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DATA REPORT

National Survey of Homeless Veterans in 100,000 Homes Campaign Communities



100,000 HOMES

For 100,000 homeless
Americans by July 2013

November 2011

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EXECUTIVE SUMMARY

Combat ought to be the most difficult experience of a veteran's life, but many veterans go on to become homeless for eight or nine times the length of their deployments.

Trained volunteers with the 100,000 Homes Campaign surveyed over 23,000 homeless Americans in 47 communities across the country and found that veterans tend to be homeless longer than non-veterans. In fact, homeless veterans reported an average of nearly six years homeless, compared to four years among non-veterans. Among those who reported spending two or more years homeless, veterans reported an average of nearly nine years homeless, compared to just over seven for non-veterans. Age accounted for only part of this disparity.

Length of homelessness matters because the longer people spend on the streets, the more health risks they tend to develop. Among the 62% of homeless veterans who reported two or more years of homelessness, over 61% reported a serious physical health condition, 55% reported a mental health condition, 76% reported a substance abuse habit, and 32% reported all three.

As a group, veterans were 11 percentage points more likely to suffer from at least one condition linked to increased risk of death among the homeless population, which means the men and women who risked their lives defending America may be far more likely to die on its streets.

As a group, homeless veterans reported having been homeless significantly longer than their non-veteran counterparts.

- Among the total population surveyed, homeless veterans reported having been homeless for an average of 5.77 years vs. 3.92 years for homeless non-veterans
- Among the 12,500 people who reported having been homeless for 2 years or more, homeless veterans were found to have been homeless for an average of 9 years, whereas non-veterans were found to have been homeless for 7.3 years.

As a group, homeless veterans were considerably older than non-veterans, though this does not account fully for the longer duration of their homelessness.

- 21.3% of homeless veterans reported an age over 60, compared to 9.4% of homeless non-veterans

Homeless veterans reported a higher incidence of various health conditions linked to increased risk of death among the homeless population. Among these conditions:

- 27.3% were tri-morbid, meaning they suffered from mental illness, physical illness, and substance abuse at the same time

- 20.8% had received ER or inpatient care more than 3 times in the last year
- 21.3% were over 60
- 9.4% reported multiple instances of frostbite
- 9.2% reported liver disease
- 4.4% reported kidney disease

Veterans who had served in the most recent wars in Iraq and Afghanistan were more likely to report a traumatic brain injury and to have received some form of mental health treatment than veterans of other wars

- 27% of Iraq/Afghanistan veterans reported traumatic brain injury, compared to 19% of other veterans
- 46% of Iraq/Afghanistan veterans reported some form of mental health treatment, compared to 41% of other veterans

No correlation was found between the possession of VA health benefits and frequency of health risks or time spent homeless.

BACKGROUND INFORMATION

The 100,000 Homes Campaign is a national movement of communities working together to find permanent homes for 100,000 homeless Americans by July of 2013. To date, 102 communities have joined the Campaign, and these communities have collectively housed 11,225 homeless individuals nationwide.

What is the 100,000 Homes Campaign?

The [100,000 Homes Campaign](#) is a national movement of communities working together to find permanent homes for 100,000 homeless Americans by July of 2013. To date, 102 communities have joined the Campaign, and these communities have collectively housed 11,225 homeless individuals nationwide. Led by the nonprofit [Community Solutions](#) and supported by a broad base of national and local partners, the Campaign is fundamentally altering America's response to homelessness by giving communities concrete tools and connecting them to likeminded advocates across the country.

How Was this Data Gathered?

This data set is the first of its kind to come directly from homeless individuals. It has been obtained by volunteers in 47 communities across the country. These volunteers have walked the streets of their communities from 4am to 6am for three mornings in a row to survey their local homeless population using a questionnaire called the Vulnerability Index. This questionnaire, based on leading medical research by Drs. Jim O'Connell of Harvard University and Stephen Hwang of the University of Toronto, screens for health and social conditions linked to an increased

risk of death among homeless individuals. It also asks for data on age, health status, institutional history (military, hospital, jail, prison), length of homelessness, patterns of shelter use, and previous housing situations.

After extensive training, volunteers comb the streets of their communities block by block to administer the Vulnerability Index survey to as many people as possible. This process occurs early in the morning to ensure that those surveyed are largely among the unsheltered homeless population. More than 23,000 surveys have been conducted to date, providing a large national database from which to draw preliminary conclusions about Americans sleeping on the streets.

