



PennState

CLEARINGHOUSE
FOR MILITARY FAMILY READINESS

SUPPORTING UNITED STATES VETERANS:

A REVIEW OF VETERAN-FOCUSED NEEDS ASSESSMENTS FROM 2008-2017

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ABOUT US

Since its inception in 2010, the Clearinghouse for Military Family Readiness has provided professionals who deliver direct assistance to military families with information to help identify, select, develop, and implement evidence-based programs and practices to improve the well-being of service members and their families. We do so by addressing four areas: applied research, program evaluation, implementation support, and learning design and curriculum development.

In terms of Applied Research, we systematically and continuously review programs for service members and families to help make informed decisions about which program best fits the identified need.

With Program Evaluation, the Clearinghouse conducts practical evaluations addressing critical questions such as how to improve upon an existing project and how to determine if a program is having the desired impact.

We provide Implementation Support to help implement, evaluate, and sustain evidence-based programs that meet the needs of military service members and their families. This includes resource reviews, developing custom programs to fit specific needs, and creating a strategy for evaluation and sustainability.

For Learning Design and Curriculum Development, we utilize a cross-functional team approach to create content and tools that are engaging and effective. Our method of design and development ensures a quality learning intervention and is science-based, actionable, measurable, and original.

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EXECUTIVE SUMMARY



Approximately 20 million veterans currently live in the United States (U.S. Department of Veterans Affairs, 2016). Although this number is expected to decrease in the coming years, the diversity of the veteran population is expected to increase. For example, since the 1990s, there has been significant growth in the proportion of female veterans and veterans from ethnic minority groups. Veterans are demographically diverse by age, family structure, education, and income, and they live in a wide range of geographic regions of the United States, including rural, suburban, and urban areas (RAND Corporation, 2015; United States Department of Veterans Affairs, 2016). These veterans have unique needs that cannot be adequately met through one size fits all approaches. Over the past decade, a variety of veteran needs assessments have been conducted to identify their unique challenges with the goal of informing future policy and program development and implementation.

Recent studies indicate that most veterans are living healthy and productive lives. However, needs assessments have identified a number of challenges that veterans face. The most commonly identified needs include service and supports that are designed to do the following:

- Address the unique mental health needs of veterans;
- Promote physical health and well-being;
- Enhance employment and vocational success;
- Secure and improve housing options and reduce homelessness;
- Increase access to affordable transportation;

- Provide high-quality service coordination and reduce barriers to services;
- Improve financial literacy, decrease debt, and increase wealth; and
- Connect veterans to social support.

Needs assessments have identified barriers that decrease veterans' access to services, including the following:

- Awareness, eligibility, and transportation;
- Delays and excessive paperwork;
- Perceived low quality;
- Concerns regarding stigma and lack of confidentiality; and
- Lack of tailored services for women, racial/ethnic minority groups, students, those residing in rural areas, older versus younger veterans, and other underserved groups.

Based on these findings, the Clearinghouse recommends the following steps toward supporting veterans:

- 1.** Offer evidence-based treatment for mental health, but do not overlook other needs;
- 2.** Provide support (e.g., skill-focused – interviews; barrier reduction – transportation) for veterans seeking employment;
- 3.** Decrease obstacles to services;
- 4.** Focus on physical health and disability;
- 5.** Build community;
- 6.** Provide specific support services for family members; and
- 7.** Specialize services/programs for specific veteran subgroups, such as women and members of ethnic/minority groups.



INTRODUCTION

According to the United States Department of Veterans Affairs (VA) (2016), there are approximately 20 million veterans currently living in the United States. These men and women have served during peaceful times and during conflicts that range from World War II to the recent operations in Iraq and Afghanistan. The U.S. veteran population has always been diverse, but has become

2016). Women currently comprise approximately 9% of the veteran population, and approximately 24% of veterans represent racial/ethnic minority groups. These percentages are expected to increase substantially in the coming years. The current veteran population also varies by age; about 22% of current veterans have served in the recent conflicts following the 9/11 terrorist attacks. Furthermore, the

WOMEN CURRENTLY COMPRISE APPROXIMATELY 9% OF THE VETERAN POPULATION, AND APPROXIMATELY 24% OF VETERANS REPRESENT RACIAL/ETHNIC MINORITY GROUPS.

increasingly so over the past several decades. In recent years, there have been significant increases in the proportion of female veterans and veterans from many ethnic minority groups (RAND Corporation, 2015; United States Department of Veterans Affairs,

diversity of the U.S. veteran population also includes service branches represented; enlisted personnel versus officers; and rural versus urban communities which veterans call home (RAND Corporation, 2015; United States Department of Veterans Affairs, 2016).

Contemporary studies have shown that most veterans are thriving on a wide variety of indicators of

well-being. For example, on average, the U.S. veteran population is doing better than their civilian counterparts in areas such as education, employment status, and income levels (RAND Corporation, 2015). However, U.S. veterans are more likely than civilians to suffer from chronic mental and physical health problems, and many face a wide variety of barriers



U.S. VETERANS ARE MORE LIKELY THAN CIVILIANS TO SUFFER FROM CHRONIC MENTAL AND PHYSICAL HEALTH PROBLEMS, AND MANY FACE A WIDE VARIETY OF BARRIERS THAT MAY PREVENT THEM FROM ACCESSING NEEDED SERVICES.

that may prevent them from accessing needed services (RAND Corporation, 2015). Furthermore, veteran outcomes appear to vary widely across many of the subgroups mentioned above, and some veteran subgroup members face significant challenges following their active service.

Over the last ten years, numerous needs assessments have been conducted in the United States that focus on understanding the unique needs that veterans face and identify barriers that prevent them from accessing current services. Most of these needs assessments have focused on a particular geographic region of

the United States, although, a few have included nation-wide samples.

