



Housing & the Built Environment

Goal

Everyone has a safe, healthy place to live

On any given day, we are all likely to spend a substantial portion of time in our homes. So it is important for everybody to have a reliable shelter, and that the environment there be safe and healthy. A variety of health effects result when people must live in sub-standard housing, or have no place to call home.¹

Beyond housing, the “built” environment matters, too. Conditions in our community directly affect our exercise and play patterns, the kinds of foods, goods and services we can access, the quality of the air we breathe and the water we drink, and how well we are able to connect socially with other people.²

The extent to which these factors affect our health should not be underestimated. Focusing health promotion efforts solely on education or behavior change—without taking into account our physical and social environments—may fail to reduce health inequities.

What is homelessness?

There is more than one definition of homelessness. The McKinney-Vento Act, a federal law designed to assist people who are homeless, defines this status broadly. While also covering the more traditional images of street and shelter homelessness, this federal definition includes people who are often considered “precariously” housed.

This may mean that they double-up at the home of a friend or relative, or move from one of these places to another.

The U.S. Department of Housing & Urban Development (HUD) defines homelessness as living in a place that is “not meant for human habitation” (a car, abandoned building, etc.), as well as homeless shelters (including shelters for victims of domestic abuse who have nowhere else to go), or sub-standard traditional housing.

Too many with no place to call home

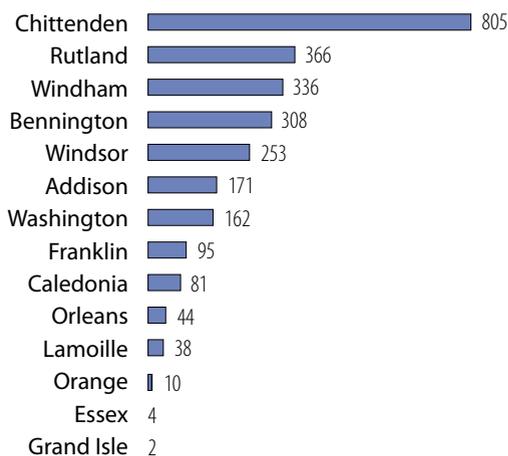
Most counts of homelessness understate the problem. For example, it is estimated that in addition to the 3,500 Vermonters counted in homeless shelters in 2008, there were an additional 1,650 homeless people in Vermont that year, for a total of more than 5,000 without a home.³

The state’s most recent point-in-time survey, conducted by the Vermont Housing Council on January 28, 2009, counted 2,666 homeless Vermonters. Of those, 1,410 were classified as homeless (as defined by HUD), 1,136 were classified as precariously housed, and 120 were not classified.

The greatest number of people contacted in that survey were living in Chittenden County, and people younger than age 35 made up most of the homeless population in Vermont.

Homeless Vermonters, # by County

Point-in-Time Survey • January 28, 2009



NOTE: Statewide unduplicated counts may not equal the sum of county totals.

Definitions

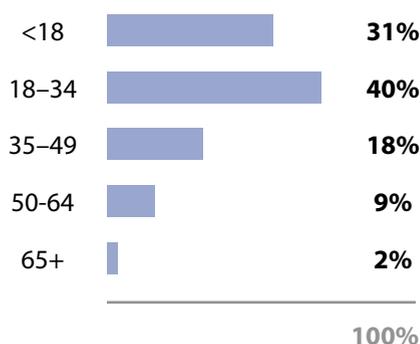
Affordable housing = A standard definition is when no more than 30 percent of a household’s income is paid out for rent, utilities, mortgage, taxes, and homeowners’ insurance.

Built Environment = The way neighborhoods are designed and maintained. The built environment includes roads and paths, common spaces and buildings, playgrounds, stores and shops, utilities, etc.

Homelessness = This can mean living in a place not meant for human habitation, to staying in a temporary shelter – to “doubling-up” at the home of a friend or relative or moving from one place to another every few nights (*precariously housed*).

Homeless Vermonters, % by Age

Point-in-Time Survey • January 28, 2009



Although the number of people counted in the 2007, 2008 and 2009 surveys has not changed dramatically, the number of homeless people who are part of a family group has grown steadily, from 928 in 2007, to 1,049 in 2008, and to 1,222 in 2009.

