The Center on Budget and Policy Priorities (CBPP) reports that funding shortfalls for the 2009 Housing Choice Voucher Program (also known as ‘Section 8’) could cause state and local housing agencies to terminate vouchers or raise rents to levels beyond the financial reach of many families.

**Affordable Housing Protects Children’s Health and Development**

Housing subsidies protect children’s health. Children’s HealthWatch research has shown that young children whose families have a housing subsidy are less likely to be seriously underweight than young children whose families are eligible for but do not receive a subsidy.1

Nationally, 53% of the households that receive vouchers are families with children.2 These vouchers generally limit rents to 30% of a tenant’s income. When housing costs are too high, families are often forced to move frequently or to live in overcrowded3 or doubled up4 with friends or family. Children’s HealthWatch research has shown that “hidden homeless” children, whose families live crowded or doubled up or have moved twice or more in the past year, are more likely to be:

- Food insecure5
- Child food insecure (a more severe form of food insecurity)
- In fair or poor health
- At risk for developmental delays
- Gaining weight too slowly6

Housing agencies need an additional $130 million in voucher funding in 2009 to avoid cuts in assistance.7 Cost-cutting measures will likely vary among the housing agencies but may include:

- Not issuing vouchers to families on the waiting list when other families leave the program
- Reducing the dollar value of vouchers, thereby raising rents
- Reducing rents paid to property owners
- Terminating vouchers of current voucher holders

If the housing agencies respond to reductions in funding solely by terminating housing vouchers, CBPP estimates that at least 33,000 households would lose housing assistance.8
Conclusion

Congress can keep families in affordable housing and protect children’s health if it acts quickly. Maintaining current vouchers is critical to protecting the supply of affordable housing, especially as unemployment grows and many families struggle to make ends meet. Cutting vouchers will only push more families into the ranks of the hidden homeless. Research by Children’s HealthWatch has shown that young children in these families are at risk for poor health, nutrition and growth, as well as developmental delays. Decreasing support for housing vouchers will increase funding requirements for both education and health care as more children suffer from developmental delays and food insecurity.

Timely Congressional action to protect the Housing Choice Voucher Program ensures that families have the stable, affordable housing essential to children’s health.

<table>
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<tr>
<th>State</th>
<th>Voucher Funding Shortfall</th>
<th>Voucher Cuts Needed to Address Shortfall</th>
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<td>New York</td>
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Children’s HealthWatch is a non-partisan pediatric research network that carries out research on the impact of economic conditions and public policies on the health of children under age three. For more than a decade, Children’s HealthWatch has interviewed families with young children in emergency departments and urgent care clinics in five hospitals in Baltimore, Boston, Little Rock, Minneapolis and Philadelphia that serve largely low-income families. Data are collected on a wide variety issues including demographics, food security, public benefits, caregivers’ health and earnings, housing, home energy conditions and children’s health status and developmental risk.


3 ‘Crowding’ is defined as more than two people per bedroom.

4 ‘Doubling up’ is defined by the household temporarily living with other people because of economic difficulties.

5 Food insecurity occurs when there is limited or uncertain access to enough nutritious food due to economic constraints. Child food insecurity occurs when caregivers are no longer able to buffer them from household food shortages. Food insecurity puts children at risk for poor health, increased hospitalizations, iron-deficiency anemia, and developmental delays.


8 Ibid.