
★

STAND-TO 2021

ADVANCING VETERAN EMPLOYMENT,
EDUCATION, & HEALTH AND WELL-BEING

★

February 2021



About the George W. Bush Institute

Housed within the George W. Bush Presidential Center, the George W. Bush Institute is an action-oriented, nonpartisan policy organization with the mission of developing leaders, advancing policy, and taking action to solve today's most pressing challenges. Through three Impact Centers – Domestic Excellence, Global Leadership, and an Engagement Agenda – the Bush Institute delivers measurable results that save and improve lives. To learn more, visit www.BushCenter.org.

About the Military Service Initiative:

The Bush Institute's Military Service Initiative helps post-9/11 veterans and their families make successful transitions to civilian life with a focus on optimizing health and well-being and leveraging meaningful education and employment opportunities.

We are grateful for the ongoing partnership and support of the following: Syracuse University – Institute for Veterans and Military Families, and SSRS.

About Syracuse University's Institute For Veterans and Military Families (IVMF):

IVMF is the first national institute in higher education singularly focused on advancing the lives of the nation's military, veterans and their families. Through its professional staff and experts, and with the support of founding partner JPMorgan Chase Co., the IVMF delivers leading programs in career and entrepreneurship education and training, while also conducting actionable research, policy analysis, and program evaluations.

The IVMF also supports veterans and their families, once they transition back into civilian life, as they navigate the maze of social services in their communities, enhancing access to this care working side-by-side with local providers across the country. The Institute is committed to advancing the post-service lives of those who have served in America's armed forces and their families.

George W. Bush Institute Project Team:

Colonel Matthew Amidon, Director of the Military Service Initiative; Hannah Abney, Vice President of External Affairs; Major Amy Bernard, Senior Program Manager of the Military Service Initiative; Dr. Eva Chiang, Director of Evaluation and Research; Kacie Kelly, Deputy Director of the Military Service Initiative; Ioanna Papas, Senior Manager of Communications; Jessica Wheeler, Manager Design and Creative Services.

Institute for Veterans and Military Families Team:

Dr. Nicholas Armstrong, Managing Director Research and Data; Dr. Deborah A. Bradbard, Senior Research Associate; Rosalinda Vasquez Maury, Director Applied Research and Analytics; Mariah Brennan Nanni, Research Assistant; Emily Dean, Research Assistant; Lauren Stanzak Sutkus, Research Assistant; Amber Lynn Pitoniak, Research Assistant.

TABLE OF CONTENTS

PAGE

Introduction	2
2021 - The State of Transition for Post-9/11 Veterans	2
Employment	6
Remaining Challenges	6
Education	7
Remaining Challenges	8
Health and Well-Being	9
Remaining Challenges	11
The Effect of COVID-19	11
Employment	12
Education	12
Health and Well-being	13
Key Themes	13
Barriers and Society	13
Diversity	14
Data and Research	15
Conclusion	17
Appendix	18
Methodology	18
Endnotes	19

INTRODUCTION

Nearly two decades have passed since Sept. 11, 2001. It is important to mark time and reflect on those events, but we must also take stock. How have those who served since 9/11 fared in this time? As many have made the transition to civilian life, what have we learned about their needs and how to best serve them? What gaps remain and where should we focus our efforts?

Seven years ago, the George W. Bush Institute and the Institute for Veterans and Military Families at Syracuse University issued *Know Our Vets*, a report that examined the challenges and opportunities specific to the post-9/11 veteran cohort. That report identified and highlighted ways that all sectors could more ably assist post-9/11 veterans and their families as they transitioned from military to civilian life, particularly in the areas of employment, education, and health and well-being.

Currently, as we approach our 20th year of conflict within an enduring global security challenge, domestic and international issues are considerable and ever-changing. Economic conditions are uncertain and subject to the effects of COVID-19. The federal budget is under pressure, and public attention is potentially shifting away from overseas threats to domestic, social, and public health concerns stemming from the COVID-19 pandemic.

This report re-evaluates and updates post-9/11 veterans' current needs, what we have learned about their post-service lives, and what stakeholders across the public, private, and nonprofit sectors can do to better assist them in the future.

Today, as in 2014, we found an enduring gap in the lack of research to evaluate the effectiveness and impact of the programs and services offered to post-9/11 veterans. Not only does comprehensive longitudinal data capture and analysis remain rare, lack of effective aggregation of disparate data affects the state of knowledge needed to advance outcomes.¹ Therefore, clean comparisons over time are difficult to make.

Thus, we focused this paper on the growth and progress made on behalf of post-9/11 veterans in the areas we prioritized in 2014— employment, education, and health and well-being – as well as on identifying crosscutting themes that can improve outcomes in all three domains.

To do so, we conducted a search of relevant literature primarily published between 2013 and 2020. The search included empirical literature, white papers, relevant legislation, and federal data from sources such as the U.S. Department of Veterans Affairs. In addition, we conducted our own survey of post-9/11 veterans to understand their current needs related to employment, education, and health and well-being. The survey also asked questions related to veterans' experiences during the COVID-19 pandemic.

2021 - THE STATE OF TRANSITION FOR POST-9/11 VETERANS

The transition from military to civilian life is a journey, not a one-time event.

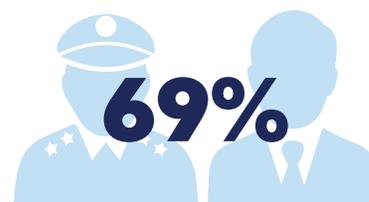
While many resources are devoted to helping veterans immediately around their departure from the military, the reality is that many veterans find that their need for supportive services does not conveniently coincide with the end of their military service, when transition assistance resources may be more available.

Adding to this misalignment, the very nature of transition needs may be changing alongside the shifting demographics of our all-volunteer force and veteran populations. Resources, even if provided in a timely

manner, may not meet the distinct needs of certain subpopulations. A current snapshot of our military and veteran landscape reveals the following:

