



RESEARCH BRIEF

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Changes in Primary Care and Health for Veterans who have Experienced Homelessness During the COVID-19 Pandemic

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What do We Know?

For people experiencing homelessness, the coronavirus disease of 2019 (COVID-19) pandemic impacted their health, access to care and social support.¹ This pandemic, however, is only one example of a health system shock.² There have been such shocks in the past, including weather events, nuclear plant and electrical failures,³ and there will be future ones. It's likely that that such shocks will disproportionately affect disadvantaged populations, including Veterans with Homeless Experience (VHE); U.S. Department of Veterans Affairs (VA) services over 200,000 VHE each year. Our goal is to understand this pandemic's impact on their health and health care to help Veterans Health Administration (VHA) to better buffer this population against future health system shocks. Here we summarize qualitative findings from our study of care, health and

social changes during the COVID-19 pandemic for Veterans enrolled in several homeless-tailored clinics.

For this study, 26 VHE were recruited to complete a telephone interview about their experience with VA care as well as any changes in their personal health, substance use and social support during the COVID-19 pandemic. Interviewees were empaneled at four geographically diverse Homeless Patient Aligned Care Teams (HPACTs) and the Salt Lake City Vulnerable Veteran Innovative Patient-Aligned Care Team (VIP) Initiative. Using a team-based, rapid coding approach, interviews were analyzed for themes related to care disruptions and changes in health.

New Information Provided by This Study

Key Finding #1: Changes Relating to Communication, Delays and Telehealth

Several interview themes related to primary care experiences with both HPACT and VIP clinics emerged.

Communication: Veterans described difficulty getting in touch with their HPACT or VIP clinical team. They stated it was a challenge to get people to answer phone calls, and they highlighted problems navigating VA's phone system when they did not have a direct extension. Several Veterans mentioned they were not notified about changed or canceled appointments or updates in COVID-19 policies, such as clinic closures, COVID screening and more. Not all observations were negative. Positive reflections included remarks on observable improvement in VA communication throughout the pandemic. And some interviewees described "no issues" getting in touch with their clinical team, at any time. Many said their clinic was "quick to respond", with some saying their clinic improved in ways that exceeded the quality of communication before the pandemic.

Delays: As virtual visits replaced most in-person visits, some interviewees reported delays and disruptions while others accommodated these changes, to a degree. Veterans reported delays in accessing several types of specialty care as well as medications. Challenges in primary care access included the aforementioned difficulties connecting by phone, the lack of walk-in appointments, the hassle of new check-in procedures and the termination of some VA transportation options, such as shuttle buses. Several Veterans also noted the additional check-in procedures due to COVID-19. One Veteran said that their hospital seemed "totally different" and "foreign" to them due to all of the updated procedures (i.e. screening, social distancing, etc.). Another Veteran noted the added difficulty with the new check-in procedures saying, "They had a lot of the entrances blocked off, so you couldn't get in or out. And they were checking on everyone's ID making sure you had an appointment and really made it difficult to get into the area."

Telehealth: Telehealth services elicited mixed reviews: some VHE appreciated increased promptness with appointments, enhanced clinician accessibility and

engagement and even less stressful appointments. For some, it appeared that telehealth mitigated the “white coat syndrome”. Others felt less human connection to clinicians or described providers as “checking a box” in telehealth encounters. At least some Veterans expressed frustration with waiting for telehealth visits to start. One member of our study team, a clinician, called this “a new way of experiencing care negatively.”

Key Finding #2: Changes Relating to Social Functioning, Substance Use and Personal Health

Social Functioning: Several participants noted they had “no problem” or “no issue” keeping in touch with people during the COVID-19 pandemic. However, others noted difficulties keeping in touch with people since March 2020. Methods that Veterans mentioned utilizing to keep in contact with loved ones included virtual (video-chatting, social media/internet and email), over the phone (increased time on the phone and text messages) and in-person (gathering after getting a COVID-19 test, meeting up with family members in or outside of the home and being “masked and distanced” during in-person meetings).

Substance Use: Several Veterans described no changes in substance use during the pandemic. Many noted with pride that they had maintained sobriety since the onset of COVID-19. However, a few did note changes in substance use. One participant said, “You know I’ve got more disposable income now. So the alcohol’s gone up. I don’t think anywhere near what can be in any way shape or form classified as an alcoholic. That’s one thing about the VA system and it’s always ticked me off for years. Every time I go into an appointment, I get grilled about my alcohol use like I’m some kind of alcoholic. Or like I’m being accused of being alcoholic. And I’m like no, I simply am not drinking that much.” Other Veterans discussed going into outpatient programs or attempting to initiate treatment. While some noted cravings, of 26 Veterans interviewed, only one described a substance use relapse, and the impact of the COVID-19 pandemic did interfere with obtaining needed treatment for this individual.

