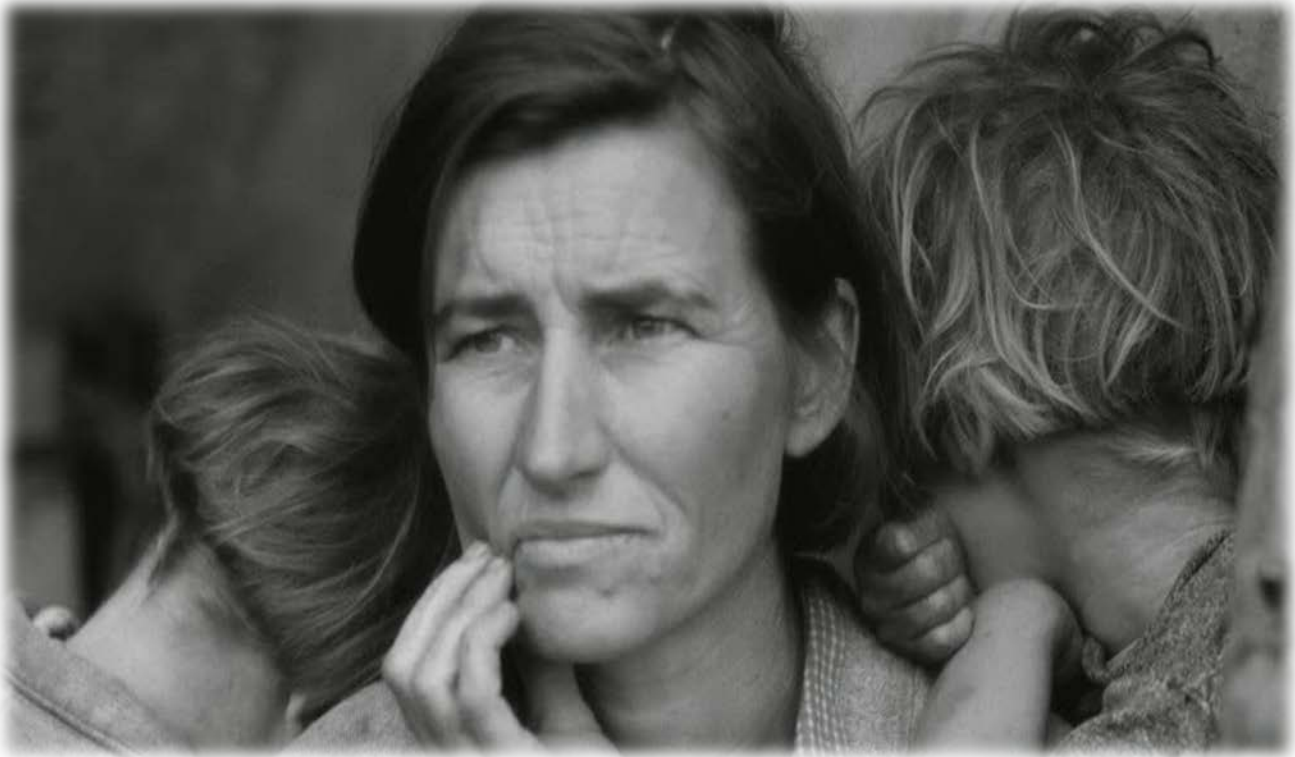


# Maternal and Child Health Needs Assessment



## Coos Health and Wellness

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August 5<sup>th</sup>, 2019



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# Thank You to Community Partners

Head Start and Early Head Start

Coos Cares

ORRCA (Oregon Coast Community Action)

Public Health and Home Visiting (Coos Health and Wellness)

AYA (Alternative Youth Education)

The ARK Project

Department of Health and Human Services

Devereux Center





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# Health concerns of Coos County families living in insecure housing situations

## Executive Summary

Insecure housing and homelessness are rising in the United States. In Coos County the rates of individual homelessness increased by 36% and 26% for families since 2018. There are approximately 1,300 homeless individuals in Coos County alone. **(KCBY Coos Bay, 2019)**

As defined by the National Health Care for the Homeless, “homeless individual” is “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.” A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)] **(What is the official definition of homelessness? 2019)**

The families and individuals who participated in this assessment live in cars, shelters, transitional housing, with friends, in a rental situation in unsuitable housing, or trading services for housing. Since this population differs so greatly from other minorities in that their main health concern is stable housing, it was necessary to modify and broaden the questions provided by the OHA (Oregon Health Authority) Maternal and Child Health Program to understand more deeply the health needs of the participants. In addition, to families and individuals experiencing insecure housing, a listening session with providers who work with families experiencing homelessness was also conducted.

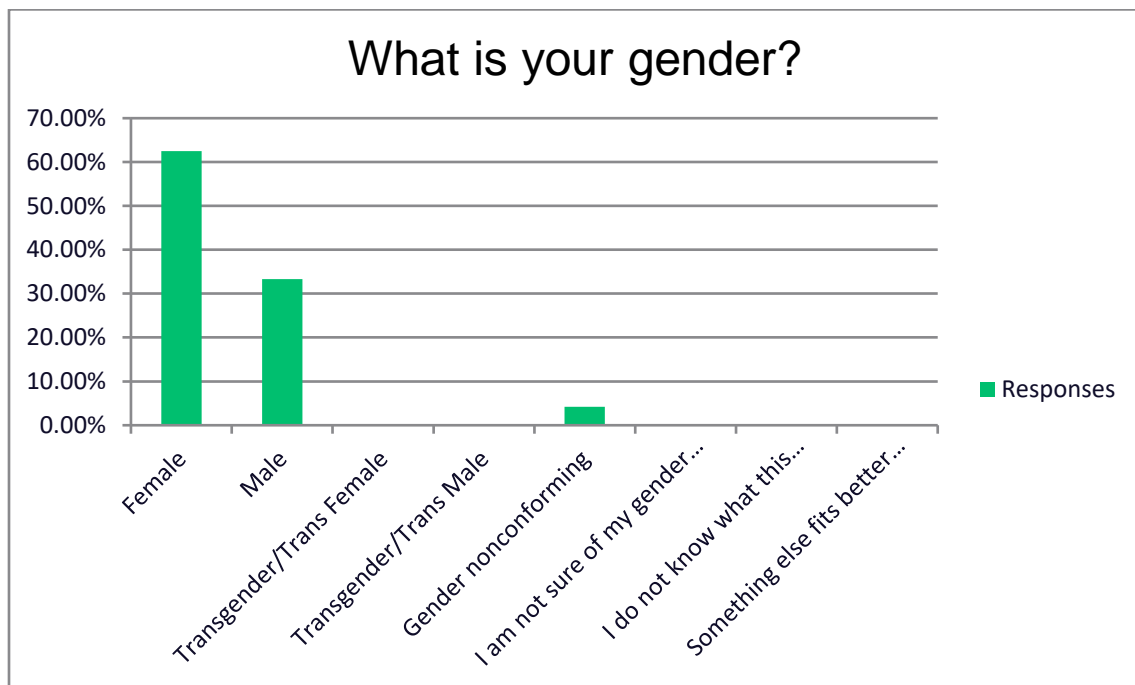
# Demographic Information

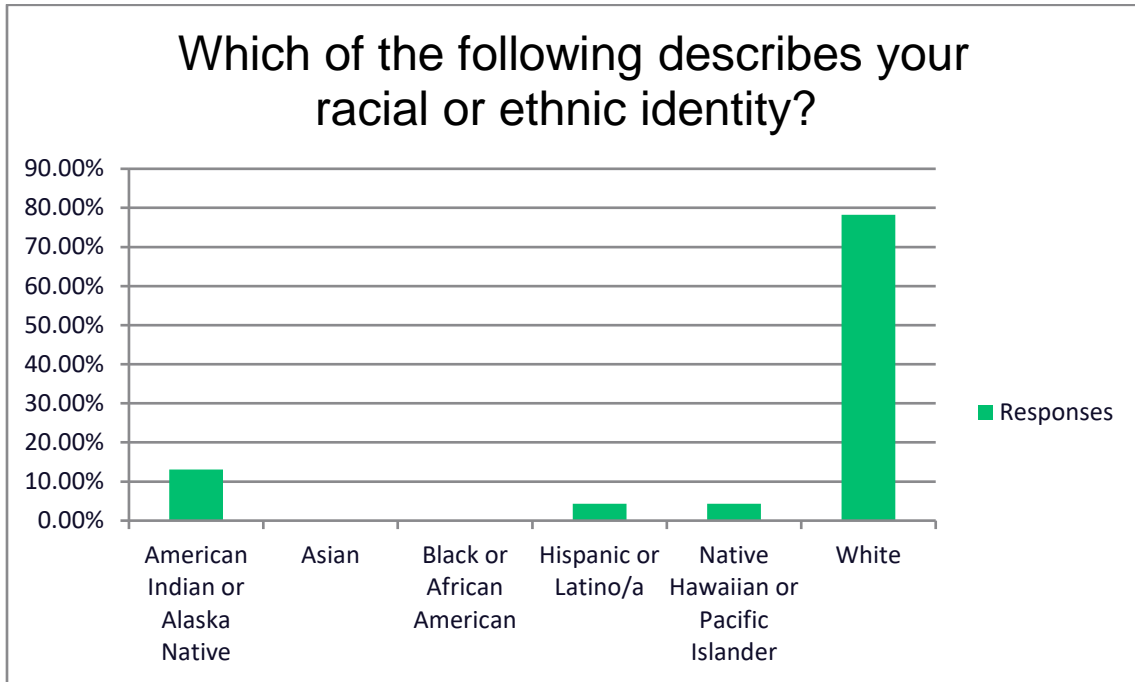
Among industrialized nations, the United States has the largest number of homeless women and children.

