

Joint Committee on Children, Families, and Persons with Disabilities

October 29, 2021

RE: Written testimony in support of H.202/S.111

Chairman Gomez, Chairman Finn, and distinguished members of the Joint Committee on Children, Families, and Persons with Disabilities:

Thank you for the opportunity to submit testimony on behalf of Children's HealthWatch in support of *An Act to improve emergency housing assistance for children and families experiencing homelessness* (H.202/S.111). As a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts, we know that children and their families need access to safe, stable homes throughout their lifetime to thrive. However, we see in our clinics that children and their families continue to face housing instability in Massachusetts, despite the availability of resources, due to program barriers and strict qualifications that place them at an increased risk of homelessness. Currently, the state has an opportunity to address this and improve the health of young children and their families by enacting H.202/S.111, which will reduce barriers to accessing Emergency Assistance (EA) shelter placements and related HomeBASE resources, and thus support the health, stability, and well-being of children and families.

Headquartered at Boston Medical Center, the mission of Children's HealthWatch is to improve the health and development of young children by informing policies that address and alleviate economic hardships. We accomplish this mission by interviewing caregivers of young children on the frontlines of pediatric care in urban emergency departments and primary care clinics in five cities: Boston, Minneapolis, Little Rock, Baltimore, and Philadelphia. Since 1998, we have interviewed over 75,000 caregivers of children under four years of age and analyzed the data to determine the impact of public policies on the health and development of young children.

Our research and the research of others demonstrate that children and their families need access to safe, stable homes throughout their lifetime to thrive.<sup>1,2,3</sup> We have found that children living in stable homes have better physical and mental health outcomes and educational achievement, are at a lower risk of hospitalization, and are less likely to experience other economic hardships.<sup>4</sup> Furthermore, research has shown that stable housing reduces overall health care expenditures, including reduced emergency department costs and general inpatient hospitalizations.<sup>5</sup>

Across the Commonwealth, the combination of increasing housing costs, inadequate supply of affordable housing, and stagnant wages mean many families are unable to afford a stable home. This reality is most deeply felt in households with the fewest resources, as housing costs routinely consume an outsized portion of household income among low-income families.<sup>6</sup> Access to stable, affordable housing enables low-income families to devote more of their limited resources to other basic needs, such as food, utilities, health care, and child care. For example, our research has found that families with

low incomes that live in affordable housing experience greater food security. Their children are 52 percent less likely to be seriously underweight than those who are housing cost-burdened.<sup>7</sup> In addition, research shows that children in households with low incomes that live in affordable housing score better on cognitive development tests than those in households with unaffordable housing, partly because parents with affordable housing can invest in more activities and materials that support their children's development.<sup>8</sup>

Conversely, we know from our data that housing instability – including being behind on rent, multiple moves, and past or present experience of homelessness – harms the health of children and families and is associated with increased risk of other hardships, including food and energy insecurity.<sup>1</sup> Both of these hardships (food insecurity and energy insecurity) are independently associated with poor child and adult health, children's risk for developmental delays, and increased health care utilization.<sup>9,10</sup> Our research shows that families who experience housing instability are also more likely to forgo medical care and prescriptions or sacrifice other basic needs to afford necessary medical care. Young children who live in unstable housing are 20 percent more likely to be hospitalized, and those in families who move frequently are at increased risk of poor child health, developmental delays, and being underweight for their age – an indicator of undernutrition and stress.<sup>11</sup> We have found that caregivers in households behind on rent were also more likely than those not behind on rent to be in fair/poor health and report maternal depressive symptoms.<sup>1</sup> These households also had an increased odds of experiencing other household material hardships.<sup>1</sup> Families that fall behind on rent are also at increased risk of eviction and homelessness, both of which further jeopardize health.<sup>2,12</sup>

For families with young children, an experience of homelessness, even if temporary, can severely affect health during the first years of life. Our research has found homelessness during the prenatal period and/or first year of a child's life is associated with poor birth and infant outcomes, which incur huge health care costs and adversely change the trajectory of the child's health and ability to succeed.<sup>13,14,15</sup> This is in addition to incremental and direct costs to health care utilization due to homelessness and infant health outcomes associated with homelessness, such as low birthweight.<sup>16,17,18</sup>

