

Housing is Health:

Building on Vermont's Pandemic Success to Advance Health Equity

Legislative Brief

Anne N. Sosin, MPH, Elizabeth A. Carpenter Song, PhD
Center for Global Health Equity, Dartmouth College
Maryellen Griffin, JD, Mairead O'Reilly, JD
Vermont Legal Aid

Executive Summary

Vermont has led the United States in its response to the COVID-19. A critical and underappreciated component of what Dr. Anthony Fauci has described as the “model for the US” is Vermont’s use of housing policy to control the pandemic. The state enacted one of the country’s most comprehensive eviction moratoriums,¹ provided rent relief for landlords,² expanded its existing motel voucher program³ to rehouse homeless Vermonters from shelters to motels, and instituted a moratorium on utility shut-offs.

Researchers from Dartmouth’s Center for Global Health Equity studying COVID-19 and rural health equity in Northern New England (New Hampshire and Vermont) have documented the critical role that these housing interventions played in protecting Vermont’s most vulnerable from COVID-19. Growing national research highlights that housing protections play a critical role not only in reducing cases and deaths among their immediate beneficiaries but also in controlling the pandemic at population level. Dartmouth’s research has documented early impacts of these benefits beyond COVID-19 on access to health and social services while highlighting the critical need for more affordable housing and supportive housing in the state.

Investments in housing are critical for sustaining these gains as well as in addressing other persistent health disparities in the state, including the opioid epidemic. The 2017 Roadmap to End Homelessness defines a clear path forward and reflects broad consensus across state and social service agencies. The infusion of federal funding for housing provides resources to accelerate action on this plan.

A large body of academic literature demonstrates significant benefits from stable housing on a broad range of indicators of health and well-being. This literature, as well as Dartmouth’s own recent research, provides three priorities that can guide policy makers and legislators as they decide how best to move forward on housing policy:

¹ Vermont Ranks 7th in US in the Eviction Lab’s COVID-19 Policy Scorecard
<https://evictionlab.org/covid-policy-scorecard/>

² Vermont State Housing Authority. “Rental Housing Stabilization Program.” Accessed January 12, 2021.
<https://www.vsha.org/rental-housing-stabilization-program/>

³ Clarkson, Allison, Homelessness and Covid-19, Mountain Times, May 13, 2020.
<https://mountaintimes.info/homelessness-and-covid-19/>

1. Maintain pandemic housing protections to address immediate housing security.
2. Expand supportive housing.
3. Invest in significant expansion and improvement of affordable housing

Vermont is well-positioned to build from its housing policy successes during the pandemic into using housing as a durable solution to improving the health of Vermonters. This brief represents a collaboration between researchers from Dartmouth's Center for Global Health Equity and Vermont Legal Aid to translate evidence on the impact of housing on health into actionable policy recommendations for Vermont's leadership.

Housing and COVID-19

Vermont has consistently had the nation's lowest COVID-19 infection rates and deaths. A critical and underappreciated component of this success is the state's comprehensive housing protections for vulnerable Vermonters. The state enacted one of the country's best ranked eviction moratoriums,⁴ provided rent relief for landlords,⁵ expanded its existing motel voucher program⁶ to rehouse homeless Vermonters from shelters to motels, and instituted a moratorium on utility shut-offs. These protections enabled Vermonters to stay housed and to access shelter as stay-at-home orders went into effect and helped to avert the worst outcomes seen in other settings. These interventions, and the role they have played, have been frequently cited by the national media as a model for the US and other countries.⁷

Housing represents one of the most important risk factors for COVID-19.^{8,9} Across a broad range of settings, COVID-19 infections and deaths have concentrated among populations in multigenerational households, crowded housing, and congregate living settings, including congregate shelters. Household crowding is more closely associated with increased COVID-19 infection rate and mortality than neighborhood density¹⁰ or urban/rural status. Residential crowding represents a barrier to compliance with social distancing practices, inhibits quarantine and isolation, and increases exposure to and transmission of COVID-19. People in poor quality housing are more likely to suffer from comorbidities that place them at

⁴ Vermont Ranks 7th in US in Eviction Lab COVID-19 Policy Scorecard

<https://evictionlab.org/covid-policy-scorecard/>

⁵ Vermont State Housing Authority. "Rental Housing Stabilization Program." Accessed January 12, 2021.

