



# HER HEALTH, HER HOUSING

IMPROVING SERVICES FOR WOMEN  
EXPERIENCING HOMELESSNESS

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## Minority Stress: Racism and Women's Issues

12 March 2019

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# Disclaimer

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# Presenters

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# Disclosures and Positionality

- I have no financial disclosures
- I was born a preemie in 1969, all of my work is personal;
- All of my work is grounded in reproductive justice; clinical, education, research and policy;
- I was enough at Black woman, but my positionality affords me the opportunity to create space for the expertise of many Black women who have taught me and continue to teach me.

# Learning Objectives

Participants will be able to...

- Understand the impact of racism on health
- Understand the compounding influence of racism for women of color experiencing homelessness
- Understand how seemingly race-neutral policies may perpetuate racism and its effects for women of color experiencing homelessness.

"In **1906** the national black leader W.E.B. duBois challenged this bleak forecast and countered arguments of inherent black inferiority in *The Health Physique of the Negro American*, proceedings drawn from an Atlanta conference on Black health. The conference findings pointed to the impact of environmental and social conditions on black morbidity and mortality rates. Commenting on the higher black rates, du Bois noted that "the present differences in mortality seem to be sufficiently explained by conditions of life."

- Susan L. Smith: Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America 1890-1950.



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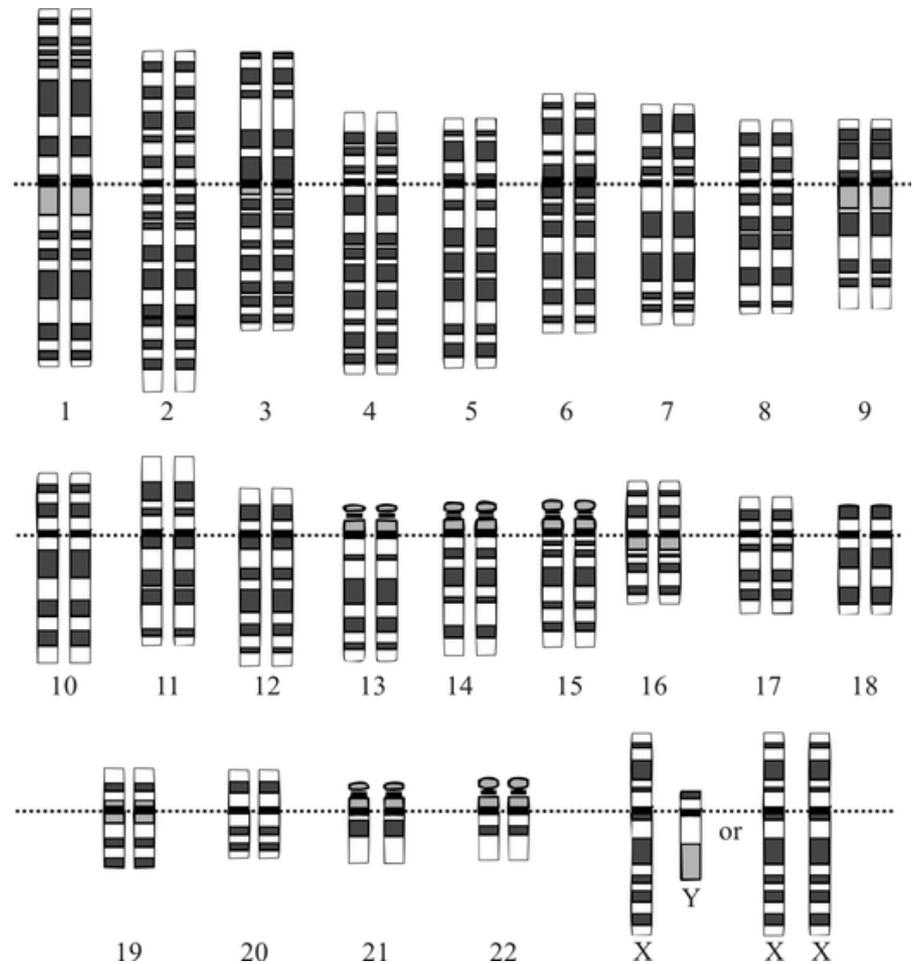
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# Defining Race

