

2019



# MEASURING OUR COMMUNITIES:

The State of Military and Veteran Families  
in the United States

Kathy Broniarczyk and Shelley MacDermid Wadsworth, Ph.D.

---

**PURDUE**  
UNIVERSITY®

Center for Regional Development  
Extension | Military Family Research Institute

[www.measuringcommunities.org](http://www.measuringcommunities.org)



# TABLE OF CONTENTS



Introduction	4
Demographics	6
Community	8
Employment	10
Education	12
Housing	14
Behavioral health	16
Medical	18
Financial	20
Legal	22
Data partners	24

## Measuring Communities Project Team Members

### Military Family Research Institute (MFRI)

Kathy Broniarczyk, senior director for outreach and operations

Richard Christensen, project manager

Linda Hughes-Kirchubel, director of external relations

Shelley MacDermid Wadsworth, director

Allison Sochinski, graphic designer

Huilong (Eddy) Zhuo, web developer and data administrator

### Purdue Center for Regional Development (PCRD)

Lionel J. “Bo” Beaulieu, director

Indraneel Kumar, Regional Planner, GIS and spatial analysis

Benjamin St. Germain, GIS technician

Andrey Zhalnin, GIS and data analyst

# Introduction

Welcome to the 2019 “Measuring Our Communities” report. This is the second annual report documenting the state of military and veteran families in the United States. Based on data from a wide variety of sources, as well as guidance from subject matter experts, the report and its accompanying online data archive make it possible for individuals, organizations and communities to track change, monitor evolving needs and opportunities, and focus their time, effort and resources.

Since our first report, progress for military and veteran families has been uneven. Even as we track improvements in veteran education and employment, new challenges are taking center stage. The 2019 “Measuring Our Communities” report explains where situations have improved and also identifies new challenges for military and veteran families. Finally, the report provides ways to address them.

**Approach** Measuring Communities is an online data portal designed to strengthen community efforts to support military and veteran families. Data from more than 30 diverse, reliable and nationally-representative sources provide military-specific information about communities. Interactive maps display information using national and regional military- and veteran-specific data about 10 topic domains.

Community organizations and individuals around the nation use Measuring Communities every day. When asked why they do so, they reply that they want to understand the military and veteran population in their community better, identify gaps in services, and improve their strategies to meet needs. Our goal is for Measuring Communities to help organizations move the needle for these families.

**History** The Measuring Communities initiative brings together expertise from two organizations at Purdue University: the Military Family Research Institute, with expertise about military and veteran families; and the Purdue Center for Regional Development, which provides expertise in data visualization and mapping. Subject matter experts and users have been involved at every step, helping to inform selection of domains, relevant indicators, and design of user experiences. We are very grateful for their guidance and we want readers to know that we, not our expert colleagues, are responsible for any errors or inaccuracies. Many site components are a direct result of feedback and advice from these subject matter experts and users.

## Since the last report

### What changes have been made to the online portal?

The Measuring Communities online data portal now has expanded capabilities for use on mobile platforms. An improved interface makes it easier for users to navigate. We have also grown a “data potluck” feature to include data from more organizations. We highlight some of these data in our new Data Partners section. A new Military Caregiver snapshot has been added to the user tools, thanks to a productive collaboration with the Elizabeth Dole Foundation.

### In what ways have communities made progress?

Each section of the report documents the current status of U.S. military and veteran families. In some domains, communities have made progress. For example, the news remains positive regarding homelessness, with the number of homeless veterans continuing to decrease. This trend has persisted for several years, reflected in a decrease of more than 42% since 2011. The employment picture for veterans also continues to improve in most areas of the country, with unemployment among veterans at its lowest level since the Department of Labor started documenting veteran unemployment in 2008. The Forever GI Bill has changed the landscape for veterans seeking educational opportunities, removing the time limit to use benefits and allowing veterans to seek these opportunities at any time. Veterans’ access to the internet is growing, and the Department of Veterans Affairs (VA) telehealth services continue to expand, serving more and more remote veterans. There have been increases in the number of veterans treatment courts, which serve justice-involved veterans. While the data support the success of these courts, we cannot yet quantify the optimum number of courts per state or geographic region.

### What challenges are continuing?

There are still areas where a large percentage of working-age veterans have incomes below the poverty line; overall, this percentage increased slightly during the past year. Challenges with medical and mental health shortage areas persist at the rate we saw last year. Implementation of the Military Student Identifier in schools continues to be a work in progress.

### What is new in this year’s report?

The 2019 “Measuring Our Communities” report “drills down” to focus on a subgroup within the military-connected population: women veterans and military spouses. In the housing domain, we highlight issues surrounding homelessness among women veterans. In the employment domain, we shine attention on the rates of unemployment among women veterans. We also highlight military spouse employment issues with regard to those who experience higher unemployment rates than their civilian counterparts, as well as challenges with occupational licensing portability as they move duty stations.



**Using this report** We organize this report according to domains or categories of characteristics of communities that matter for military and veteran families. Within each domain, the **What we know** section directs readers' attention to key issues. The body of each section provides more detailed information. **Call to action** makes specific suggestions about ways to address challenges related to each domain.

**Using the data** Data in the 2019 "Measuring Our Communities" report and online portal come from many sources. Although we strive to obtain the highest-quality information possible, we know that available data vary widely in quality and coverage. Consumers must be alert to these variations and use information appropriately when making decisions. The Measuring Communities online portal will soon feature a confidence index that will guide users in knowing how to make the best use of data given its limitations.

Below is a list of characteristics of data that should affect users' confidence. When data have more of these characteristics, users have high levels of confidence in making important decisions based on the information. When few of these characteristics apply, users should use the information to expand their understanding, and to provide a foundation for gathering additional data to validate the information prior to making important decisions.

#### **Do data come from a random or probability sample?**

Using random or probability methods to select individuals or families to participate in a survey or study means that each person has a similar chance of being selected to participate. This reduces bias. For example, some individuals or groups never learn about a survey and thus do not participate; on the other hand, some may choose to participate because they have particularly strong feelings about the topic. When surveys are conducted only with members of a particular organization, it can be difficult to know whether the data can be generalized beyond the organization.

#### **Do data come from a large and diverse sample? Was the response rate high?**

When the number of people who respond to a survey is small, it is possible for unusual responses to skew the overall results. With small studies, it is also harder to fully represent all of the diversity present in the population.

#### **Were data gathered using a validated instrument?**

Just because researchers design a question to ask participants does not mean that the information they obtain will be of high quality. Excellent questions measure what they are intended to measure (i.e., they are valid) and produce similar results in subsequent uses (i.e., they are reliable). Although there are well-established scientific procedures for assessing reliability and validity, and there is good evidence for the reliability and validity of many existing measures, many studies do not employ well-validated instruments.

#### **Are the data weighted to accurately represent a particular population?**

When random or probability samples are used, participants are selected from a list. Knowing characteristics of the individuals

on the list makes it possible to give some responses more or less weight in the final analyses. In this way, the overall results will be representative of what would be learned if the entire population were included. Common examples include weighting results to match the population of members of the active duty military population or the civilian labor force.

## Definitions

- » **ACS:** The American Community Survey (ACS) was developed by the Census Bureau to replace the long form of the decennial census. The ACS uses a rolling sample of U.S. housing units (250,000 monthly) to provide basic population characteristics annually for areas with populations of at least 65,000 people. ACS accumulates samples over one- and five-year intervals to produce estimates for areas with smaller populations; only the five-year average ACS provides coverage for all counties in the United States.
- » **Military-connected:** An inclusive term for veterans, service members and family members.
- » **Non-veterans:** All civilians 18 years and over who are not classified as veterans.
- » **Rural:** For the purposes of this report, "rural" is defined according to the 2013 Rural-Urban Continuum Codes, which use information about population, degree of urbanization, and proximity to a metro area. The Office of Management and Budget place metro and non-metro counties into categories with three metro and six non-metro. Each county in the U.S. is assigned one of nine codes; counties with scores of 7, 8, or 9 are considered "very rural."
- » **Service member:** An inclusive term for active duty, reserve and National Guard members in all branches of the Armed Forces.
- » **Veteran:** Unless otherwise noted, the term veteran reflects the ACS definition of veteran, which is a person 18 years and over who has served (even for a short time), but is not now serving on active duty in the U.S. Army, Navy, Air Force, Marine Corps or the Coast Guard, or who served in the Merchant Marine during World War II. People who served in the National Guard or reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer training.

*We are grateful to Terri Tanielian, senior behavioral scientist at RAND Corporation, for sharing her expertise during the preparation of the data confidence index.*





# DEMOGRAPHICS

## What we know

- » **Military-affiliated people live in every county in the country.**
- » **Total veteran population is decreasing but the number of veterans in certain categories are increasing.**
- » **Veteran demographics are shifting.**

**Where they live** Current population estimates show that a military-affiliated member lives in every county in the country, in both urban and rural settings. Even though a county's veteran population may be large, it may constitute a small percentage of the county's overall population. For example, Los Angeles County has more than 268,000 veterans — only 3.36% of the county's total population. Conversely, in Georgia's Liberty County, about 14,700 veterans account for more than 32% of the total county population. In 21 counties across the country, the veteran population is more than 20% of the adult population.

**Population changes** Nationally, veterans comprise 9.18% of the population. This represents a decline, and the Department of Veterans Affairs (VA) estimates the veteran population will continue to decrease approximately 2% per year through 2037.<sup>1</sup> From 2017 to 2018 the overall veteran population declined by 1.97%, but the World War II veteran population decreased more than 20%. From 2017 to 2018, all states but one, Alaska, declined in overall veteran population, although 206 counties gained or had no change in veteran population.

While the veteran population is decreasing, the number of those who are currently serving is up a fraction (0.11%). The active duty population increased 1.26% from 2017 to 2018. This rise is due in part to the 2018 National Defense Authorization Act which addressed both the effects of sequestration cuts from previous years and current operational needs.<sup>2</sup> The Selected Reserve population experienced a 1.7% decline.

**Women who serve** The number of women who are currently serving or who have served continues to increase. There are more than 1.6 million women veterans in the U.S. As reported in the 2018 "Measuring Our Communities" report, the women veteran population is anticipated to grow to 11% of the total veteran population.<sup>3</sup> In 2010, 6.9% of veterans were women, and by 2017 that percentage had increased to 8.48%. In Winkler County, Texas more than 28% of veterans are women. Although women's numbers are increasing, there are 99 counties in the U.S. with no women veterans.

Similar trends are evident among women who are currently serving. Women now make up 17.8% of the armed forces. Between 2017 and 2018, the number of women serving on active duty rose 3% and the number of women serving in the Selected Reserve increased 0.65%.

**Demographic shift** The makeup of the veteran population is changing. The VA Veteran Population Projection shows that Gulf War era veterans now exceed the number of Vietnam era veterans.<sup>1</sup>

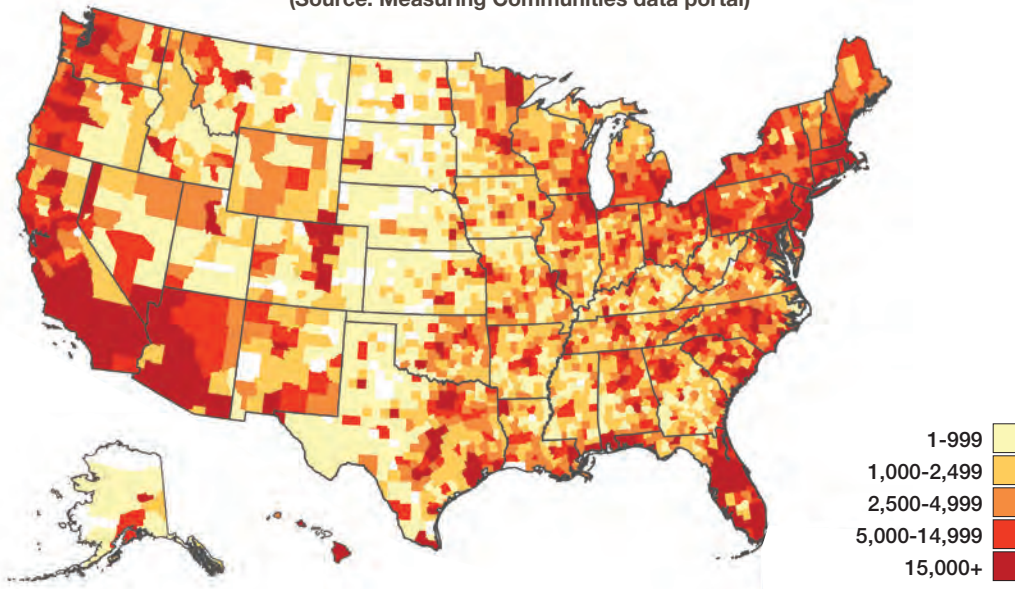
<sup>1</sup> Department of Veterans Affairs (2019). National Center for Veterans Analysis and Statistics. Retrieved from [www.va.gov/vetdata](http://www.va.gov/vetdata)

<sup>2</sup> National Defense Authorization Act for fiscal year 2018. Executive Summary. Senate Armed Services Committee (2018). Retrieved from <https://www.armed-services.senate.gov/imo/media/doc/FY18%20NDAA%20summary2.pdf>

<sup>3</sup> Broniarczyk, K. and MacDermid Wadsworth, S. (2018). *Measuring our communities: The state of military and veteran families in the United States*. West Lafayette, IN: Military Family Research Institute at Purdue University.

