



Original article

## Demographic Characteristics Associated with Homelessness and Risk Among Female and Male Veterans Accessing VHA Outpatient Care



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### A B S T R A C T

**Background:** This study explored demographic influences on veterans' reports of homelessness or imminent risk of homelessness with a particular focus on gender.

**Methods:** We analyzed data for a cohort of veterans who responded to the U.S. Department of Veterans Affairs (VA), Veterans Health Administration (VHA) universal screener for homelessness and risk during a 3-month period. Multinomial mixed effects models—stratified by gender—predicted veterans' reports of homelessness or risk based on age, race, marital status, and receipt of VA compensation.

**Findings:** The proportion of positive screens—homelessness or risk—was 2.7% for females and 1.7% for males. Women more likely to report being at risk of homelessness were aged 35 to 54 years, Black, and unmarried; those more likely to experience homelessness were Black and unmarried. Among male veterans, the greatest predictors of both homelessness and risk were Black race and unmarried status. Among both genders, receiving VA disability compensation was associated with lesser odds of being homeless or at risk.

**Conclusions:** The findings describe the current population of veterans using VHA health care services who may benefit from homelessness prevention or intervention services, identify racial differences in housing stability, and distinguish subpopulations who may be in particular need of intervention. Interventions to address these needs are described.

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Homelessness—a longstanding “public problem” in the United States (Stern, 1984)—is associated with poor health, economic, and social outcomes (Burt, 2001; Hawkins & Abrams, 2007; Hwang, 2001; Lee & Farrell, 2003; Lee & Greif, 2008; Wolitski, Kidder, & Fenton, 2007; Zerger, 2002). At a single point in time in January 2014, more than 578,000 people in the United States were homeless, staying in shelters or other temporary housing, or on the streets or other places not meant for

human habitation; approximately 11% of homeless adults were veterans (U.S. Department of Housing and Urban Development [HUD], 2014). Over the course of a year, roughly 1 in every 156 veterans will experience homelessness (HUD, 2013).

Although the rate of veteran homelessness has declined during recent years, the problem continues to impact a substantial proportion of the veteran population, including younger veterans and female veterans (Fargo et al., 2012): During federal fiscal year 2012, 8.5% of veterans who accessed emergency shelter or transitional housing were younger than 30 years and almost 7.8% were female (HUD, 2013). The U.S. Department of Veterans Affairs (VA) has intensified its efforts to address homelessness among veterans, as evidenced by its 5-year plan to end homelessness as well as substantial new investments in programs intended to prevent and end homelessness (U.S. Interagency Council on Homelessness, 2010). VA's strategy places particular emphasis on homelessness prevention (U.S. Interagency Council on Homelessness, 2013), which is in line

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with a broader shift in homeless assistance policies in the United States that increasingly favor prevention and rapid rehousing approaches (Burt, Pearson, & Montgomery, 2005, 2007; Culhane, Metraux, & Byrne, 2011); that is, either ensuring that a homeless episode does not occur or, if it does, ending it as rapidly as possible.

In support of this prevention-oriented strategy, the VA established the Supportive Services for Veteran Families (SSVF) program in 2011 to promote housing stability among homeless and at-risk veterans and their families. Through this program, VA awards grants to nonprofit organizations that provide supportive services to eligible very low-income veteran families who are either recently homeless or at risk, including outreach, case management, assistance in obtaining VA benefits, and help in accessing and coordinating other public benefits. SSVF grantees can also provide temporary financial assistance to cover rent, utilities, security deposits, and moving costs (VA, 2013a).