- The overall number of veterans is declining. In 2000, there were 26.4 million veterans, and in 2018 there were about 18.8 million. This number is expected to continue to decline.² About 20% of all veterans served in the post-9/11 era.³
- Service members are more diverse. Women now make up 16% of the enlisted forces and 19% of the officer corps, up from 2% and 8% percent since the 1970's.⁴ Currently, about 10% of U.S. veterans are women, and this is expected to grow to 17% by 2040.⁵ It is estimated that veterans of color make up 25.2% of the total veteran population in 2020, and that is projected to increase to 35.3% in 2040.⁶
- Post-9/11 veterans are younger, with a median age of 37 compared to 65 for all veterans in 2018.⁷
- Employment needs vary for post-9/11 veterans. According to our survey, one in four post-9/11 veterans say they had jobs lined up before they left the military (27%), and another 53% found jobs within a year or less. But, a 2019 survey found that many post-9/11 veterans (42%) may feel overqualified for their first post-military job, and only about half (56%) stayed at their first civilian job for a year.⁸
- Post-9/11 veterans have high levels of education. About 34% of post-9/11 veterans have a bachelor's degree or more, compared to 29% overall.⁹
 - And, 36% of post-9/11 veterans say they enrolled in school after leaving the military compared with 24% of those who served in previous eras.¹⁰
- Veterans have complex care needs. Post-9/11 veterans are significantly more likely to have a service-connected disability and tend to have higher disability ratings.¹¹
- Post-9/11 veterans are especially at risk for having mental health conditions, such as post-traumatic stress, that are compounded by substance use disorders, due to their increased likelihood of emotional trauma from combat deployments.¹²
 - In our survey, female post-9/11 veterans were significantly more likely than male post-9/11 veterans to say they experienced mental health problems (61% versus 39%).
 - Women veterans are more likely than non-veterans to commit suicide, and that rate is slowly increasing.¹³
- Although there are effective treatments available for the invisible wounds, our survey showed that almost half of our respondents who reported a mental health problem never sought care.

For some, the transition to civilian life is challenging: In a recent survey, only 51% of post-9/11 veteran respondents agreed that the military prepared them for civilian life.¹⁴ Data from our survey of post-9/11 veterans is a bit more optimistic: 69% felt at least somewhat prepared to successfully navigate the transition from military to civilian life. And, even more promising, those with advanced degrees were significantly more likely to say they were prepared. But those numbers do dip when veterans were asked specifically if they were prepared to navigate employment transition (63%), transition to higher education (60%), and health care and benefits available (60%).



felt at least somewhat prepared to successfully navigate the transition from military to civilian life.

The fact that some veterans struggle with transition is not surprising given that transitioning service members must navigate the disparate landscape of resources in front of them. They include new systems of medical care as well as employment challenges such as translating their job skills into a competitive resume, then securing employment, while trying to make informed decisions about how and when to fill gaps in training or education.

Across the domains of employment, education, and health and well-being, veterans report having difficulty determining which programs are relevant and effective, which they are qualified to use, and how to complete enrollment requirements.¹⁵ During military service, health care and other supportive services can be accessed relatively seamlessly on military installations. Typically, access and cost, provider selection, and the need for insurance are not a major concern. But after transition to civilian life, veterans often have to navigate complicated eligibility requirements and complex benefit structures that are cumbersome to understand and access.¹⁶ For example, there is currently no simple, convenient, or consistently reliable way for veterans to identify high-quality health care or mental health resources within their communities. These issues are frequently cited as barriers by veterans who are trying to access precise services to meet their needs.¹⁷

Our survey sought to understand why some veterans are not accessing the services provided to them. Reasons varied from confusion related to eligibility for the service to not understanding how to access it or to thinking they could not afford the service:

- 55% of those who needed but did not receive employment services did not know how to access them.
- 33% of those who needed but did not receive education benefits did not know how to access them.
- 27% of those who needed but did not access health care services did not know how to access them, and 32% did not think they would be able to afford services.¹⁸

Parallel concerns exist for key stakeholders such as funders who are sometimes equally confused by the multitude of services and programs. For example, duplication of services and lack of program evaluation or identified outcome measures can diminish the ability of veterans, legislators, and private-sector funders to determine which services are effective or worthy of support.

The Department of Defense (DoD) does have the Transition Assistance Program (TAP), which is the key focal point in the transition process, and many improvements have been made. In 2019, in recognition of the difficulties transitioning service members face, the National Defense Authorization Act (NDAA) mandated that the TAP start within a year of transition. And it is now recommended that participants start the program at least two years before their transition.¹⁹ When veterans who had completed the TAP were asked about their transition experience in a 2019 survey, many stressed the importance of attending TAP courses early, with some indicating that they would have liked to have attended the course more than once.²⁰ Our survey showed that among post-9/11 veterans who participated in the TAP program, about half (48%) agreed that they used what they learned during transition. That increased slightly for those who participated in TAP after 2011 to 52%. Given recent changes to TAP, it will be important to continue to reassess the impact of the program on transitioning veterans' post-service adjustment.

Despite these and other efforts to improve support, recent studies demonstrate that transition remains challenging, especially for certain subpopulations.

Enlisted veterans (compared with officers) are at higher risk on several outcomes. Research shows that veterans who were previously enlisted are at higher risk for a variety of negative post-transition outcomes such as underemployment (63%), self-harm (40%), and financial difficulties (33%).²¹

Young veterans, ages 18-24, may be at risk for a more difficult transition experience.²² Younger veterans were less likely to report using existing transition support programs or methods available to reduce barriers across several domains (e.g., employment, health and well-being, and finances).²³

Veterans who served in combat were more likely to describe their transition as difficult (46%) compared with veterans without combat experience (18%).²⁴ Research shows that combat veterans are more likely to experience mental health issues later in life.²⁵

Veterans who reported ongoing mental health conditions were 10 times more likely to report having difficulty adjusting during their transition.²⁶ About 53% of veterans reported having a physical health condition, with chronic pain (41%) and sleep problems (31%) being the conditions most endorsed.²⁷ Poor well-being persisted one year post-transition among veterans who reported high depression, low resilience, and low social support at their military separation.²⁸

There are barriers to accessing quality care specific to veterans.²⁹ Research shows that accessing Department of Veterans Affairs care centers is difficult for some, especially in rural areas, and private providers do not always understand military cultural and contextual issues. Furthermore, women veterans have reported difficulty accessing gender-specific services. Our survey showed that women post-9/11 veterans were significantly more likely to say they were not at all prepared to successfully navigate the health care and benefits system (30% versus 20%). And, specific to mental health, negative beliefs about mental health may make veterans reluctant to seek treatment.³⁰

Many studies have found that the year immediately following military transition is especially difficult. One study found the year after transition is associated with a higher suicide risk among veterans.³¹ That risk appears to be highest between six and 12 months, among younger veterans, those who separated from the Marine Corps and Army, active-duty service members, and those with service histories of less than two years.³² Prevention focused interventions like the 2019 executive order “Joint Action Plan for Supporting Veterans During their Transition from Uniformed Service to Civilian Life” may be helpful for younger service members with fewer than two years of military service.

