

# Centering Housing Policies on Child Health and Success

## [Health Equity](#)

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*Dr. Andrew F. Beck is a Professor of Pediatrics at the University of Cincinnati College of Medicine and an attending primary care and hospitalist pediatrician at Cincinnati Children's, serving as Director of Population Health Research and Innovation and a faculty co-lead for Community Health within the Cincinnati Children's Office of Population Health and the Michael Fisher Child Health Equity Center.*

Housing is a well-established [social driver of pediatric health](#), and housing needs among children are [much more prevalent](#) than we often recognize.

In our years of practice, we've seen the impact of housing on children's health play out in real time: a child with frequent asthma exacerbations due to mold and cockroaches that have not responded to abatement and extermination; a young person with type 1 diabetes who is frequently admitted to the intensive care unit for poorly controlled sugars due to unreliable electricity and the inability to safely store insulin; siblings with childhood obesity who cannot engage in healthy eating due to food storage restrictions in their shelter.

As the housing crisis [continues to worsen](#), [drastic cuts](#) to the U.S. Department of Housing and Urban Development (HUD) under the Trump administration will exacerbate these issues. However, discourse at the state and local levels, including in Pennsylvania, shows promise and opportunity for addressing housing insecurity.

In a recent [Health Affairs Forefront publication](#), we collaborated with nationally renowned housing and health services researchers and experts in local housing policy to outline key housing policies that may quell this crisis, while aligning with priorities stated by the current administration.

In this blog post, we make the case that building [healthy](#), quality, affordable housing in [high opportunity neighborhoods](#) is essential.

## The Case for New, High-Quality Housing

The current housing crisis is a result of an imbalance in the supply of and demand for affordable housing units, resulting in skyrocketing prices across the country. With an estimated national shortfall of [7.3 million affordable housing units](#), policymakers on both sides of the aisle have acknowledged a supply-side issue as the dominant factor at play.

Healthy, quality, affordable housing is important for all children, but [children with complex medical conditions](#) are at particularly high risk of experiencing poor outcomes when housing needs are not met. For example, exposure to in-home environmental allergens such as dust, mold, or pests can be harmful for children's [respiratory health](#) and is magnified among those with chronic conditions.

Moreover, older buildings are often of lower quality with increased risk of [lead exposure](#), which may lead to developmental delays. Therefore, to adequately protect the health of children with chronic conditions, we need to create more high-quality housing units.

## Location Matters

Where housing is built is also crucial for children's health and success. There are longstanding [disparities in investment](#) in select neighborhoods, which have had significant harmful effects on the health and economic potential of residents. Proximity to sources of air pollution such as [factories and major roadways](#) is consistently associated with worse outcomes for children with chronic respiratory diseases. [Recent studies](#) have also found that living in neighborhoods with greater socioeconomic opportunity is significantly associated with less acute care utilization, particularly for children with chronic medical conditions.

The [Moving to Opportunity demonstration](#), which provided vouchers to allow randomly assigned families to move to high opportunity neighborhoods, perhaps provides the strongest evidence to support building affordable housing in opportunity areas. Moving to these neighborhoods was associated with significant improvements in young children's physical health, mental health, educational attainment, and ultimately long-term earnings, as well as [decreased health care use](#) related to asthma and mental health. A [similar mobility program](#) for children with asthma showed promising reductions in asthma-related health outcomes

## Creating Affordable Housing in Opportunity Neighborhoods

Despite evidence pointing to the benefits of residing in high opportunity neighborhoods, significant barriers exist to creating affordable housing in these areas and to families relocating. Barriers include:

1. higher costs of building on more expensive land,
2. local exclusionary zoning laws that prevent the construction of multi-dwelling units that would expand locations for affordable housing construction, and
3. tough rental markets that make it difficult for lower income families to access affordable units.

In our [Forefront piece](#), we highlight actions that Congress, HUD, state and local governments, and public housing authorities can take to address these barriers. This includes increased investment in funding streams, such as the [Low-Income Housing Tax Credit](#) that incentivize developers to create affordable housing, [revising local zoning laws](#) to be more inclusive, and restoring and increasing HUD funding to protect and expand important programs like the [housing choice voucher program](#).

## The Larger Housing Agenda

These recommendations highlight only part of a broader housing agenda centered on children's health. In addition to promoting families' economic mobility, supporting place-based initiatives has demonstrated important positive impacts on children's health and well-being.

As anchor institutions in their local communities, health systems have an opportunity to continue to support policies that help create [opportunity-rich environments](#) for all children living in their surrounding neighborhoods. Promising examples from our institutions include [home remediation](#) for children with asthma through Children's Hospital of Philadelphia's (CHOP) [Community Asthma Prevention Program Plus](#), the provision of health and social services to families experiencing homelessness through the [Homeless Health Initiative](#), and tenant protections such as right-to-council through the [Cincinnati Child Health-Law Partnership](#).

Housing is one among many important policy areas that are vital for the health, well-being, and safety of children that are now in jeopardy from federal disinvestment. Even as we grapple with many sweeping policy changes, we must continue to move the needle on addressing the adverse social drivers of health within our

communities.

Here in Philadelphia, City Council [recently approved](#) Mayor Chelle Parker's housing proposal to create and preserve 30,000 housing units, a majority of which are meant to be affordable for families with an annual income of less than \$100,000. As we've highlighted, substantial investment like this is a critical step needed to appropriately address this crisis, but not the only one.

While the housing crisis may seem insurmountable, evidence has shown us the steps we need to take to ensure healthy, quality, and affordable homes for all children.

## **Michael Luke** **MD, MSHP**

**Faculty Member**



Michael Luke  
MD, MSHP

Email: [LukeM1@chop.edu](mailto:LukeM1@chop.edu)

## **Daria Murosko** **MD, MPH, MSHP**

**Faculty Member**



Daria Murosko  
MD, MPH, MSHP

Email: [muroskod@chop.edu](mailto:muroskod@chop.edu)

Andrew F. Beck