, Oregon. The qualitative methods used in the study help to provide a more complex picture of this problem. This new picture examines and describes the causes, effects, and needs of pregnant women experiencing homelessness in Lane County, Oregon. Further, it explores three themes that emerge from the interview and written data.

The investigator recommends that further research examine how and why homeless women become pregnant and how these women cope with the situation of homelessness and pregnancy. Epidemiological studies on the birth and maternal outcomes of pregnant women experiencing homelessness would also help in illustrating the importance of prevention and early intervention efforts for this population.


HELP Book (1998): A Listing of Social Service Agencies in Lane County.


APPENDICES
APPENDIX A: INFORMED CONSENT FORM

Oregon State University Department of Public Health
Waldo Hall, Corvallis, Oregon

INFORMED CONSENT FORM

Hi, my name is Margaret Shatzel, I am a graduate student in Public Health at Oregon State University. I am working on a master's degree in community health. This project will assist in the completion of my master's thesis.

I am interested in the health needs of people experiencing homelessness. In particular I am interested in the needs of pregnant women experiencing homelessness. My goal is to identify the specific pregnancy related needs of homeless pregnant women in Lane County, Oregon and describe the nature and extent of services that are currently being used.

Participation will require a taped personal interview and completion of a written survey. The interview topics will be related to access and use of prenatal care, nutritional status, substance use and personal stories, ideas and experiences. The written survey will include questions about the nature, extent, and barriers to available services.

I, ___________________________, consent to join this research study. I have received an oral and written explanation of this study and I understand that as a participant in this study the following things will happen:

1. I will be asked to verify pregnancy status. I understand that no medical records will be required and that simply the date of a positive pregnancy test at a physician's office or clinic will be acceptable.
2. I will allow the investigator to share and exchange information with the case manager at First Place Family Center. If any information regarding actual or potential child abuse is revealed the case manager will be notified. The case manager is required by law to report this to the appropriate agency.
3. I will allow my interview to be tape-recorded. I understand that it is being tape recorded so that my words are not misunderstood or misrepresented. I understand that my participation is voluntary and that I can turn off the tape recorder at any time and/or stop the interview with no penalties.
4. I will complete a brief written survey about my use of available services. I understand that this information will have no effect on my eligibility for services.
5. I understand that there are potential risks or discomforts to me as a participant in this research project. Potential risks or discomforts might include anxiety or nervousness during interviews and feelings such as sadness or despair.
6. I understand that there are potential benefits to me as a participant in this research project. Potential benefits might include increased awareness of prenatal care issues and services and feelings of relief and increased social support.
I further understand that:

Any information obtained from me will be kept confidential. I understand that my privacy and confidentiality will be protected by the use of code numbers and that the only persons who will have access to this information will be the investigators and staff at First Place Family Center.

I agree to allow the researcher to use the information from the interview, survey and client records in her research project and any other publications that might result. I understand that all written text, material from transcribed tapes, and the cassette tape itself will eliminate any references to personal identifying information.

My participation in this study is completely voluntary and I may either refuse to participate or withdraw from the study at any time without penalty or loss of benefits to which I am otherwise entitled. Participation in this study will have no bearing on my eligibility at First Place Family Center.

I have a right to review the tape at anytime and also to request a duplicate copy of the recorded session. I understand that I will be given an opportunity to suggest adjustments or request further interviews. I understand that it is my responsibility to request these items.

I will not be financially compensated for my participation in this study, either now or in the future.

Questions about this research and/or specific procedures should be directed to Susan Prows, PhD, MPH, CHES; Assistant Professor, Department of Public Health, (541) 737-3838 or Margaret Shatzel, OSU graduate student, (541) 461-5589.

Questions about my rights as a participant in this study should be directed to Mary Nunn, Sponsored Programs Officer, OSU Research Office, (541) 737-0670.

My signature below indicates that I have read and that I understand the procedures described above and give my informed and voluntary consent to participate in this research project. I understand that I will receive a signed copy of this consent form.

_________________________  ___________________________  __________
Signature of participant     Printed name of participant  Date

_________________________  ___________________________
Signature of researcher     Printed name of researcher
APPENDIX B: WRITTEN SURVEY

Thank you for taking the time to fill out this brief survey. It will take you from 10 to 15 minutes to complete this questionnaire. Please do not hesitate to clarify any questions you may have about the survey with the researcher. Your thoughtful and complete answers will aid the researcher in identifying what services are beneficial and what needs are going unmet for homeless pregnant women in Eugene, Oregon.

