



# **Health & Homelessness among Veterans:** *A Needs Assessment of HCH Grantees*

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NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# Presentation Outline

Literature Review



Study Methods



Findings



Implications



# Discussion

Do you have experience working with unstably housed veterans?



Any observations regarding demographics, prevalent diagnoses, unmet needs, etc.?





# Veterans without Housing in U.S.

Veterans make up **13%** of  
**adult homeless  
population**

**62,619** veterans were  
homeless on a single night  
in January 2012

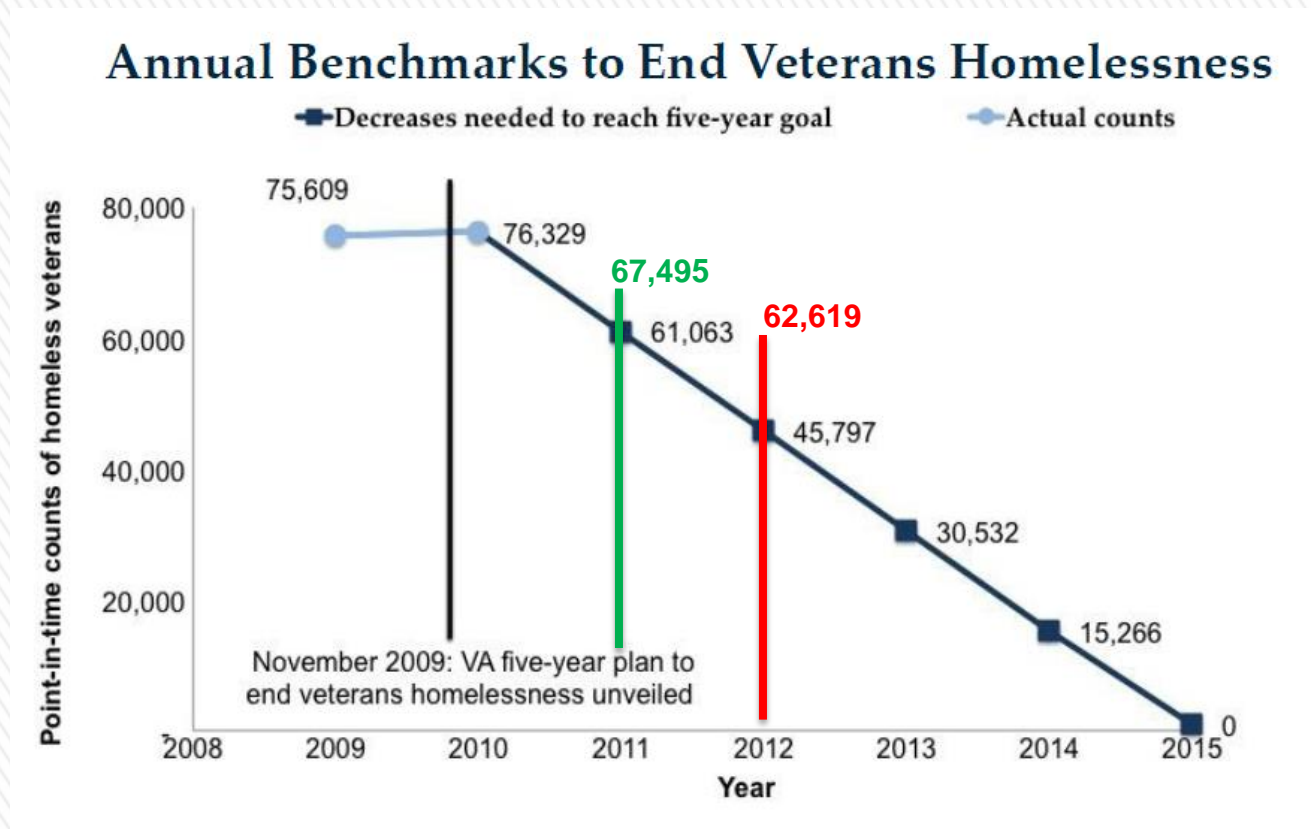
From 2009-2011: veteran  
homelessness **declined  
17.2%**

**Higher homeless  
incidences among  
OEF/OIF veterans** after  
5 years of military  
separation compared to  
non-OEF/OIF veterans

Sources: HUD, 2012; Office of Inspector  
General (VA), 2012



# VA & HUD's Goal to End Veteran Homelessness by 2015



Source: National Alliance to End Homelessness, 2011



# Utilization of HCH Services

3% of total  
HCH  
patients

**22,486**

veterans were served  
by HCH grantees in  
2011

Source: Uniform Data System (2011)



# Health Status of Unstably Housed Veterans

» Veterans without housing are more likely than housed veterans to:

- > Receive military sexual trauma (MST) related treatment
- > Have higher disability ratings
- > Be diagnosed with traumatic brain injury (TBI), co-occurring psych diagnoses, and major depression



» Veterans without housing are more likely than non-veteran homeless to report:

- > Chronic medical condition
- > 2 or more mental health conditions
- > Higher rates of hepatitis/cirrhosis
- > Higher rates of post-traumatic stress disorder (PTSD)

Sources: Office of Inspector General (VA) (2012); Buchholz et al., (2010); O'Toole et al. (2003)





# Barriers to VA Health Care

## Issues Accessing VA Benefits

- **Issues navigating application process**
  - Takes median of 9 months to get benefits
- **Limited knowledge of benefits**
  - 48% of veterans from OEF/OIF reported little or no understanding of VA benefits
- **Ineligible due to discharge status**
  - Prevalence of dishonorable discharge: 5-10% of homeless veterans
  - Less-than-honorable discharges are attributed to pre-existing personality disorders, substance abuse, and bad conduct

Sources: Fairweather (2006); Chen (2007); Gamache et al. (2000); Kushel et al. (2001); Adams (2012)



# Women Veterans

- » **Increasing Role in the Military**
  - > 41,000 in the Gulf War → 200,000 in OEF/OIF
- » **High Risk for Homelessness**
  - > Women veterans are **fastest growing segment** of homeless population in U.S.
  - > Women veterans are at **4x greater risk** of homelessness than civilians
  - > Risk of homelessness is increasing for women veterans who served in OEF/OIF
- » **Trauma**
  - > Affects 81-93% of women veterans
  - > Military Sexual Trauma (MST): affects between 20-48% of women veterans through sexual assault and 80% through sexual harassment
  - > MST & PTSD are risk factors for homelessness



Sources: Women in Military Service for America Memorial Foundation, Inc. (2009); Foster (2010); HUD, VA, & Nat'l Center on Homelessness among Veterans (2010); Washington et al. (2010); Zinzow et al. (2007); Foster & Vince (2009); Perl (2009); Gamache et al. (2003)

# Owning the Past:

Women who have just completed an intensive therapy program for veterans in Long Beach, Calif., shared their experiences of sexual trauma in the military, which led to homelessness for some.

» <http://nyti.ms/129KtSa>

**Source: New York Times**

**“Trauma Sets Female Veterans Adrift Back Home”**

<http://www.nytimes.com/2013/02/28/us/female-veterans-face-limbo-in-lives-on-the-street.html?pagewanted=all>



# Women Veterans:

## Under-Utilization Patterns

Women veterans under-utilize VA system in comparison to men (15% of females versus 22% of males).

### Why?

- Homeless women veterans perceive a **shortfall in health services tailored to their specific needs.**
- They are less likely to seek care in what they perceive to be **male-oriented programs.**
- They expressed need for **more outreach and communication** regarding the VA system.

Sources: Washington, Bean-Mayberry, Riopelle, & Yano (2011); U.S. Government Accountability Office (2010); U.S. Department of Labor Women's Bureau Demonstration Project (2010)



# Issues with Military History Screening

## Procedural Uncertainties:

- Who should ask about veteran status?
- When should screening take place?
- How should the screening question be phrased?

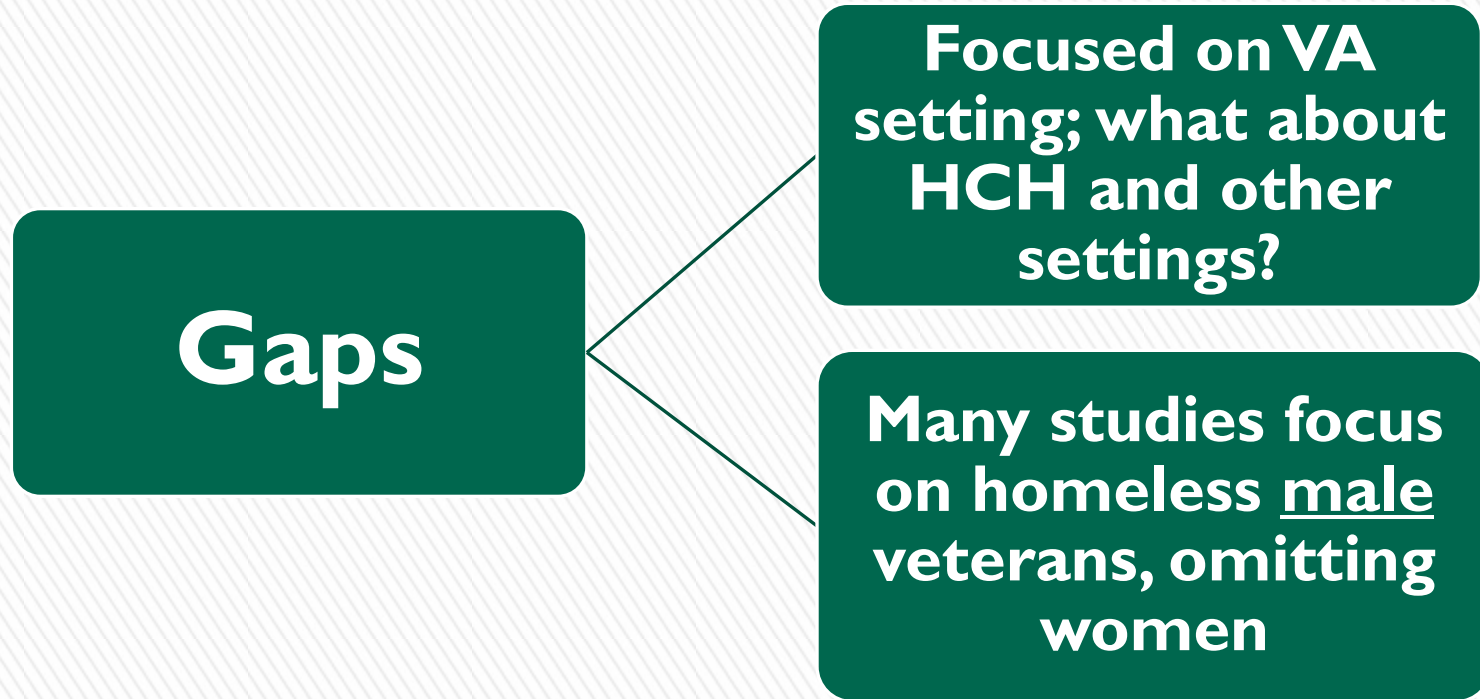
## Self-Identification Issues:

- Less than honorable discharge status
- Gender
- Negative experiences in military
- Confusion over definition of “veteran”

Sources: NACHC & Atlas Research (2011); Women's Bureau, U.S. Department of Labor (2011)



# Gaps in Literature



# Discussion

Any questions,  
observations, or  
comments about  
existing literature?