Finances are a concern for some veterans. In one study, 35% of post-9/11 veterans report they had trouble paying bills in the first few years after leaving the military, and this percentage increases to 61% among those who report they suffer from post-traumatic stress.³³ Veterans were more likely to report poor financial functioning than any other area (e.g., employment, education, physical or mental health), but their financial functioning improved over time.³⁴ Veterans who reported problems with their finances at the time of transition were 2.8 times more likely to have trouble adjusting to their transition when they were surveyed a second time. Those difficulties persisted two years post-separation.³⁵ And our survey showed that Black veterans were significantly more likely than White veterans to say that they were in a worse financial situation than others their age (29% versus 15%).³⁶

There also are significant gaps in what we know about veteran transition. For example, there have been a number of post-9/11 needs assessments, but many focus on all veterans rather than post-9/11 veterans specifically. And while they do help identify veterans' needs, they provide little information about whether a given effort is effective or not.³⁷ Exceptions do exist, like the Veterans Metrics Initiative: Linking Program Components to Post-Military Well-Being (TVMI Study), which is an outcomes-based project that followed veterans over their first three years of transition from military to civilian life.³⁸ This study sought to examine how various transition programs related to veterans' long-term success and well-being. Finally, many studies on veteran transition use convenience samples making them difficult to generalize for the broader veteran population.

Based on the findings of our 2014 study and ongoing research and programmatic efforts, in 2017 the Bush Institute brought together public- and private-sector leaders to address the full range of issues affecting transitioning veterans. Participants committed to a common framework that identifies three areas of a successful veteran transition: achieving optimal health and well-being; finding and accessing meaningful

education pathways; and finding and accessing meaningful career opportunities. The next section highlights key issues in each of these domain areas.

Employment

Approximately 80% of post-9/11 veterans are active participants in the civilian labor force, a rate which has remained relatively consistent since 2013.³⁹ Veteran unemployment has showed steady improvement since 2013 and reached a low of 3.1% in 2019. Some of this is due to the prevailing narrative that has focused on the business reasons for hiring veterans, such as the leadership and teamwork skills that they bring to the workforce.⁴⁰ Key influential partnerships such as the Veteran Jobs Mission and the U.S. Chamber of Commerce Foundation's Hiring Our Heroes initiative have contributed greatly to this success.⁴¹

Our survey reinforces this data. Only 6% of our survey respondents reported that they were unemployed and looking for work, and only 9% said that it took more than a year after transition to find a job. Among post-9/11 veterans who are currently employed, 92% said that there was at least a good chance that if they wanted to stay in their present jobs for the next two years, they could. Importantly, though, this varied by subgroup. White veterans were significantly more likely to report this job stability versus their Black (82%) and Hispanic (79%) counterparts.

Remaining Challenges

While we have made many advances on the employment front for veterans, challenges remain, not only in the COVID-19 environment, but beyond:

- Veterans still have difficulty conveying the skills they have gained from the military to prospective employers. Helping veterans translate their skills is a top transition concern and should continue to be a focus of programming and services. About 30% of veterans in our survey said their jobs were not in their preferred careers. Underemployment of veterans remains a concern, but it is currently misunderstood and understudied.
- The unemployment situation for veterans has improved, but we still have limited insight into how veterans fare once they enter the workforce. While there is anecdotal and some mixed evidence, we still need to get a better measure of veterans' health and well-being while employed to better assess its relationship to employment outcomes such as retention and job satisfaction.
- The specific measurement of the veteran unemployment rate is incomplete and largely derived from a single question on the Current Population Survey (CPS) Labor Force Items Questionnaire. This was never designed to support a representative veteran sample and subsequent local studies built to measure veteran specifics show over time a much more challenging employment environment.⁴²
- Increased societal interest in diversity and inclusion offers a unique opportunity to engage employers in considering veteran hiring among those who may not have previously done so. It will be important to continue to engage human resource professionals and hiring managers to better understand how to best position veterans, especially those within vulnerable groups, at all stages of the employment life cycle – especially in support of veterans who transition into careers different from their military specialty and require retraining.
- There has been widespread support of veteran hiring among large companies, but relatively less involvement from medium and small companies. Casting a wider net to involve more employers who are engaged in veteran hiring could increase opportunities for veterans: Consider all the various ways veterans can be hired in support of critical supply chains, as contractors, and as vendors.
- A comprehensive assessment of the impact of private-sector efforts to employ veterans is needed. Additional data should be gathered that compares outcomes over time. Employment status and

salary have been the primary outcomes, but there are other key variables such as underemployment, the role of health and well-being in the workplace, work-life balance, and retention. And looking at outcomes for specific subgroups of veterans will be more and more critical as the veteran population becomes more diverse.

- Labor forecasting is a useful tool to identify high-growth occupations and understand sector-specific and regional impacts (e.g., oil and gas, hospitality). Drilling deeper into how veteran employment relates to specific industries and sectors can provide insight into which employment pathways are most likely to lead to job opportunities. Understanding regional trends and geodata can also be instructive. Industry, sector, and regional impacts to employment may be especially important following COVID-19.
- There have been major changes and – according to our survey – improvements to TAP. But not enough time has passed to fully evaluate those changes. The departments of Defense, Labor, and Veterans Affairs, the three federal agencies responsible for administering the TAP, will need to monitor the progress of the program and make appropriate updates and changes based on ongoing feedback.
- Programs focused on development of civilian career skills, industry credentials, and on-the-job training have proliferated, particularly in the wake of the DoD’s SkillBridge authority. These programs should be continually reassessed, not only for labor market outcomes, but also for factors such as alignment with changing labor market needs, utilization, and broad access to the transitioning population.

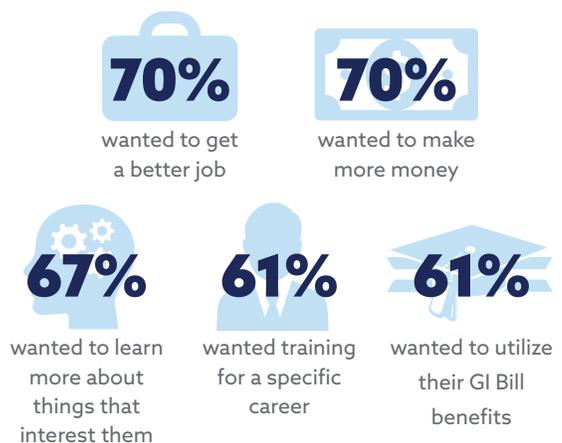
Education

Education and employment are often addressed in isolation. They should be addressed simultaneously under the umbrella of economic opportunity. This includes continuing to develop pathways for student veterans to connect with employers, participate in on-the-job opportunities, and network to compete as qualified applicants entering the workforce.

One of the first choices veterans face when transitioning to civilian life is whether to enter higher education or go directly into the workforce. There is a strong relationship between post-secondary education, degree completion, and higher living wages and lifetime earnings.⁴³ Data from 2014 as well as our most recent survey continue to show that post-9/11 veterans are well-educated. Our survey shows that the following are important reasons that veterans choose to pursue higher education:

- 70% wanted to get a better job
- 70% wanted to make more money
- 67% wanted to learn more about things that interest them
- 61% wanted training for a specific career
- 61% wanted to utilize their GI Bill benefits

Reasons veterans choose to pursue higher education



Education has a significant impact on veteran earnings, and obtaining an advanced degree can be a powerful mechanism for veterans entering the workforce. Post-9/11 veterans with bachelor’s degrees will earn approximately \$85,000 a year, while those with graduate degrees will average more than \$140,000.⁴⁴ Veterans with a high school degree or GED earn around \$50,000, on average.