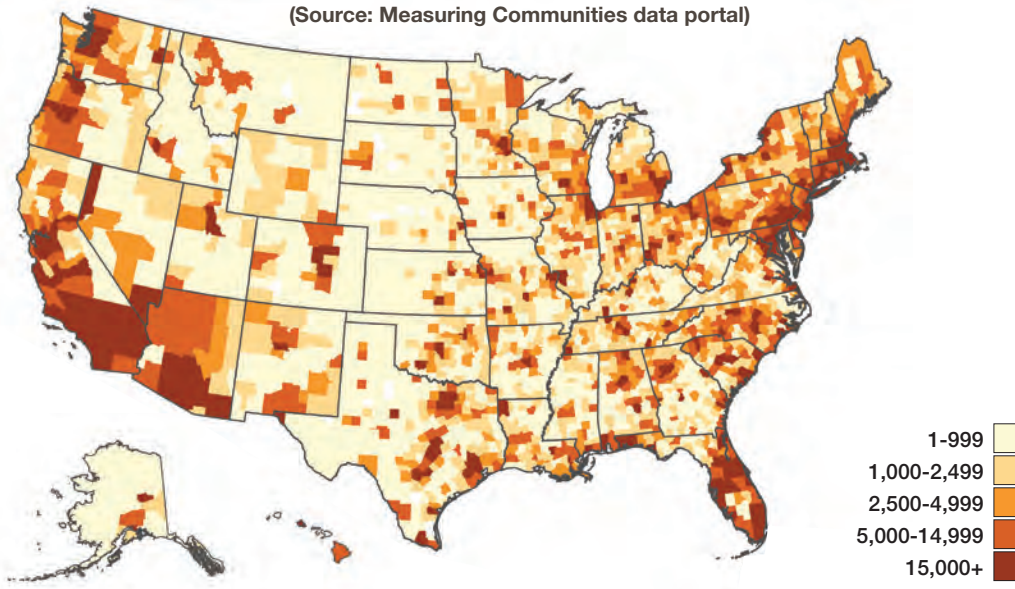
## Service member and veteran population

(Source: Measuring Communities data portal)



## Military dependent population

(Source: Measuring Communities data portal)



While the numbers of younger veterans is increasing, so is the percentage of veterans who are 65 and older — from 40% of the veteran population in 2010 to more than 48% in 2017. These two opposite ends of the age spectrum might pose challenges in communities as they address the unique needs of each era of veterans. Gulf War veterans are more likely to be caring for their families and raising children while experiencing unique challenges surrounding mental health issues, traumatic brain injuries and other conditions related to their service. Veterans of earlier eras are more likely to be facing challenges associated with aging as well as long-term effects of exposure to environmental and chemical dangers.<sup>4,5</sup> Additional differences between younger and older veterans may also be due to generational differences in their family composition, educational attainment and values.

*We are grateful to Cristin Orr Shiffer, independent researcher and analyst, and Barbara Thompson, former director of the Office of Military Family Readiness Policy, for sharing their expertise during the preparation of this report.*

<sup>4</sup> Department of Veterans Affairs (2019). Vietnam War exposures. Retrieved from <https://www.publichealth.va.gov/exposures/wars-operations/vietnam-war.asp>  
<sup>5</sup> We Honor Veterans (2019). Vietnam. Retrieved from <https://www.wehonorveterans.org/veterans-their-needs/needs-war-or-trauma/vietnam/vietnam>

## States with highest percentage of women veterans

(Source: ACS 2017)



District of Columbia	12%
Maryland	10%
Virginia	9%
Delaware	9%
Washington	8%
Georgia	8%
Alabama	8%
Alaska	8%
Montana	8%

[View the full list of female veteran population](#)

[View a map of service member or veteran and dependent population](#)

## Call to action

- » If military demographics have shifted in your community, examine current services to see if they match the current population characteristics.
- » Identify the military-connected population in your community as well as its unique characteristics. Understand that the stereotypical definition of “veteran” — an older male — may not necessarily fit every veteran within your community.
- » Increase the visibility of women veterans in your community and services that might be needed.



# COMMUNITY

## What we know

- » There are still many civilian professionals and organizations that are not knowledgeable about the military and veteran families in their communities, even after more than a decade at war.
- » Military families may struggle to feel connected to the communities they live in.
- » Community support networks continue to evolve, with some addressing needs specific to certain populations of military-connected individuals.

Communities play a critical role in the daily lives of service members, veterans and their families. Every community has unique characteristics that can influence the experiences of the military-connected people who reside there — in positive or negative ways.

**Military-connected people and communities** Less than 10% of the U.S. population are veterans, and even fewer (less than 1%) are currently serving. With these numbers, the likelihood of interaction with service members or veterans on a daily basis is small. On average, counties across the country have veteran populations of just over 9%. However, 1,571 counties have veteran populations below this national average, and 119 of these counties fall below 5%. In these communities, daily interactions between civilians and veterans are much less likely.

There are a few reasons why this is occurring. One reason is that the active duty force has decreased in size over the past 30 years, from more than 2 million in 1990 to approximately 1.3 million in 2018. Additionally, the number of older veterans continues to decrease. Lastly, with the all-volunteer force, fewer people sign up to serve in the military, a trend reflected in governmental leadership. The 116<sup>th</sup> Congress has only 96 members who are veterans, a decrease of six from the previous Congress. One bright note is that there are six women veterans in the 116<sup>th</sup> Congress, more than at any other time.

The 2018 Military Family Lifestyle Survey (MFLS), reports that of the 10,000 respondents who are members of veteran families, 82% feel that the general public does not understand the challenges service members face as they leave the military.<sup>1</sup> Thus, these families may feel disconnected from wider communities.

**Connecting to community** A sense of belonging is important for individual well-being, and Maslow's hierarchy of needs places belonging right above the need for safety and security.<sup>2</sup> Achieving a sense of belonging can be a challenge for military families, who move more frequently than their civilian counterparts and, with each move, have to re-establish those connections. In the 2018 MFLS, 48% of the more than 10,000 respondents reported they do not feel a sense of belonging in their local civilian community, and 43% reported that they do not feel a part of the military community.<sup>2</sup> One positive point in the report is that for military spouses, the longer they are in a civilian community the higher their sense of belonging.

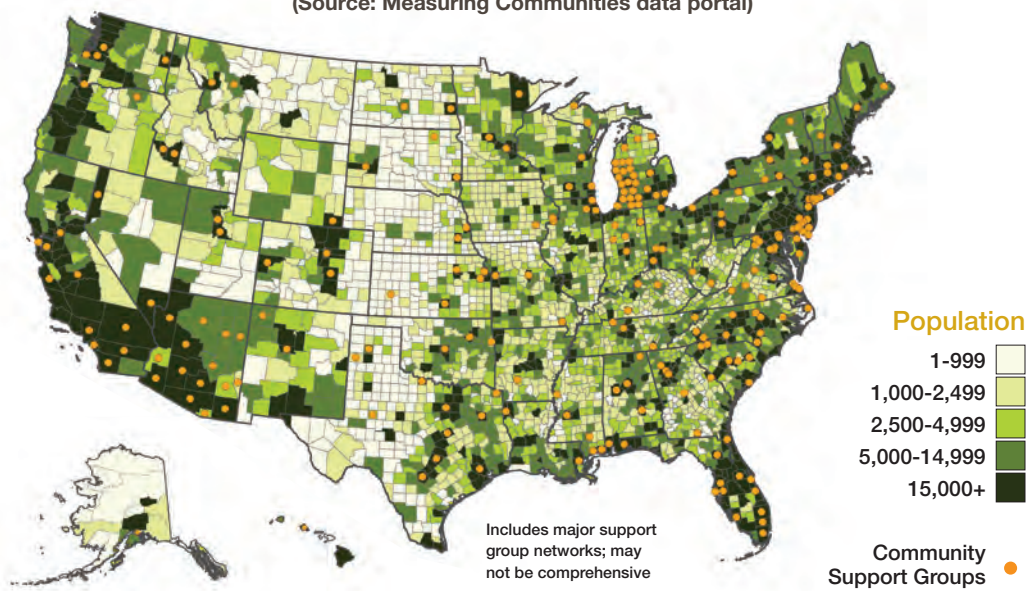
<sup>1</sup> Blue Star Families (2018). *The 2018 Blue Star Families military lifestyle survey comprehensive report*. Encinitas, CA: Blue Star Families. Retrieved from <https://bluestarfam.org/survey/>

<sup>2</sup> Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-396. <http://dx.doi.org/10.1037/h0054346>



## Military-connected population and community support groups

(Source: Measuring Communities data portal)



Spouse employment opportunities were listed as the top way to increase the sense of connectedness in the community. Respondents also felt connections can improve when schools are supportive and when military members are seen as valuable to the community.

Community integration can also be challenging for service members transitioning to civilian life because they are moving out of a supportive military community. According to the 2018 MFLS, 45% of respondents reported this loss of connection as a key challenge during transition.<sup>1</sup>

**Community networks and support** Military and veteran community support networks continue to evolve. The documentation of impact has become more important as groups work within communities. How are their efforts improving the lives of military members, veterans and their families? Some local support group efforts are initiated through avenues such as faith-based communities and local governments. State efforts, such as the Arizona Coalition for Military Families, place a heavy focus on employment supports. Others have national scope, like Community Veteran Engagement Boards (CVEBs) supported by the Department of Veterans Affairs, Mission United, America's Warrior Partnership, National Veterans Intermediary and Hidden Heroes Cities.

As these groups continue to grow in number, it is important to document impact in order to share best practices and lessons learned with others. One important practice for any group that may work with military-connected people is to ask the question about military affiliation. This question should be broader than "Are you a veteran?" since many individuals who have served may not think of themselves as a veteran, especially if they have never deployed. Also, this question leaves out not only the immediate family members but also extended family members who might have been impacted by their loved one's military serve. Asking the question "Have you or anyone in your household or family ever served in the military?" expands the reach of who might be military-connected.

*We are grateful to Trooper Sanders, former military family policy advisor to former First Lady Michelle Obama, and to Leah Barber, American Red Cross. Both shared their expertise during the preparation of this report.*

## Call to action

- » Educate community members about the challenges and opportunities of military service, engaging military members and their families in these efforts.
- » Grow community connections with military families through employment and education networks.
- » Identify military or veteran support groups in local areas, support their outreach efforts and assist in documenting impact.
- » For organizations that encounter new families within communities, consider asking families — both civilian and military — about feelings of connectedness with their new community. Identify gaps in their perceptions, and direct efforts based on the results.



