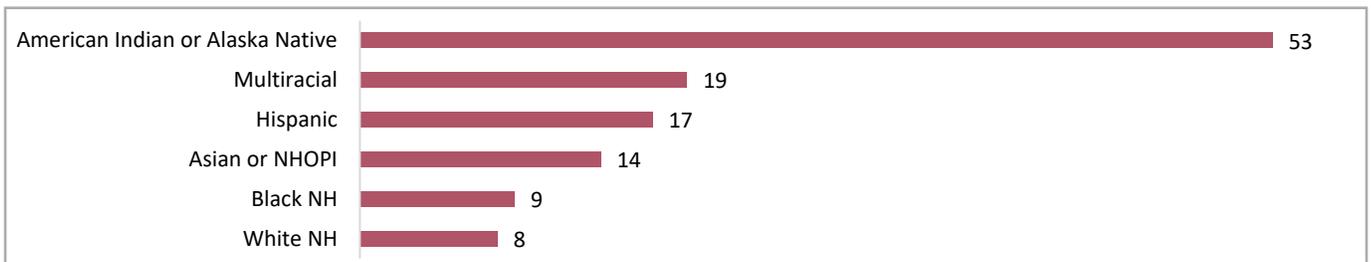# About Maternity Support Services (MSS), Racial Equity, & Housing Instability

What are Maternity Support Services (MSS)?

MSS provides preventative health and education services to help individuals have healthy pregnancies and healthy babies. Eligible individuals are those who are pregnant and receiving Apple Health. MSS is a unique and important program that is unlike other programs across the country. MSS services include pregnancy and parenting information, screening for possible pregnancy risk factors, brief solution-based counseling for identified risk factors, and referral to community resources. *It is critical, especially during COVID-19 when health disparities are widening in Washington State, that programs serving pregnant and postpartum people of color are not cut.*

Figure 1. Pregnancy-Related Deaths (per 100,000 live births), Washington State 2014-16

American Indian or Alaska Native	53
Multiracial	19
Hispanic	17
Asian or NHOPI	14
Black NH	9
White NH	8

Note: NH = Non-Hispanic
Source: Prevention and Community Health Division. (2019). *Washington State Maternal Mortality Review Panel: Maternal Deaths 2014-2016.* Washington State Department of Health.

Maternity Support Services (MSS) and Race & Ethnicity

MSS also offers opportunities to address racial inequities experienced by pregnant individuals. As seen in Figure 1, current data in Washington State show pregnancy-related deaths were more than six times higher for American Indian and Alaska Native individuals and over two times higher for Hispanic individuals. MSS allows providers to target services that will best fit clients' needs, potentially helping to reduce racial disparities. While race and ethnicity outcomes data in the MSS program are limited, Building Changes is currently working to fill that gap. The available MSS data on race and ethnicity show that women of color are using these services comparatively more than their white peers (Figures 2, 3). This aligns with the program's desire to address racial inequities by using targeted risk factor screening tools.

Figure 2. Use of MSS only by Women with Medicaid-Paid Maternity Care in Most Recent Year* of Delivery by Race/Ethnicity
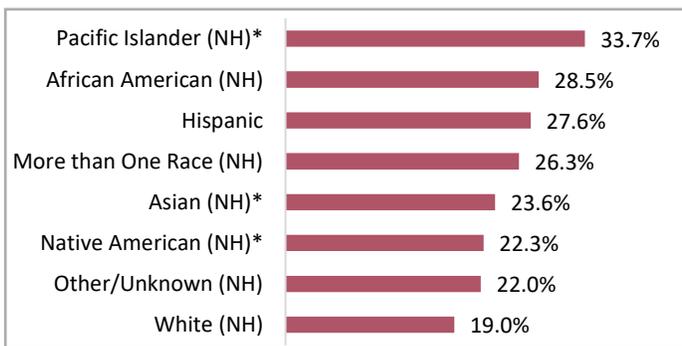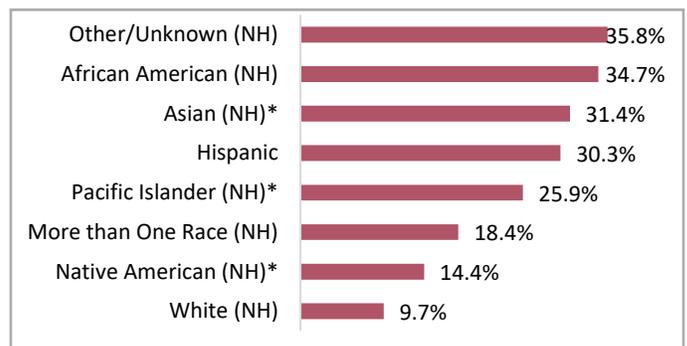

Pacific Islander (NH)*	33.7%
African American (NH)	28.5%
Hispanic	27.6%
More than One Race (NH)	26.3%
Asian (NH)*	23.6%
Native American (NH)*	22.3%
Other/Unknown (NH)	22.0%
White (NH)	19.0%

Figure 3. Use of MSS with Infant Case Management by Women with Medicaid-Paid Maternity Care in Most Recent Year* of Delivery by Race/Ethnicity

Other/Unknown (NH)	35.8%
African American (NH)	34.7%
Asian (NH)*	31.4%
Hispanic	30.3%
Pacific Islander (NH)*	25.9%
More than One Race (NH)	18.4%
Native American (NH)*	14.4%
White (NH)	9.7%

Note: NH = Non-Hispanic
* The most recent year of delivery data available for Native American (NH), Asian (NH), and Pacific Islander (NH) was 2017. All other races or ethnicities had data available for 2018.
Source: DSHS Research and Data Analysis. (2019, October 29). *Maternity support services and infant case management by age, race, ethnicity, and Medicaid status*. Retrieved from Washington State Health Care Authority: https://www.hca.wa.gov/assets/program/mss_icm_age_race_status.pdf.

