

# LIHEAP Stabilizes Family Housing and Protects Children's Health

The heating and cooling season presents special challenges for our nation's low-income families. With limited resources, many are challenged to manage the seasonal spike in utility expenses, facing decisions about whether to pay the rent, keep the lights and heat on, or buy enough groceries to get through the end of the month. We know that each of these decisions will have significant implications for the health of their youngest children. Unfortunately, these tough choices are all too common this winter as the nation experiences increases in energy prices, unusually cold weather, and continued high unemployment.

We know that energy insecurity is associated with poor health outcomes for children. Our research<sup>1,2</sup> has shown that children in energy-insecure households are more likely to:

- Be food insecure
- Be in fair or poor health
- Be at risk for developmental delays
- Have been hospitalized since birth
- Have moved two or more times in the past year

## Family Hardship

Families are **energy insecure** when they lack consistent access to enough of the kinds of energy (e.g. electricity, natural gas, and heating oil) needed for a healthy and safe life in a particular geographic location.

**Energy insecurity** is measured as households who have experienced at least one of the following conditions within the previous year:

- A threatened utility shut-off or refusal to deliver heating fuel
- An actual utility shut-off or refused delivery of heating fuel
- An unheated or uncooled day because of inability to pay utility bills
- Use of a cooking stove as a source of heat

Families are **housing insecure** when they live in crowded housing, are doubled up with another family due to economic reasons, or have had to move twice or more in the past year.

Families are **food insecure** when they lack enough nutritious food for an active healthy life.

## > The interaction between energy insecurity and housing insecurity

Energy insecurity does not usually occur in isolation; it coexists with other hardships, such as housing insecurity.<sup>3</sup> Our research has shown that energy-insecure families are 29 percent more likely to have moved two or more times in the previous 12 months than energy-secure families.<sup>2</sup> Because we know that each hardship experienced by a child independently increases his/her risk of poor health, developmental delays, and other negative health effects, the co-existence of energy and housing insecurity is especially worrisome.<sup>1,4</sup> Together these hardships seriously undermine a healthy start for many of our nation's youngest children.

## Summary of Findings

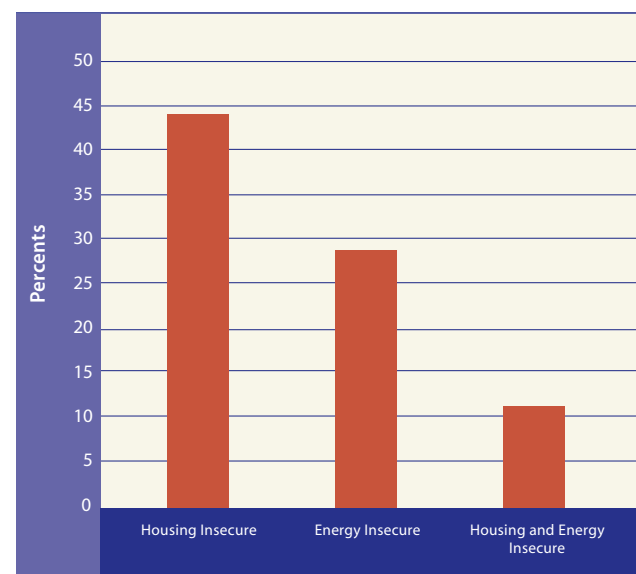
1. Energy insecurity is associated with poor health and development in very young children.
2. Energy insecure families are more likely to move frequently and to experience food insecurity, both known risk factors for poor child health.
3. LIHEAP helps stabilize families' housing and protect children's health and growth.

Fortunately, our nation has long understood the need to make sure that families do not go without heat in winter nor cooling in summer. LIHEAP, the Low Income Home Energy Assistance Program, the federal government's only program aimed at assisting families with utility expenses, helps to protect young children from the negative health impacts of energy insecurity. When Children's HealthWatch compared children in families that do and do not receive assistance through LIHEAP,<sup>5</sup> we found that, even after controlling for participation in SNAP and WIC, children in families that received LIHEAP<sup>6</sup> were:

- Less likely to be at risk for growth problems,
- More likely to have healthier weights for their age,
- Less likely to be hospitalized when seeking care for acute medical problems

We also found that families receiving LIHEAP were 14 percent more likely to be housing secure than families not receiving energy assistance. Given that we know that children in stably housed families have better health and development outcomes,<sup>3</sup> this suggests that LIHEAP may also protect children in energy-insecure families from the additional negative health consequences of housing insecurity.

#### Prevalence of Household Hardships Among Children's HealthWatch Families



### Conclusion

**No child should have to live in a home without adequate heat and light. While winter brings higher energy costs to everyone, low-income families with very young children are more limited in their ability to absorb increased monthly expenses. As pediatricians and public health researchers we know that LIHEAP matters for the bodies and minds of young children. Even in these tough economic times, we believe it is critical that Congress make a FY2012 funding commitment that meets the heating and cooling needs of America's youngest children. LIHEAP protects children's health and healthy development and, in so doing, protects our nation's future.**

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<sup>1</sup> Cook, JT, Frank, DA, et al. A Brief Indicator of Household Energy Security: Associations With Food Security, Child Health, and Child Development in US Infants and Toddlers. *Pediatrics* 2008; 122(4).

<sup>2</sup> Cook, JT, et al. Year to year changes in housing insecurity are accompanied by changes in health outcomes for mothers and children. (In preparation)

<sup>3</sup> Frank, DA, Casey, PH, et al. Cumulative Hardship and Wellness of Low-Income, Young Children: Multisite Surveillance Study. *Pediatrics* (Published online Apr 12, 2010) 2010; 125(5).

<sup>4</sup> Cutts, DB, et al. Housing Insecurity and the Health of Very Young Children. *American Journal of Public Health* (in press).

<sup>5</sup> Children's HealthWatch asks families whether they receive home energy assistance. Of the known sources of home energy assistance, LIHEAP is the largest, thus discussions of LIHEAP in the text may also include energy assistance from private funds.

<sup>6</sup> Frank, DA, Neault, N, et al. Heat or Eat: The Low Income Home Energy Assistance program and Nutritional and health Risks Among Children Less Than 3 Years of Age. *Pediatrics*. 2006; 118(5): 1293-1302.