# National HCH Council's Veterans Needs Assessment





## Needs Assessment Phases

```
graph LR; A[Needs Assessment Phases] --- B["(1) Key expert interviews  
w/ HCH clinicians, admin, and consumers  
(Completed January 2012)"]; A --- C["(2) Focus groups  
w/ HCH clinicians and administrators  
(Completed February 2012)"]; A --- D["(3) Survey  
110/224 HCH grantees participated  
(Completed October 2012)"];
```

(1) Key expert interviews  
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(3) Survey  
110/224 HCH grantees participated  
*(Completed October 2012)*



# Key Research Questions

1. How do HCH grantees **identify** consumers with veteran status?
2. What is the general **health status** and **demographic profile** of veterans seeking care from HCH grantees?
3. What **services** are veterans receiving from HCH grantees?
4. How are **women veterans** utilizing HCH services?
5. What are the greatest **unmet needs** of veterans utilizing HCH services?
6. Are veterans being **referred to the VA** health system?
7. How do HCH grantees and local VA offices **collaborate** to provide more coordinated care?



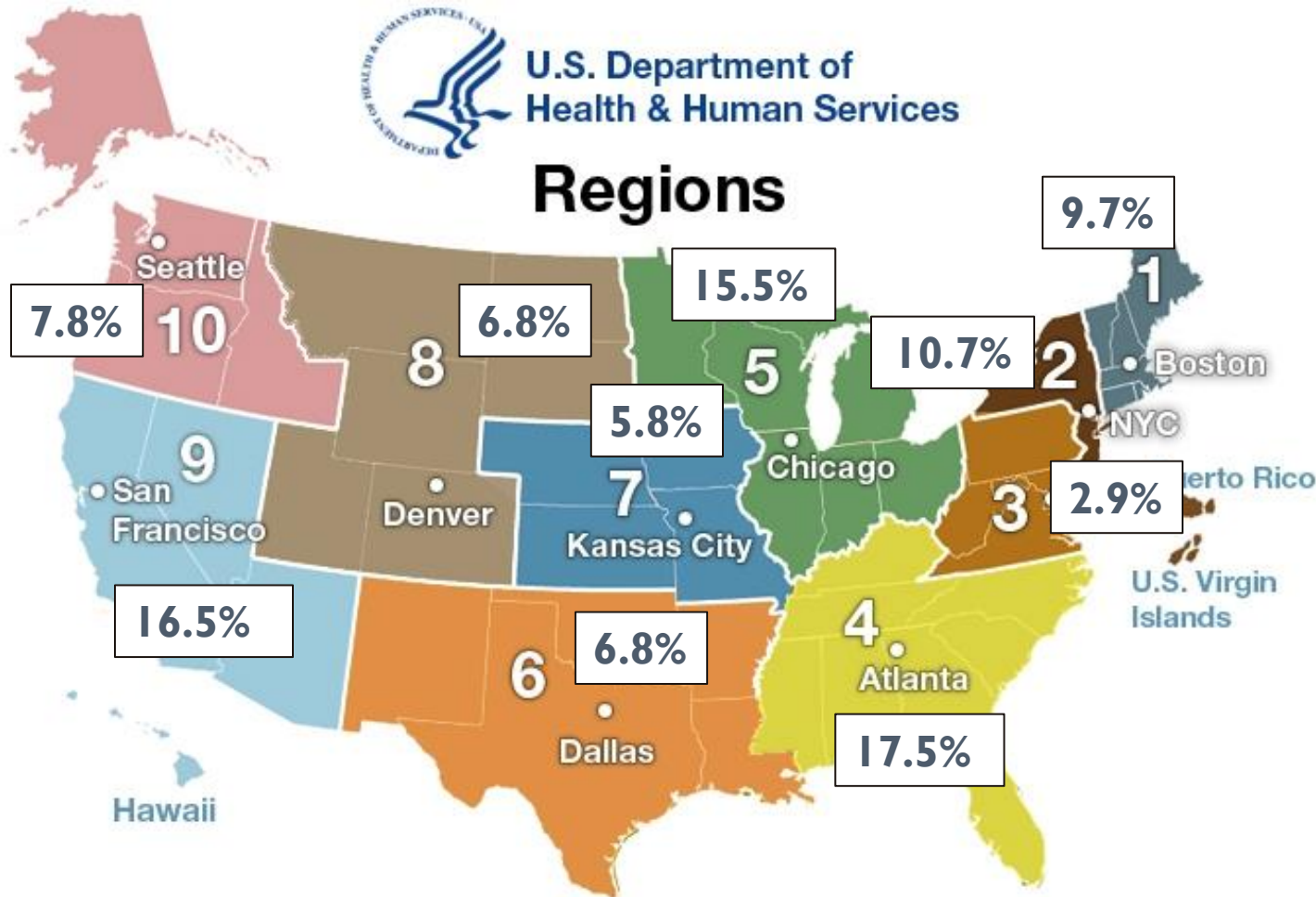


# Survey Participants



U.S. Department of  
Health & Human Services

## Regions



## Population Served:

» Urban=  
61%

» Rural=  
8%

» Mixed=  
30%

N = 110 (49% response rate)

