

Health and Homelessness among Veterans: Development and Pilot of a Military History Screening Tool

National Health Care for the Homeless Council
May 2015



NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

DISCLAIMER

This publication was made possible by grant number U30CS09746 from the Health Resources & Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Health Resources & Services Administration.

All material in this document is in the public domain and may be used and reprinted without special permission. Citation as to source, however, is appreciated.

Suggested citation: National Health Care for the Homeless Council (May 2015). *Health and Homelessness among Veterans: Development and Pilot of a Military History Screening Tool*. [Author: Claudia Davidson, Research Associate, and Darlene M. Jenkins, Senior Director of Programs.] Nashville, TN: Available at: www.nhchc.org.

ACKNOWLEDGEMENTS

Special thanks are owed to Terri LaCoursiere Zuccherro PhD, RN, FNP-BC, VA Post-doctoral Nurse Research Fellow, and Keith McInnes, ScD, MS, VA Health Services Researcher at the VA Medical Center in Bedford, MA and Research Assistant Professor at Boston University School of Public Health Rogers. Both Zuccherro and McInnes assisted with reviewing the Military History Screening Tool and advising throughout the piloting of the study.

Thanks should also be given to the Sharon Morrison, RN and Russell Davis at the New England Center for Homeless Veterans (NECHV); and Monica Bharel, MD MPH, Casey Leon, MPH and Lena Julia at the Boston Health Care for the Homeless Program for implementing this pilot at Barbara McInnis House. We also recognize National HCH Council staff members who reviewed and contributed to this research process and publication.

BACKGROUND

In 2014, 49,933 veterans of US military service stayed in emergency shelters or transitional housing according to the US Department of Housing and Urban Development, accounting for 11% of homeless adults in the same housing situations. This was a decrease of 33% since the initiative to end veteran homelessness by 2015 was launched by the US Department of Veteran Affairs (VA) in 2010.¹ The numbers do not account for homeless veterans who may have avoided the shelter/transitional housing system altogether.

Though the numbers of homeless veterans in emergency shelters or transitional housing have declined, major health issues remain. Homeless veterans experience high rates of mental health conditions, substance abuse, disability, and chronic health conditions.^{2,4} Homeless veterans also under-utilize VA services compared to veterans who are housed.⁵ In 2013, 20,431 homeless veterans were served by Health Care for the Homeless (HCH) grantees of HRSA's Health Center Program, accounting for 2.4% of the HCH patient population.⁶

The numbers of veterans served by HCH may be inaccurate due to inconsistent, culturally inappropriate, or incomplete data gathering. In a 2013 survey conducted by the National Health Care for the Homeless Council, 98% of survey respondents reported they used a process to identify clients with veteran status, though the process and methods varied. The methods varied by intake process (i.e. staff asking status vs. self-report; timing of inquiry in initial intake vs. during time when services were rendered; and language used- "Are you a veteran? Yes or No," vs. "Have you ever served in the military? Yes or No") and very few respondents indicated that they asked follow-up questions about military and/or VA use history.⁷

Accurate knowledge of veteran status is important; as veterans may qualify for VA services that can resolve their health conditions or their homelessness. Moreover, information regarding military service may be clinically significant to HCH providers, as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), sexual trauma and certain toxic environmental exposures are common among veterans. Capturing specific information is important, as each branch of the military has a distinct culture, each period served has specific health implications, and discharge/separation status determines VA eligibility.⁸

Status identification is confounded by the technical definition of "veteran". VA health programs serve only veterans who left military service under honorable or general conditions, leaving a wide swath of former military servicemen and -women who are not considered to be "veterans" by the VA, but who have been deployed - sometimes multiple times - and share the same health concerns as veterans with honorable discharges.⁹

Moreover, some veterans may choose not to reveal their status at all. Some women veterans have expressed apprehension around self-identifying as a veteran due to perceived lack of acknowledgment from society, non-combat experience, and fear of revisiting traumatic military experiences. Individuals who have served in the National Guard, Reserve, and any service member without combat experience are also more likely to believe they are not veterans.^{10,11} Inaccurate reporting of military history and veteran status may also be due to the shame of an "Other Than Honorable," discharge status that may lead to the reluctance of an

individual to seek VA services and benefits, or the fear of being ineligible for HCH health care services.^{10,12}

In this study, the National Health Care for the Homeless Council developed and tested a Military History Screening (MHS) tool for its use by HCH programs and potentially other organizations to identify consumers who have served in the US military.

