
Affordable Housing and Child Health

A Child Health Impact Assessment of the Massachusetts Rental Voucher Program

Prepared by the Child Health Impact Working Group
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Executive Summary

Children's physical living environment, comprised of the housing and neighborhood where they reside, has a crucial impact on her health and well-being. Housing stability, affordability and quality, as well as neighborhood characteristics, determine the nature of this health impact. A Child Health Impact Assessment (CHIA) offers an objective, evidence- and experience-based method through which to evaluate the implications of policy, regulations, and legislation for children's health and well-being.¹ This report summarizes the findings of a CHIA of the **Massachusetts Rental Voucher Program (MRVP)**, a housing assistance and homelessness prevention program, as well as proposed MRVP changes for FY2006.

Influence of Housing on Child Health

The gap between high housing costs and income means many low-income families struggle to meet their housing needs or can only afford substandard, crowded housing. They are often "shelter poor", meaning they pay much more for rent than the 30% of income that defines "affordable housing." In fact, many pay more than 50% of their income for housing. Ninety percent of low-income renter households with children are considered to be "shelter poor", which means that they can not meet other basic needs after paying for their housing costs.² When they can no longer sustain this situation, they become homeless.³

Children in families confronting the results of unaffordable housing suffer long-term physical and developmental health effects that harm them and result in substantial economic costs to the Commonwealth. This report examines extensive research on housing and its influence on such childhood conditions as asthma, injuries, inadequate primary preventive care, mental health conditions, as well as developmental and educational attainment.

Housing conditions have a substantial impact on child health

- Children exposed to substandard housing conditions suffer an increased asthma burden, higher rates of infectious diseases, increased lead poisoning, and more childhood injuries, such as falls, death or injury due to fires or burns.

¹ See Appendix I of full report for a more detailed description of the Child Health Impact Assessment concept and methodology.

² Sard, B. Housing Vouchers Should Be a Major Component of Future Housing Policy for the Lowest Income Families; United States Department of Housing and Urban Development. 2001.

³ Joint Center for Housing Studies of Harvard University. *State of the Nation's Housing*, Cambridge, MA, 2003.

Homelessness and housing instability have an adverse impact on the physical, mental and developmental well-being of children. These children:

- Often lack primary pediatric care, including immunizations, and lead and tuberculosis screening, and are more likely to have increased emergency department visits or hospitalizations;
- Are more likely to experience hunger and food insecurity;
- Have higher rates of mental health problems and educational problems, including special education use and grade repetition, at an increased cost of \$6700 and \$6800, respectively, per child.

Unaffordable housing requires families to make trade-offs between rent and other basic necessities, such as food or medical care. This leads to food insecurity, malnutrition, and missed preventative medical care, all of which have lasting effects on children's health and development.

Affordable Housing and the Massachusetts Rental Voucher Program

Massachusetts is one of the least affordable states for housing in the United States.⁴ Affordable housing assistance for low-income families in Massachusetts is provided through several programs, including the state funded **Massachusetts Rental Voucher Program (MRVP)**. MRVP provides rental assistance to eligible families that otherwise would be homeless or have to live in substandard, unsafe, unhealthy dwellings.

Implications of MRVP for child health and well-being

The Governor, the House and the Senate made several proposals that would change the current Massachusetts Rental Voucher Program. The potential health impact on children of each proposed component is summarized in the following chart.

⁴ Pitcoff W, Pelletiere D, Crowley S, Treskon M, and Dolbeare CN. Out of Reach 2004; National Low Income Housing Coalition. 2005.