At the national level, the data add to our knowledge of the street homeless population and serves as a useful and detailed addition to other important data such as that released annually by the Department of Veterans Affairs. Because it is self-reported, the data rounds out other data sets, many of which rely on institutional reporting by shelters and other service providers.

At the community level, the data provide actionable, by-name information to help identify housing resources and services for members of the local homeless population who are eligible. This also dramatically accelerates the housing placement process.

NARRATIVE SUMMARY of the DATA

The data suggest that homeless veterans face unique, prolonged risks on the streets and speak to the urgent need for communities to implement proven practices for ending homelessness among these women and men who have served their country.

Homeless Veterans as a Percentage of the Surveyed Population

The data suggest that veterans are over-represented among the homeless population in surveyed communities. While veterans represent less than 9% of the population nationally, they represent 15.2% of the homeless population surveyed in these communities. This data is consistent with VA and HUD data on Veteran's homelessness, which indicate that veterans are over-represented among the ranks of the nation's homeless with 17% of homeless adults reported as veterans.

Comparing Length of Homelessness among Homeless Veterans and Homeless Non-Veterans

The 100,000 Homes Campaign's total data set suggests that the characteristics of veterans differ substantially from non-veterans in many ways. These differences may make them more vulnerable to death on the streets than the homeless population at large and may also contribute to veterans remaining homeless longer than non-veteran homeless individuals.

One of the most striking differences between these two groups is that homeless veterans, as a group, report having been homeless significantly longer than their non-veteran counterparts. On average, homeless veterans

reported having been homeless for 5.77 years, compared to 3.92 years for homeless non-veterans. Similarly, 62% of veterans reported having been homeless for two years or more, while 50% of non-veterans said the same. Among those who had been homeless for more than two years, total length of homelessness jumped to 9 years for homeless veterans and 7.3 for homeless non-veterans.

Previous studies have shown a correlation between age and length of time homeless, and indeed, homeless veterans reported being much older than their non-veteran counterparts. Over 21% of homeless veterans reported an age over 60—greater than the average life expectancy of a homeless adult—while 9.4% of non-veterans reported an age over 60. Additionally, homeless veterans who face health conditions linked to increased risk of death among the homeless are nearly twice as likely to be age 62 or older than their non-veteran counterparts (26.5% of at-risk veterans vs. 13.9% of the general at-risk homeless population).

Part of the explanation for veterans' longer periods of homelessness can likely be attributed to their older average ages. However, age does not fully explain the longer duration of homelessness among veterans. After controlling for age among homeless people who have been homeless for two years or more, veterans are still homeless an average of one full year longer

than non-veterans, which means that while age accounts for some of the difference in duration of homelessness among veterans and non-veterans, it does not account fully for this disparity.

Substance abuse was the only other strong predictor of homelessness beyond age and military service.

Comparing Health Risks among Homeless Veterans and Homeless Non-Veterans

As a group, homeless veterans were significantly more likely to report health and social conditions linked to an increased risk of death. These conditions include liver disease, kidney disease, HIV/AIDS, frequent frostbite, an age of 60 or above, tri-

morbidity (co-occurring mental illness, physical illness, and substance abuse), three or more visits to the ER in the preceding three months, and three or more ER or inpatient hospitalizations in the preceding year. Not only were veterans more likely to report one of these conditions, they were also more likely to report each individual condition, with the exception of HIV/AIDS and having made three or more visits to the ER in the preceding three months.

Veterans were also more likely to report various other health conditions, including: cancer, diabetes, emphysema, heart disease, hepatitis C, and tuberculosis.

As a group, veterans were also more likely to report having received some form of mental health treatment (41%) than their non-veteran counterparts (39%).

Table 1.

Conditions Linked to Increased Risk of Death Among Homeless	Veterans	Non-Veterans
Liver Disease	9.16%	6.98%
Kidney Disease	4.35%	3.89%
Over 60	21.3%	9.43%
HIV/AIDS	2.75%	3.05%
Frequent Frostbite*	9.39%	5.99%
Tri-morbidity	27.34%	21.94%
ER 3x or More in Last 3 Months	10.88%	12.62%
ER or Inpatient 3x or More in Last Year	20.81%	19.94%

* Only 33% of veterans reported sleeping regularly in shelters, which may account for their greater susceptibility to cold weather injuries.

Table 2.