- Homeless families comprise roughly 34% of the total U.S. homeless population
- Among all homeless women, 60% have children under age 18, but only 65% of them live with at least one of their children

Among all homeless men, 41% have children under age 18, but only 7% live with at least one of their children  
**(Family Homelessness Facts, 2019)**

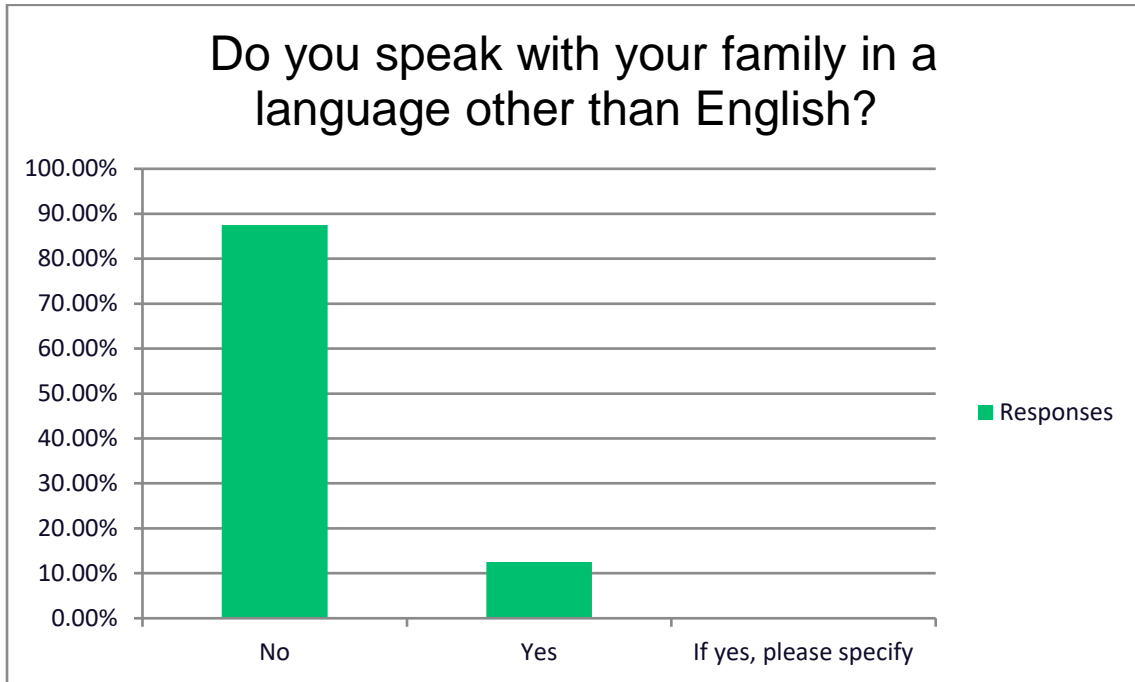
As part of this assessment, 24 participants experiencing insecure housing answered demographic questions provided by the OHA Maternal and Child Health Program. We added several questions pertaining specifically to individuals experiencing housing deprivation. The listening sessions were comprised of families who had been identified by community partners as living in insecure housing.



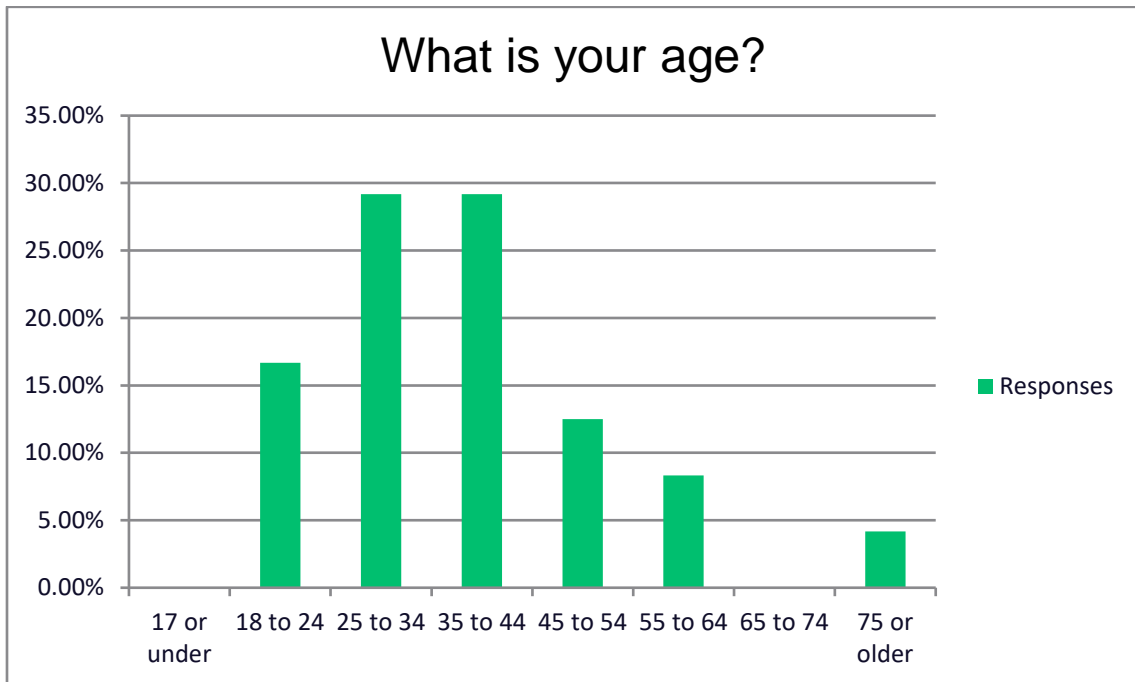


Locally, most participants identify as white, which corresponds with the county’s racial demographic.

According to 2015 census estimates, there are 14.4 times more White people in Coos County, than any other race or ethnicity, accounting for 85.8% of the population (approximately 53,860 people). The total percentage of White non-Hispanic people has decreased slightly since the 2013 Community Health Assessment when it was 89.8% of all people in the county. This indicates that race and ethnicity other than White non-Hispanic is growing. The remainder of the population self-identifies as 5.95% Hispanic (3,735), 3.5% Multi-racial (2,191), 2.5% Native American (1,598), 1.2% Asian (765), .6% Black/African American, .3% Other and .1% Islander (datausa.io). **(Coos Community Health Assessment Committee, 2018)**

