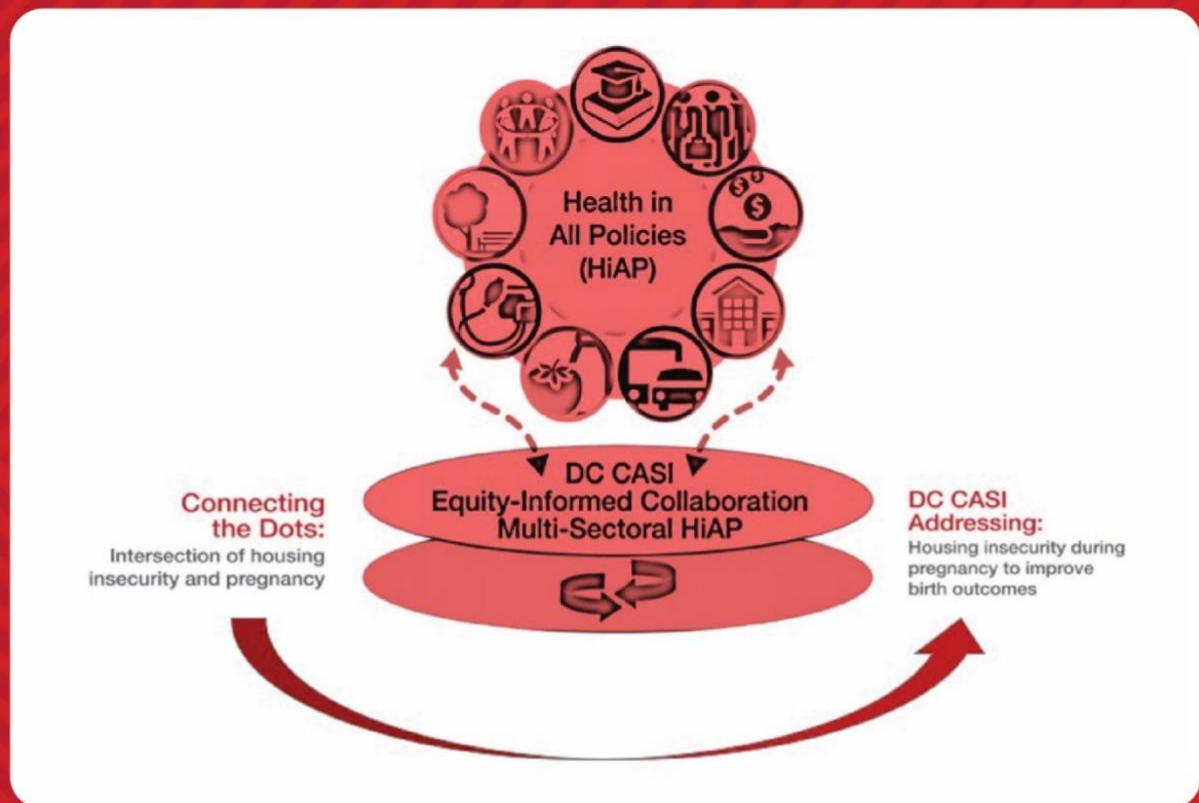


District of Columbia Calling All Sectors Initiative – A Collaborative Model For Practice Change

DC CASI EVALUATION REPORT

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH 2023



Acknowledgements

Government of the District of Columbia

Muriel Bowser, Mayor

Department of Health (DC Health)

Department of Human Services (DHS)

Interagency Council on Homelessness (ICH)

Executive Office of the Mayor (EOM)

Office of the Deputy Mayor for Health and Human Services (DMHHS)

Department of Housing and Community Development (DHCD)

DC Housing Authority (DCHA)

Community-Based Partner

Community of Hope

The DC Calling All Sectors Initiative is a multisector approach to operationalizing health equity in the District of Columbia. Key District government agencies, in collaboration with a community-based partner, took collective action to create equity-driven systems-level change at the intersection of homelessness and perinatal health.

The project was supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. For the purposes of this report, the term Calling All Sectors (CAS) refers to the activities of the Health Impact Project and the abbreviation Calling All Sectors Initiative (CASI) or DC CASI refers to the DC Calling All Sectors Initiative.

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Executive Summary

The District of Columbia Department of Health's (DC Health) Office of Health Equity (OHE) embarked on the Calling All Sectors Initiative (CASI) with the goal of operationalizing health equity practice and demonstrating equity informed practice change. As implemented, the project utilized a Health in All Policies (HiAP) approach for improving opportunities for health and health outcomes, that intentionally leverages the knowledge and insight of collaborating partners, while simultaneously building their capacity, as well as that of DC Health, for effective, equity-informed multisector and interagency collaboration.

Partners in the DC CASI initiative included the seven (7) District government agencies listed below, together with a carefully selected community-based organizational partner, that served as a key representative for the non-governmental sector:

- DC Health Office of Health Equity (OHE)
- DC Health Community Health Administration (CHA) – Perinatal & Infant Health Division
- DC Interagency Council on Homelessness (ICH)
- DC Department of Human Services (DHS)
- Thrive By Five DC - Executive Office of the Mayor (EOM) & Office of the Deputy Mayor for Health and Human Services (DMHHS)
- DC Department of Housing and Community Development (DHCD)
- District of Columbia Housing Authority (DCHA)
- Community of Hope (Community-based organization partner)

HiAP approaches recognize that health is more than health care. Informed by the evidence base, the overwhelming majority of what drives a community's health occurs primarily outside of the medical care system, with up to 80% of a communities' health outcomes generated by socially- and economically-derived factors such as housing security – or lack thereof. DC Health's mission is to promote health, wellness, and equity across the District, and to protect the safety of residents, visitors and those doing business in our nation's capital. Furthermore, DC Health's key strategic priorities include, promoting a culture of health and wellness; addressing the social determinants of health; and strengthening public-private partnerships. Our organizational value proposition is applying equity in all we do. Leading with this equity-informed approach, DC Health recognizes the critical link between policy and systems and the impacts of housing affordability, insecurity, and homelessness on health. The health effects of housing instability and insecurity can begin early in life, and people who are unhoused experience some of the greatest risks and impacts, affecting pregnant people, their infants, and their families. Exploring and addressing this phenomenon in the District of Columbia required a HiAP solution involving stakeholders across public, non-profit, and private sectors. The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, awarded DC Health a grant as part of the Calling All Sectors Initiative to promote state-level multi-sector

collaboration with hopes of improving birth outcomes and reducing perinatal health disparities.

The focus of the DC Calling All Sectors Initiative (DC CASI) is grounded in public health research and practices utilizing an evidence base pertaining to the social and structural determinants of health, data, and research on disparate perinatal health outcomes in the District.^{1,2} Additionally, the **Health Equity Report for the District of Columbia 2018 (DC HER 2018)** identifies housing opportunities -- including access, quality, cost and security -- as a key driver of health in the District¹. This evidence-based and DC-specific context suggests that the impact of homelessness on the health of pregnant individuals and their babies can be mitigated by ensuring safe and secure housing and providing proper linkage to other necessary services, such as quality prenatal care, during all stages of pregnancy.

The multi-sector and interagency collaboration facilitated as part of DC CASI resulted in meaningful stakeholder and resident engagement, the uncovering of key insights into barriers and facilitators within the system that serves pregnant individuals experiencing homelessness, system-wide policy and practice change recommendations, and policy changes impacting pregnant individuals in the District's homeless services system. The success of DC CASI's collaborative process sparked the development of the **DC CASI Collaborative Model FOR Practice Change** (detailed in the complementary *DC CASI Framework Report*), an equity-informed framework for engaging in multisector collaboration to improve health outcomes and reduce health disparities, by intentionally addressing health inequities.

This **DC CASI Evaluation Report** details elements to consider when evaluating initiatives reliant on equity-informed multi-sector collaboration. The explorative and innovative nature of DC Health's role as a backbone organization in collaborative action for systems-level change presented countless learning opportunities for approaching program development and evaluation. This continuous learning contributed to DC CASI's success and is evident through various stakeholder engagement efforts.

Included in this report is an overview of key DC CASI findings and lessons learned, spanning across three years (2019-2022). The outputs of this initiative include various system-level insights derived from local officials, community stakeholders, residents with lived experience, and data integration efforts. CASI partners engaged both homeless services providers, as well as residents with lived experience of concurrent homelessness and pregnancy, using surveys and focus groups to gain insight into how the District's health and social systems supported their unique needs. This report contains key insights and findings from these engagement efforts and offers recommendations for system-level policy and practice change to strengthen system assets, limit barriers, and rectify deficiencies.

Overarching Recommendations

The network of stakeholders engaged throughout DC CASI helped distill and refine the breadth of information being uncovered by the initiative's core partners. Using consensus-building strategies and other iterative processes, the following high-level policy and practice change recommendations were brainstormed, drafted,

and reviewed by the larger network of homeless services and homelessness prevention stakeholders before being finalized among DC CASI Core Team member agencies:

1. Increase collection of pregnancy information across existing homelessness data systems (e.g. Homeless Management Information System) to ensure connection to appropriate health care, such as prenatal care, for all pregnant individuals and improve system analytical capabilities.
2. Support data integration efforts between health systems and the homeless services Continuum of Care (CoC) in the District to promote coordination of services, identify client needs, and support population-level analysis.
3. Develop strategies to ensure individuals identified as experiencing concurrent homelessness and pregnancy, have access to essential supports and services; including appropriate health services, such as prenatal care.
4. Provide capacity building support for DHS and the homeless services and homelessness prevention Continuum of Care (CoC) workforce to meet their needs related to serving pregnant individuals and promote perinatal care coordination.
5. Monitor and engage new and existing efforts to create system-level progress at the intersection of perinatal health and homelessness to advance health equity in the District of Columbia.

