

# EVH - An Introduction to Veteran Homelessness, Part 2: Who Do We Serve?

**Shawn Liu:** [00:00:00] Welcome to Ending Veteran Homelessness, your first hand look into our nation's efforts to ensure that every Veteran has a safe and stable place to call home. From the Department of Veterans Affairs, Homeless Programs Office, I'm your host, Shawn Liu. If you're a Veteran who's homeless or at risk of homelessness, reach out.

Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, 7 days a week. That number again is 877-424-3838.

Hey everyone, Shawn here. Welcome to Part 2 of our three part mini series on an Introduction to Veteran homelessness. Here in Part 2, we're gonna learn about the Veterans we serve, what their demographic trends are, and which sub populations need particular attention.

So to kick us off and learn more about the different Veterans that we're serving their demographic trends. I'm [00:01:00] excited to bring on Colleen Riley. She's on special assignment with us here in the homeless programs office. Colleen, thanks so much for joining us here today.

**Colleen Reilly:** Hi, Shawn. Thanks so much for having me.

**Shawn Liu:** Yeah. We're really delighted to have you to kick off this episode on the demographics who are the veterans that we're serving.

Now, when it comes to not only Veterans, but homeless Veterans, I'm sure there's a lot of stereotypes kind of like images that pop into your head of a stereotypical or platonic ideal for lack of a better term of a homeless Veteran.

But one of the things that we know from our own data is that Veterans experiencing homelessness are just as diverse as all Americans all across the country.

So to kick us off, I want to get your take. We're going to spend a lot of time today reviewing the demographic trends and data on this episode of this series,

but to start, why is it important for us to understand the demographics of the people we're serving in VA homeless programs?

**Colleen Reilly:** Yeah, I think there's a few reasons. So, number one, is just we need to know who we're serving so we can tailor the programs and services we offer and also adapt them over time.

So, just for example, we [00:02:00] know that the Veteran population is aging. And what specific needs might a homeless 68 year old Veteran with some chronic health conditions have compared to a relatively healthy 45 year old Veteran? And then how are the needs of homeless women Veterans different from male Veterans?

Second, we need to deliver services in an equitable way. So, Veterans of color, particularly black Veterans are over represented among the people we serve. The number of women Veterans we serve is growing more quickly than the number of male Veterans. So, that raises a question about what extra support we need to provide to these groups to ensure that they're on equitable ground to achieve their goals.

Third, it's really important that we provide homeless program services in a culturally competent way and just in case some listeners haven't heard the term cultural competence before, really briefly, it means that we consider the effects of people's cultural backgrounds on the ways they think, behave, and communicate, and we're sensitive to those differences when we're helping them.

So, how do I best serve a Native American Veteran, for instance, and how is that different from an [00:03:00] Asian American Veteran? What about a Veteran who's transgender?

And I want to note one last thing, Shawn. It's important to understand the current demographics of the population, but it's just as important to recognize how those demographics are shifting over time so that we can make adjustments ahead of time to account for those.

**Shawn Liu:** Yeah, that makes a ton of sense.

So Colleen, we're going to talk in a little bit about demographics. And just for folks, demographics is a fancy word for the different components and characteristics that make up different Veterans identities, especially when we think of those identities as part of the groups of Veterans.

So what are the different demographics that we're going to talk about and that you'll provide us some data with.

**Colleen Reilly:** Yeah, so we have a few.

So first up is going to be race and ethnicity. And then next, we'll talk about older Veterans. And you'll actually be talking later to Deborah Lee. Deb is a HUD-VASH Regional Coordinator here at VA and our resident expert about aging homeless Veterans, so she'll discuss that in a lot more detail.

Then we'll touch on gender identity and sexual orientation. Uh, you have another guest coming [00:04:00] on, Dr. Ann Elizabeth Montgomery. She's with our National Center on Homelessness Among Veterans. She's going to dive deeper into that because she's done a lot of really interesting research in that area.

**Shawn Liu:** Yeah. And then we're going to close out with Dr. Jillian Weber to talk about the different medical conditions that Veterans may face as they're experiencing homelessness.

So this is a really exciting stuff.

To keep this going, starting off with race and ethnicity. What are the relevant bits of data that are important to know about the racial and ethnic backgrounds of the Veterans that we serve.

**Colleen Reilly:** Okay, so before I dive in, I'm just going to warn everybody that I'm going to be throwing out a lot of numbers and percentages as I'm talking. So if people want to review those later, everything will be in the transcript.

So I'll start by just grounding us in the overall percentages. I'm going to give you the breakdown of Veterans that are served in homeless programs by race, and I'll do that in descending order. And another quick note before I do that is that all the data from homeless programs that I'll talk about today is from fiscal year 2023, unless I specify a different year.

So, getting [00:05:00] started 54% of the Veterans we served in homeless programs were white. 37% were Black, 2.3% were Native Veterans, also sometimes referred to as American Indian and Alaskan Native. 1.4% reported they were multiracial, so that's two or more races. 0.9% were Native Hawaiian or other Pacific Islander, and 0.8% were Asian.

Note, Shawn, those don't exactly add to 100, because we don't have one or more races specified for just over 3% of the Veterans we serve.

For ethnicity, the group that we track is Veterans who identify as Hispanic or Latino. And remember, these folks can be of any race. So, 9% of the Veterans we served in homeless programs indicated that they were Hispanic or Latino, and 87% were not.

And again, we don't have the data for some Veterans. In this case, it's 4%. Before we look more closely at each of the groups, let me just say something I'm sure will not come as a surprise to most people listening. The playing field just isn't level when it comes to Veterans experiencing homelessness. So, Veterans of [00:06:00] color from historically marginalized groups are much more likely to need homeless programs.

Black Americans generally make up about 14% of the U.S. population and just about 13% of living Veterans are Black. So, it pretty much mirrors the overall population. But when we look at the Veterans served in the homeless programs in 2023, 37% of them were Black. So, that's almost three times what we would expect if the playing field were level. Black Veterans live with the same structural and institutional inequities that Black Americans continue to face in this country. And it's also important to note that Black Veterans who are experiencing homelessness will still face those even after they're housed.