The purpose of the current report is to summarize the primary findings from these needs assessments. In the following pages, results from 28 needs assessment studies have been synthesized. Common themes and findings that appear to be unique to particular sub-

groups have been identified. The report begins by focusing on needs that are broadly relevant across the general veteran population

and then centers on barriers that prevent many veterans from receiving services they need. Next, the report emphasizes the needs of various veteran subgroups, including female veterans, those from racial/ethnic minority groups, students, rural versus urban veterans, and younger versus older veterans from the pre- versus post-9/11 eras. A series of implications based on the data reported are found at the end of this report.



METHODS

This report was based on a review of 28 needs assessments of U.S. military veterans that have been conducted within the past decade. Seventeen of these assessments focused on the general veteran population. Most of these needs assessments centered on a single state or a particular region within a state (e.g., Pittsburgh and Chicagoland) often with the purpose of informing programming within a specific locality.

IN LIGHT OF SIGNIFICANT INCREASES IN WOMEN ENTERING MILITARY CAREERS AND THEIR INCREASING PRESENCE IN COMBAT SITUATIONS, THESE ASSESSMENTS HELP IDENTIFY THE UNIQUE NEEDS OF FEMALE VETERANS.

Thus, this report has synthesized findings across a wide variety of unique samples. Given the diversity in samples, an array of conclusions can be drawn that apply to veterans in general and also various subgroups of veterans. In addition to the general needs

assessments, needs assessments that focused on female veterans (N=4) were examined. In light of significant increases in women entering military careers and their increasing presence in combat situations, these assessments help identify the unique needs of female veterans.

A third group of needs assessments reviewed in this report focuses on student veterans (N=4). These data highlight the unique challenges

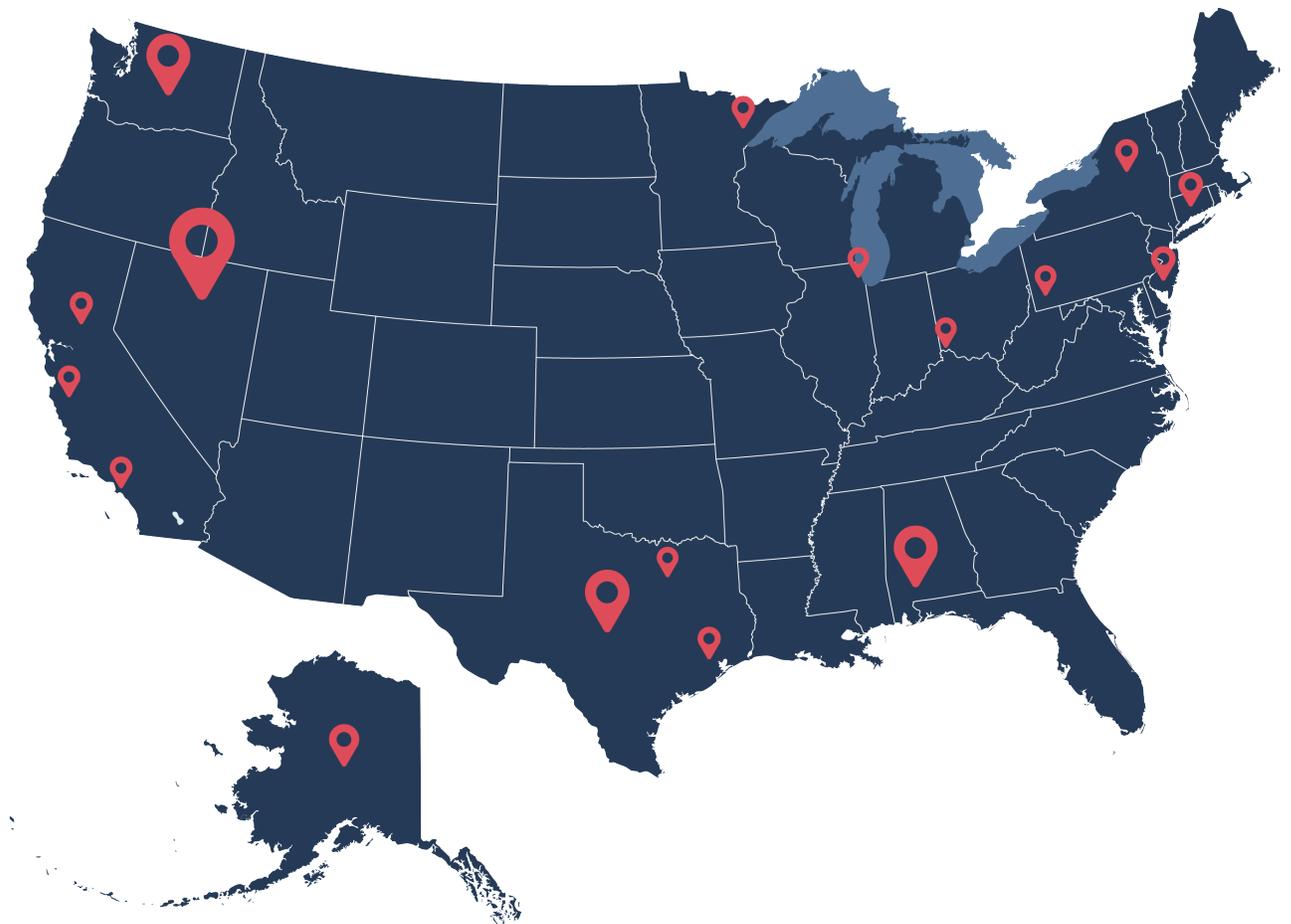
veterans face when pursuing further education and integrating/socializing with civilian faculty, staff, and students.

