



# Community of Hope

## Housing Our Newborns, Empowering You (HONEY) Program Evaluation

Prepared by the George Washington University Center of Excellence  
in Maternal and Child Health

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# HONEY Program Evaluation At-A-Glance

Community of Hope launched the Housing Our Newborns, Empowering You (HONEY) program in 2023 to support pregnant people experiencing homelessness in DC. Perinatal Navigators and Perinatal Care Coordinators connect eligible clients to perinatal providers, resources, and longer-term care coordination from pregnancy until 6 months postpartum. Housing is not provided through HONEY but relies on the DC Department of Human Services to deem people eligible and provide housing supports through the homelessness system.

The HONEY program demonstrates that intensive, flexible, perinatal-focused care coordination can significantly improve outcomes for pregnant individuals experiencing homelessness. While refining operations, strengthening partnerships, and leveraging evaluation evidence, HONEY can continue to serve as a national model for integrated maternal health and housing support.

## Community of Hope's HONEY Program

Community of Hope (COH) is a Federally Qualified Health Center, and one of the largest providers of services for families experiencing homelessness in the District of Columbia. COH launched the HONEY program to support pregnant people experiencing homelessness in the District of Columbia. HONEY was funded by the Health Resources and Services Administration (HRSA) Quality Improvement Fund, Maternal Health (QIFMH) and Optum Health from 2023-2025 and is currently funded by private philanthropy. HONEY assists pregnant and postpartum persons experiencing homelessness with accessing and maintaining prenatal care and supportive services for up to 6 months postpartum.

### HONEY services include:

- Referrals to perinatal health care providers and support to help clients access care
- Long-term care coordination throughout pregnancy and until 6 months postpartum
- Connections to basic supplies for baby and parent, transportation, health education, and safe sleep training
- Training to external partners on perinatal needs, housing, and homelessness to perinatal care teams

### \* Focus of the HONEY Program Evaluation

A mixed-methods evaluation done by George Washington's Maternal and Child Health Center for Excellence looked at:

1. **Implementation:** To what extent the HONEY program was implemented as intended.
2. **Impact:** To what extent the HONEY program met its objectives to improve perinatal health including pregnancy and birth outcomes.

The evaluation utilized data from client encounters covering the period from November 2023 through September 2025, alongside in-depth interviews (n=40) with key stakeholders, including clients (n=21), COH leadership, HONEY staff, and external partners.

# HONEY Program

Through the HONEY program, a dedicated Perinatal Navigator completes an initial assessment and Perinatal Care Coordinators (PCC) are educational and supportive bridges between housing case managers, perinatal providers and pregnant clients. PCCs ensure that clients remain linked to their healthcare providers throughout their pregnancy and postpartum journey, coordinating transportation, specialty care, health education, and providing newborn essential supplies. These services aim to provide the necessary supports to have healthy pregnancies, births, and safe environments to bring their newborns home to.

Among the 215 HONEY clients enrolled from November 2023 through September 2025, 64% were referred by the Virginia Williams Family Resource Center (the central intake for families experiencing homelessness operated by the DC Department of Human Services), 19% from COH homelessness programs, and 17% from other providers.



- 215 *Unique clients*
- 95% *Identified as Black/African American*
- 64% *Clients between ages of 21 and 30*
- 100% *Clients eligible for homelessness services in DC*



