

# Examining Veterans' Health Behaviors After Homelessness: A Brief Review

Review

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## Abstract

**Introduction:** Veterans with a history of homelessness are at greater risk of developing chronic medical and mental health conditions than veterans who have never been homeless. Further, these veterans have a higher risk of suicide. Interventions aimed at improving housing stability may reduce adverse health outcomes. Eligible veterans can transition into permanent supportive housing (PSH), which provides housing support and case management services for individuals who are chronically homeless. However, after moving into PSH, veterans may not engage in health behaviors, which may lead to poor health management and reduced life expectancy.

**Methods:** This brief review was not systematic, but rather a targeted thematic review with the primary aim of analyzing themes related to the effects of living in PSH on veterans' health behaviors. A secondary aim was to review the literature and government reports about suicidality among veterans with a history of homelessness for broader implications. Ten articles were included in the analysis, representing 87,263 veterans.

**Results:** The impact of homelessness on veterans' health is substantial. Veterans who have experienced homelessness are diagnosed with more chronic health conditions and have significantly higher rates of mental health challenges compared to veterans with no history of homelessness. Although access to health care and mental health support improved after moving into PSH, the long-term health outcomes are still uncertain.

**Conclusions:** PSH is a protective factor that positively impacts the health behaviors of formerly homeless veterans. Barriers within PSH include securing affordable housing units, access to transportation, and frequent turnover among case managers. To improve veterans' health behaviors and quality of life following homelessness, providers and staff who support veterans living in PSH should provide opportunities for social engagement, establish primary care providers, and foster positive relationships.

**Key Words:** permanent supportive housing, health, outcomes.

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## Introduction

Homelessness presents a significant public health crisis with potential lifelong implications. The average life expectancy of individuals who have been homeless is between 52 and 56 years, a decrease of over 17 years compared to individuals who have never been homeless<sup>1</sup>. Among the general population, military veterans have a high risk of experiencing homelessness<sup>2-4</sup>. Further, they are more likely to have been homeless at some point in their lives than individuals who have never served in the military<sup>2-4</sup>. In 2024, over 32,000 veterans were homeless<sup>5</sup>. Risk factors for this population include experiencing adverse childhood experiences, having a substance use disorder or mental health condition, experiencing military sexual trauma, low military pay grade, low or no service-connected disability rating, discharge type, and social isolation post-service<sup>6-10</sup>.

Veterans at immediate risk of homelessness are eligible for housing benefits through the Veterans Affairs (VA)<sup>11</sup>. Within VA homeless programs, the U.S. Department of Housing and Urban Development—VA Supported Housing (HUD-VASH) program provides housing assistance, social work or nursing case management, peer support, and occupational therapy to improve housing and health outcomes<sup>12-15</sup>. This model, known as permanent supportive housing (PSH), is an evidence-based housing initiative aimed at eliminating homelessness<sup>16</sup>. Veterans may choose to live in tenant-based housing and rent from landlords in the community<sup>15</sup>. Alternatively, they may live in project-based housing, which is living in an apartment complex with additional services on-site<sup>15</sup>. The term “permanent supportive housing” is used to describe both types of housing.

In 2024, over 88,000 veterans were in a housing lease through HUD-VASH, and the number of homeless veterans has decreased by nearly 50% since 2010<sup>10,17</sup>. Despite programming designed for housing veterans, there is limited information regarding how veterans participate in their health after moving into PSH. Health behaviors are a social determinant of health that influences an individual’s health trajectory, and include behaviors and conditions such as substance use, health care-seeking behaviors, diet, and medical intervention adherence<sup>18</sup>. Individuals who are homeless are at a greater risk of premature mortality, and poor health behaviors may contribute to 40% of premature deaths<sup>19,20</sup>. Given the staggering rates of comorbidities and risk for early mortality, understanding the variables that influence the health behaviors of veterans who live in PSH after homelessness is essential for improving health and housing outcomes. This thematic review aims to explore the impacts of PSH on health behaviors and outcomes in veterans after homelessness.

