

2023



MEASURING OUR COMMUNITIES:

The State of Military and Veteran Families
in the United States

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COMMONLY USED ACRONYMS FOR 2023 MEASURING COMMUNITIES REPORT

- » ADSS: Survey of Active Duty Spouses
- » AHAR: Annual Homelessness Assessment Report
- » BAH: Basic Allowance for Housing
- » BLS: U.S. Bureau of Labor Statistics
- » BSF: Blue Star Families
- » CONUS-COLA: Cost of Living Allowance in the Continental United States
- » The Compact: the Interstate Compact on Educational Opportunity for Military Children
- » DI: Diversity Index
- » DLSO: Defense State Liaison Office
- » DTH: Discharge to Homelessness
- » DMDC: Defense Power Data Center
- » DOD: U.S. Department of Defense
- » EDF: Elizabeth Dole Foundation
- » LGBTQIA+: Lesbian, Gay, Bisexual, Transexual, Queer, Intersex, and Asexual
- » MFLS: Military Family Lifestyle Survey
- » MFAN: Military Family Advisory Network
- » MCEC: Military Child Education Coalition
- » MSA: Military Sexual Assault
- » MySTeP: Military Spouse Transition Program
- » MSI: Military Student Identifier
- » NMFA: National Military Family Association
- » OEF/OIF: Operation Enduring Freedom and Operation Iraqi Freedom
- » PCS: Permanent Change of Station
- » PIT: Point-In-Time
- » PTSD: Post-traumatic stress disorder
- » SAMSHA: Substance Abuse and Mental Health Administration
- » SCRA: Servicemembers Civil Relief Act
- » SBO: Small Business Owners
- » SPRIRC: Suicide Prevention and Response Independent Review Committee
- » TAP: Transition Assistance Program
- » TBI: Traumatic brain injury
- » TVMI: The Veterans Metrics Initiative
- » UCLA: University of California Los Angeles
- » USDA: U.S. Department of Agriculture
- » VA: U.S. Department of Veterans Affairs
- » VBA: Veterans Benefits Administration
- » VHA: Veterans Health Administration

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INTRODUCTION



Welcome to the Military Family Research Institute's fourth report on state of military and veteran families in the United States. In this report, we provide trends and insights into the well-being of the military-connected population, following the ten domain topics featured in our Measuring Communities data portal.

Over this past year, hundreds of leaders, advocates, and professionals have used the data in Measuring Communities to make a difference in the lives of military-connected families. Most prominently, the federally recognized Substance Abuse and Mental Health Services Administration's Service Members, Veterans, and their Families Technical Assistance Center (SAMHSA SMVF TA Center) worked with MFRI to create 50+ data snapshots to highlight the diversity among the veteran population for U.S. states and territories. As SAMHSA SMVF TA Center professionals meet with leaders across the nation to discuss suicide prevention and special populations, these data snapshots spark conversations about current state actions and generate possibilities to better serve and support families through data informed decisions. From one of these conversations, the Indiana Department of Veterans Affairs (IDVA) decided to create specific community health risk indexes for all its counties so state efforts can be informed by specific top needs based on each community and prioritize communities with greatest needs.

The Measuring Communities portal acts not just as the framework for this report, but also as a foundational tool for military-connected thought leaders across the nation. Data housed in this portal comes from over 30 credible data sources and can be viewed at the state, congressional district, and county level for U.S. states and territories. These data, in large part, help shape our knowledge on the military and veteran landscape.

State of defense

Since our last report, unrest across the globe has added stressors and concerns to an already battle-tested military. Interactions and aggressions from Russia, China and Iran are all areas of concern. The Russian invasion of Ukraine is entering the second year. China is flexing military muscle in Asia and the South China Sea along with instances occurring in U.S. air space. Iran

is continuing to develop its nuclear enrichment program and increase the size of its stockpile as reported by the Office of the Director of National Intelligence.¹ Additionally, there have been multiple instances of Iran trying to seize commercial oil tankers. These global tensions may require a response from the United States, and our military personnel will be asked to act.

While we face military and defense challenges, we also find that military recruitment is decreasing dramatically. Fewer young people are willing to serve or are able to meet the qualifications to enlist. In 2022, the Department of Defense (DoD) missed its recruiting goals by more than 150,000 individuals and the Deputy Assistant Secretary of Defense for Military Personnel Policy indicated that this creates an "unprecedented mission gap and is reason for concern."²

State of our nation

AGING VETERANS Our most recent generation of service members who make up the post-9/11 cohort are aging. It has been more than 20 years since Sept. 11, 2001, and those who joined the military soon after are now eligible to retire from the military. Military-connected children who lived through parental combat deployments and separations and never knew a pre-9/11 world are now joining the military and serving the nation. When one thinks of aging veterans, thoughts turn to the World War II veterans still living. Korean and Vietnam veterans are now senior citizens. A recent report from the U.S. Census Bureau using 2021 data indicates that almost half of all veterans (8.1 million) are now aged 65 and older.³ Additionally, the all-volunteer force is made up of a very small percentage of the U.S. population, with less than one-half of one percent currently serving.⁴ All of these factors make it much less likely that community members will be familiar with anyone who serves in the military.



BEHAVIORAL HEALTH As the COVID-19 pandemic swept the nation, many believed that mental health needs would intensify for all. In fact, in many ways, they did – and still are. New data from the CDC show that the suicide rate among the general public increased in 2021 after two years of decline and is now returning back to peak levels from 2018.⁵ The CDC indicated the biggest increase in suicide rates were American Indian or Alaskan Native individuals, showing a 26% increase from 2018, as well as among African Americans with a 19.2% increase.⁶

Do these suicide rate increases hold true for veterans, service members and families? While mental health – and suicide – for our military-connected families is still of utmost concern, there are reasons to believe that numbers and rates for suicide are decreasing. In response to this mental health crisis, national and federal efforts have been established. For a decade the SAMHSA SMVF TA Center and the U.S. Department of Veterans Affairs (VA) have partnered to promote and empower communities across the country to take part in the “Governor’s Challenge” to prevent suicide among the service member, veteran, and family population. Currently, 54 states and territories have signed on to support this effort.⁷

DIVERSITY, EQUITY AND INCLUSION More attention has been given to diversity, equity, and inclusion since our last report. National tensions surrounding issues of race and members of sexual minority groups including transgender individuals impact service members, veterans, and their families. Recent surveys by national non-profits such as Blue Star Families (BSF) and the Military Family Advisory Network (MFAN) include questions to address these issues. Both the DoD⁸ and the VA⁹ are committed to fostering a diverse and inclusive environment that respects the dignity of individuals while maintaining readiness. In certain areas of this report, we try to address some of these challenges and how they impact our military-connected population.

In this report

In this report, we have tried to use language that is familiar to readers. However, in some cases, we have used language that is specific to certain topics or populations. A glossary on page 2 defines many of the acronyms that are used in the report. Please see this section for reference. Additionally, in many places in the report we use the term “**selected reserve**.” This is an umbrella term to mean both National Guard and Reserve component service members.

This year’s report contains dedicated sections for each of the ten Measuring Communities domains: demographics, community, employment, K-12 education, post-secondary education, housing, behavioral health, medical, legal, and financial. Within each domain, the **What We Know** section directs readers’ attention to key points. The body of each section provides more detailed information. The **Call to Action** makes specific suggestions about ways to address challenges related to each domain.

Areas where communities have made progress

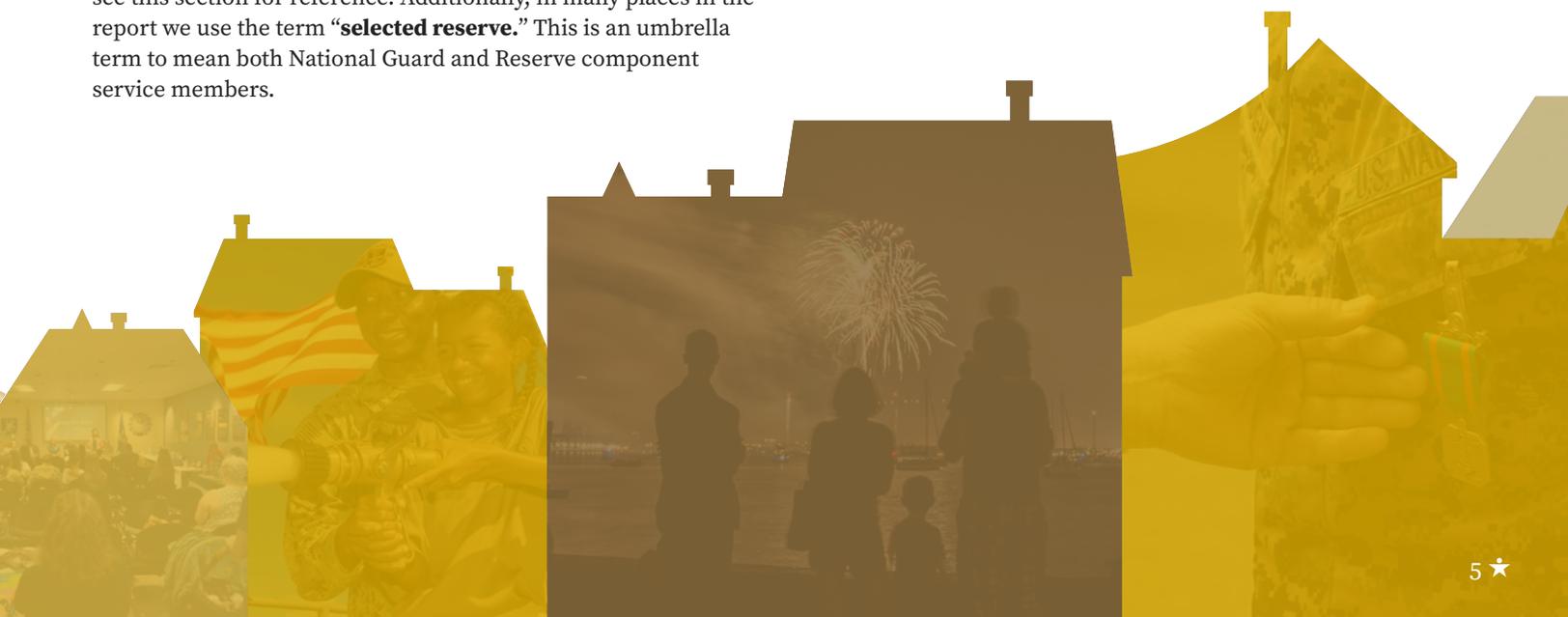
- » The number of homeless veterans appears to continue to trend downward; in fact, there has been a more than 42% decrease in the number of homeless veterans since 2011.
- » The diversity of the veteran population continues to increase among the younger veteran and women veteran population.
- » There have been some positive changes in spousal employment, specifically with legislation around the transportability of occupational licensure.
- » The increase in telehealth services increases the accessibility for the military population to access care when needed.

Areas where communities continue to struggle

- » Suicide rates among both veterans and service members continue to be of concern. While the veteran suicide rate is decreasing in many areas, we have seen increases for service members.
- » The COVID-19 pandemic and rising inflation are impacting the food security of both veteran and military families.
- » Veterans entering the civilian workforce do not always secure positions that truly reflect their skills and experiences, thus leading to underemployment.

Get connected to this data

The Measuring Communities data portal is a free tool for military-connected leaders, advocates, and professionals across the nation. Navigate to www.measuringcommunities.org to create a free membership profile. Reach out to Katie Walter, schmit59@purdue.edu, with any questions.





DEMOGRAPHICS

What we know

- » Service members' racial makeup is somewhat more diverse than the US adult population.
- » Women service members continue to move through the ranks and gain leadership positions.
- » States vary in racial diversity of veterans.
- » Veterans in institutionalized settings are rarely counted in the veteran population.

SERVICE MEMBER DIVERSITY Historically, the percentage of minorities in the military population, both active duty and selected reserves, mirrored that of the U.S. adult population, but this is now changing. Black service members make up 17.2% of the active-duty force and 16.2% of the selected reserve force while only accounting for 12.6% of the general population.¹

A comparison of the 2013 and 2021 Department of Defense (DoD) Demographic Reports indicates the percentage of White and Black active-duty members has changed less than one percent during this time period.^{2,3} One notable increase is Asian active-duty members, which grew from 3.8% in 2013 to 4.9% in 2021 (a 28% increase).^{4,5} The DoD and the U.S. Census Bureau differ in their reporting of minority and ethnic classifications. For example, the Census Bureau uses the classifications Hispanic/Latino, White, non-Hispanic, two or more races, and other. The DoD uses multi-racial as a category, but the Army does not report members as multi-racial. In 2013, 11.6% of active-duty members and 10.4% of selected reserves were of a Hispanic ethnicity which increased to 17.7% of active duty and 14.7% of selected reserves in 2021.^{6,7} This represents a 52.5% and 41% increase, respectively, during the time period. This is the largest increase in any ethnic or racial group during this eight-year period.