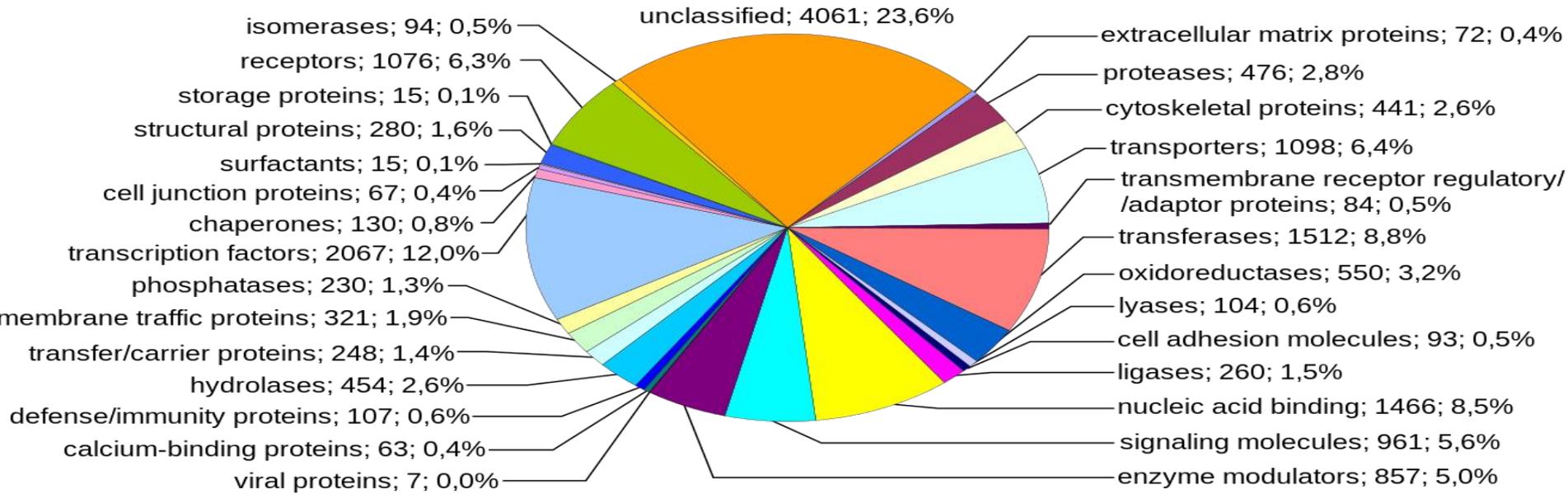
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# Human Karyotype



# Human Genes Characterized by Function of Transcribed Proteins



# What is Race?

- SPECIOUS classification of human beings with Europeans being a standard model of intellect, morals, culture, etc, with the sole purpose of upholding white privilege.
- Race is a shortcut. A crude but convenient proxy for more important factors, like muscle mass, enzyme level, genetic traits and In many cases, race adds no relevant information.
- Race also tends to overwhelm the clinical measures. It blinds clinicians to patients' symptoms, family illnesses, their history, their own illnesses they might have — all more evidence-based than the patient's race. Race can't substitute for these important clinical measures without sacrificing patient well-being.

# What is Racism?

- Camara Jones – Levels of Racism
  - Institutionalized: Differential access to goods, services, and opportunities by race (inherited disadvantage)
  - Personally Mediated: is defined as prejudice and discrimination
    - Prejudice = Differential assumptions about the abilities, motives, and intentions of others according to their race
    - Discrimination = Differential actions toward others according to their race.
  - Internalized: acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth.

# Learning Objective 1

Understand the impact of racism on health

- Structural determinants contribute to social determinants of health;
- Policies, specifically how resources are allocated (humans, time, and money);
- Clinical interactions (inability to recognize signs and symptoms of deterioration);
- Zip Code more important than genetic code; Access to health services provision

# Learning Objective 2

Understand the compounding influence of racism for women of color experiencing homelessness

- Women of reproductive age and care provision;
- Policies related to public housing, children, TANF, how families are made/supported;
- Unstable housing – exemplar from SF Bay Area