We can easily see this reflected when we look at median household wealth across race and ethnicity in the U.S. So, at its most basic, wealth is defined as the measure of a household's assets minus its debts. And in 2022, median household wealth was about \$45,000 for Black households. So compare that to \$62,000 [00:07:00] for Hispanic or Latino households, \$285,000 for white households, and \$536,000 for Asian households. This is important because having much lower median household wealth means you're just a lot closer to homelessness. So, one significant illness or other emergency, life event, whatever that might be can mean the difference between being housed and becoming homeless.

And unfortunately, the military has perpetuated some inequities over time, and I'll just give you a couple quick examples of that. There was a study done in 2022 that found that Black Veterans who separated from the military between 2014 and 2022, so that eight year period were one and a half times more likely to receive an other than honorable discharge compared to white Veterans. And that can shut them out of benefit programs for housing, education, vocational

training, health care services. And significantly, that disparity, that same disparity did not exist for other races.

And another recent study, also from 2022, found that although the [00:08:00] actual wording of the GI Bill, which is just such an incredibly important benefit for Veterans who want to further their education, although the wording of the GI Bill is race neutral, Black Veterans have received over time, only 40% of the value of the benefits that white Veterans receive. So, yeah, we've got some work to do here.

So next up, I'll talk about Native Veterans. In the 2020 U.S. Census, Native Americans made up about 1.1% of the U.S. population. And in 2023, they were 0.8% of the living Veteran population. But again, when we look at the data for homeless programs, we see that this is another over represented group. They made up 2.3% of the Veterans served in homeless programs. And so, similar to Black Veterans, that's almost three times what we would expect to see. So why is that?

Native people have experienced hundreds of years of discrimination and isolation that have resulted in these huge inequities in education, economic circumstances, and particularly access to quality health care. The [00:09:00] average life expectancy for Native Americans is more than five years lower than other Americans, and they're much more likely to die from alcohol or drug related accidents or illnesses, diabetes, suicide, and homicide.

We talked a little about cultural competency at the beginning and that it's important for us as providers to know who we're serving. And you really can't overstate the importance of this when serving Native Veterans. If I'm working with a Native Veteran I need to take into account the customs and the traditions of that particular tribe and I need to consider the importance of relationships in the culture, and I need to think about the trauma over generations that many in the community have faced.

Just a couple more groups to go.

Let's talk next about Native Hawaiian and other Pacific Islander Veterans, which I'm going to shorten to NHPI. NHPI Americans are a relatively small group both in the U.S. population overall and the number of living Veterans. They make up about half a percent of the U.S. population and about a quarter percent of living Veterans. And a big majority of NHPI folks live in [00:10:00] Hawaii and the Western states.

So, again though, you're noticing a theme here, right, Shawn? They're overrepresented in homeless programs, with 0.9% of Veterans served by homeless programs in 2023 reporting that they were NHPI. We don't see the same discrepancy when we look at average life expectancy, like we did for Native Veterans, but NHPI Veterans do have high rates of smoking, alcohol use, and obesity. All of those are we know can lead to chronic health conditions, and we know that experiencing homelessness can delay the diagnosis of health issues and make existing ones worse.

For both NHPI and Asian Veterans, which we'll discuss in a minute, these groups are examples of where it's really important to keep an eye on how the demographics were shifting. So, although the overall numbers of these Veterans that are served in homeless programs are still low. They have grown pretty significantly over just the past five years, and they're also projected to continue to grow.

So, you know, again, Just something for us to keep in the back of our minds as we think about how we adapt our programs and [00:11:00] services moving forward.

Okay. So, we'll close out our discussion of race by talking about Asian Veterans.

If you look at the U.S. population, about 7% of the population is Asian, and this is the fastest growing racial group in the country. Veterans of Asian descent are actually underrepresented in VA homeless programs. So they made up, last year, 1.9% of living Veterans. Whereas, they made up 0. 8% of Veterans enrolled in homeless programs.

And so, if we want to look for reasons for that, higher average educational achievement and household income compared to other races are probably protective factors here. A VA researcher did a study, it was published in 2014, and it found that almost 69% of the Asian Veterans had completed college. In comparison, this number was about 40% for white Veterans and even lower than that, 32% for Black Veterans. And looking at annual household income, 63% of Asian American Veterans reported having at least \$50,000 in income compared to 51% [00:12:00] for white Veterans and 35% for Black Veterans.

So the numbers are small, but like I said a minute ago, the demographics are shifting, so I don't think we can emphasize this enough.

If we look at just the HUD PIT count from 2022 to 2023, there was a significant jump in the number of homeless Asian Veterans. And although the percentage of Asian Veterans served in homeless programs in 2023 was just 0.8%, this was a 17% increase from just five years ago in 2018.

All right, so let's move to ethnicity and talk about Hispanic and Latino Veterans, which I'm going to abbreviate to just Latino.

So Latino people made up about 19% of the U.S. population in 2023. And it's the second fastest growing population in the country after the Asian population. They made up 8.5% of living Veterans in 2023 and 9% of the Veterans in homeless programs. So that's pretty close. It's pretty proportional. But again, this was a 15% increase just over the last five years. So that's the demographic shift again. [00:13:00] And in the study I was just talking about, about educational background and income, 34% of Latino Veterans had a college degree or more, and 45% had annual household income of \$50,000 or more.

Latino people in the U.S. are more likely to face material hardship. So, they're more likely to face food insecurity, they're more likely to have difficulty paying bills, they're more likely to experience housing insecurity. compared to non Latino people. They also have much lower median net worth. So, it's about a quarter of that of non Latino people. And these societal disparities, again, are a big part of the reason they're more likely to become homeless.

So, that, wraps us up. I know that's a lot of information. That wraps us up in terms of race and ethnicity.

But, Shawn, you've been really involved in this, in homeless programs. And I was wondering, do you want to talk a little bit about our racial equity dashboard and some of the other racial equity initiatives we're that working on.

**Shawn Liu:** Yeah. Colleen. And I just want to acknowledge that was a fantastic overview of the racial and ethnic backgrounds of the veterans that we served. And you're [00:14:00] right. For a while I've been working in the Homeless Programs Office in a past life, helping to co lead our racial equity work.

And I'll actually put a link into the description to our episode from February 2024 on our racial equity work. But one of the important things for me when I was co-leading the work was to make it relevant, not only for the staff who might be doing some of the improvements or making the adjustments and the way that we deliver services, but also relevant for the Veterans we served as well.

