

> Summary of Findings

The Commonwealth cannot end childhood hunger and food insecurity¹ through nutrition programs alone. While the broad range of federal and state nutrition programs needs to be strengthened and expanded, they are only part of the solution. Reaching President Obama's goal of ending childhood hunger by 2015 will require alignment of resources across a wide array of programs that help low-income families meet basic needs.

Research by Children's HealthWatch reveals that subsidized housing buffers families from food insecurity and other health risks. For most families, housing is their single largest annual expenditure. Families in the lowest income quintile spend on average 40.5 percent of their income on housing versus 14.8 percent on food.² Securing a housing subsidy, which limits the percent of income paid in rent, frees up resources for other household necessities, including food.

Children's HealthWatch found that children living in subsidized housing were more likely to be food secure and less likely to be seriously underweight^{3,4} than children whose families were on the wait list for subsidized housing.

> Why doctors care about subsidized housing

In a country focused on an epidemic of obesity, it is easy to forget that, for our youngest children, being underweight can be dangerous for their health. When a child is seriously underweight, red flags are raised for pediatricians. According to Dr. Alan Meyers, pediatrician at Boston Medical Center (BMC) and researcher with Children's HealthWatch, there are a number of reasons why a child might be seriously underweight, including chronic illness and genetic conditions. "While I know I need to rule all these things out, I also know, given the low-income population we serve, that the most likely reason is the child isn't getting enough to eat. That's the case about 80 percent of the time. Getting enough food—enough nutritious food, that is—is a real problem for many families.

So, what do I do once I know there's no medical or genetic reason for the child to be underweight? First, I write a prescription for food from BMC's Food Pantry. Then, I try to find out what is going on with the family and whether they are receiving food assistance. More often than not, they are struggling with a number of issues, the biggest of which is usually housing. Boston's high housing costs make it really tough for low-income families. I may also refer them to the Medical-Legal Partnership here at BMC as they can often help. What do I really wish I could do? *I wish I could write a prescription for affordable housing.*"

> Finding affordable housing in Boston

Boston's low-income families face an almost impossible challenge in finding affordable housing. Since the mid-1990's, housing costs have soared, making Boston the second most expensive rental market in the U.S. after San Francisco.⁵ While housing values in Boston dropped 18 percent between 2005 and 2009, rents increased 11 percent over the same period.⁶ This increase has been caused at least in part by the growing number of foreclosures in the city that have pushed more families into the rental market, thereby increasing rents. This growing lack of affordable housing, in combination with the current recession, has driven a significant increase in the city's homeless families. The number of homeless children in Boston increased 24 percent from 1,850 to 2,288 in 2008 alone.⁷

In 2008, a family living in the Boston metropolitan area needed to make \$54,120 or approximately \$26.00 an hour to afford a two-bedroom apartment renting at the fair market rent of \$1,353.⁸ Members of a family earning minimum wage would need to work a combined 130 hours a week to afford this same apartment—an impossible challenge for families with one or two adults. Boston's low-income families clearly are looking for a needle in a haystack when it comes to finding an apartment they can afford.

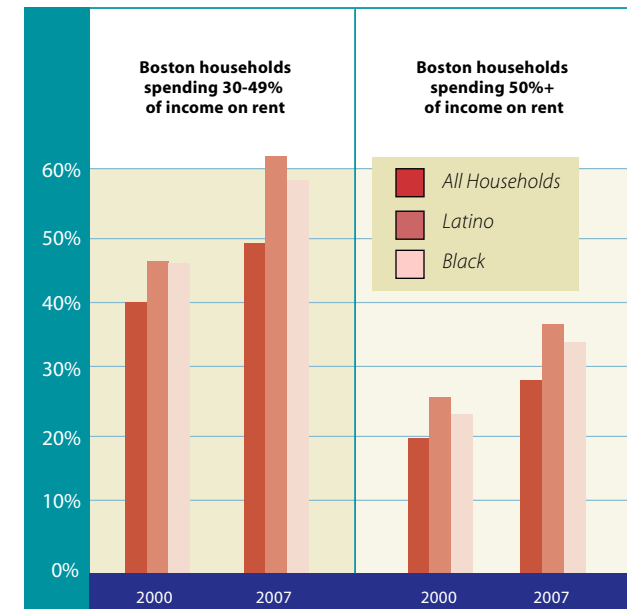
The federal standard of limiting rent in subsidized housing to 30 percent of a tenant's income has become the generally accepted measure for affordable rent. In 2007, just over 49 percent of all Boston renter households were paying more than 30 percent of income in rent; over 27 percent paid more than half their income. For Black and Latino households, the percentages were even higher. The term "shelter poverty" coined by