MSS aligns well with community and provider recommendations on how to improve the health of women of color and their babies:

- MSS provides data on service usage by race and ethnicity.
- Racism in health systems leads to more women of color experiencing poor maternal health outcomes. MSS prioritizes women of color in its risk factor screening tool.
- MSS can be used to address social determinants of health, including those disproportionally faced by women of color and people experiencing homelessness.
- Many MSS programs utilize a community health worker model, wherein people are trained to provide services to their communities with whom they live, work, and share common experiences or identities.
- MSS is patient-centered and focused on the needs of individuals.

Interconnections Between Homelessness and Maternal Health

- Poverty and other social determinants of health are associated with adverse birth outcomes and infant mortality, such as social-economic disadvantage, unequal treatment, institutionalized racism, minority status stressors, and income inequities.[1]
- People of color are disproportionately represented in both homeless populations and populations with higher negative maternal health outcomes.[2]
- Pregnancy can increase a woman's risk of becoming homeless, and pregnant women face significantly greater health risks while unstably housed.[3]
- Unstable housing is a contributing factor to maternal mortality.[4]
- Women are more likely to experience pregnancy the longer they remain homeless.[5]

About Building Changes' Perinatal Housing Grant (PHG)

Homelessness and poor maternal health outcomes are intertwined. To address this issue, Building Changes worked with MSS providers on the Perinatal Housing Grant (PHG) project in Pierce County. This three-year pilot project aimed to ensure MSS caseworkers were trained in Diversion services to help families experiencing or at-risk of homelessness quickly move into stable housing. PHG program participants were pregnant and postpartum women who were already receiving MSS services and identified themselves as experiencing homelessness or housing instability. Households of color were overrepresented in PHG, which reflects the racial disproportionality that exists more broadly among families experiencing homelessness in Pierce County.
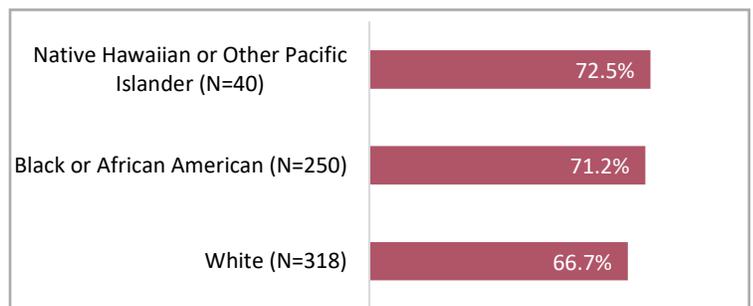
Data from our final grant evaluation report, displayed in Figures 4 and 5, show that women of color had high rates of exits into permanent housing through PHG. In total, 72% of non-white families exited to permanent housing, while two out of three Hispanic/Latino participants exited to permanent housing. PHG demonstrates that MSS can be used to help prevent homelessness and improve housing stability, especially for women of color. Continuing to support programs like these will prevent individual and family trauma in underserved populations and lead to long-term positive impacts for the state.

Figure 4. Exits to Permanent Housing by Ethnicity

Non-Hispanic/Non-Latino (N=561)	Hispanic/Latino (N=117)
70.4%	66.7%

Source: Building Changes & Clarus Research (2021). *Perinatal Housing Grant Project Evaluation Report*. https://buildingchanges.org/images/documents/library/2021_PHGEvaluation_Report.pdf.

Figure 5. Exits to Permanent Housing by Race*

Native Hawaiian or Other Pacific Islander (N=40)	72.5%
Black or African American (N=250)	71.2%
White (N=318)	66.7%

* While Asians and American Indian and Alaska Natives were served through PHG and the majority exited to permanent housing, this data were suppressed for privacy reasons.
Source: Building Changes & Clarus Research (2021). *Perinatal Housing Grant Project Evaluation Report*. https://buildingchanges.org/images/documents/library/2021_PHGEvaluation_Report.pdf.

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[3] Clark, R. E., Weinreb, L., Flahive, J. M., & Seifert, R. W. (2019). Homelessness Contributes to Pregnancy Complications. Health Affairs, 139-146.

[4] Petersen, E. E., Davis, N. L., Goodman, D., Cox, S., Mayes, N., Johnston, E., et al. (2019, May 10). Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017. Morbidity and Mortality Weekly Report (MMWR), 68(18), pp. 423-429. DOI: http://dx.doi.org/10.15585/mmwr.mm6818e1.

[5] Cronley, C., Hohn, K., & Nahar, S. (2018). Reproductive Health Rights and Survival: The Voices of Mothers Experiencing Homelessness. Women & Health, 320-333.

Our Vision: *Communities thrive when people have safe and stable housing and can equitably access and use services.*

Our Mission: *Building Changes advances equitable responses to homelessness in Washington State, with a focus on children, youth, and families and the systems that serve them.*