The unprecedented economic disruption caused by COVID-19 has exacerbated the reality of unaffordable and inaccessible housing, particularly for low incomes and communities of color. Recent data from National Equity Atlas found that 103,000 Massachusetts households – 13 percent of all households in the state – are currently behind on rent.<sup>19</sup> These families behind on rent are overwhelmingly those with low and moderate incomes, and 64% are people of color. Even before the pandemic, national data reveal that Black individuals make up 40 percent of the homeless population and more than 50 percent of homeless families with children.<sup>20</sup>

**H.202/S.111: An Act to improve emergency housing assistance for children and families experiencing homelessness**

Emergency Assistance, administered by the Department of Housing and Community Development (DHCD), provides pregnant women and children under age 21 who are experiencing homelessness and their families with emergency shelter. For those who meet stringent eligibility requirements – including

not having “any currently available living situation including temporary housing with relatives, friends or charitable organizations” (760 CMR 67.06(1)(b)), and thus deemed “homeless enough” to receive assistance – help accessing housing is also available through HomeBASE. While these are critical programs, they face numerous barriers when families seek EA shelter placements and related HomeBASE rehousing resources. These include difficulty accessing the application and navigating the process, requirements that provide verifications multiple times, and rules that force families to stay in unsafe places while waiting to be deemed eligible for the program. This places the health and well-being of families in even further jeopardy and results in far fewer families approved for shelter and HomeBASE benefits than are eligible. As a result, children and families are forced into homelessness. To address access and administrative issues those seeking to access or retain EA shelter and HomeBASE rehousing benefits, this omnibus legislation would:

- Allow families that appear to be imminently at risk of homelessness to gain admission into EA shelter the same day they apply.
- Establish an independent ombudsperson unit located in the Executive Office of Housing and Economic Development to mediate between EA and HomeBASE participants/applicants and DHCD and report systemic problems to the Legislature.
- Require the Department of Transitional Assistance and DHCD to share information in order to streamline the verification process.

While more must be done to **prevent** homelessness in Massachusetts, this bill an urgently needed first step to reduce barriers to access and strengthen data sharing and reporting requirements. **Children and families deserve to be sheltered with dignity and stability.** These improvements will strengthen the EA program and allow more families to access emergency shelter and HomeBASE resources. Supporting the health and development of children and families across our Commonwealth by enacting H.202/S.111 is essential. We strongly urge the Committee to swiftly and favorably move H.202/S.111 out of committee.