Working to Pay the Rent in Metro Boston

Fair Market Rent (FMR) for 2 bedroom (BR) apartment	\$1,353
Annual income needed to afford 2 BR @ FMR paying 30% of income	\$54,120
Median renter household income	\$44,721
Hourly wage needed to afford 2 BR apt. @ FMR	\$26.02
Minimum wage in MA	\$8.00/hour
Number of work hours per week at minimum wage needed to afford 2 BR @ FMR	130

Source: National Low Income Housing Coalition.

Percent of Household Income Spent on Housing in Boston



Source: Shelter Poverty in Massachusetts, 2009

University of Massachusetts' Michael Stone accurately captures the predicament these families face. After paying the rent, they simply do not have enough money left to meet their needs for food, clothing, medical care, and transportation.

Subsidized housing provides one of the few real solutions. Despite the significant investment by the Boston Housing Authority (BHA) in renovating and expanding the stock of available public housing units, demand still far exceeds the supply. In 2009, there were over 18,000 households on the wait list for public housing maintained by the BHA and over 8,500 on the wait list for Section 8.⁹ Most families remain on the BHA wait lists for years. For those who finally reach the top, it is like winning the lottery.

> Increased expenditures for housing tied to reduced spending for food

Research has shown a link between spending on housing and spending on food. Recent data from the USDA showed a 12 percent decline in median spending on food between 2000 and 2007 despite a rise in the cost of the Thrifty Food Plan (the national standard for a nutritious diet at a minimal cost).¹⁰ Over the same period, spending on housing and the most severe form of food insecurity both increased among very low-income families; clearly, families are borrowing from already-limited food budgets to keep a roof over their heads.

A housing subsidy significantly improves a family's ability to meet basic household needs. Take the example of a family of four on the BHA's Section 8 wait list. The average income of these families is \$21,300,¹¹ which puts them just below the federal poverty level. Typically, these families are spending 50 percent or more of their income on rent. A housing voucher reduces their rent contribution to 30 percent and frees up an additional \$4,260 annually for basic necessities. Children's HealthWatch data showing that children's risk of being seriously underweight is lower when they live in subsidized housing indicates that households use some of these additional resources to provide better nutrition for children.

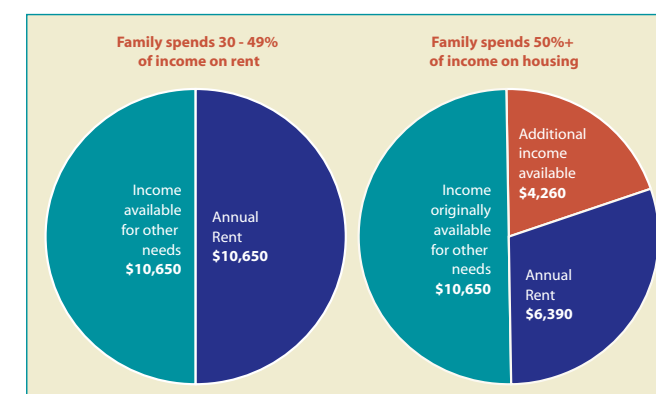
> Subsidized housing protects children's growth and nutrition

Recently, Children's HealthWatch analyzed data collected at their Boston research site between 1998 and 2008 and found that when **children living in subsidized housing are** compared to those whose families are on the wait list, those in subsidized housing are:

- More likely to be food secure
- Less likely to be seriously underweight
- More likely to be classified as "well" on a composite indicator of child health¹²

