1991

The homeless military veteran : a comparative analysis with the nonveteran homeless

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DOI: <https://doi.org/10.31979/etd.yn9x-hkkf>
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**The homeless military veteran: A comparative analysis with the
nonveteran homeless**

Fleshin, Diane J., M.S.

San Jose State University, 1991

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THE HOMELESS MILITARY VETERAN:
A COMPARATIVE ANALYSIS WITH THE NONVETERAN HOMELESS

A Thesis
Presented to
The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

By
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May, 1991

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ABSTRACT

THE HOMELESS MILITARY VETERAN: A COMPARATIVE ANALYSIS WITH THE NONVETERAN HOMELESS

by Diane J. Fleshin

This study examined if differences exist between the nonveteran homeless and the homeless military veteran. Veterans who served in combat were compared with those not combat exposed to examine differences between these subgroups.

This retrospective comparative study was conducted at three National Guard Armories which sheltered homeless individuals from November, 1989 through March, 1990. Findings from this multiple choice and open answer questionnaire substantiate previous studies which found the veteran group to be older, generally Caucasian, better educated, and previously married. Veterans exposed to combat had a greater period of time between military discharge and their initial episode of homelessness than the veterans who were not combat exposed.

Future studies should examine the social, behavioral, and economic issues of veterans during the time period between discharge from active duty and first homeless. Results of these future studies may further refute the implied causal relationship between military service and homelessness.

ACKNOWLEDGEMENTS

My deepest appreciation to
Marilyn Winkleby, Sharon Hogan,
and Bobbye Gorenberg. To my
husband, who has
"lived with" and supported this
homeless issue with me. A
special thank you to all those
homeless individuals who shared
their stories and allowed me to
know them. They have forever
changed me.

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Chapter 1

INTRODUCTION

The plight of the homeless population in the United States is discussed on a regular basis in the media. Demographics of the homeless are frequently extrapolated from the research and reported in the news. The general public has a superficial or nonexistent contact with the homeless. Opinions and biases are formed in the American public from these media reports. A basic value conflict exists that limits the public's ability to understand the problems of men who do not or cannot work to support themselves (First & Toomey, 1989).

Previous research has focused primarily on developing a profile of the general homeless population. Studies from urban and rural areas across the country report the homeless population ranges from 250,000 to 350,000 per night (United States Department of Housing & Urban Development [HUD], 1984). It has been reported that as many as 40% of the homeless adult men in some communities are veterans, and many of those are from the Vietnam era (Institute of Medicine, 1988, p. 98).

This study examined whether differences exist in certain demographic and behavioral risk factors between the homeless military veteran and the nonveteran homeless

sample. The sample consisted of 1,464 homeless individuals who were sheltered at three National Guard Armories in Santa Clara County during the period November 29, 1989 to March 31, 1990. Epidemiological studies of the homeless have described who they are, their location, and the length of their homelessness. Using the epidemiological framework of "Person-Place-Time," this retrospective descriptive study profiled the homeless military veteran and compared the homeless military veteran sample with the nonveteran homeless sample.

Problem Statement

The number of veterans and specifically Vietnam veterans are frequently singled out in the reported demographics of the homeless. A causal relationship is implied even though profiles of the homeless veteran are not available.

Research Questions

Three questions were addressed in this study. They were:

1. What are the characteristics of the homeless military veteran?
2. How do homeless veterans who have served in combat differ from homeless veterans not exposed to combat in VA "insurance" eligibility, mental health visits, length of service, and era of military service?

3. What differences in demographics, behavioral risk factors, and type of homelessness exist between the homeless military veteran and the nonveteran homeless sample?

Purpose

The purpose of this study was to examine if specific differences exist between the nonveteran homeless sample and the homeless military veteran. A comparison of veterans who had served in combat was made with those veterans who had not served in combat to examine if differences exist between these subgroups. A profile of the military homeless veteran was developed. With an understanding of risk factors which are present prior to the initial homeless period, interventions may be developed to reduce the risk factors that create homelessness for the veteran population.

Definition of Terms

The following operational definitions were used in this study:

1. Homeless persons are male individuals who presented themselves for lodging at one of the three National Guard Armories for the homeless between the period November 29, 1989 to March 31, 1990.

2. Military veterans are those homeless male individuals receiving temporary lodging who answered yes to the survey question "Have you ever served on active duty in the military?"

3. Vietnam era veterans are male individuals who responded on the survey that they served on active duty during the period 1964 to 1975.

4. Combat exposed homeless military veterans are homeless male veterans seeking temporary shelter at the National Guard Armories who respond positive to the survey questions "Did you ever serve on active duty in the military and did you serve in combat?"

5. Noncombat exposed homeless military veterans are homeless male veterans seeking temporary shelter at the National Guard Armories who responded positive to having served in the military and negatively to the survey question "Did you serve in combat?"

6. Veterans Administration (VA) "insurance" eligible veterans are homeless military veterans who acknowledged in the survey that the VA is their source of health insurance.

7. Length of service in the military represents the number of years given in response to the question "What years did you serve?"

Research Design

This retrospective comparative study used data which were collected by trained health interviewers from the Stanford Center for Research in Disease Prevention. A 31-item multiple choice and open answer survey was administered to the homeless who were sheltered at three National Guard

Armories. The survey focused on antecedent risk factors of homelessness.

Analysis of Data

Multivariate statistics were used to analyze the collected data. The interrelationships between the variables in the nonveteran homeless sample and the veteran group were examined. Chi-square analysis were used to test the statistical significance of categorical variables and the t test were used for continuous variables.

Scope and Limitations

The scope of this research was to identify differences between specific subgroups of homeless individuals and to construct a profile of the military veteran group in one county in California. The following limitations for this study were identified:

1. Participation was voluntary and some individuals chose not to participate.
2. Specific military factors, such as educational training, use of "GI bill" following discharge and reason for discharge, were not explored. These variables may be factors in the length of time between discharge and initial loss of shelter.
3. The type of discharge or reasons for serving less than 2 years were not explored. These factors may have an influence on their eligibility for veteran services.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

This chapter describes the conceptual framework for the study. Review of the literature focused on related studies discussing the person, place, and time of homelessness.