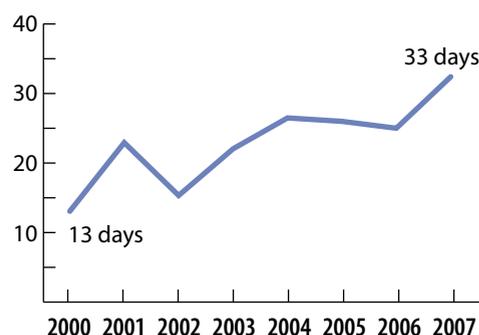
Homeless Vermonters are not always able to find a place to stay. From 2000 to 2007, the number who were able to find a room in one of the 22 state-funded homeless shelters declined, because the length of time people stayed in shelters more than doubled.

> In 2000, the total number of homeless people served by shelters in Vermont was 4,897, compared to 3,463 in 2007.

> In 2000, the average length of stay in a homeless shelter was 13 days, compared to 33 days in 2007.

Length of Stay in Homeless Shelters

Average # days per stay in a Vermont shelter



The high cost of housing

Developing more housing that is affordable for low-income people, particularly housing with supportive services, may be a key solution.

The median purchase price of a home in Vermont was \$200,000 in 2008, slightly more than double the median price in 1996. To afford such a home would require an annual household income of \$63,000, plus \$14,000 cash to cover a 5 percent down payment and closing costs. Most Vermont households (61%) do not have the income to afford such a home.³

The median income for Vermont households is \$49,382.⁴ With that income, a buyer could afford a home priced at about \$163,000, assuming the buyer also had \$11,000 in cash for a down payment and closing costs.

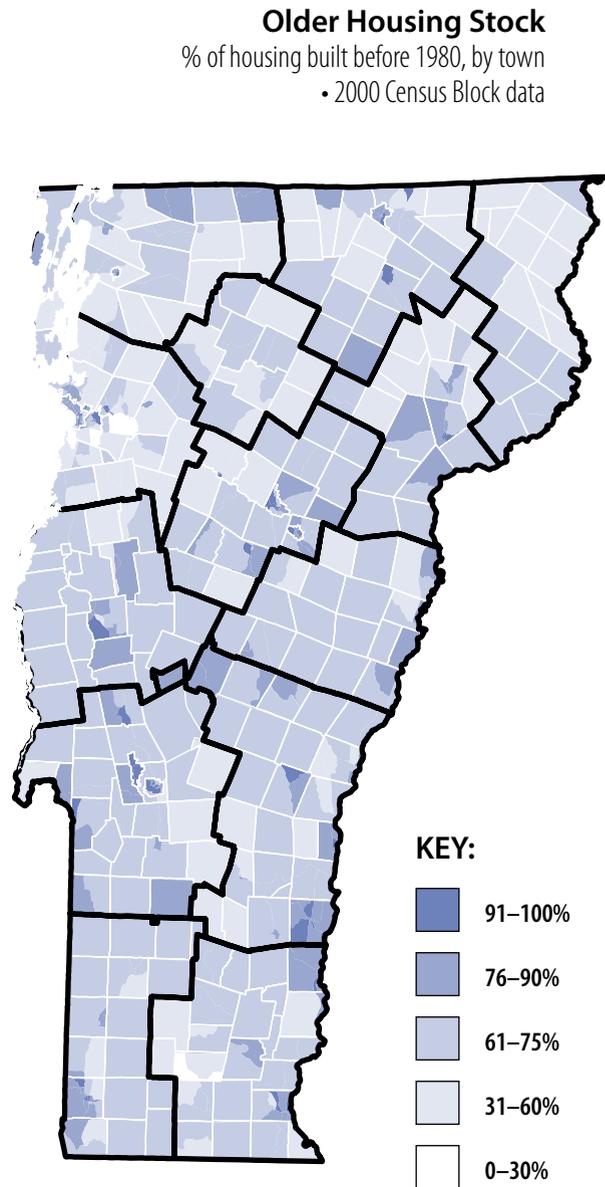


> 34% of Vermonters are living in homes considered *not* affordable (costing more than 30% of household income).⁵

To rent or not?