METHODOLOGY

Development of the screening tool and evaluation

The MHS tool was developed based on a literature review and the 2013 National HCH Council needs assessment referenced previously.^{8,12} The tool (Appendix A) was developed using three domains relevant to identifying and serving US veterans: 1) initial screen of having served in the US military, 2) military history, and 3) VA history. To ensure face validity, relevance, and appropriateness of the questions, the screening tool was reviewed by VA experts at the VA Medical Center in Bedford, Massachusetts, and tested with National HCH Council research staff for readability.

An evaluation instrument was also developed to assess the feasibility, acceptability, and importance of the screening tool. Evaluations of the tool were completed by both consumer participants and VA and HCH staff members who administered the screenings. Consumers were asked to evaluate the: usability; length, relevance, and emotional effect of the tool if they responded yes to the initial screening question, “Have you ever served in the US military? Yes or No.” Staff evaluations included questions similar to those asked of the consumers, as well as: their role/function at the site (New England Center for Homeless Veterans-NECHV and the Barbara McInnis House), perceived barriers in implementing the tool, recommendations, and referral of eligible interested consumers to VA resources after all screenings were complete.

All positively identified veterans who expressed interest in accessing VA resources were given further information provided through the VA New England Healthcare System’s website, and if appropriate, were connected to services at the Boston Health Care for the Homeless program (BHCHP).

Phases I & II

The MHS tool was piloted in two phases. Phase I was conducted to assess identification potential, feasibility and readability amongst veterans who have already been identified. Phase I included clients served by the NECHV. The NECHV was chosen for its commitment to providing multidimensional resources and care to currently homeless veterans and those at risk of homelessness. In Phase I, staff members of the facility were trained to do a systematic sampling method using the facility’s drop-/sign-in sheets. Feedback from phase I was used to revise the MHS tool to be used in Phase II of the study.

Utilizing the revised MHS tool, Phase II was conducted at the Barbara McInnis House in Boston, MA; which is a Medical Respite program integrated into BHCHP. Staff at the McInnis House provides short-term medical and recuperative services to individuals experiencing homelessness whose health conditions render them too sick to be on the streets or in shelters, but are not sick enough to occupy an acute care hospital bed. At McInnis House, veteran identification usually takes place during the initial intake of the patient and sometimes by oral communication throughout the patient’s visit by administrators and/or

clinical providers. Language used in the identification process is most commonly phrased as “Are you a veteran? Yes or No,” and does not include questions about military history, patient’s experiences with Veteran Affairs (VA), or assessment of the patient’s interest in being connected to the VA for services and benefits.

Patients presenting to McInnis House program were asked to complete the MHS tool during the initial intake process. This was done over the course of eight weeks until at least 200 patients completed the tool and subsequently the evaluation if they answered ‘yes’ to the tool’s initial question.

Phases I & II participants were 18 years or older and receiving out-patient and in-patient health care services at either NECHV or McInnis House. All were able to speak, read, and write English. There were no further inclusion or exclusion criteria for the overall cohort.

Analysis

We descriptively analyzed veteran characteristics and evaluation findings by counts, percentages, mean values, and standard deviations using IBM SPSS v. 21. In addition, qualitative data was manually assessed.

RESULTS

Phase I

A total of 20 veterans participated in the initial review of the MHS tool, 75% of whom served during the Vietnam and Post Vietnam Era (7/50-7/90) and the remaining 25% since 9/11/01. Additional patient participant characteristics, discharge status, possession of DD214, and receipt of VA services and benefits can be observed in Table 1. Ninety five percent (95%) of patient participants found the screening tool easy to follow; 85% indicated questions were relevant in identifying veteran status; 65% agreed that the number of questions was adequate; and 95% had no negative emotional responses to any of the questions asked (Table 2). Mean scores for each evaluation question can be observed in Table 3.