And one of the things that we were looking into with the development of our racial equity dashboard, which essentially took a lot of our evaluative data, our performance metrics, the things that we use in terms of numbers to evaluate if we're doing a good job, if we're providing meaningful services, taking that and doing something called dis-aggregating it by race and ethnicity.

That word dis-aggregate is just fancy speak for you take the data that represents a large group of people and you separate it by different characteristics. In this case, we would disaggregate it by race and ethnicity. So what is the breakdown for white Veterans? What's the breakdown for Black Veterans. What's the breakdown for Hispanic [00:15:00] Veterans in Asian Veterans and Native Veterans.

I think one of the things that's really, really critical about this concept of disaggregating our data, which essentially you just did for us with race and ethnicity, it's to understand how the programs and services, how they're effective for all of the different subpopulations of the Veterans that we serve. And if they're not effective. We need to do stuff to fix that.

Whether it be improvement projects changes to procedures and policy. Whatever the case we want to know. And we want to make sure that all of our programs and services are just as effective for each and every Veteran. And if for whatever reason, and we're going to get into gender and age momentarily, but for whatever the reason, if our programs and services aren't being as responsive for that particular group identity. I want to know, and I want to be a part of that solution as well.

**Colleen Reilly:** I'm really excited about the racial equity initiatives that we're working on. I think they're so important.

**Shawn Liu:** Let's shift gears, moving from race and ethnicity now on to age.

We in the Homeless Programs Office, of course we serve a wide range of veterans and my understanding from our data is that the average age of the Veterans that we serve is moving [00:16:00] up, it's increasing. The Veterans that we're serving in many ways are getting older.

So can you give us a little bit of background in terms of what we're seeing from the perspective of the age of the Veterans that we serve?



**Colleen Reilly:** Yes, absolutely. And I'm just going to qualify this by saying that Deb is the expert and you're going to be hearing from her later. I'm just gonna go over some high points.

This is something that really means a lot to me, because I really see this in my work as a HUD -VASH coordinator. I see our local population of Veterans getting older. I see people falling into homelessness for the first time as an older Veteran. It's really critical information to understand.

So, in 2023, 46% of all living Veterans were 65 or older. And more than 60% of Veterans enrolled in HUD-VASH, which of course is our major permanent supportive housing program, were older than 60. 21% of Veterans enrolled in homeless programs overall were 66 or older.

So that number, that 21%, that might seem small, you say, "Well, Colleen and Shawn, 46% of all living Veterans are 65 or [00:17:00] older, and, you know, only 21% of them in homeless programs are." So it might seem small when you compare it to that, but the growth rate is what has just been so shocking to me.

The percentage has jumped 71% in just the last five years.

And I already mentioned, you know, that one reason for this is that more Veterans are becoming homeless for the first time later in life. A lot of Veterans work in physically demanding and relatively low paying jobs so if they get sick or hurt, housing instability or homelessness can follow really quickly.

And in the context of rents getting just so high in many areas corresponding lack of affordable housing options, this has really become a crisis.

Also, when looking at older Veterans, another thing to consider is the toll that homelessness takes on the body. Multiple studies have shown that people who have experienced homelessness have more chronic health conditions than people of the same age who haven't. So, you can look at it this way, in its most sort of simplistic way, a 50 year old homeless Veteran is likely to look more like a 70 year old housed Veteran in terms [00:18:00] of their health.

And in terms of being able to offer flexible housing solutions for older Veterans, Veterans are no different from the rest of us. They want to be able to live independently as long as possible, avoid institutional care, as long as it's safe to do that.

**Shawn Liu:** You know, that reminds me when I first joined VA back in 2008. This was when Operation Iraqi Freedom, Operation Enduring Freedom, Operation New Dawn, were starting to wind down, there was a big concern back then about a surge of younger Veterans. You know, Veterans in their twenties and thirties who had deployed and were coming back home. And there was a big fear that we'd kind of see a repeat of Vietnam.

And in many ways that never happened.

I think as a country, we've learned a lot of lessons from Vietnam and figured out ways to support Veterans better when they came back from deployments in the modern era, especially after exposure from combat.

But what I think we're seeing here with age that you've revealed in our data is that in contrast to this wave of young Veterans becoming homeless, what we actually see is a kind of silver tsunami as some been calling it.

As [00:19:00] you mentioned Veterans who are getting older, who were becoming homeless for the first time later in life, that's a really big trend that we're seeing.

Another trend that we're seeing is that Veterans are staying in our system of care longer. So when you think about programs like HUD-VASH, that essentially have no time limit and a Veteran can stay there as long as they want, they actually do. They stay a long time.

You know, HUD-VASH in its current form really started expanding a lot in 2008.

That's about 16 years that have passed. And the Veterans, we actually probably still have some Veteran staying in our programs that long ago, still enrolled now. So if you had a Veteran who joined us at say age 50 in 2008, they're now 66. If you had a Veteran who joined us at age 60 in 2008, there are now 76. This is something that we want to take a look at.

And later on in this episode, we're going to have Ms. Deborah Lee. She is a HUD-VASH Regional Coordinator, and she's going to talk with us a lot more about what we at VA have been doing to better support aging Veterans.

Alright, Colleen, this has been fantastic. Let's shift gears again now and talk about gender.

That's another dimension or a [00:20:00] characteristic of identity that we have demographic data for. What are we seeing? And what's important to know about gender, gender identity, and sexual orientation.

**Colleen Reilly:** So, again, you know, you have the opportunity to talk to Dr. Montgomery in a few minutes. She has done just some amazing research on this, and so, again, I'm just going to kind of review some top level points.

And I'll talk first about women Veterans. This is a growing population that's only going to get bigger over time. So, in 2023, women Veterans were 11% of all living Veterans. And 9.2% of Veterans engaged in homeless programs. And here we go, demographic shift. That last number, 9.2%, was an increase of 18% from just five years earlier. There is also a big difference in the decline in Veteran homelessness over time when you look at it by gender. So we are, I think, rightfully very proud of the fact that Veteran homelessness has decreased by more than half since HUD started tracking it in 2010.

