Moderator: Welcome to the VA HSR&D Investigator Insights Podcast series. In this episode, QUERI Dissemination Coordinator, Diane Hanks, speaks with Ann Elizabeth Montgomery, affiliate investigator in Birmingham, Alabama, and John Blosnich of the Center for Health Equity Research and Promotion about their recent work on assessing the risk for housing instability among transgender Veterans.

Diane Hanks: Can we first talk about the difference between homelessness and housing instability?

Ann Montgomery: I like to frame it as housing instability, this experience. It includes homelessness and risk of homelessness because it's not, homelessness is, it's a continuum. Or housing instability is a continuum. Homelessness is, sort of, like the very bad end of this continuum and, sort of, risk of homelessness or is that, sort of, I guess, better end. Or stably housed is at the best end.

Diane Hanks: Right.

Ann Montgomery: It's such a fluid state for some people.

Diane Hanks: Right.

Ann Montgomery: Most people who become homeless are homeless for one day.

Diane Hanks: Yes.

Ann Montgomery: There are a lot of people who live in a state of at risk of homelessness for a very long time and never become homeless. We kind of use that, like I said, as an umbrella term. And then for this particular study the way that we assess housing instability is Veterans' responses to questions. And the first asks for the past 60 days have you been in housing that's stable and safe? And then the second is, are you concerned that you won't have housing that's stable and safe for the next 60 days?

And this, especially in this particular, for this particular study, we could say homeless, but that may not be accurate. But we know if someone says, "Yeah, I've been concerned about my housing in the past 60 days," or, "I'm concerned about my housing coming up," you know there is some level of housing instability happening.

All Veterans who've come to VA outpatient care are asked these two questions about their housing. We interviewed 60 Veterans who screen positive, so who said they had recently experienced housing instability or were concerned that they would in the near future. And we're, like, what do these questions mean to you? And from that, we got, sort of, how Veterans understand.

But Veterans who said they're experiencing unstable housing, how they come to understand what stable housing is. And it came down to it being affordable; it being structurally and functionally adequate, so no pests, having a bathroom, those kind of things. Knowing that it's permanent; so, it was much more than just…. Being housed and not being housed was much more than just being under a roof.

Diane Hanks: The focus on the transgender community and Veterans who are transgender, how did that come about with this particular study, and why?

John Blosnich: Ann Elizabeth and I were connected through a mutual friend at the Center for Health Equity Research and Promotion in Philadelphia. And I think it was at a VA meeting maybe that we had, sort of, we first met in person, and, sort of, followed over e-mail about this idea of, Ann Elizabeth had this massive cohort that she developed through her IR funding.

And then I had my current CDA that was focused on transgender Veterans. And the part of my CDA was looking at and try to identify social determinant issues among transgender Veterans. We got to talking about how we could blend our research programs together. And this was a really productive, fortuitous meeting.

Diane Hanks: Tell us a little bit about the study and your findings. And I also at some point want to know about the transgender Veterans, and how they feel about being part of research, and how accessible they are, and how vulnerable they feel or don't.

Ann Montgomery: This study is really, sort of, a couple of studies. We had a qualitative study specifically about HUD-VASH, which is permanent supportive housing. But the quantitative piece was, I had this access to this data set of 6 million Veterans who responded to this spring for housing instability.

It's known that transgender people are at higher risk of homelessness or housing instability. And this gave us a really unique opportunity to look at that relationship with a huge sample size and with lots of data. Because a lot of other studies are, they may be just survey samples or really small samples of people.

But, this, we have, like, medical record data for many years. We have multiple indicators of housing instability that we can look at. We're basically just using the existing 6 million Veteran cohort, identified about 6,000 Veterans in that cohort whom, are they at increased odds of self-reporting housing instability? Are they – what is their use of VHA homeless programs?

And we found that they are more than double, have more than double the odds of screening positive for housing instability, transgender Veterans do. And, but they also are more likely to use VHA homeless programs. But what's interesting is we looked at maybe seven different types of homeless programs, and transgender Veterans are much more likely to use HUD-VASH.