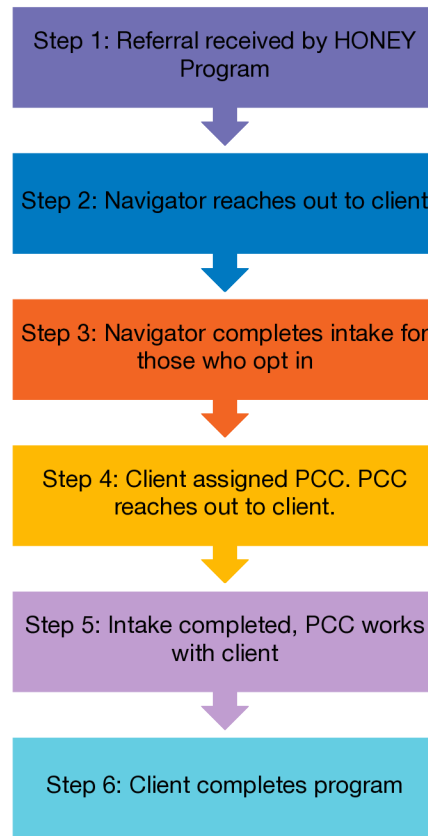
*“The consistency. A lot of programs... I never wanted to go back because they weren’t consistent. HONEY was different.”*

-HONEY Client

*“Eventually it let me know that I can advocate for myself, and that I can figure things out for my children. I’m so strong enough to be my own person, and the way that she used to navigate things for me and everything, she taught me something. So, the HONEY program overall was a blessing.”*

-HONEY Client

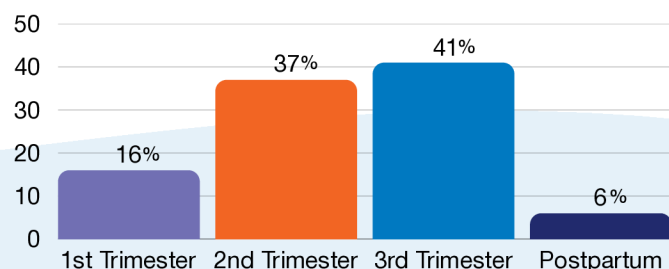
## Project HONEY Program Implementation Process



## HONEY Clients

**Reach and Demographics:** HONEY served 215 unique clients, all of whom were eligible for homelessness services in DC, 95% of whom identified as Black/African American. Most clients were between the ages of 21 and 30 (64%), and many clients had a previous pregnancy (72%). The majority of clients enrolled in HONEY during the second (37%) or third (41%) trimester of their pregnancy. At intake, HONEY clients reported lacking social support (43%), having mental health concerns (30%), and over one-quarter (25%) reporting a history of intimate partner violence

**HONEY Clients by Trimester at Entry**



# Key Findings

## HONEY Program Implementation

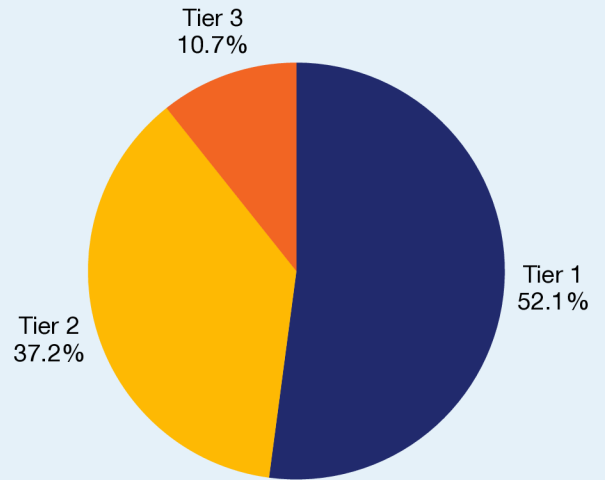
The program demonstrated strong adherence to its intended implementation protocols.

- **85% of clients were already connected to prenatal care at intake.** The remaining 15% who were not accessing prenatal care were connected through HONEY.
- **97% received mental health screening.**

Tier levels were used to determine the level of support and engagement a client needed based on their social needs, medical risk factors, and existing support system. All HONEY clients were tiered by risk level with 52% at low-risk Tier 1, 37% at moderate risk Tier 2, and 11% at high-risk Tier 3.