Our survey shows that education is a facilitator across many measures: Those with college degrees were more likely to feel prepared for transition, less likely to be currently furloughed, more likely to have a job lined up prior to separation from the military, and more likely to report that their financial situation was better than others their age. Between 2012 and 2019, there were increases in the number of civilians and post-9/11 veterans who received both bachelor's and master's degrees.⁴⁵ While civilians received bachelor's degrees at higher rates than their veteran counterparts, veterans received master's degrees at higher rates.

An important benefit to support veterans in continuing their education is the GI Bill. The post-9/11 GI Bill allows eligible military members and veterans to receive up to 36 months of college tuition and one year of unemployment up to 10 years after being discharged from the military. These robust benefits may be transferred to spouses or children once members have served between six and 16 years in the military. There are also allowances for housing, books, and supplies, as well as other related expenses.

Remaining Challenges

To continue supporting post-9/11 veterans in navigating the higher education landscape, the following should be addressed:

Academic Supports

- GI Bill benefits are not always used efficiently. There is inadequate mentorship and educational advising throughout the military life cycle. More extensive supports need to be in place to help post-9/11 veterans obtain credit for military training. And more extensive mentorship, academic advising, and other resources need to be provided to veterans to help them understand their desired career paths. College courses taken prior to transition could be more effectively transferred to the institution of higher learning.
- Higher education institutions may still lack broad awareness of the business case and advantages of recruiting veteran students, and how to take action on a purposeful strategy, just as the case has been made for the direct employment of veterans in the workforce a decade ago.⁴⁶ For schools, this could include the capture and sharing of successful veteran programs and best practices for recruiting, retention, resourcing, graduation, and creation of employment pathways into the workforce. Additional supports for the business case for higher education could include the following:
 - Identification of successful examples at existing institutions.
 - The creation of playbooks giving guidance on how and why to establish veteran support programs at private, public, two-year, and four-year institutions.
 - Administration buy-in on the importance and benefit to both the veteran community and the institution.
- Public and private educational institutions may lack broad strategies for recruiting veterans. While programs are being built for better collaboration between the military and higher education, there is still a lot of room for growth. Institutions can improve the way that they are building, supporting, and promoting their veteran programs, and the Defense Department can better evaluate skills-based training to align with approved higher education credits. These strategies can be used to effectively increase the number of veteran students.
 - On campus, centralized resources can provide veterans a one-stop shop for information about on-campus and off-campus resources and benefits available to meet the unique needs of the veteran community. These resources should be in common areas accessible to all students so that they will reach a broad array of veteran students who may not typically self-identify.

Post-Education Workforce Connections

- Labor forecasting should align education to career pathways that can bridge the gap between veteran graduation and civilian employment. Educating active-duty forces so that they can make the best educational choices for the time would set them up for success in follow-on careers. Targeting these pathways specifically for veterans coming out of higher education to work in high demand career fields and industries would facilitate their placement into positions of leadership. Through specific fellowships, internships, and SkillBridge programs, we can continue to close the gap to successful and long-term employment for the higher education veteran community.
- Nondegree certifications can be a valuable option for veterans who prefer an alternative to completing a degree in higher education. Data suggests that there are positive outcomes associated with certificate programs, but we still need research that makes comparisons with other educational pathways and ties them to long-term outcomes.

Health and Well-Being

Veteran health and well-being can require coordination of care across multiple chronic conditions, and often demand specialized knowledge of military culture. Health should be looked at holistically, and links between education, employment, and health and well-being should be examined. There is very little research on post-9/11 veterans that examines how one area affects the others.

There are three primary barriers to care, especially for those suffering from the invisible wounds — limited quality care, confused navigation to quality care, and negative perceptions associated with seeking care. Also posing challenges to the health and well-being of this population, the United States overall has an overtaxed mental health care system. As policy allows for deeper public-private collaborations and the expansion of care into the private sector, assessing the quality of that care becomes more important. Patients encountered similar issues regardless of whether they received services from the VA or from private health care providers.⁴⁷

Several convergent factors affect the quality of care veterans receive inside and outside of the VA. These include shortages of health care workers, unavailability of appointments, lack of culturally competent care, and poor training in evidence-based treatments. Some of these barriers may have contributed to low rates of treatment participation and premature dropout rates among veterans with mental health difficulties.⁴⁸

But there have been improvements, particularly at the VA. Veterans' overall trust in the VA currently sits at 72%, up from 69% in 2017, and 60% in 2016.⁴⁹ For example, a recent Veterans of Foreign Wars survey showed that 90% of survey takers would recommend VA care to other veterans.⁵⁰ Finally, almost 88% of veterans now say they trust the VA health care they receive.

In a 2018 RAND study, researchers found that the VA health system performed better on national measures of performance than non-VA providers.⁵¹ The same study also showed that performance varied greatly among VA sites. Issues around providing timely access to care are reported throughout the literature, but this study found that wait times are often lower within the Veterans Health Administration system than in private practices. However, wait times are inconsistent across VHA sites, and wait times continue to be cited as a barrier to utilizing VHA services.⁵²

While veterans may still encounter difficulty getting the care they need, recent legislation and associated policy changes like the MISSION Act, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, and Executive Order 13861 establishing the PREVENTS task force have also sought to remove bureaucratic barriers to accessing care.

Outside VA, many private sector providers lack familiarity with military and veteran culture and are unprepared to offer culturally competent or evidence-based care.⁵³ Less than half of our survey respondents agreed that their doctors or providers understand the military culture and health challenges facing post-9/11 veterans and service members. Also, adoption of first-line treatments for conditions like PTSD, depression, anxiety, and other measures to monitor efficacy of mental health outcomes are limited outside VA.

Veteran families' understanding of what constitutes high-quality mental health care is limited, which may lead to discomfort in seeking care from the most qualified providers, if at all. Our survey shows this is a strong area of need for veterans: 83% of those who reported that they experienced physical health problems in the past 12 months received treatment, compared with only 42% of those who reported experiencing mental health problems.