Which, that's where Veterans get a Housing Choice Voucher from the Public Housing Authority, and go, and find their own apartments. Our supportive services for Veteran families, which is, sort of, support services, case management, and temporary financial assistance to, again, get your own independent apartment –

Diane Hanks: Right.

Ann Montgomery: – As opposed to living in, sort of, an emergency, congregate, single sex –

Diane Hanks: Right.

Ann Montgomery: – Setting, which –

Diane Hanks: Right.

Ann Montgomery: – Can be a real barrier for that population.

Diane Hanks: For transgender, right.

John Blosnich: Yes. And I think that the part about the services use was really the…. I think the unique new aspect, we could lens this. I think finding out that transgender Veterans are at a higher risk for homeless or higher prevalence of homelessness among them is something that aligns with what we know from the literature.

And we can show is actually happening along the Veteran population, too. I think that's important from an epidemiology standpoint. But the services use part is something that I think has been relatively unexplored in literature just because people don't often have those data.

Diane Hanks: Yes.

John Blosnich: Service organizations themselves don't often collect these data or there's just so few people in them that we can begin to understand patterns in them. With having this massive data set, and so many different services the VA has created over the years, too, for the goal of ending homelessness among Veterans that we were able to look at such a broad array, is, I think, yeah, a big step forward for this research.

We don't collect sex and gender in our medical record or administrative data in a way that people can reflect their current gender identity. The measure that we use or what we've developed in VA to try to find folks, in ICD or International Classification of Disease Codes that are often, kind of, terms of billing codes in healthcare around gender identity disorder. This is problematic on a lot of levels. One, because they clearly pathologize as someone's gender identity.

Diane Hanks: Yes.

John Blosnich: And then we're capturing a very, like, a specific subset of people in VA. And another aspect of this is that in the DSM or the Diagnostic and –

Diane Hanks: Right.

John Blosnich: – Statistical Manual, gender identity disorder was taken out of that. And now it's called gender dysphoria. But in the ICD catalog, which we use in VA for the data we pulled, gender dysphoria is not part of the ICD. It's still GID or gender identity disorder in the ICD. That's why we….

Diane Hanks: It's considered a disorder?

John Blosnich: As far as the ICD –

Diane Hanks: Right.

John Blosnich: – Billing goes –

Diane Hanks: Right, right.

John Blosnich: But in the general world of, sort of, healthcare, and providing services to people –

Diane Hanks: Right.

John Blosnich: – It's gender dysphoria. But because we're relying on, sort of, medical record data in the ICD catalog, we are, sort of, bound by what the ICD still labels it.

Diane Hanks: Right.

John Blosnich: Yeah.

Diane Hanks: Right.

John Blosnich: That's just to explain why I would still say GID or gender identity disorder.

Diane Hanks: Yeah.

John Blosnich: It is not something that we would typically use anymore.

Diane Hanks: Right.

John Blosnich: Yes.

Diane Hanks: Right.

John Blosnich: We had to align these codes to try to find the folks. And we did a validity study a couple of years ago to look at, it's a relatively rare code to be in the medical record. But we know that it's not uncommon for errors in coding to come up –

Diane Hanks: Right.

John Blosnich: – Or/and things like that. We looked at whether there might be evidence somewhere else in the record that would corroborate someone getting this diagnosis code.

Diane Hanks: Yes.

John Blosnich: And we did find about 90% of people who had this code also had some, sort of, mention from a provider that, "This patient identifies as transgender and wants to discuss hormone therapy." There are other things that were signified that this was…. These codes are helping us get to the population.

Diane Hanks: Yes.

John Blosnich: But it's still an imperfect way of doing it –

Diane Hanks: Right.

John Blosnich: – Until we can really incorporate self-report gender identity, which is –

Diane Hanks: Yes.

John Blosnich: – The gold standard, and would really change everything about research we're doing.

Diane Hanks: I can't imagine that happening in the current climate. You don't have to answer that.

John Blosnich: I mean, I have concerns about how this will work when we transition to Cerner from what we currently have at VA. The electronic health record switch has –

Diane Hanks: Yes.

John Blosnich: – Has me nervous about it. There are definitely still –

Diane Hanks: Issues.