# EMPLOYMENT

## What we know

- » Unemployment rates for veterans and non-veterans continue to decrease but there are still some geographic areas of the country where this is not true.
- » Unemployment rates for veterans with a service-connected disability are on the rise.
- » Military spouse unemployment rates remain high, especially for active duty spouses.
- » Underemployment of veterans and military spouses is gaining attention.

**Unemployment rates continue to improve** The last two years have seen an improving employment situation for veterans and non-veterans. This continues a three-year veteran unemployment rate decline. For 2018, Iowa leads the nation with the lowest unemployment rate among veterans at 1.4%, with three other states (Connecticut, Maine and New Jersey) slightly higher, at 2%.<sup>1</sup>

Unemployment rates appear to be falling faster among women veterans than among male veterans. For women veterans, the rate fell 40%, from 5% in 2016 to 3% in 2018 as compared to 16% for men (from 4.2% to 3.5%).<sup>1</sup>

While decreasing veteran unemployment is good news, there are areas in the country where unemployment remains an issue. Ten states have veteran unemployment rates of 4.6% or higher, with

the District of Columbia the highest at 6.5%. Unemployment rates for non-veterans in these states are generally 0.2-2.9% lower, with Colorado having the largest gap between veteran and non-veteran employment rates (5.8% for veteran vs. 2.9% for non-veterans). In 2017, 11 states had veteran unemployment rates at 4.6% or higher, with eight at 5% or higher. In 2018, only four states had rates this high.

**Veterans with disabilities** Veterans with disabilities do not have as favorable an employment outlook as their non-disabled veteran counterparts. The unemployment rate for veterans with service-connected (SC) disabilities rose from 4.3% in 2017 to 5.2% in 2018. This rate is more than 20% higher than the unemployment rate for veterans without a disability.<sup>1</sup>

**Military spouse unemployment** Military spouse employment issues are gaining visibility as the unemployment rate for veterans improves. With more than 950,000 active duty and Selected Reserve spouses,<sup>2</sup> a 2018 Council of Economic Advisors' report indicated that military spouses are less likely than their civilian counterparts to participate in the work force.<sup>3</sup> This reinforces findings in many previous reports, including survey results from the 2017 Status of Forces Survey of Active Duty Spouses and the 2017 Status of Forces Survey of Selected Reserve Spouses.<sup>4</sup> The surveys indicate that 24% of active duty spouses and 8% of Selected Reserve spouses are unemployed, considerably higher than the 4% rate for civilian women 20 years and older, according to a 2017 report from the Bureau of Labor Statistics (BLS).<sup>5</sup>

<sup>1</sup> Bureau of Labor Statistics. (2019, March 21). *Employment situation of veterans—2018*. [Press release.] Retrieved from <https://www.bls.gov/news.release/pdf/vet.pdf>

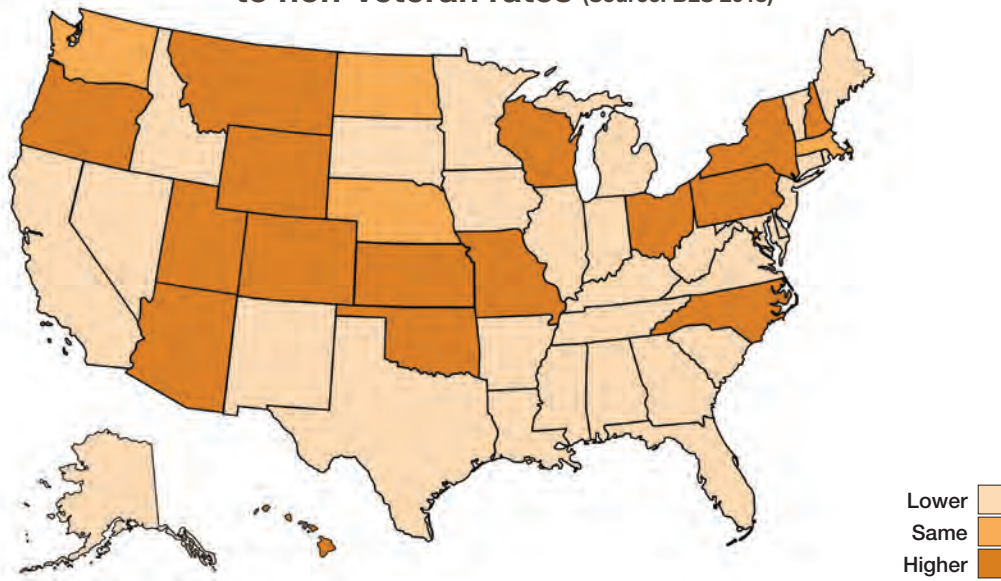
<sup>2</sup> Department of Defense (2017). *2017 demographics: Profile of the military*. Washington, D.C.: Department of Defense. Retrieved from <https://download.militaryonesource.mil/12038/MOS/Reports/2017-demographics-report.pdf>

<sup>3</sup> The Office of the President, Council of Economic Advisors (2018). *Military spouses in the labor market*. Retrieved from <https://www.whitehouse.gov/wp-content/uploads/2018/05/Military-Spouses-in-the-Labor-Market.pdf>

<sup>4</sup> Department of Defense (2019). *2017 survey of Reserve Component spouses (2017 RCSS)*. [Power Point slides]. Retrieved <https://download.militaryonesource.mil/12038/MOS/Surveys/Survey-Active-Duty-Spouses-2017-Overview-Briefing-MSO.pdf>

<sup>5</sup> U.S. Census (2019). *Education*. Retrieved from <https://www.census.gov/topics/education.html>

## Unemployment rates: Veteran rates compared to non-veteran rates (Source: BLS 2018)



A 2017 report indicated that 39% of military spouses have some college while 49% have a college degree,<sup>6</sup> compared to civilians' educational attainment (25.7% and 29.7% respectively).<sup>7</sup> While military spouse unemployment is multi-faceted, frequent moves and challenges around occupational licensing requirements are two important factors. In 2012, the Department of Defense identified three best practices states can follow to support military spouse license portability: facilitate licensure by endorsement, provide provisional or temporary licensure, and expedite license application procedures.<sup>8</sup> A 2017 audit from the University of Minnesota found that although most states have enacted legislation that supports portability, the language in the legislation varies widely, presenting ongoing challenges for military spouses.<sup>8</sup> The White House is also addressing this issue with the signing of an executive order on Non-Competitive Civil Service Appointments for Military Spouses.

**Underemployment challenges** While the unemployment numbers continue to improve for veterans, another challenge is finding meaningful work that matches their skills and experience. In contrast to unemployment, underemployment is defined as working in a position that does not match one's skills, education or experience. Almost one-third of veterans are underemployed, a rate 15.6% higher than that among their civilian counterparts.<sup>9</sup> Veteran underemployment is concerning, because many leave military service with long periods of employability remaining before retirement. Thus, it is crucial for transitioning veterans to find civilian positions that closely align with their skills and abilities, not just for the good of the individual, but also to maximize their contribution to the economy, and build stronger organizations and communities.

Underemployment is difficult to measure. However, a 2017/2018 BLS measure of labor underutilization closely matches widely-accepted definitions of underemployment (U-6),<sup>10</sup> and reports a national rate of 7.8%. Using this measure, North Dakota has the lowest rate of underemployment (5.1%), while Alaska has the highest (12.3%). Veterans in states with high rates might be more challenged in finding meaningful and fulfilling work. Younger veterans seem to be more impacted than older, more experienced veterans.<sup>9</sup>

*We are grateful to William Baas, vice president of talent for Comcast NBC Universal, and Michael Heard, president of Washington National Insurance Company for sharing of their expertise during the preparation of this report.*

6 U.S. Chamber of Commerce Foundation (2017). *Military spouses in the workplace: Understanding the impacts of spouse unemployment on military recruitment, retention, and readiness*. Washington, D.C.: U.S. Chamber of Commerce Foundation. Retrieved from <https://www.uschamberfoundation.org/sites/default/files/Military%20Spouses%20in%20the%20Workplace.pdf>  
7 American Community Survey (2017). Data releases. Retrieved from <https://www.census.gov/programs-surveys/acs/news/data-releases.html?#>  
8 Borden, L. et al (2017). *Military spouse licensure portability examination. The Center for Research and Outreach (REACH)*. Minneapolis: University of Minnesota. Retrieved from <https://reachfamilies.umn.edu/research/document/13865>  
9 Barrera, C. and Carter, P. (2017). *Challenges on the home front: Underemployment hits veterans hard*. Santa Monica: Call of Duty Endowment. Retrieved from [https://www.callofdutyyendowment.org/content/dam/atvi/callofduty/code/pdf/ZipCODE\\_Vet\\_Report\\_FINAL.pdf](https://www.callofdutyyendowment.org/content/dam/atvi/callofduty/code/pdf/ZipCODE_Vet_Report_FINAL.pdf)  
10 Bureau of Labor Statistics definition for U-6: "Total unemployed, plus all marginally attached workers, plus total employed part time for economic reasons as a percent of the civilian labor force plus all marginally attached workers." Bureau of Labor Statistics (2019). *Alternative measures of labor underutilization for states, second quarter of 2018 through first quarter of 2019 averages*. Retrieved from <https://www.bls.gov/lau/stalt.htm>

## Veteran unemployment numbers by year (Source: BLS 2015-2018)

Year	All	Male	Female
2015	4.6%	4.5%	5.4%
2016	4.3%	4.2%	5.0%
2017	3.7%	3.6%	4.1%
2018	3.5%	3.5%	3.0%

Year	With SC disability	Without SC disability
2015	5.4%	4.3%
2016	4.8%	4.7%
2017	4.3%	4.5%
2018	5.2%	3.5%

[View unemployment rates for young veterans 18-34](#)

[View unemployment rates for veterans 35-54](#)

## Call to action

- » Investigate ways to reduce veteran unemployment in those states where the employment outlook for veterans is not as positive as it is for non-veterans, or in states where unemployment is a challenge for both veterans and non-veterans.
- » Continue advocacy efforts to promote license portability for military spouses and implementation of best practices.
- » When gathering unemployment data at state or local levels, pay attention to data that inform whether veterans are in jobs that fully match their skills and abilities.



# EDUCATION

## What we know

- » Military youths' frequent moves may impact their educational opportunities.
- » Implementation of the Military School Identifier (MSI) continues to be uneven across states.
- » Passage of the Forever GI Bill expanded educational opportunities for military-connected individuals.
- » Attending for-profit institutions of higher learning (IHL) may pose challenges for students' academic and career success.

### K-12 EDUCATION

**Transitions have impact** Typical military family stressors such as family separations, moves and parental deployments can take a toll on children and families.<sup>1</sup> We know that military families, especially active duty families, move frequently and that military-connected children relocate more often than most of their civilian classmates. For these children, school transitions contribute to associated complexities. Of the more than 1.5 million children with a military parent, 61% are in active duty families where moving is a way of life. Furthermore, an estimated 200,000 military school aged youth move annually.<sup>2</sup>

In the 2018 Military Family Life Survey, 34% of service members and 42% of military spouses reported concern about their children's education.<sup>3</sup> The report also suggests that if families feel the school is supportive, the families feel a higher level of connection to

their community. According to a report about military student transitions, frequent school transitions pose multiple challenges for children including difficulties transferring credits, graduating on time, being able to participate in athletics, and "social and emotional impacts of multiple school transitions" (p. 2).<sup>2</sup>

**Identifying military-connected youth** More than 80% of military youth are educated in community-based schools.<sup>2</sup> The 2018 "Measuring Our Communities" report drew attention to the MSI requirement in the 2015 Every Student Succeeds Act (ESSA), of which 20 states were early adopters. The federal law requires states to collect and report assessment data on vulnerable students who are at greater risk for academic failure. Given the number of school transitions that children of service members often make and the potential impact on their academic performance, ESSA recognized military-connected students as a distinct subgroup of students and set into motion the requirement for all states to implement a MSI. In addition, ESSA requires each state or public school system to determine additional collection and reporting requirements related to their pupil management systems, policies and processes.

A recently-released report by the National Academies of Sciences, Engineering and Medicine on the Military Family Readiness System found that as of September 2018, most U.S. state education agencies and local school districts were uneven in the degree of MSI implementation.<sup>1</sup> One barrier to implementation is how best to incorporate the identifier into current data management systems.

