



House Committee on Health Care

Wednesday, February 24, 2016

[2015 VHCB Annual Report](#)

[2015 Vermont Farm & Forest Viability Annual Report](#)

[Gus Seelig, Executive Director](#)

VHCB Investments

2015-2016 Results

\$20.3 million invested; \$140 million leveraged

2015

388 affordable housing units

24 farms—3,623 acres

8 natural area projects—
2,695 acres

2 historic projects

82 Viability Program participants

2016

429 affordable housing units

26 farms—3,721 acres

7 natural area projects—
3,638 acres

1 historic project

80 Viability Program participants



SASH Program (Support And Services at Home)

4,700 participants at 138 sites

The first annual independent evaluation of the SASH Program conducted by RTI found reductions in expenditure growth in the range of \$1,756-\$2,197 per person per year. According to the study, the SASH model has the potential to reduce Medicare expenditure growth by \$10,000,000 annually per 5,000 participants.

Kelly's Field, Hinesburg Cathedral Square Corporation

24 apartments for seniors and
people with disabilities

Rehabilitated with new roofing,
flooring and finishes, new
mechanical systems for heating
and ventilation, converting from
fuel oil to natural gas, adding
insulation and improving
accessibility.



Sam Falzone photo

Adjoins the conserved Rusell Family Farm with two miles
of trails with views around the perimeter of this working
farm right in Hinesburg's Village Center.

Hinesburg Village Recreation Trails

Kelley's Field Senior Housing

Russell Family Trust
(Conserved with VHCB in 2006)

-  Conserved Farmland
-  Excluded from conservation easement
-  Public trail easement
-  Trailhead
-  Parking Area



VHCB

Vermont Healthy Homes

VHCB Lead-Based Paint Hazard Control & Healthy Homes Programs

- \$30 million from HUD since 1994
- Lead in 2,500 homes remediated
- Priority given to homes of children with elevated blood levels
- Non-profit and private landlords, homeowners and day care centers eligible
- \$2 million for repairs in 268 homes addressing mold, carbon monoxide, lead, radiation, asbestos, insulation, food safety, etc.

Performance Measures

- # of homes where lead hazards have been remediated
- # of children under the age of six protected from lead poisoning



Harbor Place, Shelburne
The Champlain Housing Trust

Temporary housing with support services for homeless individuals and families with funding from UVM Medical Center and United Way of Chittenden County.

- Saves the state approximately \$350,000 annually over the cost of motel vouchers.

Harbor Place guests are:

- 3 times more likely to utilize case management services
- Twice as likely to find long-term housing as those placed in private motels



Beacon Apartments, South Burlington

Champlain Housing Trust

Recently opened housing for medically vulnerable, homeless individuals. Funding from UVM Medical Center and United Way of Chittenden County.

For a similar group of 32 former, chronically homeless individuals United Way reports Emergency Room visits and costs dropped by over 70%:

BEFORE PERMANENT HOUSING: 826 visits

AFTER PERMANENT HOUSING: 225 visits

Evidence on Housing Quality and Children's Health

- Development and Worsening Asthma has been tied specific housing conditions
 - Pests (cockroaches and mice)
 - Molds/Chronic Dampness
 - Tobacco smoke
- Lead exposure tied to long term effects
 - CDC recently lowered the “action level” to 5 ug/dl
- “Heat or eat” ties energy costs and poor health
- Homelessness tied to poor health outcomes



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Perspective

Housing as Health Care — New York's Boundary-Crossing Experiment

Kelly M. Doran, M.D., M.H.S., Elizabeth J. Misa, M.P.A., and Nirav R. Shah, M.D., M.P.H.
N Engl J Med 2013; 369:2374-2377 | December 19, 2013 | DOI: 10.1056/NEJmp1310121

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Among the countries in the Organization for Economic Cooperation and Development (OECD), the United States ranks first in health care spending but 25th in spending on social services.¹ These are not two unrelated statistics: high spending on the former may result from low spending on the latter. Studies have shown the powerful effects that "social determinants" such as safe housing, healthful food, and opportunities for education and employment have on health. In fact, experts estimate that medical care accounts for only 10% of overall health, with social, environmental, and behavioral factors accounting for the rest.² Lack of upstream investment in social determinants of health probably contributes to exorbitant downstream spending on medical care in the United States. This neglect has ramifications for health outcomes, and the United States lags stubbornly behind other countries on basic indicators of population health.

The role of social determinants of health, and the business case for addressing them, is immediately clear when it comes to homelessness and housing. The 1.5 million Americans who experience homelessness in any given year face numerous health risks and are disproportionately represented among the highest users of costly hospital-based acute care. Placing people who are homeless in supportive housing — affordable housing paired with supportive services such as on-site case management

Audio Interview



Interview with Dr. Nirav Shah on New York State's decision to address housing needs as a social determinant of health. (10:56)

- Listen
- Download

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Behind Closed Doors



- Being behind on rent strongly associated with negative health outcomes
 - High risk of child food insecurity
 - Children & mothers more likely in fair or poor health
 - Children more likely at risk for developmental delay
 - Mothers more likely experiencing depressive symptoms