Additionally, active duty and selected reserve officer ranks are becoming more diverse. In 2013, there were 12.7% active duty and 12.2% selected reserve officers who were members of racial or ethnic minorities.⁸ In 2021, this increased to 14.1% and 14.0% respectively, indicating an 11% and 14% increase.⁹ In the pay grades of O7 and above, the number of individuals of racial or ethnic minorities in the active component rose from 75 in 2008¹⁰ to 99 in 2021¹¹, an increase of 31%. Even with the significant increase in the numbers, Black service members are underrepresented in these ranks and especially

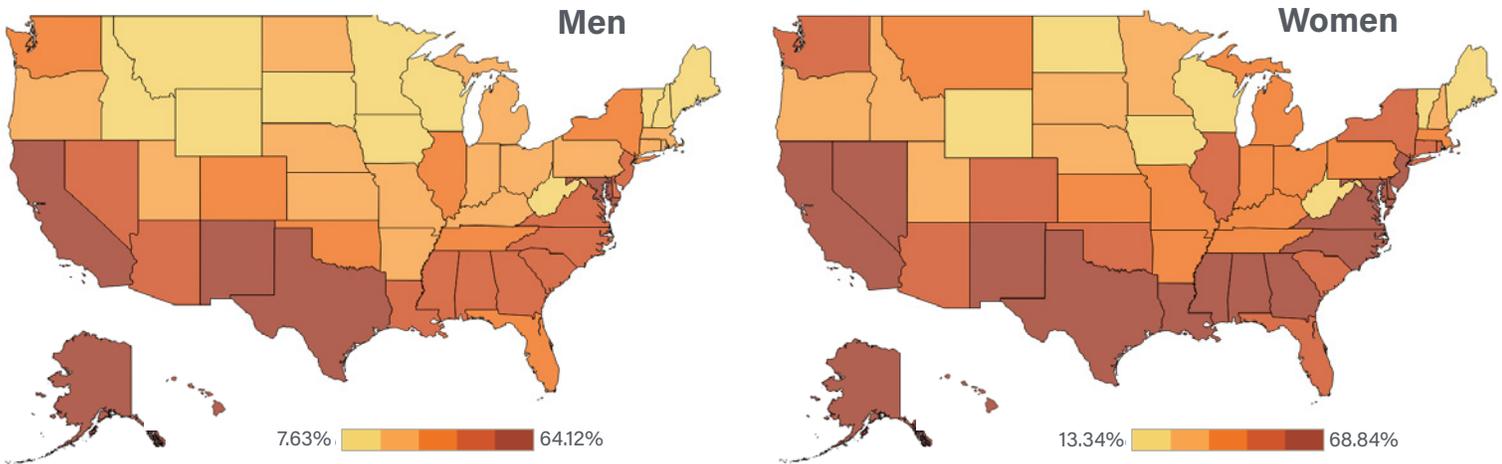
in the three- and four-star ranks.¹² The Carnegie Endowment for International Peace speculated that one reason might be that members of racial or ethnic minorities groups were more likely than White service members to choose or be steered toward support roles rather than combat roles.¹³ The report also identified mentorship and sponsorship as other possible reasons for the underrepresentation.

Official or confirmed numbers of LGBTQ+ service members do not exist; major data sources can only provide estimates. In 2021, the DoD Demographics report included an “unknown” classification for gender for the first time. However, the reported number for this category was 1.¹⁴ A 2016 report found that approximately 65,000 or 2.8% of service members identified as lesbian, gay or bisexual and about 15,000 identified as transgender.^{15,16} The report did not explicitly state if these individuals were active duty or in the selected reserves. The Department of Veterans Affairs (VA), however, estimates that approximately one million veterans identify as gay or lesbian, and 143,000 identify as transgender.¹⁷

LEADERSHIP ROLES FOR WOMEN WHO SERVE Women have served in military conflicts dating back to the Revolutionary War. In 1901, the U.S. Army Nurse Corps was established to provide nurses in many overseas hospitals during WWI. Women were officially allowed to serve in non-combat roles in 1948 and, in 2015, Defense Secretary Ashton Carter opened all military occupations to women including combat roles¹⁸. With these changes, women serving in the military have an increasing presence and are taking on more leadership roles. The percentage of the total force that are women continues to increase. In 2021, 17.3% of active duty and 21.4% of selected reserve forces were women.¹⁹ In 2005, women comprised a little over 14.6% of the active-duty force and 17.2% of the selected reserve force.²⁰ These numbers represent a 18.5% and 24.4% increase respectively in the last 16 years.²¹ Overall, the number of women veterans increased from 1.8 million in 2010 to more than 2 million by 2022.^{22,23}

For those currently serving, women are becoming more represented in leadership roles. As of 2013, active duty Air Force had the high percentage of women officers at 19.6%, while the Marine Corps stood at only 6.5%.²⁴ In total, only 16.4% of active duty and 18.7% of selected reserve officers were women.²⁵ By 2021, those percentages increased to 19.2% and 20.4%

Diversity Index for the Veteran Population



(Source: Census Bureau Diversity Index)

respectively which represents a 17% and 9% increase.²⁶ In the paygrades of O7 and above, there was an almost 17% increase in women general officers from 2008 to 2021.²⁷ Women service members continue to advance their military careers and move into more leadership roles. These women continue to serve as examples and role models for other women service members.

STATE RACIAL DIVERSITY AND VETERANS The racial diversity of veterans continues to change. It is common knowledge that men who serve are older and less diverse than their women counterparts. This is partially due to the average age of each group. For 2023, the VA Office of Health Equity reports that 28% of all veterans are members of a racial or ethnic minority group, including 26.5% of men and 39.4% of women.²⁸ The VA projects that by 2045, the overall percent of veterans who are members of racial or ethnic minority groups will increase to nearly 40%, and to nearly 49% among women veterans.²⁹ According to the VA's 2019 projections, California has the largest total number of veterans as well as the highest number of veterans who are multi-racial or of Asian descent, Florida is home to the largest number of White veterans, Georgia to the largest number of Black veterans and Texas to the largest number of Hispanic veterans.³⁰

States vary in the racial diversity of the veterans who live there. Using the Census Bureau's Diversity Index (DI), which shows the probability that two veterans chosen at random would be from different racial or ethnic groups, we can determine the level of diversity in each state. According to the DI, the five most diverse states for veterans are Hawaii, District of Columbia, California, New Mexico and Texas, while the least diverse are Puerto Rico, Vermont, New Hampshire, Maine and Iowa.³¹ Veterans living in these states who are not members of the most prominent racial or ethnic group may have additional challenges connect with or finding veterans similar to themselves.

INSTITUTIONALIZED VETERANS Most veteran population models are calculated based on veterans who live in non-institutional and non-group settings. The Census Bureau counts separately veteran and civilian populations who live in non-institutional and institutional settings. There are separate categories of institutional settings, which include institutional group quarters (e.g. mental hospitals, wards for chronically ill), non-institutional group quarters (group homes, missions, shelters), adult correctional facilities, and skilled nursing facilities. Census Bureau data (2021) reports that more than 94,250 veterans live in correctional facilities and more than 152,000 live in skilled nursing facilities³². Most of these counts are at the state level. It would be inaccurate to estimate counts at the county level because not all counties have jails or prisons and inmates may come from many different areas.

Call to action

- » Be sure to consider institutionalized veterans when identifying outreach efforts or other services to support the veteran population.
- » Create partnerships with organizations predominantly serving minority communities to create bridges of support and trust for minority services.
- » Advocate for the counting of service members and veterans who are members of minority groups including racial, ethnic, sexual, immigrant, religious, and other groups to identify the scope of the population and provide adequate services.



COMMUNITY

What we know

- » Military-connected families are a big part of our nation's communities.
- » It is unclear how much support exists to promote community connectedness for military-connected families.
- » Accessing community resources is a top barrier for military-connected families in rural communities.

MILITARY-CONNECTED FAMILIES More than 2.5 million spouses and children under 18 are members of military families¹. While active-duty families may live on installations, respondents to the 2021 Active Duty Spouse Survey (ADSS) indicate that three in four active-duty spouses live off a military post or base². Moreover, in their 2022 Military Family Lifestyle Survey (MFLS), Blue Star Families found that over half (55%) of active-duty family respondents reported that they preferred to live off-base³.

Active duty spouses face unique experiences that are, in many ways, different from their non-military-connected neighbors. These spouses navigate partner deployments and other physical separations and are sometimes alone for long periods of time. The 2021 ADSS reported that three out of four active-duty spouses experienced a partner's deployment lasting longer than 30 days.⁴ These families often rate "time away from family"⁵ or the "negative impacts of the military culture or work"⁶ as major military-related concerns. Separations impact family functioning and overall family support, possibly leading to about half of active-duty spouses feeling unhappy with "the military way of life."⁷ These findings indicate that military-connected families are not only a large part of any community, but that they also are likely to rely heavily on the civilian community during challenging military times. Whether they are active duty, selected reserve or veterans, military-connected families look to their community for connection, integration, support and care as they live, work and play.

The atmosphere in which military families live can also play a role in how connected they feel to their community. For example, a community's level of patriotism may signal to military families that their community appreciates their service and sacrifice. WalletHub composed a patriotism ranking among states, which includes military and civic engagement indicators (e.g., average military enlistees per 1,000 civilians; volunteer rates; residents who participate in groups or organizations; etc.).

According to the 2023 list, Virginia, Montana, Alaska, North Dakota and Maine are the five most patriotic states.⁸

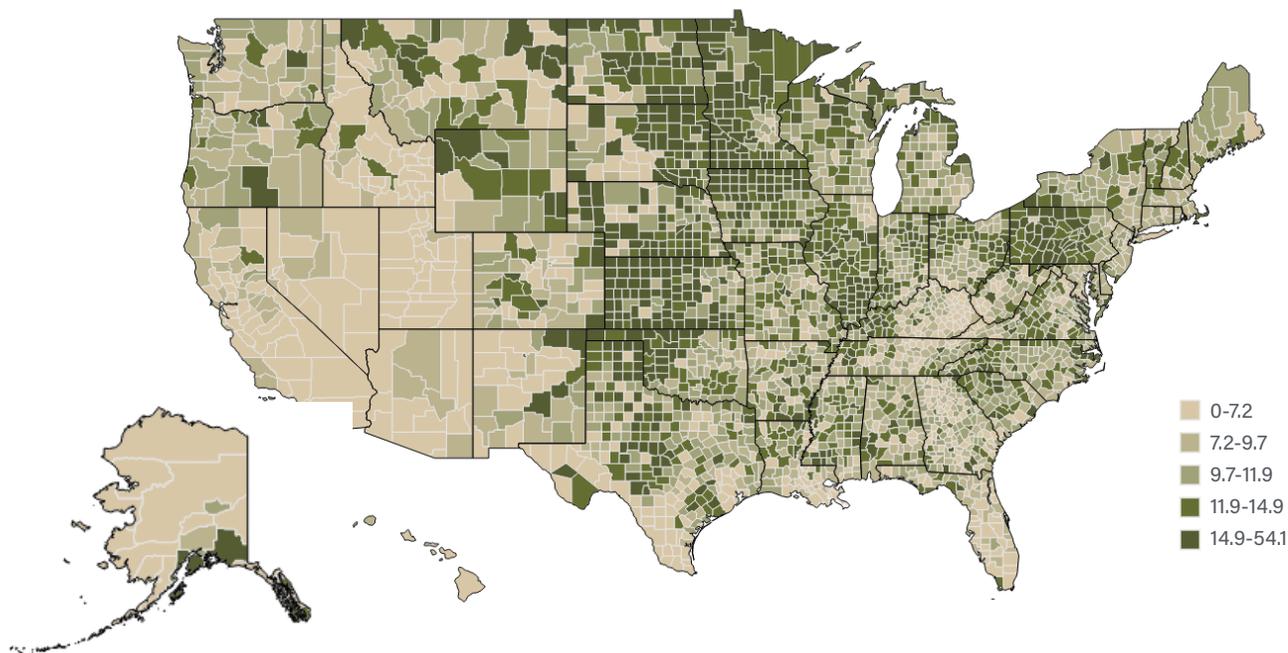
COMMUNITY CONNECTIONS AND INTEGRATION In 2021, the Military Family Advisory Network (MFAN) reported that just over half of military-connected family respondents feel lonely, according to the nine-point UCLA Loneliness Scale.⁹ Military or veteran caregivers, often spouses, were most likely to report feeling lonely.¹⁰ Research suggests that social connection can overcome or protect against feelings of loneliness.¹¹

Social associations can also measure how well-connected service members, veterans and their families feel to their community. The County Health Rankings defines social associations as membership in voluntary organizations and groups and uses this rating in their overall ranking of community health.¹² Military-connected people who live in communities with high social associations would likely be less isolated; have many opportunities to engage with others; and have strong networks of support.

