Use of Nursing Homes Among Veterans Who Experience Homelessness

Eric Jutkowitz, PhD, Christopher Halladay, MA, John McGary, PhD, Thomas O’Toole, MD, and James L. Rudolph, MD

Funding: This research was supported by the VA Health Services Research and Development Center of Innovation in Long Term Services and Supports (CIN 13-419), the Evaluation of Veteran Directed Care (SDR 16-194), and by the Brown University Big Data Collaborative Seed Award.

What do we know?
Veterans who experience homelessness have complex substance use, medical, tri-morbidity (substance use, mental illness, and physical illness), and social needs.1-4 In addition, the homeless Veteran population may experience ‘premature aging’, which means they may have advanced care needs at a younger chronological age than would be expected. While the Veterans Health Administration (VHA) provides care and services for Veterans experiencing homelessness5, these Veterans may be at greater risk for entering nursing homes.

We examined the characteristics of Veterans who were homeless or stably housed in the year prior to their nursing home admission. We compared comorbidities, source of admission, length of stay, and mortality in the facility between the two groups. Such data are vital to inform our understanding of the long-term care needs for Veterans experiencing homelessness.

New information provided by the study
Veterans who were homeless in the year prior to their nursing home admission were a decade younger at admission compared to stably housed Veterans. In terms of comorbidities, Veterans experiencing homelessness were more likely to have diagnoses for alcohol/drug abuse, mental health, dementia, liver disease, lung disease, and tri-morbidity (co-occurring substance abuse, mental illness, and physical illness) in the year prior to admission compared to stably housed Veterans. In addition, compared to stably housed Veterans, Veterans experiencing homelessness were more likely to be admitted to a nursing home from a hospital and remain in the nursing home for 90 days, but they were less likely to die in the facility.

In conclusion, Veterans with a history of homelessness who use nursing homes have different clinical
characteristics than their stably housed counterparts. The unique needs of younger and highly comorbid Veterans experiencing homelessness who enter nursing homes warrants additional research, and it is important to determine if nursing homes need additional training and support to provide the care to this unique population. As a first step, nursing homes should assess resident housing status and when necessary provide linkages to existing VHA and community services.


References