John Blosnich: – Major –

Diane Hanks: Yes.

John Blosnich: – Sociocultural issues around having and introducing items like that. And I think that it's not impossible to do. And I think that there will be wrinkles along the way. But I think the cost of not doing it is greater because this population has lived in invisibility, They've been invisible. And then we have to, health services researchers have to go to such, sort of, MacGyver type of ways –

Diane Hanks: Right.

John Blosnich: – To find them to show –

Diane Hanks: Yes.

John Blosnich: – That these major disparities use this for these folks with social stress factors like health instability –

Diane Hanks: Right.

John Blosnich: – With mental health issues, depression, anxiety, with health outcome issues like suicide attempt –

Diane Hanks: Right.

John Blosnich: In this population has off the charts. Being able to find them, I think –

Diane Hanks: Yes.

John Blosnich: – Is worth the growing pains of how we implement this in the medical record. Because it's been –

Diane Hanks: Right.

John Blosnich: – Ignored for too long.

Diane Hanks: Is the housing instability, is that mainly a result of job insecurity because of their transgender identity? Or are there other –?

Ann Montgomery: I mean, I think we can't really know that from the data –

Diane Hanks: Yes.

Ann Montgomery: – That we have at the VA. But I think from the literature when there's not a ton about it, but there is discrimination in housing and –

Diane Hanks: And jobs.

Ann Montgomery: – And jobs.

Diane Hanks: Yes.

Ann Montgomery: And there's also a lot of experience of trauma. And we found with women Veterans, cisgender women Veterans, that just these experiences of trauma, sort of, prior to military, so adverse childhood experiences, and physical assault, sexual assault during military, intimate partner violence potentially afterwards, that these, like, accumulates. And it compounds and it is a major pathway into housing instability for women, particularly.

And we know that transgender people, particularly when they're homeless, are much more likely to experience violent victimization. They also have much higher rates of comorbid conditions, much higher rates of HIV. Transgender or gender nonconforming individuals have much higher rates of unsheltered homelessness compared to, like, staying in an emergency shelter.

Diane Hanks: Right.

Ann Montgomery: Which also could be with – we are, kind of, finding this in other, in the studies that we're doing. Because sometimes the shelters are not a welcome place.

Diane Hanks: Are they forthcoming about participating in research or are they reluctant?

John Blosnich: The work we've done so far has just been with existing –

Diane Hanks: Existing data.

John Blosnich: – Data. Yeah. The HUD-VASH study, people were very, like, we had recruited people from the roster of, like, kind of, everyone who's in HUD VASH. We just, kind of, randomly drew people. And folks were very willing to participate. And it wasn't necessarily they were being, like, we were selecting them based on a certain characteristic. Like, what is your experience of living in HUD-VASH?

Diane Hanks: Yes.

John Blosnich: And, like, how has that been? And looking at what are, sort of, themes of emerging among cisgender or non-transgender women, cisgender or non-transgender men? And then we had mostly people who were, they all identified as transgender women. Because in the VA, the nature of our population is 90% of our patients are assigned male sex at birth.

Diane Hanks: Yes. Yes.

John Blosnich: Different themes did pop up, and some of them were about folks saying, "I took the first house that, or the first housing I could get, even though it was in an unsafe neighborhood because I had to get out of the shelter."

Diane Hanks: Yes.

John Blosnich: Or that I didn't want to go to a shelter; and so, they, kind of \_\_\_\_\_ [00:14:11] helped me get housing faster because I just –

Diane Hanks: Yes.

John Blosnich: – Felt uncomfortable there, and so unsafe there.

Diane Hanks: Yes.

John Blosnich: And that, issues of discrimination among landlords, and trying to find a place, and navigating that; but they also brought really positive things that helped them get through some of the challenges, the unique challenges that they faced. One person had relayed how integral their case manager was when they had an issue with their documentation. Their documentation didn't necessarily match their gender presentation whenever they went to sign for a license. Or the landlord has some skepticism about it.

Diane Hanks: Yes.

Ann Montgomery: The case manager helped to diffuse that situation, like, "No, no, no, like, this –?"

