

Time to turn up the heat

By Eileen McNamara, Globe Columnist

It has been a deceptively warm autumn, the constant hum of a firing furnace still mostly a memory from last winter. The unseasonable temperatures pose a challenge this week for medical researchers who have documented a link between the cost of fuel and the health of children.

"It is hard to get the attention of policy makers on this issue when it feels like spring outside," acknowledged Dr. Lauren A. Smith, an associate professor of pediatrics at the Boston University School of Medicine and chairman of the research team that has concluded that adequate fuel assistance is a medical necessity for the well-being of low-income children.

So many of the findings of the Child Health Impact Working Group to be released this week seem self-evident: Families with limited incomes often are forced to choose between paying for food and paying for heat; children who are malnourished often live in homes where the heat has been turned off or the fuel bill has gone unpaid. The study's results certainly were not surprising to Smith, a pediatrician at Boston Medical Center who sees children who fit this profile every week in her clinical practice.

What makes the 47-page report more than an anecdotal argument for increased government spending on basic human needs is the meticulous documentation of the researchers, whose varied backgrounds in economics, public health, and child and maternal medicine ensured an integrated approach to the question of whether high energy costs undermine the health of the more than 400,000 children in Massachusetts who live in low-income families. Their answer is an unqualified "yes."

The researchers approached the issue as a social, as well as medical, question. It should be obvious that a child's health status is influenced by access to adequate housing, food, and heat in the colder months. But, too often, medical issues are examined in isolation, ignoring the context in which a child lives. As this report makes clear, the context helps to determine whether a child will thrive.

The report, for instance, cites research led by Dr. Deborah Frank, also of Boston Medical Center, that correlated the nutritional status of children with their families' enrollment in the Low Income Home Energy Assistance Program, or LIHEAP, a federally funded program that helps the poor pay their energy bills. Her study, reported in this month's issue of the journal *Pediatrics*, found that young children in households not receiving LIHEAP were 30 percent more likely to be admitted to the hospital and 20 percent more likely to be at nutritional risk for growth problems.

The children of the poor do not begin at the same starting line. Nationally, energy costs eat up 14 percent of the budget in a low-income household, compared with 3 percent in more affluent families. LIHEAP is not an entitlement program. Because funding is uncertain from year to year, it is a buffer but not a barrier to the negative health impact of energy costs on children.

When families cannot pay their energy bills, they warm themselves with stoves or space heaters, putting children at risk of injury or death from fires or carbon monoxide poisoning. A survey in 2005 by the National Energy Assistance Directors Association found that 22 percent of LIHEAP households in the Northeast used the kitchen stove for heat because they could not pay their energy bill.

In each of the last two fiscal years, the Massachusetts Legislature found federal funds inadequate and added \$20 million in state aid to LIHEAP. This budget cycle, there is no state money for LIHEAP. "We know the governor-elect has many things on his plate right now, but this is an issue as deserving of his attention as any other," Smith said of Deval L. Patrick, who can expect to be besieged by like-minded supplicants hoping social programs will become a priority after 16 years of the indifferent attention of GOP governors.

This weekend, belatedly, temperatures are beginning to fall.

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