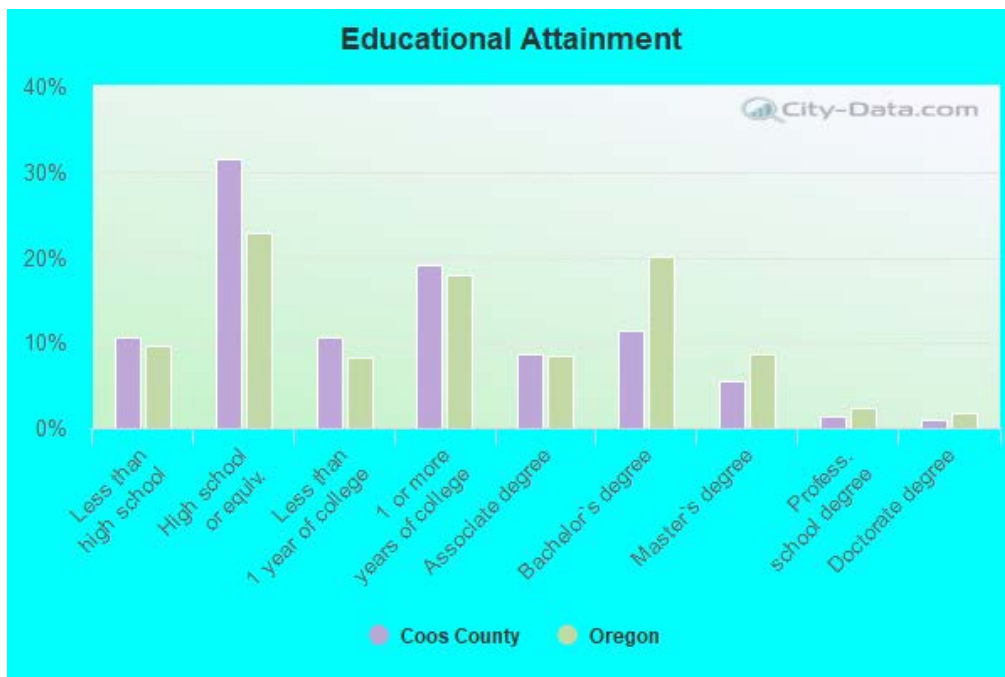
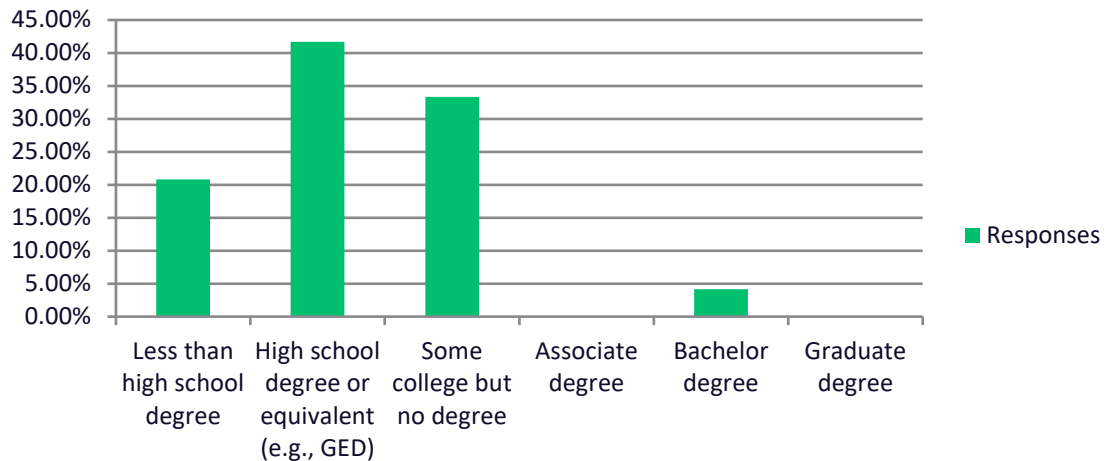


This question is important to determine whether differences in a family’s primary language is a barrier to accessing services. All participants in our listening sessions were fluent English speakers.



The age demographic corresponds with the average age of parents. The average age for first time mothers in Coos County is 24.2. **(The Age That Women Have Babies: How a Gap Divides America, 2018)**

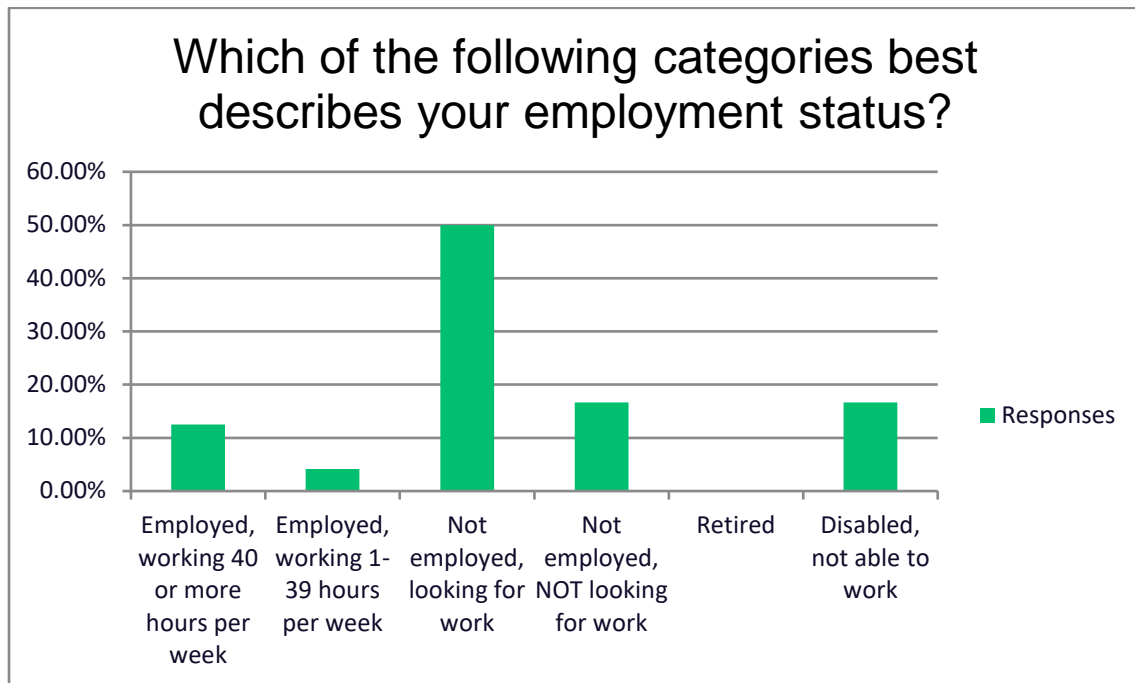
## What is the highest level of school you have completed or the highest degree you have received?



(Deloitte., Macro Media MIT, Datawheel, 2017)

The average level of education of the listening session's respondents corresponds with the average demographic for the county.





Unemployment and housing instability are closely related. Many members of the homeless population must combat barriers that can be almost insurmountable in a competitive environment. Such employment barriers include:

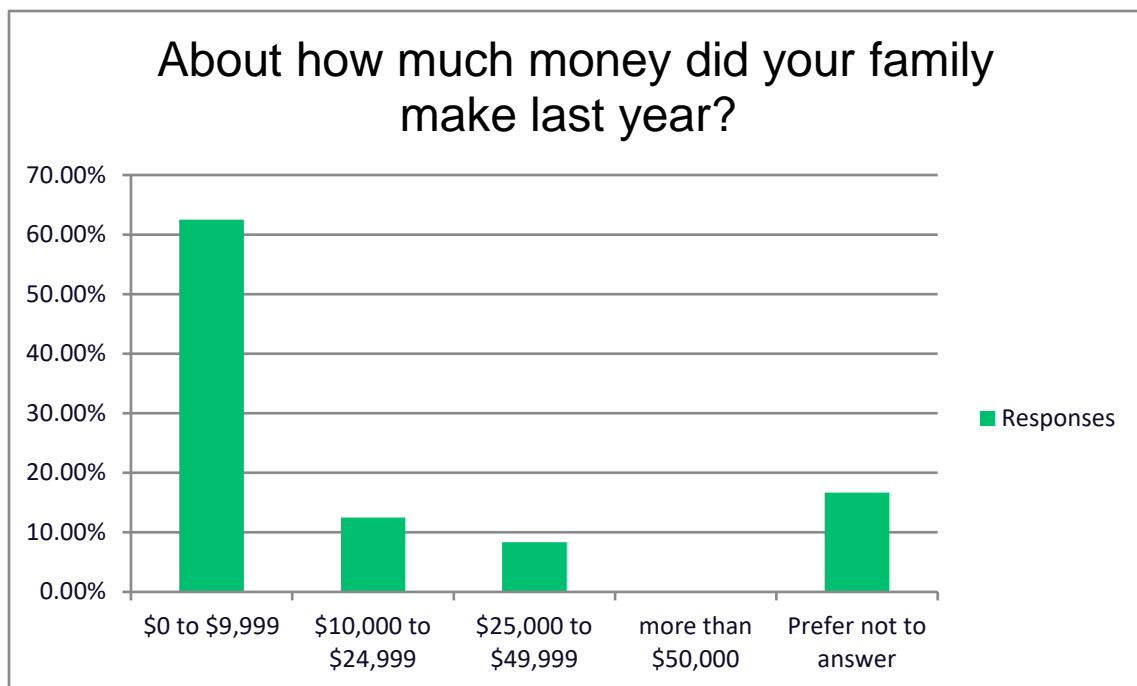
- Low educational attainment levels
- Having young children with no access to childcare
- Limited or no past work experience or marketable job skills
- Mental health or substance abuse problems
- Chronic health problems or disability
- Lack of access to transportation
- Bad credit (which can make both finding a job and a house difficult)
- Criminal history (**Employment and Income, 2019**)