When families engage with those whom they live, play, and work with, their sense of belonging and connection to their community grows. Blue Star Families reported that military-connected family respondents who engage in civilian community resources reported feeling a greater sense of community belonging than families who do not engage with resources.¹³

However, for the approximately 200,000 service members per year who are expected to transition out of the military, the full reintegration process into the civilian community can be challenging.¹⁴ Over the first few years of reintegration, many veterans report a decline in social support; this is particularly true for men.¹⁵ Research suggests that this transition process can be especially challenging for a subset of the military population, including, for example, those with post-traumatic stress disorder (PTSD); a traumatic brain injury (TBI); or extremity trauma.¹⁶ One research study of post-9/11 veterans, including those with mental health challenges, found that veterans with high social supports had lower levels of PTSD symptoms and other mental health conditions along with a higher quality of life.¹⁷

Social Association Rate by County



(Source: County Health Rankings)

While military-based programs like the Transition Assistance Program (TAP) and the Military Spouse Transition Program (MySTeP) exist to help military families transition to their civilian life, these programs often focus on finances, employment and veteran benefits; are location-generic; and are not always well-recognized by families.¹⁸ It is unclear what programs are available for transitioning military families that focus specifically on promoting community connectedness.¹⁹

RURAL CHALLENGES Many military-connected families across the nation live within rural communities. Approximately 4.1 million veterans live in rural areas, with more than 300,000 of these families belonging to the post-9/11 generation of veterans.²⁰ According to DoD data, close to 83,000 service members and family members live in rural areas.²¹ In rural communities, residents experience challenges accessing many resources to support healthy lifestyles, such as access to grocery stores, recreational activities, and access to medical and behavioral health care.²²

For many families living in rural communities, technology or telehealth services can increase access to the support or care many families need to thrive. However, the digital divide in rural communities remains an issue. At present, 1,049 U.S. counties have a digital divide score of 30 or more, which indicates a lack of broadband connectivity and/or technology adoption.²³ Among the 1,079 most rural counties (those with a rural/urban continuum score of 7 or above), 538 or almost 50% have a digital divide score of 30 or higher. Furthermore, most of these counties also lack the physical presence of military support on installations or in armories. Only 264, or less than 25%, of these counties have a military installation or National Guard armory located in that county. However, while DoD provides this military support to currently serving members and their families, veteran families do not have access to this same safety net.

Call to action

- » Promote opportunities to bridge military-connected families with civilian communities.
- » Connect families who recently transitioned from military to civilian life with transition assistance services for service members and their spouses.
- » Promote ways to increase social connections within communities and provide outreach to military-connected families to take advantage of these opportunities.
- » Strategize ways in which to reach families with limited or restricted broadband access in rural communities.



EMPLOYMENT

What we know

- » Veteran unemployment rates continue to be lower than those of non-veterans.
- » Veteran underemployment continues to be a challenge.
- » Veteran entrepreneurship may be a viable path to employment post military service.
- » Unemployment and underemployment among military spouses could have long term consequences limiting the growth of retirement funds.

VETERANS IN THE LABOR FORCE When focusing on veteran unemployment rates, it is important to know how engaged veterans are in the civilian labor market, otherwise known as the labor force participation rate. Overall, veterans aged 25-34 and 35-44 participate in the labor force at higher rates than any other veteran age group. When compared with their non-veteran counterparts, only veterans ages 18-24 have a higher participation rate than their non-veteran counterparts, 74.5% compared to 66.3%.¹ Among veterans, men have consistently higher labor participation rates than women.

The employment landscape for veterans continues to be healthy. The U.S. Bureau of Labor Statistics (BLS) 2022 Employment Situation of Veterans Summary reported that 2.8%, or approximately 250,000 veterans, were unemployed.² The non-veteran unemployment rate was 3.6%. Veterans aged 25-54 were more likely to be unemployed than any other age group (54%), with the youngest veterans, ages 18-24, least likely to be out of work (7%). The unemployment rate for veterans with service-connected disabilities has shown improvement in the post-pandemic environment. In August 2022, veterans with disability ratings had an unemployment rate of 3.6% overall, with men at 3.7% and women at 3.2%. In comparison, the unemployment rate for veterans without service-connected disabilities was 2.7%.

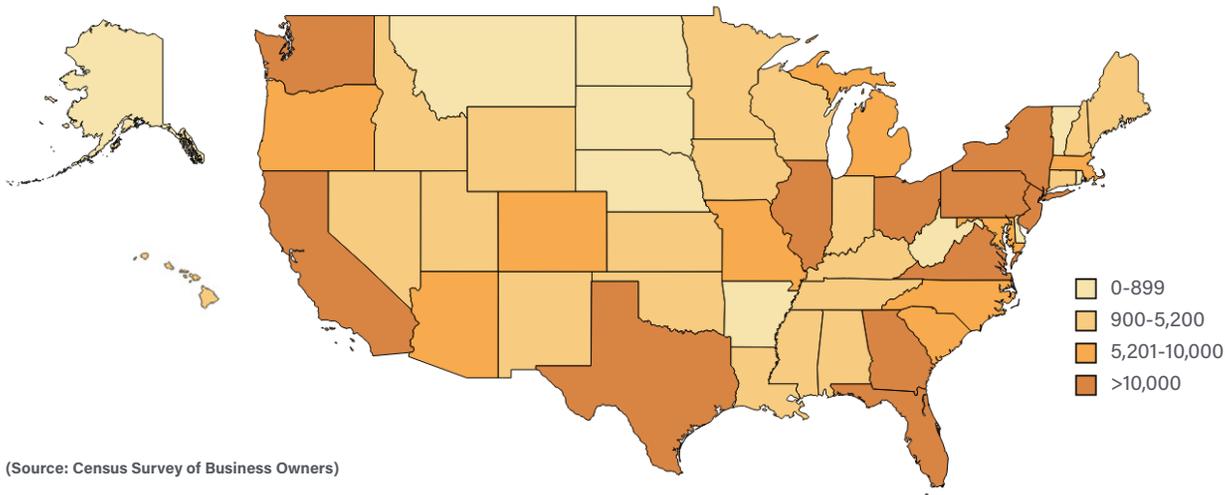
VETERAN UNDEREMPLOYMENT Yearly, more than 200,000 military members leave active service and return to civilian life and employment.³ Numerous initiatives have been aimed at “hiring heroes” but these jobs may not always match veterans’ education, skills and experiences, which may be one possible reason for veteran underemployment. The Veterans Metrics Initiative (TVMI) reported that three years following separation from the military, 61% of veterans reported being underemployed, and this rose to 70% if the veteran was part of a racial or ethnic minority group.⁴ Veterans in enlisted

paygrades reported higher underemployment, at a rate of 63%.⁵ A perennial challenge in matching veterans with jobs at their skill and experience level is translating their experiences in the military to the civilian workforce. According to the Veteran Opportunity report from LinkedIn, veterans with bachelor’s degrees have 2.9 times more work experience when entering the civilian labor force than non-veterans with bachelor’s degrees⁶. They tend to take jobs, however, with less seniority than their experience would indicate. A positive note in the Opportunity report is that veterans were 39% more likely to be promoted faster and remained with their initial company 8.9% longer than their non-veteran peers.⁷

Women veterans might be especially at risk for underemployment. The LinkedIn Women Veterans Opportunity report indicated that women veterans experience a dual set of employment challenges: Being both veteran and female in the workplace. Women veterans experienced 22% higher underemployment than the veteran population overall.⁸ The report noted that recruiting and application rates are much lower for women veterans than for men. Additionally, women veterans are 31% less likely to be in leadership roles in their first three years than veterans overall.⁹ Women veterans gain skills and experiences during their time in the military that do not appear to have translated to their transition to civilian employment.

VETERAN ENTREPRENEURS One way veterans ease the transition from military to civilian work is by becoming entrepreneurs. The Survey of Small Business Owners (SBO) conducted by the Census Bureau indicates there are more than 348,000 veteran-owned business in the U.S., with 98% of these firms having less than 50 employees.¹⁰ Respondents to the 2021 National Survey of Military-Affiliated Entrepreneurs lists some common reasons veterans give for starting their own businesses: the ability to make their own decisions, personal freedom, financial independence, sense of ownership of ideas and improving quality of life.¹¹ Skills gained in military service translate well to those needed for owning a business. The survey authors concluded that veterans view their military work ethic/self-discipline, leadership and management skills, teamwork, perseverance, and mental toughness has contributed to their business success.¹² More than 84% of respondents considered themselves successful entrepreneurs¹³, they also reported challenges including lack of access to capital and financing along with finding good employees.

Veteran-Owned Business With Less Than 50 Employees



The Biden Administration recently issued an Executive Order focusing on economic opportunities for military and veteran spouses along with military caregivers, including entrepreneurial efforts. The Executive Order directs the Small Business Administration to develop specific resources to address the challenges of business relocation and gaps in access to capital.¹⁴

MILITARY SPOUSE EMPLOYMENT AND RETIREMENT CONCERNS Active-duty families move roughly every three years. These frequent moves make it challenging for spouses to maintain meaningful careers and contribute to the financial security of their family. The 2021 DoD ADSS indicated that for spouses who experienced a move, the two most problematic issues were finding employment and lost or reduced family income (48% and 42% respectively).¹⁵ The search for employment can be challenging, especially for those spouses living in rural communities. Overall, 47% of military spouses report needing four months or more to secure employment after a permanent change of station (PCS) move. Male spouses were more than twice as likely as female spouses to secure employment within a month (48% vs. 22%).¹⁶

One major factor in the employment challenge is acquiring professional licenses or credentials at the spouse's new duty station. One initiative to assist with this challenge is the Licensing Compact. DoD State Liaison Offices are assisting national state licensing boards to support military spouses so their professional licenses or credentials, can be recognized across state lines without having to reapply at each new duty station. Currently, 14 different occupational licenses are part of the compact. States vary in their progress in passing legislation to enact these agreements. As of December 2022, 12 states had passed at least 50% of the compacts, led by Alabama with eight of the fourteen of the compacts passed.¹⁷ Beyond interstate compacts, recent revisions to the Servicemembers Civil Relief Act (SCRA) created the Military Spouse Licensing Relief Act.¹⁸ This will allow for professional license portability nationally, for all professions except for law, when military spouses must move due to military orders. Requiring new licenses adds to employment challenges for spouses and acquiring them can be costly. Specifically, this act can help military spouses that are not in compact states.

While spouse unemployment has an immediate impact on the financial security of families, an indirect consequence is the effect it has on the retirement outlook for military spouses and their families. When a spouse is unemployed for a period of time, families' ability to maintain their standard of living to include saving for retirement are at risk. A 2022 Hiring Our Heroes report on the hidden costs of military spouse unemployment identified three impacts for long-term financial well-being: inadequate income to save for retirement, inability for military spouses to be vested in employment sponsored retirement plans, and limited knowledge about managing long-term retirement accounts.¹⁹ In the report, only 68% of respondents reported having their own savings apart from their spouse, but if the spouse was unemployed, that percentage dropped to 31%. For specific employer-sponsored accounts, 58% of respondents reported never or rarely being vested in the retirement plan, meaning that employer matching funds would never make it to the employee, and they would lose out on these contributions.

MEASURING OUR COMMUNITIES

Call to action

- » Advocate for your company's hiring process to include veterans on hiring and interview panels.²⁰
- » Track newly hired veterans in company talent management systems to support accelerated development and career advancement.
- » Identify ways for local communities to invest in veteran-owned businesses to increase the opportunities and success of these small businesses.
- » Explore ways for military spouses to increase their retirement savings and participate in employer-sponsored saving plans.²¹



K-12 EDUCATION

What we know

- » Military-connected children live everywhere.
- » Schools are becoming more aware of the impact of military-related challenges on students.
- » The military child experience at school is not a one-size-fits-all experience.

MILITARY-CONNECTED CHILDREN IN THE UNITED STATES Military-connected families with children under 18 remain a large portion of the nation's population. In fact, more than 7.4 million military-connected children live within the United States. Of this number, about 779,000 are children from active-duty families; 570,000 are children from selected reserve families; and more than 6.1 million are children living in veteran households.¹ Research also suggests that many military-connected children desire to join the military.² In fact, the National Military Family Association (NMFA) found that approximately 44% of military teen respondents indicated their intention to serve in the future, with approximately 18% planning to enlist right after high school.³

The military-connected child experience is not a universal experience. Children with parents who are still serving may live through parental deployments, family moves and adjustments, and social disruptions in their friend groups. Children in veteran families, on the other hand, may have been too young to remember or have not had any experiences with the veteran while they served but still live with the effects of service on their family. These diverse experiences within the umbrella term of "military-connected child" can bring challenges with school, mental health and their intention to serve. Research on military-connected children very often focuses on active-duty and Reservist families, which may leave a gap in knowledge about the lived experiences of millions of children in veteran homes.

SCHOOL SUPPORTS AND AWARENESS K-12 schools across the nation are becoming increasingly aware of military-related challenges for children, in large part due to the Interstate Compact on Educational Opportunity for Military Children (the Compact), the Military Student Identifier (MSI) and the spread of the Purple Star School program.