1. **Before** you found out you were pregnant, what services did you find most helpful? Please list up to five services.

2. **Since** you found out you were pregnant, what services do you find most helpful? Please list up to five services.

3. Please list the five services you most frequently use. Please rank them in order with (1) being most frequently used and (5) being least frequently used.
   
   1.
   2.
   3.
   4.
   5.

4. From the following list of services please check all that you have used in the last 6 months.

   - Adult and Family Services (AFS)
   - All Women’s Health Services
   - Ask-a-nurse
   - Birth to Three
   - Catholic Community Services
   - Community Midwifery Services
   - Education Potentials in Childbearing
   - Emergency Room
   - Eugene Service Station
   - Eugene Mission
   - First Place Family Center
   - First Way Pregnancy Center
   - Healthy Start
   - Lane County Health Department
   - Lane County Prenatal Services
   - Lane Pregnancy Support Center
   - Lane Shelter-Care, Family Shelter
   - Looking Glass
   - Orchard Inn
   - Oregon Health Plan
   - Peacehealth Medical Group-New Start Program
   - Peacehealth Medical Group – Prenatal Clinic
   - Physician’s office
   - Planned Parenthood
   - Preterm Birth Prevention
   - Sacred Heart – Special Delivery Program
   - SAFENET
   - Salvation Army Family Services
   - Services to Children and Families
   - St. Alice Community Service Center
   - Urgent Care Clinic
   - White Bird
   - WIC (Women, Infants and Children)
   - Womenspace
5. From the list of services on the previous page, please identify (with a circle) any services that you are not familiar with.

6. In the following space, please provide any additional information that might be helpful to the researcher. For example: are there any services that are unavailable that you wish were available; are there any services that have been helpful to you or that you have used that have not been mentioned on this survey; or are there any services that you would highly recommend to other pregnant women experiencing homelessness? Please take your time, your responses are very important.

Thank you for your time and thoughtful answers.
APPENDIX C: INTERVIEW OUTLINE

Client Background and Demographic Characteristics:
- childhood
- history of homelessness
- previous pregnancies and outcomes, other children
- education level
- medical history (mental, physical)
- family relationships
- personal support system
- current situation (financial, employment, living)

Pregnancy Related Concerns:
- prenatal care visits
- nutritional status
- tobacco, alcohol, and other drug use
- stress
- sleep, rest

Service Utilization:
- awareness of services
- access to services
- least and most frequently used services
- unmet needs and recommendations

Future Plans & Goals
- education
- housing
- employment
- family

Any other personal stories, experiences, and concerns the women will share with me.
APPENDIX D: LIST OF SERVICES

LANE COUNTY SERVICES FOR PREGNANT WOMEN

Adult and Family Services (AFS) – Eugene (also in Cottage Grove, Florence, Oakridge and Spfld)
165 E. 7th Avenue  686-7878
Eugene, OR 97401  M-F 8-5

AFS provides aid to dependent child (ADC), food stamps, JOBS program for ADC recipients, ADC-related medical assistance, and employment-related day care. Oregon Health Plan (OHP) applicants should walk in if possible to make orientation appointment. If unable to come in to schedule, applicants should call 686-7878 for further information.

Eligibility: Low-income individuals and families.
Fees: None

All Women's Health Services
633 E. 11th Avenue  342-5940
Eugene, OR 97401  M-F 10-5, by appointment only

Free pregnancy test, counseling, birth control, well women care.

Eligibility: Open
Fees: Sliding scale, medical card, OHP

Ask-A-Nurse
1255 Hilyard Street  686-7000
Eugene, OR 97401  24 hours

A 24-hour source of free and confidential health care information and referral for symptom-related questions, health information, referrals to Sacred Heart services and programs, referrals to community health services and referrals to physicians.

Eligibility: Open
Fees: None

Birth to Three
3875 Kincaid St. #15  484-4401
Eugene, OR 97405  M-F 9-4

Parent education and support groups are offered days and evenings. The purpose of Birth to Three is to strengthen families, promote good parenting skills and prevent child abuse.

Eligibility: Parents with children ages birth to 5
Fees: $5-$125/year, sliding scale
**Catholic Community Services – Supported Living Services**  
945 W. 7th  
Eugene, OR 97402  
345-3628  
M-F 10-12, 1-4

Comprehensive case management provided to families and individuals who are homeless or at imminent risk of becoming homeless, with the objective of stabilizing their living conditions and laying the foundation for self-sufficiency.