The VA has made strides toward improving the quality of its mental health services overall and has prioritized care for populations identified as especially at risk for mental health challenges.⁵⁴ For example, in partnership with the Department of Defense, VA developed detailed clinical practice guidelines that outline recommendations for many conditions (e.g., depression, opioid therapy for chronic pain, PTSD, sleep, substance abuse, and suicide prevention) which are routinely updated to reflect the latest evidence-based interventions.⁵⁵ VA also invested significantly in initiatives to train its national workforce on the most effective treatments for mental and brain health conditions. It also established requirements for evidence-based mental health programs to increase quality mental health programming across all of its medical facilities.⁵⁶ More recently, VA proactively hired additional providers, increased accessibility through the use of tele-mental health, developed a wide range of digital mental health solutions such as web-based treatment protocols and mobile applications, and integrated mental health into the primary care setting.⁵⁷

VA was an early adopter of telehealth services, which use technology to deliver care to patients outside the typical brick-and-mortar medical office. Since telehealth does not require the patient to visit a provider in person, it minimizes geographic barriers to accessing care.

One of the reasons VA was able to take the lead in telehealth is because state-based licensure policies do not apply to federal employees. It was able to optimize its workforce quickly because the VA's mental health professionals could treat veterans throughout the country. This is significant because 44% of VA patients using telehealth services in 2019 lived in rural areas.⁵⁸ Telemedicine is a promising practice especially when many rural communities do not have the capacity to offer in-person therapy or when veterans may not have access to specialty care. There are also some promising findings related to its efficacy: 91% of veterans enrolled in a home-based telemedicine program said they preferred telehealth services to traveling to meet with their providers in person, and 83% indicated they would recommend the modality to other veterans.⁵⁹

The use of telemedicine at the VA was in place before COVID-19, but the pandemic rapidly accelerated its use. In September 2020, the VA issued iPads to more than 50,000 veterans to enable their access to telehealth services.⁶⁰ Early results from the telehealth prioritization demonstrate an increase in health- and mental health-care appointments, a decrease in missed appointments, fewer inpatient mental health admissions, and lower "all cause" mortality rates.⁶¹

In addition, VA has led groundbreaking work leveraging data science and predictive analytics innovation to identify veterans who may be particularly at risk for suicide. Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) uses predictive modeling in conjunction with medical record data to identify those at highest risk for suicide.⁶² In its first year, REACH VET identified 30,000 veterans at risk for suicide who would not have been identified through traditional screening protocols and began proactively reaching out to them to make sure that they are getting the care they need.⁶³ It is one of many ways the VA is attempting to address the high rate of suicides among veterans.

The Department of Defense, through the Psychological Health Center of Excellence (PHCoE) also provides coaching and assistance for service members, including the National Guard and Reserves and veterans and retirees who need access to mental health care.⁶⁴ This can be provided when they relocate, return from deployment, or prepare to transition.

Innovative efforts in the private sector like the Warrior Care Network, the Cohen Veterans Network, the Marcus Institute for Brain Health, and the SHARE Military Initiative at Shepherd Center highlight effective collaborations between philanthropists, academia, and veteran-serving organizations.

Remaining Challenges

The following challenges to ensuring veterans have access to high quality care remain:

- More precisely identifying those at increased risk and matching solutions to subgroups to ensure they are getting the appropriate care.
- Generating a coordinated strategy across the public and private sectors. Recent legislation will drive more veteran care into the community to help offset demand within the VA facilities, but there needs to be more focus on measuring the quality of care and outcomes from private sector organizations.
- Establishing quality standards as well as veteran-centric outcomes monitoring to care for veterans' invisible wounds. Regardless of where the veterans receive care, these should include a focus on treatment efficacy and access to care – geographically, financially, over extended timeframes, etc.
- Continuing to focus on public/private collaboration in research to drive new models of care, generate better diagnostic and innovative interventions, and optimize existing sources of data.
- Establishing best practices for coordinated and seamless handoffs between providers, coordinated case management, and multidisciplinary staffing. This can minimize frustrations among veterans who are often toggling between multiple service providers for both health and mental health care. Navigators that are trained specialists can coach veterans by helping them understand what services are available to them, aid in registering or signing up for services, and assist in coordinating services.
- Prioritizing mental well-being as part of transition programming – specifically, identifying opportunities and policies to meaningfully integrate suicide prevention and mental health programming into the TAPS program and measure the outcomes.
- Removing barriers to care erected by state-based licensure requirements. Use of telemedicine, digital tools, and data science has accelerated during the pandemic. However, state-based licensure requirements are preventing their full adoption across the private sector. This should be addressed across all disciplines working in the mental and brain health fields.

THE EFFECT OF COVID-19

The global COVID-19 pandemic has affected all populations, including post-9/11 veterans and their families. Evaluating the state of transition for this group without properly incorporating the challenges COVID-19 has introduced or exacerbated would be shortsighted, providing an incomplete picture. While it is too soon to tell the full and long-term effects of the pandemic, there are some patterns—both good and bad—that we are seeing.

Employment

- Though unemployment has increased for all Americans since COVID-19 began, post-9/11 veterans are faring slightly better than their nonveteran peers. This may mean that infrastructure built to support them prior to COVID-19 is moderating some of the negative effects of the pandemic. When we asked post-9/11 veterans how their employment has changed as a result of the COVID-19 pandemic, 29% said there was no impact, 24% said they were working remotely, 18% said they were working more hours at the same job as before, and 11% said they were working fewer hours at the same job.
- Those without a college degree were more likely to say they were either furloughed (11%) or lost their jobs (8%) than those with advanced degrees (4% and 2%, respectively).
- Some veterans will have experienced unemployment as a result of COVID-19. Veterans transitioning during COVID-19 may be especially vulnerable to unemployment, especially if the economy is poor. Those veterans will likely need targeted support.
- Organizations should continue to focus on assisting those veterans who may need specific resources, follow-up, and ongoing support, including information about their benefits. This could include information about educational benefits, opportunities for retraining, and monetary benefits that they can utilize to mitigate negative financial consequences of sustained unemployment.

Education

- Education at all levels is currently being disrupted due to COVID-19. Veterans may find that upskilling or reskilling may be necessary or desirable if they are unemployed, furloughed, or working part time. Veterans may need additional information about their educational benefits and how they are changing due to the pandemic.
- In our survey, 14% of post-9/11 veterans said that their education plans were affected by COVID-19, and Black (19%) and Hispanic (24%) veterans were significantly more likely to say COVID-19 affected their education plans than White (11%) post-9/11 veterans.⁶⁵ However, it is not clear whether the effect is bad or good. For example, 26% of veterans who said their education plans were affected by COVID-19 said they enrolled in higher education because of the pandemic. The online nature of many higher education institutions may be giving at least some veterans the opportunity to pursue higher ed.
- The shift to an online course structure has contributed to greater uncertainty and complexity with respect to GI Bill funding for post-9/11 student veterans, such as timely receipt of benefits and long-term applications.
- Funding cuts to veteran support programs within institutions are occurring during COVID-19. Stakeholders will need to continue to assist to ensure veterans and their families thrive in a post-COVID-19 environment.⁶⁶
- Specific needs associated with the effects of COVID-19 may include educational funding and/or veteran support programs, addressing the impacts of virtual learning platforms, targeted recruiting plans that address the flex in veteran population enrollment in a post-COVID-19 environment, and identifying needs related to financial and employment insecurity while enrolled in higher education.

