

A Comparison of Homeless Male Veterans in Metropolitan and Micropolitan Areas in Nebraska: A Methodological Caveat¹

Overview:

- Homeless veterans in micropolitan areas reported higher diagnosis rates of PTSD, anxiety and personality disorders, alcohol use disorders, and a greater number of comorbid medical problems.
- Homeless veterans in micropolitan areas reported better social support and greater satisfaction with their current housing situation, which the researchers attributed in part to their greater likelihood of being in transitional housing.

Study:

In this study, researchers identified 151 homeless male veterans across both metropolitan and micropolitan cities in Nebraska. They looked at the demographics, housing status, clinical care, psychosocial characteristics, and health services utilization for these veterans to identify differences between metropolitan and micropolitan areas. Of the sample of 151 veterans, 112 were from metropolitan areas and 39 were from micropolitan areas. All veterans were identified from VA facilities and shelters within Omaha, Lincoln, Grand Island, and Hastings.

Homelessness in this study was defined by use of VA homeless services or recent stay in a shelter or transitional housing program, so study participants were connected through both VA and community resources. They also recruited participants from Stand Down. The researchers conducted structured interviews with study participants.

Findings:

Researchers found differences between micropolitan and metropolitan homeless veterans in terms of sociodemographics, housing, and health. Micropolitan homeless veterans were more likely to be white and to have ever been married. Micropolitan homeless veterans stayed more nights in transitional housing or an institutional setting and had fewer nights incarcerated in the last 90 days than their metropolitan counterparts. Regarding health factors, homeless veterans in micropolitan areas reported better social support and greater satisfaction with their current housing situation. They also reported higher diagnosis rates of PTSD, anxiety and

NVTAC Insights:

HVRP staff members working with veterans in non-urban areas can take away several insights from this study to help with their practice. First, your team will want to keep in mind the limitations of the study: it was conducted with a small group of homeless male veterans. However, even with the small sample size, you can pull out some useful information.

First, you may notice the study's finding on the transient nature of homelessness for veterans in non-urban settings. This study found that veterans in micropolitan areas are more likely to have been in the location for less than six months, which might mean their social system is more closely tied to their current place of habitation, especially if that residence is transitional housing. You can have a constructive conversation with the veterans in your non-urban HVRP about their social support system, recognizing that it may go beyond family and friends if they have not been in the area for a long time.

Second, while the micropolitan respondents in this study noted a higher utilization of health care and mental health services, they also reported significantly higher rates of comorbidity and higher rates of PTSD and anxiety and personality disorders. You will want to work closely with your local VA counterparts, especially the Community Based Outpatient Clinics (CBOCs) if there is no VA Medical Center nearby, to help veterans in your HVRP connect to the mental and other health services they may need. You will also want to work closely with local VSOs to help veterans access benefits for which they are eligible, especially if they have a service-connected disabling condition.

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personality disorders, and alcohol use disorders, as well as a greater number of comorbid medical problems.

The researchers also looked at health services utilization differences between the two groups. When compared to homeless veterans in metropolitan areas, homeless veterans in micropolitan areas reported spending less time traveling for medical services, wider utilization a variety of medical services, and greater use of legal services. Specifically, veterans in micropolitan areas were more likely to use VA mental health care, substance use services, and dental care.

The researchers noted several limitations to this exploratory study, including lack of outreach into isolated rural areas/wilderness, where less visible and more isolated homeless veterans are likely to be found. The researchers also attributed the higher social support and housing satisfaction rankings for micropolitan homeless veterans to their higher likelihood of being in VA-funded transitional housing, a system of housing placement offering social supports and community. They found that homeless veterans in micropolitan areas were more likely to be transient, with the majority living in the area for less than six months and a history of living in more places over the last five years.

¹ Tsai, J., Ramaswamy, S., Bhatia, S., & Rosenheck, R. (2015). A Comparison of Homeless Male Veterans in Metropolitan and Micropolitan Areas in Nebraska: A Methodological Caveat. *American Journal of Community Psychology*, 56(3), 357-367. Retrieved July 10, 2017.