



## RESEARCH BRIEF

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### Housing instability and use of VHA Homeless Programs among transgender Veterans

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#### Introduction

Transgender individuals – people whose sex assigned at birth is different from their gender identity – have a much greater risk of housing instability than their non-transgender peers. For example, the U.S. Transgender Survey estimated that, among a sample of over 27,000 transgender respondents, the rate of current homelessness was three times higher than among the general U.S. population.<sup>1</sup> The factors that may contribute to transgender people experiencing greater risk of housing instability include rejection by their families, discrimination, and unemployment.<sup>2</sup>

Research suggests that transgender people are more likely to have served in the U.S. military,<sup>1-4</sup> and the transgender Veteran population within the Veterans Health Administration (VHA) is increasing.<sup>5</sup> VHA operates a large system of monitoring housing instability among Veterans and offering supportive programs to Veterans in need, but there is scant information about transgender Veterans who may be experiencing housing instability. The objective of this research brief is to examine the rate of housing instability and use of VHA Homeless Programs among transgender Veterans.

#### Methods

The findings reported here are based on analyses of VA administrative data collected among Veterans who were screened for housing instability between FY 2013–2016: 5,717 transgender Veterans and an approximate 3:1 comparison group of non-transgender Veterans (n=17,133), selected at random and matched on timing and location of care. Transgender status was defined using prior methods developed in VHA research, which rely on specific ICD codes associated with transgender status;<sup>3,6</sup> the VHA currently does not collect self-identified gender identity data. For the 22,850 Veterans included in the study sample, we collected information about sociodemographic factors (e.g., sex at last visit, race, ethnicity, marital status, age, location of residence), comorbid health conditions, and indicators of housing instability.

We used two indicators of housing instability for the present study. First, we assessed Veterans' responses to the Homelessness Screening Clinical Reminder (HSCR), which is VHA's universal screen for current or imminent housing instability. Second, we assessed Veterans' use of VHA Homeless Programs including Domiciliary Care for Homeless Veterans (DCHV), which provides residential care related to mental health, substance use, or chronic medical conditions; Health Care for Homeless Veterans (HCHV), which provides outreach and drop-in services; Grant and Per Diem (GPD), which provides transitional housing; U.S. Departments of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program, which provides permanent supportive housing; and the Supportive Services for Veteran

Families (SSVF) program, which provides community-based homelessness prevention and rapid rehousing services. Veterans may have used more than one type of program.

We conducted chi-square and t-test analyses to identify differences in demographic characteristics and experiences of housing instability among Veterans by gender (i.e., transgender vs. non-transgender). Multiple logistic regression models assessed the association between transgender identity and experience of housing instability as well as the use of specific VHA Homeless Programs.

## Results

### DEMOGRAPHIC CHARACTERISTICS

Table 1 displays the sociodemographic characteristics of the study sample by housing status and gender. Overall, transgender Veterans more frequently indicate that their sex is female and self-identify as White. Transgender Veterans less frequently identify as Hispanic and being married; they are approximately 12 years younger than non-transgender Veterans, on average; and more frequently reside in urban locations.

Among Veterans who have some indicator of housing instability in their medical records, their characteristics largely mirror those of the overall population and the differences based on transgender status remain. However, there are several differences based on housing status: both transgender and non-transgender Veterans experiencing housing instability more frequently report Black race, less frequently report being married, and are younger. In addition, Veterans experiencing housing instability are more frequently located in urban areas, regardless of gender.