This Evaluation Report suggests that local governments and community-based organizations can learn from the practical approach to operationalizing health equity practice as implemented and described by **DC CASI's Equity-Informed (HiAP) Initiative and Conceptual Framework** for multisector collaboration, applied at the intersection of health and social systems. DC Health's Office of Health Equity recognizes DC CASI as a milestone in its efforts to build collaborative practice strategies and public health infrastructure essential to catalyze system-level change, all critical to promoting health equity in the District of Columbia.

Background & Initiative Purpose

The District of Columbia Department of Health's (DC Health) mission is to promote health, wellness, and equity across the District, and to protect the safety of residents, visitors and those doing business in our nation's capital. Furthermore, DC Health's key strategic priorities include, promoting a culture of health and wellness; addressing the social determinants of health; and strengthening public-private partnerships. Our organizational value proposition is applying equity in all we do. Leading with this equity-informed approach, DC Health recognizes the critical link between policy and systems and the impacts of housing affordability, insecurity, and homelessness on the health of pregnant people, their infants, and their families. Exploring and addressing this phenomenon in the District of Columbia required the application of a Health in All Policies (HiAP) solution involving stakeholders across public, non-profit, and private sectors. The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, awarded DC Health a grant as part of the Calling All Sectors Initiative to promote state-level multi-sector collaboration with hopes of improving birth outcomes and reducing perinatal health disparities.

DC Health's Office of Health Equity (OHE) perused the Calling All Sectors Initiative (CASI) opportunity with the goal of operationalizing health equity practice and demonstrating equity-informed practice change, by applied multi-sectoral collaboration. As implemented, the project utilized a Health in All Policies (HiAP) approach for improving opportunities for health, that intentionally sought to leverage the knowledge and insight of nontraditional, non-health collaborating partners, while simultaneously building their capacity, as well as that of DC Health, for effective, equity-informed multisector and interagency collaboration.

The mission of DC Health's OHE is to *address the root causes of health disparities, **beyond** healthcare and health behaviors, by supporting projects, policies and research that will enable every resident to achieve their optimal level of health -- regardless of where they live, learn, work, play or age. The Office achieves its mission by informing, educating, and empowering people about health issues and facilitating multi-sector partnerships to identify and solve community health problems related to the social determinants of health*. Informed by these precepts, OHE strategically applies three interrelated approaches to our work:

1. Collaborative Practice & Policy Change

- *Multi-sector Collaborative Practice & Partnerships*
- *Informed by Health in All Policies (HIAP) Approaches.*

2. Data Development & Evaluation

- *Applied Data-driven & Evidence-based Methods & Practices, including Community-Based Participatory Research (CBPR)*
- *Operationalizes Equity-informed Population Health Improvement, with Intentional Evaluation & Learning to inform Gaps in the Evidence base.*

3. Health Equity Capacity Building

- *Strategically Leads & Demonstrates Health Equity Practice Change.*
- *Promotes Equitable Opportunities for Health through a social and structural determinants lens, with an emphasis on historically marginalized populations.*

The DC Calling All Sectors Initiative (DC CASI) was focused on improving birthing-parent and infant health outcomes in the District of Columbia by working across sectors to create systems-level change. DC CASI's overarching goal was to ensure that DC government homelessness assistance systems provide coordinated and timely services that meet the holistic needs of pregnant individuals.⁵ This **DC CASI Evaluation Report** offers an overview of DC CASI, including key activities, insights, and recommendations, and concludes with a discussion of opportunities for sustainability.

Housing instability and insecurity, while having no standard definition, encompasses a number of challenges. It spans from being housing cost-burdened, with the associated risk of being unable to afford rent; to living in unsafe or overcrowded conditions; including having to move frequently; or “doubling up” with friends and family. The most severe form of housing instability and insecurity is homelessness. The health effects of housing instability and insecurity can begin early in life, and people who are unhoused experience some of the greatest risks and impacts.

The **Health Equity Report – District of Columbia 2018 (DC HER 2018)** not only identified housing as a key driver of opportunities for health but noted the differential impact of housing cost burden across the city.¹ The occurrence of cost-burdened households (i.e., gross rent as a percentage of household income [GRAPI] equal to or greater than 35%) differs in concentration across the District, ranging from 19.9% of households in Capitol Hill, where more than 61% of residents are non-Hispanic White, to a high of 59.6% in Historic Anacostia where non-Hispanic Black residents make up more than 93% of the population.

Although the proportion of households that spend more than 30% of income on housing has been trending down, from 50.7% of households in 2014⁷ to 47.9% in 2018,⁸ there is still much work to be done to meet the **DC Healthy People 2020** target of 43.7%.⁹ Housing affordability relative to income is critical in determining how much money households have remaining to meet other basic needs. Severely cost-burdened households endure frequent financial strains and must make difficult tradeoffs between essentials, such as food, utilities, and medical bills. An estimated 14% of District households experience some level of food insecurity, and 10% worry about running out of food before getting enough money to purchase more.¹

Homelessness, while at the extreme end of the housing need spectrum, impacts many District households and includes pregnant individuals and their families. Although homelessness is trending down in the District, in 2017 there were 1,166 homeless families that included 3,890 family members of parents and children, of which children made up 60%.¹

Although the long-term trends in infant mortality are positive overall, persistent differences in maternal and child health outcomes remain, with mortality rates three times higher for babies born to Black individuals than their White counterparts. Differential health outcomes also persist across the life course. In 2015, 19.5% of Black residents reported fair/poor health. This was significantly higher than was reported for White residents (3.9%) and was double the 9.1% rate for other races/ethnicities as a group).¹

Initiative Structure

Core Team

The DC CASI Core Team consisted of the following District Government agencies, divisions, and partner organizations: the DC Department of Health (DC Health) Office of Health Equity (OHE) and Community Health Administration (CHA) Perinatal & Infant Health Division; DC Department of Human Services (DHS); the DC Interagency Council on Homelessness (ICH); Thrive by Five DC (in Executive Office of the Mayor (EOM) Deputy Mayor of Health & Human Services (DMHHS); the DC Department of Housing and Community Development (DHCD); the DC Housing Authority (DCHA); and a selected community based organization (CBO) non-profit partner, Community of Hope.

In addition, the DC CASI Core Team engaged with system stakeholders across the homeless services and homelessness prevention Continuum of Care (CoC), as well as District residents with lived experience, and other partners (e.g., Georgetown University School of Nursing and Health Studies consultants) that comprise the DC CASI network.

Health Impact Project (HIP) Engagement and Support

As a part of the national 10-state initiative, the Health Impact Project (HIP) and its partners, supported DC CASI through funding and technical assistance by providing access to a wide range of tools and resources (see HIP Resources). The HIP Team at PEW Charitable Trusts (Pew) met frequently with the DC CASI Core Team to follow every stage of the initiative and to support the team as they addressed barriers and challenges such as the impact of the COVID-19 pandemic. The HIP support goals for the DC CASI team included the following:

- Identify and assess emerging needs, resources, and priorities in Calling All Sectors (CAS) grantee states and communities.
- Share promising programmatic, policy, and operational approaches to COVID-19 response and recovery.
- Understand opportunities for alignment between CASI and COVID-19 response and recovery efforts.
- Adapt HIP Calling All Sectors (CAS) tools, models, and strategies to COVID-19 response and recovery priorities (where appropriate).

A Health in All Policies Approach

The DC CASI project was anchored by the depth of the data and evidence underlying DC Health's Nine Key Driver Framework, developed in the *Health Equity Report: District of Columbia 2018 (DC HER2018)*. The framework incorporates a Health in All Policies (HiAP) approach, which as defined, calls for the systematic use of a health lens to all public policies across all sectors.¹⁰ In operationalizing health equity practice in the District, OHE seeks to apply HiAP concepts in policy development and implementation, starting with the

engagement of multi-sector partners to address the root cause of health disparities. As such, the DC CASI project utilized HiAP implementation strategies as a starting point and included the following concepts:

HiAP Implementation Concepts

1. Employing collaborative approaches to improve population health by embedding health considerations into decision-making processes across a broad array of sectors.
2. Supporting successful partnerships and building community capacity to implement equity informed HiAP strategies.
3. Understanding, assessing, and influencing the policy context, including how policy and practice within systems and institutions can impact health outcomes.
4. Strengthening leadership and effectiveness in creating change within and across agencies, organizations, and communities.
5. Developing and applying innovative and evidence-informed strategies to address inequities in health outcomes in partnership with collaborative, cross-sector partners.

The DC CASI used these concepts, connecting them to the issue of housing insecurity and its impact on pregnancy and birth outcomes. The project was designed around **equity-informed multi-sector collaboration with a HiAP lens**, connecting two of the drivers of opportunities for health (medical care and housing), within the District’s nine key drivers framework. The integration of these concepts is illustrated below in the **DC CASI Equity Informed Initiative - Conceptual Framework**, Figure 1.