Renting in Vermont is not always an affordable alternative to buying. The Fair Market Rent for a modest two-bedroom apartment in Vermont was \$914 in 2009. This is a 9 percent increase since the year before, and a 63 percent increase since 1996.³ To afford the 2009 rent, a household would need to earn \$17.57 per hour (more than double the minimum wage of \$8.06 per hour), or \$36,550 annually. At least 52 percent of Vermont's non-farm workforce—more than 151,216 people—were employed in jobs paying less than that.³

> 45% of Vermonters are living in rental units considered *not* affordable (costing more than 30% of household income).⁵





Indoor air quality

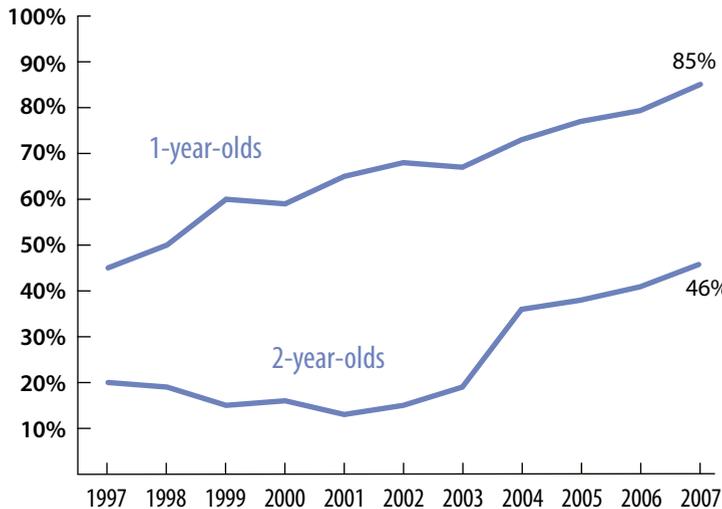
The physical structure and the routine maintenance of a home can affect the health of its occupants. Both children and adults who live in older or dilapidated housing can be exposed to allergens and irritants that provoke asthma and cause more severe symptoms. A Vermont survey on asthma conducted in 2006 to 2008 found that 16 percent of adults who had poorly controlled asthma reported they had seen or smelled mold (a musty odor) in their home, compared to 11 percent of adults who had well controlled asthma.

This old house may be leaded

Lead is also a concern in older housing. Lead paint, and dust from lead paint, are the main sources of exposure for children. In Vermont, as much as 70 percent of housing was built before 1978, the year that lead was banned in residential paint due to its known toxicity.⁶

Blood Lead Level Testing

% of children tested for lead poisoning

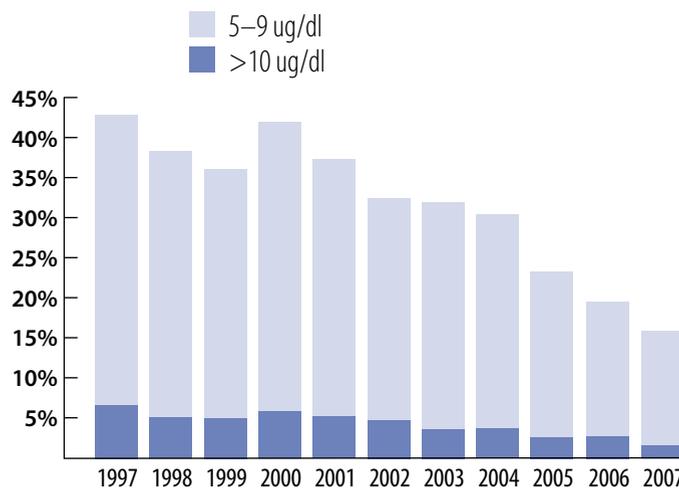


According to the 2008 Behavioral Risk Factor Surveillance System, of Vermonters who have children age 6 or younger in the household, 55 percent live in buildings built before 1978 and may be exposed to lead paint.

There is no safe level of lead in the body. In children, exposure to lead may result in learning disabilities, behavioral problems, decreased intelligence and poisoning. The Vermont Department of Health's Childhood Lead Poisoning Prevention Program monitors lead levels in children throughout the state, and reaches out to communities that have a higher risk for lead poisoning due to older housing stock.

Trends in testing rates have continued to rise. In 2007, 85 percent of 1-year-olds and 46 percent of 2-year-olds were tested for lead, compared to 45 percent of 1-year-olds and 20 percent of 2-year-olds in 1997.