Conceptual Framework

Studies of the homeless are frequently epidemiological in nature. Across the United States, surveys of the homeless have been conducted in urban areas and rural settings. Results of homeless studies describe who the homeless are, their location, and length of their homelessness. Through the application and reported findings of the epidemiological framework "Person-Place-Time" (Dever, 1984, pp. 133-209; Roht, Selwyn, Holguin, & Christensen, 1982, p. 13), the general public has become painfully aware of the plight of the homeless in the United States.

The epidemiological framework of Person, Place, and Time can be used effectively to develop a profile of the homeless population in a county in the Bay area of California. A comparative analysis of the nonveteran homeless population with the homeless military veteran in this county can then be done.

Through the concept of "Person," demographic variables and socioeconomic characteristics are described (Dever,

1984, p. 158). The concepts of "Place" and "Time" complete the triad of the framework. Each concept is separate yet is part of a large pattern which provides insights to the precipitating factors of homelessness. Through this Person-Place-Time framework a composite picture of the homeless person is developed.

Review of Related Literature

The purpose of this review is to present related literature concerning the societal antecedent factors and demographics of both the nonveteran homeless population and the homeless military veteran. The review of the literature will be discussed in two categories: (a) nonveteran homeless population, and (b) military homeless population.

The problem of homelessness has been studied through the varied disciplines of psychology, medicine, nursing, epidemiology, sociology, and public health. The causes of homelessness are complex yet often intertwined around central issues of economic or personal crises, and chronic disabilities (HUD, 1984, p. 23). These complex areas include the issues of substance abuse, physical or mental disability, deinstitutionalization, social disaffiliation, lack of inexpensive housing, and unemployment (Abdellah, Chamberlain, & Levine, 1986; Rossi, 1989, p. 31). Typically, these antecedent factors are in place when a stressful life event occurs (i.e., divorce, eviction) which precipitates the homeless incident (Solarz & Bogat, 1990).

Studies Related to the Nonveteran Homeless Population

While the exact number of individuals who are homeless is not known, it is estimated that on any given day, somewhere between 250,000 and 350,000 Americans are without shelter (HUD, 1984, p. 18). Solarz and Bogat (1990) discuss the one similar trait of the homeless as a lack of social support and a sense of isolation from family or other groups. The HUD (1984) study reported that 65% of the homeless are single men, 15% are single women, and 20% are families. Additional studies report the never-been married status of the homeless as 40% in Portland, Oregon (Multnomah County, Oregon, Department of Human Services, 1984); and 53% in Los Angeles County (Ropers & Boyer, 1987). According to the United States Bureau of the Census (1988), 26% of adults in the nonveteran population have never been married.

The HUD (1984) study provided considerable national information on the profile of the homeless. Close to one third of all homeless people live in the western United States even though 19% of the United States' population reside in the West. Metropolitan areas with a population of 250,000 or greater had a homelessness ratio of approximately 13 persons for every 10,000, while small metropolitan areas (populations of 50,000 - 250,000) had a ratio of 6.5 persons per 10,000.

The mean age of the homeless in the U.S. is mid 30's (HUD, 1984). This has been substantiated by studies across

the U.S. (Maurin, Russell, & Memmott, 1989; Ropers & Boyer, 1987; Solarz & Bogat, 1990).

Stefl (1987) reports that characteristics of the homeless vary in different regions of the country. Educational preparation has been variable. The mean years of education in a five city homeless survey in Utah was 11 years (Maurin, Russell, & Memmott, 1989). Approximately half of the homeless in Detroit were high school graduates (Solarz & Bogat, 1990), and Ropers and Boyers (1987) reported 64% of the homeless responding to a Los Angeles 1987 survey had completed at least high school.

One third of the homeless have been hospitalized at some time for emotional problems (Solarz & Bogat, 1990). Forty-eight percent (21% being male) of those surveyed in Utah reported having been a patient in a mental hospital, mental health ward of a hospital, or a mental health clinic. A 1985 survey of homeless adults in two communities of Los Angeles county reported 29% of the 529 men interviewed had been hospitalized for a mental, emotional, or nervous problem (Gelberg, Linn, & Leake, 1988). Comparison of data on mental health admissions from a variety of reports reveals discrepancies in what constitutes criteria for admission. Admissions for drug and alcohol use are included in some statistics while other admissions are only for mental illness.

The use of illicit drugs and/or alcohol and homelessness are frequently discussed in a causal relationship. As the demographics of the homeless have changed over time, so has substance abuse. Alcohol abuse, long associated with homelessness, has been reported as affecting 38% of the homeless (HUD, 1984 p. 24). In 1985, a study was conducted of 223 adult men who were initially applying for shelter in New York City (Susser, Struening, & Conover, 1989). Thirty-five percent of the sample were screened as positive for alcoholism and 38% reported use of a drug other than marijuana more than 50 times, with cocaine being the drug of choice. In a study of 203 homeless men and women in Baltimore (Breakey et al., 1989), 69% of the men and 38% of the women were screened as probable or definite alcoholics. Twenty-two percent of the men and 17% of the women met the criteria for drug abuse or dependence.

In the Utah study (Maurin, Russell, & Memmott, 1989), 51% of the lone men had been homeless for more than 6 months. Ropers and Boyer (1987) report that 74% of their respondents had been homeless for 1 year or less, and 32% for less than 1 month. Ninety-one percent cited being homeless due to a poor financial situation.

The primarily white, middle-aged, male homeless stereotypic picture has evolved into a more heterogeneous group. In the 1930s, Schubert (cited in Rossi, 1989, p. 40) reported that 82% of 20,000 transients applying for

aid in Chicago were white. The HUD study (1984) reported the overrepresentation of the minority population which is a significant change from 40-50 years ago. Ethnicity percentages range from 75% white in Austin (Snow, Baker, & Anderson, 1989) to 49% white in Los Angeles (Ropers & Boyers, 1987). Snow, Baker, and Anderson (1989) reported a correlation between the larger the city and its minority base then the greater the proportion of minorities, particularly blacks, among the homeless.

Studies Related to Homeless Veterans

In 1985, a community-survey of 529 homeless adults in two Los Angeles Counties was conducted to examine the prior use of mental health facilities by the homeless (Gelberg, Linn, & Leake, 1988). A convenience sample was used. Nineteen sites where the homeless gathered were used to collect data. The respondents were questioned with a 5-item, 6-point general well-being scale and a 50 minute face-to-face interview.