If you look at the last decade of PIT [00:21:00] count data, so from 2014 to 2023, that shows a 27.9, almost 28% overall decrease in Veteran homelessness. But when you split that out by gender and look at it, the decline for women Veterans was much smaller. It was 14.4%. And I think the most alarming thing to me when I looked at the data was that the number of unsheltered homeless women Veterans actually increased by about 25% over that period.

So, to respond, we need to be aware that homeless women Veterans really look significantly different from their male counterparts, and they have different needs. For example, they're much more likely to have a history of military sexual trauma. This is reported by one in three women Veterans compared to one in twenty for men, and it's probably underreported for both. And women Veterans are also more likely to have minor children that they're looking after, that they're taking care of. And that impacts their needs in both temporary and permanent housing. So it can be really difficult in a lot of [00:22:00] communities to find emergency shelter or temporary housing that can accommodate parents with children.

The need for increased focus on the really unique circumstances of women Veterans in homeless programs is only going to grow. So, I already mentioned that they're 11% of living Veterans right now. By 2040, that number is forecasted to increase to more than 16%, and that's a 46% jump from where we are now. So, that's another really major demographic shift that we need to plan for.

All right, so moving beyond the boundary of male and female, VA homeless programs also serve a significant number of Veterans who are non-binary or transgender.

In 2023, our homeless programs data showed that 0.3% of the Veterans served reported that they were non binary or transgender, which was a 57% increase from 2018. And in the 2023 PIT Count data, 1% of homeless Veterans reported that they were non binary or transgender.

Moving on to sexual orientation, for people who may not be aware, a term that we use a lot at VA and that people use out in the [00:23:00] world is LGBTQ+. So the LGB part refers to sexual orientation. The T part refers to gender identity. Even though we tend to lump these together, those are two very separate and distinct concepts.

It's been estimated that about 5.5% of the U.S. population identifies as LGBTQ+. You see different numbers, so I've seen numbers anywhere from 5% to about 12%. The estimate for the Veteran population is similar at 5%.

So, although gender identity, which is what we talked about a minute ago, is tracked in some VA data and the PIT Count data, sexual orientation is not. But these concepts, gender identity and sexual orientation, are really, really central to people's lives.

So, this is another area where cultural competency is incredibly important. So, it's why we ask Veterans what pronouns they use to describe themselves, to refer to themselves, and which ones they want us to use. It's why we ask sensitively about their history of military sexual trauma [00:24:00] and interpersonal violence, even though these conversations can feel uncomfortable. Dr. Montgomery has really compelling information and research about the particular challenges faced by women and LGBTQ+ Veterans, so definitely stay tuned for that. It's going to be amazing.

**Shawn Liu:** Yeah, that's really helpful stuff. And I know we in VA have been playing catch up a little bit with gathering data on sexual orientation, and there's so many different layers to that. From the trust that we need to engender with the Veterans to disclose that part of their identity with us. Trust that we're going to do something positive with it. That we're actually gonna use the, to help them and make the services that we provide to them better.

I hope overall that as we gather more information, as we learn more about LGBTQ+ Veterans, as we learn more about the special needs that women

Veterans have, that we're using it in ways to make sure that we're providing responsive services to the Veterans that we're here to care for.

All right.

Shifting gears again, we've touched a lot about things about the person, their race, their ethnicity, their gender, their age. Now let's shift gears and talk about [00:25:00] another component of demographics, which is geography. The environments that people live in.

So, Colleen, can you give us a little bit of visibility into some of the key things that we're thinking about when working with Veterans say in rural settings versus urban and suburban settings?

**Colleen Reilly:** Most VA medical centers are in those urban and suburban areas that you're talking about. And community resources, both generally and specifically for serving homeless persons and homeless Veterans are concentrated there too. But like you mentioned, a significant percentage of homeless Veterans are in rural areas.

So, looking again at the PIT count data from 2023, largely rural Continuums of Care, or COCs, reported nearly 7,000 homeless Veterans. So that's almost 20% of the total homeless Veterans counted in 2023. Most of them were in western and southern states. We cannot expect homeless Veterans in rural areas to relocate to areas where resources are more available, more abundant. Homeless Veterans want to be in familiar areas where they [00:26:00] feel comfortable, where their families live.

There can definitely be more challenges serving homeless Veterans in rural areas. I already mentioned, fewer community resources overall and there usually tend to be just fewer options for housing. Travel to a VA medical center or clinic can be a burden on the Veteran. That said, VA needs to be up to the task of meeting those challenges. All Veterans should have a choice about where they want to live. So our job is to bring homeless program services to rural areas as well as urban and suburban ones.

**Shawn Liu:** Colleen, this has been fantastic. We're going to put some extra information in the description of this episode. So then if you want to learn more, you totally can.

Colleen Reilly is on special assignment with us here in the Homeless Programs Office,

Colleen, thanks so much for being here with us today.

**Colleen Reilly:** Thank you so much for having me on. I hope it was informative, and there's still lots to come in this episode.

**Shawn Liu:** Joining us next to learn more about how homelessness impacts women Veterans and LGBTQ+ Veterans is Dr. Ann Elizabeth Montgomery, a Health System Specialist and [00:27:00] investigator here in the Department of Veterans Affairs.

Ann Elizabeth, thanks so much for joining us today.

**Ann Elizabeth Montgomery:** Thanks for having me.

**Shawn Liu:** Yeah, so we just heard Colleen talk about broader demographics. She gave us a lot of stats just now, and I want to zoom in a little bit to some of the subpopulations. And I asked you to join us for this podcast series, specifically to learn a little bit more about women Veterans and LGBTQ+ Veterans.

Because you are a prolific researcher, you've done a lot of research on many different intersections. with homelessness among Veterans that you would be a fantastic expert.

Diving on in and kind of setting this up a little bit. One of the things that we see in our Point-in-Time count data, and for those who remember from episode one, the Point-in-Time count is basically a year-over-year census, a count of all of the people experiencing homelessness in America, including Veterans.

It's usually run by our partners at the U.S. Department of Housing and Urban Development and is implemented by local Continuum of Care [00:28:00] organizations, which are basically the regional planning bodies for different communities all across the country. What we've seen from our data was since 2014, although Veteran homelessness overall has decreased, it has decreased at a smaller rate for women Veterans.

