

ICAAP 2021

Critical Facts - Data | DATA GAPS FAIL TO CONVEY THE SCOPE OF HOUSING INSECURITY IN CHICAGO'S YOUNGEST CHILDREN

ISSUE BRIEF AND POLICY RECOMMENDATIONS

Almost one in three homeless Chicagoans are part of a family with children.

To better design and advocate for policies and programs that improve child health and housing, comprehensive data is needed to understand the scope and depth of housing insecurity among young children and pregnant individuals. No reliable and consistent data source is currently available to assess housing insecurity among families with children birth to six and individuals who are pregnant.

WHAT WE KNOW

Stable housing is critical to the short- and long-term health of young children (0-6 years old), pregnant individuals, and individuals who have recently given birth.² Yet, much of the housing data derives from the HUD-mandated Chicago Homelessness Management Information System (HMIS). The System provides an incomplete picture of housing insecurity in Chicago among families with

children. For the most part, it reports only on those families who are literally homeless who access housing services and programs. Educators, service providers, and child advocates report that HUD programs grossly undercount children because of HUD's restricted definition of homelessness. Studies have shown that the majority of families with children who experience housing insecurity live in doubled-up households.³





Chicago Public Schools (CPS) data from the 2019-2020 academic year, which utilizes a more comprehensive definition of homelessness, reports that 12,124 students among the 13,842 Students in Temporary Living Situations Program (STLS) were temporarily staying with others.³ While CPS' STLS provides critical data on students (ages 6-18) experiencing homelessness in Chicago, it does not capture complete information about children ages birth to six given that many infants and young children are not enrolled in CPS. A recent analysis estimated that 12 percent of Chicago's housing insecure population are ages birth to four years.³



ICAAP 2021

WHAT WE NEED TO KNOW

An ICAAP data landscape assessment through its *First Steps: Improving Child Health Initiative* identified critical gaps in ongoing data availability regarding housing insecurity among young children, pregnant individuals, and individuals who have recently given birth in Chicago. Current data sources DO NOT adequately describe the extent of housing insecurity within these groups or allow us to assess housing insecurity's impact on health and wellbeing.

IMPLEMENT DATA RECOMMENDATIONS TO BUILD A DATA FOUNDATION THAT INFORMS POLICIES AND ACTION TO IMPROVE HOUSING AND HEALTH

Data Gap	Recommendations
Publicly available HMIS data does not breakdown child clients by age group, so we do not understand literal homelessness among young children.	Include the number of children experiencing homelessness by age group on the online HMIS Dashboard.
The CoC universal assessment form asks about current pregnancy (started in late 2019); however, the field does not ask about pregnancy in the past year, nor is it mandatory.	Require collection of pregnancy information from all attempting to access the Coordinated Entry System before placement in shelter. Revise the question to ask about pregnancy in the past year.
Pediatric clinical providers do not consistently screen for housing insecurity among young children in primary care and other types of care settings, making it difficult to understand the scope of housing insecurity or its association with health among young children.	(1) Universally screen for housing insecurity in primary care visits. (2) Screen for housing insecurity in other care settings, including emergency departments, hospital inpatient, and other treatment facilities (e.g., dental).
Pediatric clinical providers do not consistently document disclosed housing needs in medical records, making analyses of existing housing and health records inconsistent and resource intensive.	Systematically document positive screenings through diagnostic codes or within EMR fields versus written notes so that patient records are readily accessible to assess the burden of housing insecurity in pediatric populations.

HOW DID WE CONDUCT OUR DATA LANDSCAPE ASSESSMENT?

- We engaged partners from 15+ entities addressing homelessness, providing health services, and/or collecting health and housing-related data.
- Partner epidemiologists reviewed publicly-available resources and database documentation (e.g., data dictionaries and database specifications).
- We reviewed healthcare and housing organizations' datasets.



First Steps: Improving Child Health and Housing



ICAAP 2021

 Findings were used by a Data Workgroup (11) healthcare providers and pediatricians, data experts, housing services providers, and others invested in alleviating homelessness among children and families in Chicago to develop our recommendations.

DEFINITIONS

- ICAAP: Illinois Chapter, American Academy of Pediatrics, not-for-profit organization comprising 2,000+ pediatricians statewide
- Chicago's Continuum of Care (CoC): Membership organization of 100+ organizations and individuals who work to prevent and end homelessness in Chicago (mandated by the U.S. Department of Housing and Urban Development)
- Homelessness Management Information System (HMIS): The data warehouse for the COC
- **EMR:** Electronic medical records
- Young children: Children ages birth to 6

REFERENCES

¹ City of Chicago 2020 Homeless Point-in-Time Count & Survey Report. Chicago Department of Family and Support Services, Nathalie P. Voorhees Center for Neighborhood & Community Improvement, University of Illinois at Chicago.

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- ³ Mendieta D, Carlson S. Estimate of Homeless People in Chicago (2015-19). Chicago Coalition for the Homeless. www.chicagohomeless.org/estimate. Published July 2021. Accessed August 17, 2021
- ⁴ United States Department of Housing and Urban Development. *Longitudinal Systems Analysis Report*. Published February 5, 2021. Accessed August 17, 2021

First Step: Improving Child Health and Housing (First Steps) is Supported by a Grant from the **Otho S.A. Sprague Memorial Institute**

First Steps Data Partner – Sinai Urban Health Institute