**Eligibility:** Homeless or at risk of becoming homeless  
**Fees:** None

**Catholic Community Services – Young Parents Program**  
945 W. 7th  
Eugene, OR 97402  
345-3628  
M-F 10-12, 1-4

Provides outreach, intensive case management, crisis intervention, parenting education, counseling, information, resource linkage and referral to pregnant and parenting teens.

**Eligibility:** Pregnant teens 21 years or under, fathers 24 years and under, babies and children of teen parents  
**Fees:** None

**Community Midwifery Services**  
342 E. 12th Avenue  
Eugene, OR 97401  
338-9778  
M-F 10-4

Case management support services for low-income pregnant women. Comprehensive assessment of needs, coordination with other services and providers, and referrals to other services.

**Eligibility:** Low-income, medical card, referral from physician  
**Fees:** Varies

**Education Potentials in Childbearing**  
110 W. 6th  
Eugene, OR 97401  
686-9792  
Hours vary

Comprehensive programs enhancing all phases of childbirth and newborn parenting. Sibling preparation and support groups for pregnant women, and moms and dads with newborns. Education, consulting, and referral services, with ongoing classes, workshops and public events. Programs are designed to complement your health care teams/practitioners.

**Eligibility:** Open  
**Fees:** $25/$100 class, sliding scale for some programs

**Eugene Service Station**  
485 Highway 99N  
Eugene, OR 97402  
461-8688  
M-F 8-5

Day access center for homeless and low-income adults without children. The station has laundry facilities, showers, brown bag lunches, job networking, and information.

**Eligibility:** Low-income and homeless adults without children  
**Fees:** None
Eugene Mission  
1542 W. 1st Avenue  344-3251  
Eugene, OR 97440  24 hours  

Provides emergency housing for men, women, and children. Includes meals, beds, bath facilities, haircuts and day room as long as there is a need.

Eligibility: Open  
Fees: $2/night after three nights. Work may be performed in place of the fee.

First Place Family Center  
1995 Amazon Pkwy  342-7728  
Eugene, OR 97405  M-F 8-5  

Day center for homeless families with children or pregnant women. Free showers, laundry, message/mail service, child care, food, clothes, household goods, phone use, advocacy, parenting classes, housing, employment and training information. Also provides intake for Interfaith Emergency Night Shelter Program and transitional housing program. Night shelter operates September to mid June, seven days a week. Day shelter operates year round M-F 8-5.

Eligibility: Homeless families with children or pregnant women  
Fees: None

First Way Pregnancy Center  
132 E. Broadway Rm. 720  687-8651  
Eugene, OR 97401  M-F 10-4  

Provides pregnancy support services including free early detection pregnancy testing and counseling, free maternity and baby clothes, and community-resource referral. Free pregnancy verification by doctor for ADC applicants. Shelter in private homes provided when available.

Eligibility: Any women who is pregnant or suspects she is pregnant  
Fees: None

Lane County Health Department  
135 E. 6th Avenue  682-4041  
Eugene, OR 97401  M-F 8-12, 1-5  

Provides nursing care in the area of maternal and child health. Primary contact for access to prenatal services (682-4361). Clinical services for immunizations and limited adult immunizations. Provides clinical services for family planning and STD's. Education, information and referral provided.

Eligibility: Open  
Fees: Sliding scale, medical card, OHP

Lane County Prenatal Services  
135 E. 6th Avenue  682-4013  
Eugene, OR 97401  M-F 8-12, 1-5  

Central number to call for Lane County prenatal information and accessing prenatal care. Gives help with obtaining OHP and does screening for Sacred Heart Prenatal Clinic. Gives free prenatal vitamins and can help arrange for scholarships for childbirth classes. Information and referral for other needs as appropriate.

Eligibility: Open  
Fees: None
Lane Pregnancy Support Center
134 E. 13th Avenue #5  345-0400
Eugene, OR 97401  Tu-F 10-5, Sat. by appointment

Provides support to pregnant women in Lane County. Free pregnancy test, counseling and emotional support throughout pregnancy. Prenatal classes, computer moms’ classes. Also, referrals for prenatal care, education, free maternity clothes, baby clothes, and some baby furniture.

