



## A Review of the Literature on Veteran Needs

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## Executive Summary

A majority of this nation's veterans are thriving according to a variety of different metrics, and this assertion includes the approximately 800,000 veterans who live in Pennsylvania and the 8,000 additional veterans who choose to reside in Pennsylvania post-military service each year (DoD SkillBridge, n.d.). Despite the generally high levels of functioning in the veteran population, a variety of needs have been documented. Based on convergence of evidence across studies, some notable needs that should be addressed to advance veteran well-being include the following: financial insecurity, mental health stigma, the normalization of the use of mental healthcare services and veteran feelings of cultural isolation/invisibility when attempting to reintegrate into civilian society, burdensome processes for accessing benefits and services, and improved care coordination/resource navigation.

The following recommendations are proffered based on the above-noted needs. These recommendations are investigative and, ultimately, serve the broader goal of identifying evidence-informed policy priorities for the Commonwealth of Pennsylvania.

- 1) Examine the processes associated with obtaining benefits and services with the intention of determining potential efficiency improvements (e.g., exorbitant wait times, multiple interactions required to resolve an issue, unrealistic demands on program staff, improper staffing structure given the amount of work required to serve clientele, requests for information that are not necessary for processing applications, outdated/inaccurate information in reference materials).
- 2) Conduct a comparative review of Pennsylvania's current policy and programmatic landscape within the Department of Military and Veterans Affairs (DMVA) with peer states to determine whether structural adjustments may be beneficial.

## Introduction & Methods

This report represents the first phase of work in the development of a policy agenda for military-connected individuals in Pennsylvania. The goal of this literature review is to describe the transition<sup>1</sup> needs of military-connected individuals using grey and peer-reviewed literature. This report also considers the generalizable data and associated recommendations from The Veterans Metrics Initiative (TVMI), which is a longitudinal

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<sup>1</sup> This report considers a lifespan perspective on post-military separation and, therefore, focuses on veterans' needs following separation from the military to the end of life. As such, when the term veteran is used, it focuses only on individuals who are no longer serving in the military.

study of a cohort of transitioning veterans over the first 3 years after separation from the military.

This report will serve as one component of a multi-pronged investigation into veteran and military-connected Pennsylvania policy options. Investigation into the following additional areas has been initiated and will be described in future reports: Pennsylvania's existing military-connected policies and how they compare to the policies of peer states, Pennsylvania's Department of Military and Veterans Affairs (DMVA) budget and structure, and DMVA-funded programs (governmental and nongovernmental). In addition to using relevant grey literature, peer-reviewed literature, and TVMI data, information will also be gathered using previous reports compiled by Syracuse University's Institute for Veterans and Military Families (IVMF), the DMVA website, and other online government sources (e.g., the Census Bureau, Treasury Department, Independent Fiscal Office, Pennsylvania General Assembly).

Ultimately, this series of reports will serve as the justification for the policy agenda. The policy agenda will reflect what the literature suggests are effective roles of state government and recommended adjustments to current operating procedures.

## **Transition Needs of Veterans**

This section provides a summary of the peer-reviewed and grey literature surrounding active duty veterans' transition needs and the transition needs of National Guard and Reserve (NG/R) veterans.

Identifying community and individual needs is not straightforward. There are several limitations associated with the methods used to determine needs (e.g., anecdotal reports, cross-sectional designs, difficulty statistically controlling potential mediators and/or moderators of effects, questionably representative samples). In order to address the above-noted limitations, Clearinghouse professionals examined convergence across articles and identified a prioritization of veterans' needs and the needs that appear to be the most amenable to policy change. Convergence across studies is a more powerful means of identifying needs as it aggregates needs across a variety of methods and increases the likely representativeness and subsequent generalizability of the individual study samples.

