VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS
Promoting data-driven, evidence-based solutions to end Veteran homelessness

RESEARCH BRIEF

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Rural Homelessness among Veterans-What do we know?

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Introduction

Rural homelessness among Veterans is a poorly understood phenomenon. We do not know the extent to which Veterans who access homeless services in urban areas have their origins in more rural areas or to what degree homeless Veterans living in rural areas choose to forgo homeless services (thereby being uncounted among the homeless Veteran population). More generally, there is a dearth of research on all aspects of rural homelessness among Veterans.

This brief will lay groundwork for more systematic research on rural Veteran homelessness, especially that which focuses on the basic questions concerning differences in characteristics and services needs of rural Veterans. Two specific research questions guide this study. First, in what ways is the rural Veteran homeless population different than the non-rural Veteran homeless population? Second, to what extent is homeless services use among Veterans from rural areas different than that of those who were from more densely populated areas?

Data and Methods

The data that informs this brief were available through VA's homelessness registry, a repository of administrative data on both Veterans who are identified as homeless and the homeless and health care services they use. Data were retained for any Veteran who used homeless services between 2013 and 2016. Using U.S. Department of Agriculture Rural-Urban Commuting Area (RUCA) codes,[1] we identified Veterans as "rural" if their address was in a "rural" or "highly rural" zip code.[2] Veterans from any other zip code were labeled, in a counterfactual way, "non-rural". Non-rural includes, in a single comparison group, homeless Veterans from large and small cities, suburban areas, and other non-rural geographies.

A total of 241,848 Veterans used a homeless service within the study period, of which 31,684 had missing or unusable address information. The remaining 210,164 Veterans comprised the study group

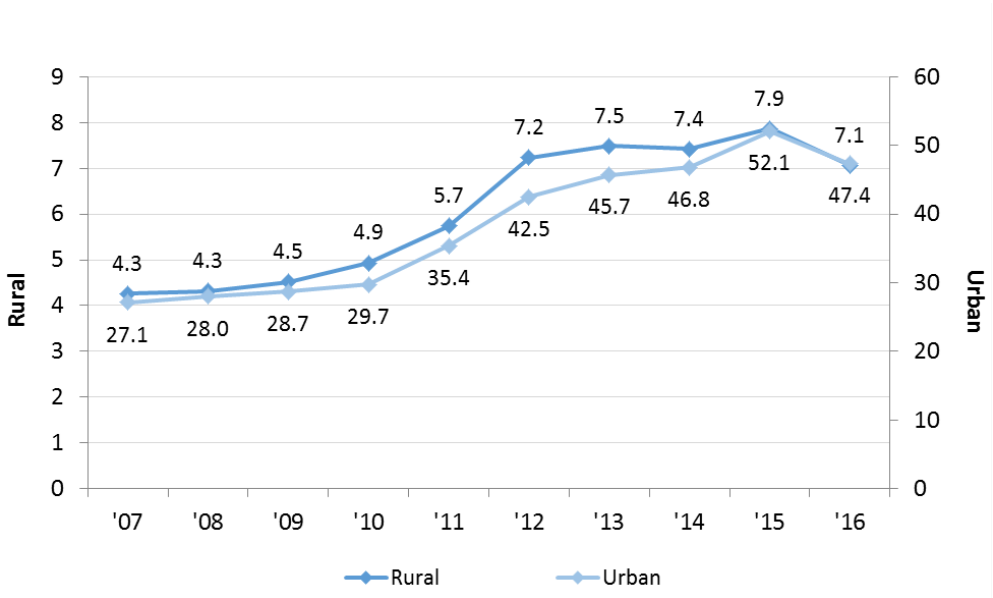
[1] For more information on RUCA codes, see the U.S. Department of Agriculture's Economic Research Service webpage: https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/ (accessed 10/3/17).

[2] Thanks to Butch Fort and the VA's VHS Service Support Center for assistance with identifying these rural Veterans by zip code designation.

for this research brief and, of these, 30,919 (15%) were considered to be from rural locations. By comparison, 23% of all Veterans and 18% of all Americans live in rural areas.[3]

Figure 1 shows how the VA, up to 2015, has provided homeless services to progressively more homeless Veterans in both the urban and non-urban subgroups.[4] During the course of this overall increase, the urban/non-urban split among homeless Veterans has stayed fairly consistent, with rural Veterans comprising around one-sixth of the homeless Veteran population in each of the years covered in the figure.