On the basis of the use of mental health services, the total sample ($N = 529$) was broken down into three groups: (a) the hospitalized group, (b) the outpatient group, and (c) the nonutilizer group. The hospitalized group ($n = 232$) comprised 44% of the sample and had the largest proportion of veterans ($n = 81$ or 36%), and Vietnam era veterans ($n = 43$ or 19%). The outpatient group had the smallest proportion of veterans ($n = 16$ or 20%) and Vietnam era

veterans ($\underline{n}$ = 5, or 6%). Of the nonutilizer group ($\underline{n}$ = 216 or 41%), 29% were veterans and 15% were Vietnam era veterans. The study reported that veterans were disproportionately represented among the homeless who had previous psychiatric hospitalization. The researchers were unable to determine how the onset of the military veterans' mental problems was related to their experience in the armed forces. The number of male respondents who used psychiatric facilities also was not discussed so a comparison between the veteran group and the nonveteran group was not possible.

In 1985, Robertson and Abel (cited in Robertson, 1987) analyzed data from 169 homeless men who were selected from soup kitchen and shelter sites in Los Angeles County skid row areas. These data revealed that 47% of this sample were veterans. One third of these veterans were from the Vietnam era. At the end of fiscal year 1986, Vietnam era veterans comprised 30% of the total veteran population (Veteran's Administration Annual Report, 1986, p. 2). Half of this sample were under the age of 40, the majority were white and had been homeless for 1 year or less. The younger veterans were better educated and slightly more likely to have a history of psychiatric or drug treatment than older veterans. When compared to the nonveteran homeless man, veterans were significantly older, better educated, more likely to have married, more likely to be receiving some form of government assistance, and had been homeless for a

shorter period of time. Except for these differences, the homeless military veteran group was not significantly different from the nonveteran homeless population. No data are available on the year of military discharge or the year the respondent became homeless.

In 1985, Robertson and Abel (cited in Robertson, 1987) conducted indepth interviews in an attempt to understand the relationship between being a Vietnam era military veteran and homelessness. These respondents were contacted through their use of soup kitchens. Thirteen Vietnam era veterans were interviewed. The average age was 37 years, most were white, and had been homeless an average of 30 months. The mean age at enlistment was 19.5 years and all had served at least 2 years, with the 6 combat veterans having served an average of 30 months. The approximate 15 years of time between discharge from military service and being homeless were not discussed in the literature.

Roth (1984) reported data of a comparative analysis of homeless veterans with other homeless men of Ohio. Of 979 face-to-face interviews in both rural and urban areas, 793 were men. Of the 310 who reported being military veterans, 305 (98.1%) were males.

This Ohio study does not support previous claims of overrepresentation of the homeless veteran subgroup among the homeless population. The number of homeless veterans (39%) were comparable to the veterans (36%) in the general

state population (Veterans Administration, 1984, p. 500).

The Vietnam era veteran was also evenly represented (27%) in both the general population and the homeless population.

The greatest discrepancy between these two homeless groups existed in two areas: age and marital status. The median age for homeless veterans was 42 years, which was 9 years older than the nonveteran homeless. Current studies report a mean age of the homeless as mid 30s, this study found 31% of homeless veterans to be age 50 or older.

The homeless are frequently reported as "loners" with little social support. However, 60% of homeless veterans in the Ohio study have been married, separated, widowed, or divorced as compared to 35% of the nonveteran homeless population.

Roth (1984) reports the median number of days homeless for both the veteran and nonveteran group as 90. As in other studies of homeless military veterans, the length of time between discharge from the service and time first homeless was not discussed, nor was the relationship between military service and homelessness.

In Boston, two reports on the homeless veteran between 1983 and 1985 have been reported. In his first report, Schutt (1985) analyzed data from a sample of 375 homeless shelter intake records. From this sample, 37% were reported to have been military veterans. Massachusetts reported the state veteran population for 1980 was 35% (Veterans

Administration, 1984, p. 500). From this homeless veteran population, three quarters were under the age of 50, one fourth under the age of 30; half were single and never married; the majority were white; and more than one half had been homeless less than 6 months.

Schutt (1986) reported on homeless veterans at the Long Island Shelter in 1985. Thirty-one percent were veterans, their military service covered 5 decades with year of discharge ranging from 1946 to 1983. Since 1970, 48% had been discharged from the military. Twenty percent reported a service-related disability. Thirteen percent reported receiving some veteran benefits. The most reported reasons for homelessness were financial problems, unemployment, and alcoholism.

Surveys of the homeless from seven major cities have reported only the sample size and the percentage of veterans from the total sample. The percentage of veterans ranged from 18% of the 248 homeless sampled in St. Louis (Morse, 1985) to 51% of the 51 homeless sampled in Baltimore (Fischer, Shapiro, & Breakey, 1986). Some areas reported the percentage of veterans from the male sample and some reported the Vietnam era veterans as the percentage of homeless veterans.

The use of psychiatric services by the homeless are frequently examined. Of the Ohio homeless veterans, 34% reported a psychiatric hospitalization compared to 27% of

the nonveteran homeless population (Roth, 1984). The availability of Veteran Administration psychiatric facilities may account for a 7% higher hospitalization rate. Eighteen percent of the hospitalized veterans were in a Veteran's Administration hospital. Jemison (1988) reports that, of homeless veterans receiving a psychiatric assessment in any Veteran's Hospital, 10% are diagnosed with posttraumatic stress disorder (PTSD).

In 1987, the Homeless Chronically Mentally Ill Veterans Program was established by the Veterans Administration (VA). The program provides outreach programs to contact homeless veterans with psychiatric problems and to serve as a facilitator for both VA and non-VA programs. An initial assessment on data from 10,529 veterans screened at 43 sites across the United States was released in 1989 (Rosenheck et al., 1989).

The median age for this group was 40; 58% were white; 34%, black; and 7%, Hispanic. Twenty-four percent had been homeless less than 1 month; 42%, 1 to 12 months; 11% for 1-2 years; and 21%, greater than 2 years. Rosenheck et al. (1989) reported 51.5% of these homeless veterans served during the Vietnam era. Close to 31% of the respondents report being fired upon while in a combat area.

Additional demographics reported by Rosenheck et al. (1989) include: (a) 64.1% report alcohol problems in the past with 44.7% having a prior hospitalization for alcohol

problems, and (b) 28.1% report past drug abuse problems with 16% hospitalized in the past for drug dependency.

Generalizations of this study are not readily applicable to the military veteran homeless person. The respondents in this study met two criteria: (a) they expressed an interest in speaking with a clinician representative from the Veterans Administration, and (b) they were determined to be homeless, chronically mentally ill, and possibly eligible for VA services.