The Compact is a program that promotes consistency in eligibility, enrollment, graduation, and placement for military children as they change schools.⁴ The MSI identifies students with a parent who is a member of the Armed Forces on active duty.⁵ Since 2015, all 50 states participate in both the Compact⁶ and the MSI⁷, although each state has differing levels of implementation and activity. The Purple Star School program, led by the Military Child Education Coalition (MCEC), is a

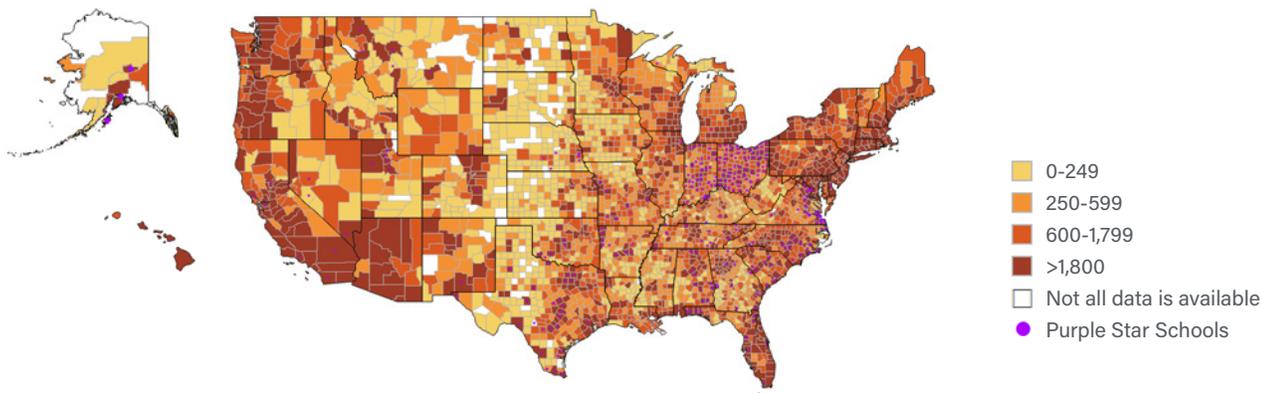
newer initiative that is designed to support schools as they help military-connected students through the educational and social-emotional challenges associated with transitioning between schools due to a parent's change of station.⁸ As of May 2023, 38 out of the 50 U.S. states have enacted legislation to begin Purple Star schools and 29 states have at least one Purple Star Designated School.⁹ Currently, there are more than 3,000 Purple Star schools across the country.

While schools are becoming increasingly aware of these programs and services to protect and support military-connected students, military-connected families may not always be aware of supports at schools. A recent survey reported that approximately three in four active-duty family respondents with children attending K-12 schools said they were aware of the Compact but may not always know in what ways it supports them¹⁰. Families with children in higher grades (i.e., 9-12) or with accommodation plans (i.e., IEP or 504 plans) reported knowing more about the Compact and its benefits than respondents without children in these age groups.

EXPERIENCES AT SCHOOL The military-connected student experience is not one-size-fits-all. Like many of their peers, students in military or veteran families have experiences at home that might disrupt or otherwise impact their school lives. But unlike most of their peers, these experiences may include caregiving responsibilities for their disabled veteran parent; living without their parent in their home due to a deployment overseas; or a sudden change in the school they are attending because of their parent's permanent change of station (PCS) order. Moreover, their unique situations at home can significantly impact their school life in unexpected or unfamiliar ways. As a result, military-connected children, especially those with a deployed parent, may experience higher rates of behavioral and emotional regulatory challenges, such as depression and anxiety, and difficulty in academic settings.¹¹

Of the 7.4 million children living in military-connected families, approximately 2.3 million are living in homes with a disabled service member or veteran, where caregiving or taking on additional household responsibilities is a major aspect of their daily lives.¹² These young caregivers are often referred to as America's "hidden helpers," a term coined by the Elizabeth Dole Foundation (EDF). Through focus groups with 24 caregivers, 23 children, and seven young adults from military caregiving households, EDF identified that military child caregiver respondents expressed a desire for more support for their specialized roles in their families, while also recognizing that national and local barriers can disrupt their entire family's well-being.¹³

Number of Military-Connected Children and Purple Star Schools



(Source: Defense Manpower Data Center, Military Child Education Coalition, U.S. Census Bureau)

In 2022, NMFA released their national Military Teen Experience Survey that explored the lives of approximately 750 teenage hidden helpers, ages 13-19. Along with their complex caregiving roles, NMFA found that over half (55%) of these hidden helpers experience some level of food insecurity and reported moderate or low mental wellbeing.¹⁴

Despite the hurdles and complexities of being part of a military-connected family, students also still lead successful educational careers and achieve academic successes. Through a literature review of studies published in the last 20 years, the Clearinghouse for Military Family Readiness at Penn State found several protective factors that promote academic success in military-connected children. These protective factors include, for example: positive social relationships with others; positive family relationships in the household; the use of e-communication to make friends; participation in military activities; positive school climates; and a community understanding of the military lifestyle.¹⁵

CHILDREN WITH UNIQUE SCHOOLING Approximately 81% of active-duty spouses have experienced at least one PCS order during the length of their service member's career (28% of respondents experienced a PCS in the last 12 months).¹⁶ When faced with a PCS order or other move-related situation, military families across the nation often make the difficult choice between following the service member to the new location or living separately for the child's educational, medical or other needs. For years, Blue Star Families has reported a rise in the phenomenon, called geo-batching, which places service members and their families in separate geographic areas.¹⁷ In fact, the 2022 ADSS reported that 16% of active-duty spouses have chosen to geo-batch.¹⁸ In many ways, the rise in geo-batching sheds light on unique schooling experiences for military-connected students and their families.

Spouses who choose to move with their service member, though, report challenges regarding the availability of special medical and/or educational needs for their child(ren).¹⁹ The Department of Defense Office of Special Needs facilitates the Exceptional Family Member Program (EFMP), which strives to support military families who have children with special needs. The EFMP even houses an online tool that connects families with information and resources in hopes of standardizing the program across the nation.²⁰ Nonetheless, research finds that these families are often met with both complex academic and medical care decisions when they relocate.²¹ Specifically, families cited that relocations directly impact the services provided to their children at school, as schools across the nation have varying resources for children with disabilities. Families indicated that their child's continuity of medical care can be severely disrupted as the parent arranges cumbersome health care paperwork; scheduling logistics; provider visits to establish new care; and limited access to specialized care for disabilities.²² Gehring and Robert further explored the predictors of missed school days for military children with special health care needs and highlighted three positive predictors of increased missed school days: the number of hours the family cares for the child; a change in the family's work hours; and the child's activity limitations.²³

Given these complexities, military-connected families may choose to homeschool their children. According to the 2022 Blue Star Families MFLS, the percent of respondents choosing to homeschool over the last five years has stayed approximately the same, hovering between 11-13% of families.²⁴ The 2021 ADSS found that approximately eight percent of active-duty spouses, specifically, indicated that they chose to homeschool during the 2020-2021 COVID-pandemic academic year.²⁵ Many advocacy organizations have suggested that homeschooling is a favorable option for military-connected families because it allows for enhanced family flexibility – with varying student needs, sudden PCS orders, varying school calendars, and parental deployment schedules.²⁶

Call to action

- » Advocate for a standard, straightforward way to ask the MSI that makes clear the inclusion of selected reserve families as recognized military-connected students.²⁷
- » Become aware of local supports for families with special needs children and be prepared to share with military families if needed.
- » Advocate for local participation in the Purple Star School initiative.

POST-SECONDARY EDUCATION



What we know

- » Veteran educational benefits are increasingly being used by eligible children.
- » Student veterans face challenges connecting with peers and academic resources.
- » Many student veterans experience mental health challenges, but most do not seek help.

USE OF EDUCATIONAL BENEFITS OVER TIME The military greatly contributes to an educated work force. After leaving service, many veterans continue their educational journey. In the last decade, most military-connected students enrolling in higher education have been veterans using their Post-9/11 GI Bill benefits.¹ Approximately one-third of these veterans pursue higher education in the first three months of their transition period from military to civilian life.²

During the 2022 fiscal year, the U.S. Department of Veterans Affairs (VA) and Veterans Benefits Administration (VBA) provided educational benefits to 834,460 recipients³. Of this number, most beneficiaries (68% or 564,501) were veterans using their Post-9/11 GI Bill benefits. The next largest group of education benefit recipients (22%) are those taking advantage of the Survivors' and Dependents' Educational Assistance program. Eligibility for this benefit is based on a veteran's service-connected disability, death or other catastrophic event. Some states provide additional educational benefits to student veterans or family members.

The Post-9/11 GI Bill took effect in August 2009 and provides enhanced educational benefits to more than 2 million service members who have served since 9/11.⁴ There has been a 25% decrease in the number of veterans using this benefit over the past nine years. In 2013, 754,229 veterans used this benefit as compared to 564,501 in 2022. However, there is an increase in the percentage of beneficiaries that are eligible children. In 2018, 12.7% of educational benefits were used by eligible children and in 2022, that rose to 16%. This means that veterans are not using this benefit for themselves but giving this benefit to their children. We don't know how many veterans are paying for their own post-secondary education by other means such as "out-of-pocket" or a third party such as an employer.

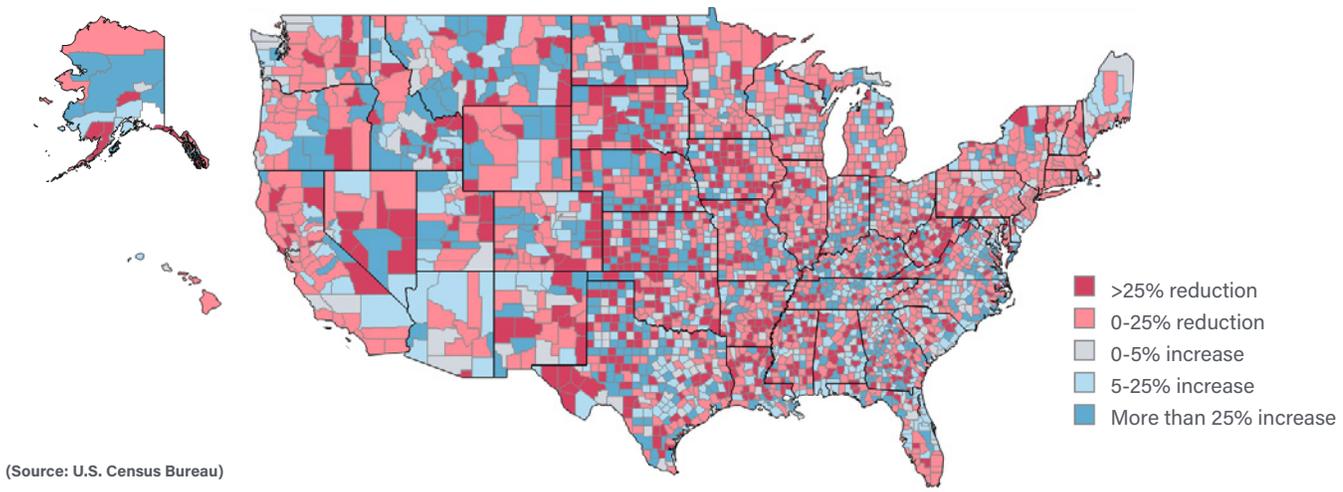
THE UNIQUE VETERAN STUDENT EXPERIENCE The veteran student experience is in some ways similar to that of non-veterans but also has its own set of challenges. Like other students, veterans often view higher education as the pathway to become gainfully employed and expand their career opportunities.⁵ Veterans, military members and even military spouses arrive at their higher education institutions with unique experiences, including non-traditional student status, being older, and possibly having families or still actively serving and pursuing knowledge for their military specialty. However, over time, research suggests that student veterans might experience challenges related to enrolling in higher education⁶, satisfaction and achievement during school⁷, or even finishing their degree.⁸

Unlike their non-veteran counterparts, student veterans experience challenges in the higher education landscape that are not always recognized. These challenges then impact their overall higher education experience; their ability to function socially, mentally and academically; and even their ability to earn their degree. When asked to describe the challenges they face in higher education, student veterans often report facing three main challenges.

First, student veterans commonly report an "us versus them" mentality, which is indicated by the frequent comparison between the student veteran and their non-veteran peers. Student veterans acknowledge the difference between themselves and others they attend classes with, especially as it applies to their age, stage in life or work experience.⁹ In fact, research suggests that student veterans report a lower sense of belonging in higher educational institutions compared with their civilian or reservist peers.¹⁰ This finding is also true for the active-duty student as well, even after controlling for age and gender differences.¹¹ This finding is significant because it highlights the frame of mind that student veterans might experience and the corresponding hurdles veterans might face when it comes to making meaningful social connections with others.

Student veterans also report that they struggle with understanding and engaging in the learning environment and culture of higher education¹². The learning styles or approaches instructors use to teach or quiz students may differ from the styles or approaches used during their military service. Additionally, students also express general frustration with their non-veteran student peers when elements of mutual respect (a

Percentage Change in Veterans with Bachelor's Degree from 2017-2021



core tenet of military culture) appear to be missing between students and others in perceived authority positions, such as professors.¹³ These differences can compound and impact student veterans' ability to function academically.

Veteran students also indicate that a top academic challenge is the “institutional barrier” between veteran and student life.¹⁴ Students report not having the information they need to navigate college life effectively and that campus professionals are sometimes unfamiliar with specific student veteran resources that could be recommended to help them navigate this transition more easily.¹⁵ While student veteran organizations, services and resources exist, including the more than 1,500 Student Veterans of America chapters on campuses, student veterans may experience challenges connecting with these supports that could help them progress through their academic journeys more successfully.