**Table 1. Sociodemographic Characteristics, by Transgender Status, FY 2013-2016**

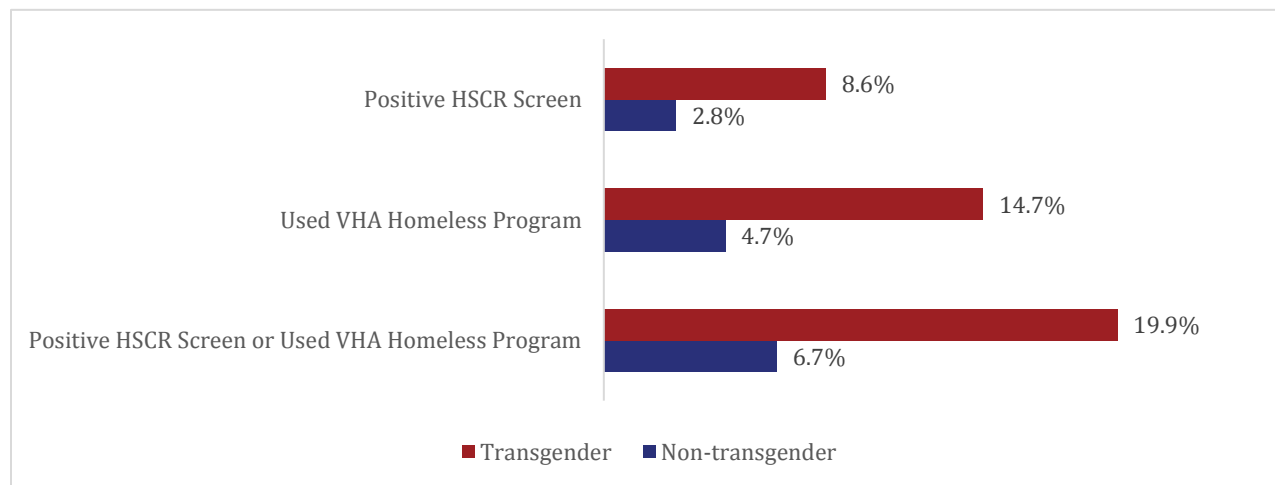
	Transgender (n=5,717)		Non-transgender (n=17,133)	
	n	%	n	%
Sex				
Male	3,788	66.3	15,953	93.1
Female	1,929	33.7	1,177	6.9
Race				
White	4,733	88.5	12,935	80.2
Black	434	8.1	2,802	17.4
Other	182	3.2	379	2.2
Unknown	368	6.4	1,017	5.9
Hispanic Ethnicity	269	4.7	980	5.7
Married	1,415	24.7	9,379	54.7
Location of residence				
Urban	4,031	70.6	10,218	59.7
Rural	1,227	21.5	5,194	30.3
Highly Rural	40	0.7	174	1.0
Multiple locales	282	4.9	428	2.5
Unknown	133	2.3	1,106	6.5
	<b>M</b>	<b>SE</b>	<b>M</b>	<b>SE</b>
Comorbidity* (M, SE)	-0.35	0.05	0.51	0.03
Age (M, SE)	49.4	0.20	61.2	0.13

\*Weighted Elixhauser Comorbidity Index

## HOUSING INSTABILITY

Figure 1 displays the prevalence of housing instability among this sample of Veterans by gender (i.e., transgender vs. non-transgender) based on a positive screen on the HSCR, use of a VHA Homeless Program, or either of these indicators. Overall, 19.9% of transgender Veterans had some indicator of housing instability in their VHA medical records during the study period, more frequently indicated by use of a VHA Homeless Program than by a positive response on the HSCR.

**Figure 1. Prevalence of Housing Instability, by Transgender Status**



A multiple logistic regression analysis controlling for sex at last medical encounter, race, Hispanic ethnicity, marital status, comorbidity, age, and locale, showed that transgender Veterans had 2.32 the odds of having indicators of housing instability in their VHA medical records compared with non-transgender Veterans.

## USE OF VHA HOMELESS PROGRAMS

As noted above, transgender Veterans are generally more likely than their non-transgender counterparts to access VHA Homeless Programs. Figure 2 displays the results from a series of multiple logistic regressions modeling the use of specific VHA Homeless Programs, controlling for sociodemographic characteristics. These analyses found that transgender Veterans have almost or more than double the odds of using the following VHA Homeless Programs, compared with non-transgender Veterans: DCHV, GPD, HCHV, SSVF, and HUD-VASH. In addition, transgender Veterans more frequently use multiple VHA Homeless Programs.

## Discussion

Transgender Veterans are over-represented among Veterans who have some indicator of housing instability in their VHA medical records, either through self-report (i.e., response to the HSCR) or through use of VHA Homeless Programs. This corroborates previous research that has found elevated risk of housing instability among the general transgender population.<sup>1,2</sup>

To our knowledge, this is the first report to examine use of supportive housing programs among a transgender sample and to compare them to a group of their non-transgender peers. Results showed that transgender Veterans were more likely than their non-transgender peers to use particular types of VHA Homeless Programs, including HCHV, SSVF, and HUD-VASH. This may reflect the flexible nature of

these programs and their focus on one-on-one services provision (HCHV) and independent living supports (SSVF and HUD-VASH) rather than congregate living situations often provided through emergency shelter or transitional housing programs. This may be particularly important given that there is a greater proportion of women among transgender Veterans generally—and among transgender Veterans experiencing housing instability—and many congregate living situations are gender-specific and largely intended for the majority male Veteran population. This highlights the need to be aware of particular barriers that transgender individuals may face in accessing housing including sex-specific sheltering, discrimination by landlords, and violence within the community.

**Figure 2. Adjusted Odds of VHA Homeless Program Use by Transgender Veterans**



**Notes.** All models adjusted for sex, age, race, ethnicity, marital status, medical comorbidity, and locale. The point estimate is for transgender Veterans compared to non-transgender Veterans.

## Future Research

Because this study focused solely on Veterans engaged in VHA care, future research should focus on the experiences of transgender Veterans who may not be accessing VHA care for health-related needs or to address their housing instability. In addition, qualitative data from transgender Veterans who have experienced housing instability and accessed VHA Homeless Programs may be useful to inform programs and policies as well as training needs for staff who respond to these Veterans’ needs.

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