Goldin (1982) reports on homeless veterans in New York City and the lack of federal government support for these homeless veterans. The report originated in the Office of the Comptroller in New York City and focused on methods for obtaining monies from the federal government. The report estimates that one in three homeless men in New York City are veterans (approximately 10,000) and are not receiving disability pensions to which they are entitled.

The report provides an inaccurate interpretation of the term pension. It is described as a form of disability compensation which may be paid regardless of whether the veteran was in combat or disabled as a result of military service. According to the Veterans Administration Annual Report (1986), veterans are eligible for a disability pension for nonservice connected disabilities if they served in time of war, and are permanently or totally disabled, 65 years or older, and meet specific income limitations. In

addition, veterans are eligible for disability compensation if the disability results from injury or disease incurred or aggravated while on active duty (p. 73). This report recommends disability compensation be channeled to local agencies and distributed to veterans which could assist the city in offsetting the cost of homeless services. The report goes as far as: (a) recommending fingerprinting for verification of veteran status to obtain maximum federal funding for homeless projects, and (b) providing cash advances to needy homeless veterans awaiting disability pay (pp. 18-19). Goldin (1982) focuses on identifying the maximal number of homeless military veterans in New York City and seeking financial compensation from the federal government. It makes the causal assumption without evidence that military service is responsible for homelessness.

Berryman (1988) conducted a survey of civilian and military young men which provided a comparison of active duty enlistees with their age mates who are not in the military. The data irrefutably showed that enlistees between the ages of 17 and 22 in 1979 did not come from the more marginal groups in any of the four dimensions of: (a) family socioeconomic status, (b) measured verbal and quantitative abilities, (c) educational achievements, and (d) work orientation. Berryman concluded that the military cannot be interpreted as the employer of last resort for

those who enlist, even during a period when enlistment standards were inadvertently lowered (p. 4).

From the limited empirical literature, veterans have generally been described as older, more likely to be white, and better educated than nonveteran homeless men. There are no reported significant differences in other characteristics. The length of time between discharge from service and age first homeless has not been examined.

Chapter 3

METHODOLOGY

This chapter describes the research design, setting, sample, instruments, data collection procedures, and analysis of data for this research. Reliability and validity of the tool is also discussed.

Research Design

This analysis was part of a larger study on factors that precipitate loss of shelter in adult homeless men and women. The design for this analysis was a retrospective comparative study of homeless military veterans with the nonveteran homeless sample in a county in northern California. This analysis used retrospective data which was collected by trained health interviewers from the Stanford Center for Research in Disease Prevention. The purpose of this study was to profile and compare the homeless military veteran with the nonveteran homeless sample in a county in northern California, in order to explore whether differences in demographics, behavioral risk factors, and type of homelessness exist between these two groups. Homeless veterans, who served in combat, were compared with those not exposed to combat to examine if differences exist between these two groups. A military, behavioral, and demographic profile was compiled on the homeless military veteran.

Approval for this retrospective study was obtained from the principal study investigator at the Stanford Center for Research in Disease Prevention (Appendix A) and the Human Subjects Institutional Review Board at San Jose State University (Appendix B).

Setting

The settings for data collection consisted of 3 National Guard Armories in Santa Clara County, California. These armories sheltered homeless individuals during the period of November 29, 1989 to March 31, 1990 and were located in 3 northern California cities.

Sample

A cross-sectional sample of convenience consisted of 1,437 homeless individuals who completed the survey. This was a 98% completion rate from the total (1,464) homeless individuals who registered at all three armories.

Instrument

The original data were collected through the use of a 31-item survey consisting of open ended questions and multiple choice items (Appendix C). The original study focused on obtaining data regarding both antecedent risk factors and those that result from homelessness.

Through a practicum experience for a graduate nursing program, this researcher assisted in the development of the survey tool to obtain information regarding the homeless in a northern California county. The tool was tested at 6

different homeless shelters. Revisions and retests were conducted on a weekly basis with homeless individuals from a variety of backgrounds who resided at these homeless shelters. The survey instrument was also pretested with the homeless residing under bridges and along the Guadalupe River in an East Bay city. This site provided a more heterogeneous sample which more closely represented the sample at the armories where the study was conducted. Due to inclement weather, the population at the armories were frequently comprised of homeless individuals who had previously resided outdoors.

Reliability and Validity of Tool

Changes were made in the instrument during the pretest to clarify questions for the respondents. Questions regarding demographics, personal, and behavioral risk factors were adapted and correspond with the United States census and previous homeless studies which allow for comparison. These changes increased the content validity and reliability of this tool.

Data Collection Procedures

Interviewers were trained by the principal investigator. Each interviewer received training on interviewing techniques, methods of gaining rapport, oral communication techniques, and importance of accurate and thorough data recording. A training manual was provided for

reference and each completed survey was reviewed by the principal investigator for completeness and consistency.

All homeless who registered at the shelter were asked to voluntarily participate in the study. Only those homeless who were of limited mental capacity, inebriated, or spoke a language other than Spanish or English were excluded from the study.

Procedures for collection of data were initiated by volunteers and trained paid personnel who were on site to administer the survey to homeless individuals who initially presented to the shelter. As guests registered at the shelters, they were given registration cards as a means of identifying those who had been asked to participate. The survey was given to each person only once during the specified time period even though the homeless may have stayed at more than one armory. But, it was possible for participants to answer the survey more than once if they denied previous participation. Of those who chose not to participate, the interviewer recorded what demographics were possible from observation (sex, race, approximate age).

Reliability and Validity of Technique

An initial data analysis was done comparing birthdates and survey results as a means of identifying duplicate questionnaires to ensure reliability of data. In addition, reliability tests (repeat interviews) were randomly

conducted on a sample ($n = 35$) to examine the reliability of answers.

Analysis of Data

Each response on the original survey was numerically coded and the data were analyzed by computer using the Statistical Analysis for System (SAS) software. The data analysis is discussed in two categories: (a) analysis of homeless veteran data, and (b) comparative data.

Homeless veterans were identified by a positive response to the question: "Did you ever serve on active duty in the military?" and identification of the branch of the armed forces they served in. Females and foreign born males were excluded from the analysis.