## **Active Duty Veterans' Transition Needs**

Research findings indicate that the majority of veterans lead healthy and productive lives after transitioning out of the military (Tsai et al., 2015; Vogt et al., 2021). On average, veterans fare better than non-veterans on several educational and employment-related metrics of success. Veterans have higher levels of income, employment, home ownership, and civic participation rates (Carter & Kidder, 2015). However, there is also a significant minority of veterans who struggle to overcome challenges they have encountered during reintegration. In these cases, veterans may experience difficulty

finding a job and/or housing, legal issues, financial stress, physical and mental health challenges, and relationship difficulties (Elnitsky et al., 2017; Sheng et al., 2016).

Even the most well-adjusted veterans are likely confronted with numerous challenges during and after their transition to civilian life. Separating from the military is not one transition; it is a series of simultaneous transitions. Veterans may need to move, change occupations (Steinhauer, 2020), find employment (Keeling et al., 2019), initiate or continue their education (Congressional Budget Office, 2019), find new sources of social support beyond their fellow military members, and navigate the shift from a collectivist military culture to an individualist civilian culture (Pease et al., 2015). Transition from the military can also be difficult because Service members switch from an environment where the military provides for their basic needs (e.g., housing and healthcare) to civilian communities where they must independently address their needs.

The severity of these transition challenges depends on an array of factors: age, education, financial status, geographic location, access to services, family and community support, physical health, mental health, military experiences (e.g., combat, military sexual trauma), and prior experiences (e.g., adverse childhood experiences). Thus, the transition experience is unique to each individual veteran and requires consideration of all the overlapping contexts, communities, and identities that exist (Crocker, et al., 2014).

Given the potential challenges veterans face, many veterans report a need for transition programs and services (Institute of Medicine, 2010; Perkins et al., 2019). A review of past needs assessments and findings from the TVMI study indicates that veterans were most in need of programs and services that address the following: mental health, physical health and well-being, employment opportunities, housing, homelessness, access to affordable transportation, high-quality service and care coordination, financial literacy and debt reduction, and social support (Perkins et al., 2017; Perkins et al., 2019).

The presence of barriers increases veterans' difficulties in addressing challenges after transitioning from the military (Sayer et al., 2010; Stecker & Fortney, 2011). Some veteran-focused programs and services incorporate barrier-reduction components, and veterans have reported these efforts are helpful (Morgan et al., 2020). Indeed, assistance in obtaining benefits is one example of a barrier-reduction component that was identified in the TVMI study. Many veterans will establish themselves in communities that may not be familiar with military personnel (Van Slyke & Armstrong, 2020), and often, it is the non-profit service sector that provides programs and services for veterans. Over 40,000 non-profit organizations are estimated to provide services to veterans and their families (Berglass & Harrell, 2012), and some estimates state that the number of service organizations is closer to 400,000 (Carter & Kidder, 2015; Meyer, 2013). The number of different organizations that are dedicated to helping veterans can be overwhelming for individuals to navigate (Castro et al., 2014; Lazar, 2014). Moreover, the efficacy of the majority of programs that exist to improve veteran well-being outcomes is unknown (Morgan et al., 2018).

In the TVMI study, veterans reported using 1,736 unique programs, and almost half (n = 819) of these programs were related to employment. Approximately two-thirds of veterans used at least one program to enhance their well-being, and 53% of the TVMI sample only used an employment program. Nonetheless, many veterans have needs and have experienced challenges; however, they rarely engage in the programs and services that are available to them.

Among reasons for not using programs, males often reported that they did not need programs. Females and lower ranking enlisted veterans (E1-E4) often reported they did not know what programs they were eligible for (Aronson et al., 2019). Personal beliefs related to self-reliance (Harding, 2017), distrust in institutions (Jones et al., 2021), and lack of self-efficacy (Balderrama-Durbin et al., 2015) are additional reasons veterans report not using transition programs and services, particularly services related to mental health. A recent study that examined utilization of supportive programs in the National Guard found that programs are underused; however, increases in mental health symptoms (e.g., suicidal ideation, depression) and/or stressors, such as number of deployments and negative deployment experiences, did expand program and service use (Watson et al., 2021).

