



Brick by Brick: Housing Insecurity and Its Effect on Adolescent Health

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Editor's Note: *Dr. Earl Chism (he/him/his) is a resident physician in pediatrics at the University of California, San Francisco. He is a member of the Pediatric Leaders Advancing Health Equity (PLUS) Program, and his interests include medical education and improving health outcomes by increasing representation in healthcare. -Rachel Y. Moon, MD, Associate Editor, Digital Media, Pediatrics*

One of the reasons I love pediatrics is the ability to have a lasting impact on the trajectory of a child's life. Whether it's counseling about eating habits, advocating for supports for the classroom, or warning about too much screen time, we have an incredible opportunity—and responsibility—to impact a child's foundation.

Kristyn A. Pierce, MS, and colleagues from NYU Grossman School of Medicine and the Johns Hopkins University discuss the responsibilities of providers with regard to patients experiencing housing insecurity in their article and accompanying video abstract entitled "Trajectories of Housing Insecurity from Infancy to Adolescence and Adolescent Health Outcomes," being early released in *Pediatrics* this week ([10.1542/peds.2023-064551](https://doi.org/10.1542/peds.2023-064551)).

Most US pediatricians have patients who are experiencing varying degrees of housing insecurity. We see firsthand the effect this experience can have on a child and their caregiver(s).

Using data from the Future of Families and Child Wellbeing (FFCWB) Study, the authors generated the following indicators:

- Housing Insecurity: This was measured using indicators such as skipping a payment, facing eviction, and spending time in a place not made to be a residence (e.g., car, abandoned building, etc.).
- Adolescent Health Outcomes: Depressive symptoms, anxiety symptoms, and “self-reported overall health” (SRH) were measured using validated tools and collected as primary outcome measures.
- Sociodemographic Characteristics: The authors collected background data on information such as racial identity, ethnic identity, level of education attained, and household information such as size and income.

The authors then used various statistical analysis methods to lead us to their findings:

- *Trajectories of insecurity*: There were three different trajectories of housing insecurity in the study, labeled as “secure,” “moderately insecure,” and “highly insecure.” Of the 4714 children included in the analysis, 47.3% were classified as secure, 46.4% classified as moderately insecure, and 6.3% as highly insecure.
- *Group characteristics*: The secure group had the highest proportion of people who were married, higher educational attainment, and larger household income; conversely, the highly insecure group had the lowest educational attainment and more people living below the poverty line.
- *Experience with housing insecurity indicators*: Half of those children in the highly insecure group experienced two or more of the above indicators until age 5. Interestingly, the number of indicators experienced seemed to peak early and decrease drastically in adolescence.
- *Effect on adolescents*: The adolescents in the highly insecure group, compared to their peers in the secure group, exhibited significantly more depressive and anxiety symptoms. They were also less likely to describe their SRH as “very good” or “excellent.”

In all, the authors demonstrated several interesting findings, one being that children who experience housing insecurity early in their life are at increased risk for poorer outcomes in adolescence. In pediatrics, we actively discuss the effect of adverse childhood experiences (ACEs) and the utility in [screening for them during visits](#). This article challenges us to move beyond screening. In our practices, we have the ability to affect policy, advocate for changes, and approach community organizations [with cultural humility](#) in order to earn their support. Let’s continue to work together to help our kids build solid foundations!