

APPENDIX A: METHODOLOGY:

This report uses two sources of data: (1.) American Community Survey 2005 Census Bureau data; and (2.) Veterans Affairs CHALENG data from 2005 and 2006.

AMERICAN COMMUNITY SURVEY DATA

To analyze housing cost burden among veterans we used data from the 2005 American Community Survey (ACS). The U.S. Census Bureau conducts the ACS annual and produces national representative estimates on the demographic, social, economic, and housing characteristics of the U.S. population. The ACS includes information for veterans who served since 1939. This data was manipulated by the Minnesota Population Center and formatted to create an IPUMS micro dataset.¹ The data are available for download in this format at <http://usa.ipums.org/usa/>. For more on how the ACS data are collected, please visit the Census Bureau website www.census.gov.

VA CHALENG DATA

This report provides a summary of the data reported by 138 VA facilities on homeless veterans in their jurisdiction. We obtained this data in electronic format directly from the U.S. Department of Veterans Affairs.

Each year since 2004, the Department of Veterans Affairs asks local officials from each of the 138 medical facilities to provide the highest number of homeless veterans on any one day within the fiscal year.² Earlier estimates were a result of a mix of methodologies, combining point-in-time counts with annualized figures. Estimating the number of homeless veterans using the snapshot data exclusively provides a clearer and more reliable picture of how many veterans are homeless at a given point in time. Although it is considered by the VA to be an underestimate, it is widely considered the best data available. Each of the reporting VA facilities collected and reported their own figures drawn from a range of data sources including HUD, local homeless provider estimates, VA client data, staff impressions and others. These estimates are used to measure the growing need for housing, and to better serve our veterans.

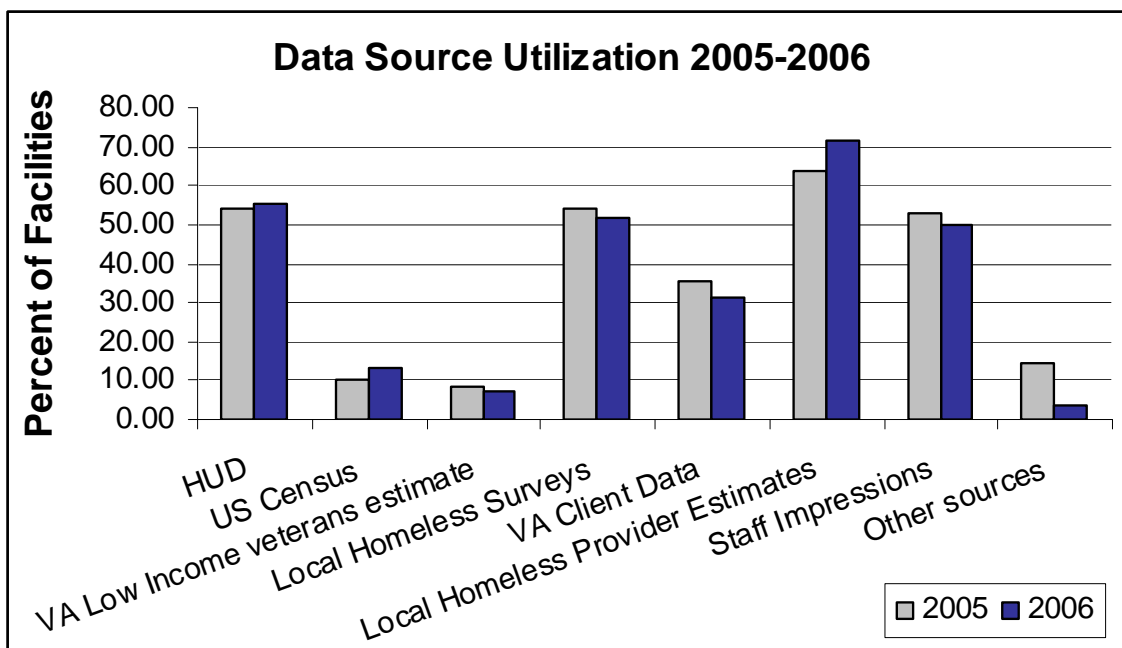
The estimate was adjusted only for one case of double reporting by facilities sharing geography.³ In this event, one of the figures was removed from the summation. Many VA medical and health centers have one main or parent facility with a number of outpatient or satellite facilities. When a facility served a region that stretched across state boundaries, the numbers were attributed to the state that housed the parent facility.