1 National Academies of Sciences, Engineering, and Medicine (2019). *Strengthening the Military Family Readiness System for a changing American society*. Washington, DC: The National Academies Press. doi: 10.17226/25380

2 Columbia University Center for Policy and Leadership & Military Child Education Coalition (2017). *The challenges of supporting highly mobile, military-connected children in school transitions: The current environment*. Harker Heights, TX: The Military Child Education Coalition. Retrieved from <https://www.militarychild.org/resources>

3 Blue Star Families (2018). *The 2018 Blue Star Families military lifestyle survey comprehensive report*. Encinitas, CA. Retrieved from <https://bluestarfam.org/survey/>

The Military Child Education Coalition, along with the Council of Chief States Schools Officers (CCSSO) and other organizations, are providing technical assistance and models to increase the understanding of processes and the value of using the MSI to increase personalized approaches and to ultimately provide appropriate services and support.

## POST-SECONDARY EDUCATION

**Expansion of education benefits** The Harry W. Colmery Veterans Educational Assistance Act of 2017 (commonly referred to as the Forever GI Bill) expanded educational benefits for service members, veterans and family members.<sup>4</sup> The enhanced benefits extend to families and survivors as well as those who have served. Many provisions of the law will be taking effect in the coming years. One of the most significant changes is the removal of the 15-year time limit to use the benefits, hence the “forever” label of the bill.

During fiscal year 2018, more than 708,000 individuals received post-9/11 educational benefits.<sup>5</sup> This was a more than 6% decrease in the number of beneficiaries from 2017, and a decrease of more than 10% from the peak in 2015. Of these recipients, more than 584,000 were veterans or service members, and more than 119,000 received benefits transferred to them by their eligible military member.

One specific benefit of the Forever GI Bill took effect in August 2019. It provides an additional nine months of benefits to veterans who are enrolled in a science, technology, engineering, and mathematics (STEM) field of study.<sup>4</sup> In addition, scholarship opportunities of up to \$30,000 are available. This can address some of the challenges service members and veterans may face as they complete STEM education requirements which may take longer to complete than other degree programs.

Not all veterans who are enrolled in IHL are using VA education benefits. There are more military-connected individuals taking advantage of other post-secondary learning opportunities than only VA educational benefits. This may be because they are taking advantage of scholarships or state education benefits, but it also might mean that veterans are taking out more loans than they need or choosing their education programs or institutions based more on cost than quality, both of which could be problematic.

**For-profit school challenges** Student veterans are able to use their education benefits at different types of IHLs including for-profit institutions, which in fiscal year 2017 received 30% of these benefit payments. Veterans who use their benefits at these institutions may face challenges in their ability to graduate, and may lose benefits if these IHLs close unexpectedly, thereby interrupting or delaying their education. In recent testimony before the Subcommittee on Economic Opportunity on Veterans’ Affairs in the House of Representatives, the Government Accountability Office (GAO) revealed that graduation rates at the 50 schools with highest tuition payments had graduation rates ranging from 73% at public to 22% at for-profit schools. Many veterans’ groups have communicated concerns to the VA secretary about poor performance among for-profit schools.<sup>6</sup>

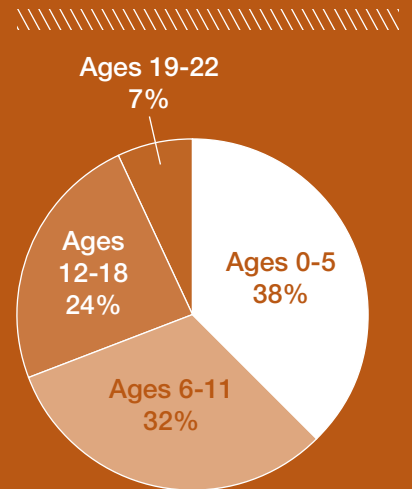
There have been instances where for-profit schools have closed, leaving student veterans to navigate the fallout, including finding and enrolling in a new school, transferring credits and re-establishing benefits. The GAO reported that in 2015 and 2016 more than 7,000 veterans were impacted by two school closures. The Forever GI Bill has a provision to address this issue. Students may be able to recover some of the education benefits they have used if their school closes while they are attending.<sup>4</sup>

*We are grateful to Mary Keller, president and chief executive officer of the Military Child Education Coalition, for sharing her expertise during the preparation of this report.*

<sup>4</sup> Department of Veterans Affairs (2019). Education and training. Retrieved August 1, 2019 from <https://www.benefits.va.gov/gibill/>  
<sup>5</sup> Department of Veterans Affairs (2018). *Veterans Benefits Administration annual benefits report*. Retrieved August 1, 2019 from <https://www.benefits.va.gov/REPORTS/abr/docs/2018-abr.pdf>  
<sup>6</sup> Douglas-Gabriel, D. (2019, February 20). Veterans groups ask VA secretary to keep GI benefits out of the hands of predatory colleges. *The Washington Post*. Retrieved from [https://www.washingtonpost.com/education/2019/02/20/veterans-groups-ask-va-secretary-keep-gi-benefits-out-hands-predatory-colleges/?noredirect=on&utm\\_term=.3e29182f0a84](https://www.washingtonpost.com/education/2019/02/20/veterans-groups-ask-va-secretary-keep-gi-benefits-out-hands-predatory-colleges/?noredirect=on&utm_term=.3e29182f0a84)  
<sup>7</sup> Department of Defense (2017). *2017 demographics: Profile of the military*. Washington, D.C.: Department of Defense. Retrieved from <https://download.militaryonesource.mil/12038/MOS/Reports/2017-demographics-report.pdf>

## Ages of military-connected children and youth

(Source: DOD Demographic Report 2017)



[View educational benefits data by state](#)

## Call to action

- » Continue to implement the MSI, and work on ways to gather data in a consistent way.
- » Make sure veterans are aware of the provisions of the newly passed Forever GI Bill, including support for STEM education, transferability to dependents, and elimination of time limits.
- » Encourage the use of the GI Bill Comparison Tool to fully research IHLs for high quality schools to ensure best possible outcomes.



# HOUSING

## What we know

- » The number of homeless veterans decreased by 5% from 2017 to 2018.
- » States vary dramatically in the percentage of homeless veterans who are sheltered.
- » Specific data on women homeless veterans are limited.

**Continued progress** The 2018 Annual Homeless Assessment (AHAR) details information about homelessness as a result of the national Point in Time Counts (PIT) of 2018.<sup>1,2</sup> The PIT showed a decrease of 2,142 homeless veterans over the prior year. Despite the decrease in numbers, 22 states and territories experienced increases, with Massachusetts and Oregon each gaining more than 100 homeless veterans in 2018. Three states that experienced some of the highest 2017 gains in homeless veterans experienced the largest declines for 2018: California, Washington and Texas experienced a collective gain of 2,901 in 2017 and a decrease of 1,322 in 2018. Economic challenges such as unemployment and high housing costs, mental health conditions, and substance abuse have been listed as possible factors when looking at causes of veteran homelessness.<sup>3</sup>

**Sheltering veterans** A 2018 report to Congress stated that 62% of all homeless veterans are placed in some type of temporary or permanent housing, which is below the national average of 65% of sheltered homeless individuals.<sup>1</sup> Fourteen states and territories

report percentages of sheltered veterans below the national average, with five states (California, Mississippi, Washington, Hawaii and Oregon) and the three territories (Puerto Rico, Guam and Virgin Islands) below the 50% mark. Seventeen states report sheltering 90% or more of their homeless veterans, similar to the 2017 report of 18 states. Wyoming and North Dakota report that 100% of homeless veterans are in some sort of housing.

In recent years, the types of shelter available to homeless people in many states have shifted from emergency shelter to more permanent housing options. The National Alliance to End Homelessness reports that many states have doubled the number of permanent housing beds in the last 10 years, while the number of beds in transitional housing has decreased.<sup>4</sup> From 2017 to 2018, the total number of beds in designated temporary beds (emergency shelter, transitional housing and safe haven) decreased by 7.7%, while permanent supportive housing increased by 3.1%.

Beds dedicated specifically for veterans decreased 1.6% from 2017 to 2018 (141,541 dedicated beds to 139,266). While the decrease in the number of dedicated beds may be due to a decrease in the number of homeless veterans, all states but one, North Dakota, report shortages of beds for the homeless veteran population. In 2018, 14 states reported an increase in the number of dedicated veteran beds but still report veterans without shelter.

<sup>1</sup> Henry, M., Mahathey, A., Morrill, T., Robinson, A., Shivji, A. and Watt, R. (2018). *The 2018 annual homeless assessment report to Congress*. Washington, D.C.: U.S. Department of Housing and Urban Development. Retrieved from <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>

<sup>2</sup> Point-in-Time counts are annual, unduplicated one-night estimates of sheltered and unsheltered homeless populations. The one-night counts are conducted nationwide during the last week in January.

<sup>3</sup> National Coalition For Homeless Veterans (2016, July). *Women veterans and homelessness: Homeless evidence and research roundtable series*. Washington, D.C.: National Coalition For Homeless Veterans. Retrieved from <https://www.va.gov/homeless/nchav/docs/hers-womens-proceedings.pdf>

<sup>4</sup> National Alliance to End Homelessness (2019). *State of homelessness*. Washington, D.C.: National Alliance to End Homelessness. Retrieved from <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/>

## Total homeless veterans by year

(Source: AHAR 2013-2018)

Year	Total	Male	Female	Other
<b>2013</b>	57,849	53,393	4,456	Not reported
<b>2014</b>	49,933	44,940*	4,993*	Not reported
<b>2015</b>	47,725	43,295	4,338	92
<b>2016</b>	39,741	35,955	3,328	188
<b>2017</b>	40,056	36,302	3,571	183
<b>2018</b>	37,878	34,412	3,219	247

\*estimated

**Women veterans** The Department of Veterans Affairs (VA) estimates that women will make up 16.3% of all living veterans by the year 2043.<sup>5</sup> With an anticipated increase in the number of women veterans, the possibility of an increase in homeless women veterans needs to be considered.

According to the 2018 AHAR there were 3,219 homeless women veterans across the country, a 9.8% decrease from the prior year and a 27.7% decline from 2013, when 4,456 women veterans were homeless.<sup>1</sup> This number also represents approximately 8.5% of all homeless veterans. Overall, 56% of homeless women veterans were sheltered, which is below the national average of all sheltered homeless veterans at 62%.

Published PIT counts do not always report data separately for men and women, leaving many communities lacking in specific data about homeless women veterans. Reports from the National Coalition for Homeless Veterans and the VA National Center on Homelessness among Veterans report unique challenges and risk factors for women veterans becoming homeless including post-traumatic stress disorder (PTSD) and military sexual trauma (MST).<sup>6,3</sup>

An additional characteristic of homeless women veterans is that many are caring for children. The United States Interagency Council on Homelessness reports that women veterans are more likely than men to be part of a family with children present.<sup>7</sup> The 2017 Annual Report of Supportive Services for Veteran Families (SSVF) indicated that 14% of the SSVF veterans were women, and one in five (22%) of SSVF clients were dependent children. Additionally, a report on homeless women veterans by the National Coalition for Homeless Veterans stated that “for any veteran with dependent children, being identified as homeless creates a threat and fear of youth protective services assessing the situation as dangerous and removing the children from their parent.”<sup>6</sup> For this reason, many women veterans are “doubling up” or staying with friends and family, and therefore not necessarily counted as homeless, despite their very low housing security.

## Top five states with increase in homeless veterans

(Source: PIT 2018)

<b>1</b>	Massachusetts	132
<b>2</b>	Oregon	112
<b>3</b>	Alabama	70
<b>4</b>	Mississippi	45
<b>5</b>	New Mexico	42

## Top five states with decrease in homeless veterans

(Source: PIT 2018)

<b>1</b>	California	-600
<b>2</b>	Washington	-457
<b>3</b>	Florida	-274
<b>4</b>	Texas	-265
<b>5</b>	Kentucky	-120

[View total dedicated homeless veteran beds](#)

[View change in number of homeless veterans 2017-2018](#)

## Call to action

- » Study best practices in communities that have shown success moving from transitional to permanent supportive housing options for veterans. It may be possible to implement these practices elsewhere.
- » Explore ways to include data about homeless women veterans in PIT counts so communities can understand this population and develop appropriate responses.
- » Review the VA's key recommendations on ways to address numbers of homeless women veterans. Commit to supporting at least one of these recommendations within your community or state.