Diane Hanks: Yes.

Ann Montgomery: "– what's going on?" There were definitely opportunities where, and I don't, I've never actually talked with a HUD-VASH case manager. I assume that they have to roll with some pretty dynamic situations. It's great that there are instances where they can still get things done even though maybe a unique situation they haven't encountered before.

But a lot of the transgender people we talked to who were in HUD-VASH also mentioned the need for more visibility, more training, more, sort of, getting their voices, and their stories heard so people will know how to deal with this more. Because they are using HUD-VASH at very high rate.

Diane Hanks: Do you want to talk about some of the findings?

Ann Montgomery: We have found that transgender Veterans screen positive for housing instability at a much higher rate than non-transgender Veterans. I think non-transgender Veterans, about 2.8% of them over the observation period screen positive for housing instability. And about, maybe 8.5% of the transgender Veterans did. And the n when we controlled for other factors like where they live, sex, age, race, service-connected disability, we found that transgender Veterans did have double the odds of self-reporting housing instability, which is pretty significant.

Diane Hanks: Yes.

Ann Montgomery: And then, when thinking, when looking at Veterans who, among the sample of Veterans who screen positive for housing instability, who is accessing VHA homeless programs, transgender Veterans much more frequently access these programs. They had lower odds of accessing programs like Grant and Per Diem, which are, sort of, six months transitional housing, typically in a congregate setting. Roughly, you –

Diane Hanks: Yes.

Ann Montgomery: – Share bathrooms that sort of thing.

Diane Hanks: Yes, yes. Yes.

Ann Montgomery: Lower odds of accessing those sorts of resources –

Diane Hanks: Yes. I think that's going to be difficult.

Ann Montgomery: – Yeah, but definitely higher odds compared with non-transgender Veterans of accessing HUD-VASH. And then they also access supportive services for Veteran families, which is more about, you may have housing and it helps you keep it.

Diane Hanks: Future steps for your research and potential impacts.

John Blosnich: I think one impact of it is, again, to circle back to the utilization part, and not to paint it with too rosy of a lens, but I mean, we expected to see a disparity in the prevalence of housing instability. And we hoped to see a similar disparity, like, if they're having…. Like, greater problems of housing instability, we're hoping to have a higher prevalence of using housing services, that VA is reaching these services. People are getting connected to the services they need, and it's not the opposite way around. That we found they're, both of them are high. It's better than finding they're high on housing instability and low on using services.

Diane Hanks: Right. Yes, right.

John Blosnich: Right, and being able to disaggregate those services to find out which potential services to investigate further. Among the suite of housing programs that we can offer to, or supportive services we can offer to people experiencing housing instability, are there some that we could do, maybe a little bit more implementation and research into in terms of provider training or, sort of, like, learning? I would really love to learn about the, sort of, occupational wisdom of the case managers, and the people –

Diane Hanks: Yes.

John Blosnich: – Who work in these highly variable situations, and, sort of, get, like, a light hack book from them. To say –

Diane Hanks: Yes, yeah.

John Blosnich: – What worked for you? What sort of tips would you have to give to other people who – ?

Diane Hanks: Yes.

John Blosnich: – Want to help folks and might be in rural settings or –

Diane Hanks: Right.

John Blosnich: – In different areas of a city that, like, what are the –? Because these are the folks who are learning it each and every day.

Diane Hanks: Right.

John Blosnich: And we can learn more, definitely more, from engaging Veterans and their, sort of, experiences, and navigating the system as well. And pairing –

Diane Hanks: Right.

John Blosnich: – Those two things together to help improve those services and amplify them and for this minority population. I think that would be a good, sort of, next step in terms of we found this signal, and what does that mean in terms of the service utilization? And where are the aspects of bolstering the positive, and trying to break down the barriers, and in that.

Diane Hanks: Yes.

Ann Montgomery: And I think one challenge is, like John mentioned, it's a minority population. Like, out of a sample of 6 million Veterans, we identified 6,000 –

Diane Hanks: Right.

Ann Montgomery: – Transgender Veterans. There may need to be more resources around emergency shelter for transgender Veterans because they're uncomfortable going to these other –

Diane Hanks: Right.