### Scientific Methods

A targeted thematic review was conducted to examine the health behaviors of veterans who have a history of homelessness and living in permanent supportive housing. The search was performed in the CINAHL, EBSCOhost, PubMed, Academic Search Premier, APA PsychInfo, and ProQuest databases. The gray literature search included VA and U.S. Department of Housing and Urban Development publications, as well as Google searches. The search terms used were “veterans,” “homelessness,” “homeless,” “unhoused,” “health behaviors,” and “permanent supportive housing.” The literature search was concluded during the third quarter (Q3) of 2024. After duplicate removal, titles and abstracts were screened for relevance to veterans with a history of homelessness and their health behaviors following placement in permanent supportive housing. Inclusion criteria required that articles be published between 2016 and 2024, focused on U.S. military veterans, and reported data related to homelessness, housing interventions, and associated health behaviors or outcomes. Full-text articles were reviewed to ensure they aligned with the review objectives. The selected literature included peer-reviewed research studies and gray literature from credible government sources, such as the U.S. Department of Veterans Affairs and the Department of Housing and Urban Development. To strengthen validity and ensure comprehensive coverage, additional articles were identified through backward citation searching of included studies. Data were extracted and categorized by study purpose, methodology, participant characteristics, housing type, and key health-related outcomes to identify emergent themes and inform the synthesis of findings.

### Results

The articles included in the review are presented in Table 1, along with a summary of the study's purpose, design, participants, location, and results. The articles represented 87,263 veterans with a history of homelessness. The majority of veterans were male, Black, older than 40 years, and lived in tenant-based housing rather than project-based housing<sup>15,21-29</sup>. Overarching conclusions related to veterans and their health behaviors after permanent supportive housing include a high prevalence of co-occurring conditions, increased health care seeking behaviors, and positive interactions.

**Table 1.** Summary of the literature.

| Author                  | Purpose   | Type of Study           | Participants | Location               | Results  |
|-------------------------|---|-------------------------|--------------|------------------------|--|
| Chinchilla et al., 2019 | Examine factors influencing community integration and health care utilization | Secondary data analysis | 560 veterans | VA Greater Los Angeles | Mental health visits correlated with housing instability. 30.5% had at least one ED visit. |

|                           |   |               |  |                                 |   |
|---------------------------|---|---------------|--|---------------------------------|---|
| Cusack & Montgomery, 2018 | Explore veterans' perceptions of HUD-VASH upon program exit | Mixed methods | 135 veterans plus staff focus groups       | California, Pennsylvania, Texas | Participants averaged 36.8 case manager visits/year. Mental health challenges impacted housing maintenance. Staff turnover was a barrier. Programs addressed sobriety, therapy, and vocational needs. |
| Gabrielian et al., 2017   | Determine service use factors among HUD-VASH recipients     | Longitudinal  | 3,631 (1,904 with voucher, 1,727 homeless) | VA Greater Los Angeles          | Voucher recipients had an average of 2.9 more diagnoses treated. Higher engagement with chronic, mental, and substance-use related care.  |
| Harris et al., 2018       | Explore service utilization among veterans entering PSH     | Mixed methods | 126 veterans                               | Los Angeles and Long Beach, CA  | The frequency of case manager meetings and support for income/benefits increased service utilization. Veterans diagnosed with PTSD used mental health services more often than veterans without PTSD. |
| Montgomery et al., 2020   | Compare the characteristics of veterans in PBH vs TBH       | Mixed methods | 60,677 (incl. 3,283 PBH)                   | 10 project-based sites (urban)  | PBH had 30% more inpatient and 20% more ED care. Veterans living in PBH were often older with cognitive impairments.  |
| Tsai & Byrne, 2019        | Examine VA homeless program utilization                     | Retrospective | 15,260 veterans                            | National                        | HUD-VASH users engaged more with  |