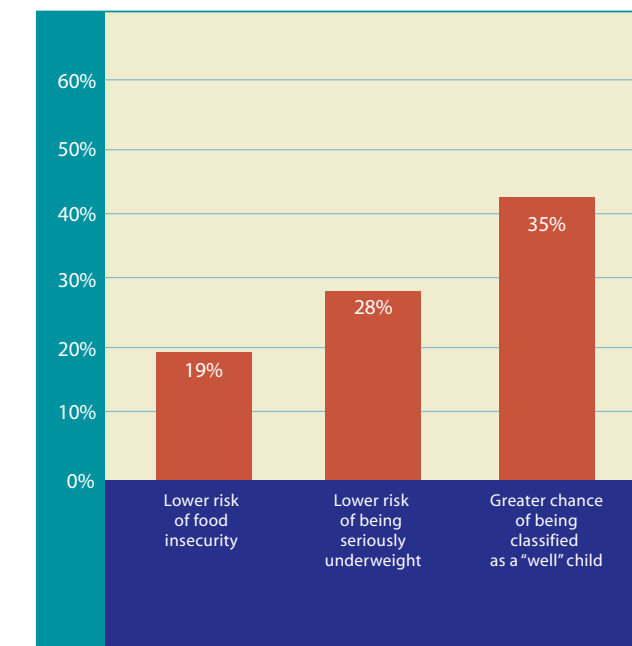
The research also found that subsidized housing made the greatest difference in protecting the growth of children living in families struggling to put enough food on the table (households classified as food insecure). Food insecure children living in subsidized housing were 52 percent less likely to be seriously underweight than food insecure children on the wait list.

Rent Subsidies Free up Income for Basic Needs



Based on average income (\$21,300) of families on Section 8 wait list¹³

Subsidized Housing Protects Children's Health



These findings provide scientific evidence for the common-sense conclusion that when low-income families receive assistance in paying rent, they have more of the resources they need to raise healthy children. The visible difference in children's weight and food security status associated with housing subsidies speaks to the importance of affordable housing as a public health investment.

> A prescription for health

Housing affordability is a public health and an economic development issue. The Roman Catholic Diocese of Boston has called the need for affordable housing in Boston a "moral imperative"; the Chamber of Commerce has called it an "economic necessity".¹⁴ The latest scientific evidence tells us that much of the foundation for children's health and academic success is established in their first three years. As we seek to ensure that children arrive at school healthy and ready to learn, we cannot afford the harmful impacts of undernutrition in Boston's children. Unfortunately, the risk that children will be undernourished is increasing. Between June 2007 and June 2009, Children's HealthWatch saw food insecurity increase from 14 to 26.5 percent among families interviewed at its Boston research site. These difficult economic times make it more important than ever to declare that all children have a right to housing that does not rob them of adequate food and nutrition.



"We recently had a meeting of doctors and lawyers engaged in Medical-Legal Partnerships. The number one problem they talked about was housing. There simply isn't enough affordable housing.

Food assistance programs are important in ending hunger but they're not a cure.

The cure is more affordable housing."

Megan Sandel, MD, MPH
Pediatrician, Boston Medical Center
Medical Director, Medical-Legal Partnership

¹ **Food insecurity:** when families reduce the quality or quantity of food because of constrained resources. It is associated with increased risk of hospitalization, poor health, developmental delays and iron deficiency anemia in young children.
² U.S. Bureau of Labor Statistics, Consumer Expenditure Survey, 2007
³ **Seriously underweight:** standardized weight-for-age at or below two standard deviations below the mean.
⁴ **Underweight** is a measure of acute and chronic nutritional deficiency. (www.measurehdhs.com/help/datasets/children_s_Nutritional_status.htm)
⁵ Bluestone, B, et al. "The Greater Boston Housing Report Card 2009." p.8
⁶ McKim J. "Renters get little relief as demand increases." Boston Globe 27 October 2009
⁷ Valencia, M.J. "Homeless Families Rise 22% in a Year." Boston Globe. January. 6 2009
⁸ National Low Income Housing Coalition. <http://www.nlihc.org/oor/oor2009/>
⁹ Boston Housing Authority. "Summary Totals of Active Applicants for Various Housing Programs as of 10.30/2009"
¹⁰ Nord, M. Economic Information Bulletin No. (EIB-61), October 2009
¹¹ Zulfikar, G and Stone, ME. "Boston Housing Authority Section 8 Waiting List: June 2009"
¹² **Well:** no developmental concerns or hospitalizations, at a healthy weight, and good or excellent health.
¹³ Zulfikar, op.cit.
¹⁴ Bluestone, op.cit., p.59

“In public health, we recognize that hunger, unaffordable housing and poor health are inextricably linked.

