How Public Housing Restrictions Targeted at Immigrant Families Put Children at Risk

Health Equity

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Editor's Note: This post is part of our Blind Spots series, exploring how current and potential future policy changes will affect children, families, and communities, and what can be done to mitigate harm.

Every family deserves a safe, stable place to call home: a foundation for children's health, learning and belonging. Earlier this year, the U.S. Department of Housing and Urban Development (HUD) proposed a new rule that would strip housing assistance from an estimated 37,000 children from low-income immigrant families. For pediatric clinicians and researchers, what's unfolding is not simply an immigration policy dispute, but a substantial risk to children's health, in the short and long-term.

Housing Support is a Child Health Intervention

As we have previously described on this blog, the evidence connecting housing instability to poor pediatric outcomes is robust and growing. Federal rental assistance has been shown to reduce emergency department visits for children with asthma, improve school attendance and support long-term economic mobility. Housing is the platform on which children's health, education and opportunity are built. As such, policy decisions about who gets to be stably housed are decisions about who gets a fair shot at a healthy, successful future.

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The Proposed Change to HUD's Regulations and Why It Matters

The rule proposed by HUD includes three particularly harmful breaks from current practice. First, it removes a longstanding provision allowing families to stay together as long as one household member is eligible for assistance. Under the proposed rule, every occupant must verify their immigration or citizenship status, or the entire household loses assistance.

Relatedly, it eliminates something called the prorated benefit structure. This means families with citizen or other qualifying children would receive no support if any adult member cannot produce the right immigration or citizenship documentation. This could leave an entire family without a home, or force them to separate, if even just one person in the household cannot produce the right documents.

Third, it requires re-verification of all HUD-assisted residents through the federal Systematic Alien Verification for Entitlements (SAVE) database, which has a known track record of producing ambiguous results requiring

time-intensive additional verification. HUD's own data show that 73% of mixed-status households receiving assistance include eligible children living with ineligible parents. Since children can't hold their own leases, these households would lose access to assistance the children legally qualify for.

Who is at risk?

Where a child or their parents were born should not determine whether that child has a stable home. Under HUD's longstanding prorated approach, families where children were eligible for assistance, even if their parents were not, received partial rental support based on eligible family members, keeping eligible children housed without requiring ineligible adults to participate. Immigrant and refugee families already face disproportionate housing burdens: a systematic review of 65 studies found overcrowding and substandard conditions consistently linked to respiratory illness and mental health problems in migrant populations.

Refugee children may also be at a uniquely high risk for elevated blood lead levels potentially from increased baseline levels before resettlement and increased housing exposures after. This change leaves families with an unfair choice between housing stability and keeping their families together.

The Health Consequences

For families without access to but in need of subsidized housing, the downstream risks are well-established. Sudden rent increases lead to missed payments, overcrowding and eviction—each of which carries documented pediatric harm. Further, the timing of instability matters enormously.

Research has found that very young children whose families experienced eviction faced significantly elevated rates of poor health, developmental risk and hospitalization. A recent working paper from Harvard's Center on the Developing Child shows that a predictable, stable home environment is essential to early brain development in ways that shape lifelong outcomes. A longitudinal study further found that children who experienced housing insecurity in infancy showed higher rates of depression and anxiety by adolescence. Residential disruption also severs connections to local nutrition programs and medical care, multiplying harm well beyond housing alone.

The Chilling Effect

This proposed rule is even detrimental for families where every member remains eligible for housing assistance. After the 2018 public charge rule announcement, roughly 260,000 fewer immigrant children were enrolled in Medicaid despite remaining eligible for this key program. SNAP enrollment among eligible children in those families fell by nearly a quarter—approximately five times the rate of decline seen in households without immigrants. Immigrant mothers pulled back from prenatal Medicaid coverage, and subsequent research found measurable reductions in newborn birth weight which can have long-term consequences for children's health.

Importantly, studies tracking these patterns after policy reversal found that participation did not rebound: the withdrawal of immigrant families from public programs proved far more durable than the rule changes that prompted it. In today's climate of intensified immigration enforcement activity and anti-immigrant rhetoric, the fear-driven withdrawal from benefit programs and attrition caused by administrative complexity are likely to be wider and harder to reverse.

The Path Forward

The response to HUD's proposed rule has been strong. It has been widely condemned for its impact on vulnerable children by groups such as the National Housing Law Project and Protecting Immigrant Families in their Keep Families Together campaign, as well as the American Civil Liberties Union and the American

Academy of Pediatrics. Hopefully, this response will lead to a reconsideration of the rule, to reinstating the prior policy of self-attestation of citizenship, which reduces the administrative burden of affordable housing access for all families, and preservation of the longstanding prorated assistance policy for immigrant families.

At the same time, state and local governments should expand alternative housing supports where federal programs are cut back and be proactive in outreach to immigrant communities with inclusive messaging to offset the chilling effects already taking hold.

The accumulated evidence is clear. Safe, affordable housing is not an add-on to child health: it's a precondition for it. Housing policies that restrict eligibility, add administrative burdens, or cultivate fear extract a measurable toll from the children who stand to benefit the most from collective investment in their health and success.

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