Frequency distributions were used to examine the following demographic and behavioral variables: age, sex, race, marital status, education, and adult risk factors. Adult risk factors for homelessness included: (a) self reporting of excessive alcohol use, (b) use of illegal drugs, (c) use of mental health facilities, and (d) precipitating medical injury. In addition, frequency distributions were used to examine the number of years served in the military, branch of military, combat exposure, type of insurance, and time between discharge and year first homeless for both the combat exposed and noncombat exposed homeless veterans. A statistical mean was determined on the continuous variables of age and education.

A variable for the time interval between military discharge and first homeless was developed. This variable was also stratified by combat exposure, race, and education. To compare the veteran data with the nonveteran homeless sample, frequency distributions for the nonveteran homeless sample were also done on the following variables: race, education, marital status, and adult risk factors.

Cross tabulation analysis of variables was conducted. The t test was used to test statistical significance of differences between means in the continuous variables of: (a) age, (b) educational level, and (c) age first homeless between the homeless military veteran group and the nonveteran homeless population and those who served in combat with those who were not exposed to combat. Multivariate statistics were utilized to examine the interrelationships between the variables in the nonveteran homeless population and those of the homeless military veteran. The value of significance was set at .05 which is consistent with many descriptive studies. The chi-square test was utilized to examine the level of significance in categorical data. The final data are presented in narrative and tabular form in Chapter 4.

Chapter 4

FINDINGS AND INTERPRETATION OF THE DATA

This chapter describes the findings obtained from this study which examined whether differences exist in certain demographic and behavioral risk factors between the homeless military veteran and the nonveteran homeless group in northern California. The data from this study were also analyzed to determine if differences exist between veterans who served in combat and those not exposed to combat.

Description of the Sample

Of the 1,464 individuals who registered at one of the 3 shelter sites, the following were excluded from the study: (a) 12 who refused to participate, (b) 15 who were unable to respond, (c) 169 females, and (d) 254 foreign born males. This study sample consisted of 1,014 United States born males, of which 424 were military veterans and 590 nonveterans.

Findings

The findings for this study will be discussed according to each research question. The discussion will address the following questions: (a) What are the characteristics of the homeless military veteran? (b) How do homeless veterans who have served in combat differ from homeless veterans not exposed to combat in VA "insurance" eligibility, mental

health visits, and length of military service? and (c) What differences in demographics, behavioral risk factors, and type of homelessness exist between the homeless military veteran and the nonveteran homeless sample?

Data Related to Research Question 1

Research Question 1 asked: "What are the characteristics of the homeless military veteran?" A summary of the demographic data on the homeless military veteran indicates that the average military homeless veteran served 3 years on active duty ($\bar{M} = 3.33$), was not exposed to combat ($\bar{n} = 250$), was Caucasian $\chi^2 (4, \bar{n} = 244) = 23.64, p < .001$, a high school graduate $\chi^2 (3, \bar{n} = 191) = 58.07, p < .001$, and was in his late 30s to early 40s $\chi^2 (5, \bar{n} = 168) = 85.07, p < .001$. The average veteran has been homeless less than 1 year (25% being homeless less than one month), did not become homeless until after age 35, and has no health insurance. Total years on active duty ranged from less than 1 year to 19 years. More than 60% ($\bar{n} = 264$) served on active duty for 3 years or less with an additional 30% ($\bar{n} = 129$) serving 4 - 6 years on active duty. More than 60% of the veterans had at least 10 years between their discharge from the military and their initial homeless episode. Table 1 displays data on military discharge to initial loss of shelter.

Table 1

Number and Percentage of Years Between Military Discharge
and Initial Loss of Shelter (N = 389)

Years	<u>n</u>	%
0-5	64	17
5-10	63	16
10-15	83	21
15-20	78	20
20+	101	26
Total	389	100

Note. Of the 424 veterans, 15% (n = 35) reported being homeless while in the military or prior to serving on active duty.

When the veteran sample was divided into two categories, those who were exposed to combat (n = 173) and those who were not (n = 250), differences emerged. For veterans who were exposed to combat, 19% (n = 33) cited a medical problem or injury as contributing to their homelessness while 10% (n = 24) of the noncombat group cited a medical problem or injury. For the combat exposed veterans, 62% (n = 107) were homeless for the first time in contrast to 50% (n = 126) of those veterans who were not exposed to combat.

Of those who saw combat, an average of 16 years elapsed between discharge from the service and the initial episode of homelessness, whereas those who were not exposed to combat had 11 years between discharge and their first homeless episode. Table 2 displays years between discharge and initial homeless episode for combat and noncombat exposed veterans.

Additional demographics were analyzed with the length of time between military service and first homeless episode. When compared with race, Blacks had 11 years, Hispanics and Whites, 14 years between discharge and first homelessness. Those who were high school dropouts had a 20 year mean between discharge and first homeless; those with a high school education or some college had 11 years; and college graduates had 17 years. More than half of the veterans served at some point during the Vietnam era (1964-75); 26% during the post Vietnam era (1975 to present); 10% during the Korean Conflict (1950-55); and fewer than 1% served in World War II.

Table 2

Number and Percentage of Years Between Military Discharge
and First Episode of Homelessness for the Combat and
Noncombat Exposed Veterans
(N = 388)

Years	Combat		Noncombat	
	exposed		exposed	
	<u>n</u>	%	<u>n</u>	%
0-5	19	12	62	28
6-10	20	12	49	22
11-15	38	23	39	17
16-20	45	27	24	11
20+	42	26	50	22
Total	164	100	224	100

Note. Of the 424 total veterans, 2% (n = 9) of the combat exposed veterans and 6% (n = 26) of the noncombat exposed veterans reported being homeless while in the military or prior to serving on active duty are included in the figures above.

Data Related to Research Question 2

Research Question 2 asked: How do homeless veterans who have served in combat differ from homeless veterans not exposed to combat in VA "insurance" eligibility, mental health visits, and length of military service?

Of those veterans who served in combat, 26% ($n = 42$) cited the VA as providing them with health insurance as compared with 15% ($n = 34$) of those who did not see combat. Combat exposed veterans had a 23% ($n = 38$) positive response rate to having spent at least a night in a medical facility or treatment program for an emotional or mental health problem in contrast to 15% ($n = 34$) of those not exposed to combat. Combat exposed veterans served a mean of 4 years on active duty, while their noncombat counterparts served 3 years.

Data Related to Research Question 3

The third research question asked: "What differences in demographics, behavioral risk factors and type of homelessness exist between the homeless military veteran and the nonveteran homeless sample?" Table 3 compares the demographic variables for the homeless sample from the three shelters in northern California with the 1980 California census.