Additional Health Conditions	Veterans	Non-Veterans
Cancer	5.6%	4.04%
Diabetes	11.8%	10.20%
Emphysema	7.73%	4.74%
Heart Disease	16.7%	12.97%
Hepatitis C	14.3%	9.66%
Tuberculosis	6.04%	3.59%

Comparing Health Risks among Homeless Veterans by Length of Homelessness

The data suggest that individuals who remain homeless for longer periods of time are more likely to develop serious health conditions. This fact is evident among the

62% of homeless veterans surveyed who reported having been homeless for two years or more. Such veterans were more likely to report liver disease, heart disease, emphysema, Hepatitis C, tuberculosis, frequent frostbite, and mobility limitations than veterans who had been homeless for less than two years.

Table 3.

Condition	Veterans homeless less than 2 years	Veterans Homeless 2 years or more
Frostbite	5.4%	12.5%
Liver Disease	6.8%	11.4%
Heart Disease	15.8%	18.8%
HIV/AIDS*	3.6%	2.5%
Emphysema	6.1%	9.6%
Hepatitis C	10.6%	18%
Tuberculosis	4.4%	8%
Mobility Limitations	26.3%	36.2%

**This decrease may be due to increased morbidity rates of homeless individuals with HIV/AIDS who have lived on the street for a long time, or due to the fact that they are being served by comprehensive HIV/AIDS programs and are being placed into housing within 2 years.*

In general, veterans who reported having been homeless for more than 2 years were more likely to report serious physical and mental health conditions. They also reported higher rates of tri-morbidity (the co-

occurrence of physical illness, mental illness and substance abuse) and dual diagnoses (the co-occurrence of mental illness and substance abuse).

Table 4.

Health Conditions	Veterans homeless less than 2 years	Veterans Homeless 2 years or more
Tri-Morbidity (co-occurring mental illness, physical illness, and substance abuse)	20.4%	32.2%
Dual Diagnosis (Co-occurring mental illness and substance abuse)	31.3%	45.7%
Any Serious Health Condition	48.1%	61.1%
Any Mental Health Condition	43.9%	55%

Comparing Social Risks Among Homeless Veterans by Length of Homelessness

There were also significant differences in social risks between veterans who reported having been homeless for two years or more and veterans who reported having been homeless for less than two years. Veterans

who reported having been homeless for two years or more were more likely to have jail and prison histories than veterans experiencing shorter-term homelessness. They were also more likely to report recent patterns of alcohol abuse along with substance abuse in general.

Table 5.

Social Conditions	Veterans homeless less than 2 years	Veterans Homeless 2 years or more
Jail History	71.4%	84.5%
Prison History	29.8%	37.4%
Drank alcohol daily in last 30 days	14.4%	26.6%
Any Substance Abuse	57.8%	75.6%

Returning Veterans from Iraq and Afghanistan

While the percentage of surveyed veterans who reported having fought in America's most recent wars in Iraq and Afghanistan was small (1.5%), this group displayed a number of striking qualities. As a group,

Iraq and Afghanistan veterans were considerably more likely to report suffering from a traumatic brain injury than veterans of other wars. They were also more likely to report having received some form of mental health treatment, though significantly less likely to report having health insurance. The data does not explain these distinctions;

however, they may be the result of an increased awareness and attentiveness to brain injuries and combat-related mental health symptoms on the part of the military and the Department of Veterans Affairs. Returning veterans today are much more

likely to be screened for such conditions than returning veterans of past wars in U.S. history, and this may explain the jump in these diagnoses. It is worth emphasizing, however, that other factors may also be fully or partially responsible.

Table 6.

Condition	Pre-Iraq/Afghanistan Veterans	Iraq/Afghanistan Veterans
Brain Injury	19%	27%
Has health insurance	59%	44%
Received Mental health Treatment	41%	46%
Mobility Limits	29%	17%
Serious Health Condition	56%	42%
Substance Abuse	61%	57%

Assessing the Impact of VA Benefits

The 100,000 Homes Campaign also conducted a comparative analysis of veterans who reported having health benefits through the Department of Veterans Affairs and veterans who did not report such benefits. Interestingly, there was no significant difference in length of time homeless between these two groups. Neither was there any significant difference in the health, jail, prison or other data listed above, with the exception of Hepatitis C. Veterans reporting VA health benefits reported higher rates of Hepatitis C, likely due to the fact

