Finding affordable housing in Boston

Boston children and families face an almost impossible challenge in finding affordable housing. Since the mid-1990s, housing costs have soared, making Boston the second most expensive rental market in the U.S.28 While 40 percent of households in Boston were living below the poverty level in 1990, 65 percent are living below the poverty line today. This is due to increased housing costs, a decline in earnings, and the rising number of unsheltered households. In 2007 and June 2009, Children’s HealthWatch saw food insecurity rates increase from 14 to 26.5 percent among families interviewed at its Boston research site between 1998 and 2008 and found that when families are forced to choose between food and housing, they choose food. As we seek to ensure that children arrive in school with the proper developmental and physical resources, the importance of affordable housing as a public health investment becomes increasingly important. The research also finds 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 needed more subsidized housing to ensure their children receive adequate food and nutrition.12

Food insecurity

The cure is more affordable housing. In 2010, a family living in the Boston metropolitan area needed to make $24,000 (or approximately $32,000) a year to afford a two-bedroom apartment at the fair market rent of $2,793.14 Members of a family earning very low wages need to work 26 hours a week for the average family to afford its rent.28 To secure a housing subsidy, which limits the expenditure. Families in the lowest income quintile spend 45 percent of their income on housing whereas families in the middle income quintile spend 25 percent. This places families in poverty. Typically, these families are spending 50 percent or more of their income on rent. As a result, many families reduce their rent contribution to 30 percent and then spend unaffordable 45 percent.27

Subsidized housing protects children’s growth and development

Many, children’s healthcare analysts analyzed data collected at the Boston research site between 1998 and 2006 and found that children living in subsidized housing were even more likely to be food secure and have better nutrition for children. The research also found that subsidized housing made the greater difference in protecting the growth of children living in families struggling to put enough food on the table. Households classified as food insecure needed more subsidized housing to ensure their children receive adequate food and nutrition.12

A subscription request software designed for the common sense" cure.5 One study of very low-income families living in subsidized housing that does not rob them of adequate food and nutrition. Subsidized housing reduces the risk of being seriously underweight.6 This finding provides scientific evidence for the common-sense cure of “ending hunger but they’re not a cure. There is more affordable housing.”7

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 imperative.” The Chamber of Commerce has called it an “economic imperative.”8 In 2007 and June 2009, Children’s HealthWatch saw food insecurity rates increase from 14 to 26.5 percent among families interviewed at its Boston research site. Three difficult economic times reveal more important issue in development is that all children have a right to housing that does not rob them of adequate food and nutrition.
We recommend that the City of Boston:

1. Meet the nutritional needs of families on the wait lists for subsidized housing by including these families in safety net programs, such as WIC and SNAP.

2. Work to expand the stock and limit any reductions 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 are caused by late rent payments.

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 preserve these units for affordable housing.

5. 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.

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

7. Develop the tools and funding mechanisms needed to protect tenants in “expiring use” projects.

8. Allow third parties to receive rent notifications.

9. Allow rent payment via electronic transfer (development with federal and state subsidies and/or use restrictions).

10. Use rental instead of credit history to screen tenants.

11. 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).

12. More broadly support funding of the Massachusetts Rental Voucher program.

13. 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 preserve these units for affordable housing.

14. Protect existing tenants in “expiring use” projects and properties from eviction.

15. 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.

In public health, we recognize that hunger, affordable housing and poor health are inextricably linked. In order to finally end hunger, we must coordinate our key programs that provide food, housing and energy assistance in order to finally end hunger.

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

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Report prepared by:

Children’s HealthWatch

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 young children. Established in 1998 and headquartered 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 enrolled, is comprised of cross-sectional household-level surveys conducted in Boston, Pittsburgh, Baltimore, Little Rock, Minneapolis, and Philadelphia. Our goal is to serve some of the nation’s poorest families.

www.childrenshealthwatch.org

Medical-Legal Partnership | Boston

The Medical-Legal Partnership | Boston (MLP | Boston) promotes health and well-being by combining the strengths of law and medicine to ensure that families receive medical care, and stability and safety are met. MLP | Boston’s local programs address medical legal services in hospitals and community health centers. MLP | Boston helps families and individuals navigate health and social systems.

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Medical-Legal Partnership | Boston

MLP | Boston is a national medical-legal partnership. MLP l Boston is the founding site for the National Center for Medical-Legal Partnership. MLP | Boston is the first of its type in the country and based at Boston Medical Center, with six affiliated medical-legal partnerships in rural and urban areas. MLP | Boston’s local program serves approximately 6,000 families treated at Boston Medical Center and six affiliated community health centers. MLP | Boston promotes health and well-being by combining the strengths of law and medicine to ensure that families receive medical care, and stability and safety are met. MLP | Boston helps families and individuals navigate health and social systems.

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