<https://www.vsha.org/rental-housing-stabilization-program/>.

⁶ Clarkson, Allison, Homelessness and Covid-19, Mountain Times, May 13, 2020.

<https://mountaintimes.info/homelessness-and-covid-19/>

⁷ Belluz, Julia. "Social Distancing Is a Luxury Many Can't Afford. Vermont Actually Did Something about It." Vox, November 19, 2020. <https://www.vox.com/2020/11/19/21541810/vermont-covid-19-coronavirus-social-distancing>.

⁸ Cevik, M., Marcus, J., Buckee, C., & Smith, T. (2020). SARS-CoV-2 transmission dynamics should inform policy. Available at SSRN 3692807.

⁹ Ahmad K, Erqou S, Shah N, Nazir U, Morrison AR, Choudhary G, Wu WC. Association of poor housing conditions with COVID-19 incidence and mortality across US counties. PLoS One. 2020 Nov 2;15(11):e0241327. doi: 10.1371/journal.pone.0241327. PMID: 33137155; PMCID: PMC7605696.

lnk: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0241327>

¹⁰ Emeruwa, U. N., Ona, S., Shaman, J. L., Turitz, A., Wright, J. D., Gyamfi-Bannerman, C., & Melamed, A. (2020). Associations between built environment, neighborhood socioeconomic status, and SARS-CoV-2 infection among pregnant women in New York City. JAMA, 324(4), 390-392. <https://doi.org/10.1001/jama.2020.11370>.

greater risk of severe forms of COVID-19 and have limited access to healthcare.^{11,12,13} These health disparities are especially elevated in the homeless population, which had an all-cause mortality rate 5-10 times higher than the general population prior to the pandemic.¹⁴

Dartmouth Research on COVID-19 and Rural Health Equity

Since March 2020, a team from Dartmouth's Center for Global Health Equity has conducted ongoing research on COVID-19 and rural health equity in Northern New England (Vermont and New Hampshire).¹⁵ This research has sought to document the impacts of the pandemic on rural health systems and communities, with a focus on the region's vulnerable populations. Researchers have conducted interviews with more than 70 leaders from health systems, social service agencies, town and city governments, and communities.

Vermont has had fewer than six known cases of COVID-19¹⁶ in its homeless population and no deaths, compared to prevalence up to 66% documented in congregate shelters in other US cities.¹⁷ Dartmouth research documented the role of Vermont's short-term interventions, including the state's eviction moratorium and expanded motel voucher program, in enabling Vermonters experiencing homelessness and housing insecurity to comply with the state's public health measures, including the stay at home order, as well as limit exposure within the household setting.

Growing evidence suggests that Vermont's eviction moratorium, in combination with other housing protections, played a role in not only in protecting its most vulnerable populations but also in contributing to the state's consistently low rates of infection. States that maintained eviction moratoriums after the federal moratorium lapsed in August 2020, including Vermont, saw lower rates of COVID-19 infection and death than those that lifted their moratoriums.¹⁸ Nationally, there is growing recognition that housing disparities play a key role in driving COVID-19 transmission and that housing protections represent a primary tool for pandemic control at population level.¹⁹

¹¹ Tsai, Jack, and Robert A. Rosenheck. "Obesity Among Chronically Homeless Adults: Is It a Problem?" *Public Health Reports* 128, no. 1 (2013): 29–36.

¹² Taylor, L. (2018). Housing and health: an overview of the literature. Health Affairs Health Policy Brief, 10.

¹³ Kushel, M. B., Gupta, R., Gee, L., & Haas, J. S. (2006). Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of general internal medicine*, 21(1), 71-77. <https://doi.org/10.1111/j.1525-1497.2005.00278.x>.

¹⁴ Tsai, J., & Wilson, M. (2020). COVID-19: a potential public health problem for homeless populations. *Lancet Public Health* 5: e186–e187.

¹⁵ Carpenter-Song, Elizabeth, and Anne Sosin. "COVID-19 and Rural Health Equity in Northern New England." *Health Equity and Rural Empowerment*, June 2020. <https://www.hereruralequity.com/c19vt06>.

