CHILDREN'S HEALTHWATCH POLICY ACTION BRIEF

Energy Insecurity is a Major Threat to Child Health

> More families face 'heat or eat' dilemma

The heating season presents a special challenge for low-income families that are often forced to choose between paying utility bills and paying for food. Many more families will likely face the 'heat or eat' dilemma this winter. These families are also most likely to suffer from food insecurity.¹ The USDA Economic Research Service reported 49.1 million people were food insecure in 2008, up 35.5% from 2007. Since December 2007 the U.S. economy has been in the worst recession since the Great Depression. Suffering related to this recession has been devastating for lower-income families who are least able to cope with job loss and other hardships brought on by this severe downturn.

> Energy insecurity puts children's health and development at risk

In the first half of 2009, almost 25% of families with children ages three years and under interviewed by Children's HealthWatch were energy insecure. This raises serious concerns for the health and health care costs of the youngest Americans. Our research has found that, compared to young children living in energy-secure households, those in energy-insecure homes are more likely to:

- Be food insecure
- Be in fair or poor health
- Have been hospitalized since birth
- Be at risk for developmental delays

Energy insecurity does not exist in isolation but is part of a constellation of family hardships. Children's HealthWatch research has found that, during the first half of 2009, in its five-city sample of low-income families with children:

- 24% were energy insecure
- 22% were food insecure
- 35% were housing insecure²

Energy Insecurity, as measured by Children's HealthWatch, occurs when a household has experienced at least one of the following conditions within the previous year:

- A threatened utility shut-off or refusal to deliver heating fuel
- An actual utility shut-off or refused delivery of heating fuel
- An unheated or uncooled day
 because of inability to pay utility bills
- Use of a cooking stove as a source of heat

While the groups experiencing these hardships do not overlap completely, in 2008 more than one in five (22.6%) households experienced two of them, and about one in 14 (7.2%) experienced all three. Our research indicates that when families experience more than one of these hardships the negative impacts on children's health are greater than if only one is experienced.

> Heating season difficult for low-income families

The National Weather Service is forecasting this winter's household heating requirements to be as costly as those of last winter. While prices of some heating fuels are marginally lower in some areas, in others they are increasing. Heating oil prices are forecast to rise modestly this winter in the northeastern states where it is a major source of energy for home heating. In Massachusetts heating oil prices have already increased by 18% over the past year. Moreover, all fossil-fuel-based energy is forecast to increase in price once an economic recovery begins in earnest. These conditions, together with persistently high unemployment, stagnating wages, and increasing prices for food and housing (Figure 1) present a dangerous situation for families in the 2009-2010 winter heating season.

Summary of Findings

- Young children in energyinsecure homes are at high risk for food insecurity, poor health, hospitalizations, and developmental delays.
- The current recession has markedly increased the risk of energy insecurity, putting more young children's health in jeopardy.



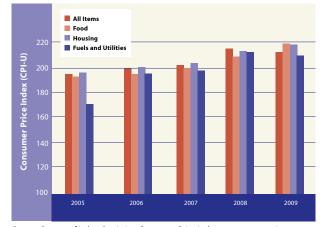
A non-partisan pediatric research center that monitors the impact of public policies and economic conditions on the health of young children.

Energy assistance protects children's health

The Low Income Home Energy Assistance Program (LIHEAP) assists low-income households, particularly those that must spend higher proportions of their income for home energy. LIHEAP protects young low-income children from the negative health impacts of energy insecurity. Our research has shown that, even after controlling for SNAP and WIC participation, compared to young children whose families did not receive energy assistance, children in households that received LIHEAP:

- Were less likely to be at risk for growth problems
- Had healthier weights for their age
- Were less likely to be hospitalized when seeking care for acute medical problems at an emergency department

Figure 1: Prices of basic necessities have trended upward



Source: Bureau of Labor Statistics, Consumer Price Indexes program, various years.

Conclusion

Rising energy costs put young children's health at risk, and families struggling with more than one hardship need solutions for each problem. While federal nutrition programs provide key support for low-income children, they are not sufficient in this recession to protect the health and growth of America's youngest children. LIHEAP is the only national energy assistance program and is effective in helping shield children's health and development from impacts of energy insecurity. Congress has authorized LIHEAP for \$5.1 billion, and while many more need assistance than that amount can serve, it is imperative that funding for this proven, effective program be preserved in this volatile economic climate. To do that, Congress must appropriate the maximum authorized funding for FY 2011.

In the longer term all parties concerned about the detrimental effects of energy insecurity on children's health must carefully consider the likely impacts of legislation passed by the House and under consideration by the Senate to deal with greenhouse gas emissions and global climate disruption. Whatever the eventual course of action to address global climate change, it is critical that energy price increases, necessary to reduce greenhouse gas emissions, do not fall disproportionately on low-income families. Provisions must be included to buffer vulnerable families and children from the harmful effects of resulting higher energy prices.

This Policy Action Brief was prepared by John T. Cook, PhD, Co-Principal Investigator, Stephanie Ettinger de Cuba, MPH, Research and Policy Director, Elizabeth L. March, MCP, Executive Director, Annie Gayman, Research and Policy Fellow, and Sharon Coleman, MS, MPH, Statistical Analyst, and Deborah A. Frank, MD, Founder.

Children's HealthWatch is a non-partisan pediatric research network carrying out research on impacts 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 serving largely low-income families. Data are collected on a wide variety of issues including demographics, food security, public benefits, caregivers' health and earnings, housing, home energy conditions and children's health status and developmental risk.

¹ Food insecurity occurs when households do not have consistent access to enough nutritious food for all members to lead active, healthy lives.

² Families are categorized as "housing insecure" if they live in crowded housing as defined by the U.S. Department of Housing and Urban Development, are doubled up with another family due to economic reasons, or have had to move more than once in the past year.