Figure 1 - Number of Veterans Using VHA Homeless Programs (in thousands)



The results that follow consist of descriptive findings, based upon the registry data, that compare the rural and non-rural Veteran elements of this study group on the basis of demographics, use of homeless and health care services, and broad medical and mental health diagnoses associated with health care records. The differences in these results between the rural and non-rural Veteran groups, unless otherwise indicated, are statistically significant. In addition to these comparisons, results related to migration by homeless Veterans across VA medical center catchment areas is also assessed for indications as to whether there are greater tendencies for homeless Veterans to migrate from predominately rural service areas.

[3] 28. See U.S. Department of Veterans Affairs, Office of Rural Health. (2015). Thrive 2015: Office of Rural Health annual report. https://www.ruralhealth.va.gov/docs/ORH_Annual_Report_2015_FINAL.pdf

[4] These increases in numbers of homeless Veterans (rural and non-rural) does not necessarily mean that homelessness among Veterans has increased over this time period. Other counts have shown a drastic decline in the number of homeless Veterans. What more likely accounts for these increases is that the number of homeless Veterans who have sought assistance through VA homeless programs has increased as more effective and more plentiful assistance, such as HUD-VASH and SSVF, has become available.

Results

DEMOGRAPHICS

Table 1 compares the two groups by their demographics. The starkest difference on this table relates to racial differences, where the rural homeless Veteran population is 69% White and 20% Black, while the proportions are near equal (43% Black and 44% White) among the non-rural homeless Veteran population. The rural homeless Veteran population is also somewhat younger, with 19% of the rural population being under 35 as opposed to 15% of their non-rural counterparts.

Table 1 – Demographics of Rural and non-Rural Homeless Veteran Sub-groups

Characteristic	Rural (N=30,919)	Non-rural (N=179,245)
Female	9.5%	10.0%
Race/ethnicity		
Hispanic	6.1%	10.1%
Non-Hispanic black	20.3%	43.0%
Non-Hispanic white	69.0%	43.9%
Other	4.6%	3.0%
Age		
18-34	19.2%	15.7%
35-44	14.4%	12.6%
45-54	24.4%	26.7%
55-64	32.0%	35.4%
65+	10.0%	9.7%

HEALTH CARE USE

Table 2 shows a breakdown of VA health care use by rural and non-rural homeless Veterans. Overall, lower proportions of rural Veterans use emergency department services and medical services, though the difference in medical services use is small. On the other hand, somewhat higher proportions of rural homeless Veterans use behavioral health (substance abuse and mental health) services, both as inpatients and outpatients.

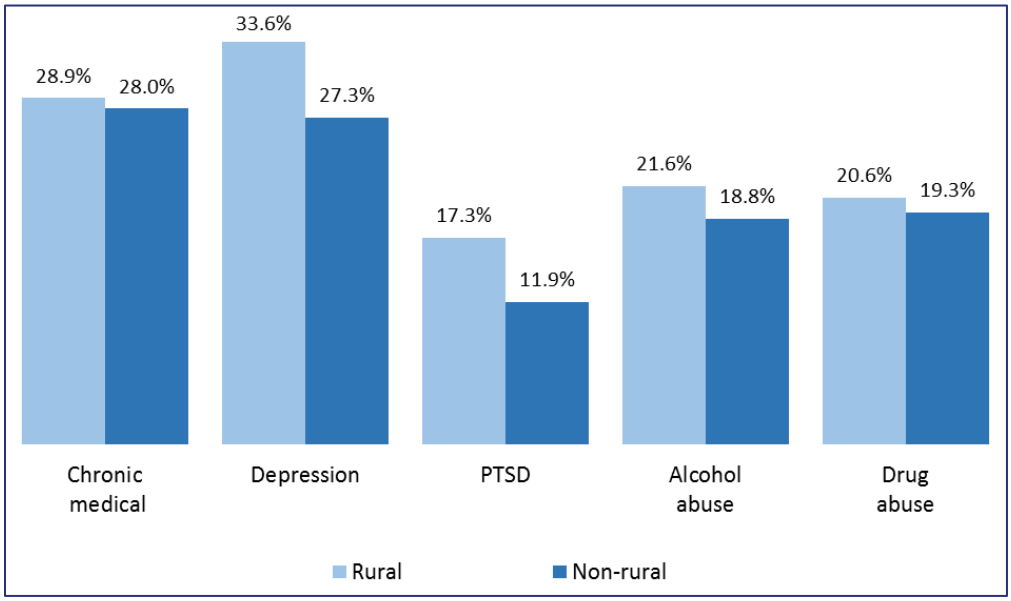
Table 2 – Healthcare Use Among Rural and non-Rural Homeless Veteran Sub-groups

Service	Rural (N=29,865)	Non-rural (N=169,793)
Inpatient	16.7%	16.7%
Medical	7.9%	9.0%
Mental health	6.7%	5.8%
Substance use	5.1%	4.7%
Emergency Department	34.5%	41.2%
Outpatient		
Primary care	76.2%	77.0%
Specialty medical	71.2%	73.0%
Mental health	65.6%	59.6%
Substance use	28.4%	26.6%

DIAGNOSES RELATED TO HEALTHCARE SERVICES USE

In line with the higher proportions of behavioral health services use, rural Veterans as a population also have higher prevalence rates for the two mental health diagnoses measured here, depression and post-traumatic stress disorder (PTSD), as well as substance use diagnoses. There was also a slightly higher prevalence of chronic medical conditions among the rural Veterans.