¹⁶ Belluz, Julia. "Social Distancing Is a Luxury Many Can't Afford. Vermont Actually Did Something about It." *Vox*, November 19, 2020. <https://www.vox.com/2020/11/19/21541810/vermont-covid-19-coronavirus-social-distancing>.

¹⁷ CDC. "Assessment of SARS-CoV-2 Infection Prevalence in Homeless Shelters - Four U.S. Cities, March 27–April 15, 2020." *Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report April 30, 2020*. (October 24, 2020.) <https://www.cdc.gov/mmwr/volumes/69/wr/mm6917e1.htm>.

¹⁸ Leifheit, Kathryn M. and Linton, Sabriya L. and Raifman, Julia and Schwartz, Gabriel and Benfer, Emily and Zimmerman, Frederick J and Pollack, Craig, Expiring Eviction Moratoriums and COVID-19 Incidence and Mortality (November 30, 2020). Available at SSRN: <https://ssrn.com/abstract=3739576> or <http://dx.doi.org/10.2139/ssrn.3739576>

¹⁹ Benfer, E. A., Vlahov, D., Long, M., Walker-Wells, E., Pottenger, J. L., Gonsalves, G., & Keene, D. (2020). Eviction, Health Inequity, and the Spread of COVID-19: Housing Policy as a Primary Pandemic Mitigation Strategy. *Journal of Urban Health*.

This research has found early evidence to suggest that Vermont's short-term housing protections have had broader impacts on the health and well-being of program beneficiaries beyond protection from COVID-19. Many stakeholders interviewed by Dartmouth researchers reported that even amid the crisis, some motel residents have benefited from improved access to health and social services, including behavioral health and recovery services, through on-site access to case managers and care providers. Access to housing has enabled some Vermonters to leave situations of domestic violence. In addition, many report that the housing stability provided by the motels has provided many families the stability and support to take initial steps to achieve permanent housing security.

Vermont's pandemic experience also revealed the scale of homelessness and housing insecurity in the state and gaps in social services for vulnerable Vermonters. Before the pandemic, the limited supply of housing resulted in low vacancy rates and rising rents for properties in much of Vermont. Many individuals and families turned to doubling up, obscuring the true scale of homelessness in the state. Stakeholders reported that these precarious housing arrangements became untenable during the pandemic and many Vermonters suddenly found themselves homeless. Several stakeholders noted that this sudden displacement enabled some communities to produce a more accurate census of the population experiencing homelessness and severity of the housing shortage.²⁰

Stakeholders consistently described the shortage of housing stock, availability of permanent supportive housing to meet the specific needs of different groups within the homeless population, and mental health services as key housing needs. Many service providers fear that absent rapid action to address these underlying challenges, their clients will lose the short term gains in health and well-being. In addition, many express concern that growing pressure on the housing market from new arrivals will further exacerbate housing shortages, particularly in larger towns with greater access to services.

And then the concerns about getting infected, they were, say they were kicked out of their places because people didn't want extra people in their homes. And so suddenly there was a surge in the numbers, which I don't have the numbers, I just heard that kind of anecdotally that there was a surge in the number that people who they were trying to find places for and particularly a surge in the number of homeless families, as opposed to individuals. *Healthcare Leader, Northeast Kingdom*

Looking Forward: Advancing Population Health through Housing Policy

Vermont's success in responding to the pandemic has attracted national attention; however, many in the state reflect concern that it has displaced local attention and resources from other population health challenges. Although Vermont has long had among the country's best health indicators, it experienced one of the country's highest increases in midlife mortality,²¹ an indicator that in part reflects high rates of substance use. Stakeholders interviewed as part of Dartmouth's research as well reflected concern that the pandemic had exacerbated substance use and severe mental illness, both primary contributors to midlife mortality.

²⁰ Carpenter-Song, E., Ferron, J., & Kobylenski, S. (2016). Social exclusion and survival for families facing homelessness in rural New England. *Journal of Social Distress and the Homeless*, 25(1), 41-52.

²¹ Woolf, S. H., & Schoomaker, H. (2019). Life expectancy and mortality rates in the United States, 1959-2017. *JAMA*, 322(20), 1996-2016.