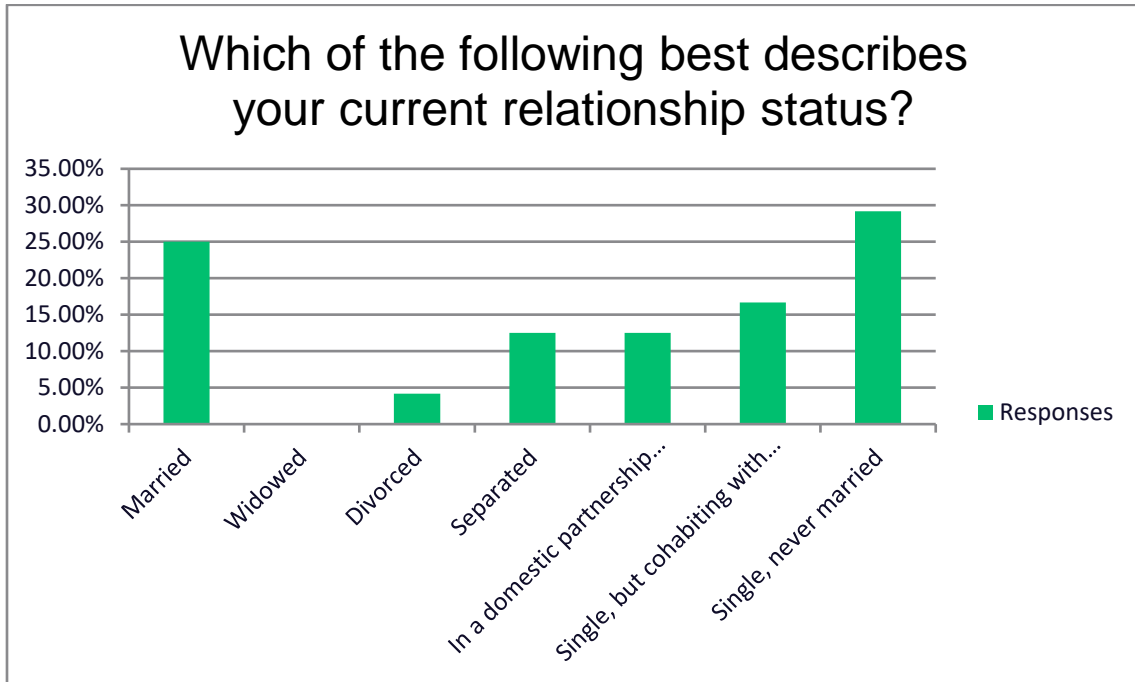
The following is a table of the guidelines of poverty based on family size and household income.

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,420 for each additional person.	
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

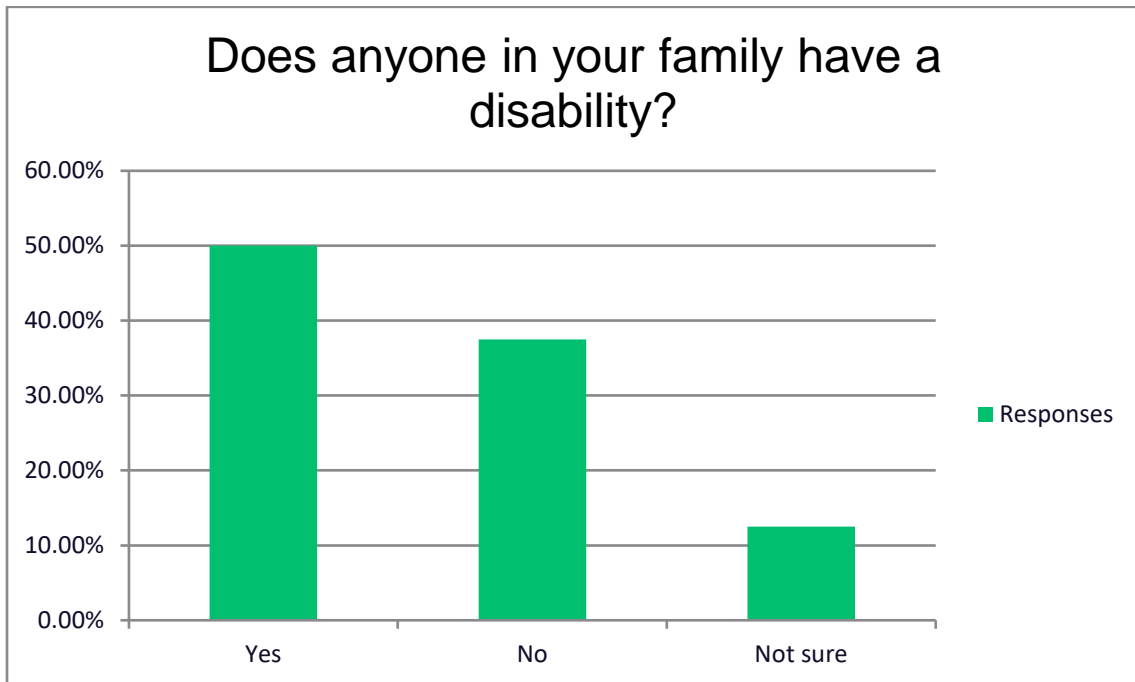
**(Department of Health and Human Services, 2019)**

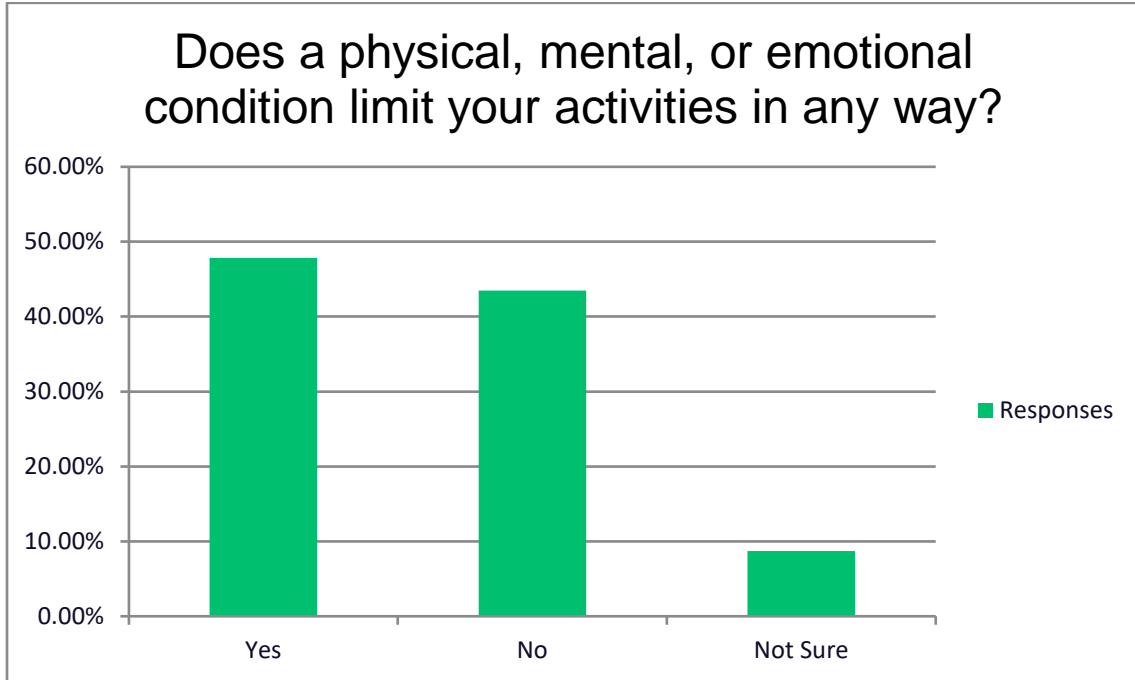
Unsurprisingly, all the participants in the listening sessions rank under or near the national poverty guidelines.