Additional questions were suggested by five of the respondents; however, these questions were not added due to the fact that they deviated from the purpose of identifying veterans and the military history of individuals. It took participants an average of 3.15 minutes to complete the MHS tool. Therefore, based on the short time to administer the tool and the positive feedback, no further changes were made on the tool for phase II of the study.

Phase II

Two hundred (200) patients were screened at the McInnis Medical Respite program. Of these, 22 patients were positively identified as US veterans. Majority of the positively identified veterans served during the Vietnam Era through the Persian Gulf period (8/90-9/10/01) and none of them were currently serving. Additional participant characteristics, discharge status, possession of DD214, and receipt of VA services and benefits can be observed in Table 1. One hundred percent of participants found the screening tool to be easy to follow; 100% felt that the questions were relevant to identifying veterans; 82% felt that the number of questions was adequate; and 91% had no emotional responses to any of the questions asked

(table 2).

Table 1: Characteristics of participants in Phase I & II

Veteran status	Phase I n (%)	Phase II n (%)
Period served*		
Korean War to Vietnam era (7/50-7/64)	-	2 (9%)
Vietnam Era (7/64-4/75)	6(30%)	8 (36%)
Post-Vietnam (5/75-7/90)	9(45%)	13 (59%)
Persian Gulf (8/90-9/10/01)	-	3 (14%)
Since 9/11/01	5(25%)	-
Discharge status		
Honorable	17(85%)	14 (64%)
General	2(10%)	2 (9%)
Medical	-	2 (9%)
Other than Honorable	1(5%)	4 (18%)
In possession of DD214		
Yes	1 (5%)	13 (58%)
No	19 (95%)	9 (41%)
Received VA service or benefits		
Yes	17(85%)	12 (55%)
No	3 (15%)	10 (45%)

Table 2: Evaluation response about the usability, relevance, length, and emotional effect of MSH tool

Evaluation Questions	Phase I n (%)	Phase II n (%)
Were the questions in the screening easy to follow?		
1-2 score, not easy	1 (5%)	-
3-5 score, somewhat easy to easy	19 (95%)	22 (100%)
Did you feel that the questions in the screening tool are relevant for accurately identifying Veterans?		
1-2 score, not relevant	-	-
3-5 score, somewhat relevant to relevant	20 (100%)	22 (100%)
How did you feel about the number of questions in the screening tool?		
1-2 & 4-5 score, too little or too much	7 (35%)	4 (18%)
3 score, just right	13 (65%)	18 (82%)
Did answering any questions in the screening tool make you feel upset, anxious, worried, or uneasy in general?		
1-2 score, no	19 (95%)	20 (91%)
3-5 score, somewhat to definitely	1 (5%)	2 (9%)

Mean scores for each evaluation question can be observed in Table 3. When asked for suggested questions that may be helpful in identifying veterans who are homeless, suggestions included asking “who they are as veterans” and “questions addressing level of care,” which deviated from the purpose of the tool. On average

it took participants 2.45 minutes to complete the tool.

Table 3: Mean scores of evaluation responses on the usability, relevance, length, and emotional effect of the MSH tool.

Evaluation Questions	Phase I participants Mean (SD)	Phase II participants Mean (SD)
Were the questions in the screening easy to follow? (Scale: 1=Not at all easy, 5=Very easy)	4.75 (0.910)	4.73 (0.550)
Did you feel that the questions in the screening tool are relevant for accurately identifying Veterans? (Scale: 1= Not at all relevant, 5=Very relevant)	4.55 (0.759)	4.27 (0.767)
How did you feel about the number of questions in the screening tool? (Scale: 1= It was too little, 5=It was too much)	2.90 (0.912)	2.77 (0.752)
Did answering any questions in the screening tool make you feel upset, anxious, worried, or uneasy in general? (Scale: 1=Not at all, 5=Definitely)	1.10 (0.447)	1.27 (0.631)

Staff evaluations

Two staff members completed an evaluation, and both felt that the tool was: very easy to follow; relevant to identifying veterans and patients who have served in the US military; and felt that the number of questions were adequate. One staff member reported that a lack of time and lack of resources are potential barriers to using the MHS tool in practice at HCH programs. Both reported that the tool positively identified US veterans and would recommend the screening tool to be used in HCH programs.