Housing represents an especially important tool in addressing these health disparities.²² Previous studies have demonstrated strong and consistent links between housing in preventing and managing a wide range of health conditions, including diabetes,²³ heart disease, substance use disorders,²⁴ and mental illness. Evidence shows that a Housing First approach, which provides permanent supportive housing, is effective in decreasing homelessness and improving housing stability.²⁵

Housing security has a wide range of other well-demonstrated benefits beyond health. For children growing up in poverty, secure housing improves academic performance²⁶ and odds of long-term health and success. For adults, secure housing is linked to stable employment.²⁷ Housing plays a critical role in addressing the state's chronic workforce shortages, particularly given growing pressures on the state's affordable housing market.^{28,29,30}

There has been significant federal relief for housing, and the Biden Administration is already proposing significant additional resources for housing.³¹ There is too much uncertainty at this point to know exactly how much and with what restrictions that money will come to Vermont. The public health and social science academic research, as well as Dartmouth's own recent research, provide three priorities that can guide policy makers and legislators as they decide how best to spend this money and develop housing policy.

1. Maintain pandemic housing protections to address immediate housing security.
2. Expand supportive housing
3. Invest in significant expansion and improvement of affordable housing

1. Maintain Pandemic Housing Protections to Address Immediate Housing Security

²² Robert Wood Johnson Foundation, Issue Brief: Improving Housing Affordability and Stability to Advance Health Equity, Jan. 2021 available at <https://www.rwjf.org/en/library/research/2021/01/federal-policy-recommendations-to-advance-health-equity-from-rwjf.html>

²³ Berkowitz, Seth A., Sara Kalkhoran, Samuel T. Edwards, Utibe R. Essien, and Travis P. Baggett. "Unstable Housing and Diabetes-Related Emergency Department Visits and Hospitalization: A Nationally Representative Study of Safety-Net Clinic Patients." *Diabetes Care* 41, no. 5 (2018): 933–39. <https://doi.org/10.2337/dc17-1812>.

²⁴ Zenger, S. (2012). Housing: A fundamental component of drug policy [Editorial]. *International Journal of Drug Policy*, 23(2), 91–93. <https://doi.org/10.1016/j.drugpo.2011.12.001>

²⁵ Peng, Y., Hahn, R. A., Finnie, R. K., Cobb, J., Williams, S. P., Fielding, J. E., ... & Community Preventive Services Task Force. (2020). Permanent Supportive Housing With Housing First to Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A Community Guide Systematic Review. *Journal of Public Health Management and Practice*, 26(5), 404-411.

²⁶ Goldberg, Molly, and Dan Moskowitz. "Education Matters: The Impacts of Systemic Inequity in Vermont." Voices for Vermont's Children, 2016. <https://static1.squarespace.com/static/5ad799f05417fc86cf8ed918/t/5b5890a0aa4a996d865df40f/1532530852208/Education-Report-2016.pdf>.

²⁷ Desmond, M., & Gershenson, C. (2016). Housing and employment insecurity among the working poor. *Social Problems*, 63(1), 46-67.

²⁸ Wallace Allen, Anne. "Worker Shortage Is Suppressing Vermont Job Growth, Economists Say." *VTDigger*, November 21, 2018. <https://vtdigger.org/2018/11/21/worker-shortage-suppressing-vermont-job-growth-economists-say/>.

²⁹ Desmond, Matthew, and Carl Gershenson. "Housing and Employment Insecurity among the Working Poor." *Social Problems* 63, no. 1 (February 1, 2016): 46–67. https://scholar.harvard.edu/files/mdesmond/files/desmondgershenson_sp2016.pdf?m=14526388

³⁰ Desmond, M., & Shollenberger, T. (2015). Forced displacement from rental housing: Prevalence and neighborhood consequences. *Demography*, 52(5), 1751-1772.

³¹ National Council of State Housing Agencies, Biden COVID Relief Package Fact Sheet https://www.ncsha.org/wp-content/uploads/Biden-COVID_Relief-Package-Fact-Sheet.pdf

Vermont's experience during the pandemic has highlighted the importance of short-term housing protections not only in protecting health but also in creating a bridge to greater stability for Vermonters at risk of eviction or experiencing homelessness. The state should maintain key elements of these protections as it addresses housing insecurity.