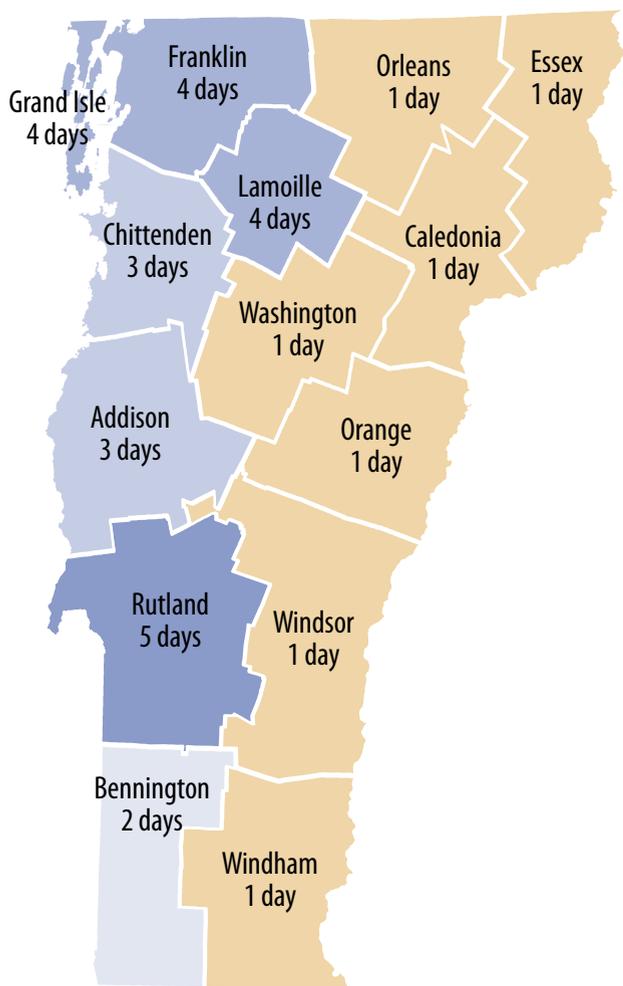
Elevated Blood Lead Levels of 1-year-olds tested for lead in Vermont, % with elevated blood lead levels



With more children being tested, data show a decline in the rate of children with reported elevated blood lead levels as well – from 13 percent of children tested in 1994 to 1.9 percent in 2007. However, in 2007 there were still 183 children between birth and 6 years who were identified with blood lead levels of 10 ug/dL or greater.

Air Pollution Days

Average # of days per year with high levels of fine particulate matter in the air
CDC/EPA Collaboration • 2005



Outdoor air quality

Many studies have shown that poor air quality can contribute to increases in chronic conditions, particularly respiratory illnesses, and death.

Vermont has much less traffic congestion, commerce and industry that could contribute to poor air quality. Even so, there are days when high levels of fine particulate matter in the air make it risky for the very young, the very old, and people with chronic conditions such as asthma, to be outdoors and physically active.

According to a 2005 collaborative study by the Centers for Disease Control & Prevention and the Environmental Protection Agency, Rutland County had the most bad air days due to high levels of fine particulate matter, and the eastern and central counties had the fewest bad air days.

Safe routes to work, school and play

Physical environments that are designed to encourage commuting to work or school by foot, bicycle, or public transit help to promote physical activity by making it part of people's daily routine. Safe routes and public transportation options also expand access to jobs, education, healthy foods, social interaction, recreation and health care.



As a largely rural state, public transportation is limited in many areas. The most recent census data shows that fewer than 1 percent of Vermont workers age 16 and older take some form of public transportation to work, compared to 5 percent nationally.⁵

Some larger communities do offer public transportation. In Burlington, where there is a relatively extensive network of buses, nearly 4 percent of workers take public transportation, compared to nearly 2 percent for all of Chittenden County.

Compared to the rest of the U.S., however, Vermonters are walkers. Overall, about 6 percent of Vermonters age 16 and older walk to work, twice the national average of 3 percent. In recent years, a number of communities in the state have been working to become more walkable, constructing sidewalks and creating bike paths for safe recreation and commuting to work and school.

By the end of 2008, the Vermont Agency of Transportation's Bicycle & Pedestrian Program had completed or begun construction on 73 new miles of multi-use trails, funded with nearly \$35M in federal awards. An additional 100 miles of projects are in planning, including 92 miles of the Lamoille Valley River Trail. Another 11 community sidewalk and other pedestrian enhancement projects were completed in 2008, totaling \$1.7M in federal awards.