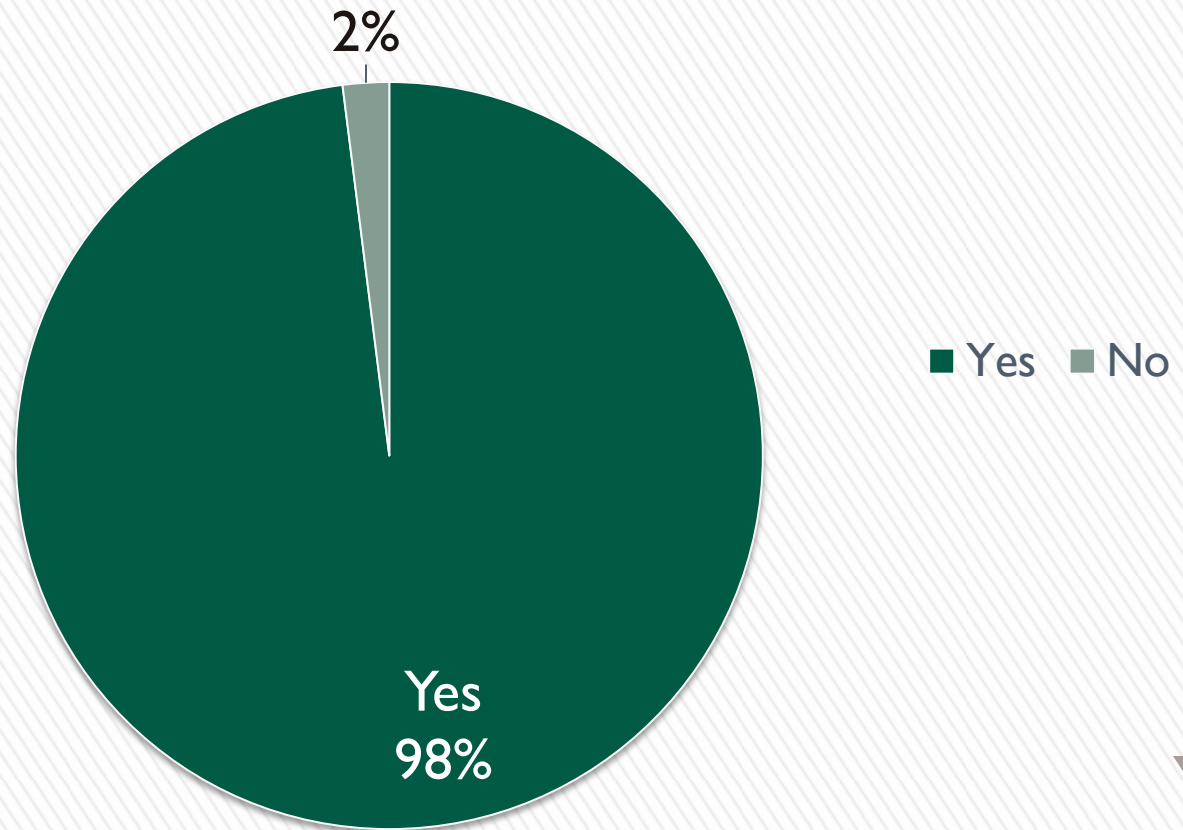




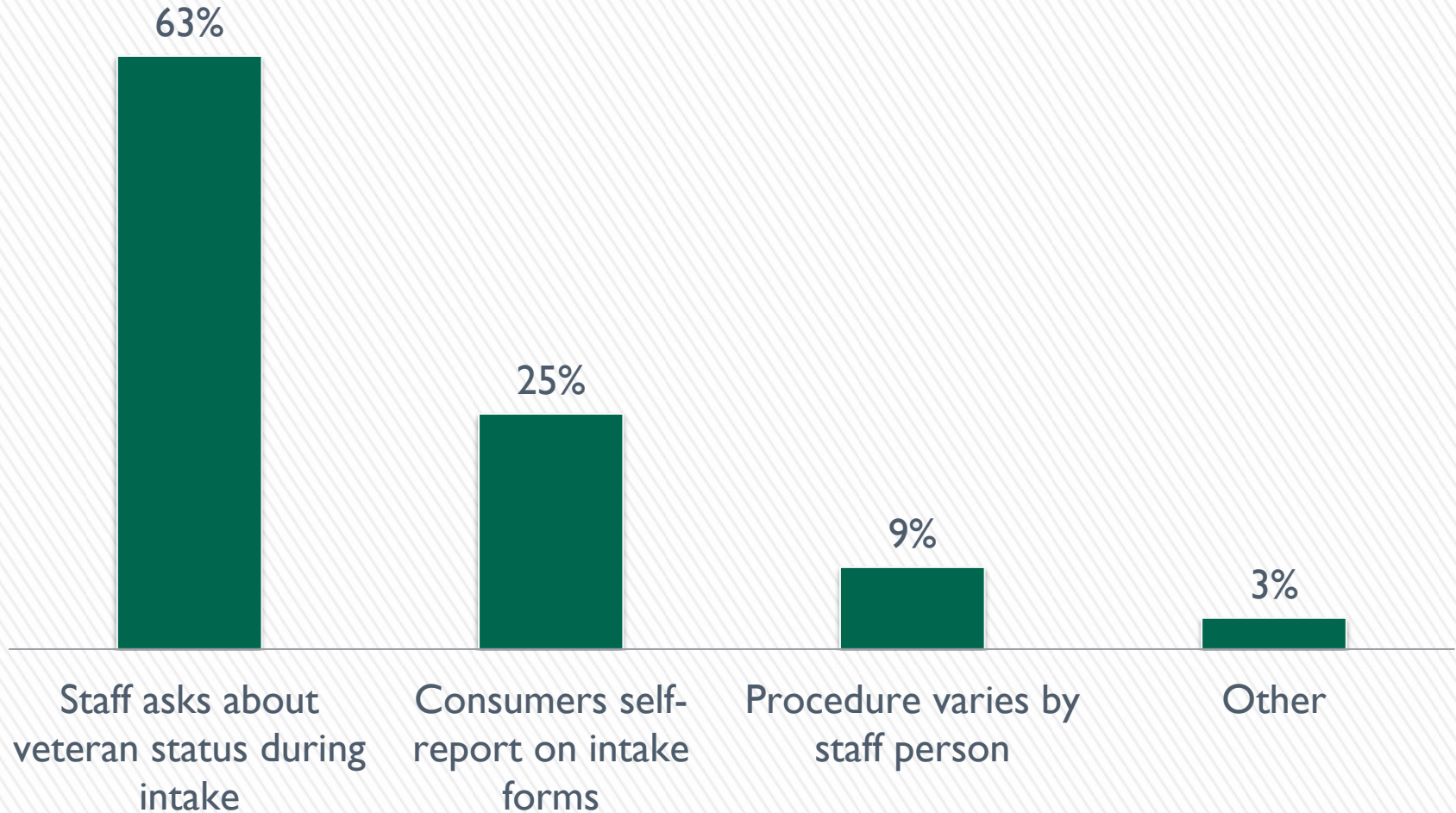
# Identification Process



# Does your health center identify consumers with veteran status?



# Military History Screening



# Most Common Intake Questions

Are you a  
veteran? Yes or  
No.

63%

Have you ever  
served in the  
military?

14.8%

**Only 5.6% asked a series of military history questions**  
(veteran status, branch of military, dates of service, discharge status,  
past use of VA, etc.)





# Discussion

Does your HCH project identify veterans? If so, what is your process like?



# Self-Identification Issues

» According to focus groups:

> **The number of veterans is under-reported.**

Consumers think identifying will make them ineligible for HCH services.

Don't identify due to bad experiences in military or less than honorable discharge status.

Consumers are confused about the definition of veteran status.

Question determining veteran status needs re-phrasing.



# Identifying as a Veteran Matters

Linked with veteran-specific services in community

• 60%

No veteran-specific services/resources offered

• 25%

Linked with veteran-specific services within HCH grantee

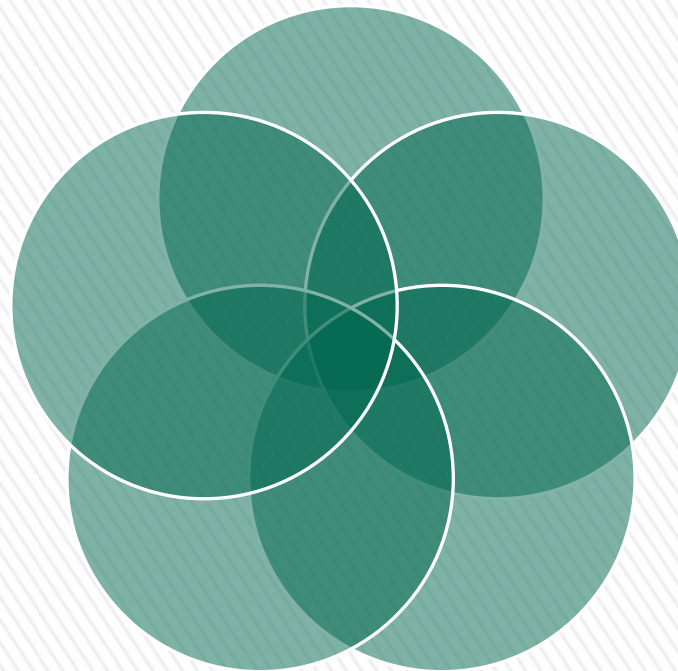
• 12%

Referred to VA Medical Center

• 46%

Helped apply for VA benefits

• 26%





# **Veteran Demographics**



# Veteran Demographics

- » **69.2%** of HCH grantees served **100 or fewer** veterans in 2011
- » **Demographic Profile:**
  - > Caucasian (61%)
  - > Males (92.1%)
  - > Middle to older age (age 36-65)
  - > Uninsured (62.2%)
  - > Chronically homeless (59.4% homeless 1 or more years)
  - > Served in Army (95.6%)
  - > Veterans of Vietnam (85.7%) and Gulf (73.6%) Wars

*\*Note: participants entered percentage distributions for demographics, so they do not sum 100% when aggregated for all clinics*



# Discussion

Does this demographic profile resemble the veterans you see at your clinic?





# Health Status



# Health Status

## Prevalent Diagnoses:

- Hypertension (83%)
- Alcohol use (73%)
- Depression (73%)
- Substance use (70%)
- Tobacco use (70%)
  - Diabetes (67%)
  - PTSD (67%)
- Co-occurring mental illness with alcohol/substance use (56%)

**57%**

reported that health status of veterans was similar to general HCH population

**Key Health Issues for Women Veterans:** chronic disease (asthma, diabetes, hypertension), depression, anxiety, PTSD, reproductive health issues, oral health, sexual abuse, alcohol and substance use

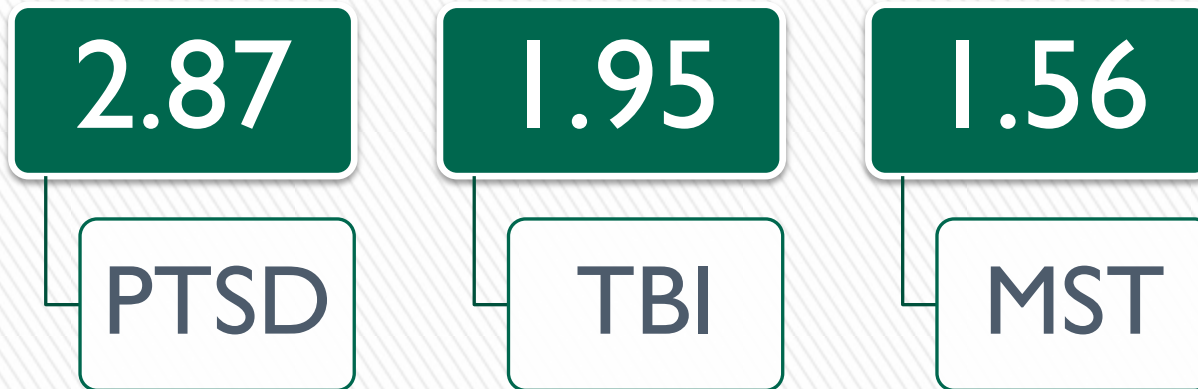




# Frequency of Trauma Issues

On a rating scale of:

1=never, 2=sometimes, 3=frequently, 4=very frequently



## Effects of trauma on health status:

- Hinders ability to access care, self-manage conditions, navigate social services
- Severely impacts mental health
- Increases alcohol and substance use
- Creates barriers to trust, relationships, and compliance



# Discussion

How often do you encounter issues of trauma among your veteran patients?

How does it impact their lives?