Vermont has been expanding housing interventions to reduce reliance on motels as the Roadmap to End Homelessness recommended. Providing families in Vermont with supportive housing is less expensive than providing them with shelter in a motel.³² For example, in 2020, the Vermont Housing and Conservation Board VHCB awarded \$34.25 million in federal Coronavirus Relief Funds for the creation of 247 units of new housing, 11 new shelter beds, and for improvements to 242 beds in shelters statewide.³³ These kinds of efforts are critical for ending reliance on motels.

“The innovative models of supportive housing and Housing First that have been tested and are in use across Vermont are ready to be scaled.” *Vermont Roadmap to End Homelessness*

With permanent housing as the long-term goal, short-term solutions will continue to be needed. Unfortunately, the need for emergency housing in motels has not gone away, even as new units have been added. The Point in Time Count for January 2020, found that 746 households, a total of 1,110 people, were homeless. By this January, however, there were more than twice that number of people without homes: 1,827 households sheltered in motels through the General Assistance Motel Voucher Program, including 2,126 adults and 386 children. In addition, 12 households were sheltering in motels through domestic violence programs and the 350 households were sheltering in emergency shelter/apartments³⁴ Moreover, although the Roadmap had aimed to reduce the average stay in emergency shelter to 28 days³⁵, the length of time families and individuals spend in emergency shelter went from 36 to 59 days from 2014 to 2020,³⁶ and early accounts³⁷ suggest that this number went up dramatically during the pandemic.

Shortly before the pandemic, the State had developed a plan to restructure emergency shelter services as block grants to communities.³⁸ This plan was interrupted, due to the pandemic, and should now be re-evaluated. The pandemic has reminded us of the major shortcomings inherent in congregate shelter

³² Homelessness Study “Vermont Roadmap to End Homelessness”, January 17, 2017, available at <https://www.vtaffordablehousing.org/wp-content/uploads/2019/01/VT-Roadmap-to-End-Homelessness-Final-Report-2016.12.20.pdf>

³³ Vermont Housing and Conservation Board website, <https://www.vhcb.org/our-programs/housing/coronavirus-relief-funds/crf-awards> and Vermont Housing and Conservation Board, Homelessness and Housing, Report to House General, Housing and Military Affairs Committee January 8, 2021, available at <https://legislature.vermont.gov/committee/document/2022/13/Date/1-8-2021#documents-section> Email from Shaun Gilpin to Housing Council, December 4, 2020.

³⁴ Agency of Human Services, Homelessness Update, Jan. 8, 2021 available at <https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20General/Housing/Homelessness/W~Sarah%20Phillips~Homelessness%20Update~1-8-2021.pdf>

³⁵ “An end to homelessness means that every community will have a comprehensive response in place that ensures homelessness is prevented whenever possible, or if it can’t be prevented, it is a rare, brief, and one-time experience.” The United States Interagency Council on Homelessness (USICH), What Does Ending Homelessness Mean?, <https://www.usich.gov/goals/what-does-ending-homelessness-mean/>

³⁶ Office of Economic Opportunity, Average length of stay in days in emergency homeless shelters, available at <https://embed.resultsscorecard.com/Scorecard/Embed/17823>

³⁷ Vermont Coalition to End Homelessness, Point in Time 2020 Statewide Report, June 4, 2020, available at <https://helpingtohousevt.org/2020/06/05/statewide-2020-point-in-time-count/>

³⁸ Memorandum from Sarah Phillips, Director, Office of Economic Opportunity, Feb. 12, 2020, available at <https://dcf.vermont.gov/sites/dcf/files/OEO/Docs/Emergency-Housing-Memo.pdf>

settings, and the state must reconsider accordingly. Congregate shelters outside of Vermont have had high prevalence of COVID-19.³⁹ These spaces are also inappropriate for many homeless Vermonters with chronic health and mental health challenges.

The pandemic experience has begun to highlight the impact of individual housing on health and well-being. Individual units not only helped to prevent transmission of COVID-19 but also enabled some people to access services more consistently. Stability also enables providers to reach vulnerable Vermonters more effectively. These two principles served Vermont well during the pandemic, and should be continued. The emergency shelter redesign should incorporate such principles.