Health and Well-Being

- According to our survey, 42% of veterans reported experiencing mental health problems, while 27% reported experiencing physical health problems. When asked how, if at all, the COVID-19 pandemic had affected them, nearly half (45%) of post-9/11 veterans said it has worsened their ability or availability to connect with family or friends. A third (33%) said it has worsened their ability to exercise. And more than a quarter said it has limited their access to physical health providers or services (28%) and mental health services (27%).
- Changes to veteran health care access should be monitored as COVID-19 continues. Job loss and loss of income or self-employment may impact veterans' access to health care and/or eligibility for VA health care.
- A report by the Bob Woodruff Foundation found that COVID-19 has created at least three conditions (emergent trauma, loneliness due to social isolation, and unplanned job or wage loss) that could culminate in a "perfect storm" threatening the mental health of many veterans.⁶⁷

For some, the pandemic has had little impact, or even positive effects, such as being able to spend more time with immediate family members. But for others, especially those who were struggling before the pandemic, their opportunity gap has widened even further. In our survey, when we asked how the COVID-19 pandemic has affected veterans' families, 27% said has made it difficult to get help from family members or friends. About one in five said it was very/somewhat difficult to have enough money for housing (21%), utilities (21%), or food (19%). Black and Hispanic veterans were more likely to say it was very/somewhat difficult to meet the above needs. And, across all areas, as education levels decreased, veterans were more likely to say it was very/somewhat difficult to meet the above needs.

KEY THEMES

Active-duty service members have transitioned at a steady rate of roughly 200,000 per year for the past decade, and this rate is expected to continue into the immediate future.⁶⁸ Combined with effective public awareness about their post-service readjustment needs, this will continue to influence how resources related to research, services, and programs, are allocated toward serving transitioning post-9/11 veterans.⁶⁹

Our research demonstrates three key themes across employment, education, and health and well-being that we believe will be critical to ensuring positive outcomes for transitioning veterans in the near and long term: barriers and society; diversity; and data and research.

These cross-sector themes can also inform and influence key stakeholders in the public, private, nonprofit, and philanthropic spaces to aid in alignment on prioritization.

Barriers and Society

Over time, pervasive and conflicting narratives about veterans established that they are either heroes or "broken," often emphasizing those struggling with chronic mental health issues.⁷⁰ Both narratives have, over time, influenced stakeholders' and the civilian community's perceptions of veterans and their needs in terms of funding, legislation, service delivery, and philanthropic giving.⁷¹ Some have also argued that, in different ways, these narratives have placed post-9/11 veterans (and sometimes all veterans) at a disadvantage for some of the precise opportunities that could aid in their successful transition.⁷² For example, portraying veterans as "broken" may be advantageous in securing funding for a program or passing beneficial legislation, but it may be a disadvantage in trying to portray veterans as outstanding employees because of things like stigmas associated with mental illness.

Hundreds of millions of dollars have been devoted to outreach campaigns to reduce stigma/negative perceptions associated with asking for help. They include Make the Connection, Real Warriors, Know the Signs, and, most recently, the President's Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) Reach campaign. But there is limited outcome data assessing the impact of these outreach efforts.⁷³ Outside the veteran community, marketing and advertising agencies understand that a one-size-fits-all outreach effort does not lead to desirable outcomes. Future outreach efforts should invest in data that more precisely identify those at risk and generate material through a market-segmentation approach.

Although this stereotyping, and the stigma that accompanies it, has been called out as a significant issue, the narratives persist among the public and particularly in the media's depiction of veterans.

Some who work with veterans assert that there has been a subtle shift toward more nuanced discussions that highlight multiple components of a veteran's identity instead of focusing on one in isolation. Moreover, there is a greater focus on veterans' capabilities – including the growth that can arise as a result of traumatic experiences (e.g., exposure to combat) – and on using available resources to build veterans' post-service civilian identities.

The "Well-Being in The Workplace" pledge recently launched by the Hiring Our Heroes initiative of the U.S. Chamber of Commerce Foundation – part of the PREVENTS Executive Order Task Force – is an example of one such approach.⁷⁴ This initiative is intended to reduce stigmas related to seeking mental health care and engage employers in thinking about the best approaches to addressing mental health in the workplace. The VA's recent emphasis on "whole health," which centers on working with veterans to develop a personalized health plan that incorporates their unique goals, suggests that these newer approaches are resonating among a variety of stakeholders.⁷⁵

Diversity

The changing demographics within the veteran population require targeted approaches that meet the specific needs of veteran subpopulations. Additionally, external societal pressures focused on diversity, equity, and inclusivity will compel the public, private, and nonprofit sectors to adapt and innovate their approach to caring for veterans.

There are approximately 18.8 million veterans in the United States, 23% of whom (4.3 million) are post-9/11 veterans. Among post-9/11 veterans, 17% are female, 16% are Black, 12% are Hispanic, 2% are Asian, and 70% are White.⁷⁶ The diversity within the post-9/11 population is expected to increase over time. The percentage of minority veterans is predicted to rise to 32.8% of the total veteran population in 2037 from 23.2% in 2017, according to the VA, while the number of women veterans is expected to grow at an average rate of about 18,000 per year for the next 10 years.⁷⁷ Post-9/11 female veterans are also more racially diverse than their male counterparts.

As more females transition from the military, they face challenges that are different from male veterans. Our previous research indicates that women veterans are also more likely than men to turn to social media and web-based resources for support and community.⁷⁸ Previous research has shown that more women (67%) than men (47%) find their financial transition from the military difficult.⁷⁹ Specifically, more women veterans also experience "loss of income" as a key transition challenge than male veterans.