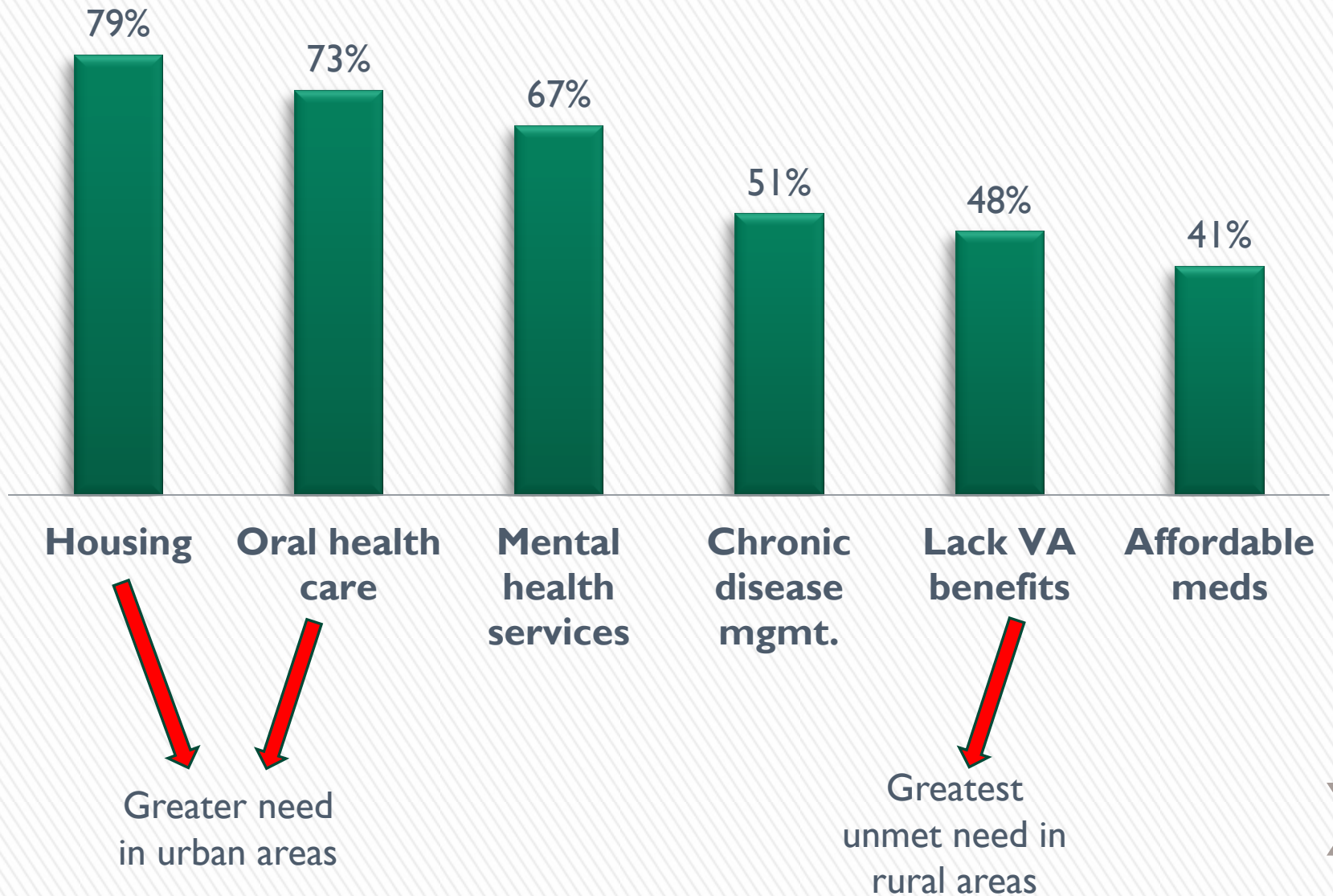




**Unmet  
Needs**



# Unmet Health Needs

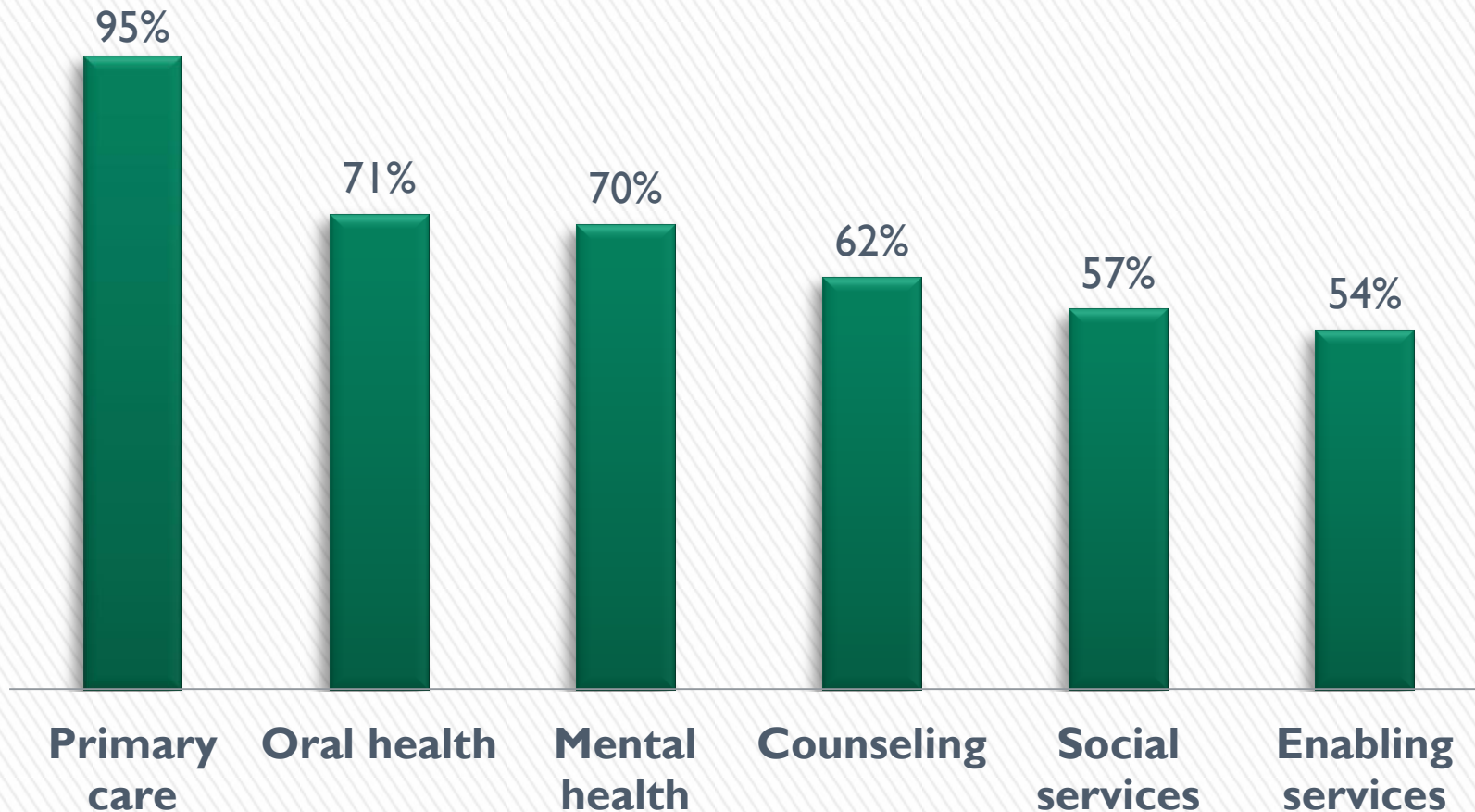




# **Service Utilization**

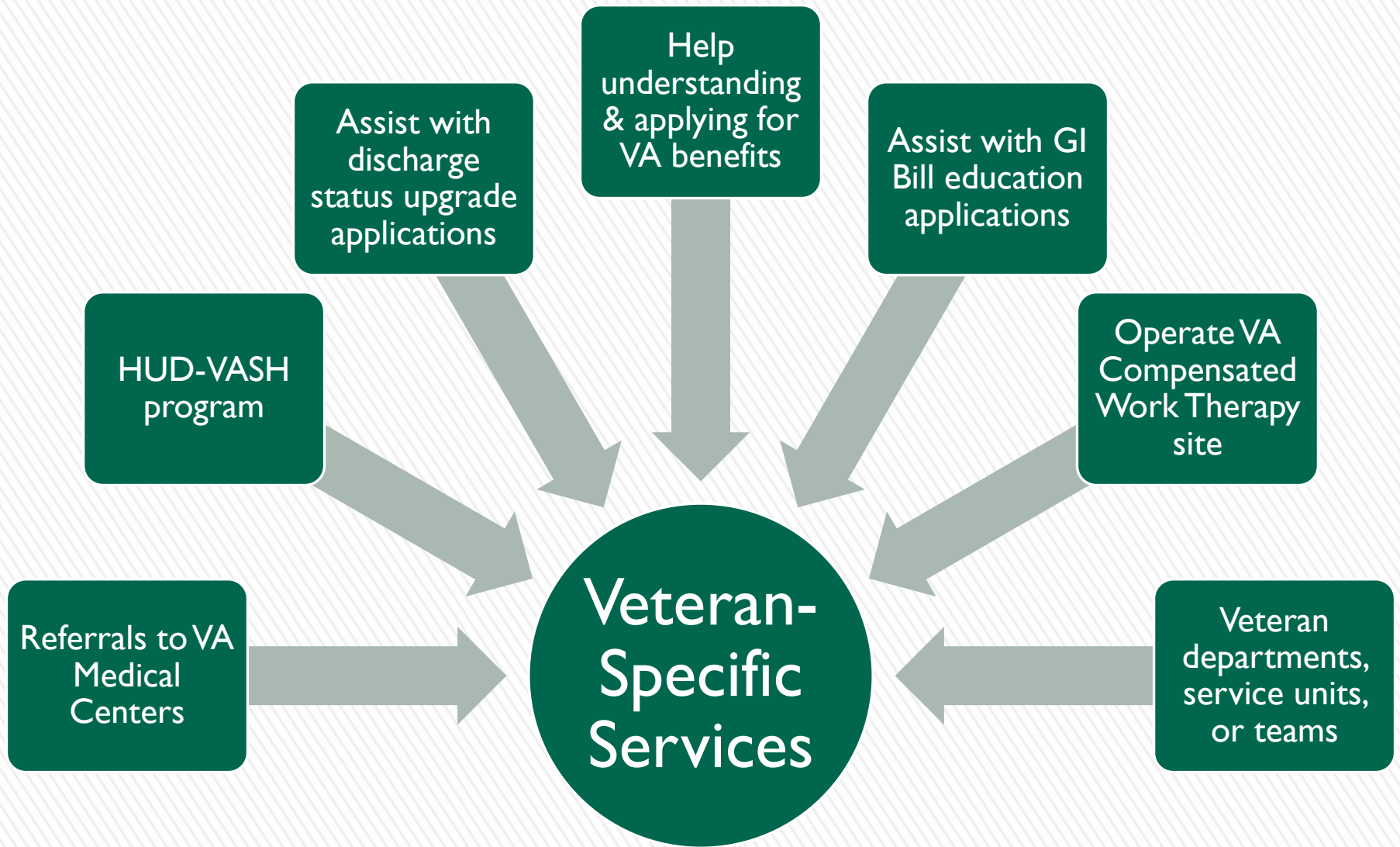


# Service Utilization

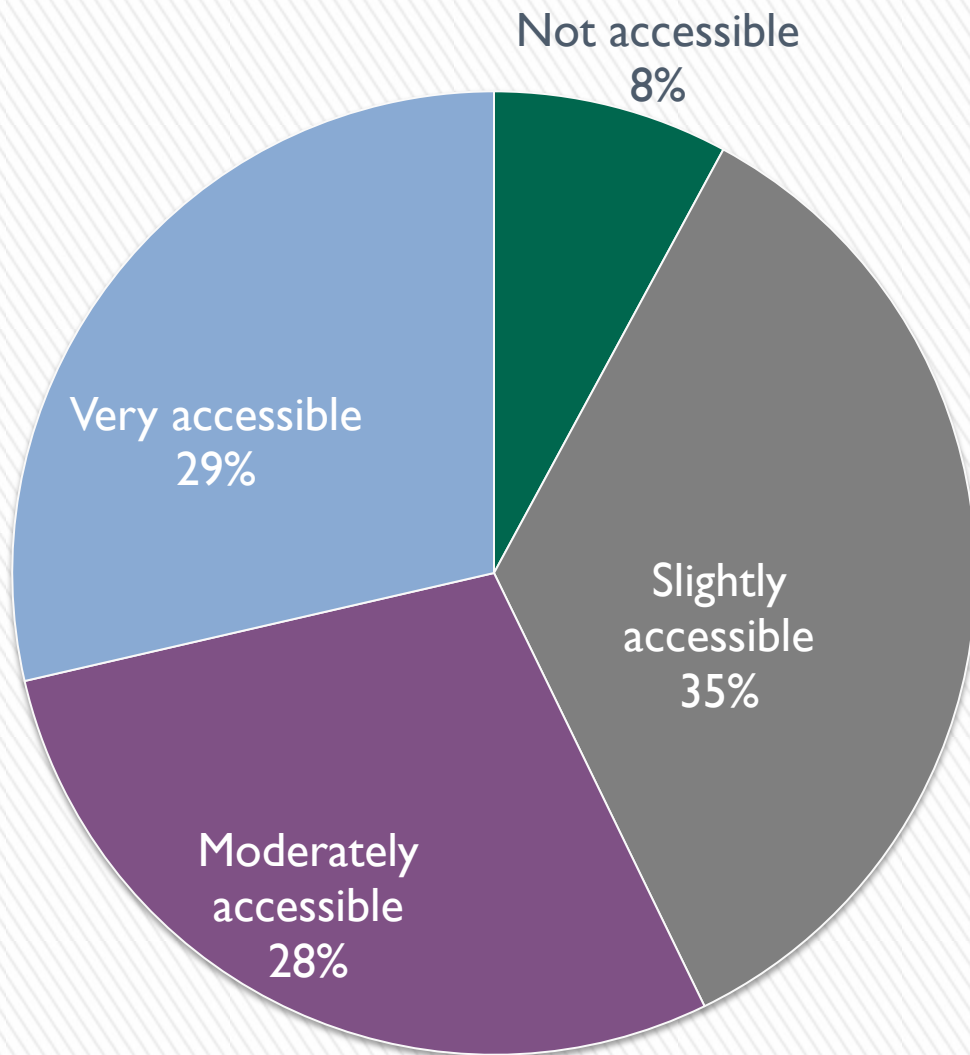


**Other Services:** screening for mental health and substance abuse, hygiene services, employment services, vision services, provision of meals, nutrition education, HIV/AIDS screening, Hepatitis C screening, pharmacy services





# How accessible are VA Services for unstably housed veterans in your community?



**Varies greatly  
community-to-  
community**