The eviction moratorium improved housing stability significantly. From 2015 to 2019, approximately 150 eviction cases were filed a month.⁴⁰ After the moratorium went into effect, that number dropped to about 50 cases per month.⁴¹ These numbers are consistent with national data showing that far fewer eviction cases were filed in 2020, but that evictions, nationally, spiked when there was a gap in the federal moratorium.⁴² Housing stability was also supported through the Rental Housing Stabilization Program,⁴³ which addressed the affordability gap, and increased resources for homeless service providers, allowing them to serve more of the housing-insecure through that system.⁴⁴ (Efforts to improve the quality of rental housing stalled out, however, as the pandemic emergency took priority.⁴⁵)

Vermont's eviction moratorium will end when the Governor declares an end to the State of Emergency.⁴⁶ At that point, experts say that Vermont risks a surge of evictions.⁴⁷ The generous federal money for a back rent program is a critical transition resource, to carry Vermont out of the pandemic, but on the other side, Vermont will still be faced with significant housing insecurity and the resulting public health challenges.

³⁹ CDC. "Assessment of SARS-CoV-2 Infection Prevalence in Homeless Shelters - Four U.S. Cities, March 27–April 15, 2020." *Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report April 30, 2020*. (October 24, 2020.) <https://www.cdc.gov/mmwr/volumes/69/wr/mm6917e1.htm>.

⁴⁰ Vermont Judiciary, Annual Statistical Report for FY19, Appendix I, available at <https://www.vermontjudiciary.org/sites/default/files/documents/Appendix%20I.pdf>

⁴¹ Wallace Allen, Anne, A new rental assistance program comes with new federal roadblocks, Jan. 20 2021, available at <https://vtdigger.org/2021/01/20/a-new-rental-assistance-program-comes-with-new-federal-roadblocks/>

⁴² Joe Fish, Emily Lemmerman, Renee Louis, and Peter Hepburn, Eviction Moratoria have Prevented Over a Million Eviction Filings in the U.S. during the COVID-19 Pandemic, December 15, 2020, available at <https://evictionlab.org/missing-eviction-filings/>

⁴³ Vermont State Housing Authority Rental Housing Stabilization Program Grant Report, January 7, 2021 available at <https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20General/Housing/Tenant%20-%20Landlord/W~Richard%20Williams~Rental%20Housing%20Stabilization%20Program%20Grant%20Report~1-8-2021.pdf>
Vermont State Housing Authority. "Rental Housing Stabilization Program." Accessed January 12, 2021. <https://www.vsha.org/rental-housing-stabilization-program/>.

⁴⁴ Clarkson, Allison, Homelessness and Covid-19, Mountain Times, May 13, 2020. <https://mountaintimes.info/homelessness-and-covid-19/>

⁴⁵ See e.g., S.257 "An act relating to improving rental housing health and safety" available at <https://legislature.vermont.gov/bill/status/2020/S.257>

⁴⁶ S. 333 (Act 101) "An act relating to establishing a moratorium on ejection and foreclosure actions during the COVID-19 emergency" available at <https://legislature.vermont.gov/bill/status/2020/S.333> .

⁴⁷ Eviction Lab, COVID-19 Housing Policy Scorecard for Vermont, available at <https://evictionlab.org/covid-policy-scorecard/vt/>; see also Economic Roundtable, Locked Out: Unemployment and Homelessness in the COVID Economy, available at <https://economicrt.org/publication/locked-out/> ("Without large-scale, government employment programs the Pandemic Recession is projected to cause twice as much homelessness as the 2008 Great Recession.")

Vermont should use the increased pandemic relief funding to develop long term systems for housing stability. Seventy percent of eviction cases filed in Vermont courts are for nonpayment of rent,⁴⁸ A recent report⁴⁹ from Vermont Legal Aid recommends four strategies for addressing this need:

1. Fund⁵⁰ a back rent program to help tenants avoid eviction.
2. Expand programs to help people resolve problems and stay in their housing.
3. Provide legal representation to defendants in eviction cases.
4. Address the broader housing affordability crisis.