Summary of Potential Impact of Proposed MRVP Program Changes on Child Health

Program Component	Program Component or Proposal	Direction, Type, Extent of Impact *
Time Limits	<p>Impose time limits on assistance: 36-month limit on continuous use of benefits 60-month limit on lifetime use of benefits <i>(Governor's Budget)</i></p>	<p>Direction - Negative for disenrolled families Extent – Significant Proposal will: 1. Create difficulty finding safe, affordable housing. 2. Increase proportion of income spent on rent. <i>Impact:</i> ↑ Food insecurity for those who reach limit by 50% ↑ Environmental exposures to known hazards</p>
Work Requirements	<p>Require non-elderly, non-disabled household members to work or participate in approved alternative activities: 20 hours/week if youngest child is age 1-6 years 24 hours/week if youngest child is age 6-8 30 hours/week if youngest child is age 9 or older <i>(Governor's Budget)</i></p>	<p>Direction - Negative for disenrolled families Extent -Unclear. Depends on proportion not already working or subject to TAFDC work requirements. Proposal will: 1. Require families new to work force to find child care 2. Not provide increase in affordable child care <i>Impact:</i> Families disenrolled for noncompliance will be at risk of housing instability and food insecurity will increase 50% Children may be placed in substandard child care.</p>
Increased Frequency of Eligibility Redetermination	<p>Re-determine eligibility semiannually rather than annually. <i>(Governor's Budget)</i></p>	<p>Direction - Negative for disenrolled families Extent - Moderate Proposal will: Result in disenrollments of families Increase proportion of income spent on rent for disenrolled families <i>Impact:</i> Families disenrolled will be at risk of housing instability and food insecurity, with associated adverse child health effects.</p>
Tenant Rent Contribution Cap	<p>Subsidize households with mobile vouchers so that they pay no more than 40% of income on rent <i>(Senate Budget)</i></p>	<p>Direction - Positive Extent -Significant. Proposal will: 1. Decrease the proportion of income spent on rent 2. Increase ability to meet other basic needs <i>Impact:</i> ↓ Food insecurity and ↓ Housing instability with associated positive child health effects</p>
Tenant Mobility	<p>Gradually increase the number of mobile vouchers actually in use.[†]</p> <p>Require DHCD to re-issue mobile vouchers (within 90 days) that are ceded when households exit the program <i>(Senate and House Budgets)</i></p> <p>No language regarding reissuing mobile vouchers <i>(Governor's Budget)</i></p>	<p>Direction - Unclear. Depends on whether families with mobile vouchers are able to move out of high poverty areas. Extent - Unclear Proposal may: 1. Increase tenant mobility out of high poverty areas <i>Impact:</i> Girls: ↓ Risky behaviors, ↑ School performance Boys: ? effect on behavior problems</p>

* See Section 1 of full report for discussion of evidence on which these conclusions are based.

† Currently, due to budget constraints, mobile vouchers are not reissued when households exit the program.

Summary and Conclusions

Housing has a substantial and well-documented influence on child health and well-being. Based on a review of the available evidence, we offer the following summary of the likely impact of specific proposed changes to the Massachusetts Rental Voucher Program. However, the themes highlighted are relevant more broadly:

- 1) Instituting time limits for housing subsidies in a region that lacks affordable housing puts children's health at risk due to budget trade-offs between housing expenses and other basic needs, such as food, and to exposure to substandard housing.** These budget trade-offs could result in a 50% increase in food insecurity, which is related to malnutrition, poor growth and increased risk of illness. Living in substandard housing increases the risk of injuries, lead poisoning and asthma, among other effects.
- 2) Instituting work requirements will likely result in MRVP disenrollments for some families not currently subject to other work requirements, leading to housing instability and its adverse health and developmental effects.** Without a supply of adequate, affordable child care, children will be at risk of poor health and development outcomes from exposure to substandard child care.
- 3) Increasing the frequency of eligibility redeterminations may increase the number of families who disenroll from the program,** despite ongoing eligibility, leading to housing instability and increased household budget trade-offs between rent and other basic needs.
- 4) Proposals that decrease tenant rent share will decrease the need for budget trade-offs** between housing and other basic needs, such as food or medical care.
- 5) Proposals that lead to increased homelessness or housing instability will result in increased education costs** of \$6700 for each child needing special education and \$6800 for each child who must repeat a grade.
- 6) Insufficient data is available to predict direction and extent of effects of proposed changes to increase tenant mobility.** Ability to move out of high poverty areas seems to have a positive effect, particularly on girls. Actual impact of the proposed changes will depend to a substantial extent on whether families with mobile vouchers are able to move out of high poverty areas.
- 7) Children in families who are not able to use their mobile vouchers to move out of high poverty areas may still experience the health benefits of increased household resources available for other basic needs,** especially if there is limit on the maximum family contribution to rent.