Moreover, these assessments distinguish the types of services institutions of higher education typically offer veterans and identify areas in which services are lacking or could be expanded. The final group of needs assessments focus on veteran medical needs and services (N=3), and one

assessment focuses on the medical needs of homeless veterans.

The results of the 28 needs assessments are reported here, and begin with a review of the findings from the assessments that focus on the general veteran population. Results are presented in order of topics most frequently identified across these needs assessments. These findings are followed by a review of commonly cited barriers to services that were identified by

veterans and, in some cases, by service providers. Next, results from the needs assessments of veteran subgroups are discussed. This section draws heavily from the assessments conducted with women and students; however, subgroup-related findings that have been included in the more general needs assessments were also reviewed. This report concludes with implications for future practices and services that target U.S. military veterans.



Pins on this map represent the states and regions that 17 of the 28 needs assessments focused on.

RESULTS



AREAS OF NEEDS

Seventeen needs assessments focused on identifying areas of veterans' needs. Results of these assessments are summarized in Table 1 and described in the text that follows. Needs are listed in order according to how frequently they were identified across the needs assessments, and the most commonly cited needs are listed first.

MENTAL HEALTH NEEDS

Mental health problems were identified as the most common area of concern across all of the needs assessments reviewed. Indeed, the link between combat-related trauma and negative mental health outcomes is well established (Grieger et al., 2006; Hoge, Auchterlonie, & Milliken, 2006; Hoge et al., 2004; Hotopf et al., 2006; Kolkow, Spira, Morse, &

Grieger, 2007; Tanielian & Jaycox, 2008). For instance, Schell and Tanielian (2011) found veterans who served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) experienced depressive symptoms at rates two to four times higher than the general public and Post-Traumatic Stress Disorder (PTSD) symptoms at rates eight times higher.

Across the needs assessments, depression and PTSD were the most commonly noted mental health problems; although, several assessments also identified elevated rates of general stress and anxiety among veterans (Albright, Hamner, & Currier, 2016). Rates of depression and PTSD varied widely across assessments with rates ranging from about 16% to 40% (Castro, Kintzle, & Hassan, 2014; Schell & Tanielian, 2011). Reasons for the discrep-

TABLE 1. Areas of need that apply to the general veteran population.

	Mental Health	Employment	Housing	Barriers to Benefits	Lack of Coordination	Transportation	Physical Health	Finances	Social Support Needs	Transition to Civilian Life	Substance Use	Food Security
New York State	■	■		■			■	■	■			
Southwest Alabama	■	■	■	■		■		■		■	■	■
Southwest Pennsylvania	■			■	■			■	■			
Texas	■		■		■	■		■			■	
Alaska		■		■			■					
Bristol, Connecticut	■		■				■					
California	■	■	■		■							
Middlesex County, New Jersey	■	■	■		■	■	■					
Pierce County, Washington	■	■	■	■	■	■	■				■	
San Mateo, California	■	■	■	■	■		■	■		■	■	
Chicagoland	■	■	■	■	■	■	■	■	■	■	■	■
Los Angeles County	■	■	■	■	■		■	■		■	■	
Tristate (Greater Cincinnati Area)			■	■	■	■	■		■	■		
Dallas Fort Worth	■	■		■	■	■						
Western United States	■	■	■	■	■	■			■	■		
Northeast Minnesota	■	■	■	■					■	■		
Houston, Texas	■	■	■		■	■		■	■			■

ancies in rates are likely due to differences in measurement (e.g., symptoms versus clinical diagnosis) and populations that were sampled for each report.

As discussed later in this report, mental health problems are more prevalent among certain veteran subgroups. Specifically, women are much more likely to report mental health problems than men, and younger veterans are much more likely to report mental health problems than older veterans.

FINDING EMPLOYMENT

The second most common concern identified is the need for employment. Many veterans reported difficulty in finding jobs in the

2001—tend to have higher unemployment rates than their civilian counterparts (Dynia, 2009; Kintzle, Rasheed, & Castro, 2016).

Unemployment appears to impact select subgroups of veterans more than others. For example, those who served in combat support roles appear to be more likely to experience difficulty finding employment than those who served in other capacities (Kintzle et al., 2016). Younger veterans also appear to have more difficulty than older veterans in securing employment as they transition from active duty. In addition, members of non-White racial/ethnic groups are more likely to be unemployed than White veterans.

Furthermore, women report lower rates of employment than men, and at least some of this gender gap can be explained

by lack of adequate child-care options (Albright et al., 2016; Dynia, 2009; Guettabi & Frazier, 2015).

HOUSING NEEDS

Housing was listed as a need by veterans in most needs assessments and in three assessments that surveyed service providers. Housing-related needs include



SEVERAL NEEDS ASSESSMENTS FOUND THAT VETERANS REPORT THE LACK OF EMPLOYMENT OPTIONS AS A SIGNIFICANT PROBLEM.

civilian sector. Several needs assessments found that veterans report the lack of employment options as a significant problem (California Department of Veterans Affairs, 2011; Harris County Veteran Service Office, 2017). Interestingly, data suggest that veterans have lower overall unemployment rates than civilians; however, younger veterans—who have served since

finding affordable housing, obtaining a mortgage, and needing but not having access to rent or mort-



HOMELESSNESS AFFECTS APPROXIMATELY ONE-THIRD OF VETERANS EVEN THOUGH VETERANS COMPRISE ONLY ABOUT 2% OF THE U.S. POPULATION.

gage assistance (Applied Survey Research, 2014; Carter & Kidder, 2015; California Department of Veterans Affairs, 2011; Center for Social Inquiry, 2016; Lachman & Laing, 2008). Paradoxically, home ownership rates tend to be higher among veterans as compared to non-veterans. Nevertheless, homelessness affects approximately one-third of veterans (Carter, Kidder, & Schafer, 2016; Dynia, 2009) even though veterans comprise only about 2% of the U.S. population. As with employment outcomes, housing needs are more pronounced for members of racial/ethnic minority groups and for women (Kidder, Schafer, & Carter, 2013). There is also some evidence that homelessness is more prevalent in warmer weather climates (Carter & Kidder, 2013).