**Based on observations and consumer feedback, women veterans experiencing homelessness receive adequate women's services from the following providers:**

On a rating scale of:

1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree

2.54

VA Medical  
Centers

3.19

Your HCH  
Project

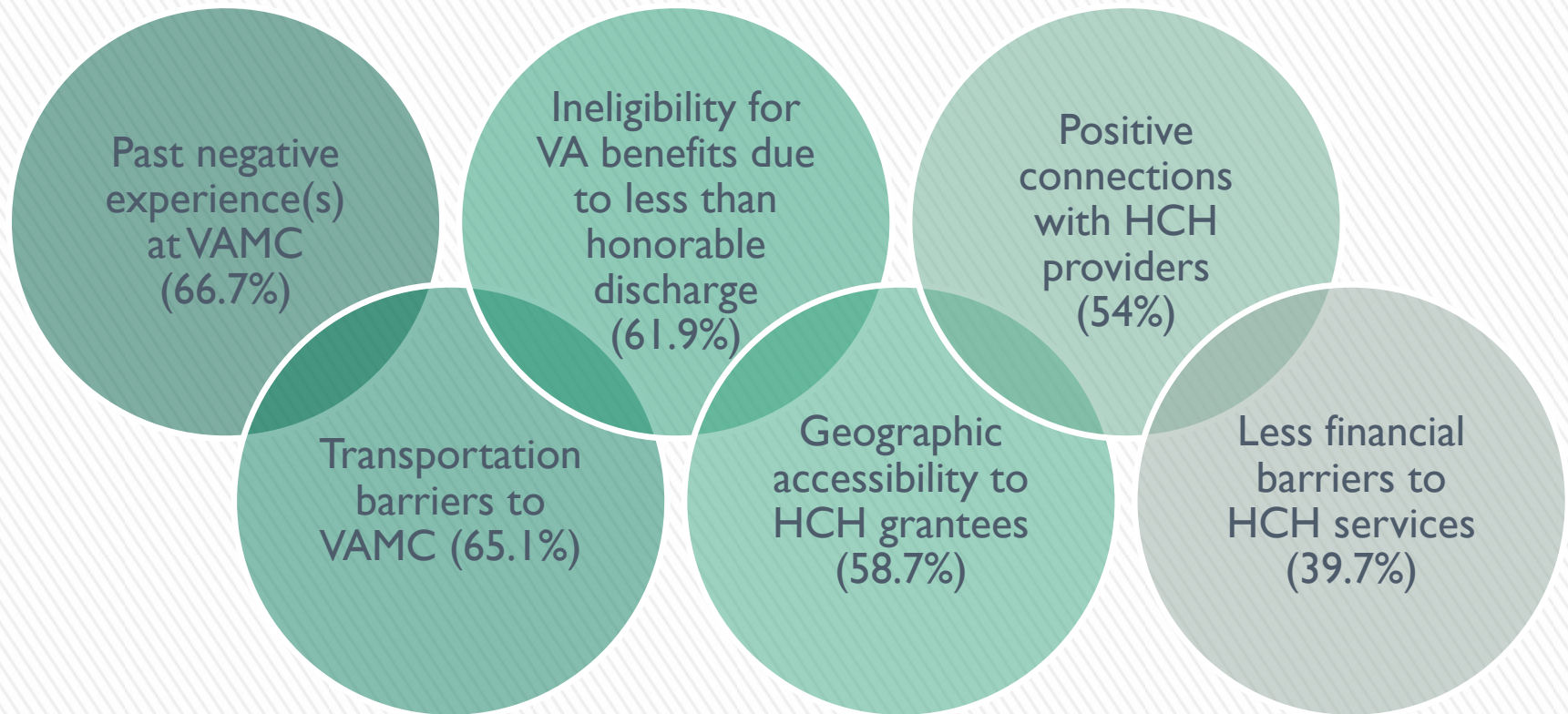
**Focus Group Themes:**

- VA Grant & Per Diem programs sometimes only serve men
- Clinician with HCH & VA experience described VA's women's services as "patched together from partial resources"



# Factors Influencing Preference for HCH Services

Why do some unstably housed veterans utilize HCH instead of VA services?



# Discussion

Do you agree?

What other factors do you think influence some veterans' preference for HCH services over VA services?

