

Safe, Stable Homes Mean Healthier Children and Families for Massachusetts

A safe, stable home is important for children's physical and mental health today, as well as their growth and learning abilities tomorrow. Children's HealthWatch research illustrates the connections between lack of secure housing, strained budgets, and poor health outcomes for families with children.

Housing is often a family's largest single expense. Unfortunately for many Massachusetts residents, wages are not keeping up with housing costs. More than 50% of Massachusetts' renter households spend more than one third of their income on rent.¹ Families should be able to afford safe shelter *and* food, utilities, and healthcare. Presently, fair market rent for a two-bedroom apartment is \$771 more per month than a full-time minimum wage employee earning \$8.00/hour can afford.²

When families face unaffordable housing, some move frequently in search of a decent home within their means. Many others fall behind on rental payments or live in overcrowded situations. Additional coping strategies include going without food, utilities, or needed healthcare or insurance. Children's HealthWatch research continues to demonstrate that while family homelessness has dramatic negative child health impacts, housing insecurity short of homelessness also has serious harmful impacts.

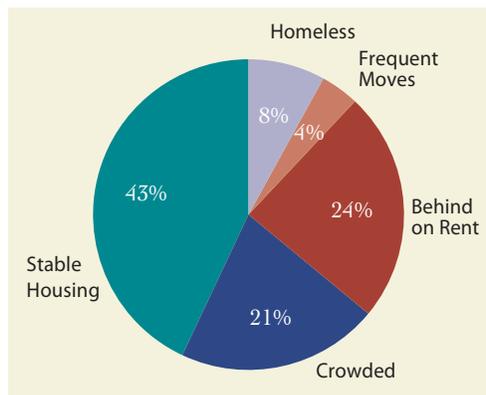


Figure 1: More than half of Children's HealthWatch Massachusetts families experience housing insecurity.

> Affordable Housing Protects Child Health and Family Well-Being

In our sample of 6,000 Metro Boston families with children under age four, Children's HealthWatch found that only **43% were securely housed**. Compared to children in securely housed families, children in housing insecure families were more likely to be in fair or poor health. Children in families who had moved two or more times in the past year were **59% more likely to have been hospitalized** than were children in housing-secure families.

Our research shows families sacrifice basic necessities, such as groceries, when they confront the gap between the cost of housing and their ability to afford it. Boston-area families living in

crowded housing are **35% more likely to be food insecure and 69% more likely to have food insecure children** than are families who are securely housed. Research has shown children who suffer from poor nutrition face elevated risk of poor health and a higher risk of developmental delays and hospitalizations.³

Conditions like crowding or being behind on rent are often invisible to society but can have drastic effects on child health. Children in families behind on rent were **52% more likely to be at risk for developmental delays** compared to those in housing secure families.

Compared to families in secure housing, those behind on rent were also significantly more likely to:

- be food insecure
- be energy insecure (likely to have had a threatened or actual utility shut-off)
- forego needed healthcare for their child
- forego basic needs to pay for healthcare

Summary of Findings

- 1. Young children in families who are behind on rent are at increased risk of developmental delays compared to young children whose families are housing secure.**
- 2. Young children in families who move frequently are more likely to be hospitalized than are young children whose families are housing secure.**
- 3. Young children in families that live in crowded housing are more likely to experience household and child food insecurity than are young children in housing-secure families.**

Families are **housing insecure** if ANY of the following situations apply. They:

- move frequently (two or more times in the last 12 months),
- are crowded (more than two people per bedroom or doubled up temporarily with another family or financial reasons),
- were behind on rent at any point in the last twelve months.



www.childrenshealthwatch.org

A non-partisan pediatric research center that monitors the impact of public policies and economic conditions on the health of young children.

Definitions:

Fair Market Rent (FMR): The rent a property could command in an open, competitive and unrestricted market. FMR for a two-bedroom apartment in Massachusetts is \$1,369/month.

Affordable Housing: According to the U.S. Department of Housing and Urban Development, rent/mortgage equal to or less than 30 percent of household income.