DISCUSSION

Connecting veterans with VA-specific services and benefits necessitates a culturally appropriate consistent method to positively identify them. However, the current methods of identifying veterans among the homeless population are not sufficient. The results of this study indicate that the MHS tool is a feasible method to positively identify US veterans or those with military history regardless of veteran status in a HCH health setting.

Overall feedback on the MHS tool was very positive from both patient participants and staff screeners. It is unclear from the results of this study if identified veterans would have subsequently been positively identified by McInnis House’s usual method.

Strengths and Limitations

The National HCH Council brings unique perspectives on health and homelessness as well as knowledge of veteran use of HCH programs. In addition to this strength, the MHS tool was tested in an appropriate spectrum of patients, where known veterans pre-tested the tool in phase I and patients that met in HCH clinical practice completed the tool in phase II. This study does present some limitations that include

generalizability and response bias. Given the study was piloted in one HCH program, use of the MHS tool may not be feasible or well received by other HCH programs. Lastly, some participants may have been unwilling to provide honest answers when asked about veteran status. Research suggests that individuals experiencing homelessness may exaggerate or falsify claims of military service to attain social acceptance, leading to over-reporting, or others may not reveal their veteran status for fear of losing services at the HCH programs or their unwillingness to access VA services based on past experiences, resulting in under-reporting of veterans utilizing services.^{10,12}

A study assessing the accuracy of self-reporting veteran status in New York City and Columbus, Ohio, revealed that over 260 homeless adults did not identify as Veterans in the Homeless Management Information System (HMIS) but were recorded as such in the Veteran Affairs/US Department of Defense Identity Repository (VADIR). Alternatively, they found that over 900 homeless adults were identified as veterans in HMIS but no military records were found in VADIR. This suggests that self-reports of veteran status may not be reliable.¹⁰

Conclusion

The MHS tool was developed to positively identify individuals with a military history in HCH programs. Staff who screened the tool identified potential barriers to implementing the tool into everyday practice at the HCH program. In light of these barriers, future research should expand on this pilot, integrating the tool into intake processes and electronic medical record systems, assessing for its predictive ability and feasibility. Ultimately, following further testing, the tool could aid in identifying veterans, engage them in VA services, and present opportunities for interventions to screen for common health concerns faced by individuals experiencing homelessness with a military past. Recommendations for future use of the MHS should include military history with the inclusion of the tool during initial intake of patients into the health center or Medical Respite program. This may prove to yield more accurate identification of veteran status versus a question such as, “Are you a US veteran? Yes or No.” The tool may also remove hesitation to self-identify as a veteran or the desire to withhold information regarding military history.

REFERENCES:

1. U.S. Department of Housing and Urban Development (HUD), Office of Community Planning and Development. (October 2014) The 2014 Annual Homeless Assessment Report (AHAR) to Congress. Available at: <https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf>. Accessed January 16, 2015.
2. Buchholz JR, Malte CA, Calsyn DA, et al. Associations of housing status with substance abuse treatment and service use outcomes among veterans. *Psychiatr Serv*. 2010;61(7):698-706.
3. O'Toole TP, Pirraglia PA, Dosa D, Bourgault C, Redihan S, O'Toole MB, Blumen J. Building care systems to improve access for high risk and vulnerable Veteran populations. *J Gen Intern Med*. 2011;26(2):683-688.
4. Balshem H, Christensen V, Tuepker A, Kansagara D. A Critical Review of the Literature Regarding Homelessness among Veterans. VA-ESP Project #05-225: 2011. Available at: <http://www.ncbi.nlm.nih.gov/books/NBK55705/pdf/TOC.pdf>. Accessed January 16, 2015.
5. Gabrielian S, Yuan AH, Anderson RM, Rubenstein LV, Gelberg L. VA health service utilization for homeless and low-income Veterans: A spotlight on the VA Supportive Housing (VASH) Program in greater Los Angeles. *Medical Care*. 2014;52(5):454-461.
6. U.S. Department of Health and Human Services, Health Resources and Services Administration. (2013). Health center data. Available at: <http://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2013&state=&fd=ho>. Accessed February 14, 2015.
7. Knopf-Amelung SM, Jenkins DM. Identifying US Veterans who access services from Health Care for the Homeless clinics. 2013; 103(S2):216-218
8. US Department of Veteran Affairs, VA Mental Health. Understanding your client's military background. Available at: http://www.mentalhealth.va.gov/communityproviders/docs/Military_Service_Screening.pdf. Accessed February 14, 2015
9. National Health Care for the Homeless Council. (2014). Healing Hands- A troubled homecoming: Understanding and treating Veterans experiencing homelessness [Author: Maria Mayo, Communications Coordinator]. Available at: <http://www.nhchc.org/wp-content/uploads/2014/10/hh-veterans-layout-final.pdf>. Accessed February 19, 2015.
10. Mettraux S, Stino M, Culhane DP. Validation of self-reported Veteran status among two sheltered homeless populations. *Public Health Reports*. 2014; 129:73-77.
11. US Department of Labor Women's Bureau. Trauma-informed care for women Veterans experiencing homelessness: a guide for service providers. Available at: <http://www.dol.gov/wb/trauma/WBTraumaGuide2011.pdf>. Accessed January 16, 2015.
12. National Health Care for the Homeless Council. (February 2013). Health and Homelessness

among Veterans: A Needs Assessment of HCH Grantees [Author: Sarah Knopf, Research Assistant.]. Available at: www.nhchc.org. Accessed January 16, 2015.

Appendix A: Military History Screening Tool

Military History Screening (MHS) Tool

The Military History Screening (MHS) Tool was developed by a team of investigators at the National Health Care for the Homeless Council based on a literature review and consult with Veteran Affairs (VA) experts at the VA Medical Center in Bedford, MA. The purpose of the MHS tool is to accurately identify consumers, who have served in the US military, in health care settings including Health Care for the Homeless Programs.

1. Initial Screen

1. Have you ever served in the US military?
- Yes (proceed to #2.1)
 - No (end screen)

- 2.5 Do you have a copy of your DD214?
- Yes
 - No

2. Military History

2.1 When was your period of service in the military? (select all that apply)

- Pre- World War II (11/18-11/41)
- World War II (12/41-12/46)
- Pre Korean War (1/47-6/50)

- Korean War (7/50-1/55)
- Between Korean and Vietnam Eras (2/55-7/64)
- Vietnam Era (8/64-4/75)

- Post-Vietnam (5/75-7/90)

- Persian Gulf (8/90-9/10/01)
- Since 9/11/01

2.2 Are you currently serving?

- Yes
- No

2.3 What type of discharge or separation did you receive? (select one)

- Honorable
- General
- Medical
- Other Discharge (Other than honorable)
- Unsure

2.4 Have you ever served in a combat zone or combat theatre?

- Yes

- No

2.6 Has your spouse ever served in the US military?

- Yes

- No

3. VA History*

3.1 Have you ever received services or benefits from the Department of Veteran Affairs (VA)

- Yes
- No

3.2 What services and/or benefits have you received from the VA? (select all that apply)

- Health Care (primary care, specialty care, mental health care, etc.)
- Transportation and travel
- Housing Programs
- Education & Training, GI Bill, Vocational Rehab & Employment
- Pension/Compensation
- Other

3.3 When was the last time you had any contact with the VA, whether in person, by phone, or via the internet?

- Past month
- 2-6 months ago
- 7-12 months ago
- 1-2 years ago
- 3 or more years ago

3.4 Would you like assistance accessing VA services or benefits?

- Yes –(“Refer client to resources within health center and give resource guides provided by VA”)*
- No

**For the purposes of VA history section, veteran services and benefits include but is not limited to health care (primary care, specialty care, mental health care, etc.), transportation and travel, housing programs, education & training, GI Bill, Vocational rehab & employment, pension & compensation, etc.*