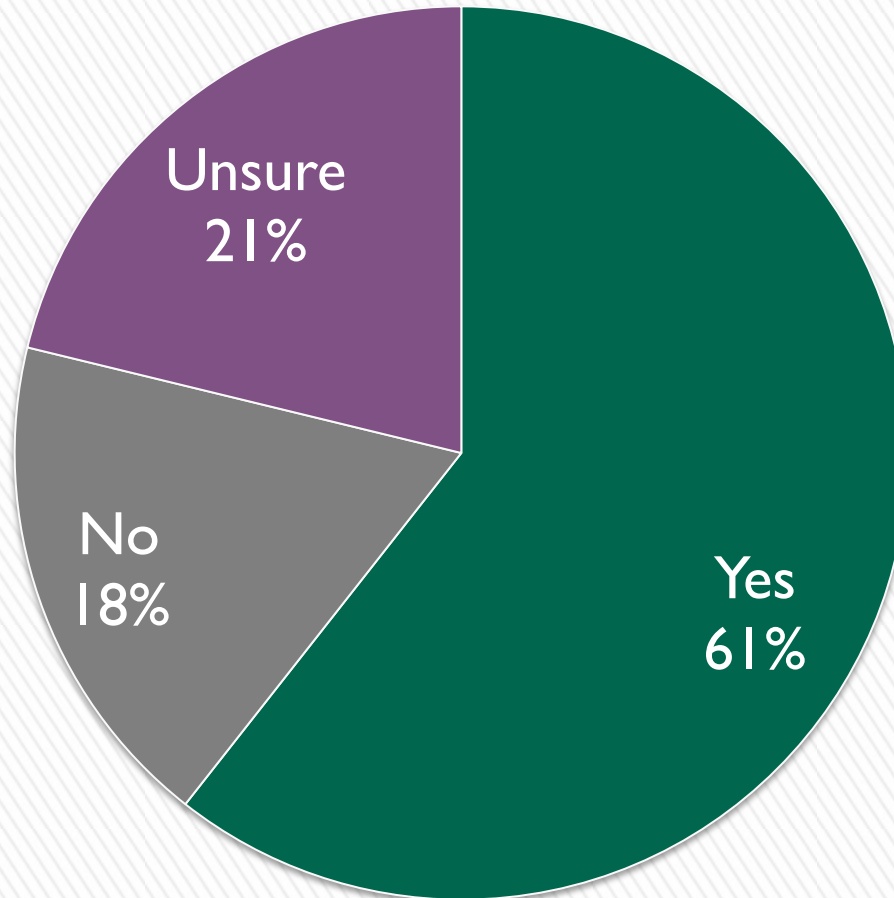




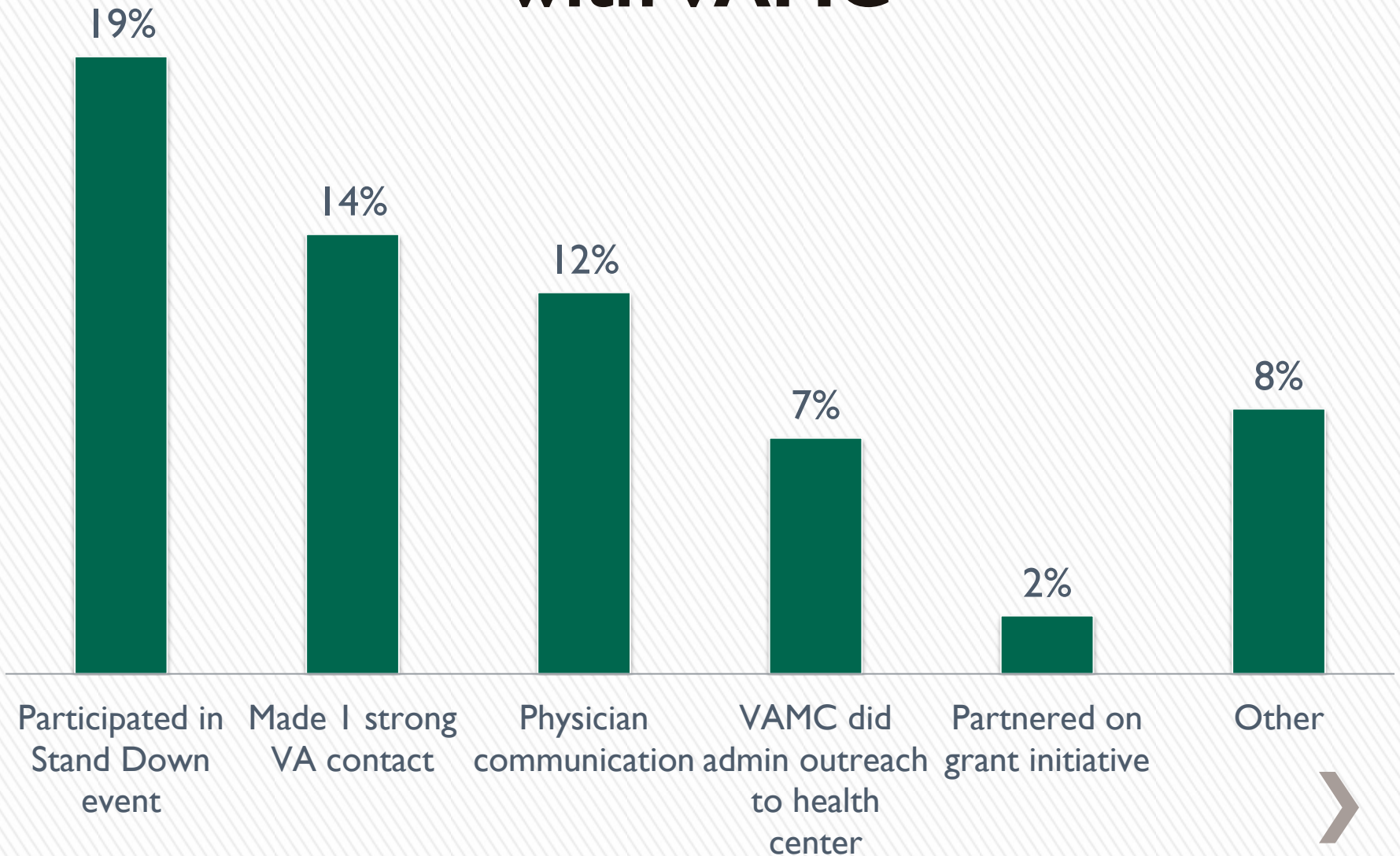
**HCH-VA  
Collaboration**



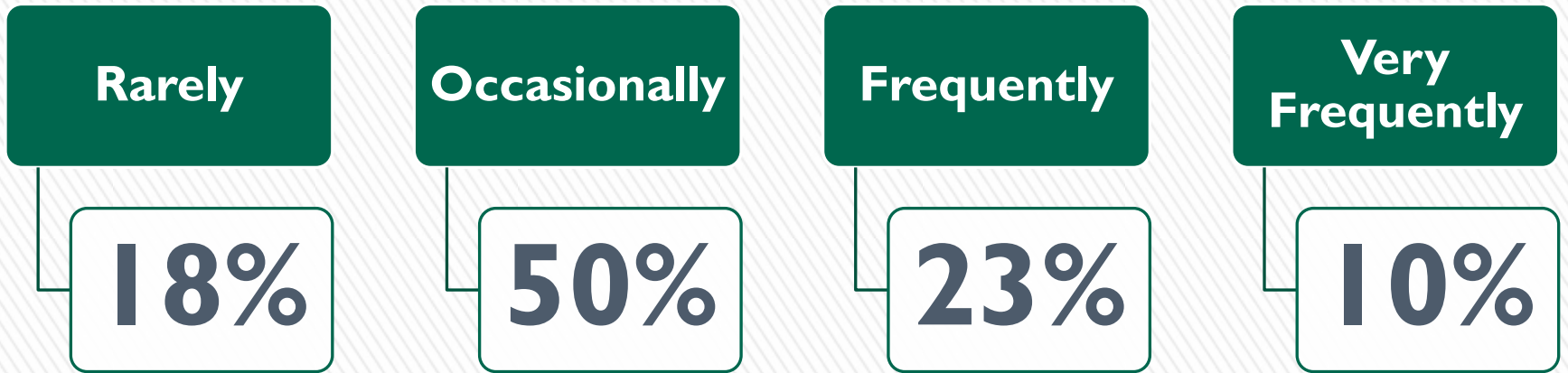
# Has your health center ever communicated with the local VAMC?



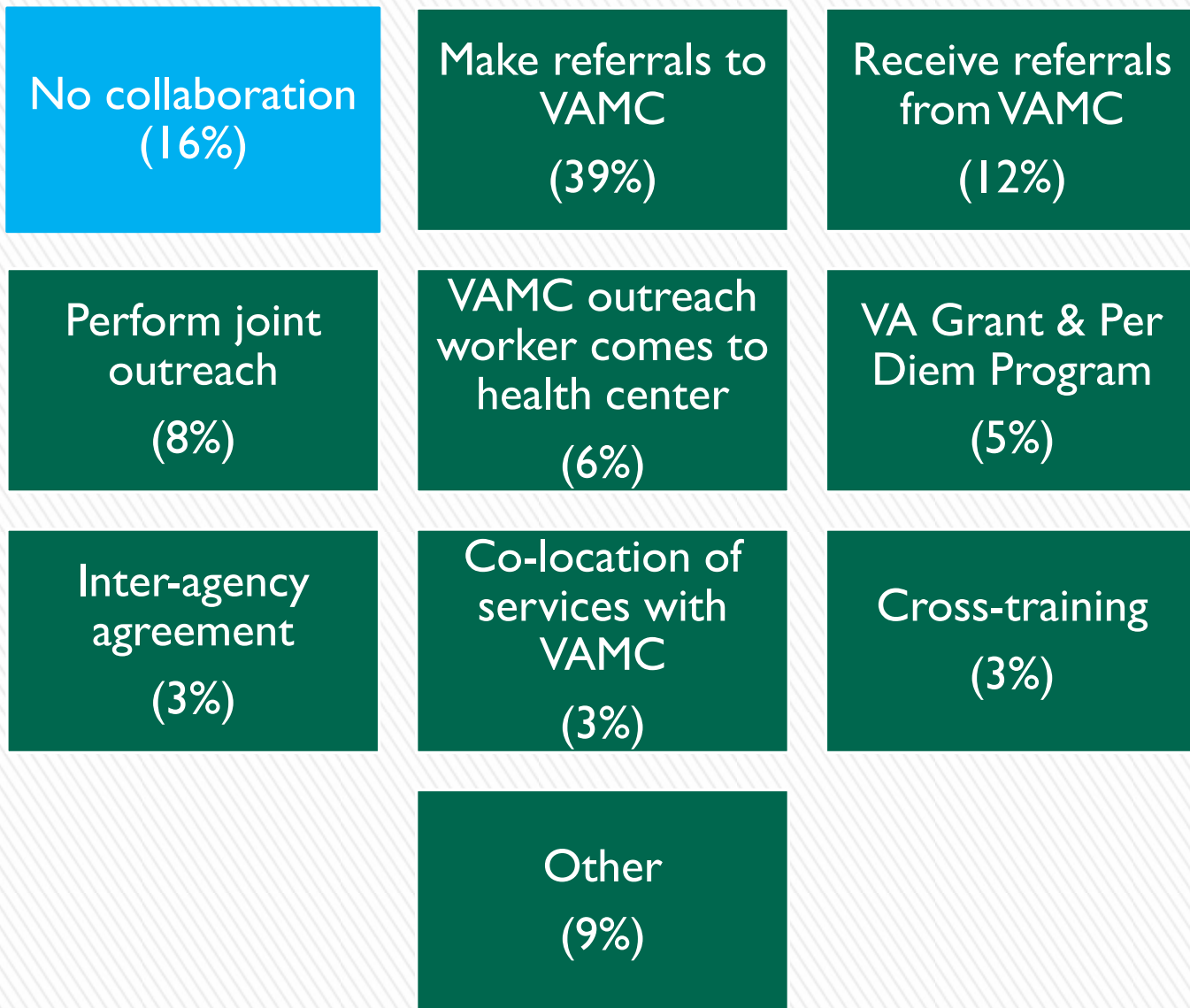
# How Communication was Initiated with VAMC