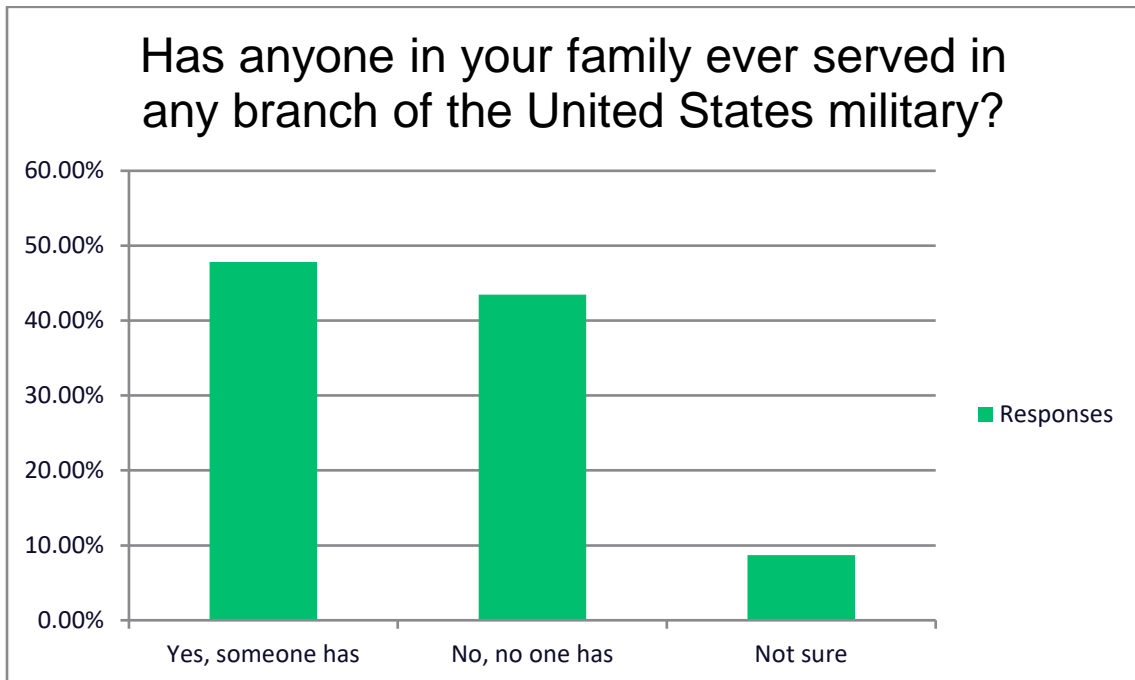


In this assessment only slightly more single individuals with families are experiencing homelessness than married families.





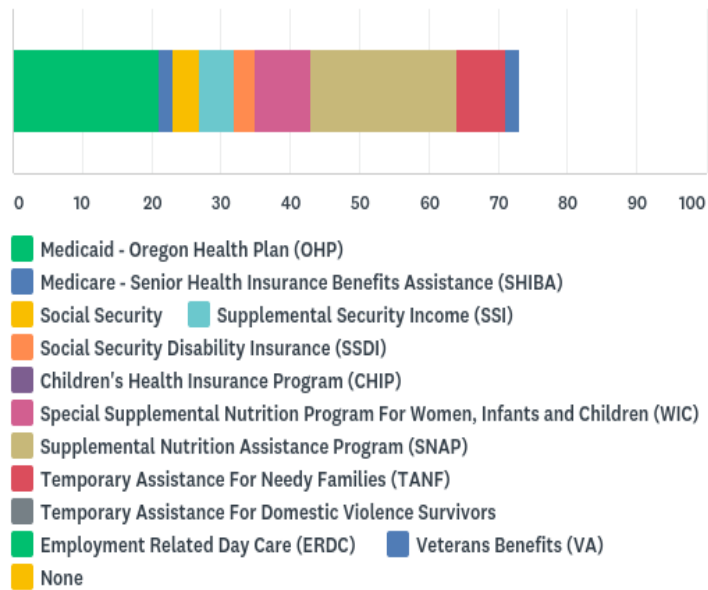
The Center for Justice and Social Compassion estimates that 45% of all people experiencing homelessness are disabled or diagnosed with a mental illness. **(People with Disabilities, 2019)**



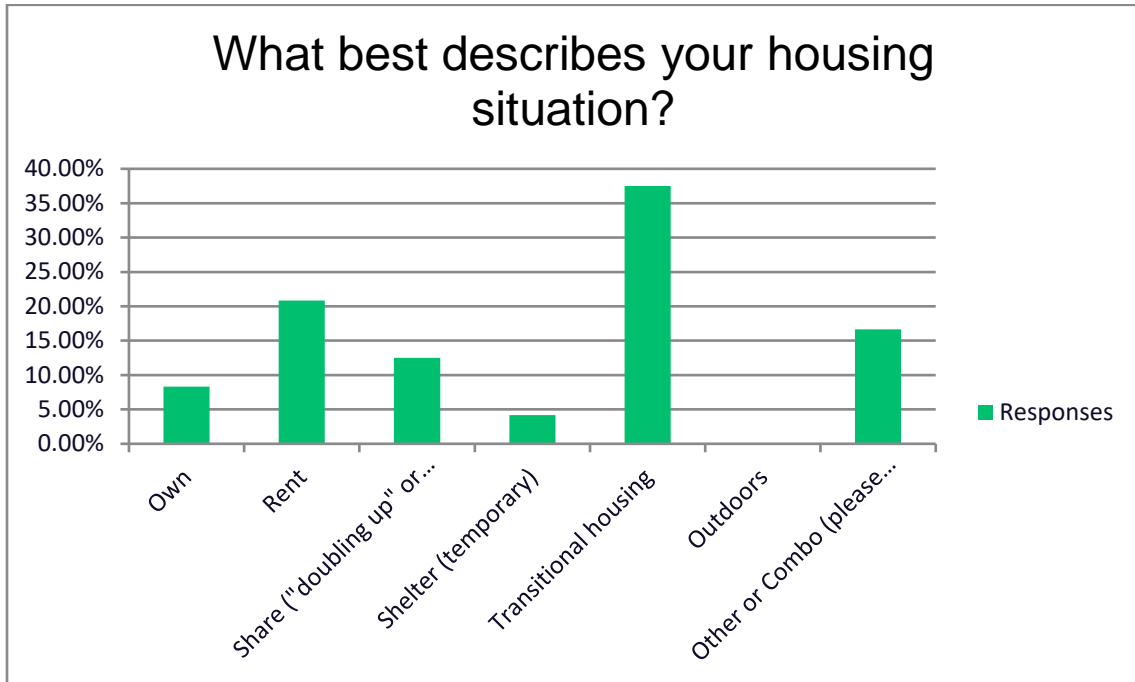
“According to the U.S. Department of Housing and Urban Development, there were 40,056 homeless veterans living in the U.S. in a single night in January 2017, which was a little more than nine percent of all homeless adults. The study shows that three out of five homeless military veterans were housed in emergency shelters or transitional housing facilities, while two out of five were living in places ‘not suitable for human habitation.’

The U.S Department of Housing and Urban Development notes that nine out of ten (36,302) U.S. military veterans in 2017 were men. Nearly 57% of homeless military veterans were white, one-third were African American and five percent were multiracial in 2017.” (How many homeless veterans are in the U.S.?, 2018)

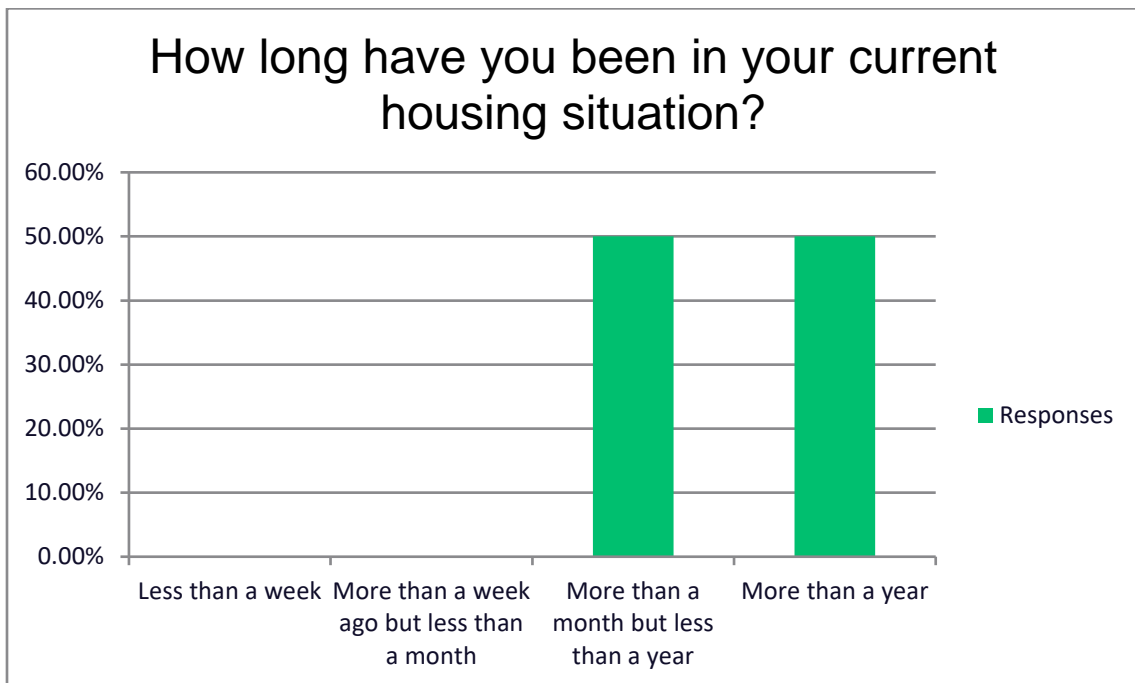
Q13 Does anyone in your family receive the following assistance? (Check all that apply or none)



This question is included to better understand which services, if any, people in insecure housing situations are receiving. All our participants are receiving assistance.