Figure 2 – General Diagnoses Associated with Healthcare Visits of Rural and Non-Rural Homeless Veterans



USE OF HOMELESS SERVICES

Table 3 – Healthcare Use Among Rural and non-Rural Homeless Veteran Sub-groups

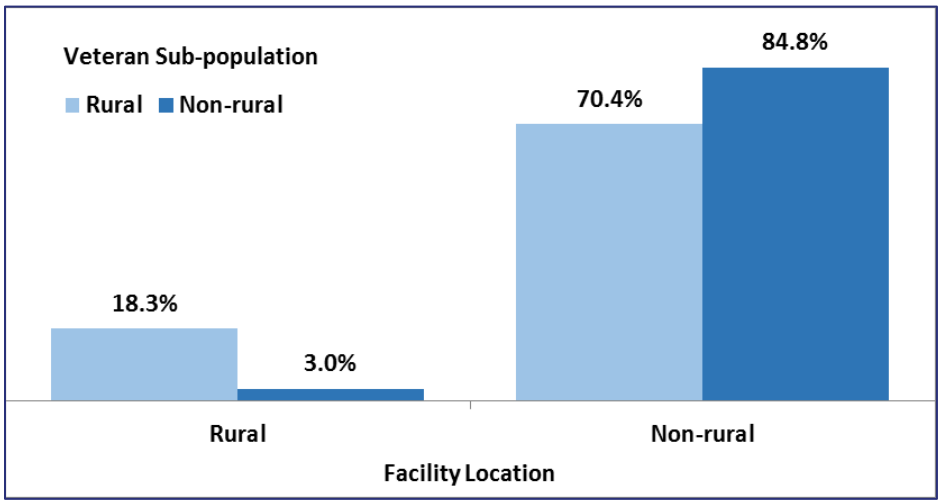
Programs	Rural (N=30,919)	Non-rural (N=179,245)
Health Care for Homeless Veterans (HCHV)	76.4%	83.3%
Supportive Services for Veteran Families (SSVF)	34.6%	41.5%
Transitional/short-term housing	46.4%	54.7%
Domiciliary Care for Homeless Veterans (DCHV)	11.7%	8.7%
Contracted Emergency Residential Services (CERS)	17.1%	19.1%
Grant and Per Diem (GPD)	28.6%	40.5%
HUD-Veterans Affairs Supportive Housing (HUD-VASH)	55.3%	62.5%
Case management only	33.8%	30.5%
Housing	21.5%	32.0%
Services for justice-involved Veterans (HCRV, VJO)	20.4%	17.8%

Table 3 shows the proportions of homeless Veterans who use various VA homeless services. For almost every homeless service, higher proportions of non-rural Veterans engaged the particular service. There were especially lopsided proportions between the two groups among those who use Grant and

Per Diem services, Health Care for Homeless Veterans, and HUD-VASH. The most prominent exception here is the use of Domiciliary services, which are often located on more rural campuses.

MIGRATION INDICATORS

Figure 3 – Locations of Homeless Services Used by Rural and Non-Rural Homeless Veterans



According to Figure 3, 70% of the rural Veterans received homeless services at VA facilities that were located in non-rural areas, while only 3% of the non-rural homeless Veterans used rurally located services. The pattern was similar for inpatient and outpatient services. This is a rough but compelling indicator that rural Veterans often go to more urban areas in conjunction with getting VA services. The extent to which such moves were long-term is unclear.

