

Vermont State Health Assessment Community Engagement Data



Housing

The data in this slide deck is specific to **housing** as a health need.

May 2024

Where does this data come from?

This data was collected as part of the 2024 [Vermont State Health Assessment](#).

We are grateful to the people of Vermont who participated in focus groups and interviews for the State Health Assessment. The following information comes from individuals who identify as members of and/or support one or more of the following communities:

- Indigenous people
- People of color
- People with disabilities
- People who are unhoused
- People who identify as LGBTQ+
- Older Vermonters

The information presented here are the expressed opinions of Vermonters based on their lived and professional experiences. They are not the opinions of the Vermont Department of Health, but rather the people who make up the communities for whom we work.

How can I use this data?

Please use this data freely! We hope that it is useful for our partners in your efforts to improve health and well-being.

You can use this data to:

- Elevate the voices of people with lived experience to provide context to quantitative data.
- Understand the factors that impact health and well-being.
- Identify solutions to address some of the most important health needs facing people in Vermont.
- Inform planning and decision-making for your organization or community.
- Identify opportunities for collaboration with other organizations or sectors.

Visit [How Healthy Are We? Data Resources | Vermont Department of Health](#) to access other Health Department data. Access local data, trends over time, visualizations and maps, equity and disparities information, topic-specific data and more.

Who does this data reflect?

Geographic representation of focus group participants

County	Focus group involvement	% of State population
Addison	7%	6%
Bennington	13%	6%
Caledonia	7%	5%
Chittenden	25%	26%
Grand Isle	<1%	1%
Lamoille	4%	4%
Missing	6%	
Orange	1%	5%
Orleans	6%	4%
Rutland	6%	9%
Washington	8%	9%
Essex	1%	1%
Franklin	6%	8%
Windham	4%	7%
Windsor	5%	9%

Community representation of focus group participants

Community	Focus group involvement
Older Vermonters	19%
Vermonters with a disability	19%
LGBTQ+ Vermonters	15%
Vermonters of color	14%
Missing data	11%
Unhoused Vermonters	10%
None of the above	8%
Indigenous Peoples	4%

Community representation of interviewees

Community	Interviewees
No specific community	23%
Vermonters of color	18%
Older Vermonters	15%
Vermonters with a disability	14%
Unhoused Vermonters	13%
LGBTQ+ Vermonters	11%
Indigenous Peoples	5%

Housing: Key Drivers & Health Impacts (slide 1 of 4)

Key drivers are important factors that contribute to a health need. These were identified by the community.

Key Drivers	Health Impacts
<p>1. A severe lack of affordable, safe, and accessible housing. Paired with the high cost of living and competitive housing market, the impact is far reaching, especially for those who rent, children/families, people with low- or fixed-incomes, justice-involved histories, or past or current financial instability, households facing food insecurity, people of color, and those who have or are experiencing domestic violence.</p>	<p>Utilizing nontraditional housing such as vehicles, motels, tents, having extra roommates, relying more heavily on economic support programs. Deprioritizing health.</p> <p>“The lack of affordable housing is pushing people down and into losing home into much, much, much increased economic stress for their households. Much more vulnerability on all fronts.”</p>
<p>2. Workforce shortages exacerbated by lack of affordable housing.</p> <p>“Another way it ties in with housing; it's hard to bring in new staff when there's no place for them to live.”</p>	<p>Inability to hire and retain a workforce increases burnout for those who work in it, and impact people’s ability to get any sort of medical services or participate in health and preventative programs.</p>
<p>3. Changes in VT landscape and population impacts affordable housing. Influx of people from out-of-state moving to Vermont after COVID made housing market increasingly competitive. Recent floods altered the number of habitable housing units.</p>	<p>Deteriorating living conditions. Lower ability to afford and access basic needs. High levels of stress. Homelessness.</p>

Housing: Key Drivers & Health Impacts (slide 2 of 4)

“Rent is rising and rising and rising, we're paying more for no changes in conditions of housing, right? It's just like an astronomical rise for no additional benefit. I understand from reading and talking to people that the housing market is really shot up in Vermont especially during the pandemic as a result of people moving here from out of state, for kind of retreat homes.”

Key Drivers	Health Impacts
4. Challenges in maintaining or repairing living environments. Low workforce capacity, high supply costs, and supply shortages are barriers. Repairs after natural disasters are essential to ensure living situations are safe, but often the costs are significant and the timeline for repairs is very long while people remain in uninhabitable conditions.	Unsafe living conditions, exacerbated physical health conditions, mobility/accessibility issues. “
5. There is a growing number of unhoused Vermonters, especially among LGBTQ+, unhoused Vermonters, and families with children. As the rate of unhoused community members grows it creates demands for housing and supports that compound already considerable housing difficulties.	“For the homeless, which I consider my community, until I became it, I didn't realize how many in the area were homeless.”
6. Economic support, policies, and initiatives for affordable housing are insufficient to the needs of the community. Extensive timelines and bureaucracy, lack of language supports and coordination, and limitations for specific housing supports based on previous justice-involvement or past financial instability (like low credit scores) were mentioned, resulting in those needing these supports not getting them.	“These are families who work but live in poverty. These are families who are living in areas that are, the housing is poor quality, and so that affects their health. The housing is often crowded, that affects their health. The housing is often in areas that don't necessarily have the same kinds of resources around or are often public housing, and so we run into issues with more behaviors of poverty. So, sometimes, some of those are coping skills that have led to drug and alcohol use, maybe more violence. Again, some of those things that happen as a result of chronic poverty.”