Homeless veterans are a particularly vulnerable group. These men and women report higher rates of mental health problems, disability, and military sexual trauma. In addition to reporting

service needs related to housing, homeless veterans report needing dental care, mental health services, and chronic disease management. Because homeless veterans report more barriers to services as com-

pared to other veterans, they often turn to non-VA related agencies for help (National Health Care for the Homeless Council, 2013).

COORDINATION OF SERVICES

Across many of the needs assessments, veterans have reported that they are aware of many of the existing services available to them, but they experience significant difficulty navigating the complex system of veteran's benefits (California Department of Veterans Affairs, 2011; Guettabi & Frazier, 2015; Schell & Tanielian, 2011). Many report confusion about eligibility for specific services, difficulty coordinating across agencies, and frustration with the lack of readily available information about how to access a variety of services (Applied Survey Research, 2014; Center for Social Inquiry, 2016; Schell & Tanielian, 2011). Concerns regarding the coordination of services are relevant

across various subgroups of veterans. In addition, certain groups have unique needs that might be better addressed through increased service coordination. For example, female veterans are more likely than male veterans to experience intimate partner violence and military sexual trauma; these situations require a unique set of services such



VETERANS FROM RURAL AREAS FACE ADDITIONAL CHALLENGES IN COORDINATING SERVICES AS DIFFERENT AGENCIES MAY BE LOCATED FAR APART.

as counseling, legal assistance, shelter, and other related support services. Furthermore, veterans who have children often need access to child care in order to use services, and women and younger veterans are overrepresented in this group (Center for Social Inquiry, 2016). Veterans from rural areas face additional challenges in coordinating services as different agencies may be located far apart (Albright et al., 2016). Several of the needs assessments indicated veterans believe that better communication about services is needed; ideally this communication would come from a centralized source. These communication needs tend to be greatest during the early transition to civilian life (Center for Social Inquiry, 2016).

TRANSPORTATION

Transportation is a reported need for many veterans and intersects with other needs. For instance, a lack of transportation makes it difficult for veterans to access employment; housing; and various medical, mental health, and social services. A lack of adequate transportation disproportionately

affects certain subgroups of veterans, including those with low incomes, those

from rural areas, and those who are homeless. Thus, veterans who are most in need of services are often the least able to access them (Albright et al., 2016; Dynia, 2009; Harris County Veteran Service Office, 2017; Kintzle, Rasheed, & Castro, 2016).

FINANCES AND FOOD SECURITY

The average veteran tends to be more financially secure than the average non-veteran in the United States (Kidder et al., 2013; McCarthy, 2014). Nevertheless, the results from eight of the needs assessments underscore the fact that, although average incomes are higher among veterans as compared to non-veterans, many veterans face at least temporary

unemployment, low-paying transitional jobs, and financial strain during their initial transition to civilian life. Furthermore, although veteran financial outcomes are generally favorable, numerous veterans do face significant financial stressors. For example, in Chicago, approximately one in six veterans lives below the federal poverty line (Applied Survey Research, 2014; Kintzle et al., 2016). Recent data also suggest that veterans were a particularly vulnerable group during the recession of 2007 (McCarthy, 2014).

Not surprisingly, financial and food security needs tend to be higher among those veterans who are having difficulty finding and maintaining employment and those who are facing barriers to receiving various VA benefits (Albright et al., 2016; Schell & Tanielian, 2011). Financial dif-

as officers, and those from rural areas are more likely to struggle financially than those from areas with more population density. Furthermore, women and veterans from racial/ethnic minority groups are much more likely to live below the poverty line than White male veterans (Albright et al., 2016; Carter & Kidder, 2015).

PHYSICAL HEALTH

Needs assessments that have measured physical health indicate a variety of common conditions among veterans. Scores on general indices of physical functioning tend to be lower among veterans as compared to non-veteran populations (Schell & Tanielian, 2011). Veterans are also at elevated risk for a variety of physical disabilities including traumatic brain injury, orthopedic and musculoskeletal problems, combat-related

injuries, and dental problems often due to inadequate access to preventive dental services (Castro et al., 2014; Dynia, 2009; Guettabi & Frazier, 2015; McCarthy,

2014). Disability rates appear to be somewhat higher among older veterans; although, such trends may simply reflect age-associated problems (Castro et al., 2014).