Interestingly, several people responded they owned their current residence. This discrepancy could be that they were formerly owners, they are living with a family member who owns the property, or they live cars they own. Likewise, with renting, there are some housing situations that are technically transitional, however the tenants pay a stipend or “rent” in order to help maintain the property and have a sense of responsibility, hence “ownership.”



All the focus group participants have been in their current residences for over a month.

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# Listening sessions

## Methodology

Families living in insecure housing situations were contacted by Coos Health & Wellness with the help of community partners to attend a focus group session. Lunch, childcare and gift cards were provided to all participants. Overall, there were 24 families and 40 participants divided over two different listening sessions. The first session was conducted June 25<sup>th</sup> in the North Bend Public Library and the second session took place on June 26<sup>th</sup> in the Coos Bay Public Library.

In addition to the two listening sessions with families experiencing housing deprivation, another session on July 10<sup>th</sup> was conducted with community partners working with families living in insecure housing. Six people from Coos Health and Wellness and ORCCA (Oregon Coast Community Action) attended the final session. These people were asked to participate in the assessment because they work directly with people experiencing insecure housing. The participants were asked the same questions as the families. **The biggest health challenges identified by the group were lack of education and resources, access to mental health services, transportation to appointments, consistency of care and a reluctance to seek services due to discrimination or perceived discrimination.**

During the focus group sessions, participants were asked to respond to questions based on those provided by the OHA Maternal and Child Health Program. For purposes of clarity, the original question is provided followed by the modified question in red and then input from the providers. The answers are based on notes and recordings from each session. Additionally, there is a word cloud generated from the sound recordings from each meeting. The purpose of the word cloud is to highlight words and topics that were spoken of most. Although quantitative data is provided through demographic questions, this study also provides qualitative data in order to understand more deeply the needs of community members experiencing housing deprivation.

## Findings from listening sessions with homeless families, individuals and providers

1. What issues or topics most impact the health of the women, children and families in your community? These may include health, social, economic, or community concerns.

**What are your biggest concerns regarding the health or the health of your family? (Prompt with concerns about nutrition, money, housing, safety, education). What concerns do you have for the community?**

**Most people participating in the listening sessions did not have specific health concerns related to the issues addressed in the question. The main problems people are experiencing are consistent access to doctors, lack of**

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OHP coverage for certain medications or procedures, and discrimination. Many people mentioned that OHP does not cover vision. One participant explained her trouble finding employment because she cannot see properly. Most participants felt disregarded because health care providers “did not listen.”

#### **Families:**

“For me personally, I think the hardest thing is one getting a doctor and two getting a doctor that can resolve as many issues as they possibly can....”

“Living on my own without aid from either of my parents, it’s kind of difficult to get any kind of medication prescribed to me, I have been prescribed medication before, but I haven’t been able to take it, because my coverage does not allow me to get it despite it being prescribed to me.”

“A lot of issues I noticed when it comes to children or disabled people is OHP will not pay for certain things until you try other things...”

“If they are going to require certain things from us that we don’t have and we are already down now, it makes me feel like they don’t really want to help...”

“People are not having surgeries, or some hospitalization and they won’t do it because they have no place to live afterwards other than in their car...”

“For adults, OHP doesn’t cover certain things, vision, dental that sort of thing, they tend to not get that kind of care...”

“As a youth without parents, to get to and from medical facilities, as well, I need new glasses and I have needed them for almost a year and I just haven’t gone down there...”

“They don’t let everybody know what is available to them, it’s hit and miss. You might learn from somebody else rather than a mailing that goes out that says if you’re on OHP this is what we can do for you...”

#### **Providers:**

“If we are talking specifically about health there is a profound lack of mental health services available. 100% of the families we work with need mental health counseling and often their children need it as well. It’s hard to access that. And that’s just one piece.”

“Well you know what I see with my families, if the children are eating, whatever, doesn’t matter what and they are not complaining that their teeth hurt, they don’t need to take them to the dentist...same with vision...they don’t feel like it’s necessary...”



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“Well what I’ve heard we had one person who did the assessment and was put on a waiting list, was told we just don’t have counselors available right now was put on a waiting list. It’s hard because sometimes you work with a person and you broach the topic of counseling and they’re resistant to it and then sometimes they kind of shift and they’re willing to consider it. So, when you get to a point when someone is willing to consider counseling and then they come in and they can’t be seen or they are put on a waiting list or they’re seen once a month and you’re thinking, oh no, you need to be seen once a week counseling. You are really lacking so many coping tools in life and you have all this trauma you need to be seen once a week and our community is not able to accommodate that need...”

“Education, not being educated enough to know they need those kinds of services as well, that’s one of the biggest barriers is trying to explain to them why we see that it’s a good fit for them to go to counseling or seek those other services and the constant question is, why? So, explaining to them better or maybe having a better way out there to educate them about their health and why they need these certain services...”

“I think a lot times too, with the mental health piece there’s still a lot of stigma that comes with going to counseling, that we come across, a lot of people are pretty resistant to it, just the idea of going to counseling and then also with a lot of the families we have, housing an issue, finances are an issue, it’s not at the top of their priority list, so they are prioritizing things in a different way than we might...”

“On system level, one getting there is a challenge, but when you get there, just the term assessment, you know, first you need to go to an assessment and then so it’s another step to another step and of trying to get there and sometimes the language of verbally the word assessment can kind of send a panic, cause of the terminology.”

2. The state OHA program is currently working on the following topic areas:
  - Toxic stress, trauma and adverse childhood events
  - Food insecurity
  - Culturally and linguistically responsive services

**How have you been or are affected by stress or trauma? Do you think your children experience stress or have they been affected by trauma in their lives? Do you worry about food? Have you experienced discrimination?**

The participants shared many stories about traumatic and stressful situations. Living in insecure housing is fundamentally stressful. Coupled with the factors that contribute to homelessness, i.e. abuse, abandonment, under or no employment, etc.... the stress can be overwhelming. These issues also lead to negative interactions with state agencies. Many families relayed stories of Child Protective Services (CPS) taking their children for various reasons ranging from lack of stable housing to false reporting of abuse. Every participant expressed a concern for food. Another topic widely discussed was discrimination in housing. For example, one participant mentioned she had problems finding a place to live because her teeth are missing, and property

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managers assume she is a drug addict and will not rent to her. Most participants also mentioned high rental application fees as a major source of stress.

**Families:**

“It sucks because if you’re in a situation where you’re abused by your man or whatever and you call for help you get your kids taken away and slammed with a failure to protect...even though you called to get help you didn’t protect them from that situation so you get charges for the rest of your life...”

“They came and took my daughter because I acted incorrectly cause I broke down crying they said I was traumatizing my daughter...”

“If the parents are stressed out then they – the children - are stressed out and have to deal with repercussions because they’re stressed out...”

“Growing up faster is something that I would definitely agree with.... I’ve lived with my father for most of my life and we’ve been low income. A couple of years ago he moved out to the woods....since then I have been living on my own....I would say by the age of 14 I was capable of running a house on my own...dealing with dangerous stuff that a 14 year old probably shouldn’t be dealing with...I don’t necessarily resent it, but it has caused a great deal of stress and resulted in traumas that I’ll have to deal with...”

“Again, kids living out of cars and having to go to school, it’s a very hard thing to do that always, you don’t have clean clothes, you don’t have a proper night’s sleep, you may not have an adequate breakfast when you get up in the morning, you may not be able to, so not having a home is really hard on children....and they get often times looked at differently at school... that in itself is a huge trauma...”

“We are living in transitional housing, neither one of us is working, so there are still things that are still stressful...I do think that takes a toll on all of us...”