Post-9/11 female veterans are more likely to hold a college degree (20%) than their male counterparts (12%), and, regardless of age, they are more likely to be enrolled in college.⁸⁰ They are also more likely to

hold advanced degrees (24% versus 19%). Despite their educational attainment, they earn less than male veterans. Among year-round full-time workers, post-9/11 female veterans netted median earnings of \$42,944, compared with \$50,000 by male veterans.⁸¹ More post-9/11 female than male veterans live in poverty, live in a household that receives food stamps, and have no income.⁸²

Because no agreed-upon end-date for the post-9/11 era has been established, veterans' service experiences, like their demographics, have also been diverse. Their needs after transition also vary significantly depending on the timeframe and locations of their service, the branch of service, and their military specialties or roles.⁸³ A 2019 survey that compared post-9/11 veterans with those who served prior to 9/11 found that post-9/11 veterans were twice as likely to have seen combat (49%), compared with 29% of all veterans.⁸⁴

Data and Research

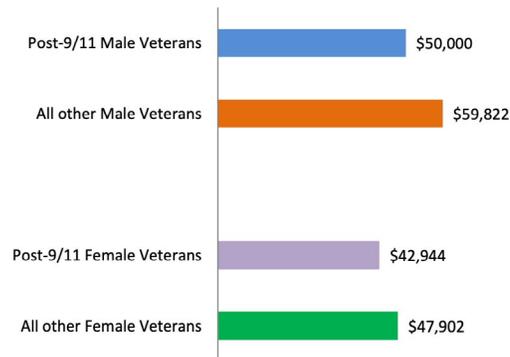
There have been noteworthy efforts to capture data and develop evidence-based practices on specific aspects of veteran care. Publicly available data from various datasets from the VA, Department of Labor, and the United States Census Bureau describe the veteran population, identify trends, compare subpopulations, and examine how various transition-related variables interact.

But overall, the veteran community lacks quality data. While the Bush Institute's Veteran Wellness Alliance led an effort to encourage veterans serving organizations to adopt a set of Common Questions for Veteran Serving Organizations that was highlighted by the VA's Health Services Research and Development Office, the dearth of longitudinal data across the work conducted in the veteran community makes it very difficult to make comparisons over time.⁸⁵ Disparities in data sources, different samples, and out-of-date data sources make it onerous to compare data on the same topic. Many programs and services do not collect metrics, evaluate themselves, or measure outcomes. And changes in programs and services over time preclude clean comparisons.

There is no agreed-upon model for comprehensive data capture to assess outcomes for post-9/11 veterans. Additionally, a RAND report found that the data is not always readily available to policymakers and academics, and what is available is redundant.⁸⁶ Also, there is no clear way to synthesize the disparate data sets that are available.

Given these considerable gaps and noting a need for standard outcome metrics for post-9/11 veterans, the Henry M. Jackson Foundation formed The Veterans Metric Initiative (TVMI). It aimed to bring together key stakeholders and academics across a variety of public and private institutions. The goal is to collaborate to develop a multidisciplinary approach that attempts to investigate unanswered research questions; identify common components of success across the veteran reintegration continuum; and measure the impact of DoD, VA, and community-based interventions.

Median Earnings of Year-Round Full-Time Workers by Sex and Veteran Status



"Earnings" refer to salary, wages, and self employment income. "Year-round full-time" (YRFT) refers to employment of 50 or more weeks per year and 35 or more hours per week. Median earnings are calculated for the YRFT employed population with earnings greater than zero.

Source: U.S. Census Bureau, American Community Survey PUMS, 2015
Prepared by the National Center for Veterans Analysis and Statistics

Beginning in 2016, TVMI researchers followed a group of 9,566 post-9/11 veterans who were within 90 days of separating from the military. The veterans were given six comprehensive surveys, administered at six-month intervals over the first three years of their military transition. This study is the first known longitudinal research effort that examines post-9/11 veterans' transition experiences while also examining the impact of transition-specific programs. Notably, the sample also included 1,743 female and 2,704 enlisted (E1-E4), two subsets of the veteran population that are rarely studied specifically. The design of this survey is significant because it addresses questions that have long gone unanswered including which domains are most challenging for veterans and which veterans are most at risk, and which program components are associated with positive outcomes. TVMI intends to make the data publicly available in April 2021.⁸⁷

It is often difficult to tell whether a program, intervention, service, or policy has had the intended impact. Most research does not answer how veterans are doing across the key domains relevant to veteran transition: health and well-being, education, and employment. Even fewer examine how those domains interact. Additionally, few studies examine key differences among subgroups of veterans or identify critical program components that are predictive of positive transition outcomes. Without key data, it is difficult to determine how to prioritize efforts, allocate funding in the most effective manner, focus resources and develop best practices, or make evidence-based improvements. Veterans themselves have very little information to help them distinguish between services and programs that are most beneficial. And funders, philanthropists, and legislators who often sponsor or champion much of the research have no information to guide their decision-making as to how to best distribute finite resources or whether they are being good stewards of the funds that they administer.⁸⁸

With all these limitations, why has the veteran ecosystem evolved with so little data to support its work? First, there are a myriad of federal, state, and local organizations that administer transition support programs across the various domains. This includes an estimated 38,000 military and veteran organizations that try to help veterans and their families successfully transition and reintegrate.⁸⁹ With so many divergent and dispersed services and programs, there is simply no standardized way to measure or identify relationships between interventions and outcomes. Instead, interventions are regularly based on inferences and speculation rather than data-driven findings. Second, and a crucial focus area for follow-on efforts across the public and private domains, there exists no framework of data capture that effectively describes and displays veteran outcomes over time. We need to identify key metrics, measure them, and hold ourselves accountable to that data on a national level.

Finally, funding often drives the quality, design, and depth of research that can be conducted.⁹⁰ Research among private and public organizations serving veterans is often implemented within financial and other resource constraints. Thus, organizations must balance analytical rigor with cost and available budgets.⁹¹ When the Center for a New American Security examined the allocation of funding among veteran-serving nonprofits, it noted that within the 70% of funding that was allocated to providing benefits to veterans (30% of funding across organizations was being used for general programming that could not be categorized), only 0.7% was allocated to research. Among chapter-based organizations, 2.5% of grants awarded went toward research.⁹² These factors may determine the research methods employed, the scope of the project, and how findings are disseminated. Increased collaboration among stakeholders can maximize resources, broaden the applicability of findings, avoid duplication, and strengthen the capacity of organizations wishing to fund research.

CONCLUSION

As the nation approaches the second decade of conflict since Sept. 11, it is a fitting time to reassess that work and redefine the way forward for the men and women who volunteer to serve and protect our country. We are also now seemingly at inflection point with a variety of striking societal changes occurring at once – many of them converging on the precise areas that impact veterans the most – employment, education, and health and well-being.

Simultaneously, COVID-19 is testing – and perhaps transforming – the very infrastructure that is in place to support post-9/11 veterans. In many ways, these changes, taken together, are forcing rapid innovation across nearly all veteran services and programs. Fortunately, due to the collaborative efforts that have occurred in recent years, the veterans' ecosystem is well-positioned to respond. Significant resources, benefits, and programs are already well-established.

Despite these challenges, there are many reasons to be hopeful. Contrary to common media stereotypes, most post-9/11 veterans have fared well. In large part, they have transitioned, they have been resilient, and they have been supported through unprecedented and noteworthy efforts from the private and nonprofit sectors, improvements at the VA, increased access to community-based care, and significant legislative change. The veteran community has also evolved to recognize that the reintegration process that occurs as service members leave the military is critical to their ability to prosper and thrive in their post-service lives.