VETERANS WHO SERVED AS ENLISTED PERSONNEL TEND TO HAVE LOWER INCOMES THAN THOSE WHO SERVED AS OFFICERS, AND THOSE FROM RURAL AREAS ARE MORE LIKELY TO STRUGGLE FINANCIALLY THAN THOSE FROM AREAS WITH MORE POPULATION DENSITY.

ficulties also are more prevalent among specific subgroups. Veterans who served as enlisted personnel tend to have lower incomes than those who served

SOCIAL SUPPORT NEEDS DURING TRANSITION TO CIVILIAN LIFE

In several needs assessments, veterans specifically noted difficulties in reconnecting with friends and family members after discharge from the military. They reported feeling a sense of isolation and believe that there is a lack of support services for family members as they transition to civilian life (Schell & Tanielian, 2011). For instance, in southwestern Pennsylvania, only one-half of veterans reported they feel connected to their communities. Similar results are reported by veterans and service providers in other areas of the United States, including the western part of the country; New York; Chicago; Houston; northeastern Minnesota; and the tri-states area of Ohio, Kentucky, and West Virginia (Carter & Kidder, 2013; 2015; Center for a New American Security, 2013; Easter Seals Tristate, 2014; Harris County Veteran Service Office, 2017; Kintzle et al., 2016; Schell & Tanielian, 2011; Wilder Research, 2014). Indeed, veterans reported they do not feel understood by many of their civilian peers, and,

as a result, they feel isolated from them. In contrast, veterans in northeastern Minnesota reported that, when available, a strong family, social, and community support system helped facilitate a positive adjustment to civilian life (Huynh & Mom, 2015)

SUBSTANCE USE

Substance use has been identified as a problem facing veterans in six of the needs assessments; however, other assessments have suggested that rates are similar across Veteran and non-veteran populations. Schell and Tanielian (2011) reported that illicit drug use rates tend to be lower among veterans as compared to non-veterans, and veterans tend to display typical rates of alcohol consumption. Yet, Albright and colleagues (2016) found that most veterans consume alcohol on a regular basis, and rates are particularly high among men. In addition, there is some evidence that alcohol use rates might be slightly elevated among some groups of veterans (Applied Survey Research, 2014); although, findings are mixed. Thus, while some veterans need substance use services, veteran status alone does not appear to be a strong predictor of use.

BARRIERS TO BENEFITS



In 2016, the U.S. government spent nearly \$175 billion on services for veterans (United States Department of Veterans Affairs, 2016). Typical services include healthcare, employment, education, and other programs. The dollars spent vary widely across individual states, and this number does not include funding and support from private foundations, non-profit agencies, corporations, local businesses, and state and local governments. All of these organizations provide needed services and programs for veterans. Despite the significant financial investment in services for veterans in the United States, results from recent needs assessments suggest that many veterans are not accessing services that they need. In the following paragraphs of this report, the most commonly cited barriers to services identified by veterans, their

family members, and military and non-military service providers are reviewed (see Table 2).

ACCESS TO SERVICES

The most commonly noted barrier to services identified in 13 needs assessments was restricted access to specific services. Numerous veterans and service providers have noted that access to care is frequently impeded by limited hours, long wait times, lack of transportation options, and unavailability of certain types of specialty care (Carter & Kidder, 2015; Schell & Tanielian, 2011; Huynh & Mom, 2015). Veterans have also reported that significant paperwork and lack of coordination across service providers are additional barriers that limit access (Castro et al., 2014; Guettabi & Frazier, 2015). Such concerns are common across a wide variety of providers who represent differ-

TABLE 2. Common barriers to veteran services that apply to the general veteran population.

	Access	Lack of Awareness	Stigma	Not Tailored to Subgroups	Transportation	Eligibility	Delays	Perceived Quality	Confidentiality
New York State	■	■	■	■				■	■
Southwest Alabama		■	■		■			■	
Southwest Pennsylvania	■		■			■	■	■	
Texas				■					
Alaska		■	■	■	■				
Bristol, Connecticut	■								
California	■		■			■			
Middlesex County, New Jersey	■	■		■		■			
Pierce County, Washington	■	■			■	■			
San Mateo, California	■	■	■	■		■	■	■	
Chicagoland	■		■	■	■				
Los Angeles County	■		■				■		■
Tristate (Greater Cincinnati Area)	■	■	■	■	■				
Dallas Fort Worth	■	■		■	■		■		
Western United States	■	■		■	■				
Northeast Minnesota	■	■	■				■		■
Houston, Texas		■			■	■			

ent types of services and include, but are not limited to, healthcare, employment, housing, and education (Easter Seals TriState, 2014). Availability of adequate health-care options varies across certain subgroups. For example, gender-specific services—such as OB/GYNs—are lacking (Kidder et al., 2013; ProSidian Consulting, 2011), and females are at increased risk for several negative outcomes including an increased likelihood of experiencing sexual trauma and higher rates of PTSD and depressive symptoms (Guettabi &

2014; California Department of Veterans Affairs, 2011; Guettabi & Frazier, 2015); however, results from 11 of the needs assessments suggested that a sizable portion of respondents reported being unaware of details. For example, in L.A. County, about 40% of pre-9/11 veterans and 51% of post-9/11 veterans reported not knowing where to go to receive specific services (Castro et al., 2015). Furthermore, veterans and service providers commonly reported barriers such as a lack of awareness of the specific types

of services available, where the services are located, how to apply for the services, and whether the veterans are eligible



ACROSS MULTIPLE NEEDS ASSESSMENTS, VETERANS AND SERVICE PROVIDERS REPORTED BEING SWAMPED BY THE VOLUME OF INFORMATION THEY RECEIVED DURING THE SEPARATION PROCESS.

Frazier, 2015). Furthermore, certain regions of the United States have an inadequate supply of service providers—particularly rural areas (Huynh & Mom, 2015).

LACK OF AWARENESS OF ELIGIBILITY FOR SERVICES

The majority of veterans interviewed in most needs assessments reported that they are generally aware of the services available to them (Castro et al.,

to receive services (Lachman & Laing, 2008; Schell & Tanielian, 2011; Huynh & Mom, 2015). Several authors concluded that information overload during the discharge process is probably partially to blame for this lack of awareness. Across multiple needs assessments, veterans and service providers reported being swamped by the volume of information they received during the separation process. Therefore, they report not remembering what kinds of services are available

when they need them (Dynia, 2009; Easter Seals TriState, 2014).