<sup>5</sup> Department of Veterans Affairs National Center for Veterans Analysis (2017). *Women veterans report: The past, present and future of women veterans*. Washington, D.C.: Department of Veterans Affairs. Retrieved from [https://www.va.gov/vetdata/docs/specialreports/women\\_veterans\\_2015\\_final.pdf](https://www.va.gov/vetdata/docs/specialreports/women_veterans_2015_final.pdf)  
<sup>6</sup> National Coalition For Homeless Veterans (n.d.). *Homeless female veterans*. Washington, D.C.: National Coalition For Homeless Veterans. Retrieved from <http://www.nchv.org/images/uploads/HFV%20paper.pdf>  
<sup>7</sup> United States Interagency Council on Homelessness (2018, June). *Homelessness in America: Focus on veterans*. Washington, D.C.: United States Interagency Council on Homelessness. Retrieved from [https://www.usich.gov/resources/uploads/asset\\_library/Homelessness\\_in\\_America\\_Focus\\_on\\_Veterans.pdf](https://www.usich.gov/resources/uploads/asset_library/Homelessness_in_America_Focus_on_Veterans.pdf)



# BEHAVIORAL HEALTH

## What we know

- » **Military suicide rates are higher than civilian suicide rates, even after accounting for age differences.**
- » **The suicide rate among women veterans is almost twice that of non-veteran women.**
- » **Mental Health Care Health Professional Shortage Areas in rural counties continues to be a challenge for both veteran and non-veteran populations.**

**Suicide rates among veterans** Suicide is a concern in communities across the country. Nationally, the suicide rate among non-veterans increased from 14 to 16.5 per 100,000 between 2008 and 2016, according to the 2016 Department of Veteran Affairs (VA) National Suicide Data Report.<sup>1</sup> Among veterans during this same period, the rates rose from 28.3 to 34.9.<sup>2</sup> Similar to the non-veterans, veterans' suicide rates are highest among young males (ages 18-34), at 52.2 per 100,000. This rate is 112% higher than their non-veteran counterparts' population, and increased from 41.7 in 2014 to its current rate. Older veterans, 55 and over, account for the largest number of deaths due to the large size of this group. Firearm use is the leading method of veteran suicide deaths (69%).

**Suicide rates among service members** According to the Department of Defense's (DOD) Suicide Event Report for Calendar Year 2017, the most recent official report available, there has been no change in suicide rates for those currently

serving on active duty or in the reserves from 2014 to 2016.<sup>3</sup> Rates among active duty (21.9 per 100,000) and reserve service members (25.7 per 100,000) were consistent with those for the U.S. population overall.<sup>3</sup>

This DOD Suicide Event Report is only the second to contain calculations about the suicides of Selected Reserve members who are not in active duty status. The suicide mortality rates for members of the National Guard were higher (29.1 per 100,000) than those in the general population (17.4 per 100,000) ages 17-59. Historically, the DOD only collected data on active duty members, but new policies document suicides among Reserve Component members. In 2017, 190 suicide deaths were among Reserve Component members not on active duty status. This number shows why this new policy is important. The stressor most often associated with suicides was relationship challenges. Similar to veterans, firearms were most commonly used (65.4%).

Even with the stressors of military service, military members and veterans have protective factors that play a role in reducing the risk of suicidal behaviors. Some of these protective factors present in the military-connected population include strong connections to friends and family, coping skills and access to medical and behavioral health care.<sup>4</sup> The DOD and the VA have programs, training and policy offices dedicated to addressing this issue.

**Women veteran suicides** The rate of suicide among women veterans is nearly double that for non-veteran women.

1 The VA suicide report obtains civilian suicide data from the Centers for Disease Control and Prevention's Wide-ranging Online Data for Epidemiologic Research (WONDER), available at [wonder.cdc.gov](https://wonder.cdc.gov)

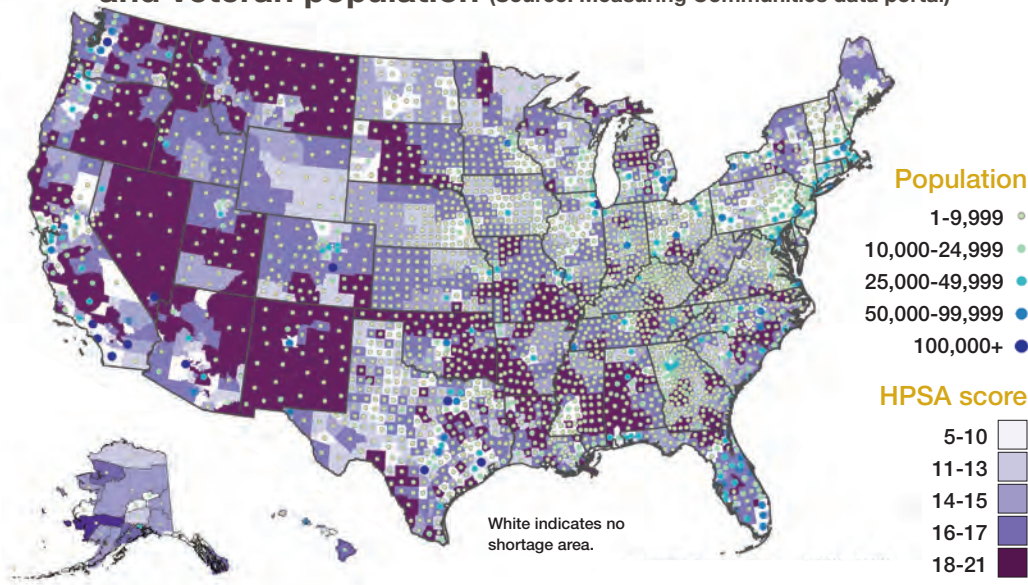
2 Department of Veterans Affairs (2018, September). *The VA national suicide data report 2005-2016*. Washington, D.C. U.S. Department of Veterans Affairs. Retrieved from [https://www.mentalhealth.va.gov/mentalhealth/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/mentalhealth/suicide_prevention/data.asp)

3 Department of Defense (2018, June 12). *Department of Defense suicide event report calendar year 2017*. Washington, D.C. U.S. Department of Veterans Affairs. Retrieved from <https://www.dspo.mil/Portals/113/Documents/2017-DODSER-Annual-Report.pdf?ver=2019-07-19-110951-577>

4 Defense Suicide Prevention Office (2019). *Protective factors*. Retrieved from <https://www.dspo.mil/About-Suicide/Protective-Factors/>



## Mental Health Care Health Professional Shortage Areas and veteran population (Source: Measuring Communities data portal)



The total number of suicides among women veterans has decreased in the past two years, with the rate reaching a high of 15.4 per 100,000 in 2015 before decreasing to 13.9 per 100,000 in 2016.<sup>5</sup> During the same period, age-adjusted suicide rates among non-veteran women fell from 7.7 to 7.6 per 100,000.<sup>5</sup> Suicide rates among women veterans were highest among those ages 35-54, at 16.1 per 100,000.<sup>5</sup>

**Mental Health Care Health Professional Shortage Areas** More than 8.5 million people live in the U.S.'s 1,079 most rural counties. Very rural counties are defined as those with rural/urban continuum scores of 7, 8, or 9 (non-metro populations of 19,999 or less and not adjacent to a metro area). Most (96%) of the rural U.S. counties have a Mental Health Care Health Professional Shortage Area designation from the Department of Health and Human Services. A higher percentage of the veteran population (4%) as compared to the civilian population (3.3%) live in these rural counties, so this is an area of importance in terms of service connection for veterans.

According to the VA's Office of Rural Health (ORH), 2.8 million of the 4.7 million rural veterans are enrolled in the VA health care system, and of those, 6% are women.<sup>6</sup> Compared to other veterans, those living in rural communities tend to be older, have incomes below the poverty line and less access to hospitals and other health care supports. One noted improvement is the increase in veterans' access to the internet, which can expand telehealth care options. In 2015, 36% veterans did not have access to the internet, but now that number has dropped to 27%.<sup>7</sup> Additionally, for fiscal year 2018, the VA reported conducting more than 1 million telehealth visits, a 19% increase from the prior year. More than half of these (582,000) were for veterans in rural areas.<sup>8</sup> The VA is working with corporate and community partners such as Microsoft Corp. and Walmart Inc. to bring broadband access to these rural communities, further increasing the ability to connect to VA telehealth.<sup>9</sup>

*We are grateful to Nida Corry of Abt Associates for sharing her expertise during the preparation of this report.*

5 Department of Veterans Affairs (2018, September). *The VA national suicide data report 2005-2016*. Washington, D.C. U.S. Department of Veterans Affairs. Retrieved from [https://www.mentalhealth.va.gov/mentalhealth/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/mentalhealth/suicide_prevention/data.asp)  
 6 Department of Veterans Affairs (2019). *Rural veterans health care atlas*. Retrieved from <https://www.ruralhealth.va.gov/aboutus/ruralvets.asp#atlas>  
 7 Department of Veterans Affairs (n.d.). *America's veterans thrive in rural communities*. Retrieved from [https://www.ruralhealth.va.gov/docs/ORH\\_2015-2019Strategic\\_Plan\\_508compliant\\_FINAL.pdf](https://www.ruralhealth.va.gov/docs/ORH_2015-2019Strategic_Plan_508compliant_FINAL.pdf)  
 8 Department of Veterans Affairs (2019, February 7). *VA exceeds 1 million video telehealth visits in FY2018*. Retrieved from <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5196>  
 9 Department of Veterans Affairs (2019, June 28). *VA partners with Microsoft to bring internet to more veterans*. Retrieved from <https://www.blogs.va.gov/VAntage/61913/multiple-vha-partnerships-work-bring-veterans-online/>

## Veterans and non-veterans suicide rates by age & gender

(Source: VA National Suicide Data Report 2005-2016)

Male veterans			
Age	2014	2016	
<b>18-34</b>	41.7	52.2	
<b>35-54</b>	36.3	36.1	
<b>55-74</b>	27.0	26.7	
<b>75+</b>	30.9	29.2	
Male non-veterans			
Age	2014	2016	
<b>18-34</b>	22.3	24.6	
<b>35-54</b>	26.6	27.0	
<b>55-74</b>	28.8	27.9	
<b>75+</b>	50.0	50.6	
Female veterans			
Age	2014	2016	
<b>18-34</b>	12.9	14.1	
<b>35-54</b>	20.3	16.1	
<b>55-74</b>	10.8	11.6	
Female non-veterans			
Age	2014	2016	
<b>18-34</b>	5.6	6.1	
<b>35-54</b>	9.3	9.3	
<b>55-74</b>	6.7	7.0	

[View veteran suicide rates by state](#)

## Call to action

- » Continue work to increase internet access for rural veterans to access telehealth.
- » Examine the OHR Rural Promising Practices for ways to improve health access for rural veterans.
- » Pay attention to military and veteran subpopulations, such as women and National Guard, when exploring suicide prevention strategies. Use information about their protective factors when engaging these individuals.



# MEDICAL

## What we know

- » Health Professional Shortage Areas in rural counties continue to be a challenge for both veteran and non-veteran populations.
- » Veterans enrolling for Department of Veterans Affairs (VA) benefits have more disabilities per veteran than in previous years.
- » While women veterans have health needs that are similar to those of men, they also have distinct needs, particularly regarding maternity care, comprehensive primary care and disability resources.
- » The 2017 National Defense Authorization Act (NDAA) mandated the Department of Defense's (DOD) transition from service-run hospitals to the Defense Health Agency (DHA). The NDAA detailed administrative reform for medical treatment facilities across the DOD.

