# MEMORANDUM

**TO:** House Legislative Committee on Administrative Rules

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**SUBJECT:** General Assistance Emergency Housing Program

**DATE:** October 18, 2021

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Dear Chair MacDonald and Members of the Committee:

I am a public health expert and Policy Fellow at the Nelson A. Rockefeller Center for Public Policy at Dartmouth College. Since March 2020, I have served as a co-principal investigator of research focused on COVID-19 and rural health equity in New Hampshire and Vermont. As part of this research, I have examined the use of housing policy in Vermont as part of the state's response to the public health emergency. I am writing to explain why the General Assistance Emergency Housing Program represents a critical tool for protecting public health during and beyond the COVID-19 pandemic. This letter is based upon my independent analysis and does not represent the views of Dartmouth College, the Nelson A. Rockefeller Center, or other entities.

1. **Vermont continues to be in a public health emergency**

Vermont, along with other New England states, is currently experiencing a surge in COVID-19 cases driven by the highly transmissible Delta variant. Despite its high vaccination coverage, Vermont registered its highest single day case count of the pandemic on October 16, 2021 and recorded its highest 7-day rolling average on October 12.[1] All of Vermont's 14 counties have had high or substantial transmission,[2] the level at which the CDC recommends that all persons wear masks in indoor settings, since September 26. The state recorded 48 deaths in September, making it the second deadliest month of the pandemic. Unvaccinated children 0-9 years old currently have the highest rates of infection.[3] The current surge is impacting the state's health systems, schools, congregate settings, and businesses.

It is impossible to know the precise trajectory of the Delta surge in Vermont; however, many factors point to a prolonged surge lasting into the winter. High population mobility related to the return to resumption of school, return to work, seasonal travel, and resumption of other activities is likely to sustain or increase transmission. Vermont also currently has no non-pharmaceutical interventions, or public health restrictions, to reduce transmission.

2. **The GA emergency housing program protects unhoused Vermonters and communities from COVID-19**

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[1] Vermont Open Geodata Portal https://geodata.vermont.gov/datasets/vt-covid-19-daily-counts-table/explore?showTable=true; Accessed October 18, 2021
[2] https://covid.cdc.gov/covid-data-tracker/#county-view|Vermont|Risk|community_transmission_level
[3] DFR Modeling, https://dfr.vermont.gov/sites/finreg/files/doc_library/dfr-covid19-modeling-092821-revised.pdf; Accessed October 18, 2021.

Housing represents one of the most important risk factors for COVID-19.[4,5] Household crowding is more closely associated with increased COVID-19 infection rate and mortality than neighborhood density[6] 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. The General Assistance emergency housing has contributed to significantly lower rates of infection in congregate shelter settings in Vermont and prevented elevated COVID-19 mortality in unhoused populations outside of the state.[7,8]

Housing instability is also a critical driver of COVID-19 transmission at community level, and growing evidence points to the role of housing policy as a primary tool of pandemic control.[9] Research has linked the lifting of eviction moratoriums to community transmission within the broader community.[10]

Household instability not only threatens the health of people experiencing homelessness and housing insecurity but also of others where they seek temporary shelter, including the elderly, immunocompromised, and children not yet eligible for vaccination. Crowded households and congregate shelters with children are more likely to drive COVID-19 into school communities. Ending housing protections, including non-congregate shelter through the General Assistance emergency housing program, is likely to accelerate increases in COVID-19 infection rates and secondary impacts on health systems, schools, and community services.

**3. Housing policy is an important tool for protecting the health of unhoused Vermonters**

We have strong and consistent evidence on the importance of safe, stable housing for health. Previous studies have demonstrated links between a broad range of health conditions, including diabetes,[11] heart disease, substance use disorders,[12] and mental illness. Several studies show that unhoused, unsheltered people are at significantly increased

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

[5] 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.
lInk: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0241327

[6] 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.

[7] 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.

[8] Kathryn M Leifheit, Lelia H Chaisson, Jesus A Medina, Rafik N Wahbi, Chelsea L Shover, Elevated Mortality Among People Experiencing Homelessness With COVID-19, *Open Forum Infectious Diseases*, Volume 8, Issue 7, July 2021, ofab301, https://doi.org/10.1093/ofid/ofab301

[9] Benfer, E.A., Vlahov, D., Long, M.Y. et al. Eviction, Health Inequity, and the Spread of COVID-19: Housing Policy as a Primary Pandemic Mitigation Strategy. J Urban Health 98, 1–12 (2021). https://doi.org/10.1007/s11524-020-00502-1

[10] Kathryn M Leifheit, Sabriya L Linton, Julia Raifman, Gabriel L Schwartz, Emily A Benfer, Frederick J Zimmerman, Craig Evan Pollack, Expiring Eviction Moratoriums and COVID-19 Incidence and Mortality, *American Journal of Epidemiology*, 2021;, kwab196, https://doi.org/10.1093/aje/kwab196

[11] 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.