Ann Montgomery: – Congregate situations. But there may not be…. There may be three cities in the country where that's sustainable.

Diane Hanks: Right. Yeah.

Ann Montgomery: Because of it, there's such –

Diane Hanks: Yes.

Ann Montgomery: – A small number of people. I think what John said about learning from, the people –

Diane Hanks: \_\_\_\_\_ [00:20:08], yes.

Ann Montgomery: – Who were doing this work, and then, sort of, disseminating that. Because it's just, sort of, and I hate to use this cliché; but it's, like, one tool in the toolbox.

Diane Hanks: Yes.

Ann Montgomery: Do you know what I mean?

Diane Hanks: Yes, no.

Ann Montgomery: That everyone may need. You don't know when.

Diane Hanks: Yes.

Ann Montgomery: Most case managers probably won't encounter this.

Diane Hanks: Right.

Ann Montgomery: I think at HUD-VASH it's, like, 5,000 –

Diane Hanks: Right.

Ann Montgomery: – Case managers or something.

Diane Hanks: Right.

Ann Montgomery: A handful of them will, for everyone to just at least be –

Diane Hanks: Aware.

Ann Montgomery: – Aware of it –

Diane Hanks: Yes.

Ann Montgomery: – And aware of what can help in case you need that one day, in case that's the person you need to help one day.

Diane Hanks: But if you're helping the Veterans who are transgender, and there's a poll, you've identified perhaps 6,000. There are thousands more –

Ann Montgomery: Yes.

Diane Hanks: – Who are homeless who are not Veterans.

John Blosnich: Yes. I just want of make a plug. We have, so the LGBT Health Program –

Diane Hanks: Yes.

John Blosnich: – Is nested in patient care services, right now, I think. But Michael Kauth in Houston and Jillian Shipherd in Boston co-direct the LGBT Health. They have done an immense, amazing amount of work at a relatively short amount of time. Internal to VA we have – they developed the SharePoint site that has, I mean, almost anything you can hope to find about clinical care for transgender patients. There's also an LGB SharePoint for folks. Because although we often use the LGBT acronym, it's –

Diane Hanks: Yes.

John Blosnich: – Sexual orientation and gender identity are separate constructs. But they are related, but they are distinct.

Diane Hanks: Yeah.

John Blosnich: And there are a lot of resources within the VA system for….. There's an e-consultation network. It's mainly for, some of it's built around clinical care.

Diane Hanks: Yeah.

John Blosnich: But the SharePoint site has a lot of just general information –

Diane Hanks: Right.

John Blosnich: – In it as well that people, as long as they're internal to VA, can access.

Diane Hanks: I thank you both for taking the time.

Ann Montgomery: Yes.

John Blosnich: \_\_\_\_\_ [00:21:59].

Ann Montgomery: Thank you.

Diane Hanks: Is there anything last, words that you want to say about working at the VA or working with Veterans?

Ann Montgomery: I think the VA is an excellent place to do work and learn more about these, sort of, very minority populations. I mean, because you have to have a sample of 6 million Veterans to be able to –

Diane Hanks: Yes, yes.

Ann Montgomery: – Find a reasonable sample –

Diane Hanks: 6,000, yeah.

Ann Montgomery: – Of transgender Veterans. And you really, and to do research on homelessness because there's so many different indicators. There's so many different services and it's all –

Diane Hanks: Yes.

Ann Montgomery: – In this huge data system. And there's really nowhere else in the country or the world where you can learn this kind of information.

John Blosnich: And I'll just add that even though they are small populations, as a health equity researcher we know that their needs are often more complex. They're often more vulnerable to a lot of adverse and worse outcomes. The ability to better understand that, to essentially get services to the folks who are the most vulnerable in our system, is…. I mean, I feel like that's just part of our charge in VA.

Moderator: The views and opinions expressed in the preceding podcast are concerned with the scope of recently concluded or ongoing VA HSR&D funded research and do not necessarily reflect current or to be implemented VA policy. To learn more about this research visit the VA HSR&D website at www dot hsrd dot research dot VA dot gov. Thank you.

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