Information overload is problematic for many veterans because service needs often develop over time, and veterans do not always remember what types of services are available when the

MANY VETERANS REPORTED DIFFICULTY SCHEDULING APPOINTMENTS WITH SERVICE PROVIDERS AND LONG WAIT TIMES TO RECEIVE SERVICES.

need arises (Castro et al., 2014). The development of recent programs, such as the Transition Assistance Program (TAP), may help veterans learn about programs and services during the discharge process. However, many veterans report that they still have difficulty recalling this information over time and find it difficult to navigate the complex network of programs and services designed to help them. As such, many veterans report the best source of information currently comes from friends and family members (Guettabi & Frazier, 2015).

STIGMA

Stigma remains a significant barrier to services for many veterans (California Department of Veterans Affairs, 2011). Guettabi and Frazier (2015) report that mil-

itary culture typically emphasizes strength, resiliency, and independence. Thus, military veterans may hesitate to report physical or mental health problems for fear of being perceived as weak, and they may believe that seeking assistance will be detrimental to their employment-seeking success and reintegration into civilian society. Recent studies have suggested that self-stigma or negative

self-appraisals related to health outcomes are particularly problematic for veteran populations and are associated with decreased service use (Michalopoulou, Welsh, Perkins & Ormsby, 2017). Thus, there is an indirect negative impact of the tendency to underreport illnesses or injuries during active duty service. In other words, the service members' medical records may lack information that would qualify them for certain benefits at discharge. Stigma remains an influential deterrent that prevents many veterans from receiving care for mental and physical health problems (Albright et al., 2016; Applied Survey Research, 2014; Castro et al., 2014; Schell & Tanielian, 2011).

DELAYS

Many veterans reported difficulty scheduling appointments with

service providers and long wait times to receive services (Castro et al., 2014). They also reported waiting unusually long periods of time for certain claims to be processed by the VA (Applied Survey Research, 2014). Such barriers discouraged some veterans from seeking services, and they turned to available services in the private sector. Delays in services tend to be particularly troubling for veterans who face acute medical problems, which is relatively common among young veterans who have recently transitioned out of their military service (Applied Survey Research, 2014).

PERCEIVED QUALITY

The results of several needs assessments (N=4) indicate that some veterans are concerned about

the overall quality of offered services. Examples of concerns include perceptions that practitioners do not always relate well to veterans, do not fully understand their unique needs, and use a civilian mentality (Schell & Tanielian, 2011). In addition, female veterans have suggested that they have been treated poorly by VA staff (Guettabi & Frazier, 2015). Many of these concerns have been focused on the VA healthcare system, but veterans also report problems with other types of services including housing and employment services. Common complaints include that such services do not adequately meet the needs of returning veterans, are not well coordinated, are not relevant, and are not readily available (Applied Survey Research, 2014; Castro et al., 2014).

DIFFERENCES IN NEEDS ACROSS VETERAN SUBGROUPS



GENDER DIFFERENCES

Women are the fastest growing veteran population in the United States (Volunteer Lawyers for Justice, 2016). A variety of the needs assessments reviewed above have noted gender differences in veteran needs. Albright and colleagues (2016) found that women report more problems transitioning to civilian life than men. Furthermore, women surveyed in several needs assessments were more likely than men to report difficulty finding jobs and housing, and were more likely to report food insecurity (Albright et al., 2016; California Department of Veterans Affairs, 2011; Guettabi & Frazier, 2015). Several studies also documented higher needs for mental health services among female veterans, and much higher rates of sexual harassment and sexual trauma among females compared to

males (California Department of Veterans Affairs, 2011; Castro et al., 2014; Dynia, 2009; Guettabi & Frazier, 2015; Kintzle et al., 2016).

Four needs assessments specifically focused on female veterans. Results of these assessments are consistent with previously mentioned findings. Female veterans are more likely than their male colleagues to live in poverty, have lower incomes, and experience military sexual trauma (Disabled American Veterans, 2014; Northeast Florida Women Veterans, 2016; ProSidian Consulting, 2011; Volunteer Lawyers for Justice, 2016). Furthermore, compared to male veterans, females tend to be younger, are more likely to come from a racial/ethnic minority group, have completed higher levels of education, are more likely to be married, and are more likely to have been divorced (Volunteer Lawyers for Justice, 2016). Results are summarized in Table 3.

Overall, barriers to services are similar across male and female veterans; however, women are more likely to report needing help with childcare, dealing with abusive relationships, and experiencing sexism both during and after completing their active duty service (Harris County Veteran Service Office, 2017; Northeast Florida Women Veterans, 2016; ProSidian Consulting, 2011). Women are also more likely than men to report that VA healthcare does not meet their needs, as many

prevalent among veterans who belong to racial/ethnic minority groups than among White veterans (Albright et al., 2016; Carter & Kidder, 2013), and they also are more likely to report problems with employment and lower incomes.

STUDENTS

Due to the education benefits associated with military service in the United States, a relatively large segment of the veteran population includes students. Indeed,

four needs assessments have focused on this group. Results indicate that most veteran students use their GI Bill bene-

fits to help fund their education (Elliott, 2009; McBain, Kim, Cook, & Snead, 2012; University of Arizona, 2012; University of Texas at San Antonio, 2011), and many report that they feel welcomed by university personnel and students, and integrate well into campus culture (University of Texas at San Antonio, 2011). Furthermore, student veterans appear to have less severe mental health problems as compared to non-student veterans (Elliott, 2009).

While many student veterans report they feel welcomed and supported within the university

MEMBERS OF RACIAL/ETHNIC MINORITY GROUPS REPORT MORE PROBLEMS THAN MAJORITY GROUPS WITH THE TRANSITION FROM MILITARY TO CIVILIAN LIFE.

have had difficulty accessing gender-specific services (See Table 4) (ProSidian Consulting, 2011).