|                     |  |               |                     |                           |   |
|---------------------|--|---------------|---------------------|---------------------------|---|
| Tsai et al., 2019   | Explore associations between housing, health, and provider trust | Observational | 756 veterans        | 11 VA sites nationwide    | mental and medical VA services than other VA homeless programs. Trust in providers predicted preventive procedures. No link between health QOL and length of housing. |
| Varley et al., 2021 | Analyze veterans' survey comments on health care                 | Qualitative   | 5,377 veterans      | National, H-PACT          | 28.9% reported alcohol issues, and 38.2% reported chronic pain. Health fluctuated across housing phases.  |
| Winer et al., 2021  | Veterans' perceptions of PSH and social engagement               | Qualitative   | 30 (13 PBH, 17 TBH) | Greater Boston Metro Area | PBH improved access to transportation and health care. Case managers aided health management.   |
| Wong et al., 2022   | Study how neighborhoods influence health care use                | Observational | 711 veterans        | VA Greater Los Angeles    | Neighborhood factors impacted ED, primary care, and mental health use. Veterans continued to rely on the ED for care.   |

**Total veterans represented in the above articles: 87,263**

Abbreviations: emergency department (ED), Homeless Patient Aligned Care Team (H-PACT), permanent supportive housing (PSH), post-traumatic stress disorder (PTSD), project-based housing (PBH), quality of life (QOL), tenant-based housing (TBH), U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH), Veterans Affairs (VA)

*Health Conditions*

Veterans who were formerly homeless and living in PSH had nearly three more diagnoses than veterans who were currently homeless<sup>21</sup>. Common health conditions included hypertension, arthritis, respiratory conditions, cardiovascular disease, diabetes, and chronic pain<sup>15,21,23,27</sup>. In one study of 756 chronically homeless adults who moved into PSH, stable housing was not associated with their perceived improvement in physical health<sup>26</sup>. Researchers hypothesized that because chronically homeless individuals often have more chronic conditions and mental health conditions, their health trajectory is generally poorer<sup>26</sup>. Furthermore, veterans living in PSH were primarily unemployed, likely having difficulty with employment due to their chronic conditions<sup>23,25,29</sup>. Veterans with a history of homelessness experienced significantly higher rates of mental health conditions, including depression, anxiety, drug

abuse, post-traumatic stress disorder, bipolar disorder, and schizophrenia<sup>21,23,27,28</sup>. In some cases, veterans with chronic health conditions and cognitive impairments due to aging moved from tenant-based housing (community) to project-based housing (apartment-style)<sup>27</sup>. The advantages of this type of PSH include on-site support from case managers and ancillary providers<sup>27</sup>.

#### *Health Behaviors*

Living in PSH affected veterans' health care seeking behaviors. Once housed, veterans were more likely to attend health care appointments, report medical conditions, and receive preventative care and procedures<sup>21,23,25,26</sup>. Although veterans reported no improvement in their physical health after moving into PSH, they reported improved access to transportation, which influenced their ability to attend health care appointments<sup>15,26</sup>. There was also an increase in health care visits and access to supportive services such as mental health providers, case managers, and occupational therapy practitioners<sup>21,23,25</sup>. However, veterans continued to rely on emergency departments for their health care needs, likely due to their high acuity and complex medical conditions<sup>28</sup>. In one study, after one year of living in PSH, 30% of veterans were admitted to the emergency department, and 34% visited their mental health provider<sup>24</sup>. However, only 9% of veterans in this study met with a primary care provider<sup>24</sup>.

#### *Positive Interventions*

Social support also influenced veterans' health behaviors in PSH. Veterans reported positive relationships with their HUD-VASH case managers, who supported them during the housing search and continued to support them after finding housing<sup>15,23,29</sup>. This positive relationship also influenced veterans' engagement with other services. Veterans who had frequent meetings with their case managers utilized more vocational services and were more likely to engage in mental health and health care services<sup>23</sup>. However, veterans also reported frequent changes in their assigned case manager, leading to fractured communication and a barrier to obtaining services<sup>22</sup>.