And we've actually seen some significant increases recently, especially for Women Veterans who are experiencing unsheltered homelessness. So experiencing homelessness literally on the streets, in the woods, in encampments, and under bridges. Simply put, we have not seen the same progress for women Veterans as we have for male Veterans.

So I'm wondering if you can share with us some of your insights from the research. What are some of the different risk factors and challenges that women Veterans face that not only put them at risk for homelessness, but may be contributing to this lack of progress that we're seeing in reducing their homelessness overall?

**Ann Elizabeth Montgomery:** Yeah, well, I think it's important to think about demographic shifts, generally, but then also kind of some shifts in the homeless [00:29:00] count and also, how that count is conducted. So, we know that more women are entering military service now, which means more women are becoming Veterans now. And although that doesn't necessarily, change the rate at which they become homeless or become housed, it can make sort of the demographics look different.

And we know that women Veterans have different needs than male Veterans in lots of ways. I also wanted to note, you sort of alluded to this, that women Veterans are much less frequently identified as experiencing unsheltered homelessness compared to staying in emergency shelter or transitional housing.

And when the Point-in-Time count is conducted, it's basically, a community canvas of people who are living outside or in places not meant for human habitation, as well as data from local Homeless Management Information Systems about emergency shelter and transitional housing. Women are more likely to use those services, so they are more likely to be counted.

It may be a bit anecdotal, but women and families [00:30:00] are more likely to be doubled up, so we know that when people are doubled up with friends or families, or even when they're experiencing unsheltered homelessness, they're more difficult to count.

We also know that in general, and among Veterans, women are much more likely than men to be homeless with children. And that's one of the reasons why they're more likely to use services, that really has an impact on where they may be staying. So, friends and family may be more likely to let women and children stay in their homes.

But at the same time, experiencing homelessness with children, where sometimes it's a facilitator to access to housing, but sometimes it can be a barrier. Specifically, permanent supportive housing, for example. If a woman or a man with a child is trying to get into HUD-VASH housing, they have to find not just a studio apartment. It has to be a certain size. It has to have certain requirements based on the size of the family. So, sometimes that can make it



more difficult to transition out of that transitional housing or emergency [00:31:00] shelter.

Another issue is that emergency shelters are often just not appropriate for children, which we'll get into, I think when we speak about LGBTQ+ populations, they're often sex specific, they're often for adult individuals.

So, sometimes there can be fewer resources. On the other hand, I think from the perspective of a single man or woman, they may think that there are more resources for families.

I think also, we've just heard anecdotally about women and their children staying with friends and family but sometimes the friends and family need a break So there may be this cycling into and out of emergency shelter or transitional housing. So situations in which the household is still considered homeless in all of those situations, but they're only recorded as such if they seek a formal resource.

So a lot of it has to do not just with changing demographics and how interventions are developed and offered, but also how stays and [00:32:00] households are counted. And so how it's reported and how we then receive the data and then need to interpret it a little bit.

**Shawn Liu:** Yeah, that was really, really insightful. And I just want to kind of maybe summarize some of it and make sure that I understood correctly.

So one of the things in terms of demographic shifts that you mentioned was, like, there's just more women Veterans, there's more women who are serving. And so if you think, if we just do some back of the napkin math, right, like, if hypothetically, we say that anywhere from 9 to 11% of women Veterans are homeless, you just have more women Veterans, and that rate stays the same, you're just gonna have more women Veterans who are experiencing homelessness.

That just with it.

I also heard, though, that the male is kind of the functional default for a lot of things or systems, and especially for homeless services, it's there.

And so what I heard you say is that both for women as single adults navigating homeless services or experiencing homelessness, but also women as part of households with minor children, that at a minimum, it's safe to say there's just a



lot of variability. Based off of not only their experience, [00:33:00] but then the resources, and how things are structured in their communities, that can be, in some instances, facilitators, and in some instances, barriers...

**Ann Elizabeth Montgomery:** Right.

**Shawn Liu:** In some instances, both. And that wide variability for those extra variables can make it just a bit challenging, both to get an accurate count, and then also make sure that we have the right services available, so they can get the help that they need.

**Ann Elizabeth Montgomery:** Right. And those things, the sort of count and the resources available vary on a daily basis. And there may be easy times a year to get housing and homelessness looks low or times when it's more difficult. That's the thing about housing instability and homelessness is it's a continuum. And people are on all sort of places along that continuum and it can change at any moment and the resources are doing the same thing.

It's hard to get a solid number of, like you said, both the count of people and the available resources and to make sure that those two things match.

**Shawn Liu:** I want to shift gears just slightly, staying on the topic of [00:34:00] women Veterans, and I want to get your thoughts and what you're seeing from the research about the ways which interpersonal violence, specifically intimate partner violence or military sexual trauma may further exacerbate a woman Veteran's risk of future homelessness.

**Ann Elizabeth Montgomery:** Yeah so interpersonal and or intimate partner violence very important risk factor for women generally and women Veterans specifically. We think about it contributing to housing instability in a couple of ways.

First of all, it can compromise your current housing. If a woman is living with, for example an abusive partner, they may lose their housing if the partner kicks them out. They may lose their housing because they have to leave for safety reasons. Their housing may become at risk if their partner is disruptive and they are then evicted.

Violent or abusive partners may also restrict access to social, financial, material, non material sources of support that are really important to be able to [00:35:00] attain and maintain housing. And so it's not even about just keeping the housing you have, but getting new housing, particularly if there are safety risks. There's

also, again, issue around children, moving children, different school districts. It's very complicated.

And interpersonal and intimate partner violence can also contribute to this kind of compounded experience of trauma that many women Veterans report. There have been a lot of studies, one that kind of talks about this framework, this web of vulnerability, conducted by VA researchers led by Dr. Allison Hamilton that talks about these sort of experiences before a Veteran ever enters the military, while they're in the military, after in the military, and how it ultimately ends up in homelessness.

And obviously, pre post, during military service, interpersonal violence and intimate partner violence are possible. A lot of women have reported entering the military to escape a family that has some interpersonal violence or interpersonal trauma associated with it. [00:36:00] And then compound it, like you said, with military sexual trauma.

Or, and then you get out of the service and there may be issues around financial instability, substance use, mental health, unemployment. And so it's just this compounded nature of experiences of trauma over time that make it really difficult to access housing, to maintain housing.