Subgroups of veterans (i.e., junior enlisted; women; lesbian, gay, bisexual, and transgender [LGBT] individuals; racial and ethnic minorities; and veterans with disabilities) may have different needs and experiences during their transitions to civilian life (Carter & Murphy, 2015; Copeland et al., 2020). While only limited data exist on veteran minority groups (Van Slyke & Armstrong, 2020), there is evidence that minority veterans do not fare as well as White, cisgender<sup>2</sup>, male veterans (Grogan et al., 2020b). In fact, these minority veterans face multiple obstacles such as accessing appropriate services for women's healthcare at the Department of Veterans Affairs (VA), feeling welcome at veteran service organizations or support groups for minorities and LGBT individuals, and experiencing post-service employment difficulties, especially for junior enlisted and minority individuals. Minority and women veterans reported not being prepared for the transition out of the military (Albright et al., 2018), and these same veterans also faced challenges with pursuing services to meet their specific needs (Kidder et al., 2018).

## **National Guard and Reserves Forces' Needs**

NG/R Service members often face different transition needs than their active duty counterparts, but this group of veterans is particularly understudied (Van Slyke & Armstrong, 2020). NG/R members and their families tend to be established in civilian communities, and, unless they work full time for the military or are students, they are typically employed in the civilian workforce. If they needed transition services, the

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<sup>2</sup> An individual whose gender identity corresponds with their birth sex.

Transition Assistance Program (TAP) is of little utility because, it is only available to those separating NG/R members who have served on active duty for at least 180 days. So, many NG/R members are ineligible for this benefit.

Research has found NG/R members who have separated from the military may be at a higher risk for mental health problems than those who remain in the Reserves, especially within the first 2 years after separation (Wang et al., 2020). Indeed, this transition period may be an opportune time for interventions to be introduced that can address these unique needs and reduce NG/R members' risk of adverse mental health outcomes (Wang et al., 2020). In addition, poor communication and outreach efforts also hamper NG/R participation in community services and referral organizations and impede access to VA benefits (Van Slyke & Armstrong, 2020).