Given these challenges in higher education, research suggests that over time student veterans may be at higher risk of experiencing declines in overall satisfaction and functioning as they pursue their degrees.¹⁶ In fact, two subsets of the student veteran population might be at even greater risk of not finishing their degrees. The 2020 Veterans Metrics Initiative (TVMI) found that students who recently transitioned from military to veteran life who indicate problematic financial situations (e.g., difficulty paying their bills) or who have symptoms of post-traumatic stress disorder (PTSD) have trouble finishing their bachelor's degrees. Specifically, veteran students who indicate problematic financial situations are approximately 24% more likely to not finish their bachelor's degree, while students with PTSD symptoms are approximately 80% more likely to not finish their degrees.¹⁷

THE MENTAL HEALTH OF STUDENT VETERANS Research suggests that approximately 37% of student veterans screen positive for depression; approximately 36% screen positive for PTSD; and approximately 30% screen positive for anxiety.¹⁸ Even more surprising and alarming, approximately 15% of student veterans screen positive for suicidal ideation.

These mental health conditions can have long-lasting impacts on not just well-being, but also the ability to succeed in higher education. Specifically, student veterans who screen positive for mental health conditions may also have trouble with overall academic performance and functioning, especially impacting their GPA.¹⁹ Moreover, approximately 42% of student veterans who screen positive for mental health conditions receive treatment for their mental health²⁰, indicating that a majority of students with mental health conditions are living without evidence-based treatment to help them navigate behavioral health challenges.

Call to action

- » Discover ways to identify veterans who don't use GI Bill benefits but still pursue higher education to get a true number of these individuals in higher education.
- » Explore the best methods in providing student veterans with information about services to support their academic success.
- » Ensure university and college behavioral health clinicians and other college professionals have military culture training to ensure they have perspective on the unique challenges of this population.



HOUSING

What we know

- » The number of veterans who are homeless is decreasing, but a lower percentage are sheltered.
- » Certain subgroups of veterans are overrepresented in the population of veterans experiencing homelessness.
- » There are specific risk factors for homelessness, including those specific to women veterans.
- » The time between military discharge and homelessness may have a “sleeper effect” of six to ten years.

IMPROVEMENT IN VETERAN HOMELESSNESS The annual national Point in Time (PIT) count indicates that number of veterans experiencing homelessness fell by 11%, or 4,123 veterans, from 2020 to 2022.¹ Due to the pandemic, homeless numbers for 2021 are advisory and may not be considered reliable. Thirty-eight states and territories showed a reduction in the number of veterans experiencing homelessness. California reported the largest raw count reduction (1,006 veterans), but that represents only a decrease of 9% in overall numbers. The states and territories that had the largest percentage reductions were Arkansas (51%), the Virgin Islands (54%), and New Mexico (64%). Although reductions occurred in many states, 16 states or territories showed increases in the number of veterans experiencing homelessness, with Mississippi and Maine reporting increases larger than 100% from 2020 to 2022 (104% and 136% respectively).

One notable challenge in reducing veteran homelessness is that over the course of the last 10 years there has been a slow increase in the percentage of veterans experiencing homelessness who are unsheltered. According to the U.S. Department of Housing and Urban Development, an unsheltered individual experiencing homelessness is someone who resides in a place not meant for human habitation such as parks, cars, or abandoned buildings, while sheltered means residing in some sort of shelter or transitional housing.² In 2013, just 33% of veterans experiencing homelessness were unsheltered as compared to 40.4% in 2022.³

CHARACTERISTICS OF VETERANS EXPERIENCING HOMELESSNESS

The PIT count collects data on the characteristics of individuals experiencing homelessness. For veterans, certain groups are either under- or over-represented in the homeless veteran population. Understanding these differences helps target groups that may be more at risk. Men make up the highest

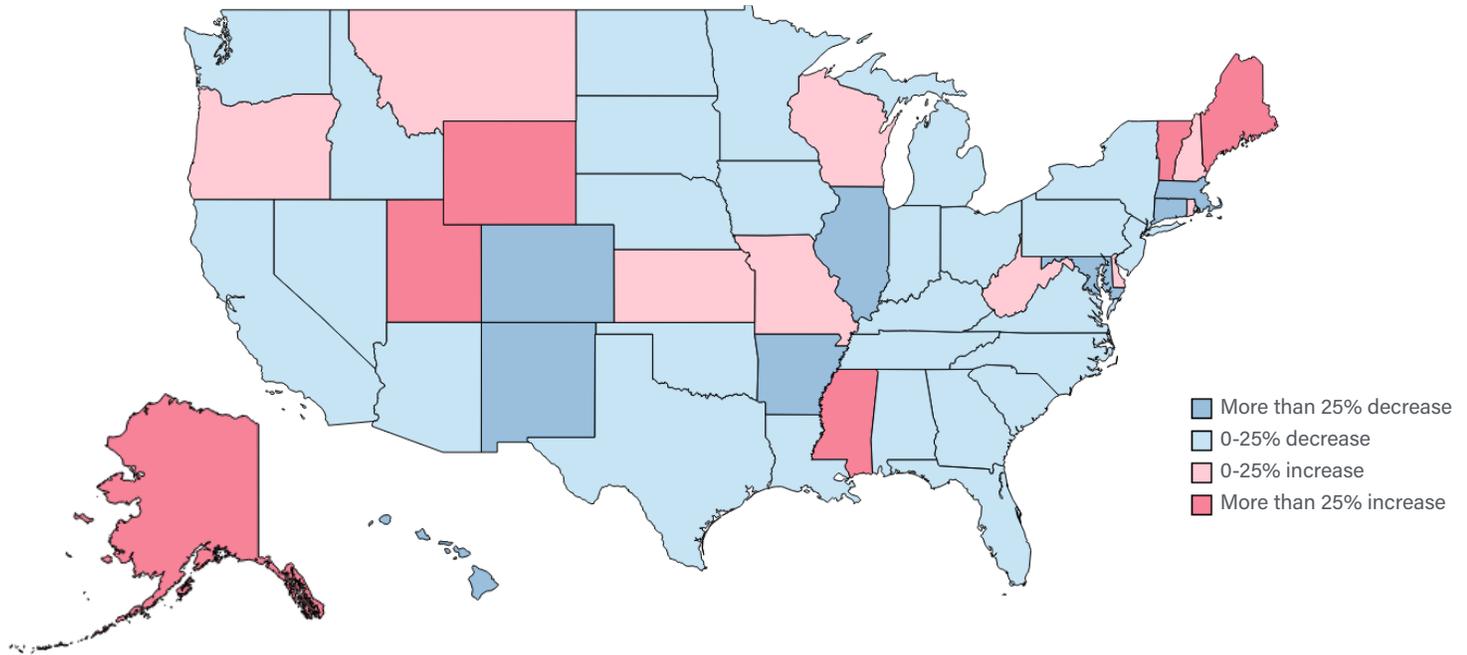
percentage of veterans experiencing homelessness (almost 90%); White males make up more than half of both sheltered and unsheltered veterans (58.3% and 58.6% respectively).⁴ However, Black male veterans are overrepresented in the veteran homeless population, comprising 34% of homeless veterans, even though they comprise approximately 12% of all U.S. veterans.⁵

While the number of veterans experiencing homelessness is decreasing overall, this is not true for everyone. In 2018, 3,219 women veterans were homeless, but by 2022, 3,440 were homeless — an almost 6.9% increase.⁶ The PIT count also recognizes categories of veterans who do not identify specifically as male or female. For this population, the numbers reflect a more than 20% increase in that same time period, from 247 to 297 veterans.⁷

While most veterans experiencing homelessness are individuals, in 2022 there were also 807 veteran family households with children who were experiencing homelessness, according to the Annual Homeless Assessment Report.⁸ When considering which veterans are experiencing family homelessness, 11% of women veterans were in a household with a child under 18 compared to 2% of veterans who are men.⁹ This figure supports the theory that one of the challenges faced by women veterans experiencing homelessness might be access to childcare.¹⁰

RISK FACTORS FOR HOMELESSNESS A good way to work to end veteran homelessness is to study the risk factors associated with it. One of the strongest risk factors is the presence of mental health disorders. Recent research indicates that the effects of traumatic experiences can accumulate and contribute to an increased risk of homelessness and lack of socio-economic resources.¹¹ Another study looked at the interactions among military sexual assault (MSA), homeless experiences, and physical and mental health.¹² Findings showed that veterans, regardless of gender, who had experienced homelessness and had a history of military sexual assault were more likely to have mental health conditions such as depression, PTSD and other physical health symptoms, compared to veterans who were housed and had not experienced military sexual assault. Additionally, a report in the Journal of the American Board of Family Medicine examined the relationships between women veterans’ psychosocial risk factors and housing instability to identify specific risk factors that can impact housing security for

Percentage Change in Homeless Veterans from 2020 to 2022



(Source: Point-In-Time Count from the U.S. Department of Housing and Urban Development)

women veterans.¹³ Findings showed that lack of access to VA benefits and supports, history of military sexual trauma and marital status were significant risk factors for this population.

TIME BETWEEN DISCHARGE AND HOMELESSNESS There might be a specific time period when the risk of homelessness increases for veterans. A 2020 study in the *American Journal of Preventive Medicine* reviewed two studies which looked at possible sleeper effects, or delayed risks for homelessness, that became stronger over time. The discharge to homelessness (DTH), or the time period from when a service member is discharged from the military to the time homelessness occurs, can vary based on age, era of service, gender and additional medical or behavioral health conditions. Overall, DTH occurs between six to ten years after discharge. The study found that Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF) deployments were associated with shorter DTH than Vietnam era veterans. One surprising finding was the middle-income range was more associated with shorter DTH than lower incomes. One theory is that middle-income veterans might be more likely to misuse (such as for substance use or gambling) or have others misuse (such as predatory lending) their income as compared to those who did not have this income.¹⁴ This study brings to light the challenges in homeless prevention, as the longer veterans are from their discharge and are not engaged in VA services, the harder it might be to connect with veterans who might be at risk for homelessness.

Call to action

- » Assess trauma exposure with homeless veterans to help target efforts to support their recovery.
- » In homeless veteran outreach, study the specific demographic makeup of the local veteran population to identify groups that may be more at risk.
- » For women veterans, use information about risk factors to provide additional supports where warranted.
- » Expand the “definition” of veterans who might be at risk for homelessness to include veterans who completed their service many years prior.



BEHAVIORAL HEALTH

What we know

- » Suicide remains a prominent concern for the military-connected population.
- » Certain subsets of the veteran population show a higher risk for suicide.
- » Suicide rates are higher among veterans who are not enrolled in the VA health care system.
- » Many military families report experiencing mental health crises and actively seeking care.

VETERAN SUICIDE As veterans leave service and return to civilian life, the transition process can be complex and challenging. Mental health issues can be part of that transition. In fact, in a recent survey from The Veterans Metrics Initiative, approximately 10% of veteran respondents reported experiencing thoughts of suicide.¹ Additionally, one-third of these veteran respondents report having some form of mental health condition, with anxiety and depression being the most common conditions². Research suggests that veterans with existing mental health conditions are at higher suicide risk, with depression being one of the strongest indicators of risk³, and have trouble transitioning effectively from military to civilian life.⁴

The VA reported that approximately 6,146 veterans died by suicide in 2020.⁵ This number, however, represents a decrease by 343 incidents, or 5.2%, from 2019, and is the lowest it's been since 2006, when approximately 6,035 veterans died by suicide. When comparing the veteran and non-veteran populations in 2020, the suicide rate (adjusting for age and sex differences) was approximately 57% higher among veterans than non-veterans.