# Frequency of Communication with VAMC



# Types of Collaboration with VAMCs



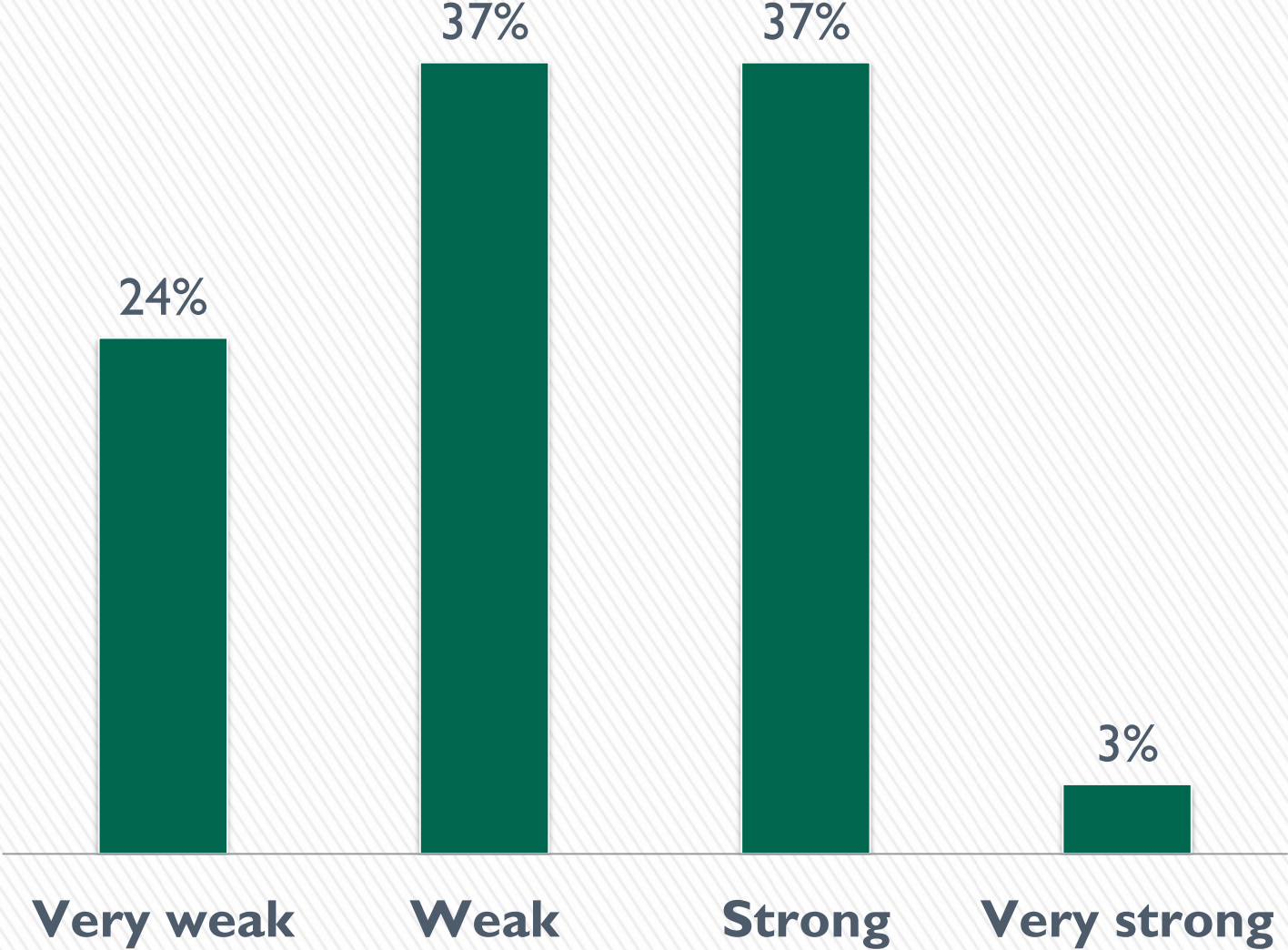


# Discussion

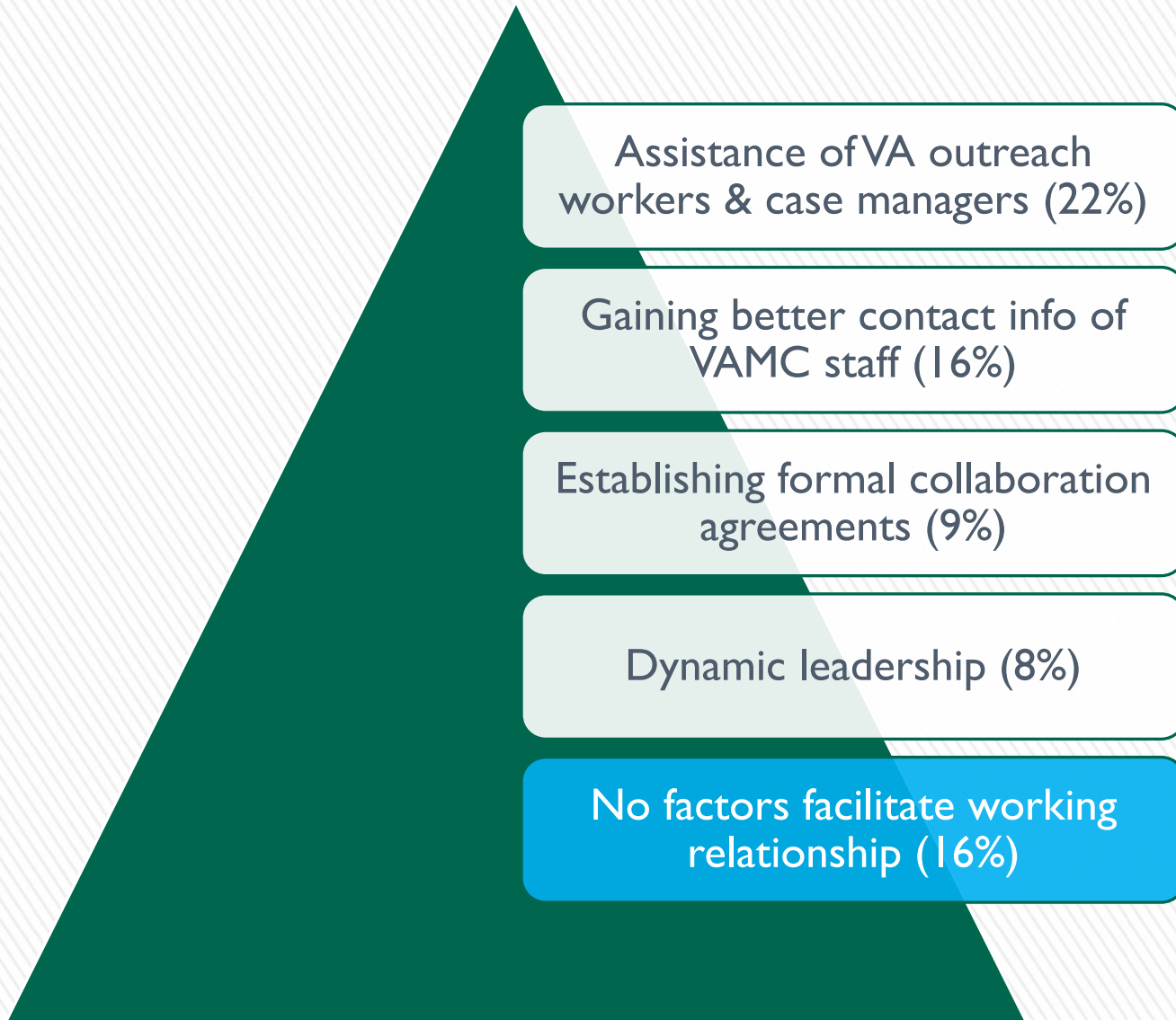
Does your organization collaborate with the local VAMC in any way?