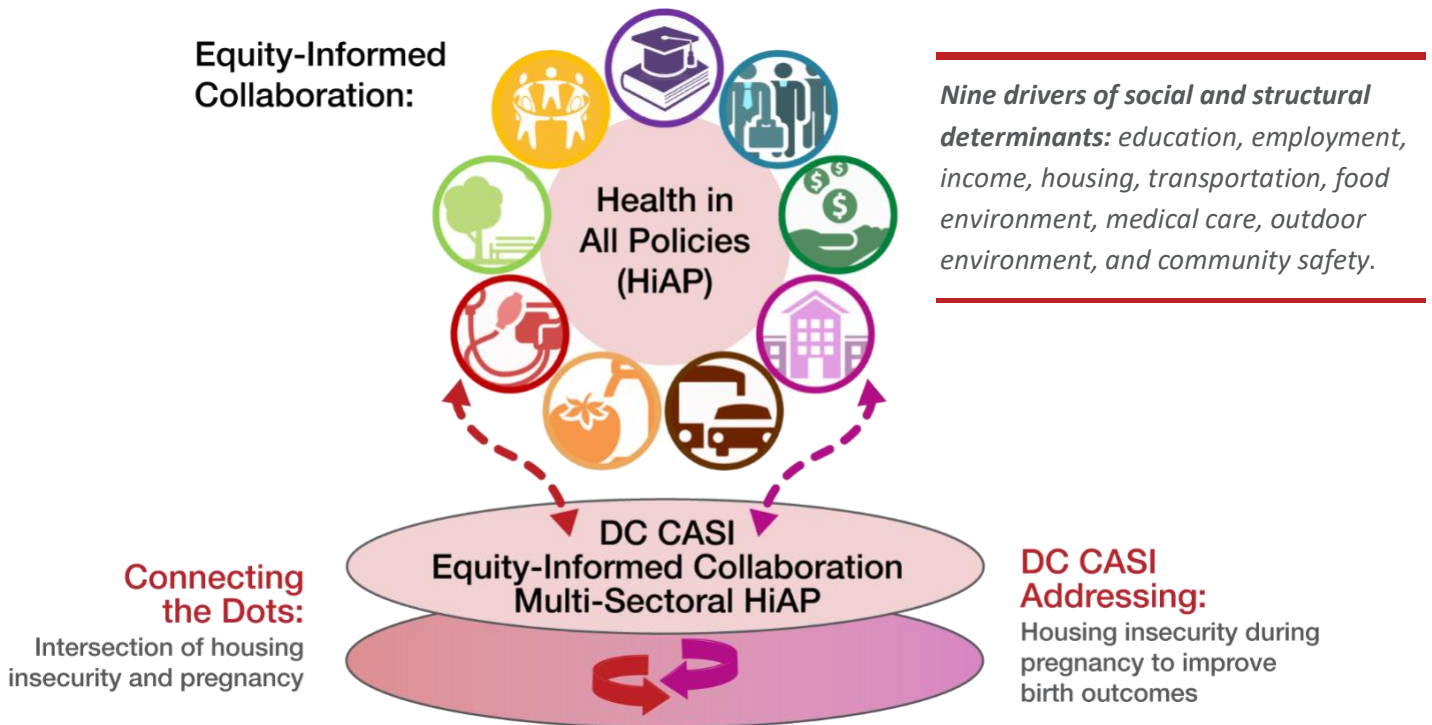


Figure 1: DC CASI Equity-Informed Initiative –Conceptual Framework

The DC CASI project required many partners and collaborators working together to create practice change across systems that contribute to and are impacted by the intersection of maternal health and housing. DC Health OHE led DC CASI in partnership with the Perinatal and Infant Health Division within DC Health’s Community Health Administration (CHA). External partners and collaborators included several key District Government agencies, together with Community of Hope, as highlighted in Figure 2.

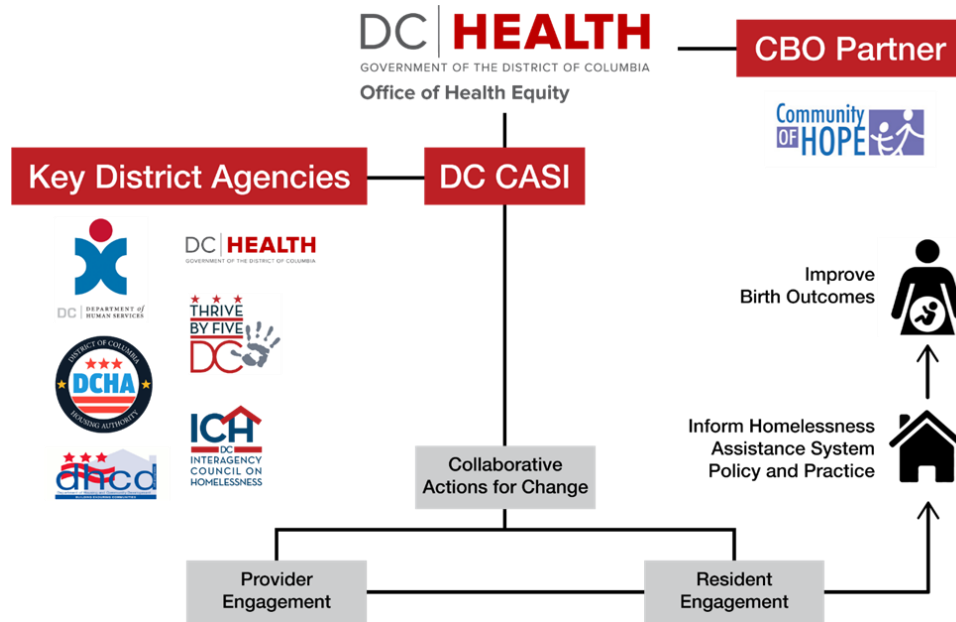


Figure 2: DC CASI Organization Structure with Key Partners and Collaborators

HiAP & Equity Fellowship Model

Developed prior to the announcement of the HIP Calling All Sectors initiative, the HiAP & Equity Fellowship Model developed by DC Health OHE, had been envisioned as a flexible and scalable method of supporting the implementation of equity-informed multi-sector demonstration projects in the District. This capacity building and experiential training model was effectively deployed as an important part of the DC CASI structure. Strategically, OHE, envisioned engaging a cadre of Health in All Policies and Equity (HiAP&E) fellows to support a range of projects and research that focus on the nexus of health and equity across each of the core sectors. Individual HiAP&E fellows are intended to start with academic training and/or experience in one or more of the core sector areas and to support collaboratively developed and designed sector-specific projects, research, and implementation strategies. In the medium- to long-term, convening a future constellation of HiAP&E fellows engaged in practical, equity-informed work across multiple sectors would leverage their individual talents, help break down traditional professional silos, and promote a shared understanding of what drives health and how to improve opportunities for health across the District. This goal is essential to generating interdisciplinary and multi-sector learning and improved capacity. The model also supports workforce training experiences necessary to inform and drive practice change across the District government and beyond through an applied equity-informed HiAP framework – similar to the conceptual model shown in Figure 1. The DC CASI

project was OHE’s first opportunity to pilot this approach, facilitating the hiring of a **Housing and Health Equity Fellow** to engage in project-focused work that broadened their traditional professional lens and proactively considered the impact on health and equity in housing.

Identifying and Engaging Collaborating Partners

As initially constituted, the DC CASI Core Team consisted of DC Health, joined by the DC Interagency Council on Homelessness (ICH); the DC Housing Authority (DCHA); and the DC Department of Human Services (DCHS). Based on our collective environmental scan and consideration of the work ahead, additional governmental partners were engaged, adding Thrive by Five DC, within the Executive Office of the Mayor (EOM), and DC Department of Housing & Community Development (DHCM). However, by design, this group was rounded out with the addition of a community based organization (CBO) – Community of Hope, as detailed below.

The DC CASI Core Team focused much of its early efforts on gaining a better understanding of participating District agencies and the role they play or could play – individually and collectively – in helping achieve the DC CASI vision. The DC CASI Core Team invested significant time and effort in learning more about each member agency, including how individual missions and operating practices inform their unique perspectives of the local landscape, and shapes the context for housing opportunities and maternal and infant health service delivery and outcomes in the District. These preliminary learning exchange efforts were intentional and focused on uncovering how the work was connected and supported by other agencies, and on identifying assets and/or missed opportunities as they pertained to addressing housing insecurity and maternal and infant health. This deliberative unpacking of the context was critical to developing a shared understanding of the complex homeless services and homelessness prevention systems -- formally called the “Continuum of Care” (CoC)-- in the District.

A cornerstone of the DC CASI project was the collaboration between and within different District sectors and the development of a partner framework. The DC CASI Core Team used consensus-building strategies to identify and select a community-based organization to serve as the project’s key learning and strategic partner. Following the DC CASI team’s deliberation and environmental scan, the DC CASI Core Team selected Community of Hope for this role based on the organization’s qualifications in terms of capacity, experience, and reach. Community of Hope is a Federally Qualified Health Center and one of the largest providers of housing and supportive services for families experiencing homelessness in the District. Community of Hope has championed efforts to engage housing providers and residents with lived experience of concurrent pregnancy and homelessness across the District. Notably, Community of Hope leadership is also active on the DC Interagency Council on Homelessness.

Once formally engaged, Community of Hope served as a full collaborative member and learning partner on the DC CASI Core Team, providing non-governmental practice insight and experience, thought leadership, as well as reach and trust essential to engage other CBO’s, and residents as detailed below.

Community-based organization, Community of Hope, served as a thought, engagement, and learning partner.

The Strategic Role of the CBO Partner in the DC CASI Implementation Process included the following three functions:

- **Serve as a Thought Partner**, which included attending bi-monthly DC CASI Core Team meetings and participation in grantee-sponsored convenings and other activities that were developed in collaboration with the DC CASI Core Team. This began as an in-person effort but transitioned to a virtual effort during the COVID-19 pandemic.
- **Serve as an Engagement Partner**, which included collaborating with the DC CASI Core Team and the network of CBOs across the homeless services Continuum of Care (CoC) as needed, to facilitate engagement with residents from the population of focus. This included residents with lived experiences of housing insecurity and pregnancy.
 - Selected CBO Partner, Community of Hope coordinated a survey of providers and focus groups to gather feedback and contracted with evaluation partners to complete an institutional review board (IRB)-approved study of feedback from DC residents with lived experience of homelessness and pregnancy.
- **Served as a Learning Partner**, which included collaboration with the DC Health OHE and participation in the development and delivery of the collaborative learning goals of the initiative, as well as documentation and qualitative analysis that were generated by the engagement efforts.

