

## **Executive Summary**

Housing is a widely recognized social determinant of physical and mental health—and a foundation for advancing health equity. Inadequate housing—defined by a lack of stability, affordability, quality, or neighborhood opportunity—can lead to adverse health outcomes, including medical conditions related to unsafe environments and mental health challenges driven by financial stress. These risks are amplified for elderly individuals, low-income households, people living with disabilities, and individuals experiencing homelessness. For these populations, stable and affordable housing acts as a form of preventative care by supporting overall well-being and reducing the need for emergency medical services.

This summer, Addison Housing Works (AHW) explored how housing supports health equity through a Community Health Survey. The survey aimed to better understand residents' access to healthcare, their perceptions of housing and health, and the barriers they face in meeting their health needs. The findings will guide AHW in expanding access to health resources that may be underutilized or currently unavailable to residents. Through this work, we identified three key insights at the intersection of housing and health:

### **1. Resident Socioeconomic Demographic & Health Vulnerability**

Survey respondents represent a population particularly vulnerable to the health impacts of inadequate housing. Notable findings include:

- 84% of respondents reported annual incomes of \$50,000 or less, with 51% earning under \$25,000.
- 64% of respondents were over the age of 65.
- 38% reported having a chronic health condition, and 32% reported living with a disability.

These statistics highlight the challenges faced by older, low-income individuals—many of whom also have complex health needs. Low income individuals especially those who are elderly and/or have a preexisting health condition, may struggle to pay their bills on time, live their lives free from hunger, access health care, provide quality before- and after-school childcare, and continue their education, and employment, and more.

### **2. Housing as a Platform for Health and Stability**

Residents overwhelmingly recognized the importance of housing in supporting their health:

- 91% of respondents agreed or strongly agreed that their housing is critical to their health.
- 89% said their housing meets their current and future needs.
- A majority also reported having adequate access to food and income to meet basic needs.
- 90% of respondents reported engaging in at least one form of physical activity per day—ranging from walking to their mailbox, participating in a fitness class, or working on their feet throughout the day

This data demonstrates residents' understanding of and access to housing as a site for preventative healthcare. Residents also showed a meaningful interest in utilizing their housing community as a site for continued health dialogue and collective learning. Survey participants expressed enthusiasm for community-based conversations and programming focused on physical activity, aging, healthy eating, and mental health. These findings highlight an opportunity for AHW to support resident-led initiatives and develop collaborative health programs rooted in the community's own interests in health.

### **3. Healthcare Access and Persistent Barriers**

While housing acts as a site for preventative healthcare, we also wanted to address residents' ability to access health care treatment in the community. The survey evaluated residents access health insurance as insurance plays an integral role in making health insurance more affordable to these low income populations.

- 100% of respondents said that they had health insurance--a majority of respondents being recipients of Medicaid and Medicare
- Most residents had access to specific healthcare services, including primary care, specialist care, mental health services, etc.
- Despite this, many reported that barriers to accessible healthcare persist. These include affordability issues, limited appointment availability, transportation challenges, and a lack of information about available healthcare services.

Health insurance alone does not guarantee adequately affordable, comprehensive or timely care. The gaps in healthcare access highlight the need for expanded resources that proactively support health and well-being, particularly for vulnerable populations. One way to bridge these gaps is by focusing on prevention—supporting health before individuals require clinical intervention.

### **Recommendations**

As medical resources in Addison County suffer budget constraints and residents face potential budget cuts to insurance, housing may be an essential resource for preventative healthcare services through connecting residents to resources that help them meet their needs. The needs assessment driven by survey data informed our recommendations for promoting the health of AHW residents through reducing healthcare accessibility gaps and making health living more accessible to the community. AHW is uniquely positioned to play a role in this preventive approach by helping residents stay well and avoid over-reliance on the healthcare system. By fostering healthier living conditions and community-based wellness programs, AHW can contribute to reducing healthcare expenses and avoidable primary care and emergency room visits—improving both individual outcomes and overall system efficiency.