To break these links, we must coordinate our key programs that provide food, housing and energy assistance in order to finally end hunger.”

Lauren A. Smith, MD, MPH, Medical Director, Massachusetts Department of Public Health

> Recommendations

Both the City of Boston and the Commonwealth have worked hard to expand the stock of affordable housing. We applaud their efforts and urge them to continue to invest in programs and policies that protect and expand the supply of housing while stabilizing families in housing they can afford.

We recommend that the City of Boston:

1 Meet the nutritional needs of families on the wait lists for subsidized housing by making sure they are enrolled in safety net programs, such as WIC and SNAP.

2 Work to expand the stock and limit any reduction in the number of public and subsidized housing units.

3 Expand efforts to reduce evictions from public housing except for those necessary for public safety. Most evictions can be prevented with appropriate mediation.

4 Expand the priority categories for subsidized housing to include households that are doubled up with other families or moving frequently (the “hidden homeless”). Families should not have to enter the shelter system to be a priority for subsidized housing.

5 Target city resources on preserving expiring use projects (developments with federal and state subsidies and/or use restrictions).

6 Use all available planning, zoning and other economic development tools to reduce local barriers to the development of housing that is affordable to low-income families and accessible to transportation, services, and affordable, healthy food.

The city cannot meet the demand for subsidized housing alone. We recommend that the Commonwealth:

1 Clearly define and place the highest priority on meeting the housing needs of the Commonwealth’s lowest income residents as part of the next Five-Year Consolidated Plan (2010-2014).

2 Ensure expanded annual funding of the Massachusetts Rental Voucher program.

3 Pass legislation that requires landlords to:

- Use rental instead of credit history to screen tenants (medical debt is a significant source of poor credit history)
- Allow rent payment via electronic transfer
- Allow third parties to receive rent notifications

4 Pass legislation that protects tenants in foreclosed properties from eviction.

5 Develop the tools and funding mechanisms needed to protect existing tenants in “expiring use” projects and to preserve these units for affordable housing.



Medical Legal Partnership | Boston
RAISING THE BAR FOR HEALTH

“Hunger, to me, was not just a food issue. It was an everything issue: Hunger for resources. Hunger for support. Hunger for change in the community.”

Erica Smalley
www.witnesstohunger.org

Children’s HealthWatch
www.childrenshealthwatch.org
617-414-6366

Children’s HealthWatch is a pediatric research center that monitors the impact of economic conditions and public policy on the health and well-being of very young children. Established in 1998 and based at Boston Medical Center, Children’s HealthWatch has the largest clinical database on children under three living in poverty. The database of more than 36,000 children, more than 80% of whom are minorities, is composed of cross-sectional household-level surveys and medical record audits. Children’s HealthWatch collects data daily in Baltimore, Boston, Little Rock, Minneapolis, and Philadelphia in five hospitals that serve some of the nation’s poorest families.

Medical-Legal Partnership | Boston
www.mlpboston.org
617-414-6393

The Medical-Legal Partnership | Boston (MLP | Boston) promotes health and well-being by combining the strengths of law and medicine to ensure that families’ basic needs for food, housing, education, health care, and stability and safety are met. MLP | Boston’s local program serves eligible patient-families treated at Boston Medical Center and six affiliated community health centers. MLP | Boston legal staff provide a variety of advocacy interventions. MLP | Boston is the founding site for the National Center for Medical-Legal Partnership, which coordinates over 80 sites across the country and in Canada that are engaged in various forms of medical-legal partnership.