Demographics of the two homeless groups reveal similarities in race only (58% of the veterans were Caucasian as were 55% of the nonveteran sample). This study

Table 3

Comparative Demographic Data Between Homeless Sample and
Nonhomeless Population (N = 1,014)

Demographic Data	Homeless Sample		Nonhomeless Population
	Veteran (<u>n</u> =424)	Nonveteran (<u>n</u> =590)	California, 1980 Census
	%	%	%
<hr/>			
Current Age			
<25	3	16	41
25-34	28	40	18
35-44	40	29	12
≥45	29	14	29
Education			
<High School	16	35	26
High School/ some college	74	6	52
≥ 4 years college	10	4	20

Note. Percentages are rounded off to the next whole number.

excluded all foreign born males so the number of Hispanic and other nationalities may be affected. The 1980 California census combined the races of Whites and Hispanics so discussion of racial differences is not feasible.

Veterans were generally older, better educated, and more likely to have been married than the nonveteran homeless sample. When the veteran and nonveteran sample were compared with the nonhomeless census data, the homeless were underrepresented in the less than 25 age group and overrepresented in the 25 to 44 year group. Differences also exist between the three groups on their marital status. The homeless nonveterans were more likely to have never married than the veteran group or those in the census population. The homeless veterans who had married were more apt to be separated, divorced, or widowed than those in the other two groups. The homeless veterans were more apt to have at least a high school education than the nonveteran or census populations.

Veterans were also compared with the nonveteran homeless who attended the three shelters on certain risk factors. Veterans were significantly ($p < .01$) more likely to have had excessive alcohol consumption prior to becoming homeless than their nonveteran counterparts. No significant difference was found in the use of illegal drugs. In spite of the fact that 83% ($n = 351$) of the veterans denied ever staying overnight in a hospital or treatment program for an

emotional or mental problem prior to their initial homelessness, the veteran's group were significantly ($p < .05$) more likely to have used these services than the nonveteran group. In both groups, 13% cited a medical problem or injury as contributing to their homelessness. Table 4 shows the individual risk factors that were present prior to the first episode of homelessness.

Veterans become homeless at a later age than the nonveteran homeless sample at the three sites ($p < .001$). There was no significant difference between current time homeless, total time homeless, or number of times homeless between the two groups. Veterans were more apt to have slept outside in a tent or deserted building than the nonveteran homeless sample.

Prior to the first episode of homelessness, veterans were significantly ($p < .001$) more apt to have received their main source of income from a job and less likely to have relied on family or spouse for financial support. Close to 40% ($n = 158$) of the veterans were employed in a professional or white collar job.

Interpretation of the Data

In this study, demographic and social characteristics of homeless military veterans were compared with homeless nonveteran males. Those who served in combat were compared with those not combat exposed and a profile of the homeless

Table 4

Prevalence of Individual Risk Factors Prior to First Episode
of Homelessness (N = 1009)

Risk Factor	Veteran %	Nonveteran %
Excessive alcohol intake		
Perceptual measure	39	31*
Quantitative measure	29	25
Illegal drug use	22	26
Overnight stay in mental hospital	17	12**
Medical problem/injury ^a	13	13
^a N = 1005		
* p < .01. ** p < .05.		

veteran was developed.

This study substantiates the findings of previous studies which report distinct differences existing between homeless veterans and the nonveteran homeless population (Robertson, 1987; Roth, 1984). Demographic results of this study and others find that in general, the veteran group is more likely to be older, Caucasian, better educated, and previously married. Comparison with other veteran studies

on adult risk factors are not discussed as previous studies have not separated activities that occurred prior to the initial episode of homelessness. Once military veterans become homeless, the two groups become similar in their characteristics.

Veterans in this study report less reliance on family and more on a job for income prior to their current homeless episode than the nonveteran homeless sample. This decreased support from family may result from veterans remaining close to their military discharge location, thus separated from family. Within this study sample, veterans were more apt to have had a professional or white collar job than the homeless nonveteran. Employment positions as a result of education, or training while in the military, or the use of the "G.I." bill were not determined. Veterans were significantly χ^2 (6, n = 1009) = 63.31, p < .001 older when they initially became homeless as military service appears to delay initial loss of shelter.

This study included 61 veterans (14%) who reported serving less than 2 years on active duty. According to the Veterans Administration Annual Report (1986), 361,000 former military personnel were excluded from the official count as they did not meet the minimum service requirement of 2 years (beginning in 1980). This legislation restricted benefits such as medical care and the use of other veteran programs for those who did not meet the minimum service requirement.

Excluded from this legislation are those who were discharged or released for a disability or other authorized exceptions. This study did not address the type of discharge or reasons for serving less than 2 years. Previous homeless veteran studies have not defined the term veteran.

Only 10 veterans specifically cited the military as being a direct factor in causing their initial homelessness. Of these 10, 9 were exposed to combat. Their reasons varied and can be placed in 2 categories. The first category consisted of five individuals who cited Vietnam as a cause of their homelessness with the following specific reasons: (a) "broken back" in Vietnam, became homeless shortly afterwards; (b) major abdominal injury requiring surgery in Vietnam and subsequently became homeless; (c) partial paralysis of arm while in Vietnam; (d) wounded in combat during Vietnam; and (e) head injury in Vietnam with subsequent substance abuse.

The second category ($n = 5$) consists of those who cited a physical or emotional problems which they attributed to the military. Specific reasons were: (a) insufficient disability payments as a result of nerve damage from an accident; (b) 30% disabled from military leg injury; (c) knee injury in military and subsequent surgery 16 years ago, family problems, and homelessness; (d) severe burns in Lebanon from military accident, emotional problems, family kicked him out; and (e) back injury 14 years ago while in

the military. The question here is what additional factors were present which made these 10 veterans unable to cope with their injuries and disability.

It is of interest to note that veterans exposed to combat had a mean of 16 years and those not exposed had 11 years between their discharge and initial homeless episode. This period of time has not been explored.

According to the Veterans Administration Annual Report (1986), 36% of all veterans had served during World War II (WWII), 18% during the Korean war, 30% served during the Vietnam era, and 12% during the post-Vietnam era. In the study sample, WWII and Korean war veterans were under-represented, while Vietnam and post Vietnam era veterans were overrepresented.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

This chapter describes the conclusions derived from the data on the comparative analysis of homeless military veterans with the nonveteran homeless sample in three homeless shelters in northern California. Implications for the nursing profession are discussed. Recommendations for future study are also presented.