[12] Zerger, 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

risk for death compared to the general population and the sheltered, unhoused population.[13,14,15,16] Suicide risks are very common among people experiencing homelessness.[17,18,19] Homelessness is associated with substance use, use disorders, and overdose death.[20] Persons experiencing homelessness are at significantly greater risk of mortality from drug-related conditions compared to the general population.[21]

Homelessness increases adverse health outcomes, including risk of mortality, for persons living with ambulatory disabilities and medical conditions. Lack of stable housing inhibits the ability to access and engage in routine healthcare and chronic disease management. Unhoused individuals may lack the ability to charge phones, engage in telehealth and phone consultations, organize medical activities, and adhere to treatment plans.[22] People reliant on electricity-dependent durable medical equipment (DME) devices, and commodities, including cardiac devices, nebulizers, suction pumps, oxygen concentrators, enteral feeding tubes, bi-level positive airway pressure devices (BiPAP) need access to stable electricity for their survival. Individuals living with insulin-dependent diabetes and other conditions require refrigeration to manage care. Homeless people face a broad range of barriers to appropriate diabetes management, including inability to refrigerate insulin.[23,24]

**4. Most unhoused people can be housed**

Vermont's current housing emergency is a crisis of affordable, appropriate housing and not of unhousable Vermonters. Evidence from large studies shows that the vast majority of unhoused people, including those with significant healthcare use, severe mental illness, and frequent encounters with the criminal justice system, can be successfully housed in permanent supportive housing with services.[25] Vermont has a chronic and growing shortage of adequate housing for people with complex housing challenges,[26] including people living with disabilities, frail elders, people exiting the corrections system, survivors of domestic violence, households with children, people with severe mental illness, and people with substance use disorder. The GA emergency housing program is not the long-term solution to homelessness; however, it is an important temporary measure for keeping unhoused Vermonters safely sheltered until

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[13] Zivanovic, R., Milloy, M., Hayashi, K. et al. Impact of unstable housing on all-cause mortality among persons who inject drugs. BMC Public Health 15, 106 (2015). https://doi.org/10.1186/s12889-015-1479-x

[14] Roncarati, J. S., O'Connell, J. J., Hwang, S. W., Baggett, T. P., Cook, F. E., Krieger, N., & Sorensen, G. (2020). The use of high-risk criteria to assess mortality risk among unsheltered homeless persons. *Journal of health care for the poor and underserved*, *31*(1), 441.

[15] Zivanovic, R., Milloy, M., Hayashi, K. et al. Impact of unstable housing on all-cause mortality among persons who inject drugs. BMC Public Health 15, 106 (2015). https://doi.org/10.1186/s12889-015-1479-x

[16] Morrison, D. S. (2009). Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. *International journal of epidemiology*, *38*(3), 877-883.

[17] Ayano, G., Tsegay, L., Abraha, M. et al. Suicidal Ideation and Attempt among Homeless People: a Systematic Review and Meta-Analysis. Psychiatr Q 90, 829–842 (2019). https://doi.org/10.1007/s11126-019-09667-8

[18] Lee KH, Jun JS, Kim YJ, Roh S, Moon SS, Bukonda N, Hines L. Mental Health, Substance Abuse, and Suicide Among Homeless Adults. J Evid Inf Soc Work. 2017 Jul-Aug;14(4):229-242. doi: 10.1080/23761407.2017.1316221. Epub 2017 Jul 5. PMID: 28678621.

[19] Hoffberg, A.S., Spitzer, E., Mackelprang, J.L., Farro, S.A. and Brenner, L.A. (2018), Suicidal Self-Directed Violence Among Homeless US Veterans: A Systematic Review. Suicide Life Threat Behav, 48: 481-498. https://doi.org/10.1111/sltb.12369

[20] Austin, A. E., Shiue, K. Y., Naumann, R. B., Figgatt, M. C., Gest, C., & Shanahan, M. E. (2021). Associations of housing stress with later substance use outcomes: A systematic review. *Addictive Behaviors*, 107076.

[21] Morrison, D. S. (2009). Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. *International journal of epidemiology*, *38*(3), 877-883.

[22] https://nhc.org/wp-content/uploads/2017/03/The-Impacts-of-Affordable-Housing-on-Health-A-Research-Summary.pdf

[23] Campbell, D.J.T., Campbell, R.B., Ziegler, C. et al. Interventions for improved diabetes control and self-management among those experiencing homelessness: protocol for a mixed methods scoping review. Syst Rev 8, 100 (2019). https://doi.org/10.1186/s13643-019-1020-x

[24] Hwang, S. W., & Bugeja, A. L. (2000). Barriers to appropriate diabetes management among homeless people in Toronto. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne*, *163*(2), 161–165.

[25] Raven, M. C., Niedzwiecki, M. J., & Kushel, M. (2020). A randomized trial of permanent supportive housing for chronically homeless persons with high use of publicly funded services. *Health services research*, *55*, 797-806.

[26] https://accd.vermont.gov/sites/accdnew/files/documents/Housing/Fact%20sheet%209%20Special%20households.pdf

the state develops appropriate permanent solutions. In addition, the GA emergency housing program will continue to represent an important short-term solution in responding to episodic homelessness even when permanent solutions are available.

**5. Housing is a tool for advancing public health beyond the pandemic**

The GA emergency housing program protected Vermonters experiencing homelessness as well as the general population from the COVID-19 outcomes seen in other states. The impacts of homelessness on health are not time-bound, however, and the rules governing access to housing protections should not be either. The current rules governing the GA emergency housing program, including the 84-day limit and eligibility criteria, are capricious and arbitrary, do not reflect the latest evidence on housing and health, and unnecessarily compromise the health of Vermonters experiencing homelessness and Vermont communities.