To improve the VA's ability to identify veterans who are at risk of homelessness, or experiencing homelessness but are not accessing services through the Veterans Health Administration's (VHA) Homeless Program, the VA National Center on Homelessness Among Veterans developed the Homelessness Screening Clinical Reminder (HSCR) to conduct an ongoing, universal screen for homelessness and risk among veterans accessing outpatient health care services (Montgomery, Fargo, Byrne, Kane, & Culhane, 2013; Montgomery, Fargo, Kane, & Culhane, 2014). The HSCR is embedded in veterans' medical records; when they present for services, health care staff ask veterans the screening questions and record their responses in the medical record. The objective of this national, health system-based screening instrument is to enhance the rapid identification of veterans who have very recently become homeless or are at imminent risk of homelessness, and to ensure that they are referred for appropriate assistance. Implemented in October 2012, the HSCR is the first attempt by a health system or other national-level service provider—in the United States or elsewhere—to systematically assess whether patients are homeless or at risk.

An initial analysis of data collected through the HSCR between October 1, 2012, and January 10, 2013, identified the following rates of housing instability: 0.9% of veteran respondents reported current homelessness, 1.2% reported being at risk, and 97.9% screened negative for both. This analysis found that, compared with men, significantly more female veterans reported being homeless (1.1% for women vs. 0.9% for men) and at risk (1.9% for women vs. 1.2% for men). This initial analysis identified significant gender-based differences in positive screens, calling for future research to inform outreach, targeting, and homelessness prevention interventions (Montgomery et al., 2013).

The objective of the present study was to explore the demographic associations of veterans' reports of being homeless or at risk with a particular focus on how this varies by gender; therefore, we conducted analyses separately for men and women (Bird, 2013). Because VHA's patient population is predominantly male—comprising 93.2% of the cohort studied here—gender differences may not be particularly evident when conducting analyses that include all veterans rather than conducting gender-specific analyses. Additionally, the literature has identified differences between the characteristics associated with homelessness by gender and it may be helpful to identify the particular characteristics for each of these groups (Blackstock, Haskell, Brandt, & Desai, 2012; HUD & VA, 2010, 2011; Leda, Rosenheck, & Gallup, 1992; Tsai, Rosenheck, & McGuire, 2012).

## Methods

This study was approved by the local institutional review board. Data were extracted from the VA Corporate Data Warehouse, a repository of data from VHA clinical and administrative systems (VA Information Resource Center, 2012). The VA Corporate Data Warehouse contains records of all inpatient and outpatient stays occurring at any VA medical facility, as well as demographic information about patients receiving services.

### Sample

The cohort for this study is comprised of all veterans who completed the HSCR during a VHA outpatient visit between November 1, 2012, and January 31, 2013, excluding those who declined screening or had missing, incomplete, or duplicate responses to the HSCR ( $n = 23,177$ ; 1.4%). In addition, patients with no outpatient visit 6 months before screening ( $n = 37,690$ ; 2.3%) were also excluded, because this study focuses on individuals who were actively engaged in VHA care. In total, 4.4% of females and 3.6% of males were excluded from the analyses.

### Measures

The dependent variable is defined by veterans' responses to the following 2 questions in the HSCR:

1. In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? ("No" response indicates veteran is positive for homelessness and screening ends.)
2. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household? ("Yes" response indicates veteran is at risk for homelessness.)

Veterans are categorized as either homeless, at risk, or negative for both homelessness and risk. If a veteran is positive for homelessness, risk is not assessed; if a veteran is positive for neither homelessness nor risk, the veteran is considered negative. The HSCR is administered annually with all veterans who access outpatient health care services with the exception of those who received homeless assistance through VA at any time during the previous 6 months; those who report already receiving homeless services or assistance (unknown to VA at the time of screening); long-term residents of a nursing home or long-term care facility; and veterans who decline or are unable to answer. Veterans screening positive are rescreened semi-annually. Veterans in palliative or long-term care are rescreened biannually. Once a veteran screens negative during 3 consecutive screens, the veteran is only screened biannually.

The independent variables include:

- Age, a continuous measure categorized into 5 groups;
- Race, which we collapsed into 3 categories (White, Black, and other);
- Marital status, composed of 6 categories that we collapsed to create a binary variable (married/unmarried); and
- VHA Enrollment Priority Group, which indicates the extent to which a veteran is receiving compensation owing to a disability incurred during military service as well as whether a veteran is very low income. We collapsed the groups as follows: 50% or greater service-connected (receiving the

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