

Personal, Medical, and Healthcare Utilization Among Homeless Veterans Served by Metropolitan and Nonmetropolitan Veteran Facilities ¹

Overview:

- In a sample of 3,595 homeless veterans in metropolitan and non-metropolitan areas, the non-metropolitan veterans were more likely to be from the Persian Gulf era or pre-Vietnam era, whereas the metropolitan veterans were more likely to be from the Post-Vietnam and Vietnam era.
- Non-metropolitan veterans experiencing short-term (less than six months) homelessness were more likely to use VHA facilities than those experiencing longer term homelessness, but this effect was reversed among metropolitan homeless veterans.
- Overall health status was minimally but significantly worse for non-metropolitan veterans in this study, when compared to metropolitan homeless veterans.

Study:

In this study, researchers aimed to understand the differences between VHA services for homeless veterans in metropolitan and non-metropolitan areas, with a specific examination of service utilization. Researchers in this study identified a sample of homeless veterans from Veterans Health Administration (VHA) data. Health Care for Homeless Veterans staff members conducted structured interviews with veteran participants in this study. When needed, researchers supplemented their findings from the interviews with electronic medical chart data. A total of 3,595 veterans were interviewed over a two year period.

The researchers used information gathered from VISN 4, which includes part or all of the following states: Delaware, New York, New Jersey, Ohio, Pennsylvania, and West Virginia. To divide veterans between metropolitan and non-metropolitan areas, the researchers utilized population density for the county of the VHA facility that conducted the interviews.

Findings:

Because the purpose of the study was to examine demographic as well as service utilization differences between metropolitan and non-metropolitan areas, demographic data on the study sample is included in the findings. Of the 3,595 veterans in this sample, 60 percent were from metropolitan areas. Non-metropolitan homeless veterans were more likely to be white, to have a history of employment, and to

NVTAC Insights:

For HVRPs, especially those in rural areas, the findings of this studies offer some insights into the additional services veterans may be using to support their housing stability. First, we see that veterans in rural areas were more likely to use VHA services in the early stages of homelessness. This could mean that a veteran in your non-urban HVRP who is experiencing longer term or chronic homelessness may not be using VHA services, even if he could benefit from them. It is important not to generalize, but you can take this as an opportunity to talk with each veteran about the service options available through VHA to make sure every veteran is accessing the services they need.

Second, this study also finds that veterans in rural areas are more likely to be in shelters. This finding has been replicated in other studies on the general homeless population as well, but it comes with an important limitation: because the veterans in this study were identified through their connection to the VHA system, it might miss the rural veterans living out in highly rural areas, either in tents or dilapidated housing units or trailers unsuitable for human habitation, who are not easily found. Your rural HVRP staff members know your community, so while you can identify veterans through the shelter system, efforts should also be made to dip deep into the community to find those veterans who may be isolated but who are also in need of your services

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receive public financial support, and less likely to be connected to VA financial support. This sample of non-metropolitan veterans was also more likely to be from the Persian Gulf era or pre-Vietnam era, whereas the metropolitan veterans were more likely to be from the Post-Vietnam and Vietnam era.

The two sub-populations differed in shelter utilization and health service usage as well. Non-metropolitan homeless veterans were more likely to be staying in a shelter (52 percent to 44 percent). Metropolitan homeless veterans, however, were 1.6 times more likely to have utilized a VHA facility within the last six months. Across both sub-populations, Vietnam era veterans were the most likely age group to utilize VHA services, although the effect was stronger among metropolitan veterans. In non-metropolitan areas, veterans experiencing short-term (less than six months) homelessness were more likely to use VHA facilities than those homeless for a year or more; the effect was reversed among metropolitan homeless veterans.

¹ Gordon, A., Hass, G., Luther, J., Hilton, M., Goldstein, G. (2010). Personal, Medical, and Healthcare Utilization Among Homeless Veterans Served by Metropolitan and Nonmetropolitan Veteran Facilities. *Psychological Services*, 7(2), 65–74. Retrieved July 30, 2017.