

# Aging Veterans: The Intersection of Homelessness, Mental Health Need, and Physical Frailty

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VETS HELPING VETS SINCE 1974

# An Overview of Services



Housing: Permanent  
Supportive,  
Transitional & SSVF



Health and  
Social  
Services



Employment and  
Job Training



Legal Services

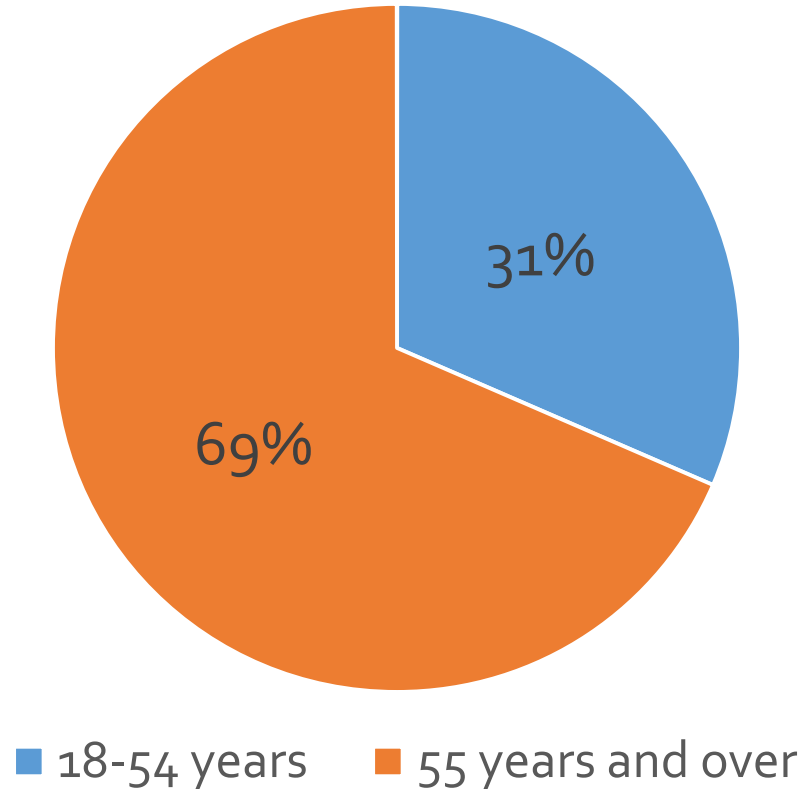


Institute for Veteran Policy

# Health Challenges of Senior Veterans

- Aged beyond chronological age
- Pre-disposed for a variety of health issues impacted by their service-related injuries
- Life-limiting illness, frailty, or disability associated with chronic disease, aging, or injury

# Percentage of Senior Veterans in California



- In California, veterans aged 55+ represent approx. 69% (1.18 million) of the veteran population.
- Approx. 25% are over 75 years old.

- According to the VA's National Registry for Depression, **11% of Veterans aged 65 years and older have a diagnosis of major depressive disorder.**
- **This rate is *more than twice* that found in the general population of adults aged 65 and older.**
- The actual rate of depression among older veterans may be even higher, since not all veterans with depression receive a diagnosis from their health care provider.

## SUICIDE

***OLDER VETERANS ARE AT INCREASED RISK OF SUICIDE: TWO-THIRDS WHO COMPLETE SUICIDE ARE AGE 50 OR OLDER.***

***OLDER VETERANS WITH PTSD SYMPTOMS SIGNIFICANTLY MORE LIKELY TO REPORT:***

- little or no social support
- higher prevalence of mental distress, death wishes, and suicidal ideation

(Durai et al, 2011; Bagalman, 2013; Schinka et al, 2015)

## DIABETES

### RISKS:

- Higher rate of obesity and being overweight than the general population: More than 70% of patients in VA facilities are overweight or obese
- Social disparities: Lower incomes and limited access to high-quality, healthy food
- Exposure to Agent Orange/herbicides

(Smith, Brian N. et al., 2015; VHA, 2015)

# Older Veterans and Chronic Pain

- 50% of older veterans have chronic pain (compared to 30% non-veteran peers).
- SFVAHCS: Older veterans average 10-15 medications
- Older veterans with chronic pain frequently show improvements in the intensity of their pain over time.
  - However, prescriptions of opioids, mental health issues, and certain pain diagnoses are associated with a lower likelihood of improvement.

*(VA, 2017; Dobscha et al, 2016: <https://www.ncbi.nlm.nih.gov/pubmed/27058162>)*



# Vietnam: Legacy of Neglect

- Programs and services for veterans were woefully inadequate.
  - Lack of federal support: Not given same care as WWII.
  - Lack of support from WWII veteran service organizations.
  - Vietnam veterans were not seen as deserving as prior era.
  - Other than Honorable Discharges/bad paper
- Vietnam veterans were the most neglected generation of veterans.
  - The Poverty Draft
  - Decade of Neglect
  - Health & Economic Consequences



## THE LEGACY OF NEGLECT

Social isolation

Unemployment

Divorce

Homelessness

Community neglect

Mental illness

Physical disabilities



## WHERE WE ARE NOW

### *Post-Traumatic Stress Disorder 40 Years Later*

271,000 Vietnam theater veterans have current full PTSD, one-third of whom have current major depressive disorder.

(National Vietnam Veterans Longitudinal Study.)

Demand for treatment of PTSD among Vietnam veterans has increased steadily.

