



HOMELESSNESS

Veterans make up a disproportionate share of the homeless in the United States. VA is taking decisive action to end Veteran homelessness. The agency's Homeless Initiative includes six pillars: community partnerships; employment programs; housing and supporting services; outreach and education; prevention; and treatment. As part of this integrated effort, VA researchers are working to increase understanding of the root causes and risk factors involved in homelessness, and to design and evaluate programs to prevent homeless, and to improve care and services for this population of Veterans. More information can be found at www.va.gov/homeless.

EXAMPLES OF VA RESEARCH ADVANCES

PTSD DISABILITY BENEFITS MAY BE PROTECTIVE—A Minnesota team surveyed 3,337 Veterans who applied for PTSD disability benefits between 1994 and 1998. Ten years later, 20 percent of Veterans who were denied benefits had experienced homelessness. Of those who received benefits, only 12 percent had been homeless. Those who received benefits also were less likely to report living in poverty.

RISKS FOR HOMELESSNESS—A VA team from West Haven, Conn., used national data to identify characteristics that increased or decreased risk for homelessness. OEF/OIF Veterans were less likely than Veterans of other eras to be homeless. But for all Veterans, the strongest predictor of homelessness was illicit drug use: Veterans who used illicit drugs were three to four times more likely to be homeless. Other strong predictors were pathological gambling, alcohol use disorders, and personality disorders.

TAILORED CARE REDUCES ER USE, IMPROVES HEALTH—Chronic diseases typically managed in primary care—such as diabetes, hypertension, heart disease—are widespread among the homeless. VA researchers have explored ways to reach homeless Veterans with primary care that is tailored to their needs, and that offers housing support, among other integrated services. At the Providence (R.I.) VA Medical Center, investigators have shown that tailored care can decrease emergency department use and medical admissions while improving disease management. The Rhode Island group followed 177 homeless Veterans over a one-year period. They received either general care at a primary-care clinic or tailored care at a special clinic. The tailored care blended primary care with an array of homeless services. Those who received tailored care had more favorable outcomes in terms of blood pressure, blood sugar, and cholesterol.

★ **FACTS ABOUT HOMELESSNESS**—*Each year, more than 130,000 Veterans spend at least one night in a homeless shelter or transitional housing. Veterans are at higher risk for homelessness than the general population. The risk of becoming homeless is particularly high in Veterans who live in poverty: about 10 percent of these Veterans are homeless in any given year. VA and the Department of Housing and Urban Development jointly administer a program that provides permanent housing and ongoing case management treatment services for homeless Veterans who require them. The National Center on Homelessness Among Veterans offers preventive services, housing support services, treatment resources, and job training. The Homeless Providers Grant and Per Diem Program provides funds to help public and nonprofit organizations establish and operate supportive housing and service centers for homeless Veterans.*