Safe Routes to School

Construction of pedestrian & bike paths •2008



More communities have applied for funding than there are funds available. For schools, approximately \$1.75M has been allocated to the Safe Routes to School Program, to fund sidewalk expansion projects and other infrastructure.⁷

★ Safe Routes to School Projects:

Bristol	Elementary & Middle Schools	Montpelier	Main Street Middle School/ Union Elementary School
Burlington	CP Smith School	New Haven	Beeman Elementary School
Chittenden	JJ Flynn Elementary School	Northfield	Elementary School
Fairfax	Frederic Duclos Barstow Memorial School	Norwich	Marion Cross School
Fair Haven	Bellows Free Academy	Orleans	Elementary School
Franklin	Grade School	Putney	Central School
Hartford	Central School	Richmond	Elementary School
Hinesburg	Dothan Brook School	Readsboro	Central School
Hyde Park	Community School	St. Johnsbury	School
Jericho	Elementary School	Williamstown	Elementary School
Middlebury	Elementary School	Windsor	State Street School
	Camel's Hump Middle School		
	Mary Hogan Elementary School		

Safe and secure communities matter

Fear, resulting from high crime rates in a community, can keep people from feeling safe enough to use sidewalks and other multi-use trails to access goods and services, or for recreation. Unsafe communities can also lead to chronic stress among individuals in these communities.

In Vermont, the highest rates of violent crime are in Franklin, Chittenden and Windham counties. The lowest rates are in Grand Isle, Orleans, Orange, Lamoille and Washington counties.

Violent Crimes per 100,000 people, by Vermont county

Addison	—
Bennington	130
Caledonia	133
Chittenden	189
Essex	—
Franklin	216
Grand Isle	44
Lamoille	75
Orange	73
Orleans	67
Rutland	108
Washington	86
Windham	164
Windsor	116

Safe Communities

of violent crimes per 100,000 people
Uniform Crime Reporting, FBI • 2005 -2007



Farm-to-Family Food Coupons

Participating markets • 2009



Farmers Markets that accept Farm-to-Family Coupons:

Barre	Highgate	Randolph
Bellows Falls	Hinesburg	Richford
Bennington	Isle La Motte	Richmond
Bradford	Jericho	Royalton
Brandon	Londonderry	Rutland
Brattleboro	Lyndonville	Shelburne
Bristol	Manchester Center	South Hero
Burlington	Middlebury	St. Albans
Chelsea	Milton	St. Johnsbury
Chester	Montpelier	Stowe
Craftsbury Common	Morrisville	Townshend
Danville	Newport	Waitsfield
Dorset	North Hero	Waterbury
Enosburg Falls	Norwich	Westford
Fair Haven	Orwell Village	Williston
Grand Isle	Plainfield	Winooski
Hardwick	Poultney	Woodstock

Definition

Food Desert = A place where people have little or no access to healthy food choices.

Are essential foods within reach?

Eating two or more servings of fruit and three or more servings of vegetables every day is part of a healthy diet.

Communities that have affordable fresh fruit and vegetables within a reasonable distance promote health by enabling residents to eat healthier foods. Living in an area where there is a lack of healthy foods, yet a high concentration of unhealthy goods and services, such as liquor stores and fast-food restaurants, shapes health behaviors and perceptions about the neighborhood.

Such “food deserts” are often found in low-income urban areas. However, rural areas of Vermont, where people may live more than a short and easy drive away from a well-stocked grocery store, can also seem to be a food desert, particularly during the long winter months.

One expanding resource for fresh fruits and vegetables are farmers’ markets, many of which accept *Farm to Family* coupons. People who are eligible for these coupons include families enrolled in the Vermont



Department of Health's WIC program and other individuals or families who are low income. As of 2009, 51 towns in Vermont hold eligible farmers' markets at some point throughout the summer.

The Farm to Family Program began in 1987, with three farmer's markets accepting coupons, and has grown every year since. The coupons were redeemable at 56 Vermont market sites, and that number will top 60 markets in the 2010 growing season. ▼

References

¹*Alliance for Healthy Homes.*

www.afhh.org.

The Characteristics and Needs of Families Experiencing Homelessness.

www.community.familyhomelessness.org

²*Prevention Institute.*

The Built Environment and Health.

www.preventioninstitute.org

³*Vermont Housing Council and Vermont Housing Awareness Campaign,*

"Between a Rock and A Hard Place: Housing and Wages in Vermont,"

April 2009.

⁴*U.S. Census Bureau. Current Population Survey three-year average median income estimates for years 2005-2007.*

⁵*U.S. Census Bureau, 2005-2007*

American Community Survey.

⁶*Vermont 2006 Childhood Lead Poisoning Prevention Program Annual Report to the Legislature, submitted January 16, 2008.*

⁷*Vermont Agency of Transportation.*