The dataset used for this report identified 7 data sources used by the VA facilities in calculating their homeless veteran populations. Most facilities derived their figures from more than one source, with both the median and the mean falling at three data sources in 2005, and slightly less than that in 2006 (2.8). The percent of facilities using two or fewer in 2005 was 38 percent, compared with 57 percent of facilities reporting data from three, four, or five sources. These figures shifted in 2006, with 44 percent of facilities reporting using 2 or fewer sources and 51 percent using three, four, or five sources.

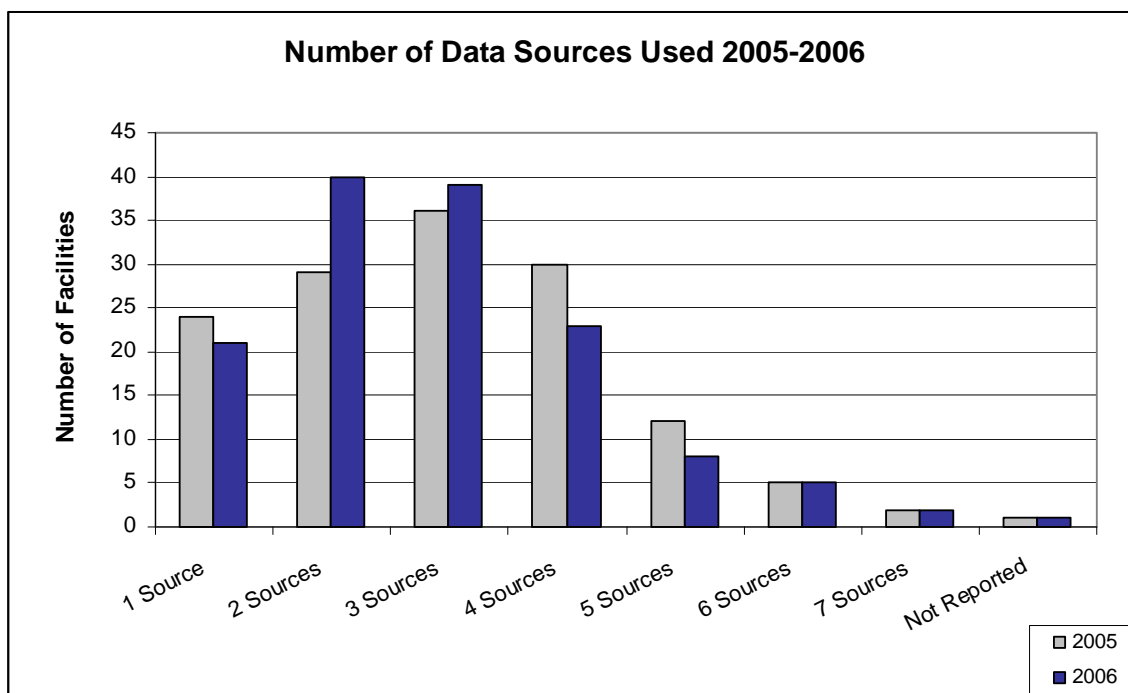
¹ Steven Ruggles, Matthew Sobek, Trent Alexander, Catherine A. Fitch, Ronald Goeken, Patricia Kelly Hall, Miriam King, and Chad Ronnander. *Integrated Public Use Microdata Series: Version 3.0* [Machine-readable database]. Minneapolis, MN: Minnesota Population Center [producer and distributor], 2004.

² Nakashima, J.C. Burnette, J. McGuire, and A. Shelly. Community Homelessness Assessment, Local Education and Networking Group (CHALENG) for Veterans. Washington, DC: U.S. Department of Veterans.

³ Facilities in Los Angeles, CA and Long Beach, CA share jurisdiction resulting in double reporting.



The most widely used data source was local homeless provider estimates, with 64 percent of the facilities reporting using that source in 2005 and 72 percent in 2006. HUD data, staff impressions, and local homeless surveys were also used by over 50 percent of the facilities in both 2005 and 2006.



Data Limitations

No data are without flaws and limitations. As such, these estimates are not perfect and should be used as rough guidelines rather than precise estimates. The data limitations in this report are similar to all counts of homeless people. The limitations include definitional issues, finding homeless people, data collection and enumeration methods, sampling and extrapolation, de-duplicating, and differing time frames.