Figure 4 - Mobility across VA Medical Centers among Homeless Veterans

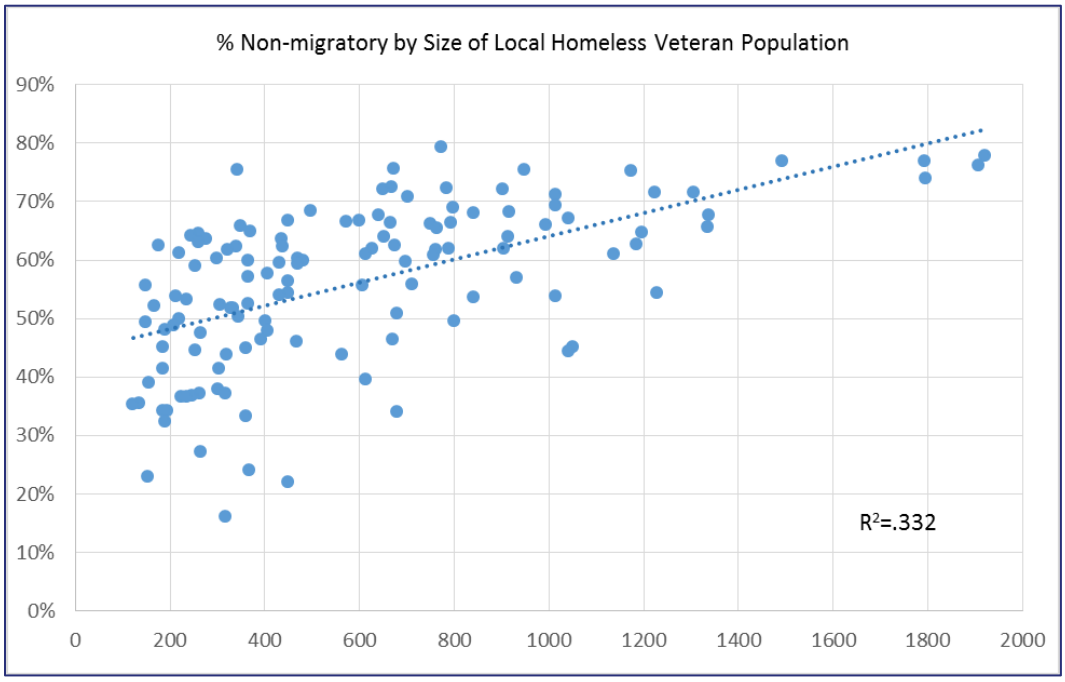


Figure 4 shows VA medical center (VAMC) catchment areas and the extent to which the Veterans who initially received services in each area stayed in the Veterans Integrated Service Network (VISN) that contained the particular VAMC catchment area. While there was much variation across different VAMCs, this scatterplot shows that size of the Veteran homeless population in a VAMC catchment area, where larger population sizes typically reflect more urban areas, was substantially associated with a lower degree of mobility. Table 4 shows these results by aggregating migration across the ten VAMC catchment areas with the largest and the smallest homeless Veteran populations. Both the figure and the table suggest that homeless Veterans originating in VAMCs with smaller numbers of homeless Veterans (reflecting lesser populated catchment areas) have a greater propensity to migrate in conjunction with receiving services.

Table 4 – Migratory Rates (from one VISN to another VISN) for Homeless Veterans from Selected VAMCs

	Total Homeless Veterans	% Non-migratory
10 Most Populated VAMCs[5]	16,293	72.3%
10 Least Populated VAMCs[6]	1,621	44.3%

Summary

This research brief presents some basic findings on differences among homeless Veterans who were identified as coming from rural and non-rural locations, as well as on levels of migration among homeless Veterans coming from VAMC catchment areas of different sizes. These findings indicate that the rural component of the homeless Veteran population examined here has, in comparison to their non-rural counterparts, a much different racial composition and is somewhat younger. They have higher levels of behavioral health use and diagnosis, and have lower levels of most kinds of VA homeless services use. The latter is likely due, at least in part, to access issues, as such services tend to be located in more urban areas. This would make, however, the findings related to higher levels of behavioral health diagnosis and utilization somewhat counterintuitive, and warrants additional investigation.

The findings presented here also indicate that substantial proportions of Veterans from rural areas go to less rural settings to access VA services. The dynamics around these findings are unclear and call for further research, but they point to the possibility that Veterans, when losing their housing, also have a higher risk of becoming more geographically dislocated, both when they seek homeless services and possibly then when they subsequently become rehoused.

Finally, we urge that these results be interpreted with caution due to their preliminary nature and be used primarily to identify topics to be investigated in more detail, which could inform efforts to provide more responsive and effective services to homeless Veterans from rural locations.

[5] Based on ten VAMCs with largest Veteran homeless populations served in catchment area. These include: West Los Angeles CA, Houston TX, Decatur/Atlanta GA, Buffalo NY, Kansas City MO, Gainesville FL, Dallas TX, Seattle WA, Chicago-Westside IL, Phoenix AZ.

[6] Based on ten VAMCs with largest Veteran homeless populations served in catchment area. These include: Sheridan WY, Tomah WI, Grand Junction CO, Clarksburg WV, Iron Mountain MI, Butler PA, St. Cloud MN, Fort Meade SD, Fargo ND, Beckley WV

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