“Having a rough school life and home life is beyond traumatizing for children...”

“Food is a huge thing (worry) in our household, it’s constant, other than a week and half or two out of the month, the rest of time...”

“When you’re poor they automatically assume you’re a bad parent, so then DHS tends to get involved, where I came from it wasn’t illegal to be homeless and you didn’t get your kids taken away of if you were homeless and the kids were taken care of, but here I see it very different and I think sometimes DHS oversteps their bounds in that and I feel like that is huge discrimination. People that are homeless are afraid to say they’re homeless if they have kids because they don’t want to have their kids taken away...”

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“It also should be illegal to charge a fee for every individual on a rental application for a house that doesn’t get rented by you...”

**Providers:**

“So, all of my families have been affected by stress and trauma and you can see that roll through the kids as well, because you can see sometimes their behavior is unmanageable. I’ve seen families come into my space and at first they’re operating out of chaos and the children are often being difficult to deal with, but the longer they are in that safe and stable environment, the children are way more relaxed and they are more compliant with their parents. I think there’s always gonna be worry about food, because most of the families I work with have food stamps, when they get to the end of the month, they’re like I don’t know what I gonna do next, I have to pay for this out of pocket, I don’t have the money do it....”

“But I think about stress and trauma, running out of dollars with your food stamps, not knowing what to do and parents that are choosing not to eat to give the remaining food to their kiddos and you know it would be hard to be an attentive, attune caregiver when you’re hungry and your kid is being a kid. How do you not yell? How do you maintain that ideal parenting that parents would strive to do when you’re not in a good state?”

“It’s hard to budget food stamps no matter what you do...and no matter how thrifty you try to be you could still run out of food stamps by the end of the month, it’s stressful no matter what...”

“I think when you have a community that has been with generational poverty, you’re talking about generations and generations, it’s a logging community, there are definitely some of those generational concepts that play into our systems and organizations and that stress itself is a huge component and that if were not hitting resiliency in those protective factors, it’s really hard to have a social support system when you’re homeless, because generally you’re homeless because you don’t have much of a social support system.”

“I’ve seen too with many of my families, some of the children in the families struggling with depression, anxiety, self-harm, suicidal thoughts, different things, parents have a really hard time getting their kids into mental health services or sticking with it...”

“The school systems is a really great point cause when were in the hall we see some of that (self-harm, stress, trauma) were starting to see more of that in the school. Cutting is very glorified, it’s kind of considered sexy in a way like it its very popular, it’s not like oh you’re self-harming, it’s like oh, this is the cool thing to do...”

“There is a lot of discrimination going on and that causes the trauma and stress as well, so it’s that big circle that keeps going around and there is something not getting fixed...”

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“When you think about some of the cycles we see, families, the courts all know that name or the community and so you are tarnished because you were born into a family that had a history. It’s hard to escape that label you’ve been given.”

3. If we could support your community on one or two of the following issues, which would you prioritize for women’s and maternal health and why?
- i. Well woman visit
  - ii. Low-risk cesarean delivery
  - iii. Oral health
  - iv. Smoking during pregnancy

What are your main concerns with reproductive health? (Prompt with oral health, healthy pregnancy, smoking cessation, regular doctors’ visits etc....) also (men can state their concerns for their partner’s health)

The concerns expressed were mostly pregnancy related and the lack of access to affordable birth control. The conversation during both sessions came back to deep feelings of discrimination from health care providers. It was expressed that many people put sexual and reproductive health on the “back burner,” because they do not have basic housing and access to food. Participants related they are concerned about STD’s and pregnancy but are unaware of affordable services.

**Families:**

“If I want to get my tubal ligation, I have to have another baby...it’s just going to cost me so much money to stop having kids...”

“So, I have had 4 C-sections and the last one the anesthesiologist did not know what he was doing, to put it nicely...I had a bruise (this big) on my back...”

“Like, I said they don’t listen to us-when we know what we’re talking about- our own bodies...”

“They put it (sexual and reproductive health) on the back burner, because they feel like there are so many other things in their life that are insurmountable, that that is the least of their worries, so the behaviors, the sexual activity continues but the dealing with things, the disease part of it is not really in the forefront, because I have to worry about getting my food...”

“One of the things that I faced is the medical facilities keep changing, the doctors keep leaving, so you’re stuck without a doctor...”

“I think the big deal with medical care is that it’s a waiting list until it becomes an emergency room type of problem...”

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“Or the fact that my husband couldn’t be in the room (delivery room) when they were numbing me, I was getting numb and he had to stand in the waiting room until I was numb....he was in the room with me and the baby for all of 4 minutes long enough to cut me open and sew me up...he didn’t get to be my rock while I was getting numb...”

“My doctor almost missed my daughter’s delivery, she decided to get up, get something to eat, take a shower and then come see me...”

**Providers:**

“If you have not had great oral health up until the time you’re pregnant and you go in and pregnant women are a priority for dental, but there are so many things that need to be resolved and be repaired that that it doesn’t happen during that pregnancy period, so how do we help women have better oral health prior to becoming pregnant and then what do we do once they are pregnant? And how much are dentists comfortable doing interventions or is just take the chloroxadine and after you deliver, we’ll look at it...”

“It could also be generational, oh I’ll just let it go until they pull all my teeth...it’s not always that they get offered to having a filling they get offered to have teeth pulled, or you’re not going to get the root canal, you’re going to have your tooth pulled and pretty soon you lose your teeth and then it’s really hard to eat and your nutrition goes downhill...”

The last three questions regarding the health of infants, children and adolescents became grouped together as the conversations progressed. As with the other questions specific health concerns were not expressly addressed by participants because most families are worried about where their children are going to sleep on a day to day basis or if they are going to have enough food. The main concerns were how their children were treated in school and what problems they have as a result of their living situation. Bullying and discrimination were the topics most discussed, as well as, self-mutilation, drugs and transitional housing putting youth at risk.

4. If we could support your community on one or two of the following issues, which would you prioritize for perinatal (pregnancy-related) and infant health and why?
  - i. Risk-appropriate perinatal care
  - ii. Breastfeeding
  - iii. Safe sleep

What are your main concerns for the health of your baby? (Do you feel like you have access to services to support breastfeeding? Or other parenting/health resources?)

Risk-appropriate perinatal care – Do you have concerns about visiting the doctor with your newborn?

Safe sleep- Do you have concerns about where your baby sleeps?

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5. If we could support your community on one or two of the following issues, which would you prioritize for children's health and why?

- i. Developmental screening
- ii. Injury
- iii. Physical activity
- iv. Oral health
- v. Smoking exposure
- vi. Adequate insurance coverage

What are your main concerns for the health of your child? (Prompt with healthy diet, going to the dentist, getting enough exercise, are they exposed to secondhand smoke or drug use)

Developmental screening- Do you feel supported or what are your concerns regarding your child learning new skills?

Injury- Are you worried about your child getting injured?

Oral health- Are you concerned about your children taking care of their teeth?

Insurance- Are you worried about paying for medical or dental appointments?

6. If we could support your community on one or two of the following issues, which would you prioritize for adolescent health and why?

- i. Injury
- ii. Physical activity
- iii. Bullying
- iv. Adolescent well visit
- v. Oral health
- vi. Smoking exposure and use
- vii. Adequate insurance coverage

What are your main concerns regarding the health of your teen? (healthy food, education, bullying, drug abuse, tobacco use, etc)

Developmental screening- Do you feel supported or what are your concerns regarding your tween/teen learning new skills?

Injury- Are you worried about your tween/teen getting injured?

Oral health- Are you concerned about your tweens /teens taking care of their teeth?

Adequate insurance coverage- Is paying for medical or dental care a barrier to seeing a provider?

#### **Families:**

“There is a problem in that school if not a curse, with cutting... they don't smoke cigarettes anymore, they cut...”

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“Bullying...is outrageous in this area...she’s not stood up for by the teachers...”

“My niece when she was 6 years old...she is now almost 11 years old her first experience at a school a little girl walks up to her, my niece is half black, little girl walks up to her, little white girl and says, [We don’t like your kind, we’re gonna go kill you in your sleep.]...”

“Because we have nowhere to go, we don’t have a home, I live in an unsafe environment, I get to have this room, but there’s a bunch of drugs and you name it, sex offenders and inappropriate behaviors and talking and the whole nine yards, that she shouldn’t be there, neither one of them should be there, but they do come, my 14 year old is at the point where she won’t come, because she’s figured out that she can do what she wants because we’re homeless. She gets to couch surf at her friend’s house, which I think like I found out yesterday that she’s been with this boy because she has hickies all over neck and she’s been lying to me about where she was with so and so... she’s going to these parties at night with seniors or people that are 21 and over, she’s 14...”

