Safe, Stable Homes Mean Healthier Children and Families for Massachusetts

A safe, stable home is important for children's physical and mental health today, as well as their growth and learning abilities tomorrow. Children's HealthWatch research illustrates the connections between lack of secure housing, strained budgets, and poor health outcomes for families with children.

Housing is often a family’s largest single expense. Unfortunately for many Massachusetts residents, wages are not keeping up with housing costs. More than 50% of Massachusetts’ renter households spend more than one third of their income on rent. Families should be able to afford safe shelter and food, utilities, and healthcare. Presently, fair market rent for a two-bedroom apartment is $771 more per month than a full-time minimum wage employee earning $8.00/hour can afford.

When families face unaffordable housing, some move frequently in search of a decent home within their means. Many others fall behind on rental payments or live in overcrowded situations. Additional coping strategies include going without food, utilities, or needed healthcare or insurance. Children’s HealthWatch research continues to demonstrate that while family homelessness has dramatic negative child health impacts, housing insecurity short of homelessness also has serious harmful impacts.

Conditions like crowding or being behind on rent are often invisible to society but can have drastic effects on child health. Children in families behind on rent were 52% more likely to be at risk for developmental delays compared to those in housing-secure families.

Our research shows families sacrifice basic necessities, such as groceries, when they confront the gap between the cost of housing and their ability to afford it. Boston-area families living in crowded housing are 35% more likely to be food insecure and 69% more likely to have food insecure children than are families who are securely housed. Research has shown children who suffer from poor nutrition face elevated risk of poor health and a higher risk of developmental delays and hospitalizations.

Compared to families in secure housing, those behind on rent were also significantly more likely to:
- be food insecure
- be energy insecure (likely to have had a threatened or actual utility shut-off)
- forego needed healthcare for their child
- forego basic needs to pay for healthcare

Families are housing insecure if ANY of the following situations apply. They:
- 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 or financial reasons),
- were behind on rent at any point in the last twelve months.

> Affordable Housing Protects Child Health and Family Well-Being

In our sample of 6,000 Metro Boston families with children under age four, Children’s HealthWatch found that only 43% were securely housed. Compared to children in securely housed families, children in housing insecure families were more likely to be in fair or poor health. Children in families who had moved two or more times in the past year were 59% more likely to have been hospitalized than were children in housing-secure families.

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Definitions:

Fair Market Rent (FMR): The rent a property could command in an open, competitive and unrestricted market. FMR for a two-bedroom apartment in Massachusetts is $1,369/month.

Affordable Housing: According to the U.S. Department of Housing and Urban Development, rent/mortgage equal to or less than 30 percent of household income.

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

Energy Insecurity: Lack of consistent access to enough of the kinds of household energy (e.g. electricity, natural gas and heating oil) needed for a healthy and safe life.

Policy Solutions Within Reach

Previously, Children’s HealthWatch has shown that children living in subsidized housing are less likely to be seriously underweight, and more likely to be food secure and classified as “well” when compared to children on the waitlist for housing support. Increased investments in affordable housing will improve the health of Massachusetts children in early childhood: a period of rapid growth and development when they are uniquely vulnerable to deprivation. Conversely, ignoring less visible insecure housing situations jeopardizes children’s health and ability to learn. Safer housing options are needed for families currently residing in harmful situations, such as crowded living spaces.

Short- and long-term interventions, such as the Residential Assistance Program for Families in Transition (RAFT) homelessness prevention program and the Massachusetts Rental Voucher Program (MRVP) housing subsidy program, help stabilize families’ housing. Housing interventions must work with an adequately-funded Emergency Assistance (EA) shelter system to ensure all the Commonwealth’s children are able to receive the assistance they need. Trade-offs between long-term solutions and emergency interventions jeopardize our youngest children. Just as an effective primary care medical system decreases health care and education costs now, and in the future.

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

Conclusion

Children’s HealthWatch research shows stable, affordable housing improves child health and family well-being. Investing in affordable housing, while maintaining a robust emergency shelter system, can reduce societal health care and education costs now, and in the future. Using available policy tools we can preserve, improve and expand access to quality affordable housing—every child in Massachusetts deserves a safe, stable place to call home.

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