(Hermes et al, 2015)

- 1989-1994 the VA provided care to 4.7 million veterans. Now (2018) that's doubled to 9 million veterans.
- VA cares for a much higher percentage of elderly veterans – the average age of a VA patient is 62 – than the rest of the U.S. health-care system.
  - These veterans also have more complex health-care needs. The average Medicare patient, for example, has between three and five health challenges.
  - The average Vietnam War veteran has nine to 12.

- Because of its vast experience in treating aging veterans, the VA has become a leader in providing geriatric services that are generally unavailable to those not covered by VA care.
  - However, the system of care is tightly rationed.
- Now VA delivers care to elderly veterans through its “Geriatric Patient Aligned Care Teams,” or GeriPACTs.

Large numbers of aging veterans have been moving, either permanently or during the winter months, from the Rust Belt and California to lower-cost retirement centers in the Sun Belt, such as Phoenix. In such areas, VA struggles to build facilities and attract new personnel fast enough to meet surging demand.

## WHERE WE ARE NOW



### *Homelessness*

Nearly half of homeless veteran population.

**Hardest to place:** unsheltered, chronically homeless and those with severe medical and mental health issues, presenting VA with greatest challenges in ending homelessness.

(NCHV, 2015)

# Housing Profile of Swords to Plowshares

- We operate 421 units of housing today - 379 are permanent supportive housing with the remainder being stabilization for severely impaired veterans.
- We know that our residents are representative of the San Francisco homeless veteran population.
- 65% are over 55 years old, but we also know that veterans are significantly aged beyond their years as are all homeless individuals.
- Nearly 40% of our residents are African American compared to 6% of all San Franciscans.



# Housing Profile - Rational for on-site VA Nurse

- At time of census (mid-October 2018), 113 Veterans in active HUD/VASH case management reside at Kearny.
- Of those, 60 have had at least three primary medical visits since 1/1/17. 13 residents have had two primary medical appointments. 16 have had one primary medical appointment. 24 have not seen a primary medical provider. Of those 24 who have not seen a primary provider, 12 of them have no assigned PACT [provider].
- At least 67 of these Veterans have visited the ER since 1/1/17; over 45 of the Veterans have been to the ER at least twice in that timeframe. Among the 53 Veterans less than three medical appointments since 1/1/17, there have been over 160 ER visits between them in that time.

One of the main reasons that veterans exit our permanent supportive housing is the necessity for higher-levels of care than can be provided by Swords to Plowshares, such as needing access to:

- Skilled nursing care
- Hospice care
- Live-in aides
- Board and Care
- Medication management

## **Client Case Study:**

Veteran JH: 67 y/o Caucasian Male Veteran housed at the Stanford Hotel after long stay on the streets and in the Powell St. Bart station. He ultimately lost his housing at the Stanford Hotel due to an inability to care for himself and habitability issues in the unit that created safety issues for other tenants.

## Recommendations:

- Increasing training for support service staff in gerontology care and services, hoarding issues, end-of-life decisions, etc.
- Look for funding to provide additional supports to aging veterans through your local Department of Adult and Aging Services or potentially your Department of Public Health.
- Building housing with aging veterans in mind where they can age in place.
- Make sure housing units have elevators whenever possible
- Having medical care accessible onsite, if possible.
- Acquiring accessible vehicles to take veterans to appointments, grocery store, the bank, etc. or connections with other agencies that provide these services.

## **Client Case Study:**

Veteran MK: 66 y/o Caucasian male Veteran was on the second floor at Veterans Academy and uses a walker to get around due to mobility issues. He has issues cooking and cleaning for himself and is currently using substances. His income puts him over the cap for IHSS (In Home Support Services) and he will not pay for these services out of pocket (rates can be as high as \$20-27/hr).

- Including our aging veterans in outings as best we can and creating connections with senior service centers
- Bringing in creative groups such as art, coffee chats, mindfulness, and community newsletters that feature residents living in the building
- Increasing access to food through food banks, as many of our veterans do not qualify for SNAP/Food Stamps benefits due to their income source, but live in a high-cost area

# Conclusions

## **We need better understanding of the landscape of care for veterans.**

- Disconnect between VA and community services
- Lack of understanding of how aging veterans access multiple systems of care
- Systems of care are fragmented, with lack of “warm hand-offs” between VA, county, and community-based services
- Veterans and providers may not be aware of the benefits of veteran-specific care
- Need for increased veteran cultural competency and knowledge of systems of care

# Recommendations

- Aging Veteran Collaboratives (VA geriatrics, CBO's, County Aging Services, housing services)
- Access to mainstream aging dollars
  - HHS, Office on Aging to State to County to CBOs.
  - Dignity Fund Experience



# Recommendations

- Seniors and adults with disabilities: systems of care need to identify number of veterans they are serving
  - The state and local planning agencies do not identify or target veterans in systems of care.
  - So, the State of California cannot pinpoint the number of veterans within its system— this makes it hard to create a needs assessment for vets in California and identify service gaps.
    - This holds true not only for states, but for cities and counties (ex. San Francisco)

# Recommendations

- Systems of care needs cultural competency in veteran experience and health outcomes to engage veterans productively and make appropriate referrals
- Need for cross training in VA, public, and private systems to understand eligibility and access points
- Need resources for staffing and ADA accommodations in housing programs
- Increase access to veteran in-home supportive services

# Discussion

- Overcoming Barriers