These recommendations include: updating and maintaining an online resource directory, expanding family support services, and consideration of expansion of partnership collaboration with programs such as SASH. We also recommend that AHW considers re-evaluating residents healthcare needs

### **1. Updating and maintaining an online resource directory**

The healthcare resource page on AHW's website does not appear to be regularly maintained, with several outdated links currently listed. While residents may not rely on the website as their primary source for healthcare information, it is essential that AHW avoids sharing inaccurate or obsolete content. If AHW intends to continue offering online resources to residents, there should be a system in place to ensure the information remains relevant and up to date. Rather than creating a new, AHW-specific resource guide, we recommend leveraging existing healthcare resource directories that are already maintained and publicly available through local hospitals and Vermont 211.

### **2. Expanding family support services to maintain relationships and conversations about individual and community health needs**

During the process of soliciting responses to the survey, we conducted a site visit to Vergennes Community Apartments, where we received direct feedback on our survey. One respondent shared his concerns about his shower; he was nervous about slipping and falling given his existing health condition. Having an accessible shower, and greater living space, is integral to the health of AHW residents. Those living in HUD properties are entitled to accommodations—such as the installation of accessible showers—through property management. While property management is responsible for implementing these accessibility features, it is the presence and availability of AHW staff that gives voice to residents' needs and connects them to resources that can meet those needs.

Our site visit highlighted the importance of fostering a community where residents are supported in voicing their needs. We recommend that AHW continue to expand their availability for family support services—not only to maintain the accessibility of residential spaces, but also to build stronger engagement with the community. Having a staff member who can direct residents to community resources and opportunities—such as free pool passes in the summer or food pantries—helps enable low-income families to meet their needs in an affordable and sustainable way.

### **3. Consideration of expansion of partnership collaboration with programs such as SASH for All**

We recommend that AHW further explores the possibility of expanding in-house healthcare resources for residents. SASH (Support and Services at Home) is already integrated into AHW properties, providing critical support for aging and medically vulnerable residents. Now, a new pilot program—SASH for All—is being implemented in Brattleboro to expand access to preventative healthcare services for *all* residents of participating affordable housing communities, regardless of age or insurance status. This pilot brings onsite services such as regular blood pressure and diabetes monitoring, alongside social programming that fosters community connection and mental wellness. By embedding preventative care within the housing environment, SASH for All helps make healthcare more accessible and less reliant on traditional clinical systems—especially for residents who face affordability and availability barriers. Anyone who is a resident of the participating housing community is eligible for SASH for All, regardless of health insurance provider or status.

Long-term benefits of the program, include increased housing stability, improved chronic disease management, decreased healthcare costs through a shift toward prevention, improved financial security, and even higher educational attainment. These outcomes directly align with the needs of AHW residents, who report high rates of chronic illness and limited access to care. Expanding collaboration with initiatives like SASH for All represents a sustainable path forward in bridging healthcare gaps and improving resident well-being through housing-based interventions

### **4. Re-evaluation of community healthcare needs in the next calendar year**

As the landscape of healthcare in the United States is changing under the current administration, we recommend that Addison Housing Works continue their investigation into residents' barriers to healthcare in the coming years. OBBA (One Beautiful Big Bill Act) poses a new threat to the vulnerable population that AHW houses due to cuts to not only Medicaid, but also other government programs, such as SNAP (Supplemental Nutrition Assistance Program), which low-income families rely on to maintain their health. Officials estimate that 45,000 Vermonters will lose healthcare because of the bill.

This means that the healthcare landscape in Vermont is likely to change drastically in the coming year. Although residents have expressed satisfaction with their current healthcare access, gaps such as affordability and availability may widen as individuals lose their healthcare, and hospitals become resource constrained. We may see that preventive healthcare measures at the site of housing become even more important as hospital healthcare services become less accessible.

In support of the mission of housing as a platform for health equity, we encourage AHW to implement an assessment of residents' healthcare access as part of an annual survey. This reassessment could take the form of a full reproduction of the survey conducted this summer or a selection of key questions derived from it. These questions might include data collection on residents' access to health insurance, satisfaction with how their housing meets their health-related needs, and the persistent barriers they face in accessing healthcare. To help track changes in healthcare access over time, we have included a one-page example of suggested survey questions that could be included in AHW's next annual survey.