

Vermont State Health Assessment Community Engagement Data

People who are Unhoused

The data in this slide deck is specific to the health needs of
people who are unhoused in Vermont.

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 and/or support people who are unhoused.

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 with 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 participated in the State Health Assessment?

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	Key informants
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%

People who are Unhoused: Key Drivers & Health Impacts

(slide 1 of 6)

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

Key Drivers	Health Impacts
1. Communication barriers: Information is not easily found or understood by those who desperately need it. Language barriers. Information on benefits, rules, wait lists, who gets housing, where to find help, intake and medical forms, medication info, Medicaid info, etc. is missed.	Confusion, helplessness, deteriorating health.
2. Bureaucratic hurdles to accessing healthcare: Need identification, birth certificate, records from previous provider to start Medicaid and healthcare. Hard to have this succeed without a permanent address.	Delayed medical care, not getting basic needs met, getting all healthcare needs in the ER. "If you don't have an address, how are you going to update your forms? How are you going to fill them out?...How are you going to know if you get Medicaid, food, or SNAP benefits?"
3. Difficulty making and keeping appointments. Anything that is not walking distance becomes a barrier. Hard to find ways to schedule. Sleeping instead of making appointments.	Not attending medical appointments, getting into rehab bed, or going to pharmacy to pick up medications.
4. Limited number of dentists and other specialists: very few dentists available for a population with significant dental issues, and only one dentist in the state who accepts Medicaid and extracts teeth with anesthesia, no orthopedic doctors available for domestic abuse situations, no rehab beds available.	Living with a lot of dental pain, going without teeth, no dentures, infected teeth, only eating soft foods, not smiling.

People who are Unhoused: Key Drivers & Health Impacts

(slide 2 of 6)

Key Drivers	Health Impacts
5. Poor quality of healthcare: misdiagnosis is rampant. Medical professionals not putting in the effort, and not hearing and addressing the issues. "It's hard when you see the same people come in and out...It's got to be taxing...to see the same fifty people come in and out with the same problems...Probably there's something going on that's causing them to have those problems over and over again. So rather than looking down your nose at them...maybe you should try to figure out how to help them not have that same problem over and over again..."	Untreated UTIs, broken bones. People not getting the treatment they need because they do not want to be "treated like garbage."
6. Shelters are asked to work far beyond their scope, finding ways to accommodate and help older, disabled, transgender, those with mental health, substance use, or medical issues, families, kids, etc.	Needs are not being met. Safety concerns. High burnout rate for shelter staff. Infectious diseases present.
7. Medicare not covering essentials, such as eyeglasses, podiatrist care, tooth extractions. Covering only 14 days of substance use rehab.	Not getting healthcare needs met. Further inability to care for self and interact safely in environment.
8. Being discharged into the streets from a hospital bed after a medical procedure, rehab, or after rounds of antibiotics. "When I think about somebody who goes to the ER and their issues are addressed, it blows my mind that we then let them go back out to the street. Do you know what I mean? They are discharged from the ER and then back to the street."	Shelter staff has no capacity for continuity of care. In the streets they will be unable to continue healing. Impossible to stay in sobriety.

People who are Unhoused: Key Drivers & Health Impacts

(slide 3 of 6)

Key Drivers	Health Impacts
9. Live without disposable income. Assistance program rates are not growing at the same rate as inflation. Income requirements for benefits make little sense for those in such dire needs.	No money for basic needs. The highest priority is survival. Neglect healthcare.
10. Hard to stop the quality-of-life snowball effect once someone loses housing. Very difficult to find an employer to hire someone with a prison record or unhoused people, get a job without ID.	People are buying and selling drugs to survive. Buying and selling lead to usage.
11. Any extreme weather effects are magnified when living outside. Subzero temperatures, flooding, windchills, and extreme heat.	Constantly wet, cold, and losing drinking water when there's a freeze. Going to the ER when weather conditions worsen.
12. No capacity in shelters, no affordable housing and no housing units available. Vouchers stopping because there are no available units to use them on. Those ready to leave shelter have no housing to move into.	Cannot address any healthcare items until there's a permanent and safe roof over one's head. "The relationship is very, very strained between the housing world and the mental health world because there's such a high need for more mental healthcare."

People who are Unhoused: Key Drivers & Health Impacts

(slide 4 of 6)

Key Drivers	Health Impacts
13. Unstable, unsafe living conditions. Live in cars, couches, woods, encampments, abandoned buildings, under bridges. Some would rather be in jail than on the streets because that way they know they will have a meal and a place to sleep. Making crisis situations to go to ER.	Significant emotional stress not knowing where they will sleep each night, where kids are going to school, how and if can get to work, if they will be moved to a different location. No continuity of care.
14. Living in hard physical conditions: being exposed to the elements, sleeping in weird positions to stay warm, unsanitary conditions, no drinking water, limited food, and being exposed to unsafe situations. Hard to keep medications, especially those that need refrigeration.	People become less healthy as they live outdoors or in a hotel, and they need a higher level of services after. Using drugs and alcohol to get numb, to feel like they are not freezing, to get some sleep, to pass out. Not being able to get quality sleep impacts kids – decreases immunity, increases behavior issues. Hard to manage illnesses, an injury, or wound care without it getting infected.
15. Repeated inability to get and keep housing: no-cause evictions, rents being raised frequently, multiple discrimination issues with landlords, being unaware of section 8 housing rules, poor previous landlord references, bad credit history, being in debt.	Emotional stress: Worry if a housing solution will be taken away or if they'll be unable to hold onto it. Feeling powerless over circumstances.

