



The Adverse Impact of Lack of Stable Housing on Children, Adolescents, and Families

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WHEREAS, young children who experience homelessness face substantial and severe health risks, such as developmental delays, increased rates of hospitalization, and depression. They also experience academic challenges including lack of school readiness and academic failures ^(1,2); and

WHEREAS, the three most-cited reasons for families without housing are: 1) lack of affordable housing, 2) unemployment, and 3) poverty ⁽³⁾; and

WHEREAS, one in five children (15 million) under the age of 18 live in poverty, and

WHEREAS, one-third of all persons without homes nationwide are families with children and 59% of people in families without housing are children under the age of 18⁽⁴⁾; and

WHEREAS, studies suggest that adolescents and young adults who have experienced homelessness in early childhood are at an increased risk for problems with attention, working memory, and higher-level thinking skills⁽⁵⁾; and youth who are unstably housed have poorer mental health outcomes⁽⁶⁾; and

WHEREAS, a person's lack of housing exacerbates a myriad of lifelong health effects caused by adverse childhood experiences (ACEs), which includes asthma, coronary heart disease, stroke, and diabetes ^(7,8); and

WHEREAS, housing insecure families are also likely to experience food insecurity and some studies have found that housing insecurity leads to or exacerbates food insecurity; which in turn contributes to obesity and other nutrition-related disorders as families rely on low-cost, high-calorie, shelf-stable, and nutrient poor foods⁽⁹⁾; and

WHEREAS, Children's HealthWatch and the National Housing Conference estimated that 18,600 hospitalizations associated with prenatal care and with early childhood for children without housing in the U.S. cost more than \$238 million annually. Infants (younger than one year old) accounted for more than half of this cost; and

WHEREAS, families without housing are often difficult to count and marginalized – they are living in shelters, cars, campgrounds or “doubled up” (sharing the housing of other persons due to loss of housing) such as in overcrowded apartments ⁽¹⁾; and

WHEREAS, the U.S. Department of Housing and Urban Development's (HUD) definition of “homeless” in 2011⁽¹⁰⁾ directly applies to their programming for people experiencing homelessness under the HEARTH Act. The definition of “homeless” includes people



literally without a home (e.g., living in a shelter, public park, etc.), but excludes families with children who are in overcrowded living situations such as those “doubled up” - unless they are imminently losing their nighttime residence within 14 days. HUD only defines families with children and unaccompanied youth as “homeless” under the “persistent instability” category if they exhibit all of these characteristics: frequent moves (two or more) in the past 60 days, has not had permanent housing or a lease in the past 60 days, has a chronic health concern; and has one of the following: chronic disability or chronic health condition, history of domestic or child abuse, or multiple barriers to employment (e.g., illiteracy, history of incarceration); and

WHEREAS, according to the U.S. Department of Education’s EDFacts Initiative, the number of Illinois children and adolescents without housing enrolled in public school has increased by 4% from 2015-2018 (2,020 more youth). The number of youth without homes in Illinois has worsened more recently due to the COVID-19 pandemic. While the pandemic exacerbates social determinants of health for families, housing insecurity was a persistent issue of concern before the pandemic health crisis and will persist as a reality for many families after the pandemic; and

WHEREAS, the link between housing and youth health is interconnected and bidirectional, whereby people who are without housing have worse health outcomes, and families with poor health are more susceptible to experiencing homelessness⁽¹¹⁾; and

WHEREAS, 10.9 million renters—or one in four—were severely cost-burdened in 2018 and spent most of their income on housing⁽¹²⁾. Experts estimate 1.5 million families in the U.S. are at risk of being without housing during the COVID-19 crisis. The lack of stable housing amplifies poverty and worsens the spread of the virus as the number of people at risk of losing their homes, lapsing in rent payments, and doubling up by moving in with relatives increases⁽¹³⁾; and

WHEREAS, according to the United States Interagency Council of Homelessness, the overwhelming majority of families with children that are experiencing homelessness (75%) are Black, Indigenous, and other people of color. Black/African American families are the most overrepresented racial/ethnic group experiencing homelessness.⁽¹⁴⁾

THEREFORE, LET IT BE RESOLVED:

Ann & Robert H. Lurie Children’s Hospital of Chicago supports policy and program initiatives to advance evidence-based approaches, policies and practices to address the housing needs of children, adolescents and families.

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