### **Discussion**

Health behaviors refer to the actions individuals take or avoid, which affect their health<sup>18</sup>. An individual's psychosocial factors, socioeconomic status, their environment, and health care policy may influence their engagement in health behaviors<sup>30,31</sup>. As mentioned earlier, poor engagement in health behaviors may contribute to 40% of premature deaths<sup>20</sup>, demonstrating the significance of targeted interventions to address health behaviors.

Veterans with a history of homelessness display higher rates of chronic health conditions, psychiatric conditions, and substance use disorders compared to veterans who have never been homeless. After moving into PSH, veterans' access to supportive services, such as mental health care providers, social workers, nurses, and occupational therapy practitioners increased, which may have increased the number of conditions they reported to their providers<sup>21,23,25-27</sup>. Fostering trusting relationships between veterans, their health care providers, and other support staff was essential in improving their engagement in therapeutic services and may have led to the disclosure of additional conditions<sup>22,26,32</sup>. Individuals who have been homeless tend to be disengaged from their health care<sup>33</sup>, demonstrating the significance of establishing a positive and therapeutic relationship to reduce barriers and increase access to health care.

The VA developed health care outreach programs, including Health Care for Homeless Veterans (HCHV) and Homeless Patient Aligned Care Teams (HPACT)<sup>34,35</sup>. Through the HCHV program, veterans can be linked with services for housing and health care<sup>34</sup>. Veterans can also visit Community Resource and Referral Centers, which provide resources for veterans to connect with VA homeless programs and services<sup>34</sup>. Veterans who are connected with an HPACT team can walk in or schedule visits with primary care providers<sup>35</sup>. One HPACT initiative to reduce barriers for veterans accessing primary care is the development of mobile medical units, which provide veterans in the community with primary care services in medically equipped vans<sup>35,36</sup>.

Despite improved access to services, veterans continued to use emergency departments rather than establish care with primary care providers<sup>24,28</sup>. In one analysis, researchers found that higher emergency department utilization was linked to veterans returning to homelessness within one year after moving into PSH.<sup>37</sup> However, veterans were less likely to return to homelessness if they often attended their outpatient medical appointments. This included veterans who were treated for mental health conditions and substance use disorders<sup>37</sup>.

While none of the articles included in the analysis discussed suicidality, a secondary aim was to review the broader literature and government reports regarding suicide risk among veterans with a history of homelessness. Veterans who are homeless have a significantly higher risk of suicide than veterans who have never been homeless<sup>11,38</sup>. Between 2020

and 2021, the incidence of suicide increased by 38.2% among veterans with a history of homelessness<sup>39</sup>. Notably, the lifetime risk of attempting suicide for this population is nearly 32%<sup>40</sup>.

The VA has established strategies for system-wide suicide prevention, including employee training and collaboration with community homeless providers<sup>41</sup>. Particular emphasis is placed on community partnerships, as veterans may not be eligible for VA health care<sup>41</sup>. Additionally, emergency departments in the VA have implemented universal screening for suicide risk<sup>42</sup>; however, there is insufficient evidence to recommend such programs<sup>43</sup>. Researchers have advocated for longitudinal studies to develop interventions to identify suicide risk factors among veterans who have been homeless<sup>41</sup>, which may lead to more effective approaches. Veterans who attend health care appointments more frequently may have their suicidal behaviors identified earlier, which could result in timely interventions and reduced suicide risk.

Among the general veteran population, only 12% reported active involvement with mental health care, and of those with a probable psychiatric condition or substance use disorder, only 27% reported active engagement<sup>44</sup>. Barriers to care may be related to veterans' perceived stigma regarding accessing care<sup>23</sup>. This significant gap in mental health care engagement among veterans may demonstrate their poor engagement in health behaviors related to utilizing mental health care.

Generally, younger veterans seek formal mental health services more than older veterans<sup>45</sup>. Researchers in one study found that 25% of calls to the veteran's crisis line were from veterans aged over 60 years, who reported problems with their physical health and loneliness<sup>46</sup>. Additional reasons for calls to the veteran's crisis line included mental health symptoms, suicidal thoughts, relationship problems, symptoms related to PTSD, financial issues, and substance use<sup>46</sup>. Older veterans living in PSH may benefit from research to improve their engagement in health behaviors.