We know that homelessness is much more frequent among women who have experienced military sexual trauma, who have a diagnosis of post traumatic stress disorder and basically this experience of trauma and its related symptoms sort of make, the stability of relationships, employment, mental health, physical health, housing, makes it all just more difficult.

**Shawn Liu:** Yeah, so just adding on layers and layers and layers of barriers I mean this is outside of even just like trying to find an apartment and assistance. Yeah.

**Ann Elizabeth Montgomery:** Right.

**Shawn Liu:** I want to shift gears one last time and talk about LGBTQ+ Veterans, right?

Um, and we have a lot of growing research, you know, especially when you think about demographics [00:37:00] again, that Veterans who identify as LGBTQ+ are more likely to experience homelessness and housing instability than those who don't.

What are some of the contributing factors to their increased risk of homelessness?

**Ann Elizabeth Montgomery:** We know for just the general population, just among human beings who identify as LGBTQ+, we know that this population is over represented among those experiencing homelessness and particularly unsheltered homelessness. Associated with that are the potential for really bad outcomes related to violent victimization, premature mortality.

And the general population which includes Veterans, some of these risk factors are familial conflict and rejection, getting kicked out of your home, not being accepted by your family, losing that social support there's some institutional factors. So we get back to this like single sex sheltering. You know, if a person who was identified as a particular sex at birth, but identifies as a particular gender, there can be difficulty accessing resources intended for men or women. [00:38:00] There are obviously community level factors like homophobia, transphobia, discrimination. There are sometimes inadequate legal protections.

,The world right now, the United States right now doesn't feel particularly supportive of this population.

We've done a couple of studies to try to understand homelessness among transgender Veterans, And we have found that if you control for all kinds of factors, if you control for age, sex, race, ethnicity, whether they're married, what kind of mental health substance use, physical health conditions they have, where they live, transgender Veterans are about four times more likely than non transgender Veterans to report having unstable housing when they show up for outpatient health care.

And that's huge. It's a relatively small number, but it's a very high rate.

We also, though, some good news, we know that transgender Veterans are about twice as likely to access VHA homeless programs compared with non transgender Veterans. Which, I [00:39:00] think, the sort of positive spin on that is transgender Veterans believe these services to be accessible. You know, they're willing to use them.

I guess a more, maybe, slightly negative spin is perhaps that's the only support that they have. Perhaps they can't go to their families and so they rely on these resources.

But I think it, says something that this population who has high needs related to housing do access the services that VA provides.

We've conducted interviews of Veterans who were in HUD-VASH. So had previously been homeless but were in permanent supportive housing.

And, they mentioned challenges around, again, sex specific sheltering, because there's that process between you're homeless And then your house you have to stay somewhere, right? And then also barriers around landlords or paperwork if for example, their identification documents, and their gender expression do not match. So the person may have changed their name. They may look different than their ID.

And so there's both kind of a [00:40:00] regulatory policy issue but then there's also stigma, right?

Just from this macro perspective, if trans Veterans feel comfortable using these services they're doing something right. But I do think ongoing advocacy and education is important. the Veterans in the HUD-VASH study said that case management and being accompanied by their case manager while searching for a house or for a home was super, super important. And so I think just continuing to educate the field and perhaps the field educating these private landlords.

**Shawn Liu:** Yeah. Yep. That really, really well said. This has been fantastic. We're going to put links for the Center for Women Veterans. This is a VA office that supports women as they access all of the different VA benefits. We're going to put links to their website as well as VA's LGBTQ+ health program in the description. So folks can check it out.

Dr. Ann Elizabeth Montgomery is a Health Science Specialist and Investigator here in the Department of Veterans Affairs.

Ann Elizabeth, thank you so much for being here with us today.

**Ann Elizabeth Montgomery:** Thank you for [00:41:00] having me.

**Shawn Liu:** Joining us now to learn more about demographics, specifically about aging and disabled Veterans, and why this is an area of focus for VA, we have Deborah Lee, HUD-VASH Regional Coordinator here in the Homeless Programs Office.

Deb, thanks so much for joining us today.

**Deborah Lee:** Thanks for having me.

**Shawn Liu:** Yeah, you've been on the podcast before, and we're gonna actually put a link in the description of the episode that you were on on this very topic.

But since we're here in our Intro to Homelessness series, it feels like a good idea just to give a high level summary of this particular topic. Now, earlier in the episode, Colleen Riley had described a bunch of different demographic trends that we were seeing, some notable facts. And she focused a little bit on the age breakdown that's based off of our service data.

And I know for the last several years now, you've been helping to co lead our Homeless Veterans Aging and Disabled Initiative. And so, before we get into what that initiative is, can you tell us a little bit about the different trends that we're seeing in terms of Veterans and their age?

**Deborah Lee:** The [00:42:00] forecast for Veterans age 55 and older at the end of fiscal year 2024 was about 11.6 million. And that's about 65% of the total living Veterans. So that's down from 12.6 million in FY20. But the forecast for 2024 is about 8.2 million. Which looks like about 61% of the total. Now that's 55 and above. For 65 and over, which is the group that we're actually focusing on for the initiative, at the end of 2024, it's about 8.3 million, which is about 46% of total living Veterans, which was down from the FY20 numbers. And the forecast for 2040 is about 6 million, and that's about 44% of the total.

So in terms of trends briefly between 2019 and 2024, the percentage of Veterans enrolled in VA homeless programs who were 66 and older actually increased by 53.3%. For [00:43:00] Veterans enrolled in HUD-VASH, the percentage increase over that five year period was even higher at 58.4%.

Also, we're starting to see other trend data coming from outside of VA programs that suggest that those people 65 and older who experience homelessness is growing rapidly and actually peak in about 2030.

So despite overall declines in the number of people experiencing sheltered homelessness from 2019 to 2022, due to the pandemic, that number increased by 10,000 for adults 65 and older.

So this was really startling for us. And that data also suggests that some people are aging into chronic homelessness while others are experiencing it for the first time when they are 65 and older.

And why is that?

What we're seeing is that there are a number of Veterans entering into either emergency care or acute care settings for the first time and are [00:44:00] unable to go back to wherever they were living, either due to substandard housing or the inability to care for themselves.