Participating agency partners, who understood the importance of building an effective learning collaborative, originally committed to attending twice-monthly in-person meetings. Regularly scheduled working meetings were held and hosted at the offices of these partners, which contributed to the organic development of positive working relationships. As a result, the initiative benefited from regular, consistent, and sustained engagement, with at least one representative from each agency regularly attending the twice-monthly team meetings. These meetings were moved to a virtual format during the COVID-19 pandemic but maintained the established cadence. There is little doubt that regularly scheduled DC CASI Core Team meetings provided essential structure for the initiative and facilitated the following:

- Reinforcement of shared learning and understanding among the participants
- The provision of agency updates and identification of emerging opportunities
- Higher levels of engagement among partners regardless of staff turnover and other factors
- Ongoing momentum and progress throughout the initiative

Key Activities

The key activities implemented in this multi-year initiative included identifying and engaging collaborating partners, collecting data and information, and developing recommendations for policy and practice change, as well as long-term sustainability. In addition, six project elements were identified to guide the work.

DC CASI Elements

The DC CASI project was informed and guided-by the application of six key elements highlighted in red in Figure 3, below. The **DC CASI Collaborative Model FOR Practice Change** emerged from the intentional curation and application of selected activities, learning and experiences of the DC CASI team as they developed, implemented, and evaluated strategies and actions that would drive the initiative.

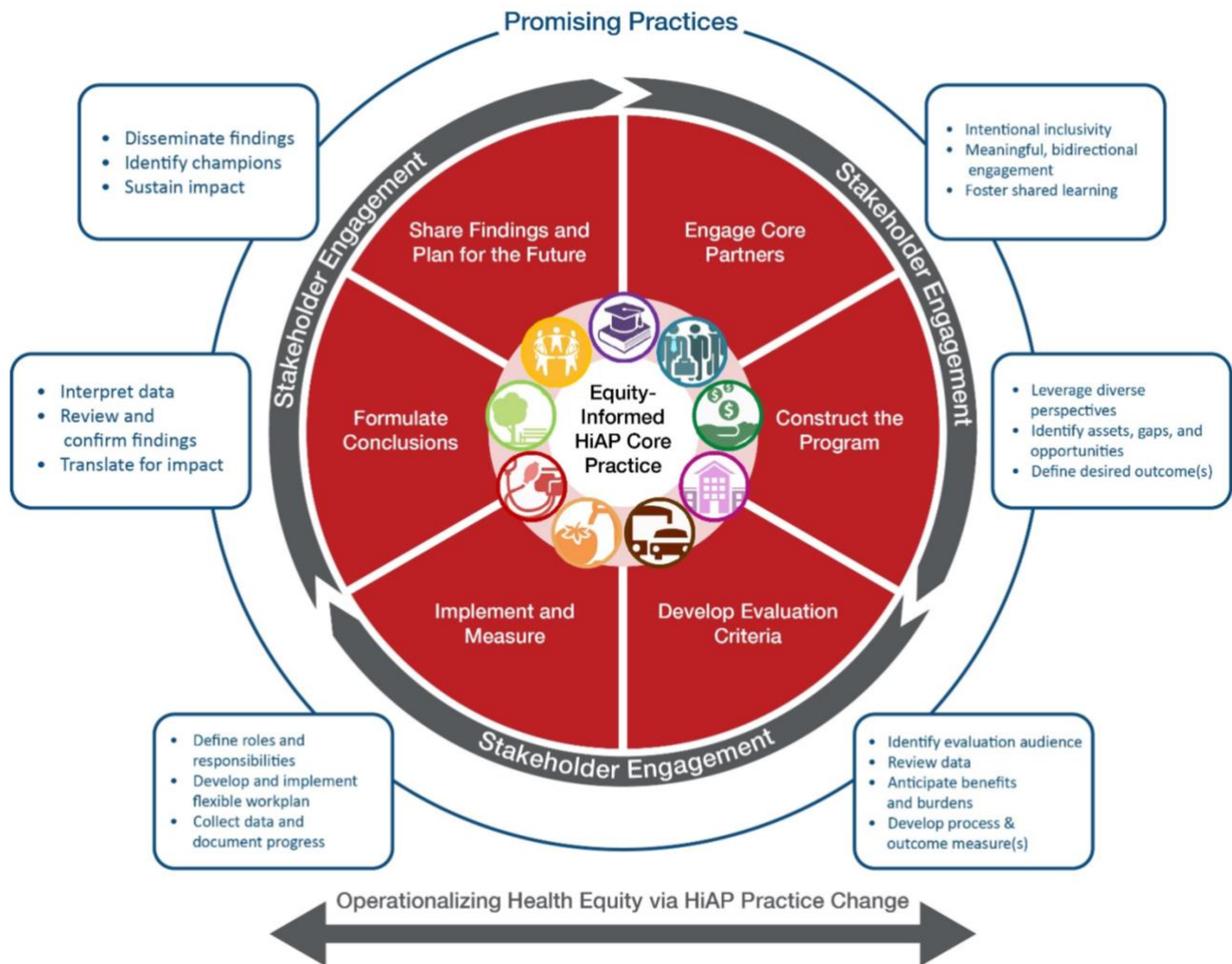


Figure 3: DC CASI Collaborative Model FOR Practice Change

Model Elements & Promising Practices

The list below provides a convenient list of the DC CASI Collaborative Model *FOR* Practice Change Model Elements and associated Promising Practices from Figure 3.

Model Element 1: Engage Core Partners

Promising Practices

- Intentional inclusivity
- Meaningful, bidirectional engagement
- Foster shared learning

Model Element 2: Construct Program Design

Promising Practices

- Leverage diverse perspectives
- Identify assets, gaps, and opportunities
- Define desired outcomes

Model Element 3: Develop Evaluation Criteria

Promising Practices

- Intentionally evaluate audience
- Review data
- Anticipate benefits and burdens
- Develop process & outcome measure(s)

Model Element 4: Implement & Measure

Promising Practices

- Define roles and responsibilities
- Develop and implement flexible workplan
- Collect data and document progress

Model Element 5: Formulate Conclusions

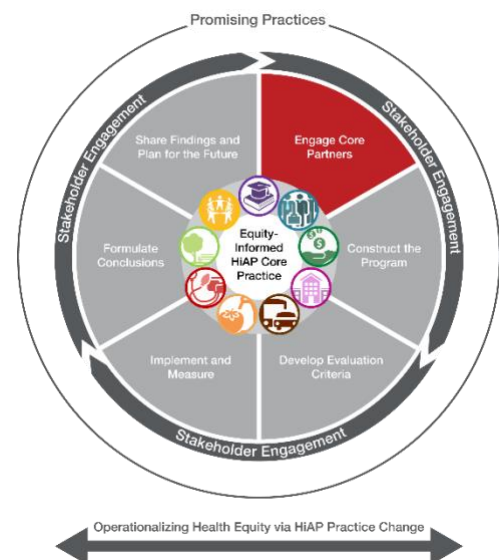
Promising Practices

- Interpret data
- Review & confirm findings
- Translate for Impact

Model Element 6: Share Findings & Plan for Future

Promising Practices

- Disseminate findings
- Identify champions
- Sustain impact



Creating Shared Purpose

The DC CASI project leveraged increasing awareness and interest across District Government pertaining to a data informed application of an equity lens initiated by DC Health. As outlined below, this included the then new *DC Healthy People 2020, Community Health Improvement Plan (2016)*, followed by the *DC Healthy People 2020 Annual Report & Action Plan 2017-2019*; together with the *Perinatal Health and Infant Mortality Report (2018)*, and release of the *DC HER2018 (February 2019)*. Together, they generated a confluence of strategic priorities addressing health and equity across multiple sectors, but especially within the housing sector, that included the *DC Housing Equity Report, 2019*, jointly published by the DC Department of Housing & Community Development (DCHCD), in collaboration with the DC Office of Planning (OP).

Throughout the process, DC CASI Core Team members proactively shared their organizational missions, functions, strategies, and operations to cultivate alignment and identify opportunities for collaboration around shared goals. Examples of the confluence of overlapping priorities included the following:

- DC Health: **DC Healthy People 2020 (2016)**
 - Serves as the city’s shared agenda and Community Health Improvement Plan
 - Goals are to achieve health equity by addressing social determinants of health and structural/system-level inequities.
- DC Health: **Health Equity Report: District of Columbia 2018 (2019)**
 - Notes disparities in housing cost burden and perinatal health outcomes across the District.
- DC Health: **Perinatal Health and Infant Mortality Report (2018)**
 - Goals include addressing the social determinants of health, connecting clinical medicine and public health, and using data to develop programs and policy.
- DC Department of Housing & Community Development: **Housing Equity Report (2019)**
 - Goals for the equitable distribution of affordable housing in Washington, DC, supporting Mayor Bowser’s vision for creating 36,000 new housing units by 2025.
- DC Interagency Council on Homelessness: **Homeward DC 2.0 (2021)**
 - Timeframe FY2021-2025: Make homelessness brief, rare, and nonrecurring.
 - Key goal is to improve access to care for individuals with complex health needs.
- Executive Office of the Mayor: [Thrive by Five DC¹¹](#)
 - Key goal is to create better outcomes for children by connecting education, health, and human services.
- DC Department of Human Services: **DHS Mission and Function¹²**
 - Mission is to empower every District resident to reach their full potential by providing meaningful connections to work opportunities, economic assistance, and supportive services.
 - Administers housing assistance programs for DC residents (i.e., shelters, prevention)

Learning Together

The DC CASI Core Team explored the policies and operations of the DC housing assistance and healthcare systems as they pertained to pregnancy and housing in order to identify system assets, gaps, and opportunities.