VETERAN SUBPOPULATIONS Certain subsets of the veteran population might be at a higher risk for suicide than others. Veterans who are younger; male; White and non-Hispanic; deployed to Afghanistan and Iraq⁶; not recently connected with Veterans Health Administration (VHA) resources; and who recently transitioned out of the military into civilian life may be at greater risk of suicide than other sub-populations of veterans.⁷

The suicide rate for veterans aged 18-34 is higher than among other age groups. In 2020, the suicide rate for veterans aged 18-34 years was 46.1 per 100,000, compared with veterans 35-54

years of age (31.8 per 100,000); veterans 55-74 years of age (27.4 per 100,000); and veterans 75 years of age and older (32.0 per 100,000).⁸ The suicide rate for veterans aged 18-34 years was the only rate by age group to increase between 2019 to 2020.⁹

The suicide rate for White, non-Hispanic veterans is also highest, compared to other racial and ethnic minority groups. Specifically, the 2020 suicide rate for White, non-Hispanic veterans was 34.2 per 100,000, compared with Asian, Native Hawaiian, or Pacific Islander veterans (30.2 per 100,000); American Indian or Alaskan Native veterans (29.8 per 100,000); Black or African American veterans (14.2 per 100,000); and Hispanic or Latino veterans (18.6 per 100,000).¹⁰

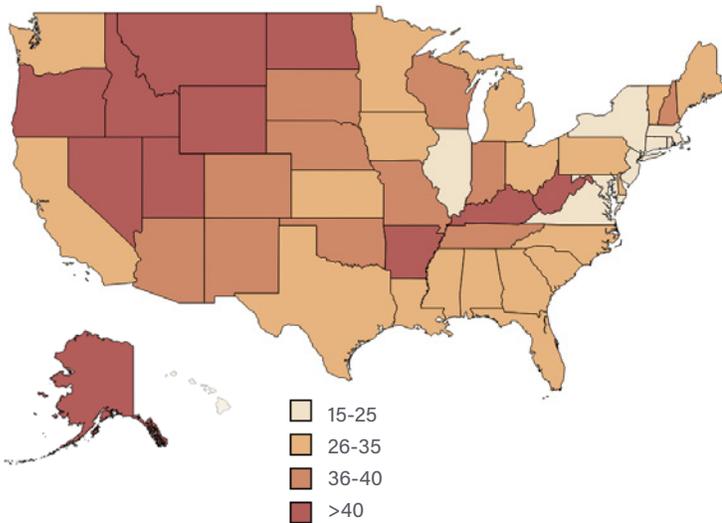
Additional research suggests that veterans who were deployed to Afghanistan and Iraq during Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) also present higher risk for suicide compared to their non-veteran counterparts.¹¹

SUICIDE RATES AND VA HEALTHCARE ENROLLMENT Access to VHA health care and recent transition status appear to have an impact on veteran suicide. Of the veterans who died by suicide in 2020, approximately 60% did not use VHA services during the previous two years.¹² In addition, suicide rates for veterans who had transitioned out of the military in the last 10 years are generally high but are highest for those who transitioned out of the military in the previous three years (i.e., 2017, 2018, 2019). Specifically, the 2020 suicide rate for those who transitioned out of the military within the previous year (i.e., 2019) was 47.8 per 100,000, compared with those who transitioned out of the military five years earlier (i.e., in 2015), among whom the suicide rate was 35.5 per 100,000.¹³

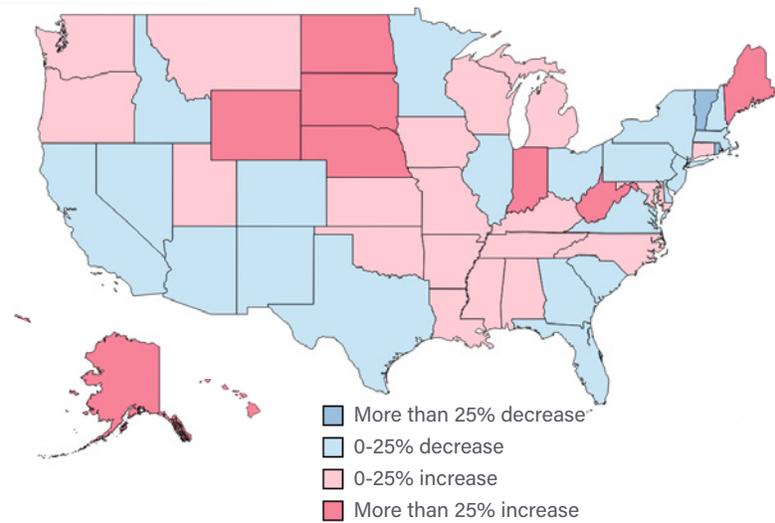
MENTAL HEALTH OF FAMILIES With the onset of the pandemic, parents became more focused on the mental health of their families. A Fall 2022 Pew Research Center survey indicated that mental health is a top concern for parents.¹⁴ Military-connected families are not immune to these concerns. A 2019 review of studies on mental health of military children indicated stressors such as family separation and parental deployment can have a negative impact on children's mental health.¹⁵

The 2022 Blue Star Families Military Family Lifestyle Survey (MFLS) indicates that 16% of active-duty family respondents

2020 Veteran Suicide Rates by State



Change in Veteran Suicide from 2016 to 2020 at the State Level



(Source: U.S. Department of Veterans Affairs)

have children who are not currently receiving behavioral health care but would like to.¹⁶ The most common barrier is provider availability (44%). Additionally, approximately one in five spouse or service member respondents reported knowing a friend or family member who expressed suicidal thoughts, made a suicide attempt or died by suicide in the previous year. When asked to rate their level of confidence in knowing how to help these friends or family members who might experience a mental health crisis, only about 25% of military family respondents reported feeling “very confident” in their ability to support others.

The Military Family Advisory Network (MFAN) recently asked military-connected families (most of whom were active-duty spouses and members) if they had thoughts of suicide in the previous two years.¹⁷ Approximately 10% of family respondents reported that they had experienced suicidal ideation in the last two years. The 2021 DoD Annual Report on Suicide in the Military reported that 133 military spouses and 69 dependents (up to the age of 23) died by suicide in calendar year 2020.¹⁸ This report also indicated that suicide rates were comparable across components and they are similar to the two previous years for both spouses and dependents. While research exists on suicide among military spouses and dependents, very little information exists that specifically focuses on suicide or the mental health concerns of veteran spouses or dependents.

HOPE AND OPPORTUNITY FOR CHANGE Many families are currently utilizing mental health care in some fashion. In 2021, MFAN found that approximately half of their military-connected family respondents indicated using mental health services in the previous two years. Of these families, veteran family respondents (56%) reported using these mental health services more than active-duty family respondents (44%).¹⁹ Of the families who reported recently using mental health services, many had positive experiences. However, slightly fewer family respondents indicated positive or very positive satisfaction with overall access to mental health care appointments in their area. In fact, approximately 31% of active-duty family respondents and 25% of veteran family respondents reported negative or very negative satisfaction with the mental health care access in their community.²⁰

Many families listed two top barriers to accessing mental health care that they felt satisfied with: the lack of available services and the general poor quality of the service that was delivered. Specifically, over half (52%) of family respondents cited a major barrier in accessing care is the lack of available mental health providers and appointments.²¹ Approximately 26% of family respondents also mentioned that a major challenge when accessing care is the general poor quality of service they receive.²²

Veteran suicide rates come from the 2022 U.S. Department of Veterans Affairs Suicide Prevention Report. To read more about these rates, labels, and terms, see page 9-10 in that report.

Call to action

- » Identify and join local suicide prevention efforts such as SAMHSA Governor’s Challenge to prevent suicide among the service member, veteran and family population.
- » Tailor suicide prevention programs to veteran subpopulations who might be at a higher risk for suicide than others or require additional, tailored resources.
- » Promote resources for military families to learn how to support others who express suicidal thoughts or ideations.
- » Continue to bring awareness to mental health resources and access to care for military-connected families, including spouses and children.



MEDICAL

What we know

- » The PACT act expands the pool of veterans eligible for disability benefits.
- » The use of VA health benefits varies based on factors such as gender, race and age.
- » The long term cost of veteran healthcare is a service and budgetary concern.

PASSAGE OF PACT ACT In 2022, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act (PACT Act) was a major expansion of VA disability benefits.¹ Unlike most other disability claims where the veteran needs to prove the condition resulted from their service, the PACT Act is presumptive. This means if the veteran has contracted one of the 12 types of cancers or 12 respiratory illnesses during or after their time in the military, they need only to show they served in a particular area during a specific time.² It is presumed they were exposed to toxins in the environment.

Based on the timeframe covered under the PACT Act, most of the Gulf War and post-9/11 veterans and service members who had any combat deployment to the Middle East would be eligible. This means that approximately 4 million veterans would qualify to receive disability benefits if they have contracted the listed illnesses.³ While there are specific eligibility timelines veterans need to meet for these benefits, the VA encourages all veterans serving during these eras to apply regardless of when they left service.

The PACT Act goes beyond just addressing the Gulf War and post-9/11 toxic exposures. For veterans who served in Vietnam, it adds two extra conditions for those who may have been exposed to Agent Orange, further impacting 160,000 veterans.⁴ Now, the VA will test for toxic exposure for every veteran who is enrolled in VA health care, hopefully extending not only the quality of life for veterans but also their life expectancy.

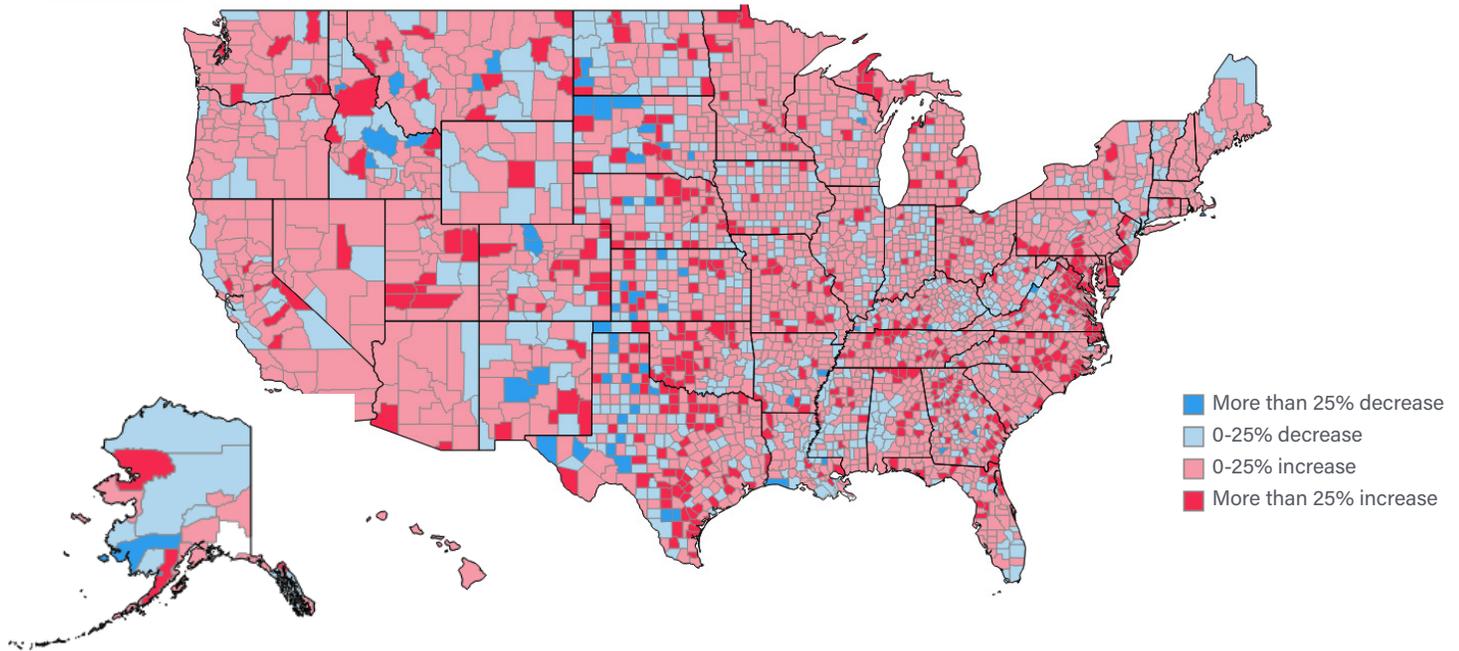
One final aspect of the PACT Act is the inclusion of research and treatment for toxic exposures and their related cancers. This initiative has led the VA Palo Alto Health Care System and Stanford Medicine to collaborate to create a National Cancer Institute which will focus on cancer care and research.⁵ The center will not only provide and enhance cancer care for veterans but will also improve cancer care for those in the community.

VA BENEFITS USAGE Over time, the VA has experienced increases in the number of veterans seeking care despite the decrease in the total veteran population. The veteran population decreased by nearly 7% from 2017 to 2022⁶, but during that same time, the number of VA patients increased almost 2.8%.⁷ Additionally, from 2010 to 2021, VA patients have increased by 16% while disability compensation has increased by 53%.⁸ In 2021, more than 6.2 million veterans used health care benefits and 5.3 million used compensation or pension benefits. The VA reports that in FY 2010, 38.1% of veterans were using VA benefits and by FY 2021, this number rose to 51.5%.

Women veterans across the nation are increasingly using VA benefits. As of 2021, close to one million women veterans were using some sort of VA benefit, representing a 53% increase from 2010.⁹ Research on recently separated veterans shows that women veterans are twice as likely to use healthcare of all types, (VA and civilian) when compared to veterans who are men. But women use VA services at only the same rate as men for conditions such as anxiety and depression along with sleep issues¹⁰, which suggests that many women veterans seek their care from non-VA sources.

Another increase in VA patients might be attributed to the rate at which veterans are enrolling in VA benefits. Most veterans now are eligible for VA care for five years once they separate from service.¹¹ One study found that newly separated veterans identified health concerns as one of their major transition challenges. With medical challenges such as chronic pain, sleep issues, depression and anxiety, many veterans might be enrolling in the VA during their transition period rather than waiting for years, especially since they are covered for five years.¹² In one study, more than 50% of subjects reported a physical health concern while a third had a mental health condition.¹³ In veterans with a service-connected disability (SCD), in 2010, almost 12% of veterans were not enrolled in VA as compared to only 6.9% in 2021.¹⁴ Hispanic and African American veterans with a SCD use VA health care at higher rates (72.1% and 79.1%) than other racial and ethnic groups such as only 65.1% of Asian veterans.¹⁵ Another factor is that veterans are entering the VA health care system with more complex disabilities. In 2013, the VA reported an average of 4.3 SCD per veteran and that increased to 6.24 in 2022.^{16,17} The number of and complexity of veteran disabilities may only increase as younger veterans age.