## **Pennsylvania's Veteran Population**

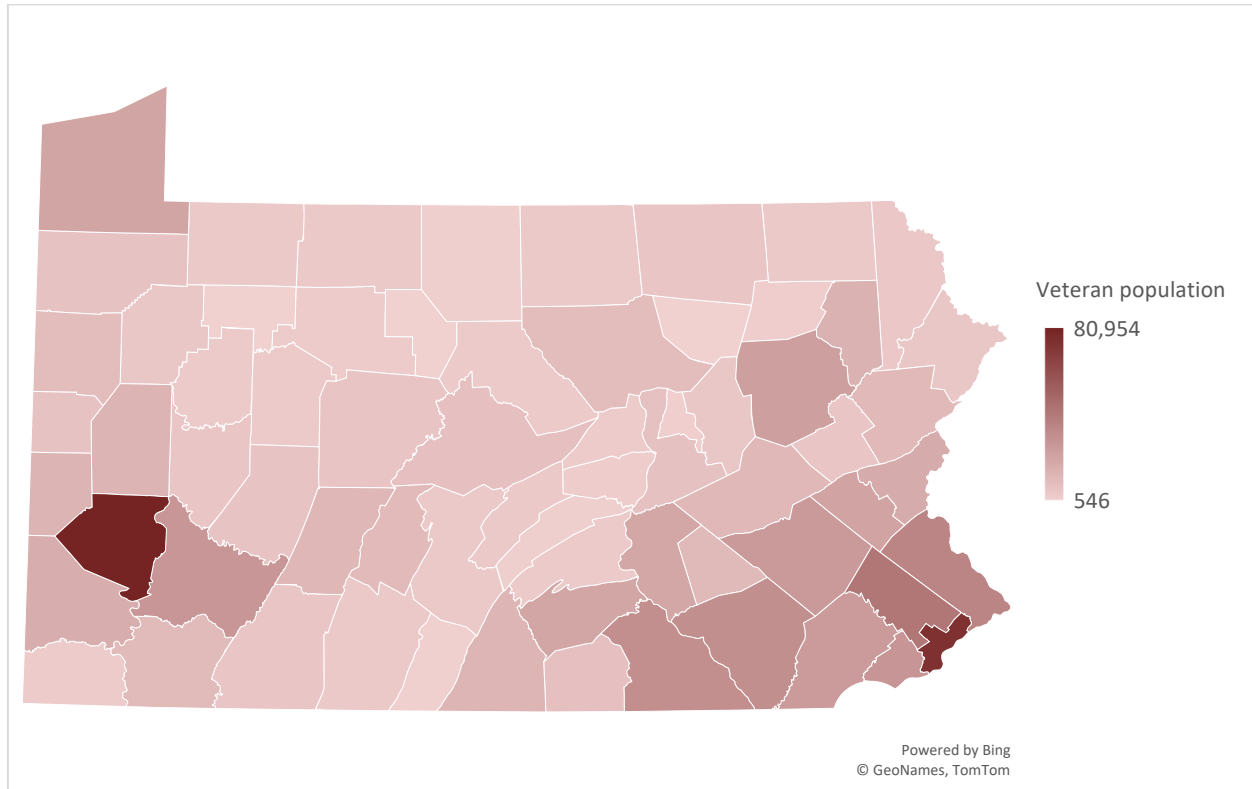
Currently, Pennsylvania has the 4<sup>th</sup> largest veteran population in the United States. However, the projected veteran population in Pennsylvania is expected to decline by 3% annually, compared to 1.8% per year nationally. In 2045, the projected number of veterans living in Pennsylvania is expected to be 347,000 (VA, 2017). As of 2019, Pennsylvania veterans tended to be older than the general population of Pennsylvania; for example, 29% of veterans were 75 years or older compared to 8.8% of Pennsylvania residents (CWIA, 2021). Due to the expected steady decline of the Pennsylvania veteran population, the veteran age distribution in Pennsylvania is projected to remain roughly the same in 2045, and veterans who are 65 and older would continue to make up the highest percentage of Pennsylvania veterans (VA, 2017). Ensuring that a declining veteran population does not lead to a deprioritization of addressing veteran needs within the policymaking arena is essential.

Roughly 8,000 new veterans transition from military service to civilian life and settle in Pennsylvania each year (DoD Skill Bridge, n.d.). While data are limited for understanding the specific needs of the veterans who are transitioning to Pennsylvania, research indicates that, in general, transitioning to civilian life can be a particularly challenging time for veterans, and veterans report they need transition-related services (Institute of Medicine, 2010).

According to the DMVA website, approximately 800,000 veterans live in the Commonwealth of Pennsylvania (DMVA, n.d.). Allegheny County, where the city of Pittsburgh is located, is the county with the largest number of veterans in Pennsylvania (n=80,945). Philadelphia County, where the city of Philadelphia is located, has the second largest veteran population among Pennsylvania counties (n=74,333). Out of Pennsylvania's 67 counties, 19 of them are considered urban, and 48 are considered rural. The combined 48 rural counties have slightly less than half the number of veterans (n=273,334) than the combined 19 urban counties (n=563,034). See Figure 1 below for the number of veterans living in each Pennsylvania county.

**Figure 1**

*Pennsylvania Veteran Population by County*



The counties with the lowest veteran populations in Pennsylvania are Cameron (n=546), Sullivan (n=662), and Forest (n=741), which are some of the least populated counties. Although fewer veterans live in rural counties, even fewer civilians live in rural counties, which means rural counties often have higher percentages of veterans than urban counties (e.g., 6.5% of Allegheny County residents are veterans; whereas, 12% of Cameron County residents are veterans).

