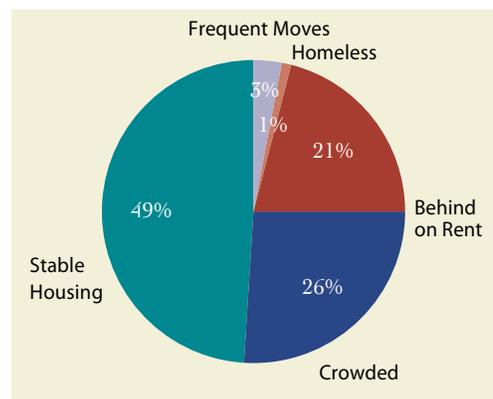


# Safe, Stable Homes Lead to Healthier Children and Families for Baltimore

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

Housing is often a family's largest single expense. Unfortunately for many Baltimore residents, wages are not keeping up with housing costs. About 55% of Baltimore's renter households spend more than one third of their income on rent, the national standard of affordability.<sup>1</sup> Families should be able to afford safe shelter and food, utilities, and healthcare. In Baltimore, a full-time minimum wage employee earns \$7.25 an hour and can only afford a rent of \$377 per month, which is substantially below fair market rent for a two-bedroom apartment in the Baltimore area.<sup>2</sup>

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. Tough choices between paying the rent and paying for childcare or groceries can have negative health consequences for parents and children.



Source: Children's HealthWatch Data, 2002-2011

**Figure 1:** About half of Children's HealthWatch Baltimore families experience housing insecurity.

## > Affordable Housing Protects Child and Maternal Health and Well-Being

In our sample of nearly 5,000 Baltimore families with children under age four, Children's HealthWatch found that just 49% were stably housed. Housing insecurity is associated with poor health outcomes in children in Baltimore. Compared to those in stably housed families, children in housing insecure families were more likely to experience:

- fair/poor health,
- developmental delays and
- food insecurity (a known child health risk).

Conditions including 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 **49% more likely to be in fair or poor health** compared to stably housed families.

Additionally, children in families who were crowded or behind on rent were approximately **22% less likely to be classified as "well"** on a composite scale of child well-being than were children in stably housed families.

Mothers in good health are better able to care for their children.<sup>3</sup> Unfortunately, housing insecurity also negatively affects maternal health and well-being. Housing-insecure Baltimore mothers were significantly more likely to experience depressive symptoms and to be in fair or poor health than were those stably housed.

Children's HealthWatch research shows families sacrifice basic necessities when they confront the gap between the cost of housing and their ability to afford it.<sup>4</sup> Compared to families in secure housing, those behind on rent were also significantly more likely to:

- be food insecure (household and child)
- be energy insecure (likely to have had a threatened or actual utility shut-off)
- forego needed healthcare
- forego basic needs to pay for healthcare

## Summary of Findings

- 1. Young children in families who are behind on rent are at increased risk of developmental delays compared to young children whose families are housing secure.**
- 2. Young children in families who move frequently are more likely to be hospitalized than are young children whose families are housing secure.**
- 3. Young children in families that live in crowded housing are more likely to experience household and child food insecurity than are young children in housing-secure families.**

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 for financial reasons),
- were behind on rent at any point in the last twelve months.

 CHILDREN'S HealthWatch  
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 Maryland is \$1,291/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.

**Child Food Insecurity:** A more 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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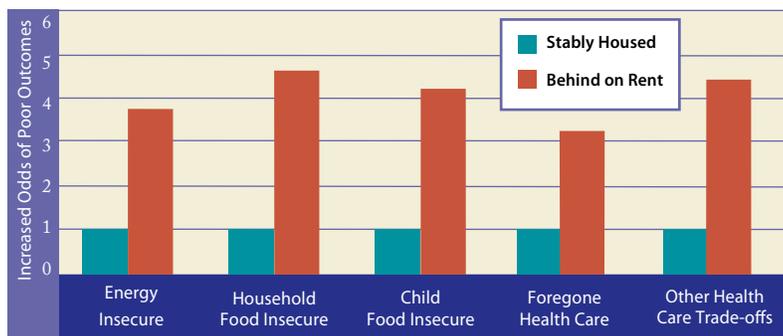
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**Figure 2:**  
Families behind on rent struggle to pay for other basic needs.

*All comparisons statistically significant at  $p < 0.05$*

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



## Policy Solutions Within Reach

*"We have all these houses. Why can't we fix up these houses? Our homeless rate would go down. The Section 8 list, the housing list, would not be ten thousand strong. I got my housing letter. I'm actually 9,584 on the waiting list. That's where I am. Why I am nine thousand something and there are all these houses in Baltimore city that are vacant, not just in this area but throughout the whole city? Why can't we go and fix these houses up?"*

*Shaunte B., Witnesses to Hunger Baltimore*

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.<sup>5</sup> Increased investments in quality, affordable housing will help to bring families off the waitlist and improve the health of Baltimore children in early childhood: a period of rapid growth and development when they are uniquely vulnerable to deprivation. Safe housing options are needed for families, particularly for pregnant women, who are residing in harmful housing-insecure situations.

While Children's HealthWatch analyses are focused on housing security, we know that poor neighborhood conditions affect the well-being of children, regardless of whether their families are housing insecure.<sup>6</sup> Children deserve to live in stable housing in safe and healthful neighborhoods where they can grow and thrive. Reaching this goal requires short- and long-term interventions. The Emergency Assistance to Families with Children homelessness prevention program and the Rental Allowance Fund housing subsidy program, temporarily assist families. But longer term housing voucher programs, like the Baltimore Housing Mobility Program, have the potential to reach many more families. Such programs must be adequately funded and coordinated with short-term assistance to ensure all the state's children are able to receive the assistance they need—when they need it—to be healthy and reach their full potential.<sup>7</sup>

## Conclusion

**Children's HealthWatch research shows stable, affordable housing improves child health and family well-being. Investing in affordable housing and programs to stabilize family housing situations can reduce health care and education costs now and in the future. We can preserve, improve and expand access to quality affordable housing—every child in Baltimore deserves a safe, stable place to call home.**

<sup>1</sup> 2010 American Community Survey. Washington, DC: U.S. Department of Commerce, Census Bureau. 2010.

<sup>2</sup> Brave E et al. Out of Reach 2012. National Low Income Housing Coalition. 2012.

<sup>3</sup> Williams CD et al. Mother and child health: delivering the services. Oxford University Press. 1994.

<sup>4</sup> Cutts DC et al. U.S. Housing Insecurity and the Health of Very Young Children. AJPH. 2011.

<sup>5</sup> Bailey K et al. Overcrowding and Frequent Moves Undermine Children's Health. Children's HealthWatch. Policy Action Brief. 2011.

<sup>6</sup> Leventhal T and Brooks-Gunn J. The neighborhoods they live in: the effects of neighborhood residence on child and adolescent outcomes. Psychol Bull. 2000.

<sup>7</sup> Leventhal T and Brooks-Gunn J. Moving to Opportunity: an Experimental Study of Neighborhood Effects on Mental Health. Am J Public Health. 2003.

<sup>8</sup> Sharkley P and Elwert F. The Legacy of Disadvantage: Multigenerational Neighborhood Effects on Cognitive Ability. AJS. 2011.