*\*Note that, while clients may be deemed lower risk within this program, all were considered high risk due to their homelessness status.*

HONEY Clients by Risk Level Tier



## HONEY Delivery and Birth Outcomes

### Delivery Outcomes

Among 158 clients with documented live births\* (162 total live births with 4 sets of twins):

- 118 (75%) had a vaginal birth.
- 40 (25%) had a Cesarean section.

The Cesarean section rate is significantly lower than what is reported for African-American DC Medicaid clients (35.4%).<sup>1</sup>

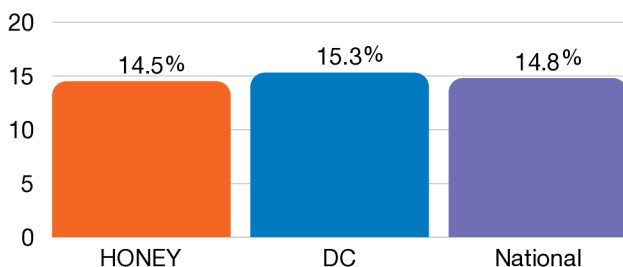
### Key Birth Outcomes

Key birth outcomes used to assess the health of newborns include low birthweight and preterm birth.

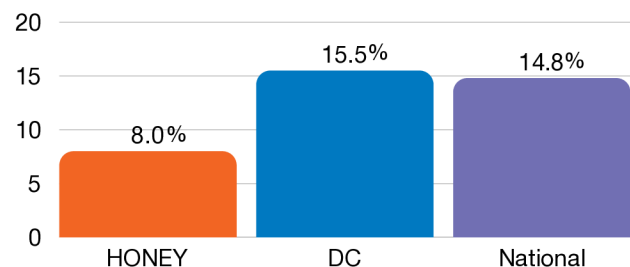
**Low birthweight:** A low birthweight (LBW) is the birth of a newborn with a weight below 2500 grams. LBW infants are at high risk for health problems. HONEY’s rate of LBW at 14.5% is lower than comparable rates among African-American non-Hispanic Medicaid funded births nationally and in DC.<sup>1,2</sup>

**Preterm birth:** A preterm birth is defined as a live birth occurring prior to 37 complete weeks of gestation.<sup>3</sup> For HONEY, the mean weeks of gestation was 38.81 (Range 30.86– 41.86). The rate of pre-term birth for HONEY (8.0%) is notably lower than the rates for African-American non-Hispanic Medicaid funded births nationally and in DC for 2024-2025.<sup>1,2</sup>

Low Birthweight



Preterm Birth



\*Excludes HONEY clients enrolled postpartum (n=12)

# HONEY Program Strengths

The HONEY program was designed to provide comprehensive support to pregnant individuals experiencing homelessness. Interviews revealed what aspects of the program worked particularly well. The strengths analysis shows that HONEY's most important assets are its people, its relationship-centered model, and its ability to coordinate responsive, concrete support for pregnant and parenting families experiencing homelessness. Across interview groups, "what worked well" themes emerge that contributed to positive outcomes.

## Client Perspective

For pregnant unhoused women, the program's success relies on the PCCs supporting clients as they navigate the homelessness continuum of care through DHS, which then builds the trust required for complex medical and housing advocacy.

Overwhelmingly, interviews point to strong, consistent themes: the PCCs are committed and seen as doing their jobs very well, particularly around emotional support, reliability and consistency, flexible outreach, resource navigation, and cross-system coordination.

## HONEY Program Staff and External Stakeholder Perspective

The program was able to meet its core goal of providing support for unhoused pregnant individuals. Connections to prenatal care to promote healthy pregnancies and positive health outcomes were a key expectation of the program. The supportive team culture also aided COH leadership and HONEY staff in best supporting their clients.