**Shawn Liu:** Deb, this is, as you pointed out, kind of alarming, so let me just see if I heard that correctly.

Although the trend among all Veterans is basically a downward trend, that we're projecting fewer older Veterans both in terms of number and then rate, percentage, or proportion, however among homeless Veterans that's actually increasing we're seeing greater number of Veterans and greater percentage of Veterans. That, yeah, that's a little bit, uh, alarming, and I think that in addition speaks maybe to some of the issues with maybe our social safety net, or as you pointed out, just the amount of services that are needed to support older Veterans generally that get worsened or the needs get magnified when you add homelessness to the mix.

Without further emphasizing the obvious, why is this such a big priority for VA that we make sure that we're responsive as Veterans get older?

**Deborah Lee:** Well, before I get [00:45:00] into that, I do want to talk a little bit about the needs of these Veterans and then go towards the priority for VA, both big VA and within homeless programs.

So what we're discovering within the system and in the community is that there is a bigger need for housing and supportive services that are flexible enough to accommodate what we're seeing with this group of Veterans that are entering into our system of care, both to allow them to age in place and to allow them as much agency as possible. So often what this means is a combination of VA housing resources and community supportive services where we're maximizing income for these Veterans, and we're able to offer them things that we have not in the past.

So we're looking at addressing this by utilizing our HUD resources through special housing types coupled with the VA homeless and geriatric services. So this coordination across systems internally and with community stakeholders, it's also [00:46:00] an important factor for accessing the appropriate care and to allow those homeless Veterans as much agency as possible while they're

managing this phase in their life and the tough decisions that they have to make about where and how they want to live.

So why is it a priority? Well, it's become more of a specific focus, because what we know is that this cohort of Veterans is the majority of Veterans that we're seeing. It is mainly, a big part of those fundamental principles that guide our strategic planning in Big VA. That's access to care, that's advocacy, that's outcome.

And particularly speaking of this one objective, and I really wanted to point this out, that emphasizes the delivery of benefits, care, and services to underserved, marginalized, and at risk Veterans to prevent suicide, and I want to talk about that in a minute, and homelessness. We want to improve their economic security, health resiliency, and quality of life to achieve that [00:47:00] equity that we've been talking about for these populations and sub populations.

So, these priorities align very closely with the work that's necessary to address the needs of our most vulnerable Veterans subpopulation, and also provides those alternatives that can result in an overall reduction in costly institutional care. Big VA, our larger system, is also looking at ways to improve quality while we are also looking at other ways to reduce cost.

I want to speak a little bit about suicide.

So what we know is that VA's top clinical priority is preventing suicide amongst Veterans. Suicide is one of the leading causes of death in the U.S. and rates are on the rise for Veterans, especially among people aged 65 and older.

Suicide is higher in older adults for several reasons. This ranges from depression to grief over the passing of loved ones, chronic illness, chronic pain, social isolation, and [00:48:00] all those things. This likely relates to the presence of also other multiple risk factors. That includes extreme poverty and lack of housing, loneliness and limited social supports, a high prevalence of physical, psychiatric, and cognitive comorbidities, psychosocial stressors, and high rates of trauma exposure.

**Shawn Liu:** So what I hear from you, Deb, is that there are so many really important reasons from the general quality of life for the Veterans that might be impacted here, the streamlining and reduction of costs, because we know that health care and supportive care for older folks generally, Veteran or non Veteran, is just more expensive. And then there are these very, very urgent mental health, suicide prevention needs on top of all of that. So yeah, it's a very,



very strong business case, indeed. Very complex, right? But very critical, very urgent as well.

So what are we doing about it? This is a big, important topic. What are we doing about it?

**Deborah Lee:** So [00:49:00] I want to speak to what our larger system is considering. Becoming the largest age friendly healthcare system in the United States means for us within VA is person centered, evidence based care that as we grow older will help to address these challenges.

The other thing that I think is really important about this is this system actually does ask Veterans what matters to them. I think that's the most important thing that we can do.

So, what matters? Addressing things like mobility, mentation, medications. So, I see that as one of the largest things that we can be doing to address Veterans. But what matters most is hearing from them and helping them to create the best situation that they can for themselves and then facilitating that through our system of care.

Within homelessness, this is the piece that I speak about quite often, we are partnering with geriatrics and extended care to increase that access of services and [00:50:00] care that's needed with our focus on care that can be provided to Veterans where they choose to live, likely in community or residential settings. We are partnering with our largest federal partner, that is Department of Housing and Urban Development, to create and develop specialized care settings through specialized housing that includes congregate care, group homes, single room occupancies, and access to assisted living in ways that we have not before. We are also within that same partnership looking at development of project based housing, which provides site based care for Veterans who wish to live in that setting. So, the care actually goes to where the Veteran lives, and they have choices about how that care is being delivered, and it also, in many ways, facilitates Housing First principles by allowing that choice.

We're also looking at community collaborative efforts, that is maximizing income and working with VBA, Medicare and [00:51:00] Medicaid. So, there's a space for that larger collaboration as well.

And then, looking also at what we consider to be system improvement processes. So, that is partnership with HHS, with HUD, with Medicare, with



Medicaid, with SAMHSA, so that we are looking at a larger system of interagency collaboration and ensuring that our data systems match and that they are responsive to what we're seeing in the field.

**Shawn Liu:** Yeah, outstanding. That is a lot of work. And I know you've been working really, really hard to get this going. And not to only just get this going, but to build the momentum, the culture, the movement behind all of this. Uh, you know, I'm really, really appreciative of your leadership here.

Deb, before we let you go, where can folks go to learn more?

I know that we're going to put a link to the podcast episode that you are actually on that featured one of our Aging and Disabled Veteran Project Based Voucher sites in San Francisco, California. We're gonna put a link to that into the description. Are there other [00:52:00] places people can go to learn more?

**Deborah Lee:** Oh, absolutely. So, there are several resources that I would point to that are very important. So, you can go to, of course, our public facing pages on homelessness. Geriatrics and Extended Care, which is also another public facing opportunity. You can also go to SAMHSA. And there's one other resource and that is through the Office of Interagency Innovation. And that is under the Administration for Community Living.

