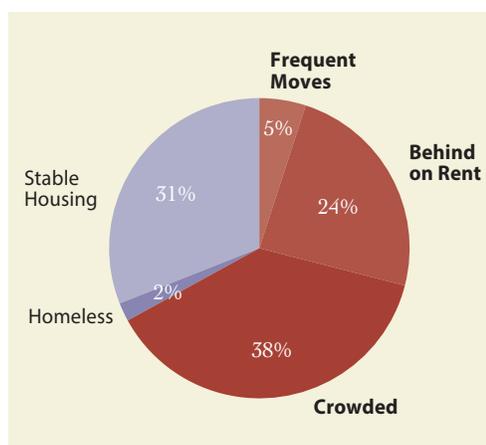


# To Thrive, Minneapolis Children Need A Place to Call Home

## > Children's HealthWatch connects the dots between lack of secure housing and poor outcomes for young children living in the Minneapolis metropolitan area

Housing is often the largest expense in a family's budget. In the Twin Cities, home prices have begun to rebound and rental costs have risen rapidly, straining the budgets of families with children, especially low wage workers and the unemployed.<sup>1</sup> In addition, mortgage foreclosures have pushed previous homeowners into rental units, creating more competition for apartments. Thus, low rental vacancy rates contribute to these increases in monthly rent prices. Presently in the Minneapolis metropolitan area, fair market monthly rent for a two-bedroom apartment is \$900, more than \$500 in excess of what is considered affordable for a full-time minimum wage employee earning \$7.25/hour.<sup>2</sup> As a result, the ranks of families on the edge of homelessness are rising.

Tough trade-offs between paying the rent or paying for groceries, medications, or safe childcare can have harmful health consequences for all family members. To cope, families may find themselves behind on rent, moving frequently or living in over-crowded situations — housing conditions that often precede outright homelessness. Research by Children's HealthWatch shows that such insecure housing conditions are common and, while they are far less visible to society than homelessness, they can have serious harmful effects on child health and development and family well-being.



Source: Children's HealthWatch Data, 2002-2011

**Figure 1:** Only 31% of Children's HealthWatch's Minneapolis-area families are securely housed.

## > Two thirds of Children's HealthWatch Minneapolis-area children experience housing insecurity

Children's HealthWatch defines housing insecurity as one or more of the following situations.

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),
- were behind on rent at any point in the last 12 months.

In our sample of 6,000 low-income children in the Minneapolis-area under age four, Children's HealthWatch found that **approximately 67% were housing insecure.**

## > Housing insecurity places Minneapolis-area young children at risk for poor health and delayed development

- Compared to children in securely housed families, we found **children in housing insecure families were 1.27 to 2.23 times more likely to be in fair or poor health.**
- Housing insecure families were **1.36 to 1.68 times more likely to have young children at risk of developmental delays** than securely housed families.

## Summary of Findings

1. Two thirds of young, low-income Minneapolis-area children live in families experiencing housing insecurity.
2. Compared to young Minneapolis-area children who are securely housed, Minneapolis-area children younger than age four who are housing insecure are at increased risk for poor health and delays in their development.
3. Minneapolis-area families behind on their rent often struggle to meet other basic needs. They are more likely to be energy insecure, household and child food insecure, and to forego needed healthcare.
4. Housing subsidies are a key tool that help Minneapolis-area families to be healthy and both housing and food secure.



[www.childrenshealthwatch.org](http://www.childrenshealthwatch.org)

*A non-partisan pediatric research center that monitors the impact of public policies and economic conditions on the health of low-income young children.*

> **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 the Minneapolis metropolitan area is \$904/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 sufficient 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.

**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 household energy (e.g. electricity, natural gas and heating oil) needed for a healthy and safe life.

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> **Housing insecurity forces trade offs**

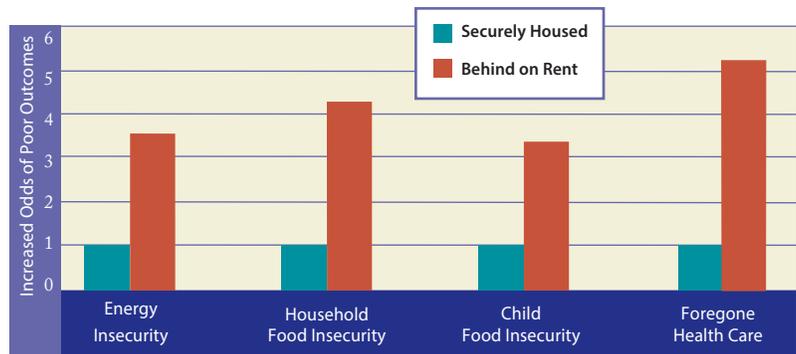
Children's HealthWatch national research shows families sacrifice basic necessities when they confront the gap between the cost of housing and their ability to afford it.<sup>3</sup> In the Minneapolis-area, when compared to securely housed families, families who were behind on rent were significantly more likely to:

- be energy insecure
- be food insecure
- be child food insecure
- forego needed healthcare

**Figure 2:** Minneapolis-area families behind on rent struggle to pay for other basic needs.

*All comparisons statistically significant at p<0.05*

*Source: Children's HealthWatch Data, 2002-2011*



> **Policy solutions within reach**

When Children's HealthWatch examined the effect of subsidized housing on the well-being of families in the Minneapolis-area, we found children living in subsidized housing were **more likely to be food secure and in good health** compared to children whose families were on the waiting list for housing support. Our research illustrates the key role that housing vouchers and subsidies play for families and children.<sup>4</sup>

The Twin Cities Metropolitan Council projects that 51,000 new households will need affordable housing units from 2011 to 2020 yet federal subsidies are only expected to meet 38% of this demand.<sup>5</sup> At both the federal and state level, affordable housing must be a priority. Efforts should be made to preserve existing affordable housing and create new units to meet the need in the Minneapolis metropolitan area. Increased investments in affordable housing will improve the health of children in early childhood — a period of rapid growth and brain development when they are uniquely vulnerable to deprivation.

Short- and long-term investments that help stabilize families' housing will reduce the numbers of housing insecure and homeless families. Using available policy tools, we can preserve, improve and expand access to quality affordable housing — every child in Minnesota deserves a secure place to call home.

**Conclusion**

**Children need housing security to physically and mentally thrive. Our evidence shows that secure housing improves the health and development of the youngest children and reduces trade-offs that threaten the well-being of families. For families to prosper, communities must have an adequate supply of safe, decent, affordable housing.**

<sup>1</sup> Minnesota Housing Partnership (MHP). "2X4" Quarterly Indicators; Quarter 2 Press Release. September 11, 2012.

<sup>2</sup> Bravve E, Bolton M, Couch L, Crowley S. Out of Reach 2012. National Low Income Housing Coalition. 2012.

<sup>3</sup> March E, et al. Behind Closed Doors: The hidden health impacts of being behind on rent. Children's HealthWatch Report. 2011.

<sup>4</sup> Bailey K, et al. Overcrowding and Frequent Moves Undermine Children's Health. Children's HealthWatch Policy Action Brief. 2011.

<sup>5</sup> Metropolitan Council. Determining Affordable Housing Need in the Twin Cities 2011-2020. A Summary Report by an advisory panel to the Metropolitan Council. 2006. BCC Research & Consulting. The Next Decade of Housing In Minnesota. 2003.

