Families should be able to afford a roof over their heads and still have enough money to pay for food, utilities, and healthcare. Unfortunately, for many Arkansans, wages are not keeping up with housing costs. Presently, fair market rent for a two-bedroom apartment is $216 more a month than a full-time minimum wage employee earning $7.25/hour can afford.1 Children's HealthWatch research shows families are forced to sacrifice basic necessities when they confront the gap between the cost of housing and their ability to pay for it.

Housing is often the largest expense in a family's budget. More than 49% of renter households in Arkansas pay over one third of their income in rent.2 The affordable housing shortage in Arkansas disproportionately affects extremely low-income households (ELI)3—for every 100 ELI households seeking an apartment in Arkansas, only 34 affordable units are available.4

When families are faced with unaffordable housing, some move frequently in search of a decent home within their means. Many others fall behind on the rental payments or live in overcrowded situations. Additional coping strategies include going without food, utilities, or needed healthcare or insurance.5 Recent research by Children's HealthWatch illustrates the connection between unaffordable housing, strained budgets and health outcomes for families.

Research has shown that children who suffer from inadequate home heating and poor nutrition have a greater likelihood of poor health, a higher risk of developmental delays, and in some cases, an increased risk of hospitalization.6 When we compared families who moved frequently with families in stable housing, we found that families who moved frequently were 71% more likely to be energy insecure and 260% more likely to be food insecure. Families are often struggling behind closed doors to pay all the household bills. Compared to families in stable housing, those who were behind on rent were significantly more likely to:

- be energy insecure
- be food insecure
- be child food insecure
- forego needed healthcare for their child
- make trade offs between paying for healthcare costs and paying for other basic needs

Affordable Housing Protects Child Health and Family Well-Being

Our research shows too many working families are struggling to create and maintain healthy, stable environments for their children. In our sample of 5,000 families in Arkansas with children under age four, Children's HealthWatch found approximately 51% of families were housing insecure.

Housing insecurity is associated with poor health outcomes in children in Arkansas. Children's HealthWatch found that when compared to children in stably housed families, children in households who moved frequently were 34% more likely to be underweight (a sign of undernutrition). Additionally, compared to children in stably housed families, children in families who were behind on rent or moving frequently were significantly more likely to be:

- in fair or poor health
- at risk for developmental delays

Summary of Findings

1. Young children in housing-insecure families are more likely to be household and child food insecure.

2. Young children in families who move frequently or are behind on rent are at increased risk of poor health and developmental delays.

Housing Insecurity: when families 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 for financial reasons), or were behind on rent at any point in the last twelve months.
Definitions:

Fair Market Rent: The rent that a property could command in an open, competitive and unrestricted market. FMR for a two-bedroom apartment in Arkansas is $594.

Affordable Housing: Rent/mortgage that is equal to or less than 30 percent of household income (as defined by the U.S. Department of Housing and Urban Development).

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

Child Food Insecurity: (the most 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 energy (e.g. electricity, natural gas and heating oil) needed for a healthy and safe life.

Figure 2:
Families who are behind on rent are more likely to be unable to pay for basic needs.7

Policy Solutions Exist

Previously, Children's HealthWatch has shown that compared to children on the waitlist for housing-support, children living in subsidized housing are less likely to be seriously underweight, and more likely to be food secure and classified as “well” on a composite measure of child well-being.8 Increased investments in affordable housing will improve the health of Arkansas children in early childhood; a period of rapid growth and development when they are uniquely vulnerable to deprivation.

Short- and long-term interventions that help stabilize families’ housing will reduce the numbers of housing insecure families. One viable policy solution is the housing trust fund model. The Arkansas Legislature established a state housing trust fund in 2009, but thus far it has not been funded. With adequate funding, the Arkansas Housing Trust Fund could provide flexibility for communities to address their housing needs and help families build economic stability.

Using available policy tools, we can preserve, improve and expand access to quality affordable housing—every child in Arkansas deserves a safe place to call home.

Conclusion

Our evidence shows that stable, affordable housing improves the health of our children and the well-being of families. Investing in affordable housing can reduce lost days of work for parents and overall health care costs, and will enable children to reach their inherent potential as productive members of society.

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3 Household income at or below 30% of area median income.
7 Cutts, DC et al. U.S. Housing Insecurity and the Health of Very Young Children. AJPH. 2011.
9 p<.001 for all comparisons.