**Shawn Liu:** Outstanding. We'll make sure to put a link to that into the description as well.

Deborah Lee is a HUD-VASH Regional Coordinator here in the Homeless Programs Office. Deb, thank you so much for the gift of your time and being here with us today.

**Deborah Lee:** Absolutely. Thank you for having me.

**Shawn Liu:** All right. And to close this out for today, we have Dr. Jillian Weber. She is the national program manager for the Homeless Patient Aligned Care Teams here in the Homeless Programs office. And she'll teach us more about the different medical and mental health conditions that Veterans who are homeless may face as part of their recovery journey.

[00:53:00] Jillian, thanks so much for being here with us today.

**Jillian Weber:** Hi, thank you for having me.

**Shawn Liu:** Yeah. So we've just spent most of this episode talking about who are the Veterans that we're serving? What are some of the conditions that they may face? We learned a little bit about women Veterans. We learned about older Veterans.

I know that there's a lot of discourse in the public consciousness right now about the role that substance addiction, substance use, and mental illness has on Veteran homelessness and homelessness in general.

What are we seeing? Both from the data as well as in our patient care settings.

**Jillian Weber:** Veterans experiencing homelessness face very complex care needs. So, they are likely experiencing multiple comorbidities or multiple diseases at once. For example, they may have a medical condition such as diabetes, and then they also have co occurring mental health disease such as depression or schizophrenia. And then on top of that could also be experiencing substance abuse issues.

So they have this very complex disease process. In addition, there's chronic healthcare conditions that they also face. So, diseases that [00:54:00] are ongoing, right? Needing medications, constant treatment, and continuous review.

These complex healthcare needs are really challenging, especially for Veterans experiencing homelessness because they're facing, competing demands such as getting access to food, shelter, and safety.

So, on top of that, they have to deal with these complex healthcare and really looking to access care and then continually access care in terms of long term care needs.

**Shawn Liu:** Yeah, those are really great points. And it makes sense that even though a lot of folks out there focus a lot on drug use or maybe schizophrenia or other mental health conditions, it's important to think about all of these healthcare conditions as well in the context of what a veteran may be experiencing holistically. But also how those conditions may be barriers to accessing literally all the things, whether it's healthcare or even housing.

Now Jillian one of the things that we see occasionally, and maybe even somewhat frequently are Veterans who have multiple conditions. They may have a substance disorder and a mental health condition and a physical

disability on top of that. And when Veterans [00:55:00] start getting these multiple conditions at the same time, what's that like?

What is the impact on individual Veterans and their ability to function and access care?

**Jillian Weber:** Shawn, you're correct. The majority of Veterans experiencing homelessness face multiple comorbidities. They are experiencing medical conditions, mental health conditions, and it's extremely challenging for individuals who are housed to face multiple medical conditions and then on top of that for this population adding no housing, no consistent access to health care services, no consistent access to good food, housing, all of those pieces that really help propel your healthy living and quality of life.

So, experiencing that as an individual who is experiencing homelessness really just exacerbates all of those conditions. Not being able to, keep your medications, stored in a safe place. Or if they have specific logistics around your medications, such as being in a cold environment, they need to be refrigerated, or they need to be in room temperatures. And then on top of that, think about patients who have [00:56:00] diabetes and they're insulin dependent.

They might need to inject themselves with insulin every day, and having access to those resources such as needles, alcohol swabs, things to keep themselves clean and healthy.

**Shawn Liu:** Yeah, really, really great points. And I really appreciate how you bringing up these concepts, focusing on the risk to unsheltered veterans and why it's critical that we get them into housing as fast as possible.

And just to rewind the clock a little bit, thinking back to our first episode of this series, which provided a high level overview. When we think about the experiences of homelessness, they largely take two forms. Sheltered homelessness, where folks are in emergency shelters or transitional housing programs, and they're still considered homeless while they're there, or unsheltered settings. So like literally in the woods, literally in the streets, in encampments, under bridges. When you're in those unsheltered settings, you're basically out exposed to the elements. And you don't really have anywhere to store your medication, especially if that medication needs to be refrigerated, which can make things even worse.

Can you share a little bit more about how the experience of being unsheltered can [00:57:00] pose even greater health risks?

**Jillian Weber:** Shawn, you're absolutely right. Being unsheltered and experiencing homelessness, 100% exacerbates every condition, every challenge that we've already talked about. The exposure to the elements, the exposure to unsafe conditions, lack of access to clean water, all of those challenges, lack of access to just general healthcare services or preventive services such as vaccinations, health screenings, things like that. All of that is completely challenged and exacerbated when you're unsheltered and really makes it very, very difficult to think, right? To even think about treating your diabetes or getting treatment for your depression.

Veterans are really concentrating on having access to food and most importantly, shelter and safety because the exposure to the elements is another piece of this where these individuals might have exposure to unsafe conditions, whether they're sleeping under bridges or in abandoned buildings and the unsafe environment for that.

But then also exposure to elements. Particularly in geographic locations that have extreme temperatures. Extreme [00:58:00] heat and extreme cold. So overheating, no access to air conditioning, or even fans, anything like that to cool yourself down, which can really exacerbate health conditions as well. Think about those individuals with respiratory conditions, the heat, humidity, all of that really makes those diseases really more difficult to treat and manage. And then on the reverse side of that, really cold temperatures, so frostbite, Veterans that experience ulcers, particularly around foot care, because they can't get their feet warm, they can't clean themselves, they can't keep their feet warm and dry. These are extremely challenging and being unsheltered just exponentially increases all those challenges.

**Shawn Liu:** Jillian, this has been fantastic. We're going to have you back on for our third and final episode in this Intro to Homelessness series to learn more about medical care for people experiencing homelessness.

Dr. Jillian Weber is the National Program Manager for the Homeless Patient Aligned Care Teams here in the Homeless Programs Office.

Jillian. Thanks so much for being here with us today.

**Jillian Weber:** Thank you.

**Shawn Liu:** If you want to know more about the services that VA provides to Veterans experiencing homelessness and housing [00:59:00] instability, visit us online at [www.va.gov/Homeless](http://www.va.gov/Homeless).

And if you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, 7 days a week. That number again is 877-424-3838.

If you're enjoying the show, leave us a review on Apple Podcasts. It would really help us out.

That's all for now. We hope that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe and stable place to call home.

Take care.