Food Insecurity: When families lack access to enough food for all family members to enjoy active healthy lives. Food insecure children are more likely to be hospitalized, have developmental delays, have iron-deficiency anemia, and/or be in fair or poor health.

Child Food Insecurity: A more severe level of food insecurity; occurs when children experience reductions in the quality and/or quantity of meals because caregivers can no longer buffer them from inadequate household food resources.

Energy Insecurity: Lack of consistent access to enough of the kinds of household energy (e.g. electricity, natural gas and heating oil) needed for a healthy and safe life.

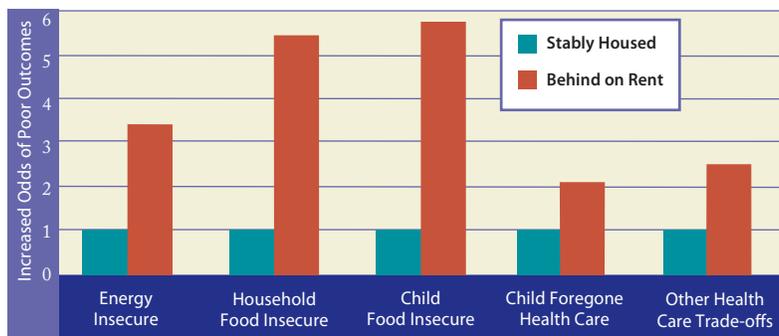
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Figure 2: Families who are behind on rent struggle to pay for other basic needs.

All comparisons statistically significant at $p < 0.05$



Mothers in good health are better able to care for their children. Housing insecurity also affects maternal health and well-being.⁴ Housing-insecure Boston-area mothers are more likely to experience depressive symptoms and to be in fair or poor health (versus excellent or good) than are those securely housed.

Policy Solutions Within Reach

Previously, Children's HealthWatch has shown that **children living in subsidized housing are less likely to be seriously underweight, and more likely to be food secure and classified as "well"** when compared to children on the waitlist for housing support.⁵ Increased investments in affordable housing will improve the health of Massachusetts children in early childhood: a period of rapid growth and development when they are uniquely vulnerable to deprivation. Conversely, ignoring less visible insecure housing situations jeopardizes children's health and ability to learn. Safer housing options are needed for families currently residing in harmful situations, such as crowded living spaces.

Short- and long-term interventions, such as the Residential Assistance Program for Families in Transition (RAFT) homelessness prevention program and the Massachusetts Rental Voucher Program (MRVP) housing subsidy program, help stabilize families' housing. Housing interventions must work with an adequately-funded Emergency Assistance (EA) shelter system to ensure all the Commonwealth's children are able to receive the assistance they need. Trade-offs between long-term solutions and emergency interventions jeopardize our youngest children. Just as an effective primary care medical system decreases but does not eliminate the need for emergency medical services, long-term housing interventions must work with an adequately-funded emergency shelter system to ensure all the Commonwealth's children are able to receive the assistance they need—when they need it—to stay safe and healthy.

Conclusion

Children's HealthWatch research shows stable, affordable housing improves child health and family well-being. Investing in affordable housing, while maintaining a robust emergency shelter system, can reduce societal health care and education costs now, and in the future. Using available policy tools we can preserve, improve and expand access to quality affordable housing—every child in Massachusetts deserves a safe, stable place to call home.

¹ 2010 American Community Survey. Washington, DC: U.S. Department of Commerce, Census Bureau. 2010.

² Bravve E et al. Out of Reach 2012. National Low Income Housing Coalition. 2012.

³ Cook JT and Frank DA. Food Security, Poverty and Human Development in the United States. Ann. N.Y. Acad. Sci. 2003. Cutts DC et al. U.S. Housing Insecurity and the Health of Very Young Children. AJPH. 2011. Ettinger de Cuba S. et al. Fuel for Our Future: Impacts of Energy Insecurity on Children's Health, Nutrition and Learning. Children's HealthWatch. 2007.

⁴ William CD et al. Mother and child health: delivering the services. Oxford University Press. USA. 1994.

⁵ Bailey, K et al. Overcrowding and Frequent Moves Undermine Children's Health. Children's HealthWatch. Policy Action Brief. 2011.