Sincerely,

Children’s HealthWatch

- 
- <sup>1</sup> Sandel M, Sheward R, Ettinger de Cuba S, Coleman SM, Frank DA, Chilton M, Black M, Heeren T, Pasuqariello J, Casey P, Ochoa E, Cutts DB. Unstable housing with caregiver and child health in renter families. *Pediatrics*. 2018; 141(2).
- <sup>2</sup> Bruce C, et al. Eviction: A preventable cause of adverse child and family health. Children's HealthWatch. 2021. Available at <https://childrenshealthwatch.org/wp-content/uploads/Evictions-and-health-brief-v3.pdf>
- <sup>3</sup> Taylor L. Housing and health: an overview of the literature. *Health Affairs Health Policy Brief*. 2018;10.
- <sup>4</sup> Poblacion A, et al. Stable Homes Make Healthy Families. Children's HealthWatch. 2017. Available at <https://childrenshealthwatch.org/wp-content/uploads/CHW-Stable-Homes-2-pager-web.pdf>
- <sup>5</sup> Garrett DG. The business case for ending homelessness: having a home improves health, reduces healthcare utilization and costs. *Am Health Drug Benefits*. 2012;5(1):17-19.
- <sup>6</sup> Greater Boston Housing Report Card. The Boston Foundation: 2019. Available at <https://www.tbf.org/-/media/tbf/reports-and-covers/2019/gbhrc2019.pdf>
- <sup>7</sup> March E, et al. Rx for Hunger: Affordable Housing. Children's HealthWatch. 2009. Available at [https://childrenshealthwatch.org/wp-content/uploads/rxforhunger\\_report\\_dec09-1.pdf](https://childrenshealthwatch.org/wp-content/uploads/rxforhunger_report_dec09-1.pdf)
- <sup>8</sup> Newman SJ, Holupka CS. Affordable housing is associated with greater spending on child enrichment and stronger cognitive development. MacArthur Foundation. 2014. Available at [https://www.macfound.org/media/files/affordable\\_housing\\_child\\_enrichment\\_stronger\\_cognitive\\_development.pdf](https://www.macfound.org/media/files/affordable_housing_child_enrichment_stronger_cognitive_development.pdf)
- <sup>9</sup> Cook JT, et al. Even very low levels of food insecurity found to harm children's health. Children's HealthWatch. 2009. Available at [https://childrenshealthwatch.org/wp-content/uploads/lowlevelsfi\\_brief\\_may09.pdf](https://childrenshealthwatch.org/wp-content/uploads/lowlevelsfi_brief_may09.pdf)
- <sup>10</sup> Cook JT, et al. Energy insecurity is a major threat to child health. Children's HealthWatch. 2010. Available at [https://childrenshealthwatch.org/wp-content/uploads/EnergyInsecurity\\_brief\\_February2010.pdf](https://childrenshealthwatch.org/wp-content/uploads/EnergyInsecurity_brief_February2010.pdf)
- <sup>11</sup> Sandel M, et al Housing as a health care investment: Affordable housing supports children's health. Children's HealthWatch. 2016. Available at <https://www.opportunityhome.org/wp-content/uploads/2018/02/Housing-as-a-Health-Care-Investment.pdf>
- <sup>12</sup> Bovell-Ammon A, et al. Closing the housing opportunity gap: Investing in housing vouchers improves neighborhoods and health. Children's HealthWatch. 2021. Available at <https://childrenshealthwatch.org/wp-content/uploads/CHW-homelessness-vouchers-brief-v2.pdf>
- <sup>13</sup> Cutts DB, et al. Homelessness during pregnancy: a unique, time-dependent risk factor of birth outcomes. *Maternal and child health journal*. 2015;19(6), 1276-1283.
- <sup>14</sup> Sandel M, Sheward R, de Cuba SE, Coleman S, Heeren T, Black MM, Casey PH, Chilton M, Cook J, Cutts DB, Rose-Jacobs R. Timing and duration of pre-and postnatal homelessness and the health of young children. *Pediatrics*. 2018;142(4).
- <sup>15</sup> Cutts DB, Bovell-Ammon A, de Cuba SE, Sheward R, Shaefer M, Huang C, Black MM, Casey PH, Coleman S, Sandel M, Frank DA. Homelessness during infancy: associations with infant and maternal health and hardship outcomes. *Cityscape*. 2018;20(2):119-32.
- <sup>16</sup> Garrett DG. The business case for ending homelessness: Having a home improves health, reduces healthcare utilization and costs. *American health & drug benefits*. 2012;5(1):17.
- <sup>17</sup> Russell RB, Green NS, Steiner CA, Meikle S, Howse JL, Poschman K, Dias T, Potetz L, Davidoff MJ, Damus K, Petrini JR. Cost of hospitalization for preterm and low birth weight infants in the United States. *Pediatrics*. 2007;120(1):e1- 9.
- <sup>18</sup> Lewit EM, Baker LS, Corman H, Shiono PH. The direct cost of low birth weight. *The future of children*. 1995;35-56.
- <sup>19</sup> National Equity Atlas. Rent debt in America: Stabilizing renters is key to equitable recovery. 2021. Available at <https://nationalequityatlas.org/node/63161>
- <sup>20</sup> Homelessness and Racial Disparities. National Alliance to End Homelessness. 2020. Available at <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>