The Legislature may also want to address the other causes of housing instability, including unsafe housing, by providing tenants with the resources to obtain needed repairs or move out of unsafe housing.

2. Expand Supportive Housing

Vermont has taken significant steps to address the needs of vulnerable Vermonters; however, Dartmouth's research has documented a significant unmet need for permanent supportive housing. For government funds to improve stability, supportive services need to be built into the design of housing. It is also crucial to tailor supportive services to meet the needs of a heterogeneous population, including the newly homeless, families with children, the chronically homeless, and those with mental health and/or substance use challenges.

Supportive housing is an innovative and proven solution for homelessness. It combines affordable housing with services that help people who face the most complex challenges live with stability, autonomy, and dignity. Vermont Roadmap to End Homelessness.

Moreover, for government housing funds to reduce homelessness, such housing needs to come with incentives or requirements to serve people who are or at risk of homelessness. For example, the 2020 Re-Housing Recovery Program⁵¹ had the stated intention to provide housing to the homeless, but initial reports are that this did not happen very often, because there was no incentive or requirement for landlords to accept people exiting homelessness. By contrast, the 2016 Executive Order⁵² resulted in an incentive for owners of publicly funded housing to make 15% of their apartments available to the homeless, and this

⁴⁸ Eviction in Vermont: A Closer Look (2019) available at <https://www.vtlegalaid.org/sites/default/files/Eviction-Report-VLA-3.18.19-web.pdf>

⁴⁹ *Id.* Similar recommendations were made in the Roadmap.

⁵⁰ Vermont operates a back rent program through the Housing Opportunity Program, see e.g. Housing Opportunity Grant Program (HOP) Annual Report - State Fiscal Year 2019 available at <https://dcf.vermont.gov/sites/dcf/files/OEO/Docs/HOP-AR-2019.pdf>. It was not at the scale of the Rental Housing Stabilization Program, however. See Vermont State Housing Authority Rental Housing Stabilization Program Grant Report January 7, 2021 available at <https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20General/Housing/Tenant%20-%20Landlord/W~Richard%20Williams~Rental%20Housing%20Stabilization%20Program%20Grant%20Report~1-8-2021.pdf>

⁵¹ Vermont Economic Recovery Package, available at <https://accd.vermont.gov/sites/accdnew/files/documents/Vermont%20Economic%20Recovery%20Package%20-%202020-05-20.pdf>

⁵² Executive Order No. 3-73, Publicly Funded Housing for the Homeless, available at <https://legislature.vermont.gov/statutes/section/03APPENDIX/003/00073>

incentive structure has worked perhaps even better than anticipated. “In FY20, 31% of all apartment turnovers in the affordable housing network were leased to a household experiencing homelessness.”⁵³

3. Invest in Affordable Housing

The pandemic has highlighted chronic challenges to housing stability, including lack of access to decent, affordable housing. A comprehensive approach is needed to expand and improve the quality of affordable housing in the state.

The housing data on Vermont repeatedly shows a widening gap in the demand for affordable housing and in the supply.⁵⁴ Vermont will not be able to sustain its successful housing policies without more affordable housing.⁵⁵ In February of 2020, the Housing Needs Assessment estimated that a quarter of Vermont renters, 18,000 households, spent more than half their income on housing, and twice that, 36,000 households spent more than 30% of their income on housing.⁵⁶ The Housing Needs Assessment estimates that Vermont needs to increase its affordable rental housing stock by 2,629 units before 2025.

The quality of affordable housing matters for health as well. In Vermont Legal Aid’s interviews with tenants, Town Health Officers, and housing officials, all three groups reported respiratory illness and mental health problems resulting from substandard housing conditions.⁵⁷ This is consistent with the national literature on the issue.^{58,59,60} In 2020 The Housing Needs Assessment found that there were “at least 19,054 Vermont households that live in homes with serious housing quality issues” such as no heat source, though this number “almost certainly undercounts” since problems like “poor sanitary conditions” were not included. Among people with low incomes, the Office of Economic Opportunity found 52% of homes surveyed by the Office of Economic Opportunity had “plumbing or roof leaks, drainage problems, visible mold, or rotted

