My name is Sarah Stelzner and I am the co chairperson of the legislative committee for the INAAP. I am a pediatrician in the International Marketplace in Indianapolis. I will focus my comments on the health impacts of housing insecurity and homelessness on children.

Homeless and housing insecure children have shown higher rates of acute and chronic health problems than low-income children with homes. They have increased rates of multiple infectious, respiratory, gastrointestinal, and dermatologic diseases and otitis media, diarrhea, bronchitis, scabies, lice, and dental caries.12,13 asthma is more frequent and more severe in this population. They also suffer from higher rates of accidents and injuries than low-income children with secure homes.12,14 Children without a stable home are more likely to skip meals, worry about the availability of food, and consume foods with low nutritional quality and high fat content.16,17 As a result, they suffer from high rates of malnutrition, stunting, and obesity.8,18 they are at an increased risk of abuse, exposure to violence, and psychological trauma. Emotional distress, developmental delays, and decreased academic achievement are all more common in this population.19–21 Speech and language deficits lead to significantly decreased literacy rates in school-aged children.19,21 they may experience frequent moves that interrupt their education and impact school performance. In a study in elementary school students, these children scored lower on math and reading achievement tests than low-income students living in secure homes.21

Children and families in unstable housing often receive fragmented health care and rely on the emergency department as a primary source of care.27 Some of the barriers that prevent these families from accessing optimal care include the following: difficulty obtaining affordable, accessible, and coordinated health care services; frequent and unpredictable changes in living circumstances that prevent timely presentation for care, follow-up, and communications with health care providers; inadequate access to storage places for medication and medical supplies; potential exposure to violence or fear of violence that limits freedom. Addressing these barriers has been shown to have a positive effect on the health outcomes of those who have experienced housing insecurity or homelessness.21,22,28,29

Housing insecurity is also an important marker for food insecurity. Multiple moves had a stronger relation with food insecurity and fair/poor child health than crowding, suggesting that multiple moves are a more severe form of housing insecurity. Whereas crowding may be used as a coping strategy to avoid outright homelessness, housing transiency as reflected by multiple moves may indicate a lack of social ties40 to assist families during household crises. One study found that, compared with the rest of our sample, very young children in households with multiple moves had worse caregiver reported health status, increased developmental risk, and average weight for age that was lower than expected. Children living in households with both housing insecurity and food insecurity experience dual threats because food insecurity has been independently associated with children’s risk for hospitalization,41 poor health,41 developmental delays,42 anemia,43,44 and the mother’s risk for depressive symptoms.45,46 The potential life-course effects of housing insecurity during early childhood are important. Shonkoff et al. made a case that stress or disruption during childhood is a precursor to chronic disease in adulthood.47 promoting stable housing may have latent positive longterm health impacts as this can mitigate the impact of toxic stress on children. environmental factors such as housing insecurity also influence parenting and child behavior.48 Housing insecurity impedes the development of role models, informal neighborhood social supports, connections to resources such as child care, family participation in the social environment, and establishment of a medical home for consistent health care. All of these social factors are important to families with young children. Neighborhoods where families know and trust each other and community-level interventions that ensure adequate, safe, and affordable housing can positively affect the physical and mental health of parents and children.

 Although all socioeconomic groups are affected by housing insecurity, low-income households are particularly at risk because of their already constrained financial resources and lack of reserve funds. Low-income families often pay a larger proportion of their income for housing than do higher income households, which decreases the resources available for other necessities such as food, transportation, heat, and medical care.21 Governmental action and community investment in expanding the supply of affordable housing, increasing funding for housing assistance programs, and stabilizing families in housing they can afford can alleviate housing insecurity. Protecting families with young children from being economically forced into frequent moves should be a policy priority to decrease the long term health and developmental impacts of toxic stress on children.