People who are Unhoused: Key Drivers & Health Impacts

(slide 5 of 6)

Key Drivers	Health Impacts
16. Severe untreated physical and mental health conditions with repeated high use of ER for all health needs: Diabetes, pulmonary issues, wounds (frostbite, diabetes, xylazine), infections, infectious illnesses, broken bones, issues with teeth, substance use disorder, bipolar disorder, schizophrenia, cancer, living with multiple chronic conditions.	Living with chronic pain and deteriorating health with decreasing ability to treat it. Repeated high utilization of emergency department for all health needs.
17. Widespread discrimination based on socioeconomic status or substance use background. Not being taken seriously in ER, not taking health concerns seriously, dismissed as drug seeking, treated inhumanly. They are told to get a job, and that they've brought it on themselves. "I don't want the drugs. I can get better drugs on the street myself. What I want is to know what's wrong with me and fix that situation. And I shouldn't be made to feel like I'm less than because I happen to have a drug problem."	Getting those who have been traumatized in a medical setting to feel safe enough to tell a provider what is going on is a huge access barrier. Not getting the treatment needed.
18. Not nearly enough daily living support for those living with moderate and severe mental health conditions such as bipolar disorder or schizophrenia.	They may not remember to take meds, pay bills, upkeep an apartment, and are more susceptible to becoming unhoused.

People who are Unhoused: Key Drivers & Health Impacts

(slide 6 of 6)

Key Drivers	Health Impacts
19. The state is not providing a crisis response for those in dire need. Not enough beds for people in full blown crisis. Nowhere for minors to go in a crisis. VT has a high threshold for involuntarily committing someone to get services, even when in danger to self or property.	Becoming unhoused because of mental health crisis.
20. Turning to alcohol and drugs to medicate mental health conditions or to be able to handle living unhoused. "Whatever you guys can do to help make the state and federal government really realize that we wouldn't have all the substance abuse issues. We wouldn't have all the crimes, we wouldn't have all this homelessness, there's so many things we wouldn't have if we had a better mental health system."	Overdoses, wounds, neglect of medical needs, health spiraling down. Xylazine can cause amputation and multiple blood infections.
21. A new level of the substance use crisis , one that is in line or surpassing that of big cities. People are injecting substances in main streets, during the day. Needles, blood, garbage, vomit, and feces are everywhere. People yelling and screaming in the streets.	Overdoses, helplessness, infection concerns. A stressor for the entire community. Safety concerns.

People who are Unhoused: Summary of Key Drivers

#	Key drivers (not in order of importance)
1	Multiple communication barriers leading to lack of basic information about benefits, medication, etc.
2	Bureaucratic hurdles to accessing healthcare.
3	Difficulty making and keeping appointments.
4	Limited number of dentists and other specialists.
5	Poor quality of healthcare.
6	Shelters are small, distributed widely, and are asked to work far beyond their scope.
7	Medicare not covering essentials.
8	Being discharged into the streets from the hospital.
9	Assistance programs are not growing at the same rate as inflation.
10	Hard to stop the quality-of-life snowball effect once someone loses their housing.
11	Any extreme weather effects are magnified when living outside.

#	Key drivers (not in order of importance)
12	There are not enough services, beds, funds, and safe places.
13	Unstable and unsafe living conditions.
14	Hard physical conditions take a toll.
15	Repeated inability to get and keep housing.
16	Many severe untreated physical and mental health conditions with repeated high utilization of ER for all health needs.
17	Widespread discrimination based on socioeconomic status or substance use background.
18	Not nearly enough daily living support for those living with moderate and severe mental health conditions.
19	The state is not providing a crisis response for those in dire need.
20	Turning to alcohol and drugs to medicate and handle living condition.
21	A new level of the substance use crisis for those without housing.

People who are Unhoused: Possible Solutions

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

Possible solutions

Bring healthcare to where unhoused people are, such as food kitchens, shelters, motels, community centers. Include mental health, substance use, case management, wound care, foot care, and other acute needs.

Provide training in trauma-informed care to those who serve/interact with people who are unhoused.

Conduct root cause assessments of the needs of people who routinely using the ER to address underlying needs.

More available beds for those being released from the hospital after a medical procedure.

More outreach workers, case managers, shelter staff, advocates, crisis responders, and daily living educators.

Partner housing solutions and shelters with food shelves to offer nutritious meals.

Support people who are newly in transitional or permanent housing to ensure they succeed in keeping housing – support activities of daily living, budgeting, cleaning, cooking, parenting, tenant skills, and financial literacy.

More housing and shelter options that are specifically designed for different populations, such as families, older people, people with substance use disorder, acute mental health problems, or significant health concerns or disabilities.

Have more public bathrooms accessible to everyone in all seasons and have places in town where people who are unhoused can do their laundry, shower, and get haircuts.

Build housing communities rather than just housing units. Build places that encourage walking, social connections, and where everyone can get services and support to be successful.

Have shelters open 24-7 during climate extremes and enough spots for everyone in shelters.

Provide accessible and safe injection sites.