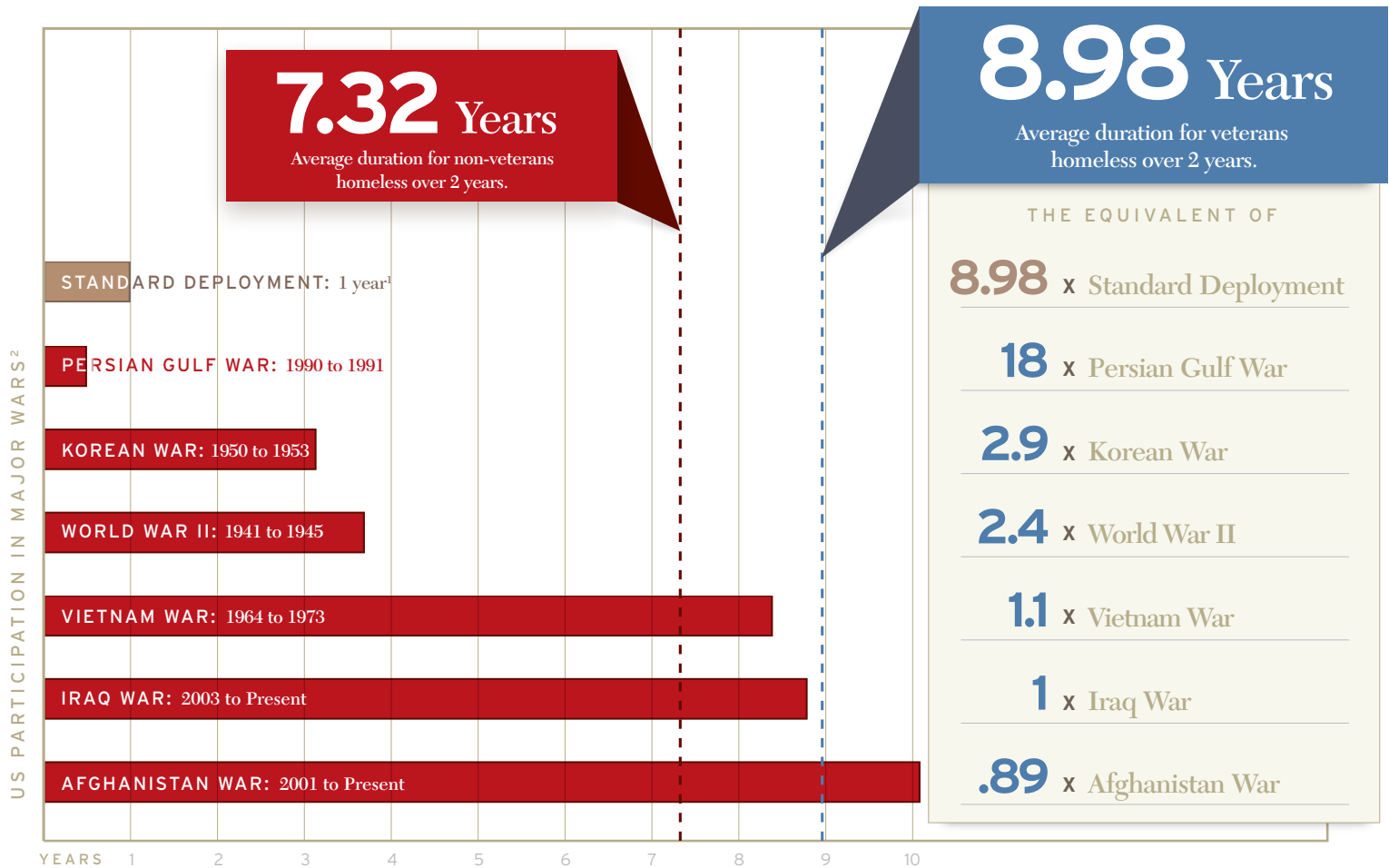
that veterans with health benefits are more likely to receive medical care and testing that would make them aware of their status.

The data does not explain the non-disparity in health conditions and length of homelessness between veterans with VA health benefits and those who lack them. However, it does suggest that VA health benefits alone do not improve the health outcomes in question for veterans, nor do they help veterans escape homelessness more quickly.

APPENDIX

HOMELESSNESS AMONG VETERANS

100,000 Homes Campaign volunteers surveyed over 23,000 individuals currently homeless, 3,493 of whom are American veterans



1. Based on 2011 Army standards. <http://1.usa.gov/p5vTo6>.

2. "US Participation in Major Wars" *Associated Press*, November 25, 2006.

www.100khomes.org
www.cmtysolutions.org