Engaging in Data Alignment

To understand the problem and track progress, it was important for the team to obtain access to data. The team worked across multiple sectors to identify data gaps, initiate new data tracking, and monitor trends over time.

Engaging Housing Providers

Engaging multiple sectors in the initiative was key to its success. Housing providers were an important part of the collaborative engagement and offered a unique perspective and a deeper understanding of the systems touched by this work. Collecting information from these stakeholders through a variety of methods including surveys and focus groups identified both challenges and opportunities to meet the initiative goal.

Engaging Residents

Understanding the challenges of residents with lived experiences of concurrent pregnancy and homelessness was an important priority for the initiative. Their engagement provided the DC CASI Core Team with invaluable insights into the facilitators and barriers to safe and stable housing throughout the DC system and was essential to mapping strategies and solutions.

Evaluation Framework and Timeline

The DC CASI Core Team utilized the **Centers for Disease Control and Prevention (CDC) Framework for Program Evaluation** to develop the DC CASI program evaluation plan.¹³ This CDC program evaluation framework is a practical, nonprescriptive tool that is designed to help summarize and organize the essential elements of program evaluation.

1. The CDC Framework for Program Evaluation **PURPOSE** has been described as addressing the following:
 - Summarize and organize the essential elements of program evaluation.
 - Provide a common frame of reference for conducting effective program evaluation.
 - Clarify the steps in program evaluation.
 - Review the standards for effective program evaluation.
 - Address misconceptions about the purposes and methods of program evaluation.

At the heart of the CDC Framework, are four standards, which are surrounded by six inter-connected and sequential steps, as listed and illustrated below.

2. The CDC Framework for Program Evaluation **STANDARDS** are:
 1. Utility

2. Feasibility
3. Propriety
4. Accuracy

3. The CDC Framework for Program Evaluation **STEPS** are:

1. Engage Stakeholders
2. Design the Program
3. Focus on Evaluation Design
4. Gather Credible Evidence
5. Justify Conclusions
6. Ensure use and share lessons learned.

The six steps of the CDC Program Evaluation Framework¹⁴ describe a useful process for effective program design and evaluation. Adhering to these steps and standards enables a clear articulation and understanding of a program's context and improves program evaluation outcomes and learning. Working together, these steps can serve as a starting point for tailoring an evaluation to a specific program. However, when applied, it should be noted that while all the steps are interdependent, they can be encountered in a nonlinear sequence. Nonetheless, a clear sequential process exists for fulfilling each one. Therefore, while decisions regarding how to execute each step is iterative, they should not be finalized until the previous step(s) have been thoroughly addressed.

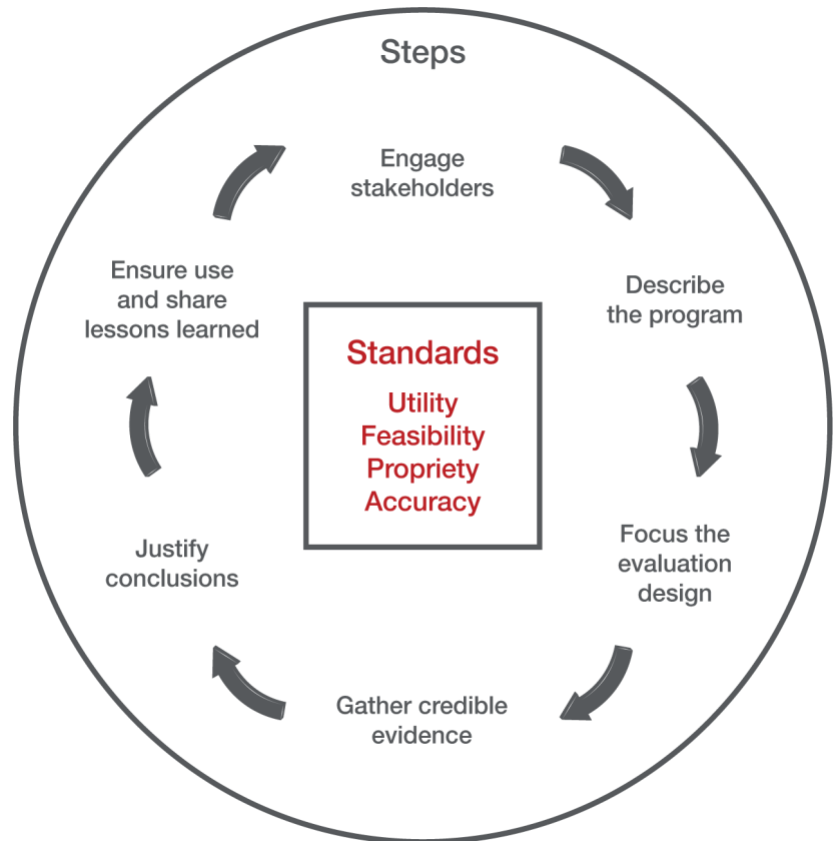


Figure 4: CDC Program Evaluation Framework Steps

The four standards and six evaluation framework steps are highlighted in Figure 4.

Timeline, Milestones, and True Cost Accounting (TCA) Analysis

Launched in October 2019, the DC CASI original 2-year project period was extended beyond September 30, 2021, through to May 31, 2022, largely to accommodate the delays and other impacts of the COVID-19 pandemic. Receipt of a no-cost extension enabled completion of the work program, continued advancement of program goals, and progress with operationalization of system change.

The goals and objectives of the Initiative, including implementing cross-sector collaboration, improving population health, and advancing equity, aligned with the missions of collaborating agencies and organizations. To assist with measurement of the impact of the initiative, a true cost accounting (TCA) analysis spreadsheet was developed to estimate costs (actual/in-kind/non-cash), through the allocation of the financial resources utilized for personnel time during collaborative meetings. This spreadsheet included a salary-based hourly rate for each collaborating partner, the date and duration of each DC CASI meeting, and the total personnel cost. For DC CASI, the total personnel cost was approximately \$98,000. A timeline of project milestones and related key activities is included in Table 1.

Table 1: DC CASI Project Implementation Timeline – October 2019 – May 2022

DC CASI Project		
Implementation Milestones	Time	Key Activities
DC Health, Office of Health Equity (OHE) launches DC CASI project and develops Core Team of key DC government agencies	October 2019	<ul style="list-style-type: none"> • First HIP/Pew Calling All Sectors (CAS) initiative convening of full national cohort in Washington, DC
DC CASI Core Team builds shared understanding of housing, homeless services, homelessness prevention, and perinatal health policy landscape and systems through in-person meetings hosted at each agency’s location	October 2019 - March 2020	<ul style="list-style-type: none"> • DC CASI Core Team exchanges information on participating DC government agency functions, priorities, and roles in housing and/or perinatal health
New data collection pilot begins on pregnancy status and trimester at intersection with requests for homeless services at the Virginia Williams Family Resource Center (VWFRC)	January 2020	<ul style="list-style-type: none"> • DC CASI Core Team government agency partners unpacked and refine data collection sources and capabilities; identified gaps and adjust contributing roles and organizational priorities for the DC CASI project
DC CASI project meetings and activities move to virtual platforms because of the COVID-19 pandemic	March 2020 and ongoing	<ul style="list-style-type: none"> • Governmental Core Team partners engaged in consensus-building activities to identify and select ideal CBO partner characteristics and agency
Community of Hope onboarded as DC CASI CBO partner	April 2020 - June 2020 and ongoing	<ul style="list-style-type: none"> • DC CASI engages in shared learning opportunities from HIP/Pew
Full DC CASI Core Team (Governmental & CBO) collaborating partners engaged	July 2020 - December 2020	<ul style="list-style-type: none"> • DC CASI presents at Mayor Muriel Bowser’s 2020 Maternal and Infant Health Summit • Housing and Health Equity Fellow onboarded to assist with CASI implementation

DC CASI Project		
Implementation Milestones	Time	Key Activities
DC CASI project areas of focus are collaboratively unpacked, refined, and prioritized	January 2021 - June 2021	<ul style="list-style-type: none"> • OHE CASI Project Staff Team meets one-on-one with each Core Team agency to discuss key updates, gaps, and opportunities. • DC CASI engages in shared learning opportunities from HIP/Pew
DC CASI engages homeless services providers to gain insight on how the homeless services system serves pregnant individuals	July 2021 - October 2021	<ul style="list-style-type: none"> • DC CASI presents at Mayor Muriel Bowser’s 2021 Maternal and Infant Health Summit • DC CASI Survey, and series of focus groups for homeless services providers are administered
DC CASI engages residents with lived experience in partnership with external consultants	November 2021 - June 2022	<ul style="list-style-type: none"> • OHE CASI Project Staff Team meets with each Core Team agency to discuss key updates, gaps, and opportunities. • Community of Hope contracts with consultants Drs. Noelene Jeffers and Christina Marea (Georgetown University, School of Nursing & Health Studies). <ul style="list-style-type: none"> - With IRB approval, client interviews held in January and February 2022 - Report completed in June 2022

DC CASI Project

Implementation Milestones

Time

Key Activities

DC CASI Core Team **pivot to focus on strategic planning** for project sustainability and dissemination of findings

January 2022 - May 2022

- Findings from homeless services provider engagement are shared within the homeless assistance system through the DC Interagency Council on Homelessness (ICH)
- Data partnerships are formed with Continuum of Care (CoC) administering organization to obtain information on pregnancy in the Department of Human Services (DHS) service population.
- DHS rolls out new policy to enhance support for pregnant individuals at all stages of pregnancy.
- DC CASI selected and presents the project framework and findings at the 2022 Association of Maternal and Child Health Programs Conference
- DC CASI Core Team develops strategic recommendations for policy and practice change based on key project findings.
- DC CASI partners complete engagement with residents with lived experience
- DC CASI Project findings and recommendations are presented to the DC Interagency Council on Homelessness to increase awareness and obtain feedback