Veterans with higher care needs due to aging, cognitive concerns, or decreased independent living skills may benefit from project-based housing with HUD-VASH staff on-site<sup>27</sup>. However, there are limited project-based housing options available. In 2018, only 8% of HUD-VASH vouchers were given for veterans living in project-based housing sites<sup>27</sup>. Further, the lack of affordable housing has led to more vouchers being allocated than utilized<sup>47</sup>. Veterans needing project-based housing may increase as the veteran population ages; by 2035, the number of veterans who are over age 85 is expected to grow by 66%<sup>48</sup>. To comprehensively address the complex needs of aging veterans in PSH, health care leadership and housing partners should collaborate to develop an interdisciplinary team. Addressing veterans' engagement in their health behaviors as they age may reduce the consequences and burden of comorbidities, enhancing their quality of life and long-term housing outcomes.

One approach that may improve veterans' health and housing outcomes is promoting social engagement, which can be more easily supported in project-based housing<sup>15,22</sup>. Interdisciplinary staff at project-based sites may include social workers, nurses, occupational therapy practitioners, peer support specialists, and recreational therapists<sup>27</sup>. Project-based housing can provide veterans with opportunities for social engagement and leisure participation, and in one study, veterans described a sense of community with the other veterans who lived in their building<sup>15</sup>. Notably, veterans living in PSH who reported having a social network received more treatment for mental health conditions compared to veterans who were homeless and without a social network<sup>21</sup>. Therefore, providing opportunities for veterans to pursue their personal goals via social, substance use, money management, and vocational groups may improve their ability to live independently<sup>22</sup>.

High physical and mental health comorbidity burden among homeless persons is well-supported in the literature<sup>19,29,33,49-52</sup>. However, most veterans do not utilize the VA for their health care; therefore, the rates of comorbidities may be underreported or not accurately captured<sup>4,53,54</sup>. All professionals across the entire continuum of care must be aware of the unique challenges and barriers that veterans who have been homeless experience. While initiatives are increasing access to health care services, more research is needed to determine how PSH can promote veterans' active engagement in their health behaviors. Veterans' continued use of emergency departments and high rates of suicidality highlight the importance of partnering with veterans to improve their health behaviors. Establishing trust, connecting veterans with primary care, and addressing their social engagement when transitioning into PSH may reduce rates of returning to homelessness.

### *Limitations*



This brief thematic review is limited by the small number of peer-reviewed studies that specifically examined the health behaviors of veterans after transitioning into PSH. The ten primary studies selected for thematic analysis vary in terms of geographic location and program design, which limits the generalizability of the findings. Differences in service availability, housing type, and interdisciplinary staffing across study sites may also have influenced the reported outcomes. While this review includes a total of 54 references to support broader contextual understanding, only a subset of these were directly reviewed for themes related to health behavior following PSH. Notably, suicide-related data were drawn from broader epidemiological reports and systematic reviews included in the complete reference list, but not from the ten primary studies selected for analysis. As such, while these data provide a necessary perspective on veteran mental health risk, they were not derived from the core sample of articles reviewed for health behavior outcomes and should not be used to overgeneralize themes from the primary studies.

## Conclusions

Permanent supportive housing appears to improve the health behaviors of veterans with a history of homelessness. Veterans with a history of homelessness have high rates of chronic conditions, mental health conditions, and suicidality. Therefore, it is essential for programs supporting this population to have on-site or easily accessible case managers and ancillary providers, such as social workers, nurses, occupational therapy practitioners, recreational therapists, peer support workers, and dietitians<sup>27</sup>. Establishing care with a primary care provider within the year following their transition into PSH may lead to better long-term health outcomes. Further, longitudinal studies may yield valuable information regarding the effectiveness of PSH as it relates to veterans' health behaviors and outcomes. The complex comorbidities of mental health and physical health in this population underscore the need for preventative, interdisciplinary approaches to improve both health and housing outcomes for veterans after experiencing homelessness.

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## Conflict of Interest

No conflict of interest.

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