**Health Professional Shortage Areas** Many U.S. rural counties have a Health Professional Shortage Area (HPSA) designation from the Department of Health and Human Services (DHHS). DHHS created a Primary Care HPSA scoring system based on four components, including population-to-provider ratio and percent of population below the poverty line. HPSAs receive a score of 0-25, with higher scores signaling higher need. These scores are included in the data in the Measuring Communities online database. More than 8.5 million people live in the U.S.'s 1,079 most rural counties. Very rural counties are defined as those with rural/urban continuum scores of 7, 8, or 9 (non-metro populations

of 19,999 or less and not adjacent to a metro area). Of these counties, 917 (nearly 85%) have shortage areas. A higher percentage of the veteran population (4%) as compared to the civilian population (3.3%) lives in these rural counties.

Rural populations, civilian and veteran alike, face barriers in accessing health services, including the ability to pay for services, poor health literacy and transportation issues.<sup>1</sup> Only 77 of the 917 rural shortage area counties have a VA medical treatment facility to support the veterans living nearby. The VA reports that 56% of rural veterans are receiving VA care, meaning that just under half (44%) are relying completely on civilian care in their communities.<sup>2</sup> To address the needs for rural veterans with limited access to VA medical treatment facilities, the VA implemented portions of the Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act). The MISSION Act will strengthen the nationwide VA Health Care System by empowering veterans with more health care options. Under the new Veterans Community Care Program launched June 6, 2019, the VA provides veterans with health care for veterans from local providers outside of VA.

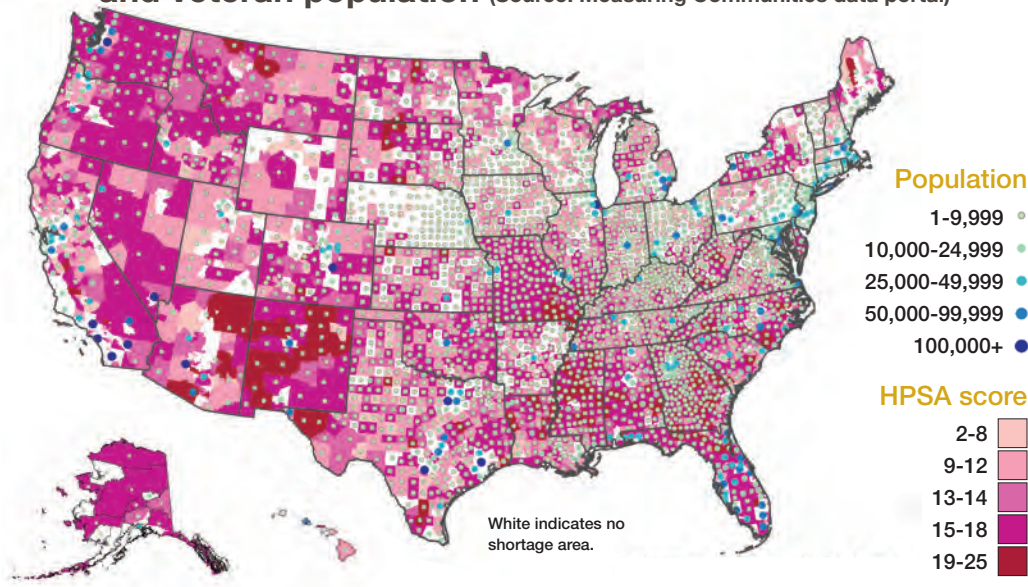
**Veterans with disabilities** The veteran population is decreasing. In 2000, there were more than 26.4 million veterans. Recent population estimates puts the veteran population at just more than 19.4 million. Though this decline continues, the VA reports the number of veterans with a service-connected disability (SC) continues to increase, with more than 4.7 million veterans with SC disabilities receiving compensation.<sup>3</sup>

<sup>1</sup> Rural Health Information hub (2019, January 18). *Healthcare access in rural communities*. Retrieved from <https://www.ruralhealthinfo.org/topics/healthcare-access>

<sup>2</sup> Department of Veterans Affairs (2019, April 8). Rural veterans. Retrieved from <https://www.ruralhealth.va.gov/aboutus/ruralvets.asp>

<sup>3</sup> National Center for Veterans Analysis and Statistics (2019, May). *Statistical trends: Veterans with a service-connected disability, 1990 to 2018*. Washington, D.C.: Department of Defense. Retrieved from [https://www.va.gov/vetdata/docs/Quickfacts/SCD\\_trends\\_FINAL\\_2018.pdf](https://www.va.gov/vetdata/docs/Quickfacts/SCD_trends_FINAL_2018.pdf)

## Medical Health Care Health Professional Shortage Areas and veteran population (Source: Measuring Communities data portal)



According to a 2018 VA report, the number of veterans with a SC disability, increased by 117%, and Gulf War veterans, 1990 to present, are now the largest percentage of compensation recipients — 50.3%.<sup>4</sup> The nature of the disabilities is also changing. According to new compensation claims, musculoskeletal and auditory conditions comprise six of the top seven most common SC disabilities. For all SC compensation, tinnitus and hearing loss are the most prevalent. Post-traumatic stress disorder, scars and knee problems are tied for the next prevalent conditions.

**Women veterans with disabilities** When one thinks of a disabled veteran, the image of an injured woman veteran rarely surfaces. But as hidden as this population may be, more than 477,000 women veterans are receiving compensation for a SC disability, and 13.6% of them are rated as 100% disabled.<sup>4</sup> Women make up 11.2% of all new compensation claims in 2018. Disabled women veterans have similar health needs as male veterans but also have some challenges.<sup>5</sup> A larger percent of women veterans have disability ratings for some conditions — such as migraines and musculoskeletal (knee and lumbosacral) injuries — than their male counterparts. The increase in women veterans with disabilities has led to legislative changes for the VA, which include promoting gender-specific health care for women veterans and improved training for providers. According to a 2018 report by Disabled American Veterans, the VA has made progress with regard to health care for women veterans, but it also identifies areas that still need to be addressed, such as comprehensive primary care for women veterans or need for infertility treatment as a result of their SC disability.<sup>5</sup>

**Defense Health Agency transition** The 2017 NDAA mandated the transition from service-run medical treatment facilities (MTF) to the Defense Health Agency (DHA). The transition aims to: improve military access to care, standardize processes across medical facilities, and promote collaboration across the services. The transfer will occur under a phased approach. The Military Health System (MHS) provides health care worldwide to approximately 9.6 million beneficiaries (i.e., service members and retirees, family members) in military hospitals and clinics and through civilian health care providers participating in TRICARE. The shortage of health professionals has impacted DOD as well in its ability to recruit and retain physicians to the service's needs. With the proposed cuts, DHA will look at alternative staffing models, contracts, military-civilian partnerships and existing TRICARE networks to meet the needs of patients.

*We are grateful to Jonathan Douglas, head of the Requirements Analysis Branch of the U.S. Navy Bureau of Medicine and Surgery, for sharing his expertise during the preparation of this report and contributing information on the Defense Health Agency transition.*

<sup>4</sup> Department of Veterans Affairs (2019). VBA annual benefits report fiscal year 2018. Updated March 2019. Retrieved August 1, 2019 from <https://www.benefits.va.gov/REPORTS/abr/>  
<sup>5</sup> Disabled American Veterans (n.d.) Women veterans: The long journey home. Retrieved from <https://www.dav.org/women-veterans-study/>

## Women veterans disability ratings

(Source: VA Benefits Usage Report 2018)



0%	625
10%	60,662
20%	37,509
30%	41,736
40%	40,751
50%	37,110
60%	44,836
70%	52,935
80%	51,328
90%	44,811
100%	65,097
<b>Total</b>	<b>477,400</b>

[View full list of disability rates and number of recipients](#)

## Call to action

- » Encourage training in military cultural competence for community health providers in rural areas so they are well-prepared to provide care.
- » To strategically plan and coordinate current and future service needs, state and community leaders need to consider the composition and complexity of the disabilities of the Gulf War veterans.
- » Recognize the presence of disabled women veterans in communities and identify health care needs and possible resources to support this unique population.



# FINANCIAL

## What we know

- » In terms of income, veterans across the country generally continue to do well relative to their civilian counterparts.
- » Financial stressors are a concern for both service members and veterans.
- » A small percentage of veterans and service members are struggling financially and rely on government supports.

**Veterans continue to do well** Veterans typically do better financially than their civilian counterparts. Nationally, the median income (inflation adjusted) for veterans with income age 18-64 is about 37% higher than their civilian counterparts. This gap between veteran and non-veteran median income has slowly decreased from 2010 to 2017, with the greatest differences remaining in Alaska (42%), Puerto Rico and Virginia (39% each). The state with the closest difference was Iowa with only 16%.

**Financial stressors: A common concern** Financial challenges cause stress for both military-connected individuals and civilians. The 2018 Military Family Lifestyle survey reported that financial issues were the top-rated stressor for all four demographic categories: active duty members, military spouses, veterans and veteran spouses.<sup>1</sup> The other top topics for all demographic categories were deployments and separations.

While stressors are common, an April 2019 report by the Consumer Financial Protection Bureau (CFPB) released a scale to measure a person's view of their financial well-being. The scale shows that overall, veterans are reporting higher levels of financial well-being than their civilian counterparts. The report shares the conditions which lead to financial well-being, such as military pay, education benefits and subsidized childcare. Other contributing conditions are those that present financial challenges, such as frequent moves, student loan debt and lack of spousal employment. Young veterans, age 18-35, report the lowest financial well-being scores among all veteran age groups. Female veterans also report lower scores than their male counterparts.<sup>2</sup>

**At risk** A segment of the veteran population — age 18-64 who have income — has incomes below the poverty line. In one of eight U.S. counties (12.5%), veterans were more likely than civilians to have incomes at this threshold, according to the 2018 “Measuring Our Communities” report. The latest data show this number increased to 13.6% of counties.

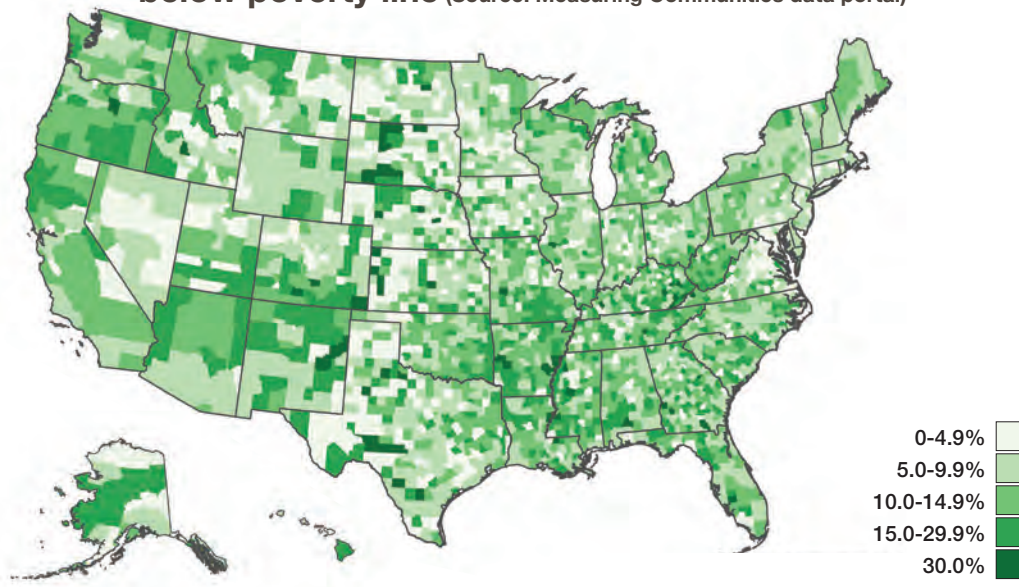
Other economic differences between the pre-9/11 and post-9/11 veterans exist. According to the Department of Veterans Affairs' 2016 “Profile of Veterans,” on many measures, the post-9/11 veteran faces more economic challenges than their pre-9/11 counterparts.<sup>3</sup> For income, both male and female post-9/11 veterans had lower median earnings as compared to all other veterans. Post-9/11 veterans were more likely than all other veteran groups to use at least one VA benefit (49% compared to 29%).