Key Insights

DC CASI focused on the critical link between policy and systems and on the impacts of housing affordability, insecurity, and homelessness on the health of pregnant people, their infants, and their families. The initiative helped to enhance an understanding of inequitable maternal and infant health outcomes and how they differ by income, place, and race. Insights from this work include the following:

Health and Housing Disparities Statistics

- In 2020, DC’s infant mortality rate was 4.5 (infant deaths per 1,000 live births), and nearly 1 in 10 newborns were born preterm.¹⁵
- Racial disparities are apparent in these data, with babies born to Black or African American parents most likely to be born preterm.¹⁵
- Research shows that housing insecurity contributes to increased odds of poor birth outcomes.¹
- DC neighborhoods and wards with the highest percentage of Black or African American residents have the highest rates of housing cost burden.¹
- Eighty-six percent of DC residents experiencing homelessness are Black or African American, while only 46% of all District residents are Black or African American⁴

Stakeholder Engagement

The DC CASI Community-Based Partner—Community of Hope—was instrumental in facilitating the projects capacity and reach to engage the community and residents who could provide insight into the challenges faced by pregnant individuals experiencing homelessness and/or housing insecurity, as well as practical solutions. The goals of this effort were as follows:

- Engage at least 15 identified service providers who offered support to the target population in order to identify the needs, gaps, and technical assistance support needed; and
- Engage at least 20 residents in the District with lived experiences of pregnancy and housing insecurity and/or homelessness in system enhancement activities.

The full workplan is included in Appendix B.¹⁶ Measurable objectives for this workplan include the following:

- Collect quantitative information regarding the capacity and volume of services provided to pregnant individuals experiencing homelessness.
- Assess the technical assistance needs of system service providers serving pregnant individuals experiencing homelessness or housing insecurity.
- Identify residents with lived experience of concurrent pregnancy and housing insecurity or homelessness.
- Learn about the experiences of individuals who have interacted with the medical and/or housing support systems/CoC while pregnant.

- Collect resident feedback on housing and homelessness services system assets, strengths, and supports.
- Collect resident feedback on gaps and needed enhancements/support to improve systems and outcomes.

Provider Engagement

In October 2021, DC CASI launched a survey for housing providers in order to gain insight into how the current network of housing providers support pregnant residents experiencing homelessness. The survey included questions pertaining to the services and operations at community-based organizations serving District residents experiencing homelessness. These questions were tailored to obtain information on how providers respond to pregnant clients who are accessing their services and to gain insight into the services currently available to pregnant individuals in the District. Survey responses were collected from 30 organizations providing homeless services to DC residents; two of these organizations were not funded by the District's homeless services CoC program. The survey was the first component of a three-step approach to engaging housing providers in the collaborative work of DC CASI.

A list of homeless services providers that may serve pregnant residents was produced with the DC CASI Core Team, including those that received funding through the District's homeless services CoC program. Organizations with relevant programs that were not funded by the CoC program were identified, and outreach was conducted through email to obtain contact information for survey distribution.

None of the providers surveyed work exclusively with pregnant individuals; however, the purpose of the survey was to gain insight into how a pregnant individual would receive services in the existing system. Survey questions were developed collaboratively between the DC Health OHE, Community of Hope, and the DC CASI Core Team. Respondents who indicated that their programs are not funded through the District's homeless services CoC program were asked additional questions on service capacity and volume.

Key insights from this provider engagement (*see Appendix C – AC 2: DC CASI Project Outputs – Housing Provider Perspectives, 2022*) include the following:

- Many family housing providers do not ask their clients if they are pregnant at any point while they are receiving services. Also, there is no centralized database for tracking these data. Therefore, it is difficult to capture how many pregnant individuals move through the housing and homeless services system and to assess related system needs.
- There is no uniform provision of housing and supportive services based on client pregnancy status. Less than half of survey respondents indicated that they refer pregnant clients to prenatal services.
- Housing providers currently are not able to consistently track how their clients move between programs and receive services from other agencies and organizations across their referral networks.
- Housing provider workforce preparedness and/or gaps to respond to the needs of pregnant individuals - may act as a facilitator or barrier for pregnant clients when receiving services.

- Housing providers indicate that the time-sensitive nature of pregnancy requires the delivery of services responsive to pregnant clients' needs, which change throughout the perinatal period, and current programs do not consistently align with changing needs.
- Modified eligibility guidelines based on gestational age, enhanced data tracking capabilities, and responsive case management were cited by housing providers as areas of opportunity for improving the quality of services provided to pregnant clients.

Community and Resident Engagement

DC CASI ENGAGEMENT SUMMARY: FINDINGS & RECOMMENDATIONS

FINDINGS:

Pathways to Homelessness

- **Finding #1:** Pre-existing contextual and life factors influence pathways to homelessness during pregnancy
- **Finding #2:** Confluence of precipitating events initiate homelessness during pregnancy

Experiences of Homelessness During Pregnancy - Challenges

- **Finding #3:** Worry about finding safe shelter
- **Finding #4:** Meeting basic needs challenges
- **Finding #5:** Managing the pregnancy challenges
- **Finding #6:** Pregnant people experiencing homelessness face depression, anxiety, suicidality, and other mental health challenges

Perspectives on Homelessness and Housing Services in DC

- **Finding #7:** Inconsistent support from homelessness assistance
- **Finding #8:** Desire for caring and respectful support
- **Finding #9:** Targeted support needed for pregnant people experiencing homelessness.
- **Finding #10:** Need to reduce housing transitions and provide a path for long-term stability.

RECOMMENDATIONS:

- **Recommendation #1:** Ensure meaningful access to homelessness assistance for people who are pregnant, including the elimination of barriers that may impede timely access
- **Recommendation #2:** Ensure all pregnant individuals seeking homelessness assistance receive referrals to services to support their physical, mental, and social well-being
- **Recommendation #3:** Continue to work to ensure that DC residents have meaningful access to housing that is affordable and sustainable so that families can parent in safe and stable environments

With leadership provided by Community of Hope, the DC CASI Core Team engaged consultants from the Georgetown University School of Nursing and Health Studies, to conduct community and resident engagement efforts, the results of which are summarized in the box above.

Georgetown University academic partners engaged twenty participants with lived experience of homelessness and pregnancy, recruited to take part in semi-structured qualitative interviews that were conducted by phone or through a virtual platform in January and February of 2022. Interviews were audio-recorded with participants' permission and lasted between 40 to 90 minutes. Participants were eligible to participate in this study if they were 18 years of age or older, had experienced homelessness during a pregnancy or within three months of the end of a pregnancy, spoke fluent English, sought housing-related services in the District, and had access to a phone/smartphone or computer.

Of the 20 participants, 85% had accessed District homelessness services, and the majority had been pregnant in the last two years. All participants were Black or African American, with ages ranged from 19 through 35 years. In addition to the summary findings presented above, more details on the process, key findings and recommendations were provided in a report by the DC CASI academic partners, entitled "***The Lived Experience of Homelessness During Pregnancy in Washington DC: A Qualitative Study for the DC Calling All Sectors Initiative (CASI)***" (June 2022)¹⁷, (See Working Paper #8).

Collaborative Learning Process

DC CASI core partners engaged in shared learning about how agencies and systems intersect to support pregnant individuals experiencing homelessness. Some of the insights gained from this process are highlighted in the ***DC Government Homeless Services and Perinatal Health Systems Overview***¹⁸, (See Working Paper #5)

Initiative Outputs

A critical part of the DC CASI strategy included working to engage stakeholders, identifying opportunities to deepen collaborative learning, enriching data collection, increasing knowledge and support for the initiative, and sharing initiative findings, as demonstrated by the following sample that were successfully accomplished:

1. **Housing Provider Engagement:** Survey administered, and two focus groups hosted with housing services providers.
 - Documented in: *Housing Provider Perspectives on Accessing Homeless Services During Pregnancy in the District of Columbia Housing* (2022 draft, DC CASI). See Working Paper #7.
2. **Resident Engagement:** Qualitative data were collected and analyzed to understand the lived experience of District residents who have accessed housing assistance services while pregnant.
 - Documented in: *Resident Report Qualitative Study for DC CASI* (2022). See Working Paper #8.
3. **Data Enhancement, Policy Review & Practice Change Pilot:** Key partner, DC Department of Human Services (DHS), launched new data collection stream, and reviewed policy and practice, which informed the proposed practice change. **The resultant expansion of services eligibility previously limited to the third trimester -- to include the first and second trimesters -- was piloted before being formally adopted in spring 2022.**
 - Documented in: DC Department of Human Services (DHS), *Virginia Williams Family Resource Center (VWFRC): Policy Update* (DHS 2022) *Unpublished*
4. **Data Driven & Evidence Based Framework:** Continued data collection from team members and stakeholders to improve understanding of systems and inform recommendations.
 - Documented in: *DC CASI Results Based Accountability (RBA) Framework* (DC CASI 2022), See Working Paper #6.
5. **Environmental Scan & Collaborative Learning:** Overview of DC agency engagement to address perinatal health and homelessness through the DC CASI program.
 - Documented in: *Homeless Services and Perinatal Overview* (DC CASI 2022). See Working Paper #5.
6. **DC CASI Presentations 2020 - 2022:**
 - Association for Maternal and Child Health Programs (AMCHP Conference Presentation, 2022)
 - Centers for Disease Control & Prevention (CDC) DC Public Health Grand Rounds (CDC Grand Rounds Presentation, 2022)
 - DC Interagency Council on Homelessness (ICH) - Strategic Planning presentation (DC CASI Findings and Recommendation – Presentation to ICH, 2022). *Unpublished.*
 - Mayor Bowser’s National Maternal and Infant Health Summit (DC CASI Presentations made at consecutive Summits 2020 and 2021)

DC CASI Recommendations

The recommendations provided below have been developed as a part of DC CASI. Using collaborative problem-solving strategies and other iterative processes, these recommendations were brainstormed, drafted, and reviewed by a larger network of homeless services stakeholders before being finalized with the DC CASI Core Partners. The systems-level scope of recommendations span all of the public and private organizations participating in the homelessness assistance Continuum of Care (CoC) at the intersection of pregnancy and homelessness. Contributing partners in recommendation development included the following District agencies and organizations:

- DC Health Office of Health Equity (OHE)
- DC Health Community Health Administration (CHA) Perinatal & Infant Health Division
- DC Interagency Council on Homelessness (ICH)
- DC Department of Human Services (DHS)
- Thrive by Five DC, Executive office of the Mayor (EOM) & Office of the Deputy Mayor for Health and Human Services (DMHHS)
- District of Columbia Housing Authority (DCHA)
- DC Department of Housing and Community Development (DCHCD)
- Community of Hope – CBO Partner

Summary of DC CASI Recommended Strategies for Implementation

Recommendation 1

Increase the collection of pregnancy information across existing homelessness data systems (e.g., Homeless Management Information (HMIS) System) to ensure connection to appropriate healthcare, such as prenatal care, for all pregnant individuals and to improve system analytical capabilities.