Housing: Key Drivers & Health Impacts (slide 3 of 4)

"Even once they're stabilized and we get them sober and people are committed to a program, then we're stuck looking for housing, right?...They're going from motels to motels fighting this struggle...doing everything they need to do. Then, we finally get them a housing voucher. Yay. Oh my God, we're so much closer. Then, we apply for housing in this area. It's a year."

Key Drivers	Health Impacts
7. Exposure to high-risk situations because of unstable or lack of permanent housing options. Rental units not inspected often and not meeting code, a greater exposure to high-risk situations such as overcrowding, living in a unit with no heat or water, increased exposure to violence and substance use, and unhygienic environments.	"I've heard from a lot of people, the level of drug use and prostitution and other associated activities is just off the charts everywhere you go. You got to subject your kids to that if you want a warm place to stay, so that's a hard choice."
8. Frustration due to underutilization of vacant properties or not repurposing spaces. Preventable unuse of vacant spaces contributes to lack of inventory.	"One of the things that frustrates me tremendously is knowing there are people in need of a home and you drive around the area and there are so many houses that people don't live in."
9. Challenges youth and young adults face trying to afford housing independently, which from their perspectives and experiences seems impossible given the high cost of living and lack of affordable housing.	"We see it all the time with students, especially young students who may just be floating couch surfing because they don't have any place to go."
10. Housing discrimination: further challenges large families, particularly those from refugee or immigrant populations, and those seeking housing who had previous justice-involvement, substance use challenges, or financial instability. Some said supports favor those from out-of-state who are buying homes in VT.	"Sometimes even if you're a person of color, they cannot rent you. Buying a house as a person of color is really impossible. You will have to have someone, even if you have income. Because they will think you're going to maintain the mortgage."

Housing: Key Drivers & Health Impacts (slide 4 of 4)

“I think that the biggest problem with the housing is substandard quality. I don't think the town inspects buildings enough...apartment buildings...and the motels that the state is paying for are not in human condition.”

Key Drivers	Health Impacts
11. The housing system is stuck, with housing not fitting the needs of its inhabitants, but no one able to move. Many examples were offered, including families staying in spaces smaller than their needs, single elders living in family homes, difficulties for renters in places that are not accessible for persons with disabilities or special needs, and those with capacity to leave shelter and cannot.	“Here's an example...let's say, there's 2 people...and the relationship is not healthy. Someone wants to leave their relationship and they're unable to. Sometimes I've heard of situations with violence and state, but because of housing, they stay. Because there's just not a lot of options.”
12. Many living in very low-quality conditions: temporary housing solutions like motels or cars, lack of proper inspections and landlord oversight to ensure rentals are safe and livable, older buildings that need better maintenance, and repairs to address concerns like lead paint or asbestos or impacts from flooding were mentioned frequently.	The house becomes the source of illness, as in the case of mold or lead. Living in these conditions is an enormous stressor. Lack of power to move cause there are no other options. "My landlord ignores all requests for repairs; it's unbearable during the winter."
13. Frequent rent increases without improvements in living conditions: lack of landlord oversight has led to unclean and unsafe or uninhabitable conditions, as landlords put off necessary maintenance and repairs, but continue to charge higher and higher rent prices. Evictions were mentioned as a concern as well as housing units being taken off the market.	Food insecurity, inability to afford medical care, exposure to substance use, high levels of stress. “I also have been hearing a lot these past few years of folks who have been renting forever and ever at places and then their landlord decides to sell the house or decides to turn it into an Airbnb so that they're being forced to go and find a new place to live and that rental unit is now off the market.”

Housing: Summary of Key Drivers

"I really do believe in the housing-first model. We don't have enough housing. We don't have enough high-quality affordable housing. So, we need to address the barriers to building more housing, to the cost of housing, to giving people wraparound and supportive services when we do provide housing."

#	Key drivers (not in order of importance)
1	A severe lack of affordable, safe, and accessible housing.
2	Workforce shortages exacerbated by limited housing options.
3	Changes in VT landscape and population impacts affordable housing.
4	Challenges in maintaining or repairing living environments.
5	Growing number of unhoused Vermonters, especially among LGBTQ+ community and families with children.
6	Economic support, policies, and initiatives for affordable housing are insufficient.
7	Exposure to high-risk situations because of unstable or lack of permanent housing options.
8	Underutilization of vacant properties and not repurposing available spaces.
9	Youth and young adults unable to afford housing independently,
10	Housing discrimination limits access for communities already experiencing inequities.
11	Housing does not fit the needs of its inhabitants, but no one able to move.
12	Many living in very low-quality conditions.
13	Frequent rent increases without improvements in living conditions.

Housing: Possible Solutions

“If you're going to build something new, build something that has services attached sort of, again, as a population center where people can access affordable housing, affordable childcare and access to mental health and social service supports in a hub of some kind. Those are really innovative projects that we don't see enough of.”

These solutions were identified by participants of the focus groups and interviews.

Possible solutions

Assess policies around zoning and building restrictions to work towards building sustainable and affordable local housing.

Legislate against short term rentals so there are more housing units available to rent.

Create a statewide database of buildings that are unused or underused and incentivize developers to build housing.

Enforce/update regulations and policies around who receives economic support for housing.

Structure housing support services differently based on individual needs (e.g., people with disabilities, families, older people).

Increase the speed at which housing support is provided.

Provide additional financial and support services for individuals or families at-risk of housing instability.

Update standards for landlords to require safe and quality housing environments for tenants at affordable prices and ensure renter protections are included.

Fund initiatives that renovate/fix housing to meet quality standards.

Coordinate a more mobilized and structured response to addressing housing issues caused by natural disasters.

Build or provide employee housing for essential workforce employees.

Promote workforce training and skill-based trades that address capacity shortages in the construction of homes.

Build housing communities rather than housing units to encourage walking, social connections, and access to services and supports.