The majority of Pennsylvania veterans are male (92.6%). In fact, Pennsylvania has fewer female veterans than the national average (i.e., 7.4% in Pennsylvania, 9.4% nationally). The race and ethnicity characteristics of veterans in Pennsylvania are as follows: 87.8% White; 9.2% Black or African American; 1.4% some other race; 1.6% two or more races; and 2.8% Hispanic or Latino of any race (U.S. Census Bureau, 2019). The median income of Pennsylvania veterans is \$40,340, which is higher than the Pennsylvania civilian population (\$32,145). In addition, veterans in Pennsylvania were less likely to report being in poverty than Pennsylvania civilians within the past 12 months (6.8% compared to 11.1% of non-veterans), despite having similar rates of employment compared to non-veteran samples. Of the veterans who are between the ages of 18 and 64 and who live in Pennsylvania, 77% of them are in the workforce, which is equivalent to the non-veteran labor force participation rate in Pennsylvania (CWIA, 2021). In 2019, prior to the COVID-



19 pandemic, the unemployment rate among veterans was 3.6%, which was lower than the civilian unemployment rate of 4.5%.

In terms of educational attainment, veterans are more likely than the civilian population, age 25 years and older, to be a high school graduate (93.7% compared to 90.8%) and to have completed some college or an associate's degree (30.4% compared to 23.8%). Non-veterans had a larger proportion of bachelor's degrees or higher with 33.1% compared to 22.8% of veterans. Overall, 17% of Pennsylvania veterans reported a service-connected disability. Approximately 35% of veterans who reported a disability rating indicated that their disability rating was 70% or higher.

## **Need Prioritization for State Policy**

Across the variety of data reviewed, a vast array of needs was identified. Selecting which needs should be addressed is difficult and requires a standard or criterion to make systematic decisions related to prioritization. Because the goal of this project is to identify evidence-informed policy priorities for the Commonwealth, the Clearinghouse focused on the preponderance and convergence of evidence of the most pressing needs across grey and peer-reviewed literature.

The identified transition needs are grouped into the following well-being domains:

- **Employment**
  - Unemployment (Albright et al., 2018; Carter & Kidder, 2015; Vogt et al., 2020)
  - Underemployment (e.g., lack of understanding of veterans' skill sets) (Carter & Kidder, 2015; Derefinko et al., 2019; Farmer et al., 2017; Grogan et al., 2020b; Van Slyke & Armstrong, 2020; VETERANetwork, 2020; Vogt et al., 2020)
  - Employer misunderstanding of veterans' mental health (Van Slyke & Armstrong, 2020)
- **Finance**
  - Unstable housing (Copeland et al., 2020; Grogan et al., 2020a; Grogan et al., 2020b; Van Slyke & Armstrong, 2020)
  - Financial literacy, early support and intervention (Van Slyke & Armstrong, 2020)
  - Financial security (Carter & Kidder, 2015; Farmer et al., 2017; Grogan et al., 2020a; Grogan et al., 2020b; Kidder et al., 2018; Van Slyke & Armstrong, 2020; VETERANetwork, 2020)
- **Mental Health**
  - Address post-traumatic stress disorder (PTSD) (Albright et al., 2018; Carter & Kidder, 2015; Derefinko et al., 2019; Farmer et al., 2017; Grogan et al., 2020b)

- Stigma reduction and normalization of the use of mental healthcare (Van Slyke & Armstrong, 2020; VETERANetwork, 2020)
- **Social Support**
  - Isolation (Carter & Kidder, 2015; Grogan et al., 2020b; Van Slyke & Armstrong, 2020; VETERANetwork, 2020; Vogt et al., 2020)
  - Invisibility and lack of others understanding of veterans and military service (Albright et al., 2018; Derefinko et al., 2019; Grogan et al., 2020a; Grogan et al., 2020b)
  - Generational divides among veterans (Grogan et al., 2020a)

The following transition needs span domains:

- **Resource Navigation**
  - Timing and targeting of outreach, particularly to those most at risk (e.g., junior enlisted and minorities) (Carter & Kidder, 2015; Grogan et al., 2020a; VETERANetwork, 2020)
  - Paperwork burden (Albright et al., 2018; Carter & Kidder, 2015; Grogan et al., 2020a; Van Slyke & Armstrong, 2020)
  - Assistance for obtaining services (Morgan et al., 2020)
  - Service and care coordination (e.g., case management, resource referrals) (Carter & Kidder, 2015; Grogan et al., 2020a; Van Slyke & Armstrong, 2020; VETERANetwork, 2020)
  - Resource awareness (Farmer et al., 2017; Van Slyke & Armstrong, 2020; VETERANetwork, 2020)
  - Access to services (Carter & Kidder, 2015; Derefinko et al., 2019; Grogan et al., 2020a; Grogan et al., 2020b; Morgan et al., 2020; Van Slyke & Armstrong, 2020)
  - Use of evidence-based program components (VETERANetwork, 2020)
  - Predatory non-profit organizations (Kidder et al., 2018)

The above transition needs are especially salient for the following underserved populations:

- Women (Van Slyke & Armstrong, 2020; VETERANetwork, 2020; Vogt et al., 2020)
  - Military sexual trauma (MST)/PTSD (Grogan et al., 2020b; Van Slyke & Armstrong, 2020)
    - Access to care, particularly at the VA (Grogan et al., 2020a; Van Slyke & Armstrong, 2020)
  - Stigma around military service (Albright et al., 2018; Van Slyke & Armstrong, 2020)
  - Food insecurity/deserts (Van Slyke & Armstrong, 2020)
- Junior enlisted (Van Slyke & Armstrong, 2020; VETERANetwork, 2020)

- PTSD (VETERANetwork, 2020)
- Financial insecurity (VETERANetwork, 2020)
- Social isolation (VETERANetwork, 2020)
- Unemployment (VETERANetwork, 2020)
- Minorities (Black and Hispanic) (Grogan et al., 2020b; Van Slyke & Armstrong, 2020; VETERANetwork, 2020)
  - Mental health concerns (Albright et al., 2018)
  - Culturally competent care (Albright et al., 2018)
  - Food insecurity/deserts (Van Slyke & Armstrong, 2020)
  - Underemployment (VETERANetwork, 2020)
- LGBT
  - PTSD (Carter & Kidder, 2015; Grogan et al., 2020b)
  - Other than honorable discharge status (Carter & Kidder, 2015; Grogan et al., 2020b)
  - Culturally competent care (Grogan et al., 2020b)
  - Stigma around service (Grogan et al., 2020b)
- Rural (Kidder et al, 2018; Van Slyke & Armstrong, 2020; VETERANetwork, 2020)
  - Underemployment (Albright et al., 2018)
  - Transportation (Van Slyke & Armstrong, 2020)
  - Access to care (Carter & Kidder, 2015; Grogan et al., 2020a; Kidder et al., 2018; Van Slyke & Armstrong, 2020)

## Conclusion and Recommendations

While research findings indicate that veterans who are transitioning from the military are thriving (e.g., Vogt et al., 2021), they still have a wide variety of needs. This literature review identified specific needs based on the preponderance and convergence of evidence across recent research findings (i.e., 2010 to present). The identified needs are in the domains of employment, finance, mental health, and social support. Resource navigation and support of underserved veteran populations were frequently recognized areas of need that spanned all domains. These transition needs will serve as a foundation for developing evidence-informed policy priorities for the Commonwealth of Pennsylvania.

The following recommendations are proffered based on the above-noted needs. These recommendations are investigative and, ultimately, serve the broader goal of identifying evidence-informed policy priorities for the Commonwealth of Pennsylvania.

- 1) Examine the processes associated with obtaining benefits and services with the intention of determining potential efficiency improvements (e.g., exorbitant wait times, multiple interactions required to resolve an issue, unrealistic demands on program staff, improper staffing structure given the amount of work required to serve clientele, requests for information that are not necessary for processing

applications, outdated and inaccurate information in reference materials).

- 2) Conduct a comparative review of Pennsylvania's current policy and programmatic landscape within the Department of Military and Veterans Affairs (DMVA) with peer states to determine whether structural adjustments may be beneficial.

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