Strategy 1.1 Data should be collected at program entry, program exit, and annually for long-term programs to generate systems-level insights about the target population and to ensure that data for all pregnant individuals are captured.

Strategy 1.2 Perinatal data points of interest include the following:

- Individual's stage of pregnancy (i.e., gestational age and due date)
- Connection to medical home; engagement in prenatal and postpartum care.

Strategy 1.3 Include a question about pregnancy in the DC Point-in-Time (PIT) count.

Recommendation 2

Support data integration efforts between health systems and the homeless services Continuum of Care program in the District to promote coordination of services, identify client needs, and support population-level analysis.

Strategy 2.1 Leverage data crosswalk exercise between the homeless services and healthcare systems to support population-level analysis and inform health service delivery.

Strategy 2.2 Facilitate health care provider utilization of integrated data, such as those from existing data crosswalk exercise, to enhance patient care, and promote coordination of services.

Recommendation 3

Develop strategies to ensure that identified pregnant individuals experiencing homelessness have access to essential supports and services that include appropriate health care, such as prenatal care.

Strategy 3.1 Engage managed care organizations to develop system-wide strategies for meeting perinatal needs in the healthcare system.

Strategy 3.2 Engage homeless services providers to develop system-wide strategies to meet perinatal needs in the homeless services system.

Recommendation 4

Provide support for DHS and the homeless services Continuum of Care program workforce to meet their needs in serving pregnant individuals and promote perinatal care coordination.

Strategy 4.1 Educate the workforce on the connection between perinatal health outcomes and access to safe, stable housing. This may include the following:

- Training on connecting pregnant individuals to appropriate health care, including prenatal care.
- Increasing training and awareness related to intersectional identities and the circumstances of individual pregnant clients.
- Promoting trauma-informed approaches to address mental health needs, trauma, and stigma.

Strategy 4.2 Develop training and support resources with input from the homeless services Continuum of Care program workforce to ensure that workforce job requirements, bandwidth, and preferences are considered.

Strategy 4.3 Ensure that the training and/or support resources developed promote care coordination and connections to essential health and social services (i.e., pre- and postnatal care) for pregnant individuals. These efforts should:

- Expand the use of evidence-informed tools and models that increase access and connectivity to essential supports and services for pregnant individuals experiencing homelessness.

- Develop materials to better inform pregnant individuals about all resources available and how the homelessness assistance system works, including eligibility across programs.

Recommendation 5

Monitor and engage new and existing efforts to create system-level progress at the intersection of perinatal health and homelessness to advance health equity in the District of Columbia.

Strategy 5.1 Leverage existing structures to collaboratively maintain progress on the implementation of the DC CASI recommendations, monitor new and existing efforts around perinatal health and homelessness, and address emergent system barriers and facilitators. Collaborative efforts should:

- Identify a lead agency and dedicate staff resources.
- Be multi-sectoral and include DC residents with lived experience of concurrent pregnancy and homelessness.

Strategy 5.2 Fully operationalize and implement the new DHS policy that supports people in the first and second trimesters of pregnancy by accessing additional support in the single adult system or by accessing services and housing in the family system.

Strategy 5.3 Engage in collaborative efforts to address upstream drivers of housing insecurity to disrupt generational cycles of homelessness. These drivers include low income, behavioral health issues, intergenerational trauma, and lack of affordable housing. Attention to heads-of-households ages 18 through 24 who are receiving homeless services should be prioritized; data suggest that individuals in this group are twice as likely than individuals in other types of families to be pregnant.

Sustainability

The DC CASI Core Team prioritized sustainability early in the process. Results and information dissemination as well as policy changes were levers used to ensure that the work accomplished would continue.

Results and Information Dissemination

DC CASI Core Team partners leveraged various opportunities to raise project awareness, disseminate key findings, and engage stakeholders across key District sectors. In 2020 and 2021, DC CASI presented at Mayor Muriel Bowser's National Maternal and Infant Health Summit, sharing insights on health equity in both theory and practice, as well as communicating practical experience and learning about what works, and the benefits of utilizing cross-sector collaboration that inform practice change opportunities for perinatal health and equity. DC CASI representatives shared information on the HiAP approach being used to achieve shared goals and key project findings related to the systems-level needs identified throughout the initiative. Additionally, DC CASI representatives from DC Health OHE presented information about cross-sector collaboration and health equity to a wide range of audiences at the AMCHP 2022 Annual Conference (2022), the DC Interagency Council on Homelessness Strategic Planning Committee Meetings, and via a CDC Public Health Grand Rounds session (2022). DC CASI Core Team partners also undertook a strategic planning process, that included dissemination of findings and recommendations beyond the original scope of the project.

Policy Change

The Department of Human Services (DHS), Virginia Williams Family Resource Center (VWFRC) is the District's central intake office for all families seeking assistance with housing needs. In collaboration with the DC CASI Core Team, standard practices at the VWFRC were revised to provide 24-hour continuous access to a low barrier shelter with a connection to a Homeless Prevention Program, and case management for pregnant individuals in their first or second trimester. This access previously had been available only to individuals in their third trimester. The process also provides placement in short-term family housing sites for individuals with a high-risk pregnancy. The revised policy¹⁹ reads as follows:

The Virginia Williams Family Resource Center (VWFRC) launched an updated policy to serve pregnant individuals in (the) first and second trimester who are experiencing homelessness or at risk of homelessness. These services include a guaranteed 24/7 placement at low barrier shelter, without having to exit during the day and getting them connected to Homelessness Prevention Program (HPP) or family shelter, when needed.

In announcing the policy and practice change by DHS, the DC CASI project was cited as an essential catalyst for this spring 2022 change. Of note was the effectiveness of DC CASI core partners' engagement in a collaborative learning process to explore how pregnant individuals interact with the homeless services system and their identification of barriers to accessing services for individuals in the first and second trimester of pregnancy. As key part of the collaborative learning process, included exploring the needs pertaining to this population, collaborating partners at DHS began a new data collection effort to determine how many pregnant individuals sought services at VWFRC and their trimester of pregnancy. Data collected across two years shows that on average, 1,270 pregnant individuals seek homeless services at VWFRC annually. Of these individuals,

approximately 11 were in the first trimester of pregnancy and 48 were in the second trimester. These data provided insight into the need for homeless services among pregnant individuals, particularly those in the first or second trimester of pregnancy, that enable DHS policymakers to assess the feasibility of policy and practice changes that increase access to family homeless services.

The DC CASI vision for sustainability includes continuing efforts to meet and learn and to share findings and recommendations. Project information and results dissemination, as well as policy and practice changes are important levers that should ensure that the work would continue. Strategies for dissemination and ongoing engagement will also be a priority for the DC CASI team. In addition to the VWFRC policy change, findings from resident and provider engagement efforts will inform strategic policy and practice recommendations for the DC government and related stakeholder groups.

Conclusion

Across the three-year duration (2019-2022) of the DC CASI project led by DC Health Office of Health Equity, a large network of stakeholders were intentionally engaged to inform the work. Their input was critical to distilling and refining the breadth of information being uncovered by the initiative's core partners. In particular, the collaborative learning process was critical to the overall success of the initiative, including shifting policy and causing practice change at DHS in spring 2022. **These changes include an expansion of homeless services eligibility for pregnant people -- that previously had been limited to the third trimester only -- to include the first and second trimesters, together with case management and connection to perinatal health services. Services to pregnant individuals now includes guaranteed 24/7 placement at low barrier shelter, without the need to exit during the day, and connections to homelessness prevention program or family shelter as needed. The process also provides placement in short-term family housing sites for residents with high-risk pregnancies.**

Using consensus-building strategies and other iterative processes, the following high-level policy and practice change recommendations were brainstormed, drafted, and reviewed by the larger network of homeless and homelessness prevention services stakeholders before being finalized among DC CASI Core Team member agencies:

1. Increase collection of pregnancy information across existing homelessness data systems (e.g. Homeless Management Information System) to ensure connection to appropriate health care, such as prenatal care, for all pregnant individuals and improve system analytical capabilities.
2. Support data integration efforts between health systems and the homeless services Continuum of Care (CoC) in the District to promote coordination of services, identify client needs, and support population-level analysis.
3. Develop strategies to ensure individuals identified as experiencing concurrent homelessness and pregnancy, have access to essential supports and services; including appropriate health services, such as prenatal care.
4. Provide capacity building support for DHS and the homeless services and homelessness prevention Continuum of Care (CoC) workforce to meet their needs related to serving pregnant individuals and promote perinatal care coordination.
5. Monitor and engage new and existing efforts to create system-level progress at the intersection of perinatal health and homelessness to advance health equity in the District of Columbia.