Eligibility: Open
Fees: None

Lane Pregnancy Support Center – Care Net Moms
134 E. 13th Avenue Suite A  485-8662
Eugene, OR 97401  W 3-4

Free weekly afternoon classes, support for expecting moms, how to care for newborns, parent interaction, nutritional education, coping skills for moms. Classes offered 4x/year.

Eligibility: Open
Fees: None

Lane Shelter-Care, Family Shelter
1790 W. 11th Ave. Suite 290  686-1262
Eugene, OR 97402  M-F 8-5, shelter – 24hrs

Provides a variety of low-income temporary/residential housing options.

Eligibility: Varies with program
Fees: Varies

Looking Glass
72 'B' Centennial Loop Suite #2  686-2688
Eugene, OR 97401  M-F 8-5

Looking Glass Youth and Family Services Inc. operates ten programs that offer comprehensive services to children, youth and their families.

Eligibility: Open
Fees: Sliding scale, medical card

Orchard Inn
PO Box 522  345-2804
Eugene, OR 97440  7 days

Orchard Inn is a homeless shelter in downtown Eugene that accepts homeless, parenting (with baby under 4 months) or pregnant young women from 14 to 21 years of age. Also accept on a case-by-case basis teens that are neither pregnant nor parenting, but are homeless. Offers case management/counseling, a parenting class, and a sheltered workshop program paying minimum wage.

Eligibility: 14 to 21 year old pregnant, parenting or homeless women in need of shelter
Fees: Sliding scale
Oregon Health Plan
PO Box 14520  800-359-9517
Salem, OR 97309

Provides health care for low-income Oregonians. The plan emphasizes wellness and prevention and covers such services as physician's office visits, check-ups, prescriptions and hospitalization. The plan includes medical, dental, substance abuse and mental health services.

Eligibility: Income below 100% of federal poverty level or pregnant women or children underage 6 with income below 133% of federal poverty level.
Fees: None

Peacehealth Medical Group – New Start Program
675 W. Broadway  686-8557
Eugene, OR 97402  M-F 8:30-5

Services offered to pregnant women include: assessment of drug and alcohol history, individualized treatment plans, drug and alcohol education, education and support, home visits, referral to addiction treatment programs. Facilitation of prenatal and pediatric care, one year post delivery support and follow-up, and liaison with social service agencies. Participation is voluntary.

Eligibility: Pregnant women in Lane County considered at risk for tobacco, alcohol, and other drug use.
Fees: None

Peacehealth Medical Group – Prenatal Clinic – Midwifery Obstetrical Service – Safety Net
675 W. Broadway  686-7280
Eugene, OR 97402  M-F 8:30-5

Sacred Heart Medical Center has established the Prenatal Clinic in cooperation with Lane County Health Department to provide health care to pregnant women who would not have care otherwise. Services include prenatal, delivery, and follow-up at the Prenatal Clinic.

Eligibility: Any pregnant woman who is unable to access prenatal care, also those with insurance or OHP.
Fees: Sliding scale, OHP, medical card, payment arrangement.

Planned Parenthood Health Services of Southwestern Oregon
1670 High Street  344-9411
Eugene, OR 97401  M, W 12-8, Tu, Th, F 9-5:30

A private family planning agency providing gynecological exams by women nurse practitioners, prescription and non-prescription birth control, screening for STD's and infections for women and men, HIV testing and counseling, pregnancy testing, counseling and education. Appointments are necessary.
Fees are charged for medical services.

Eligibility: Open
Fees: Sliding scale, medical card, OHP
**Preterm Birth Prevention Program**  
1121 Fairfield Avenue  689-7545  
Eugene, OR 97402  By referral

Screens women for possible risks of preterm labor. Women found to be at risk will be enrolled in the Preterm Birth Prevention Program if their Health Care Provider so orders.

Eligibility: By physician referral  
Fees: Yes, OHP

**Sacred Heart – Special Delivery Program**  
1255 Hilyard Street  686-7090  
Eugene, OR 97401  M-F 8-5

A free program for expectant parents. Membership includes: monthly newsletters that follow the mother’s pregnancy with information and advice, gifts and discounts from local merchants, preregistration for hospital admission, hospital tour of birthing facilities, information for formulating a birth plan and opportunity for enrollment in prepared childbirth classes.