<sup>1</sup> Blue Star Families (2018). *The 2018 Blue Star Families military lifestyle survey comprehensive report*. Encinitas, CA: Blue Star Families. Retrieved from <https://bluestarfam.org/survey/>

<sup>2</sup> The Consumer Financial Protection Bureau Office of Servicemember Affairs (2019, April). *Financial well-being of veterans*. Washington, D.C.: The Consumer Financial Protection Bureau. Retrieved from [https://files.consumerfinance.gov/f/documents/cfpb\\_osa\\_financial-well-being-americans\\_report.pdf](https://files.consumerfinance.gov/f/documents/cfpb_osa_financial-well-being-americans_report.pdf)

<sup>3</sup> Pre-9/11 veterans served between August 1990 and September 2001. Post-9/11 veterans served after 9/11/2001.

## Percentage of veterans 18-64 with incomes below poverty line (Source: Measuring Communities data portal)



Additionally, within each of the eras, women veterans do not do as well as their male counterparts on some measures. For both pre- and post-9/11 veterans, a higher percentage of women receive Supplemental Nutrition Assistance Program (SNAP), live in poverty and have no reported income.<sup>4,5</sup>

There may also be a population of active duty service members and their families at economic risk. Concern exists about the need for junior enlisted members to seek out government benefits, such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and SNAP benefits. A July 2016 report to Congress stated that from September 2014 through August 2015, service members spent more than \$21 million in SNAP benefits in commissaries.<sup>6</sup> While there is no standard reporting mechanism for identifying which service members and families participate in government food programs, these data indicate that some segments of the military population have to rely on these supports to make ends meet.

**States work to recruit veterans** Twenty-four states currently exempt military pensions from state taxes; 20 provide some level of exemption; and only seven states have no special considerations on military pensions.<sup>7</sup> Five of these seven states do provide some exemptions for military disability payments. This is an improvement from the 2018 “Measuring Our Communities” report where more than double the number of states had no exemption provisions. State legislators recognize the benefit of attracting a skilled veteran labor force to their state. Retired service members come with pensions and many have their health care provided by the VA. With a retirement age as young as 40, veterans bring their skills to new work places, are civically engaged and spend their dollars in the community.

Recruitment efforts do not stop at enacting tax benefits. Many states have worked to create entire campaigns in an effort attract more veterans to their state. Indiana’s Next Level Veterans Initiative and Mission Wisconsin, both launched in 2018, focus on employment opportunities for veterans in many different job sectors. Other states, such as Kentucky, have initiatives that support specific industries, such as aircraft mechanic careers.

*We are grateful to Michael Heard, president of Washington National Insurance Company, for sharing his expertise during the preparation of this report.*

<sup>4</sup> The National Center for Veterans Analysis and Statistics (2018, March). *Profile of post-9/11 veterans: 2016*. Retrieved from [https://www.va.gov/vetdata/docs/SpecialReports/Post\\_911\\_Veterans\\_Profile\\_2016.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Post_911_Veterans_Profile_2016.pdf)

<sup>5</sup> The National Center for Veterans Analysis and Statistics (2017, March). *Profile of pre-9/11 veterans: 2016*. Retrieved from [https://www.va.gov/vetdata/docs/SpecialReports/Pre\\_911\\_Veterans\\_2016.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Pre_911_Veterans_2016.pdf)

<sup>6</sup> The U.S. Government Accountability Office (2016). *DOD needs more complete data on active-duty servicemembers’ use of food assistance programs* (GAO 16-561). Washington, D.C.: GAO. Retrieved from <https://www.gao.gov/assets/680/678474.pdf>

<sup>7</sup> Baumhover, F. (2019, June 24). *Military retirement income taxes by state – Which states don’t tax military retirement pay?* [Blog post.] Retrieved from <https://themilitarywallet.com/military-retirement-pay-tax-exempt/>

## States with largest difference between veteran and civilian median income

(Source: Measuring Communities data portal)



- 1 Alaska
- 2 Puerto Rico
- 3 Virginia
- 4 Alabama
- 5 New Mexico
- 6 South Carolina
- 7 Arizona
- 8 Washington
- 9 Georgia
- 10 North Carolina

[View full list of veteran and non-veteran median income](#)

## Call to action

- » Recognize the need for community financial supports for at-risk veterans, service members and their families. Transition and employment assistance, affordable housing and food security are three possible supports to focus on.
- » When working with young veterans, women veterans and service members, focus on financial skill-building to support improved financial well-being.
- » Evaluate state veteran income tax incentives and recruitment efforts. Identify those policies that are most attractive to veterans and look at adopting them in other states.



# LEGAL

## What we know

- » **Veterans Treatment Courts (VTCs) are increasing in number overall, but in some areas they are underfunded, hard to access, or even shutting down.**
- » **Veterans involved in the criminal justice system are at increased risk for homelessness.**
- » **Military family members may be involved in the legal system, such as family or juvenile courts.**

**Veterans Treatment Courts** After legal jurisdictions recognized that challenges of military service can lead to involvement in the justice system, veterans treatment courts (VTCs) were created. These specially-designed courts support veterans facing charges such as misdemeanors, DUIs and low-level, non-violent felonies by suggesting holistic care as an alternative to jail.<sup>1</sup> The number of VTCs continues to increase, and in 2018, 51 new VTCs expanded the existing nationwide network. In the first edition of this report, six states did not have VTCs in place. Since then, Nebraska and Virginia have launched VTCs, but West Virginia VTCs have been discontinued due to lack of funding. Legislation in West Virginia (Senate Bill 40) is in progress to reestablish these courts. Some New Mexico VTCs have also been discontinued.

The larger number of courts has lowered the number of veterans per court in the population, or the coverage of the courts. In last year’s “Measuring Our Communities” report, the two lowest per capita states for VTCs were Alabama, with 20,485, and Wyoming, with 24,980 veterans per court. In 2019, the

number of veterans per court dropped to 13,552 in Alabama and 14,854 in Indiana. In 2018, the state with the largest number of veterans per court was North Carolina at 386,212, where numbers have now improved to 182,045.

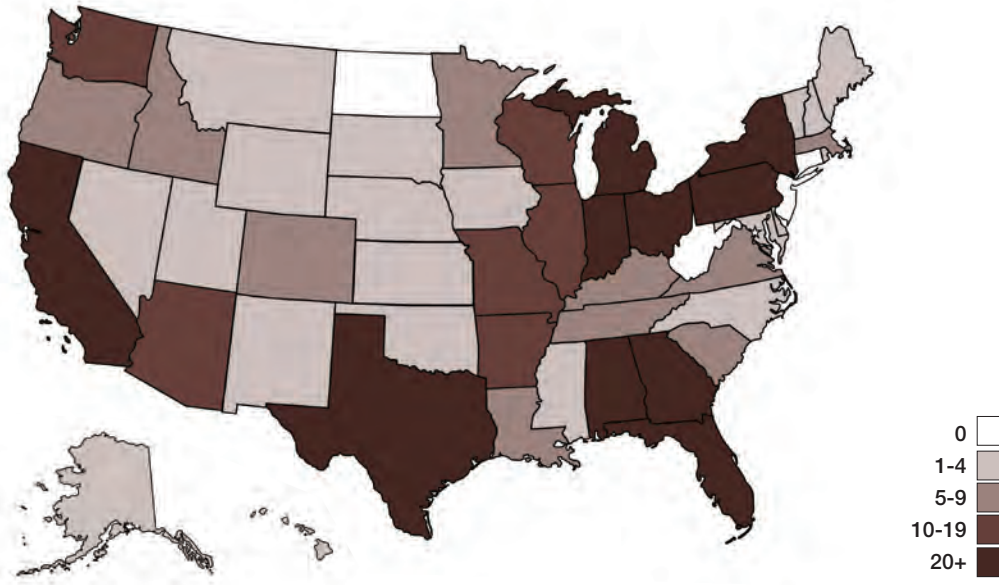
**Criminal justice and homelessness** Studies have identified a link between veterans who are involved in the criminal justice system and the risk of homelessness. The VA National Center on Homelessness among Veterans reviewed studies on veterans and homelessness, concluding that between 38-83% of veterans who are seeking mental health care or addiction treatment have been involved in the criminal justice system. The Department of Veterans Affairs Veteran Justice Outreach (VJO) program is designed to work with justice-involved veterans to help them navigate the criminal justice setting and prevent homelessness. VTC supports include veterans obtaining access to VJO representatives and mentors. Other court staff connect veterans with VA services and with others. One national study on VTC participants examined data on 22,000 veterans who were in the VJO program.<sup>2</sup> The study found that VTC participants had better outcomes in housing and employment as compared to their other justice-involved veterans. The study also showed improvements for veterans’ mental health and social connectedness.<sup>2</sup>

**Military families in court proceedings** Military families are touched by the juvenile and family court systems, in part due to divorce, child custody/support, family violence and juvenile delinquency. The transient nature of military service complicates these proceedings.

<sup>1</sup> U.S. Department of Justice, National Institute of Corrections (2016, May). *Veterans Treatment Courts: A second chance for vets who have lost their way*. Retrieved from <https://nicic.gov/veterans-treatment-courts-second-chance-vets-who-have-lost-their-way>  
<sup>2</sup> Tsai, J., Finlay, A., Flatley, B., Kaspro, W.J., Clark, S. (2018) A national study of veterans treatment court participants: Who benefits and who recidivates? *Administration and Policy in Mental Health*, 45, 236. doi:10.1007/s10488-017-0816-z

## Number of veterans treatment courts

(Source: Measuring Communities data portal)



Thus, family court systems could benefit from education to help them understand the unique needs and challenges of military-connected individuals. The National Council of Juvenile and Family Court Judges has developed a National Resource Center on Military-Connected Families and the Courts, in an effort to provide resources for judges and court professionals as they work with military families who enter the court system.

One major concern for service members is the custody of minor children, especially during deployments. The National Conference of Commissioners on Uniform State Laws has developed a Uniform Deployed Parents Custody and Visitation Act (UDPCVA), which provides states with guidance on five areas of concern for deploying parents. Two of the most significant sections deal with courts, which recommends prohibiting the use of a parent’s deployment history as a basis for custody decisions and prohibit courts from issuing custody arrangements without the deployed parent’s consent. States have adopted these guidelines to varying degrees. The National Conference of State Legislatures has a Child Support and Family Law Legislation Database where families can search each state’s laws on custody and visitation for military parents.<sup>3</sup>

**Employment rights** The Uniformed Services Employment and Reemployment Rights Act (USERRA) is a federal law that establishes employment rights and responsibilities for service members and their employers and protects the service members when they leave their places of employment for military duty. The Employer Support of the Guard and Reserve (ESGR) is an organization that works with both service members and employers to resolve USERRA disputes. In 2017, ESGR engaged in 1,801 mediation cases and of those, 23% were unable to be resolved through the ESGR ombudsmen and could proceed to filing a case with the Department of Labor.<sup>4</sup>

*We are grateful to Holly Christian, veterans pro bono coordinator at the American Bar Association’s Military and Veterans Legal Center, for sharing her expertise during the preparation of this report.*

## Unique USERRA cases reviewed by Department of Labor and Office of Special Counsel<sup>5</sup>

(Source: USERRA Annual Report 2017)



Fiscal year	Total new cases	Total cases
2012	1,425	1,644
2013	1,281	1,553
2014	1,286	1,511
2015	1,123	1,288
2016	930	1,107
2017	944	1,098

<sup>5</sup> This excludes duplicative cases, such as cases that are filed multiple times by the same claimant with the same complaint or cases that have been previously investigated and have been reopened.

[View number of veterans per capita for VTCs](#)

## Call to action

- » Connect community groups supporting VTCs with the housing supports to address the link between justice-involved veterans and homelessness.
- » Educate staff throughout the family court systems to understand the unique issues facing military and veteran families.
- » Increase funding for pro bono legal services for veterans, members of the military, their families and caregivers.

