Quick Takeaways:

- More than three quarters (76.3 percent) of homeless veterans reported needing healthcare in the previous six months and almost half (47 percent) rated their health status as fair or poor.
- Homeless veterans identified lack of trust, perceived stigma of homelessness, and care processes as the primary reasons why they delay seeking care.

Study:

This study analyzed data collected from a randomized community-based controlled trial of 185 homeless veterans eligible for but not currently receiving VA care. Researchers recruited participants from seven sites (e.g. soup kitchens, emergency shelters, drop-in centers) across two communities. Participants who had used VA primary or continuity care in the previous six months or were ineligible for VA care were excluded. Data was collected during face-to-face interviews using a survey based in part on the Basic Shelter Inventory (Modified) which includes self-reported physical and mental health, current shelter arrangements, duration of homelessness, health utilization patterns, and overall state of health. Researchers also collected participant responses on the importance of care, motivation for seeking care, and reasons for not seeking care.

Findings:

Homeless veterans in the study reported significant physical and mental health concerns. More than three quarters (76.3 percent) of participants needed health care in the previous six months and almost half (47 percent) reported a health status of fair or poor. Similarly, the majority of respondents reported having a chronic medical condition, mental health condition, or alcohol use (72.8, 71.8 and 69 percent, respectively). Sixteen percent also reported being a victim of trauma in the past six months. Homeless veterans who reported substance abuse or post-incarceration as the cause of their homelessness were significantly more like to report a need for care than those who identified economic causes of homelessness.

Of those who reported a need for health care, approximately two-thirds (66.2 percent) sought and received care. Participants with a monthly income of $500 or more, as well as those who reported medical or mental health conditions, were more likely to receive care.

A significant number of participants reported “wanting to improve their lives” and “needing healthcare to leave homelessness” as their primary motivations for wanting primary care. Reasons for delaying or avoiding care fell into three major categories: 1) trust – “I don’t trust doctors”; 2) stigma – “they treat me poorly when I go there; and 3) care processes – “I’m always assigned to student doctors.”
Conclusion:

The study suggests that homeless veterans may have deeply rooted attitudes, preconceptions, and misconceptions about receiving primary care and homeless services; these attitudes may be reinforced by the systems and programs designed to serve these vulnerable veterans. New approaches to care that include population-specific strategies for education, outreach, and care processes will help eliminate the barriers to receiving primary care for homeless veterans.