**Providers:**

“I had a mom who went in for her 6 week checkup and the doctor did not give her birth control, because it was a nurse practitioner they couldn’t do what they needed to do....she needed, I don’t know what she wanted an IUD or something because other things did not work and the nurse practitioner said, [I can’t do that- you’ll have to make another appointment.]”

“I think for my families it’s safety of the environment that the baby is in is a big piece. If you are living with family, how much control do you have? Also who you’re leaving your baby with, if have to go to an appointment or class or something...making sure that’s a safe person...if you don’t have the money to pay for childcare because childcare is super expensive and very limited spots for infants, so who are you going to leave your kid with?”

“And the whole safe sleep thing.... you’ve got the generational stuff, all my babies slept on their stomach and their fine...”

“Their staying with someone else, their sleeping on the couch, the baby is going to sleep where? The floor? So, you have to make sure the baby has a safe place to sleep if you’re staying with someone else.”

“General safety that these kids live in, you know I look at railings in these apartment complexes and I think, yeah, that kid’s slipping right through there, so how do create structures that default? Can you put cabinets’ locks in or is your landlord gonna say no....is there mold, do you need to upgrade to a new car seat...?”

“I haven’t found that our families are unwilling to access resources, but again it’s that piece, if I don’t have a place to live or a car to get there or I don’t have minutes on my phone to make the appointment. I get that you guys want me to do all this stuff, how do I do it? Or I have to participate in

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your program, I need TANIF to survive, I have to get childcare, and this is the one person who will take my kid, I don't feel good about leaving my baby here, either I can get the money from the state and live or not. They are often put in just really difficult situations. And then we say things like, they'll just leave their kid with anyone- what was my option?"

"They're trying to do what the state is telling them, and they are just hitting roadblock after roadblock..."

"(Concerning preventative care) I wonder if there is a lack of education because, I wile back I saw juice in the baby's bottle and I thought we all knew you're not supposed to do that and then we had a form come through make sure you share with all your families, STD's are really on the rise, and I was like what!? This is what I was learning about when I was in school, isn't everyone using a condom now! Don't we know this already?"

"Going back to brain development that's 2D (educational video games) they need the 3D, they need to be going outside, they need to be throwing balls, they need that interaction with you, they don't need to be in here (screen)...It means you've arrived- my child has an I-pad, I got my 2 year old a phone...I may not have food on the table but my kid has a phone..."

"It's wanting to belong and the uniform of the American teenager is Under Armor and name brand, as a adults we don't like that feeling of being other than, why would we expect our kids who have far fewer coping skills than we do to feel any different, so if I can buy you this Nike t-shirt so you can feel like everyone else, yeah, I am going to do that..."

"If they weren't taught to take care of their teeth when they were little it's really hard to teach them when they get older..."

### 7. Is there anything else you would like to share with us regarding your health or the health of your family and community?

Participants acknowledged the difficulty of living with the stigma of homelessness. This question spurred a discussion of the reputation homeless people have for leaving garbage in their camps. One participant, who is an active leader in the homeless community, spoke of educating other homeless people about picking up their trash. Others spoke about volunteers who go and clean up homeless camps, leaving people without a place to stay. The discussions ended with people talking about various resources available in the community and sharing stories of common experiences.



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**Families:**

“People who haven’t dealt with homelessness and really dealt with it...they don’t appreciate that you, once you’re on the street you’re on guard 24 hours a day and the way that the community acts and reacts here to people that are homeless. There are those who just wish we would go die somewhere....”

“This community of people doesn’t even pay attention to the political aspect of what is affecting us, right, what’s the point? They do this on purpose...until more of us can (act), nothing is going to change, as long as we sit around and just have this going on, not very much is going to change because we’re not doing the right thing to change what is going on...doesn’t make sense for us to sit around and have a bitch fest but not be willing to contact our right people that we need to contact, I mean maybe you can help us figure that out?”

“People don’t get involved because when they do try to get involved, they get blown off because you gotta be somebody. The people that get heard are the ones that have the time to go here, here, here and here. You gotta have money...and know certain people...”

**Providers:**

“Transportation would be a challenge, Coos County Area Transit (CCAT) has some loops and that’s great, but if you have a young child or you’re getting frozen food from the grocery store by the time your loop comes back around, your groceries are warm, your kid’s melted down and you’ve been gone all day...”

“Media vs opportunities to do other things, so again it goes back to are you a single parent family where the kids come home and it’s media because that’s your entertainment and that’s what you can afford because you can’t drive places, you can’t buy tickets to something, you can’t be a member of a club, because that requires a consistent type of participation, or a uniform, or a something.... So what are the opportunities for some of these kiddos? I really think families living in poverty don’t have these opportunities...”

“So many of the things that we want the families to be focusing on, want them to be doing all require a mindfulness and a presence of mind that is not possible if you do not have safe and stable housing and if it takes you 3 hours to get someplace because you don’t have a car...so you know education and being a more involved parent and advocating for your kid and you know going to the school when you see that your kid is struggling, those all take a parent who has the presence of mind to do all that and you simply cannot if you’re worried about if the power is going to be shut off today...you’re just in crisis mode..”

“In terms of obesity, it’s wanting to feel like everybody else. Going to the coffee shop and getting yourself an expensive drink, it feels like life is stressful and this is a treat for me...it’s your bright spot in the day, because who knows what’s going to happen tomorrow?”



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# Successes and Barriers

There were numerous successes, as well as barriers, when navigating the assessment process. The biggest success was connecting with families. People living in insecure housing situations do not have permanent addresses. Often, they do not have access to reliable phones or internet. Through our community partners we were able to connect with families and could hear firsthand their stories and concerns. The ability to gain this perspective is invaluable to informing a system of care.

The main barrier to completing this assessment was the lack of cohesion between the concerns of the participants and the questions from the Maternal and Child Health Program. Despite the fact that the questions were reformulated, people had different needs and concerns they wanted to express. In order to report accurately the needs of the population surveyed all measures were taken to ensure their voices and the voices of the providers were heard. Although the information gleaned in this report does not precisely answer all the questions posed, it is a picture of the true struggles endured by this population daily.

## Conclusions

The OHA Maternal and Child Health Program conducted in Coos County, Oregon during the months of June and July of 2019 produced valuable information about the needs of families experiencing insecure housing. The needs of each individual vary, but main themes thread through every story. In Coos County there is a long history of generational poverty resulting in individuals growing up in poverty and their children experiencing the same fate. Even amongst people who have moved to the area, often a history of poverty and homelessness follows. The reasons for this poverty are linked and often result in families experiencing homelessness. Poor health due to lack of education, transportation, access to services (like childcare) and resources, as well as systemic discrimination propel this epidemic into future generations.

There are no easy solutions to these problems, however understanding the root of the causes is a solid place to begin to lift people out of the cycle of poverty and homelessness. Mental health services are a key component in addressing the underlying causes of under or no employment. Mental health is also a contributing factor to poor physical health. Coos County lacks the number of providers to serve the population in need; therefore, many people go untreated resulting in a perpetual struggle for survival.

Coupled with a dearth of mental health services, is lack of education in all areas, but specifically pertaining to health issues and available resources. Many people cannot access or are unaware of preventative care and only seek medical attention in the case of an emergency. Most importantly, people have more weighing concerns, like finding a home or making sure there is food on the table, than to worry about their health. To that end, people often let their health deteriorate to an unmanageable state. This has a ripple effect across the community. Another major theme revealed was low income people fail to seek services not only because of financial concerns, but also out of a fear of discrimination.

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Discrimination is a major underlying factor affecting the health of people living in insecure housing situations. From the anecdotal information received in this assessment there is systematic discrimination across agencies that provide health and housing services. Both explicit and implicit bias against those living with minimal financial resources has deleterious effects on the population. For instance, numerous rental application fees are a barrier to low income families securing housing. Likewise, discriminatory dental and medical practices have left many in this county fearful and resentful of both housing and healthcare services. In order to change this system, community partners must come together to address these problems as issues effecting the whole community and not just the problems of the disadvantaged. A first step to solving this problem could be ensuring that all service providers are trained in culturally and linguistically appropriate standards and are educated about diversity, equity and inclusion in order to increase empathy towards those who are living on the margins.

To conclude, the major needs of families living with insecure housing are prioritized as follows: finding stable housing and food security, obtaining access to mental health services, securing transportation, locating other community based services like affordable childcare, and obtaining general health education and meaningful interactions with local healthcare providers. When people are able to meet their basic needs, they are more able to focus on their health, and subsequently more able to contribute positively to their families and the community at large.

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