Conclusions

The data indicated that differences do exist between the homeless military veteran and the homeless nonveterans who were sampled at the three shelter sites. More specifically, differences exist between the subgroups of veterans exposed to combat and those not combat exposed. A preponderance of undesirable risk factors are not found exclusively in the combat exposed group as might be expected. A significant finding of this study is the length of time which has elapsed between discharge from military service and the first homeless episode. The media portrayal of Vietnam veterans leads one to assume that combat must be a cause of their homelessness, yet the majority of veterans in this study were not combat exposed and more than a decade had passed since their military discharge and their initial homeless episode.

Nursing history is steeped in helping and caring for the disadvantaged who have been shunned by society through ignorance and fear. Yet, this growing disadvantaged group is not well understood and subsequently has not benefited from nursing interventions. Like most Americans, nurses have a superficial or nonexistent contact with the homeless and have formed their opinions and biases from media reports. Querying nurses on characteristics of homeless men will frequently elicit the response "they are veterans," and even more frequently, "they were in Vietnam." A causal relationship between military service and homelessness is implied and has been perpetuated by media reports. Assumptions are made that military service should be a panacea for all hardships and if a veteran is homeless, it must be due to failure of the "military."

Recommendations

Further indepth questioning on military service is recommended. Examining those individuals (beginning in 1980) who served less than two years and who are ineligible for veteran benefits may provide insight into the stability of this population who are not considered veterans but who were included in this study.

At the time of discharge from active duty, counseling is provided on veteran benefits available to the serviceman, which includes eligibility for services from the Veterans Administration (VA) hospital. Despite this counseling, few

homeless veterans considered the VA to be their source of health care. This response may indicate disaffiliation from the military and a desire not to enter the bureaucratic entanglement of the VA. Future studies may support these findings and the VA may need to review their policy on how to provide services to this group.

Data from this study indicate that for the majority of veterans, more than a decade has passed since discharge from active duty and the first homeless episode. Future studies should examine the social, behavioral, and economic issues of veterans during this time period. Evaluation for post traumatic stress disorder should also be considered in this population. A more indepth understanding of these issues will provide nurses with a greater understanding of their homeless clients. An increased understanding of this specific group of the homeless may eventually enable preventative measures to be instituted to prevent homelessness from ever occurring.

Dr. Faye Abdellah (cited in Abdellah, Chamberlain, & Levine, 1986), then the Deputy Surgeon General and Chief Nurse of the Public Health Service, challenged RNs to rise up to this vulnerable population. Military nurses need to take heed of Dr. Abdellah's call to arms. Nursing advocacy needs to be alive and well in communities across the country.

Nurses, whether civilian or military, must realize what an important role they have with this disadvantaged population. Nursing education must educate those entering the field of nursing about the serious and unique health problems of the homeless. Nursing curricula need to include opportunities for students to receive clinical experience in these nontraditional settings if stereotypes are ever to be changed. Nursing leaders who work in nursing education and staff development need to be sensitized to this issue so they can in turn reeducate the already existing RNs who will be the bulk of the care providers. Nurse administrators also need to be targeted as they are influential in policy development for their health care facility and their community.

Nursing must consider homelessness as an epidemic and work together through research and political involvement to develop a nursing data base on this population. Through these actions, nursing can continue to make a difference through active community involvement. Administratively, military and civilian nurses must join forces and support the position of the American Nurses Association (ANA) as an advocate for homeless legislation, and also develop cost effective ways of treating this population.

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APPENDIX A
Consent Letter
from
Stanford Center for Research

**Stanford Center for Research
in Disease Prevention**

STANFORD UNIVERSITY SCHOOL OF MEDICINE

1000 WELCH ROAD
PALO ALTO, CA 94304-1805
TELEPHONE: 415 723-1000 TELEFAX: 415 725-6903

April 5, 1990

Diane Fleshin
570 Echo Valley Road
Salinas, CA 93907

Re: Human Subjects Institutional Review Board
San Jose State

Dear Diane:

This is to confirm that you will have access to the data from the Stanford Homeless Survey with which you have been involved. Specifically, you will have access to the data on military service (active duty in the military, branch of service, years served, and combat service). In addition, you will have access to the demographic data on those who have served in the military (e.g., age, sex, race, level of education.)

It is my understanding that you will request data analyses from our computer/biostatistical group at Stanford and that we will provide you with the results. The analyses will focus on profiles of homeless adults in Santa Clara County who have been on active duty in the military. Appropriate comparison groups will be adults from the 1980 U.S. census and other homeless, non-veterans who were interviewed as part of our study.

I encourage you to prepare a manuscript of your findings for the medical literature. If you take primary responsibility for the writing of this manuscript, you would be first author and I would be a co-author.

I look forward to working with you as you plan your data analyses and findings on this topic.

Best regards,

Marilyn Winkleby, Ph.D.
Director of Evaluation/Epidemiologist

HEALTH PROMOTION RESOURCE CENTER
STANFORD HEART DISEASE
PREVENTION PROGRAM
W.H.O. COLLABORATING CENTER
FOR CHRONIC DISEASE PREVENTION

APPENDIX B
Project Approval
from
SJSU Human Subjects Institutional
Review Board

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Diane J. Fleshin, Nursing
570 Echo Valley Road
Salinas, CA, 93907

From: Charles R. Bolz
Office of Graduate Studies and Research

Date: June 21, 1990

As required by University policy, the Human Subjects Institutional Review Board has reviewed your proposed project entitled:

"The Homeless Military Veteran: A Comparative
Analysis with the General Homeless Population"

Because your project is to be limited to the collection of existing data that cannot be identified with human subjects, your project is exempt from further review. Therefore, you may proceed without further review by the Human Subjects Institutional Review Board:

I, however, do caution you that whenever people participate in your research as human subjects, they should be appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity with regard to any and all data that may be collected from the subjects. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised when people participate in your research as human subjects, each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact Dr. Stanford or me at (408) 924-2480.

cc: Sharon Hogan, RN

APPENDIX C
Data Collection Form

O I G I

(ID label)

Date: ___ / ___ / ___ Initials of person doing survey: _____

We are asking a few questions about your health and background so we can learn more about homelessness. We do not record your name and all information is confidential.