As designed and implemented, the DC CASI project is a good example of an effective multi-sector collaborative effort anchored by an Equity-Informed HiAP approach. By design, it involved convening key District governmental agencies and the successful integration of a community-based partner to create systems-level change in order to ensure that every pregnant person experiencing homelessness has improved opportunities to access and benefit from the resources and support they need to promote a healthy pregnancy and birth. This evaluation report offers an overview of the process, timeline, inputs, and outputs of this work. With regard to long-term sustainability, findings from resident and provider engagement efforts will inform strategic policy

and practice recommendations for the DC government and related stakeholder groups. In addition, the DC CASI Core Team plans to continue its efforts through additional strategy development and outcome dissemination.

Finally, we hope that local governments and community-based organizations can learn from **DC CASI's Equity-Informed (HiAP) Initiative - Conceptual Framework** for multisectoral collaboration, applied at the intersection of health and social systems. DC Health Office of Health Equity recognizes DC CASI as a milestone in its efforts to operationalize health equity practice, by demonstrating practical applications of successful collaborative multisectoral solutions that catalyze system-level change to promote health equity in the District of Columbia.

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Health Impact Project (HIP) Resources

A Collaboration of The Robert Wood Johnson Foundation & The Pew Charitable Trusts

The following selected resources were utilized by DC CASI in local implementation:

1. Calling All Sectors, Core Team Focus Area, as of January 2020.
2. Calling All Sectors, Racial Equity Tool Step 5 & 6: Implementation, Accountability & Communication, Race Forward, August 25, 2020.
3. Calling All Sectors Virtual Summer Series: Adapting and Responding to COVID-19 Realities, The Health Impact Project, June-August 2020.
4. Glaser & Associates, Inc., Calling All Sectors, Collaborative Problem Solving (CPS) Questions.
5. Glaser & Associates, Inc., Hardwiring Teamwork: A Blueprint for Engagement Calling All Sectors, March 2020.
6. Tools for Evaluating Collaboration TA, Human Impact Partners.
7. Webinar: Planning for Sustainability - Grantmakers In Health, All In Data for Community Health – August 2021.
8. Webinar: Establish evaluation performance measures, Health Management Associates (HMA) – July 2021.

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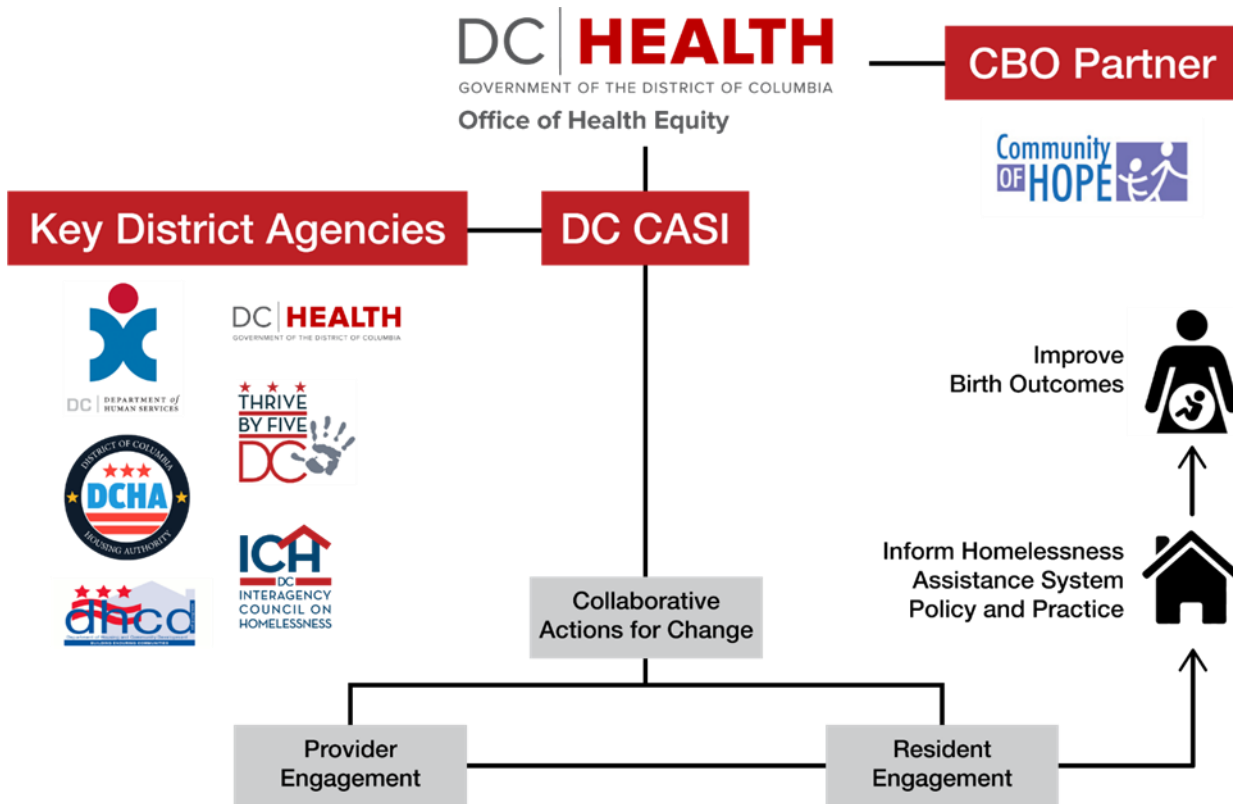
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Appendix A

DC Calling All Sectors Initiative (DC CASI) Partners & Structure: Operationalizing Health Equity Practice in DC



Appendix B

DC CASI Community of Hope Partnership Workplan: Community & Resident Engagement Plan

Proposed Work Plan

Goal 1: To engage at least 15 identified service providers across the District of Columbia, who offer supports tailored for pregnant individuals experiencing homelessness and/or housing insecurity, to identify system needs, gaps, and technical assistance by January 1st, 2022.

Measurable Objectives/Activities:

Objective #1.1: Collect quantitative information regarding the capacity and volume of services provided to pregnant individuals experiencing homelessness or housing insecurity.
Objective #1.2: Collect data on population served, disaggregated by race/ethnicity and other social determinant variables.
Objective #1.3: Assess the technical assistance needs of system service providers serving pregnant individuals experiencing homelessness or housing insecurity.

	Key Activities Needed to Meet Objectives	Start & Completion Dates		Activity Lead
				Support
1	Identify service providers that will be engaged through this effort. See initial list below.	7/1/21	7/31/21	COH -CASI
2	Develop communications plan for service provider outreach.	7/1/21	8/1/21	COH -OHE
3	Develop assessment process and tool(s) for service providers. COH to provide feedback on the process and tool during development.	7/1/21	9/1/21	DOH -CASI
4	Engage service providers; provide project information; obtain buy in with specific ask; complete MOU	8/1/21	8/31/21	COH -OHE
5	Service providers complete 'assessment,' including quantitative and qualitative measures	9/1/21	10/15/21	COH
6	Analyze data from service provider assessments	10/15/21	11/15/21	OHE
7	Report out on results of surveys	11/15/21	12/15/21	CASI
8	Develop service provider resources in response to identified needs	9/15/21	6/1/22	COH -CASI

Goal 2: To engage at least 30 residents of the District of Columbia with lived experience of pregnancy and housing insecurity or homelessness in system enhancement activities by February 1st, 2022.

Measurable Objectives/Activities:

Objective #2.1: Identify residents with lived experience of subsequent pregnancy and housing insecurity or homelessness.
Objective #2.2: Learn about the experiences of individuals who have interacted with the medical and/or housing support systems/Continuum of Care while pregnant.
Objective #2.3: Collect resident feedback on gaps and needed enhancements/supports to improve systems and outcomes.

	Key Activities Needed to Meet This Objective	Start & Completion Dates		Activity Lead
				Support
1	Develop data collection tool – focus group facilitation scripts (2) for those currently pregnant and those with prior experience	7/1/21	10/31/21	DOH/CASI
2	Develop timeline for data collection	7/1/21	9/30/21	COH
3	Identify and recruit COH clients within target population	10/1/21	12/31/21	COH
4	Identify and recruit system service provider clients within target population	10/1/21	12/31/21	COH DHS
5	Conduct at least 5 focus groups/ disburse incentives	10/1/21	12/31/21	COH/consultant
6	Analyze findings	1/1/22	2/1/22	COH/consultant
7	Share findings with stakeholders and DC CASI Core Team	2/1/22	3/30/22	COH/DC CASI



Appendix C

DC CASI Project Outputs

The following is a list of key project outputs from the DC CASI implementation process:

AC 1: “DC CASI Results Based Accountability (RBA) Framework” - DC Calling All Sectors Initiative (DC CASI) (2022), (see Working Paper # 6).

AC 2: “Housing Provider Perspectives on Accessing Homeless Services During Pregnancy in the District of Columbia Housing” - DC Calling All Sectors Initiative (DC CASI) Academic Consultants Report (2022), (see Working Paper # 7).

AC 3: “DC Government Homeless Services and Perinatal Health Systems Overview” - DC Calling All Sectors Initiative (DC CASI) (2022), (see Working Paper # 5).

AC 4: “Virginia Williams Family Resource Center Policy Update” - DC Calling All Sectors Initiative (DC CASI) (2022). *Unpublished*

Appendix D

DC CASI Project Timeline

DC CASI Timeline

DC CASI's initial timeline shifted due to the onset of the COVID-19 pandemic. The Core Team leveraged an extended funding period to engage in deeper exploration of the intersection of homeless and perinatal health systems.