*"It was just good having someone to check in on me... to make sure I was okay, not just the baby, but me too."*

-HONEY Client



**HONEY's most important assets are:**

- the people
- relationship-centered model
- coordinated responsive, support for families



*"Man, I had no clue... I just thought the HONEY program was, like, just resource-based... but it was way more than that."*

-HONEY Client

*"The food issue was one, but now my fridge stays stocked... it's really helpful with just like the food insecurity."*

-HONEY Client

*"It never felt transactional. It was always, like, genuine... She [PCC] never made me feel like I was a burden."*

-HONEY Client



*"The key thing is getting medical assistance to them, providing case management, providing that counseling piece... the main thing was to help to have healthy parents and healthy babies."*

-External Partner

*"I feel like, HONEY, it's, like, the same thing on the opposite end. I'm gonna provide you with all the resources possible so that you produce a happy, healthy baby, and that they have the things that they need, and you have the things that they need as a parent to kind of push that process, you know, keep that process going."*

-External Partner

## HONEY Program Challenges

Dominant themes when discussing challenges include persistent client expectations that HONEY would “do housing” or provide more concrete items; lower-than-anticipated overall reach, and internal perceptions that some program components, especially education and advocacy to external partners, have not met original aspirations.

### Client Perspective

Many participants describe unmet expectations related to housing support, either because they believed HONEY would secure housing directly, or because housing navigation felt unclear or insufficient. The sheer complexity of navigating the homelessness and health care systems was a pervasive theme. Clients reported that, without the HONEY program's intervention, "glitches" in insurance or agency communication could be catastrophic.

One client described a "very long stretch of just misunderstandings" that only resolved because their PCC "got on the phone... and secured that for me" (HONEY Client). This suggests that a key challenge for clients is the opacity and fragility of the external systems they rely on for survival.

### HONEY Program Staff and External Stakeholder Perspective

The primary challenges identified fall into the following categories:

- The housing expectation gap
- Referral bottlenecks
- Underutilization of training programs
- Growing pains
- Systemic challenges



*“Once you can't directly impact their housing, they shut down, or they opt out of the program.”*

-HONEY PCC

*“A lot of our clients think that we do housing, and I think because housing is in our name, that they think like, when they go to sign up for our program, that's gonna get them housing or make their housing go by faster.”*

-HONEY PCC

## HONEY Program Impact

The impact analysis of the HONEY program shows consistent evidence that **the model produces meaningful change** for the clients and for those who serve them. Overall, the HONEY program operates as a multi-level intervention with cascading benefits across clients, staff, and organizational systems, creating sustainable, ecosystem-wide impact.

### Client Perspective

HONEY clients focused on transformational life outcomes including housing stability, empowerment, emotional wellbeing, knowledge, improved pregnancies, peer support, and enhanced confidence. PCCs were consistently praised for reliability, empathy, and resource navigation.



*“All the resources has helped me to be empowered as a first time mom. When I first found out I was pregnant, it was just like, I can't do this. Like, there's a lot of doubt. But now I just feel like after having her and just doing the journey, I can do anything.”*

-HONEY client

*“They made me feel comfortable in my own skin again.”*

-HONEY client

## HONEY Program Impact *(continued)*

### HONEY Program Staff and External Stakeholder Perspective

These persons describe broader system and community impacts, including increased awareness of perinatal homelessness, enhanced referral practices, and new expectations for service integration.



*"...any resource that supports clients when they may feel their most vulnerable is an asset we will always welcome and cheer for."*

-External Partner

*"Any resource we can provide, it changes how we are able to case manage... especially when it ventures into areas we are not able to cross."*

-External Partner

## Key Evaluation Findings

Key findings and recommendations center on HONEY's distinctive strengths as a perinatal care coordination model for pregnant and postpartum individuals experiencing homelessness, and on structural and communication gaps that limit its reach and impact. In relating the HONEY story, findings from the quantitative data analysis relate the **'what'** that is happening and the qualitative tell the **'why'** and **'how'**. Overall, the evaluation found through systematic processes and analyses that HONEY is being implemented as intended, is meeting the needs of the intended recipients, and has demonstrated outcomes and impact that support the continuation and scalability of the HONEY program.