Percentage Change in VA Patients at the County Level



(Source: U.S. Department of Veterans Affairs)

LONG-TERM COST OF VA CARE There is growing concern about the cost of care for post-9/11 veterans due to the estimated costs of their health care and lifetime disability benefits. These veterans have high rates of disabilities and with the focused efforts by the VA to reach out to eligible veterans, more veterans are using these services.¹⁸ The VA budget for FY2022 was \$272 billion which accounted for about 4% of the federal budget.¹⁹ For FY 2024, the VA has requested more than \$325 billion, which is a 19.4% increase from the FY2022 budget. In the federal budget, funds for the military and VA are considered discretionary and appropriations have to be approved each year. Since the PACT Act greatly expands health benefits to most post-9/11 veterans, VA Secretary Denis McDonough has asked for \$20.3 billion to support toxic exposure care, which is an increase from the \$5 billion in the previous year's budget.²⁰ One feature of the PACT Act is the creation of a Toxic Exposure Fund (TEF), which would be mandatory or direct spending rather than the typical discretionary funding.²¹ Some estimates indicate that between 2001 and 2050, the care for this generation of veterans will exceed \$2 trillion²², which does not include the current costs of caring for veterans of other eras.

TELEHEALTH EXPANSION Between 2019 and 2021, the Military Family Advisory Network (MFAN) found that military-connected family respondents increased their telehealth usage by over 50%.²³ Specifically, in 2019, approximately 11% of families responding to their survey reported using telehealth services, and in 2021, this number skyrocketed to approximately 63% of families using telehealth services.²⁴ However, during the peak of the COVID-19 pandemic, copays associated with telehealth services were waived for TRICARE beneficiaries, meaning that many military-connected families received telehealth services at no cost. If copays become reinstated half of MFAN's military-connected family respondents reported that they would be "unlikely" or "very unlikely" to use these telehealth services moving forward.²⁵ While telehealth services are, logistically, an available option for these military-connected families, the issue of service cost can be a significant barrier impacting whether a family chooses to access to this resource.

One of the challenges for veterans and military families accessing telehealth is the "Digital Divide". Not all veterans access the internet. Factors such as age, location, homelessness and other demographic characteristics have an impact on telehealth usage. There is a difference between those who use the internet, those who do not use it but have access, and those who do not have access.²⁶

Call to action

- » Encourage veterans from the post-9/11 era to apply for VA disability benefits due to their toxin exposure.
- » Medical providers in all capacities should implement screening for housing stability and food security especially in women veterans.
- » Promote opportunities to reduce the digital divide and provide more options for telehealth services to veterans and military-connected families.



FINANCIAL

What we know

- » Increases in the cost of living may outpace recent military pay increases and allowances.
- » The financial well-being of military families varies across ranks and racial and ethnic groups.
- » Food insecurity remains a major issue among military members, especially for specific subpopulations.

MILITARY PAY AND ALLOWANCES Financial well-being stands at the intersection of many aspects of a person's life. The National Institute of Health indicates that financial well-being is one of the social determinants of health.¹ For veterans, service members and their families, military pay and allowances are the main contributors to their overall financial stability.

The 2021 Active Duty Spouse Survey (ADSS) found that, in general, active-duty spouses report higher financial well-being scores than the general population.² Specifically, active-duty spouses scored 58 out of 100 as compared to members of the general population, who scored 55 out of 100. However, not all active-duty families score above the general public. Spouses of active-duty members on the lower end of the pay scale, such as spouses of junior enlisted service members, reported a score of 52 out of 100, falling slightly below both scores.

For military families living in high-cost areas in the continental United States, the DoD provides a Cost-of-Living Allowance (CONUS COLA). The DoD also provides this type of living allowance for families living in high-cost areas outside of the continental United States (OCONUS COLA). This additional pay is designed to offset some of the higher-than-average costs associated with the service members' duty location.

COMPENSATION AND WAGE GAP Military pay and compensation has been a rising concern for military-connected families across the nation. Blue Star Families reported that many military families ranked military pay as a top issue for their family ranging from 44% of active-duty service members; 40% of active-duty spouses; and 38% of National Guard family members.³ Moreover, approximately 40% of active-duty spouses and 38% of active-duty service member respondents indicated that the Basic Allowance for Housing (BAH) used to live off-base was also a significant concern and often inadequate for their families, given the rising costs of housing.

Historically, veterans' median incomes are higher than those of their non-veteran counterparts. Overall, this remains true but the rate of increase in median incomes has fallen behind the increase among non-veterans. From 2017 to 2021, veteran median incomes rose approximately 16%, but the increase among non-veterans was 18.5%. In 2017, only 90 counties in the U.S. saw median incomes higher among non-veterans than veterans. By 2021, that number had risen to 162 counties, an 80% increase in the number of counties where median incomes were lower among veterans than non-veterans.

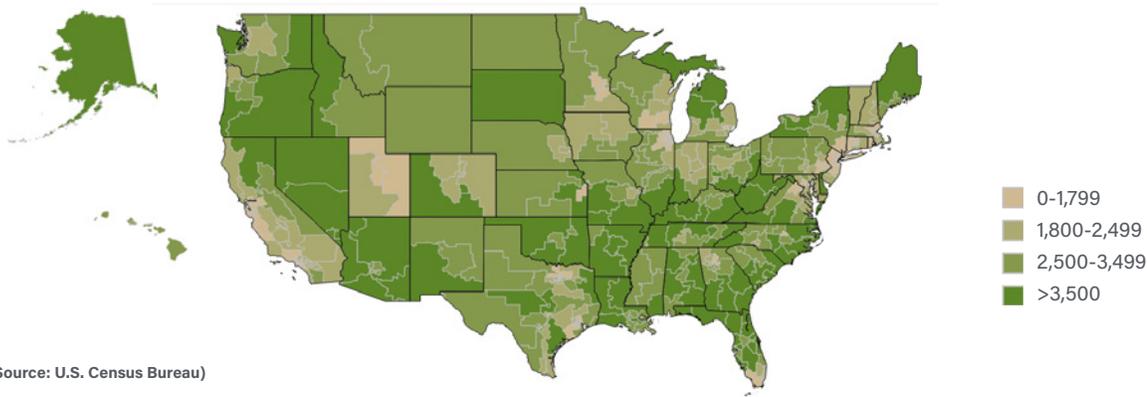
FINANCIAL READINESS AND WELL-BEING While military-connected families may appear to be faring well financially compared to their non-military counterparts, many families still face multiple financial strains. Military-connected families often report experiencing financial stressors, especially relative to paying expenses, saving for emergencies and debt.

At the peak of the pandemic, military-connected families, like their non-military counterparts, were struck by financial worry. The 2021 ADSS investigated the sources of income that active-duty spouses especially relied on to pay expenses during the pandemic. Approximately 84% of spouses reported using regular income sources they used before the pandemic.⁴ However, spouses also reported using unique or possibly problematic methods to pay for expenses during the pandemic such as stimulus payments, credit cards and loans. Spouses of enlisted members were more likely than spouses of officers to use these sources as well as money from savings and/or selling items to pay for expenses during the pandemic.

The Military Family Advisory Network (MFAN) found that approximately 28% of military-connected family respondents to their 2021 survey reported experiencing a financial emergency in the past two years.⁵ Approximately 22% of veteran family respondents reported they have no emergency fund at all, while approximately 22% of active-duty family respondents reported having less than \$500 saved in an emergency fund.⁶ The Veterans Metrics Initiative (TVMI) reported that approximately 40% of respondents transitioning from active duty to veteran status did not maintain, hold or have at least three months of income in a savings account.⁷

Finances can become burdens on and stressors for families and their overall well-being. Military-connected family respondents

Number of Veterans in Poverty by Congressional District - 118th Congress



ranked mortgage debt and credit card debt as the two most stressful types of debt they carry as a family.⁸ Veteran respondents report their top financial stressors as housing costs; major home repairs; and excessive credit card debt.⁹ Older veterans also report medical care costs as a top financial stressor in their lives.¹⁰ It's no wonder that over half of military-connected family respondents indicate that their debt causes them “moderate” or “high” stress.¹¹

FINANCES AND FOOD INSECURITY The U.S. Department of Agriculture (USDA) defines food insecurity according to two categories: low food insecurity^a and very low food insecurity.^{b,12} Finances and food insecurity are closely intertwined.

Multiple surveys by national organizations in the last two years highlight the challenges military families face feeding themselves and their children. The MFAN survey found that approximately one in six military-connected family respondents indicated that their family was food insecure in 2021, which is lower than during COVID-19 pandemic numbers but higher than pre-pandemic levels (one in five in 2020 compared to one in eight in 2019).¹³ The ADSS found that one in four active-duty spouses were food insecure in 2021, with approximately 15% reporting low food security and 10% reporting very low food security.¹⁴

The 2021 ADSS reported that some subsets of spouses are especially likely to report experiencing food insecurity. Spouses of the Marine Corps and Army reported significantly higher percentages of food insecurity compared with the Air Force; 28% of Marine Corps and 27% of Army spouses reported food insecurity compared with 21% of Air Force spouses.¹⁵ Disparities were also found among spouses of members at different ranks. Junior enlisted spouses (E1 – E4) reported experiencing food insecurity at significantly higher levels than all other pay grades and ranks, with approximately 45% indicating they were food insecure.¹⁶

Moreover, race and ethnicity are also contributing factors to conversations about food insecurity, with 30% of active-duty spouses who are members of racial or ethnic minority groups reporting that they are experiencing food insecurity.¹⁷ Additionally, MFAN found that over 20% of American Indian and Alaskan Native and approximately 13% of Hispanic military-connected family respondents reported experiencing food insecurity.¹⁸

According to MFAN, many military and veteran families are turning to supplemental food sources. Nearly all (96%) of military-connected family respondents who indicated having difficulty affording or accessing food reported using SNAP, WIC or other federal assistance programs.¹⁹ The Census Bureau reports that almost 1.1 million veteran households use SNAP benefits, with 9.5% of women veteran households compared to 6.4% for men using this benefit.²⁰ Military-connected families use food banks as another food source although it is hard to accurately determine the percentage of these families who do so. Recent reports indicate a noticeable increase since the pandemic.

^a Low food insecurity describes families where the nutritional quality and variety of diet is compromised.

^b Very low food insecurity occurs when there is enough financial burden where the timing (skipping meals) and amount of food provided to the family is decreased.

Call to action

- » Use data in high cost-of-living areas to identify the military population so income-driven support programs can be better targeted to this demographic.
- » Invite clients at food pantries and other food distribution events to share their military affiliation to get a better sense of food insecurity for this population.
- » Actively work to reduce stigma and shame associated with accessing food from government support programs, especially for military members and their families in more junior pay grades.



LEGAL



What we know

- » Veterans are slightly overrepresented in prison populations when compared to non-veterans.
- » Multiple aspects of military experience, such as combat exposure, are associated with an increased risk of involvement in the criminal justice system.
- » Veterans discharged under the Don't Ask, Don't Tell policy face barriers when updating their discharge status with the VA.
- » State legislatures vary in their progress on specific policies impacting military connected families.

