A Qualitative Perspective of Older Formerly Homeless Veterans Living in HUD-VASH Housing

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What do we know?

Veterans represent 10% of all homeless persons and approximately 20% of homeless Veterans are over the age of 55. (1) In 2015, the National Center on Homelessness among Veterans convened a panel to discuss growth rates and special needs of the older homeless Veteran population. The panel anticipated an upward trend in the numbers of older Veterans (60+ years of age) who are homeless, from the current 17,000, to 22,000 by 2025. (2) This population has substantial geriatric physical health conditions, mental health conditions, and substance use disorders. (3) To help meet the physical and behavioral health needs of the aging homeless Veteran population, the panel recommended that the Department of Veterans Affairs (VA) better integrate VA and community health care, social services, and housing programs to enable Veterans to age in place for as long as possible and avoid nursing home care. (2) However, the best way to achieve the housing and wrap-around services for this age group is not known. Project based housing (PBH) -- as opposed to tenant-based housing (TBH) -- may help ameliorate physical and behavioral health due to the social support and community engagement it is believed to provide. There is some evidence, though limited, that group housing confers a reduced risk of subsequent homelessness, compared to independent apartment living (4), but there is no evidence on this topic for an older Veteran population.

New information provided by the study

This qualitative study focused on four themes: former homelessness status; choice of housing voucher and satisfaction with choice: project-based housing (PBH) versus tenant-based housing (TBH); medical and psychiatric comorbidities in Veterans; and social engagement. A fifth theme not specifically asked about in the interview evolved: substance use history. We conducted in-depth interviews with 30 Veterans in the U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program (25 male and 5 female; average age 63). Thirteen were living in PBH and 17 in TBH in the North Shore and Boston metro area.
Prior to entering HUD-VASH, the average length of homelessness was four years -- on the streets or “couch surfing.” Many had lived in a Single Residency Occupancy (SRO) building or a group setting with other Veterans. Veterans noted that they were unaware of the HUD-VASH housing prior to meeting a Veteran representative or other community leaders. Although Veterans can choose between PBH and TBH, many selected a housing voucher based on the quickest availability. Overall, the Veterans verbalized satisfaction with their choice of housing.

Social engagement was a complex issue, independent of the type of housing Veterans chose. PBH was a positive factor here. As one Veteran explained, “It’s community. I feel more safe around vets than ‘regular’ people...like we all take care of each other.” Many discussed the social activities available to them in the different types of housing programs, and some would participate in these activities, but a significant number stated that they did not take part by choice or due to problems with anxiety. The most common social activity cited was attending a therapeutic horse farm weekly.

The majority of Veterans in both PBH and TBH received medical care on a regular basis, either within the VA health care system or in their own community setting. Veterans ranged in age from 56 to 82 and had an average of five medical diagnoses and two mental health diagnoses each. The most common medical diagnosis was hypertension (47%). This is not surprising, given that one out of three adults have hypertension and the prevalence increases with age. (5) The most common mental health diagnosis in this population was substance use disorder (SUD), at 56%. The rate of SUD among Veterans is as high as 70%. (6) Veterans’ use of behavioral health services was more limited. Although many briefly discussed their behavioral health issues, most were not actively engaged in utilizing behavioral health services either in the VA or in the community. It was not clear why they were not using services, although some of the TBH Veterans mentioned transportation issues as one factor.

Veterans verbalized very positive feelings regarding the help and support that they received from their HUD-VASH case managers. Some Veterans described their case managers as their “life line” and felt that they could reach out to them as needed. Some of the Veterans living in PBH stated that they had initially been upset that they would have to meet frequently with their case managers. As one of the Veterans put it, “I didn’t need to be watched over,” but later said, “I came to realize that my case worker frequently checking in with me was a good thing and helped me to stay on track with what I needed to do.”

Most Veterans struggled with sobriety. This was consistent with both PBH and TBH Veterans. The most common substance used was alcohol, followed by marijuana, and a combination of drugs. The major issues raised were maintaining sobriety for a significant period; having periods of substance use and sobriety and cycling in and out of both frequently; and high-frequency of substance use. This was also an issue for Veterans who did not have SUD. As one PBH Veteran said: “I am very disappointed over the people smoking, drinking, carrying on... I pray that the community gets it turned around quickly.”

References