1. HONEY offers uniquely relational, flexible, perinatal support that clients and partners value highly.
2. The HONEY model is strong with demonstrated positive impact on birth outcomes.
3. HONEY has implemented the program as intended. However, persistent confusion about HONEY's scope, especially around housing, drives unmet expectations and engagement challenges.
4. Because of the emotional labor involved, the HONEY program's greatest strength, the PCCs, requires streamlined and well-defined procedures.
5. Despite system fragility, HONEY currently sits on a relatively strong organizational platform. The evaluation findings can be used to advocate for sustainable funding.



## Key Recommendations

The HONEY program has successfully established itself as a vital support system for pregnant individuals experiencing homelessness in DC. It effectively connects pregnant unhoused clients to prenatal/postpartum care and provides essential wrap-around support. Program impact is constrained by systemic housing barriers and communication gaps regarding its scope.

**The evaluation results indicate that** the HONEY program is not only filling a critical service gap for pregnant and parenting families experiencing homelessness in DC, but also reshaping how providers, systems, and staff understand and respond to perinatal vulnerability.

The dominant impact story is one of a responsive program operating at the intersection of multiple under-resourced systems, while serving a population facing profound structural barriers.

HONEY provides safety, stabilization, and empowerment: clients move from homelessness and food insecurity toward greater stability, feeling more knowledgeable, confident, and connected, while HONEY staff and external partners become more capable advocates and integrators across the various DC based systems.

### Future Direction

The program's evolution demonstrates organizational adaptability and embedded specialization within Community of Hope's ecosystem. Future development should build on existing strengths, namely being a trusted DC resource that demonstrates collaboration, integration, and innovation, while addressing vulnerabilities such as coordination complexity. By clarifying its identity and reinforcing external coordination, HONEY can solidify its role as a specialized node within DC's maternal health and homelessness services systems.

1. **Sustain What HONEY Does Best.** The results of the evaluation demonstrate resounding success in supporting pregnant unhoused individuals in DC through care coordination and resource connection. However, the HONEY program is not a direct housing provider. External communication and referral pathways should be clarified to reduce unrealistic expectations.
2. **Bolster Training Opportunities.** Build upon the wealth of COH/HONEY expertise to enhance opportunities for training exchanges and education.
3. **Broaden Referral Pathways.** HONEY's benefits for pregnancy and birth outcomes could be scaled to include other mechanisms of intake referrals. While maintaining DHS eligibility criteria, HONEY should pilot additional referral routes through shelters, community clinics, and OB practices to reach eligible clients.
4. **Operational Improvements.** Small but significant changes in the streamlining of data systems would reduce administrative burden, minimize double documentation, decrease redundant trackers while also creating timely feedback or dashboards that provide an opportunity for HONEY PCCs to utilize client data in decision making.



*"[HONEY] allowed the members of our team to sit in and truly think of ways to best support these residents and our newest friends, our little honeybees. We're doing this to help our newest friends and to help their families be as successful as they can be. So, in everything that we do, think about, what can we do to make this family's situation better? What is it that we can do to help them be more resilient? And not end up back in a situation where they are unsure of where they're going to rest their head or rest their child's head."*

-COH Leader

# Acknowledgments

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# References

<sup>1</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Natality on CDC WONDER Online Database. Data are from the Natality Records 2023 through Last Month, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/natality-expanded-provisional.html> on Feb 3, 2026

<sup>2</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Linked Birth / Infant Death Records 1995-2023 on CDC WONDER Online Database. Data are from the Linked Birth / Infant Deaths Records 1995-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

<sup>3</sup> World Health Organization. Preterm birth. <https://www.who.int/news-room/fact-sheets/detail/preterm-birth>. Accessed 2025.

*Watch the companion video featuring a HONEY participant, program leadership, and DHS partners highlighting the impact of the HONEY relationship-centered model.*