Personal Health: Interviewees described both favorable and unfavorable changes to health. Some detailed anxiety, depression, undesired weight gain, becoming more sedentary and uncontrolled pain. Others described desired weight loss, becoming more active or both. Only a few described persistence or aggravation of problems that predated the COVID-19 pandemic. Some mentioned pain, and a few stated their pain improved once appropriate care was obtained through VA.

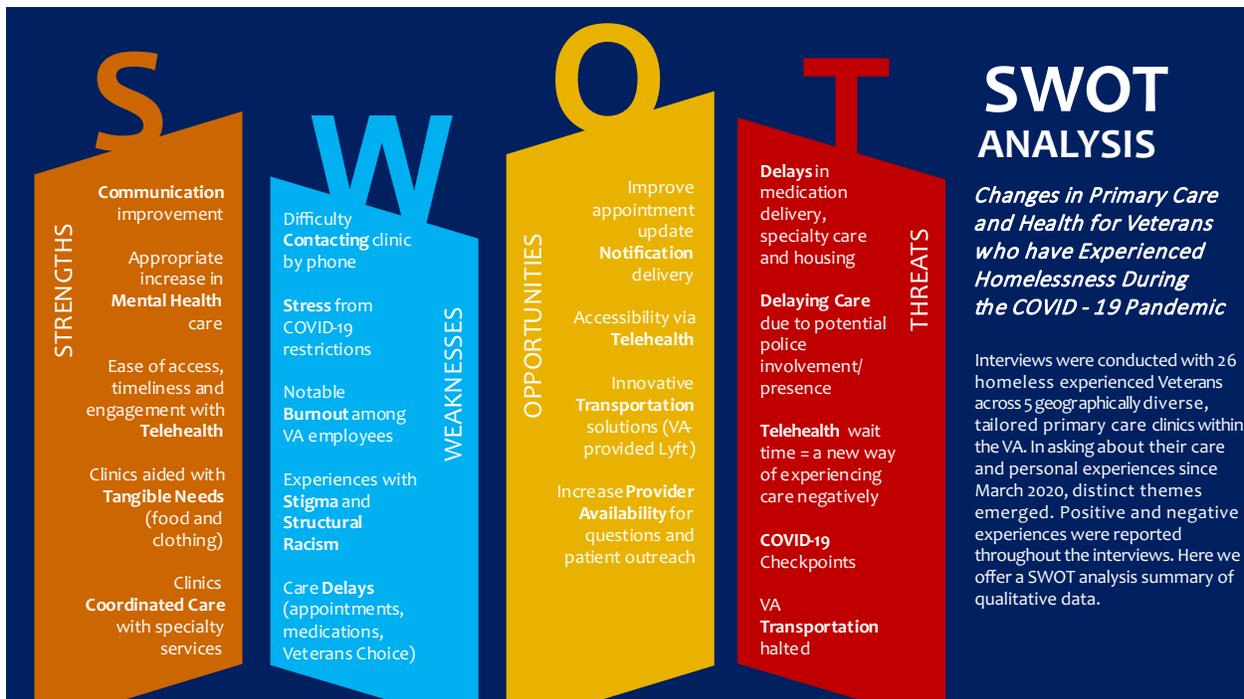
Within these interview data, the number who reported no changes to their health or improved health during the COVID-19 pandemic was unexpected. Some VHE reported they used this time to improve their self-care. That led us to an **unexpected subtheme: resilience and accommodation**. The latter was reinforced by interviewees who declared that the VA was “doing its best” in a difficult situation. Even with delayed care, interviewees described how they “made do” or “didn’t get too frustrated”. Finally, none

volunteered information about COVID-19 infections, but one affirmed he might have had it.

Summary/Implications: Just as the shock of this pandemic upsets our lives, it upsets the delivery of care. For a group of Veterans with recent homeless experience, care disruptions were serious. The transition to telehealth served some well and others poorly. Figure 1 focuses on VA care. Our findings suggest that planning for future shocks could help. Those efforts should include enhanced systems for communication (including telephone), reducing stress at the front door to VHA facilities and a plan for Veterans who find virtual and telephone care unhelpfully sterile.

In the face of reports that document major challenges, overdose and continuing stress on homeless-experienced populations, we do wish to highlight the unexpected finding: resilience and accommodation. Our interviews did not yield a statistical portrait. But they do show that among people who have survived homelessness, there is a reservoir of strength and resourcefulness that some will draw upon and that enabled some to find what they were seeking from VA, even during a very difficult period in our history.

Figure 1. Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis about the Changes in Primary Care and Health for Veterans who have experienced Homelessness during the COVID-19 Pandemic.



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