<sup>3</sup> National Conference of State Legislatures (2019). Child support and family law database. Retrieved from <http://www.ncsl.org/research/human-services/child-support-and-family-law-database.aspx>  
<sup>4</sup> Department of Labor (2018, July). *Uniformed Services Employment and Reemployment Rights Act of 1994: FY 2017 Annual Report to Congress*. Washington, D.C.: Office of the Assistant Secretary for Veterans’ Employment and Training. Retrieved from [https://www.dol.gov/sites/dolgov/files/VETS/legacy/files/USERRA\\_Annual\\_FY2017.pdf](https://www.dol.gov/sites/dolgov/files/VETS/legacy/files/USERRA_Annual_FY2017.pdf)



# DATA PARTNERS

Throughout the country, individuals, organizations and communities are engaging with and supportive of veterans, military members and their families. And around the country, veterans, military members and their families are contributing to, and leading, their communities. Organizations like the American Red Cross (ARC), the Tragedy Assistance Program for Survivors (TAPS), the Elizabeth Dole Foundation and others are actively working to change our nation.

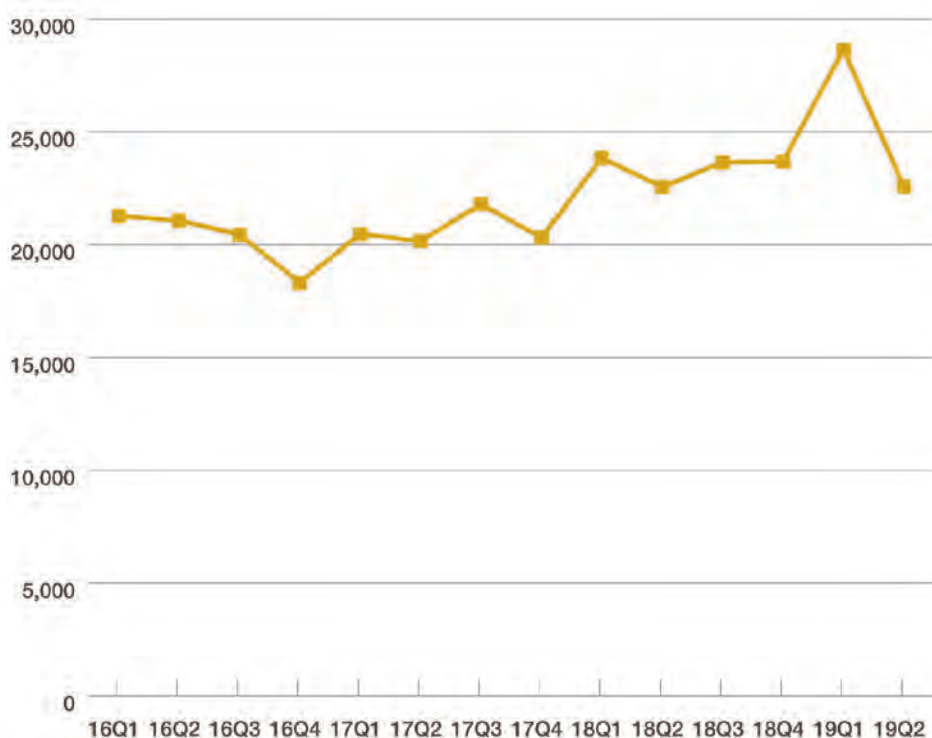
Each of the following organizations collect data specific to their organizational needs. Because Measuring Communities makes data more accessible and useful, its staff has worked with these organizations to harness the synergy between our efforts and theirs. Over the past 18 months, we have worked together to create unique spaces within the Measuring Communities portal that address the specific needs of the partners and those in the broader community.

## American Red Cross

The mission of the American Red Cross (ARC) supports military and veteran families through its Service to the Armed Forces (SAF) program. One service provides emergency communication services and supports military-connected individuals at medical facilities across the country. ARC gathers data on the emergency cases received at their call centers across the country.

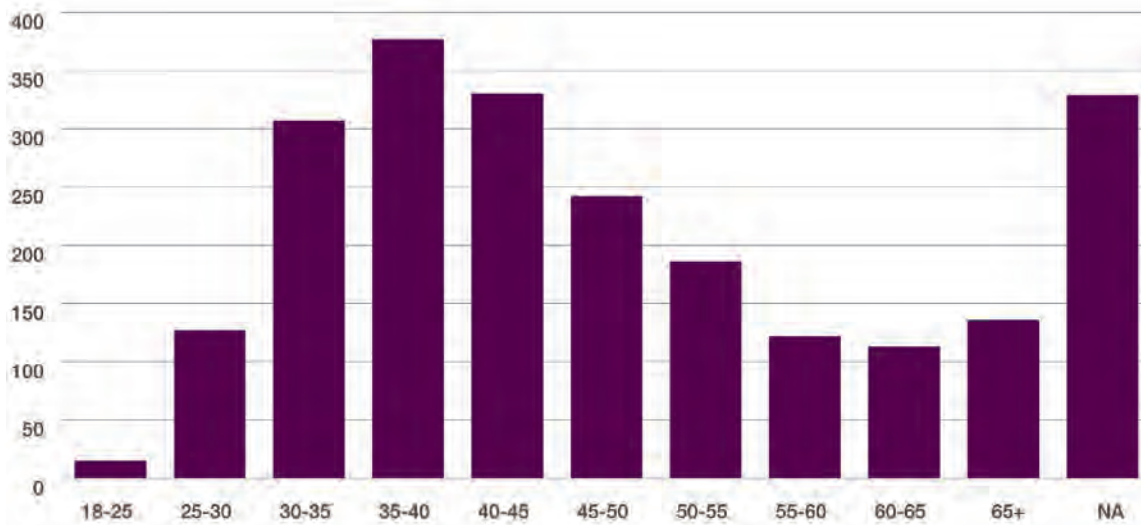
Now, Measuring Communities includes county-level data starting with 2016 so that ARC staff and community members can track the number of these cases by quarter. Since 2016, the Red Cross has logged more than 308,000 cases, more than 290,000 of which are included in the Measuring Communities tool. The remaining cases have no jurisdiction assigned to them and therefore are not included on the portal. Quarterly counts vary, with a low of 18,318 at the end of 2016 to a high of 28,635 at the beginning of 2019. Emergency case numbers can fluctuate based on conditions in communities and potential needs of the military-connected individuals. Measuring Communities users can graph these calls for their geographic region.

## American Red Cross emergency cases





## Elizabeth Dole Foundation caregiver age groups



### Elizabeth Dole Foundation

The Elizabeth Dole Foundation has launched a national campaign called Hidden Heroes to bring attention to the 5.5 million military caregivers who support our nation's wounded, ill, or injured service members or veterans. The Hidden Heroes campaign raises awareness of these caregivers' challenges. One way to do so is to identify these people as well as their needs. Working in collaboration with the Elizabeth Dole Foundation, data are included on the Measuring Communities portal, drawn from more than 2,000 responses to a national survey on military caregivers. The summary data show that a majority of the respondents are veterans' spouses or partner, most of whom are 30-45 years of age. Also, more than 59% of respondents are also caring for children under the age of 18. Respite care, financial resources and mental health services are their top identified needs, according to the national survey.

Using these data, Measuring Communities has developed a Military Caregiver Snapshot that provides state-level data about caregivers. While the number of responses in some states is small and communities should approach these data with caution, they provide a initial picture of this population.

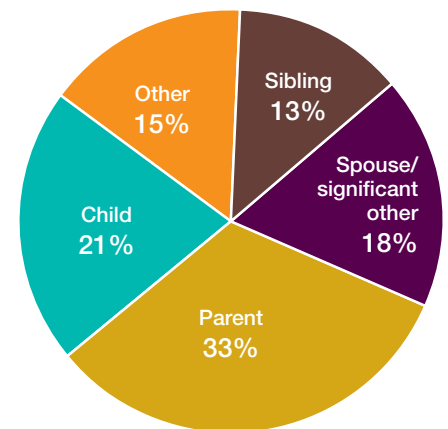
### Tragedy Assistance Program for Survivors

Since 1994, the Tragedy Assistance Program for Survivors (TAPS) has been offering support and care to those whose loved one has died while serving or as a result of their service. TAPS provides a variety of programs for survivors, including a National Military Survivor Helpline, and part of its work revolves around supporting those whose loved one has died by suicide. More than 12,000 of these individuals — spouses, children, siblings, parents and extended family members — have registered with TAPS. The organization's data reveal that almost one-third of these survivors are parents, and more than 21% are children.

Military suicide survivors reside in more than 1,370 counties nationwide. This fact, and where they live, is important for those who work in the social services professions to know. As a way to increase community awareness and support, TAPS shared basic suicide survivor data by county with Measuring Communities, empowering users to learn just how many military suicide survivors live in their county, and what relationship they have to the service member or veteran. In order to protect the identity of this population, suicide survivor data are currently only available in those counties as a total sum of all survivors. Many counties have small numbers survivors and the decision to only provide summary data is done to protect the privacy of these individuals.

*We are grateful to representatives of the American Red Cross, Elizabeth Dole Foundation and the Tragedy Assistance Program for Survivors for sharing their expertise during the preparation of this report.*

### Relationship status for those registered with TAPS





## **Center for Regional Development Extension**

The Purdue Center for Regional Development (PCRD) seeks to pioneer new ideas and strategies that contribute to regional collaboration, innovation and prosperity. Founded in 2005, the Center partners with public, private, nonprofit and philanthropic organizations to pursue applied research and engagement activities. Its key goals include: (1) developing and strengthening access to high quality data and visualization tools to guide the development of local and regional plans; (2) advancing the capacity of regions to pursue programs and projects that embrace the principles of collaboration, broad-based engagement and sound planning; (3) developing and promoting the of programs and projects that build on the existing economic assets and emerging business development opportunities of regions; and (4) exploring the mix of factors shaping the overall well-being of people and the local/regional places in which they live.



## **Military Family Research Institute**

The Military Family Research Institute (MFRI) at Purdue University conducts research on issues that affect military and veteran families and works to shape policies, programs and practices that improve their well-being. Founded in 2000, MFRI envisions a diverse support community that understands the most pressing needs of military and veteran families. To achieve this, MFRI collaborates to create meaningful solutions for them. This internationally-recognized organization is located at Purdue University's College of Health and Human Sciences, in the Department of Human Development and Family Studies.

**We would like to thank the individuals and organizations who provided guidance and assistance in the preparation of this report, as well as the Measuring Communities website.**

**We would especially like to thank our report reviewers:**

William Baas, vice president of talent for Comcast NBC Universal

Leah Barber, American Red Cross

Holly Christian, veterans pro bono coordinator at the American Bar Association's Military and Veterans Legal Center

Nida Corry, Abt Associates

Jonathan Douglas, head of the Requirements Analysis Branch of the U.S. Navy Bureau of Medicine and Surgery

Michael Heard, president of Washington National Insurance Company

Mary Keller, president and chief executive officer of the Military Child Education Coalition

Cristin Orr Shiffer, independent researcher and analyst

Trooper Sanders, former military family policy advisor to former First Lady Michelle Obama

Terri Tanielian, senior behavioral scientist at RAND Corporation

Barbara Thompson, former director of the Office of Military Family Readiness Policy,  
Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy

**And staff from:**

Military Family Research Institute

Purdue Center for Regional Development

Elizabeth Dole Foundation

Tragedy Assistance Program for Survivors

**We would also like to thank our data-sharing partners for providing data to enhance the value of Measuring Communities.**

American Red Cross

America Warrior Partnership

Blue Star Families

Elizabeth Dole Foundation

National Guard Bureau

Tragedy Assistance Program for Survivors



**MEASURING COMMUNITIES**  
Mapping Progress for Military & Veteran Families

## CONNECT WITH US ONLINE



[www.twitter.com/MFRIPurdue](http://www.twitter.com/MFRIPurdue)



[www.facebook.com/MFRIPurdue](http://www.facebook.com/MFRIPurdue)



[www.facebook.com/purdueCRD](http://www.facebook.com/purdueCRD)



[www.measuringcommunities.org](http://www.measuringcommunities.org)



[mcinfo@purdue.edu](mailto:mcinfo@purdue.edu)