1. Sex: Male ___, Female ___₂
2. Main language: English ___, Spanish ___₂ Other ___₃
3. What is your race? White ___, Black ___₂ Hispanic ___₃ Asian ___₄ Am Indian ___₅ Other ___₆
4. What is your birthdate? ___ / ___ / ___
5. So your age is? ___ years
6. Where were you born? State _____ (If not the US, what Country?) _____
7. At what age did you move to San Jose or the Bay Area? ___ Age
8. In what city was your last permanent home (or address)? _____ City
9. What is the highest grade in school that you completed? (high school graduate= 12)
Circle highest: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+
10. Did you receive a: regular high school diploma ___, GED ___₂ or neither ___₃?
11. Are you: Married ___, Separated ___₂ Divorced ___₃ Widowed ___₄ or Never Been Married ___₅?
12. When you were growing up, would you describe your family as:
Lower income ___, Middle income ___₂ or Upper income ___₃?
13. Before age 18, were you ever in foster care? Yes ___, No ___₂
(If yes) How old were you when you first went to live in foster care? ___ Age in years
(If yes) Did this contribute to your becoming homeless the first time? Yes ___, No ___₂
14. Before age 18, were you ever physically abused? Yes ___, No ___₂
15. Before age 18, were you ever sexually abused? Yes ___, No ___₂
16. Before age 18, were you ever arrested or sent to juvenile court? Yes ___, No ___₂
(If yes) Did you have a probation officer? Yes ___, No ___₂
(If yes) Why were you arrested? _____
17. Is this the first time you have ever been homeless? Yes ___, No ___₂
18. How long have you been homeless this time?
Under 1 week ___, 1-4 weeks ___₂ 1-12 months ___₃ 1-5 years ___₄ Over 5 years ___₅
19. How much total time have you ever been homeless?
Under 1 week ___, 1-4 weeks ___₂ 1-12 months ___₃ 1-5 years ___₄ Over 5 years ___₅
20. At what age did you first become homeless? ___ Age in years
21. Did you ever serve on active duty in the military? Yes ___, No ___₂
(If yes) Which branch? Army ___, Marine ___₂ Navy ___₃ Air Force ___₄ Other ___₅
(If yes) What years did you serve? 19 ___ to 19 ___
(If yes) Did you serve in combat? Yes ___, No ___₂
22. Have you ever worked full-time? Yes ___, No ___₂
(If yes) What type of job did you work in the longest? (give job description, not just company) _____
(If yes) How long did you work full-time between age 18 and the time you were first homeless? ___ years (or months ___)
(If yes) How many hours did you work last week? ___ hours/week
23. What was your main source of income before you were first homeless?
Job ___, Family or spouse ___, SSI/disability ___₃ Social security ___₄
Welfare/AFDC ___₅ Pension ___₆ Other ___₇ (If other, what? _____)

24. What caused you to become homeless for the first time? _____

(Interviewer: code the one main personal reason):

- 01 ___ Alcohol only 02 ___ Family conflict (kicked out/abuse/fighting)
 03 ___ Drugs only 04 ___ Family ending (divorce/separation/death/moved)
 05 ___ Both alcohol and drugs 06 ___ Just immigrated/moved to new area
 07 ___ Injury/medical problem 08 ___ Just released from hospital/jail/rehab program
 09 ___ Emotional/mental problem 10 ___ No personal reason
 11 ___ Other reason (What? _____)

(Interviewer: code the one main economic reason):

- 01 ___ Evicted or home condemned 02 ___ Rent raised
 03 ___ Laid off from work/job ended 04 ___ Working but couldn't afford rent
 05 ___ Quit or fired from work (Why? _____)
 06 ___ New financial obligations (What? _____)
 07 ___ Decrease in income or government support (Explain _____)
 08 ___ No economic reason
 09 ___ Other reason (What? _____)

25. Did you ever think that you were an excessive drinker? Yes ___, No ___
 (If yes) Was it: Before you were first homeless ___, After ___₂ Both before & after ___₃

26. Did you ever drink 7 or more beers, 7 or more drinks or 7 or more glasses of wine every day for 2 weeks or more? Yes ___, No ___₂
 (If yes) Was it: Before you were first homeless ___, After ___₂ Both before & after ___₃

27. Have you ever used any illegal drug every day for 2 weeks or more? Yes ___, No ___₂
 (If yes) Was it Cocaine ___, Crack ___₂ Heroin ___₃ Speed ___₄ Other ___₅ (What? _____)
 (If yes) Was it: Before you were first homeless ___, After ___₂ Both before & after ___₃

28. Have you ever visited a doctor or mental health specialist for emotional or mental problems? Yes ___, No ___₂
 (If yes) Was it: Before you were first homeless ___, After ___₂ Both before & after ___₃

29. Have you ever stayed overnight in a hospital or treatment program for emotional or mental problems? Yes ___, No ___₂
 (If yes) How many times? _____
 (If yes) Was it: Before you were first homeless ___, After ___₂ Both before & after ___₃

30. Did a physical injury or medical problem contribute to your becoming homeless for the first time? (Exclude mental problems, alcohol or drug use) Yes ___, No ___₂
 (If yes) Was it an injury ___, or medical problem ___₂?
 (If yes) What was the problem? _____
 (If yes) How did it occur? _____
 (If yes) How old were you when this occurred? ___ years
 (If yes) Were you hospitalized for this? Yes ___, No ___₂
 (If yes) Did you have health insurance for this problem? Yes ___, No ___₂
 (If yes) Does it keep you from working full-time now? Yes ___, No ___₂

31. Do you currently have any kind of health insurance or Medi-cal or Medicare?
 None ___, Medi-cal ___₂ Medicare ___₃ Private/Kaiser ___₄ VA ___₅ Other ___₆

32. How many cigarettes do you currently smoke a day? (20 cigarettes= 1 pack)
 A few or none ___, About 1/2 pack ___₂ 1 pack ___₃ 1 1/2 packs ___₄ 2 or more ___₅

33. Where have you usually slept in the last month? Outside ___, Vehicle ___₂ Tent ___₃
 Deserted/public building ___₄ Mission/shelter ___₅ Hotel/room/apt/house ___₆ Other ___₇

(END-- THANK PERSON. GIVE GIFT. AND REFER TO SIGN IN)

(DON'T ASK: Outcome) Completed ___, Refused ___₂ Mentally unable ___₃ Drug/alcohol problem ___₄