RACIAL/ETHNIC DIFFERENCES

Although few needs assessments of veterans have focused on racial/ethnic differences in needs, the results of two recent assessments indicate unique needs across groups. Members of racial/ethnic minority groups report more problems than majority groups with the transition from military to civilian life (Albright et al., 2016). Housing and food security problems tend to be more

TABLE 3. Needs reported in female-specific needs assessments.

	Mental Health	Physical Health	Sexual Trauma	Finances	Domestic Violence	Female-Focused Support	Social Support Needs	Legal Needs	Employment	Child Care	Transition to Civilian Life	Barriers to Benefits	Housing	Lack of Coordination	Substance Use
New Jersey	■		■	■		■		■				■		■	
Northeast Florida	■	■		■	■		■		■	■	■		■		
ProSidian U.S. Veterans	■	■	■												
DAV U.S. Veterans	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

TABLE 4. Barriers reported in veteran, female-specific needs assessments.

	Access/Application Process	Perceived Quality	Not Tailored to Women	Eligibility	Transportation	Delays	Stigma	Confidentiality	Lack of Awareness
New Jersey			■				■		
Northeast Florida	■	■		■	■	■			
ProSidian U.S. Veterans	■	■	■					■	
DAV U.S. Veterans	■	■	■	■					■

community, they do not believe university administrators do enough to help faculty, staff, and non-veteran students fully understand the unique needs of



MANY STUDENT VETERANS REPORT THAT, ALTHOUGH THEY ARE AWARE OF MANY SERVICES, THEY DO NOT ALWAYS USE THEM.

veterans (Elliott, 2009; University of Arizona, 2012; University of Texas at San Antonio, 2011). In fact, many student veterans report challenges as they transition from active duty to civilian life—particularly within the context of a university setting in which they are commonly surrounded by younger peers. Student veterans also report difficulty trying to balance school, work, and family obligations (University of Texas at San Antonio, 2011).

A recent survey of university officials indicates that most universities have bolstered the number and breadth of programs available for veterans in recent years (McBain et al., 2012). However, many student veterans report that, although they are aware of many services, they do not always use them (University of Arizona, 2012; University of Texas at San Antonio, 2011). Common barriers

to accessing these services include stigma, difficulty understanding eligibility criteria, and trouble navigating the application processes (McBain, Kim, Cook, & Snead, 2012; University of Texas at San Antonio, 2011). Many student veterans report financial difficulties and have expressed an interest

in getting help with navigating student services such as financial aid. In addition, students would like to have a streamlined process through which to shop and apply for various types of support (University of Arizona, 2012).

DIFFERENCES ACROSS RURAL AND URBAN VETERANS

As previously noted, major barriers to services among veterans include lack of access to services, service delays, transportation concerns, and availability of services. These obstacles tend to be most prevalent in rural areas. For example, in rural areas, VA services are often farther from veterans' homes, and veterans often have difficulty accessing needed services in a timely manner (Applied Survey Research, 2014; Carter & Kidder, 2015; Center for Social Inquiry, 2016; Kidder et al., 2013).

Furthermore, the availability of veteran services varies widely across states and local communities (Schell & Tanielian, 2011).

DIFFERENCES BY PRE- AND POST-9/11 VETERAN STATUS

Although most needs assessments did not focus on differences in veteran needs by age, several examined the needs of pre- versus post-9/11 veterans (N=4). In general, post-9/11 veterans appear to be doing better than pre-9/11 veterans on most measures of well-being, including income, education, and employment. In large part, this could be a result of specialized skills gained during their military careers (Carter & Kidder, 2015). At the same time, veterans who recently transitioned out of the military tend to report

a greater need for employment services, job training, and education support. Such needs are likely due to their younger age as older veterans are more likely to already be established in their careers. Younger veterans also report more needs related to family relationships including childcare and marriage support during the transition to civilian life (Schell & Tanielian, 2011). Further, younger veterans are more likely to report being overwhelmed by the large volume of information given to them during the separation process (Dynia, 2009). In contrast, older veterans tend to report more healthcare needs, limited transportation options, and, in some cases, the need for help with career changes (California Department of Veterans Affairs, 2011; Guettabi & Frazier, 2015; Harris County Veteran Service Office, 2017).

CONCLUSIONS



STRENGTHS AND LIMITATIONS OF NEEDS ASSESSMENTS

The outcomes of the 28 needs assessments reviewed in this report provide a wealth of information that can be used to help support a wide variety of veteran groups in the United States. These assessments suggest that most veterans experience a variety of positive outcomes and are doing relatively well in terms of general well-being, substance use patterns, employment outcomes, and income. However, these needs assessments indicate areas of challenge for a significant minority. Veterans tend to demonstrate significant mental and physical health needs. Indeed, while many veterans have careers, good incomes, and stable housing, other veterans struggle to meet basic needs.

Certain veteran subgroups, including women and members of non-White ethnic minority groups, tend to be at increased risk for a variety of negative outcomes and have unique needs. For example, female veterans are much more likely than men to experience sexual trauma during their military service, and these experiences leave them vulnerable to poor outcomes after discharge. These results indicate a clear need for subgroup-specific/specialty support services for veterans.