INCARCERATED VETERANS Hundreds of veteran treatment courts (VTCs) have been established across the nation since the inaugural court convened in Buffalo, New York in 2008.¹ These courts were established to support veterans involved in the justice system by connecting them to needed services such as treatment for substance abuse or mental health issues. In collaboration with community and VA partners, the courts provide supervision, treatment, accountability and access to additional resources as opposed to serving time in jail or prison. While these courts may vary significantly and are understudied, they likely help many veterans; but there are still a considerable number of veterans incarcerated in both state and federal prisons across the U.S. In 2021, the U.S. Census Bureau reported that more than 94,000 veterans resided in correctional facilities.² However, the actual numbers might be much larger; RAND recently reported that approximately 75% of the correctional population is either on probation or parole rather than in facilities, which would include a large portion of justice-involved veterans.³

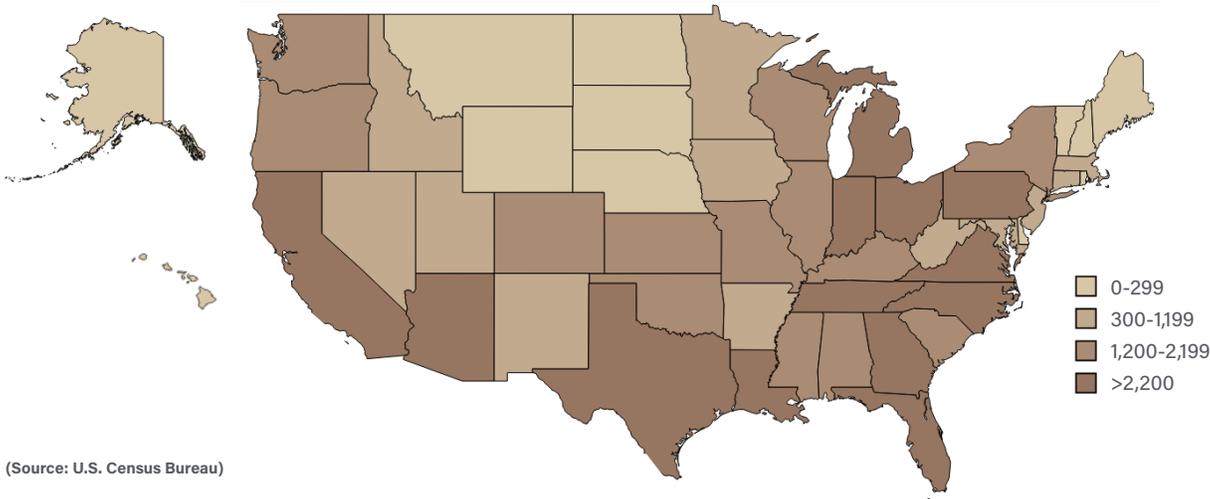
An August 2022 report from the Council on Criminal Justice considered veterans in the criminal justice system. The report points to the disproportionate share of veterans in state and federal prisons with 8% of state prison and 5% of federal prison populations being veterans.⁴ It can be difficult to assess military affiliation among those who enter the justice system however, as there is no standardized procedure of doing so. Currently many agencies rely on self-report of military affiliation. This is problematic as many veterans fear the loss of their VA benefits, feel a sense of shame or might be seen as a threat.⁵ Asking the question, “Are you a veteran?” can generate inaccurate results for numerous reasons. An April 2022 report from Justice for Vets suggests ways to help identify this population.⁶ The VA has two tools to help law enforcement identify those with military records. The Veterans Reentry Search Service (VRSS) and the

Status Query and Response Exchange System (SQUARES) are two resources that can assist the criminal justice system. However as of 2021, only about 11% of the more than 3,000 local jails used the VRSS and less than 1% of law enforcement agencies used SQUARES.⁷ Without the consistent use of these identification systems, it is quite possible that the true count of veterans in correctional facilities is higher than current estimates suggest.

RISK FACTORS AND INCARCERATION Multiple studies have shown that instances of mental health, substance use and service-related trauma increase the likelihood of veterans entering the criminal justice system. In terms of combat exposure, post-9/11 veterans are at increased risk, as 75% of them have deployed at least once as compared to only 58% of veterans from other eras.⁸ A 2021 federal report looking specifically at those in the federal prison system identified that just over two-thirds of veteran inmates had a history of mental health problems, as compared to a little more than half of non-veterans.⁹ A 2020 meta-analysis of ten studies of PTSD and justice-involved veterans found that veterans with PTSD had a 61% higher chance of becoming involved with the justice system than veterans without PTSD.¹⁰ Additionally, a 2023 RAND Corporation publication highlights the prevalence of mental health conditions in previous research about justice-involved veterans, including combat related PTSD (ranging from 5% to 27%) and depression (from 14% to 51%).¹¹ Along with mental health conditions, justice-involved veterans are also more likely to experience homelessness.¹² Knowing these risk factors is an important step in helping veterans connect with services including behavioral health care to reduce veterans' involvement with the criminal justice system.

LGBTQ+ VETERAN DISCHARGE UPDATES More than 100,000 veterans were discharged from the military under varying policies between World War II and September 2011 when the Don't Ask, Don't Tell (DADT) policy was rescinded. In 2021, on the tenth anniversary of the DADT repeal, the VA clarified to its adjudicators and the public that those discharged because of that policy should be considered veterans and eligible for many VA benefits. However, only DoD can grant discharge upgrades; and the process has been overwhelming for many veterans, usually requiring assistance from qualified legal professionals.¹³ Many VA medical centers now have Medical-Legal Partnerships (MLP) that can engage and provide veterans with legal assistance.¹⁴ These MLPs are partnerships with attorneys in the community who help with a wide range of legal issues.

Number of Institutionalized Veterans By State



A recent NPR segment noted that as of March 2023, only about one percent or 1,375 veterans who were discharged for sexual orientation have received upgraded discharge status.¹⁵ One of the barriers that veterans might face is the policy that a discharge upgrade can occur only if the discharge was solely due to sexual orientation and not additional factors.¹⁶ Other barriers might be that the process is so time consuming that veterans decline to go through it or that they may not even know about this policy change.¹⁷

Historically, veterans who received an other-than-honorable discharge are unable to access VA benefits and resources and may find it difficult to file for things such as unemployment benefits, thus leading to economic challenges. Luckily, this is changing. Now, more veterans who do not receive a discharge upgrade are able to access some VA benefits if they request that the VA consider their Character of Discharge eligibility.¹⁸ Some states, such as Massachusetts, are following the intent of federal policy and are creating the pathway for these veterans to be eligible for state veteran benefits.¹⁹

STATES AND MILITARY POLICY PRIORITIES While federal policies that impact military families are important, state-level policies may impact military families at a more personal level. The DoD created the Defense State Liaison Office (DLSO) about 20 years ago to provide state-level policy makers insight into issues affecting the quality of life for military families.²⁰ Currently, there are ten state priority areas. Many focus on education and employment but two deal directly with legal issues: child abuse identification and reporting, and concurrent juvenile jurisdiction. Both priority areas are focused on jurisdiction. For child abuse identification and reporting, since up to 70% of military families reside outside military installations, civilian child protective services or other agencies may not always share case information with military authorities, and subsequently the DoD's Family Advocacy Program (FAP), which tracks these instances for the military, may underestimate their prevalence.²¹ Thirty-three states currently have passed legislation to support the sharing of information with military authorities.²²

The other state-level priority, concurrent juvenile jurisdiction, has not seen as much progress. Concurrent juvenile jurisdiction means that federal and state governments can share jurisdiction and contribute services at both levels.²³ Military installations are under federal jurisdiction.²⁴ If a juvenile commits a crime on an installation with exclusive jurisdiction, then these juveniles are most likely sent through the federal adult judicial system and may not have access to any state level family or juvenile court resources.²⁵ States can work with federal authorities to have concurrent jurisdiction for civilians (military youth and spouses) who live and work on installations. Few states have enacted this sort of policy change. Maryland and New Hampshire have passed this legislation while other states such as North Carolina, South Carolina and Connecticut have introduced legislation and are working through the legislative process.

Call to action

- » Community organizations that provide legal services to veterans should become familiar with the process of upgrading discharge status for eligible veterans in their community.
- » Support the adoption of SQUARES in law enforcement and correctional facilities to identify justice involved individuals with military records so connections to appropriate services can be made.
- » Advocate for veteran treatment courts in your community, so veteran-specific justice system resources can continue to grow around the nation.

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ABOUT THE MEASURING COMMUNITIES DATA

The Measuring Communities data portal acts as both the framework for this report and as a free resource for military-connected thought leaders to explore on their own.

The data in Measuring Communities come from over 30 credible national and local data sources. These data can be viewed at the state, congressional district and county level for U.S. states and territories, and across time. Users can interact with these data via maps, tables, graphs and snapshots, and download these data into spreadsheets for future use or additional analysis.

Measuring Communities is in many ways a hub to learn more about our military-connected neighbors; the communities in which they work, live and play; and the issues they may face. Thought leaders can apply these data to identify gaps in support or services; build or adjust programming to better serve the community; and make evidence-informed decisions at state and local levels.

Data domains and topics

Data is housed in one of ten domain topics: behavioral health; community; demographics; employment; financial; housing; k-12 education; legal; medical care; and post-secondary education.

For example, users can view both the number of veterans who live in their community and the digital divide index score for their community. Users can also learn more about this veteran population, including: the age ranges of veterans; the educational attainment of veterans; the veteran unemployment rate; and the diversity among their community.

Data sources and credibility

Data in Measuring Communities is mined and compiled from a variety of sources. Major data sources include, for example: the U.S. Census Bureau; the Department of Veterans Affairs (VA); the DoD's Defense Manpower Data Center (DMDC) and the National Guard Bureau; the Department of Agriculture (USDA); the Department of Housing and Urban Development (HUD); the Department of Health and Human Services (HHS); and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Because data sources vary in quality or data collection methods, MFRI created a "Confidence Index" to assess the data in Measuring Communities. This tool is a scoring index, with a range of scores from one to five. It serves as a reminder that not all data can be used in the same manner. Generally, higher scores (such as a 5-out-of-5-star score) implies higher quality data, because the source uses each one of the scoring criteria: random or probability sampling methods; validated and reliable instruments; established norms for the instrument; a large and diverse sample; and when appropriate, a weighted sample.

Users can feel most confident using five-star data when making organizational and strategic decisions. When confidence index scores are low, such as two stars, users can consider the information in an advisory capacity, but may wish to verify that information in their local area or with other sources.

Get connected to this data

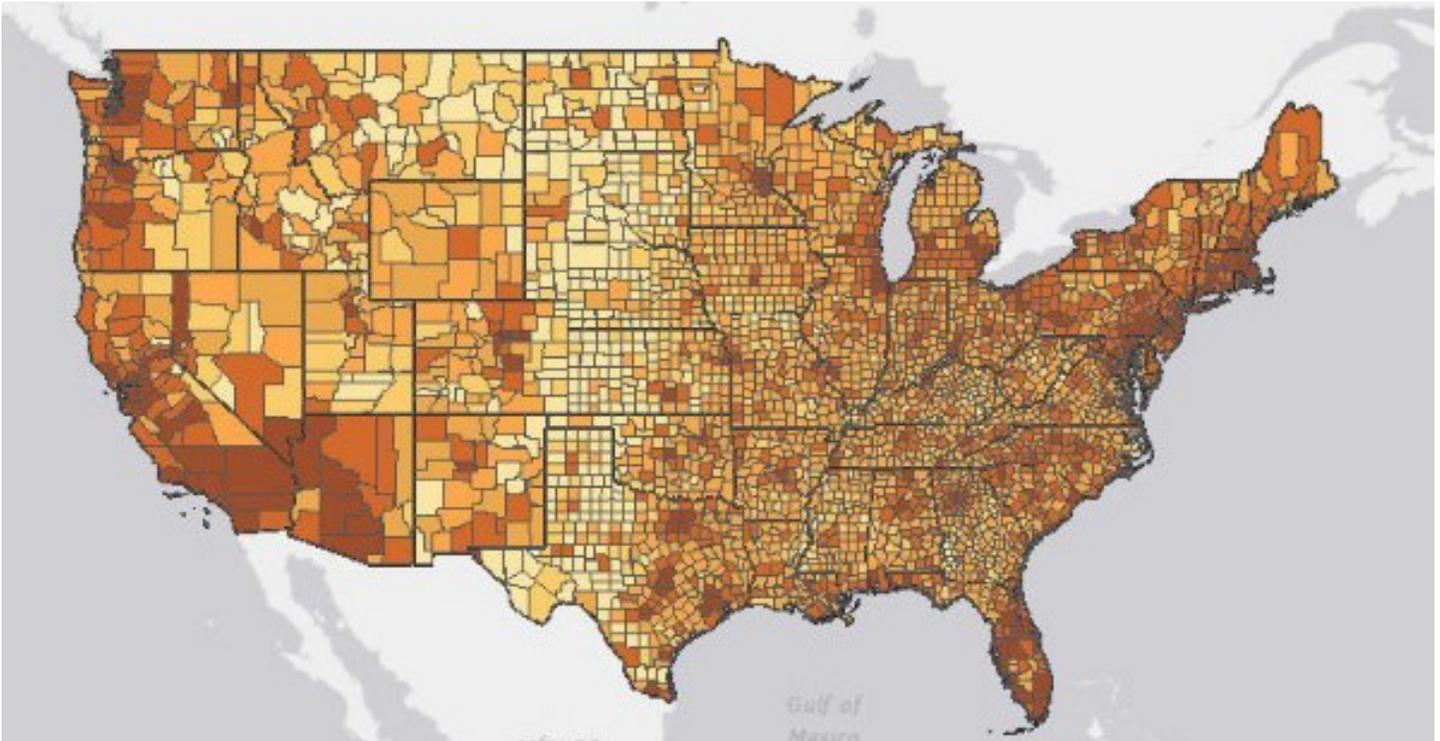
Navigate to www.measuringcommunities.org

to create a free membership profile.

Reach out to Katie Walter, schmit59@purdue.edu,

with any questions.





HOW TO ACCESS LOCAL DATA IN MEASURING COMMUNITIES

Access to the Measuring Communities site is free. To sign up, contact Katie Walter, MFRI community outreach specialist, at schmit59@purdue.edu. You will be provided with a member ID.

Once you're logged in with your member ID, you may explore data at the state, congressional district and county level. Use the data for:

- propelling community action
- tracking local progress
- sustaining attention to issues
- advocating for policies and programs

- Navigate to www.measuringcommunities.org
- Click Explore Web Based Data
- Enter your name, email and member ID*
- On the landing page, click the Topics tab
- Choose one of 10 topics
- Click View Data
- Select an indicator
- Refine your results by state, county and year
- Choose up to five data fields
- Click Submit
- View data in table, graph or map form
- Download or print data for future use

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MFRI 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 Science.





MEASURING COMMUNITIES

Mapping Progress for Military & Veteran Families

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