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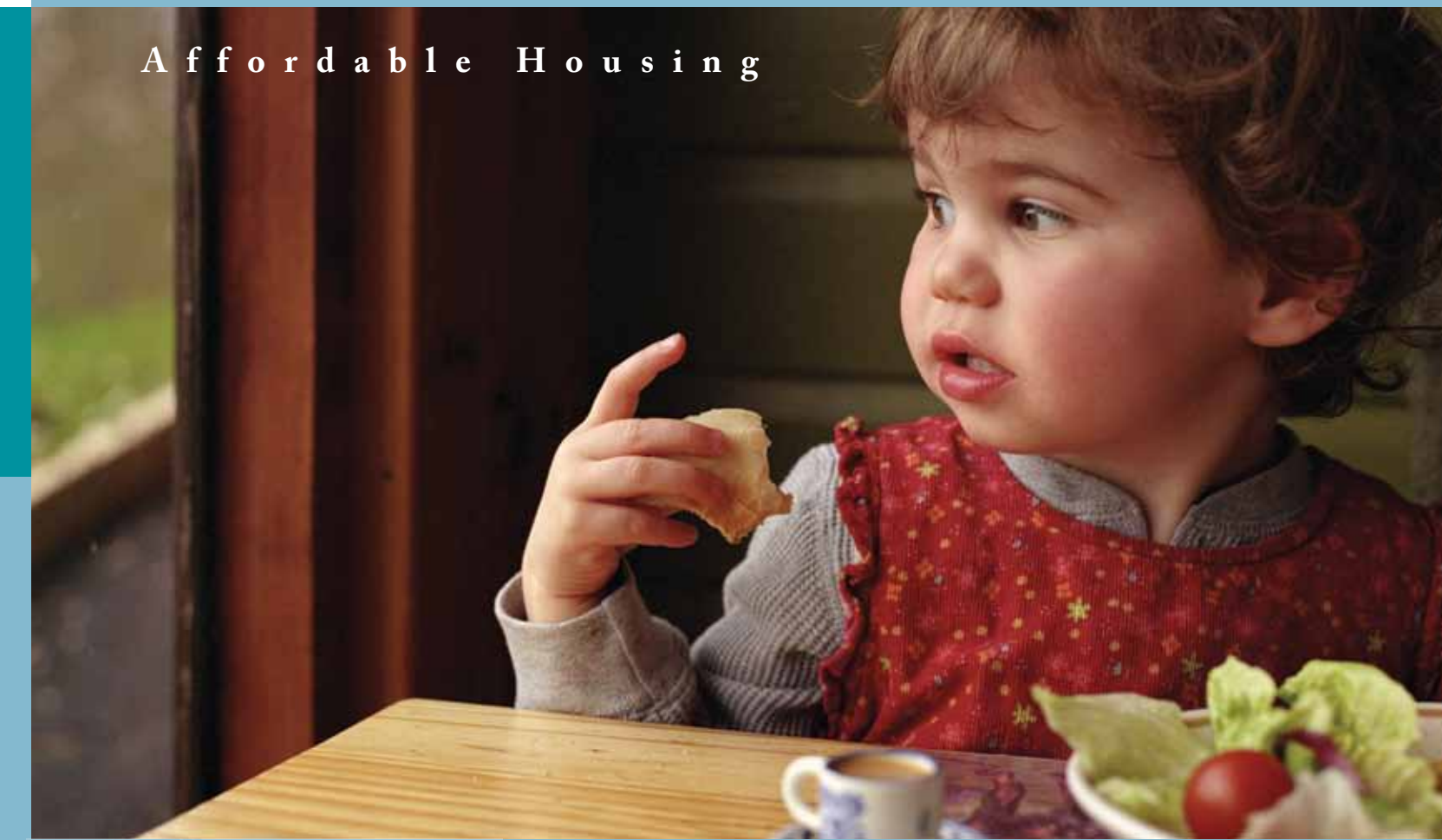
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Rx for HUNGER

A f f o r d a b l e H o u s i n g



Pediatricians know that housing and hunger are inextricably linked and that families cope with high housing costs by stretching already-limited food budgets beyond their ability to provide children with adequate nutrition. Childhood hunger and food insecurity cannot be addressed by food assistance programs alone. Affordable housing must be part of the solution.

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Children’s HealthWatch
Medical-Legal Partnership | Boston

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