⁵³ Vermont Housing and Conservation Board, Homelessness and Housing, Report to House General, Housing and Military Affairs Committee, Jan. 8, 2021 available at <https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20General/Housing/Homelessness/W~Gus%20Seelig~Homelessness%20and%20Housing~1-8-2021.pdf>

⁵⁴ National Low Income Housing Coalition, Out of Reach 2020: Vermont, available at <https://reports.nlihc.org/oor/vermont>. Agency of Commerce and Community Development, HUD Consolidated Plan 2020-2024, available at

<https://accd.vermont.gov/sites/accdnew/files/documents/Housing/Vermont-Consolidated-Plan-2020-2024.pdf> ,

Harvard Joint Center on Housing, The State of the Nation’s Housing 2020, available at

https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2020_Report_Revised_120720.pdf

Affordability Rankings, U.S. News, available at

<https://www.usnews.com/news/best-states/rankings/opportunity/affordability> (accessed 12/23/2020)

⁵⁵ See Agency of Human Services, Homelessness Update, at 12, available at

<https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20General/Housing/Homelessness/W~Sarah%20Phillips~Homelessness%20Update~1-8-2021.pdf> (listing “lack of housing” as first in challenges to serving people who are homeless).

⁵⁶ Vermont Housing Finance Agency, Housing Needs Assessment: 2020-2024, available at

https://www.vhfa.org/documents/publications/vt_hna_2020_report.pdf

⁵⁷ Vermont Legal Aid, Renters at Risk: The Cost of Substandard Housing (2018), available at

<https://www.vtlegalaid.org/sites/default/files/Renters%20at%20Risk%20-%20The%20Cost%20of%20Substandard%20Housing.pdf>;

⁵⁸ Shaw M. "Housing and Public Health." *Annu Rev Public Health*, 25: 397-418, 2004.

⁵⁹ Singh, A., Daniel, L., Baker, E., & Bentley, R. (2019). Housing disadvantage and poor mental health: a systematic review. *American journal of preventive medicine*, 57(2), 262-272.

⁶⁰ Lauren Taylor, Housing And Health: An Overview Of The Literature, *Health Affairs*, June 7, 2018, available at <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/>;

building areas.” Addressing the root causes of poor quality housing and improving housing quality should be part of the State’s affordable housing plans.

Finally, the location of affordable housing also matters for health outcomes. “Residential segregation is a fundamental cause of health disparities.”⁶¹ This particularly true in rural regions of the state with limited services and significant transportation barriers. “Vermonters with lower incomes are scattered to rural areas where they lack access to jobs, services, and resources that can only be found in larger cities.”⁶² Vermont has been hobbled in its efforts to locate affordable housing equitably across Vermont by the history of communities blocking the development of affordable housing.^{63,64} The development of affordable housing proximate to transportation, resources, and services is a key strategy to support the success and stability of re-housed Vermonters.

Conclusion

Vermont’s use of housing protections during the pandemic has been central to its lauded performance in responding to the COVID-19 pandemic. Addressing housing as a priority of the immediate pandemic recovery will position Vermont to lay the foundation for other improvements in population health. Vermont has the opportunity to translate its pandemic housing strategies into longer-term gains during this legislative session.

⁶¹ Donald F. Schwarz, What’s the Connection Between Residential Segregation and Health?

Apr 3, 2018, Robert Wood Johnson Foundation, Culture of Health Blog, Available at <https://www.rwjf.org/en/blog/2016/03/whats-the-connection-between-residential-segregation-and-health.html>

⁶² Vermont Advisory Committee to the U.S. Commission on Civil Rights Housing Discrimination in Vermont: A Handshake and a Smile, September 21, 2018, available at <https://www.usccr.gov/pubs/2018/09-21-VT-Housing.pdf>

⁶³ Analysis of Impediments to Fair Housing Choice, State of Vermont 2017 Update, available at <https://accd.vermont.gov/sites/accdnew/files/documents/Housing/Vermont%20AI%202017%20-%20FINAL.pdf>

⁶⁴ Robert Wood Johnson Foundation, Issue Brief: Improving Housing Affordability and Stability to Advance Health Equity, Jan. 2021 available at <https://www.rwjf.org/en/library/research/2021/01/federal-policy-recommendations-to-advance-health-equity-from-rwjf.html>