The needs assessments examined in this report have a variety of strengths and limitations. Most are based on large samples of veterans; however, response rates tend to be low. This is a common problem in large-scale surveys and results in an overall sample that is not representative of the veteran population. Furthermore,

most of the needs assessments used mixed methods to collect data, which included a combination of quantitative surveys and qualitative focus groups and interviews. Few assessments provided information on the quality of their measures, and most were developed specifically for the individual project. As a result, the findings might be somewhat biased by measurement error. The assessments reviewed may also be affected by common methodological problems, such as participants being influenced by outside

of the needs identified by veterans came from qualitative focus groups, others were identified through responses to pre-defined questions. Thus, specific needs are widely cited simply because they were widely assessed. Although some prevalent needs—such as mental health—are likely accurate since they were identified through both qualitative and quantitative methods, other less prevalent needs might be under-reported because these needs were not included in many of the assessments. For example, social support needs were

identified in some of the assessments, but were not assessed in many others. Therefore, readers need to take

care to not overlook emerging needs of veterans that may be discovered in future assessments.

In sum, the 28 needs assessments reviewed in this report offer valuable insights into the most common needs of current veterans in the United States. Based on this review, this report offers specific implications for practice with the goal of improving outcomes for this population.



THE 28 NEEDS ASSESSMENTS REVIEWED IN THIS REPORT OFFER VALUABLE INSIGHTS INTO THE MOST COMMON NEEDS OF CURRENT VETERANS IN THE UNITED STATES.

events that occurred at the time of the study, personal biases and forgetfulness, and experimenter biases during data collection and analysis. Nevertheless, the consistency and convergence of findings across the needs assessments suggest that these are common issues pertaining to veteran health and well-being.

A major caveat when drawing conclusions from these assessments is that the researchers typically decided upon the types of research questions to ask. Although many



IMPLICATIONS FOR PRACTICE

1. FOCUS ON MENTAL HEALTH BUT DO NOT OVERLOOK OTHER NEEDS.

Mental health was the most frequently reported area of need for veterans. The data demonstrate that there are many challenges in this domain of function for veterans. Given the diversity in veteran populations, the types of evidence-informed services offered should be tailored to meet the veterans' unique needs: trauma exposure, military sexual assault, and culturally sensitive mental health service provision.

There are a number of barriers that discourage veterans from obtaining the mental health services they need. As such, addressing barriers such as limited transportation options, eligibility concerns, and stigma associated with mental health diagnoses, may be more effective than adding additional services. The availability of services does appear to be a larger problem in rural areas where veterans need to travel long distances to obtain the services they need. Thus, there may be options for tele-health or mobile-based approaches to service delivery.

2. PROVIDE SUPPORT FOR VETERANS SEEKING EMPLOYMENT.

Overall, veterans are doing well in terms of finding and maintaining employment. However, enhanced employment services that target younger veterans may be warranted. Many young veterans report that the technical skills they gained while serving in the military have helped them find and maintain jobs. Indeed, employment services for returning veterans could help these men and women identify how to better present these skills to prospective employers. Findings indicate that women and minorities appear to be at a significant disadvantage, so tailored interventions are warranted.

3. DECREASE BARRIERS TO SERVICES.

Veterans have identified numerous factors that decrease the likelihood that they will access services. Moreover, many of these barriers apply across multiple types of services (e.g., healthcare, mental health services, employment support, and student programs). Recommendations to help decrease barriers include the following:

- Provide a centralized source of information to help veterans learn about services and eligibility requirements and how to access and pay for services.
- Develop a tailored system of services that focuses on veteran needs to help veterans access relevant services that better meet their needs and help them overcome feelings of stigma.
- Disseminate information on services in a phased approach: most immediate information for transition is provided first and new or more relevant information is provided at regular intervals. Veterans have suggested that they need less information during the transition and better access to information in the weeks, months, and years that follow their transition.
- Provide easier access to services—particularly in rural areas (e.g., mobile clinics and services, transportation support, telehealth, access to local service providers, and teleservices). In addition, services that are tailored to various subgroups should be made more widely available to meet the needs of veterans.
- Streamline healthcare-related services as suggested in a recent report that focused on the Veterans Health Administration (VHA) and made the following recommendations: (1) work to better match the supply of healthcare services to veteran demand; (2) develop a customer focus that balances local autonomy of agencies with best practices for healthcare; (3) integrate standardized data and tools with the goal of making evidence-based service delivery decisions; and (4) empower healthcare leaders to build a culture of collaboration, ownership, and accountability (Mitre Corporation, 2015).

4. FOCUS ON PHYSICAL HEALTH AND DISABILITY.

Although rates of physical health problems and disabilities among veterans appear to be lower than mental health problems, the results of a variety of the needs assessments (N=9) indicate that veterans do require help addressing a variety of physical health needs. A two-pronged approach to addressing physical health is recommended: (1) limit the barriers to care and (2) assist veterans in overcoming perceptions of stigma.

5. BUILD COMMUNITY.

Increase opportunities for veterans to connect to other veterans and community-based groups. Results of several assessments (N = 7) demonstrate that veterans have a clear need for social support during and after the transition to civilian life.

6. OFFER SERVICES FOR FAMILY MEMBERS.

Veterans benefit when their families are supported. Those needs assessments that examined veterans and their families presented findings that underscore the need for support to families (Schell & Tanielian, 2011). Spouses of married veterans, in particular, reported difficulties readjusting to the reunification of their family and often had difficulty coping with stressors associated with the transition. Veterans may benefit from services that support the entire family system after the transition to civilian life.

7. SPECIALIZE SERVICES FOR SPECIFIC VETERAN SUBGROUP NEEDS.

A variety of veteran subgroups have unique needs that often make the transition to civilian life particularly challenging. Suggestions on how to address these needs follow:

- Provide tailored VA services for women.
- Provide designated services to help veterans from racial/ethnic minority groups.
- Provide student veteran services that help to navigate GI Bill benefits and healthcare and mental health services.
- Offer services in rural areas and provide transportation support when options are not widely available.
- Provide services to meet the unique needs of different life stages.

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