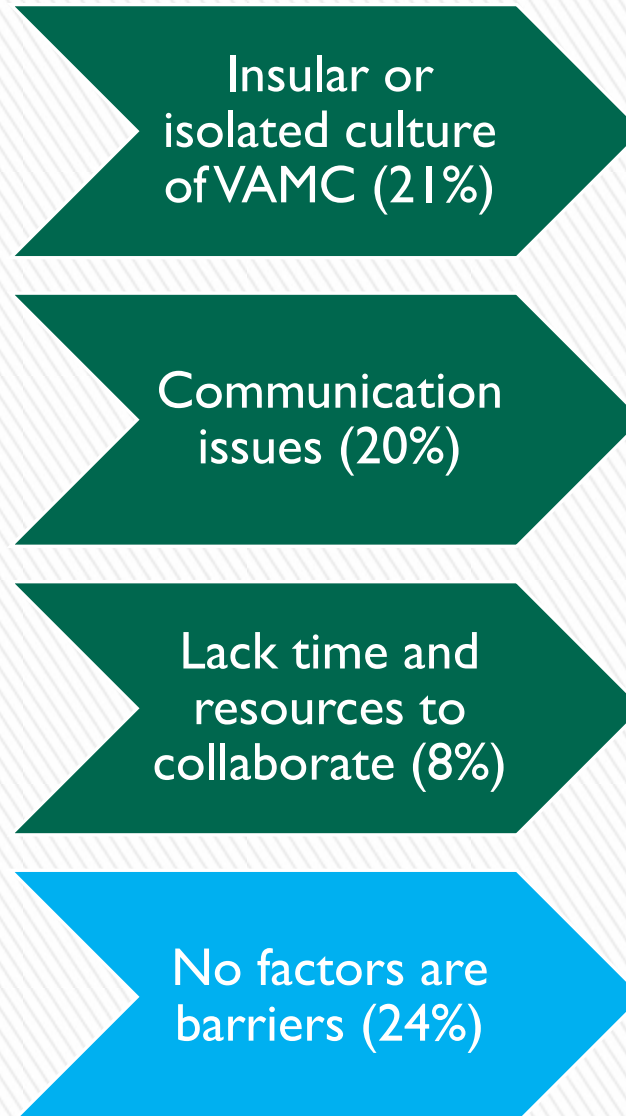
# Strength of Relationship with VAMC



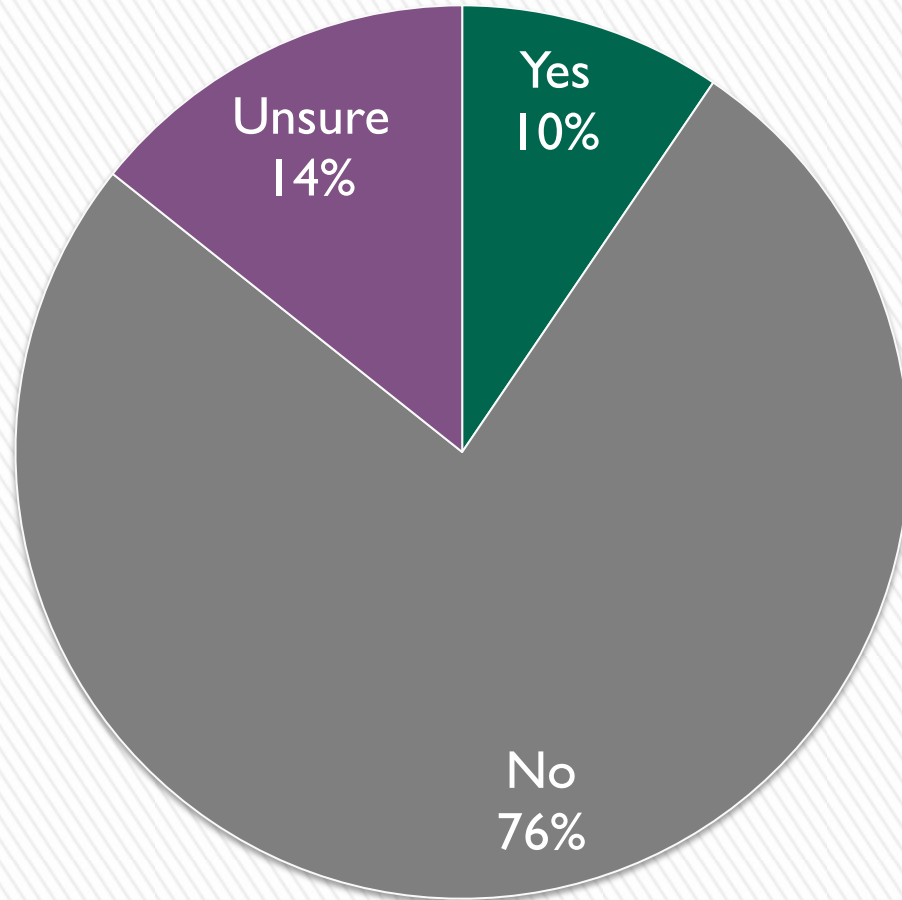
# Facilitating Factors



# Barriers to Collaboration



# Reimbursement for Serving Veterans from VA or Elsewhere

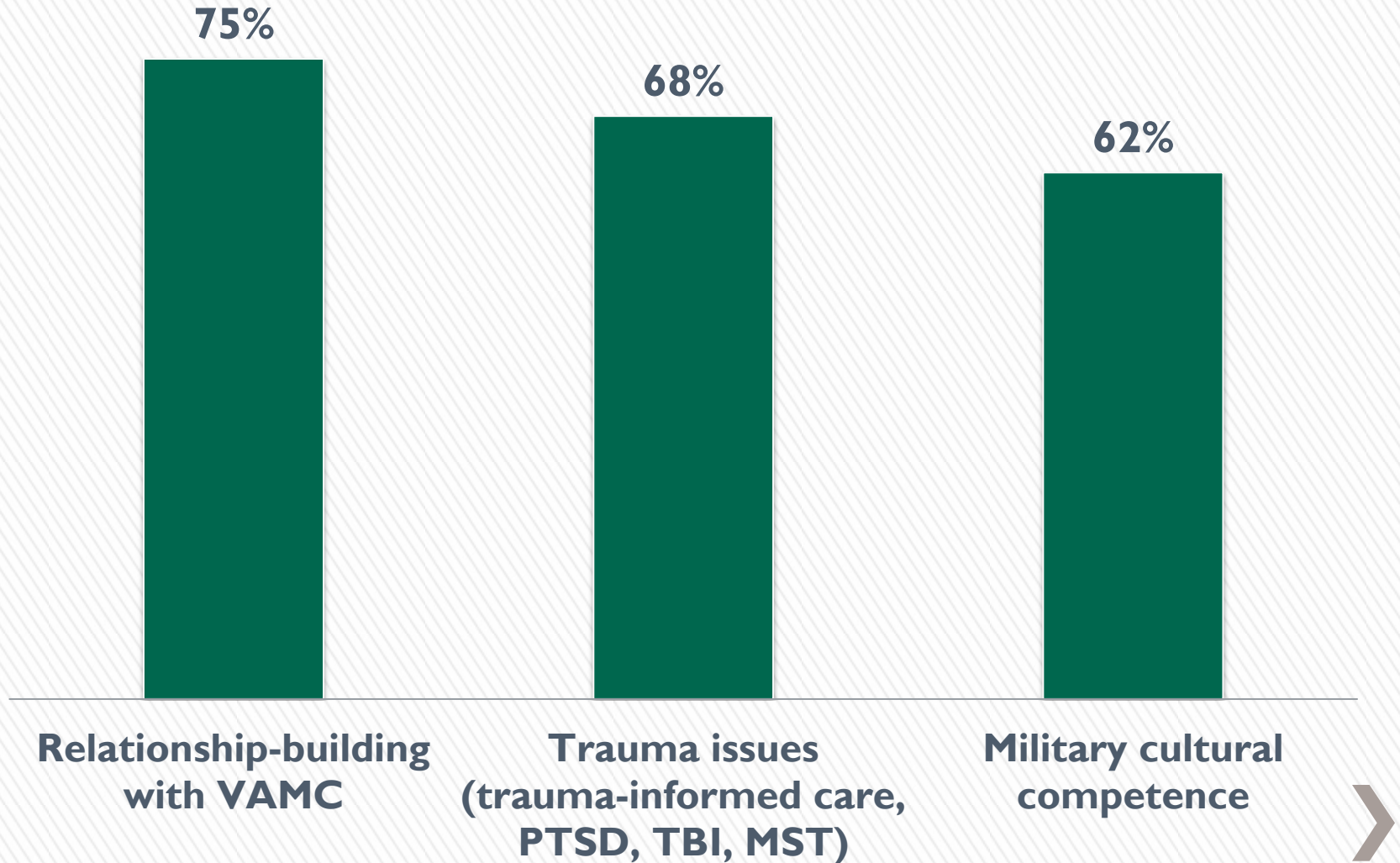




# **Training Needs**



# Identified Training Needs



# Discussion

Do you agree with  
these training needs?

Do you have any  
others?







# Implications



# Identification is Important

Have you checked  
*all* their vitals?

Patient First Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Home Address: *none* City: \_\_\_\_\_ State: \_\_\_\_\_

**MEDICAL HISTORY**  
Have you:  
 Broken any bones?  
 Been hospitalized?  
 Had any surgeries?  
 Served in the military?

If you are treating a homeless person who might be a Veteran, stop, ask and help.

**Make the Call!**



# Streamline Identification Process

Identification is prevalent, but lacking uniformity

Staff asks vs. self-report

When question should occur

How question should be phrased

Reformulate question(s) to overcome self-identification issues:

Less than honorable discharge

Gender

Negative experiences in military

Confusion over definition of “veteran”



# VA's Military Screening Questions

## Military Screening Questions:

- Have you ever served in the military?
- Do you have a close family member who has served in the military?

If he or she has served in the military you might consider following up with questions such as:

- What dates did you serve and when did you separate from the military, if you have?
- Have you ever served in the National Guard or Reserve components? ([Learn more.](#))
- What branch and rank were you? (Learn more: [Branch](#) and [Rank](#).)
- What job did you have when you were serving?
- Were you ever deployed? ([Learn more.](#))
- Did you ever serve in a combat theater?
- Are there other things you would like to tell me about your military service?

[http://www.mentalhealth.va.gov/communityproviders/screening\\_howto.asp](http://www.mentalhealth.va.gov/communityproviders/screening_howto.asp)



# Importance of Effective Identification

- » Improved reporting accuracy
- » Knowing veteran status influences how clinicians serve veterans:
  - > Informs treatment planning
  - > Linkage:
    - + Help applying for VA benefits
    - + Referrals to VA
    - + Connect with veteran-specific services in HCH clinic and community
  - > Employ trauma-informed care and/or military cultural competence
- » Improves engagement with hard-to-reach veterans not accessing VA benefits



# Considerations for Women Veterans

HCH women's services rated as "more adequate" than VA women's services.



Tailor services for women veterans:

- Increase awareness of HCH services
- Offer more women- and family-friendly programs
- Provide culturally competent, trauma-informed care

## Resource:

"Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers"

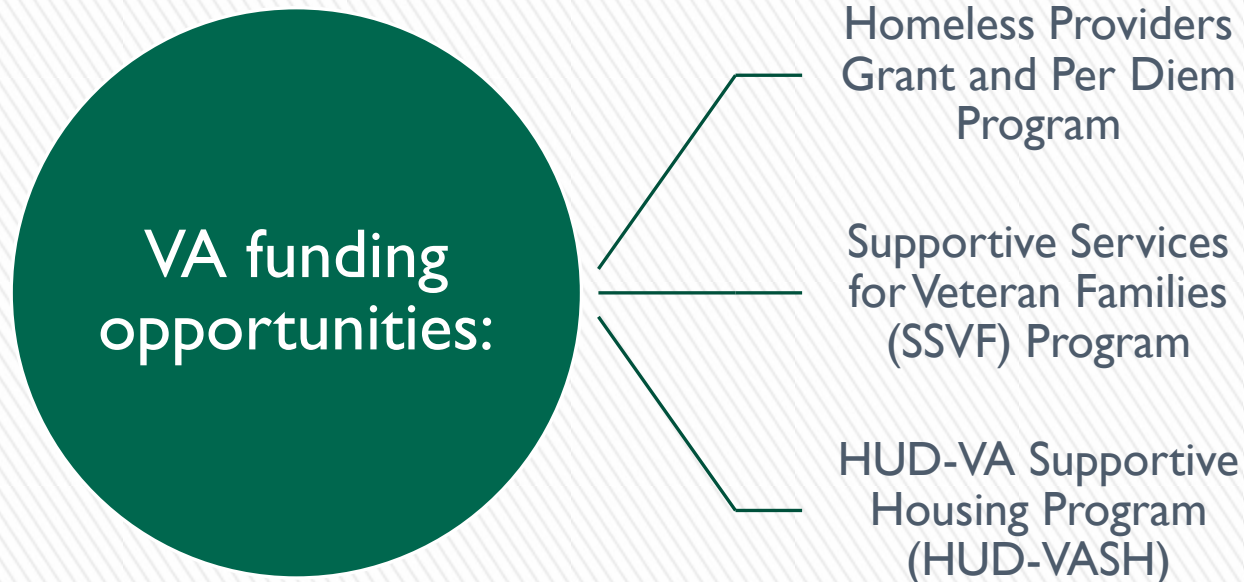
Women's Bureau, U.S. Department of Labor

<http://www.dol.gov/wb/trauma/WBTraumaGuide2011.pdf>



# HCH-VA Collaborations

- » Build capacity to serve veterans through VA collaborations
  - > Cross-training
  - > Joint outreach
  - > Streamlined referral system (to and from VA)
  - > Reimbursement programs
- » **Only 10%** of respondents received reimbursement from VA





**Next  
Steps**





# Training Response

- » **Regional and National Conference Trainings**

- » **Webinar:**

- > Joining Forces: Improving Care for Veterans through HCH-VA Collaborations

- + <https://www.nhchc.org/2012/10/joining-forces-improving-care-for-veterans-through-hch-va-collaborations/>

- » **Quick Guide: Establishing Collaborations with VA Medical Centers**

- > Forthcoming in June 2013



# Publications

- » **Final Report on Veterans Initiative:** [http://www.nhchc.org/wp-content/uploads/2013/02/Veterans-ReportFINAL\\_2-26-13.pdf](http://www.nhchc.org/wp-content/uploads/2013/02/Veterans-ReportFINAL_2-26-13.pdf)
- » **Phase I Findings:** <http://www.nhchc.org/wp-content/uploads/2012/11/Vets-Phase-I-Findings-Report-11-27-12.pdf>
- » **Health & Homelessness among Women Veterans (In Focus literature review):** [http://www.nhchc.org/wp-content/uploads/2012/11/RU\\_Aug2012.pdf](http://www.nhchc.org/wp-content/uploads/2012/11/RU_Aug2012.pdf)
- » **Research Brief in American Journal of Public Health**
  - > In special issue on Homelessness and Health
  - > Publication date TBD



**Any  
questions  
or  
comments?**



# Need more information on any of these topics?

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