# Housing, Pregnancy & Preterm Birth in San Francisco:

A community-academic partnership  
for research, policy & practice



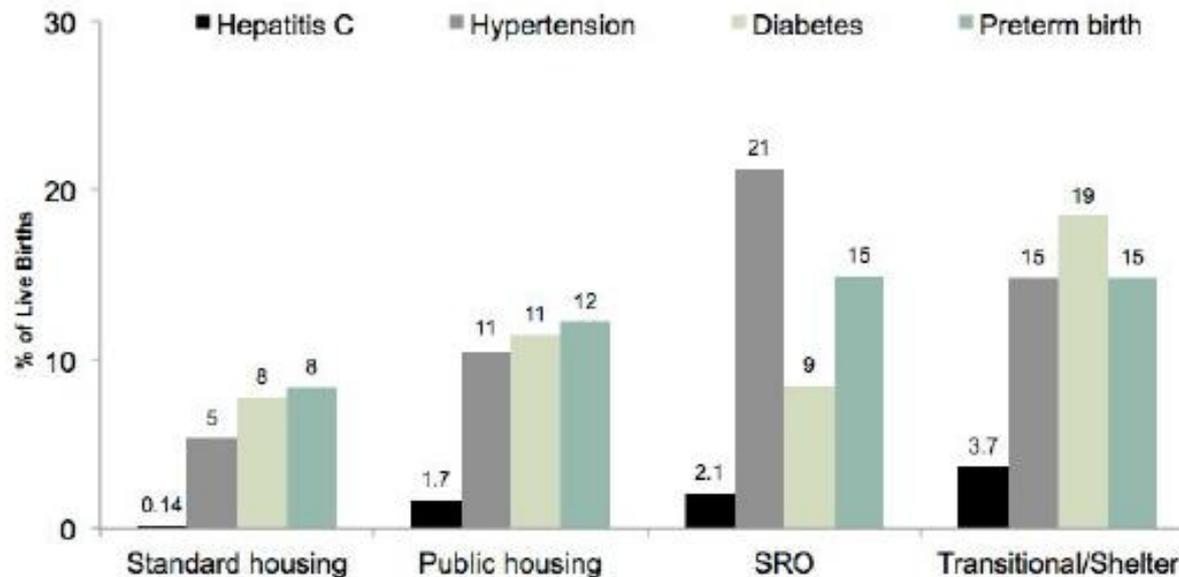
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# Birth Outcomes & Housing

## Preterm Birth & Housing in SF

Women living in public housing, single room occupancy hotels, and shelters have higher risk of health problems during pregnancy and preterm birth



# Findings

- Many low-income pregnant women and their families that do live in San Francisco have few choices but to live in overcrowded and unhealthy housing or are forced into homelessness in order to access long term housing options.

# Findings

- Low-income pregnant women in San Francisco experiences extreme stress that has an impact on their health and wellbeing and negative birth outcomes;
- Low-income pregnant women and mothers stay indoors and may restrict travel in order to avoid community violence, resulting in isolation;

# Findings

- Substance use is a critical issue for many low-income pregnant women in San Francisco –
  - as a way to cope with stress;
  - as a challenge to overcome to promote the baby's health;
  - as a barrier to housing; and,
  - as a source of stress when family member's use is problematic.

# Learning Objective 3

Understand how seemingly race-neutral policies may perpetuate racism and its effects for women of color experiencing homelessness.

- Forced displacement out of San Francisco due to housing and homeless policies destroys social networks, creates significant barriers to continuous care and undermines health and well being of low-income pregnant women;

# Findings

- There is a lack of understanding, vision, accountability and leadership unifying housing, health, and homeless systems to address the needs of low-income pregnant women and racial disparities in birth outcomes in San Francisco.
- The health of pregnant women of color and their families is greatly undermined by housing loss, multiple moves and the fear and stress of eviction.

# Findings

- In SF, pregnancy is viewed as a time-limited situation and low-income pregnant women do not fit housing eligibility criteria and are NOT a priority, resulting in a lack of services and housing opportunities;
- The service and housing system is disjointed, challenging women and program staff to make up for lack of coordination, integration, and effective transitions between housing opportunities

# Summary

- Structural racism intersects with stress, poverty, homelessness and is disproportionately borne by minority women;
- Accessing services across the reproductive spectrum is difficult for people who have unstable housing or are experiences homelessness;
- Policies should be co-developed with people who experience homelessness and tested and evaluated by those with lived experience.

# Q&A

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