Eligibility: Open  
Fees: None

**SAFENET**  
421 SW 5th Street  800-SAFENET  
Portland, OR 97204  M-Th 8a-8:45p, F 8-6

SAFENET is a statewide, toll-free helpline to assist low-income Oregonians to find health care and public services. SAFENET assists callers in finding appropriate care in their communities with information and referrals to family planning, primary medical care, immunizations, prenatal care, mental health services, WIC nutrition programs, Medicaid and AFS access, Oregon Health Plan information, and services for children with special health needs.

Eligibility: Open  
Fees: None

**Salvation Army Family Services – Eugene**  
640 W. 7th Avenue  343-3328  
Eugene, OR 97402  Walk-ins M-F 10-12,1-3  Appointments M-F 8-10, 3-4

The Salvation Army emergency services are designed to assist distressed persons in a variety of emergencies without regard to race, creed, age or sex. Limited material assistance includes: food, clothing, prescriptions, utilities, household supplies and rent assistance. Counseling, spiritual guidance, crisis intervention, substance abuse counseling, financial, individual and family support, and client advocacy.

Eligibility: Anyone in need of emergency help in the Eugene area and meeting criteria  
Fees: None
Salvation Army Family Services – Springfield
126 N. 4th Street 747-3915
Springfield, OR 97477 Walk-ins M-F 1-3:30 Appointments M-F 3:30-4:15

Limited material emergency assistance: food (residents within service area with proof of address), clothing, prescriptions (antibiotics only), (limited) transportation, furniture, household items, rental. Also provides counseling, crisis intervention, substance abuse counseling, financial, individual and family support, and client advocacy.

Eligibility: Anyone in need of emergency help in the Springfield area, subject to criteria
Fees: None

Services to Children and Families (SCF)
1899 Willamette Street 686-7555
Eugene, OR 97401 M-F 8-5

Provides child protective services which include foster care and in home service, foster home certification, adoption services, referrals to community services. 24 hour hotline 686-7557.

Eligibility: Lane County children to age 18 who have been abused or neglected.
Fees: None

St. Alice Community Service Center
1510 'F' Street 747-0221
Springfield, OR 97477 M-F 10-4 food box M, W, Th, F 11-3

Serves the greater Springfield area in emergency assistance with food, rent, and utilities on a limited basis. No interest loans to ADC recipients.

Eligibility: Springfield residents, under federal income guidelines
Fees: None

Urgent Care Clinic
1162 Willamette Street 687-6279
Eugene, OR 97401 7 days 7a-midnight

Urgent Care Center is open 7am to midnight every day to provide complete medical services on a walk-in basis. Fully staffed center provides care for minor injuries and routine outpatient evaluation and treatment of illness. Pharmacy, x-ray and laboratory services available.

Eligibility: Open
Fees: Medical card, OHP

White Bird – Homeless Health Care Project
323 E. 12th Avenue 342-8255
Eugene, OR 97401 Hours vary

A wide range of health services is provided to homeless individuals and families. These services include primary medical care, case management, outpatient drug treatment, group therapy, drug detox, mental health counseling and evaluation, advocacy, and transport to treatment.

Eligibility: Homeless people in the Eugene-Springfield area
Fees: Varies, medical card accepted
**White Bird Info Line**  
341 E. 12th Avenue 342-4357  
Eugene, OR 97401 M-F 8-5

Comprehensive information and referral concerning human services in Lane County available to all with a focus on assistance to people with low incomes or special needs.

Eligibility: Open  
Fees: None

**Women, Infants and Children (WIC)**  
1900 W. 7th Avenue 682-4202  
Eugene, OR 97401 M-F 8-4

Provides nutrition education and food supplements to low-income pregnant and breast-feeding women, and to infants and children up to age 5 with medical/nutritional risk factors. Nutrition counseling, classes, and handouts; food vouchers for formula, milk, eggs, cereal, juice, beans, and peanut butter. Screens for dietary concerns, iron deficiency and growth concerns.

Eligibility: Lane County low to medium-low income pregnant, post partum and nursing women; infants and children up to age 5 at medical/nutritional risk  
Fees: None

**Womenspace**  
111 E. 16th Avenue 485-6513  
Eugene, OR 97401 24 hours

24-hour crisis/information phone line for victims of domestic violence. 15 bed emergency shelter for women and dependent children who are victims of domestic violence. Shelter residents are provided with information, advocacy, food and clothing, children's services, and help with transportation. Community support groups; community education presentations; transitional programs.

Eligibility: Battered women and children or emancipated minor  
Fees: None