While there has been progress, there are significant gaps in what we know about the myriad of programs, services, and resources available to post-9/11 veterans. Because metrics are too often absent, it is no surprise that veterans continue to have difficulty navigating all the resources that are available to them. Overall, there is a lack of evaluation data that could quantify impacts, and when there is data, convenience samples are the norm rather than the exception. These limitations, and others, reduce the ability to operationalize best practices, identify needed improvements, generalize findings, or make comparisons over time.

Better data is also needed to identify disparities. To effectively meet the needs of all veterans, old approaches will sometimes need to be supplemented or replaced with targeted approaches tailored to meet the needs of specific subgroups such as women veterans, rural veterans, and young veterans as well as Black and Hispanic veterans. But research is needed to better identify where differences exist and to clarify the precise types of services that address their unique needs. Taking this approach will require resources, intentionality, sustained attention, and a commitment to issues of diversity and equity. Doing so can help identify how to most effectively direct resources toward those with the greatest need.

As budgets become smaller as a result of COVID-19, more veterans will continue to need many of the services and programs they've always relied on. But because veterans and society at large are evolving, it is incumbent upon stakeholders to continually reassess and retool their efforts. It will become increasingly important that those be as efficient and effective as possible.

With the reliance on an all-volunteer force, veteran care must remain a societal priority. The military will continue to count on the volunteerism of future generations of service members to meet the nation's long-term national security aims. It is imperative for public and private sector stakeholders who serve post-9/11 veterans to take time to assess, adapt where necessary, and focus future policy, investments, and resources on efforts that ensure this generation thrives for next decade and beyond.

APPENDIX

Methodology

The Institute for Veterans and Military families (IVMF) research team, in collaboration with the George W. Bush Institute, identified the topics of interest and the overall focus of the current literature review. In addition to focusing on the three topics – health and well-being, education, and employment – the review identified articles that provided some insight into COVID-19 effects, linkages between the three areas of interest, and policy implications.

- The IVMF and Bush Institute research and content expert teams conducted a search of relevant literature primarily concentrating on works published between 2013 and 2020 (the Bush Institute had previously conducted a literature review in 2013), that were judged to have been central or pivotal to the topics of interest. We reviewed published research, reports, datasets, and other key documents to inform this report.
- Data points and relevant information was extracted from each article based on its relevance to the topics of interest and the agreed-upon research questions.
- Research findings that relate to or imply specific policy consequences or recommendations were prioritized for inclusion.
- We incorporated our own survey findings when relevant.

Tables and figures were selected and/or updated from public data sources where they augmented the written narrative or provided additional context. Where possible, figures that convey changes over time were prioritized.

ENDNOTES

1. See the Veterans Metrics Initiative: Linking Program Components to Post-Military Well-Being Study. Vogt, D. Perkins, D. F., Copeland, L. A., Finley, E. P., Jamieson, C. S., Booth, B., Lederer, S., & Gilman, C. L. The Veterans Metrics Initiative study of US veterans' experiences during their transition from military service. *BMJ Open*, 8(6). Doi: 10.1136/bmjopen-2017-020734. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6009506/>
2. U.S. Department of Veteran Affairs. (2018). *Veteran Population Projections*. Retrieved on February 11, 2021 from https://www.va.gov/vetdata/veteran_population.asp
3. Pew Research Center. (2019, September). *The American veteran experience and the post-9/11 generation*. <https://www.pewsocialtrends.org/2019/09/10/the-american-veteran-experience-and-the-post-9-11-generation/>
4. Council on Foreign Relations. (2020, July). *Demographics of the U.S. Military*. <https://www.cfr.org/backgroundunder/demographics-us-military>
5. Vespa, J. E. (2020). *Those who served: America's veterans from World War II to the War on Terror*. American Community Survey Reports, ACS-43. U.S. Census Bureau. <https://www.census.gov/newsroom/press-releases/2020/veterans-report.html#:~:text=The%20number%20of%20veterans%20in,veterans%2C%20were%20women%20in%202018>
6. U.S. Department of Veteran Affairs. (2018). *Veteran population projections* [Infographic]. https://www.va.gov/vetdata/docs/QuickFacts/Population_slideshow.PDF
7. Pew Research Center. (2019, September).
8. Pew Research Center. (2019, September).
9. Vespa, J. E. (2020).
10. Pew Research Center. (2019, September).
11. Vespa, J. E. (2020).
12. Pedersen, E. R., Bouskill, K. E., Holliday, S. B., Cantor, J., Smukcer, S., Mizel, M. L., Skrabala, L., Kofner, A., & Tanielian, T. (2020). *Improving substance use care: Addressing barriers to expanding integrated treatment options for post-9/11 veterans*. RAND Corporation. https://www.rand.org/pubs/research_reports/RR4354.html
13. U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. (2020). *2020 national veteran suicide prevention annual report*. <https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf>
14. Pew Research Center. (2019, September).
15. Van Slyke, R. D. & Armstrong, N. J. (2020). Communities serve: A systematic review of need assessment on U.S. veteran and military-connected populations. *Armed Forces & Society*, 46(4), 564-594.
16. Ravindran C., Morley S.W, Stephens BM, Stanley IH, Reger, MA. (2020). Association of suicide risk with transition to civilian life among U.S. military service members. *JAMA Netw Open*, 3(9):e2016261
17. Dicksein, B.D., Vogt, D.S., Handa, S., & Litz, B.T. (2010). Targeting self-stigma in returning military personnel and veterans: A review of intervention strategies. *Mil Psychol*, 22(2): 224-36.
18. This question had a small sample size and should be interpreted with caution.
19. U.S. Department of Defense. (2019, September 30). *Changes roll out for Transition Assistance Program*. <https://www.defense.gov/Explore/News/Article/Article/1975250/changes-roll-out-for-transition-assistance-program/>
20. U.S. Department of Veterans Affairs Office of Transition and Economic Development. (2019). *Post-separation Transition Assistance Program Assessment 2019 Cross-Sectional Survey Report*. <https://benefits.va.gov/TRANSITION/docs/mct-report-2018.pdf>.
21. Boyle, J., Copeland, L., Finley, E., Perkins, D., Vogt, D., & Gilman, C. L. (2020). The Veterans Metric Initiative: Identifying the needs of transitioning veterans. Henry M. Jackson Foundation. https://www.hjf.org/sites/default/files/2020-11/TVMI%20FinalRpt_4%5B1%5D.pdf
22. Ravindran C., Morley S.W., Stephens B.M., Stanley, I.H., & Reger M.A. (2020). Association of suicide risk with transition to civilian life among US Military service members. *JAMA Netw Open*. 3(9):e2016261. doi:10.1001/jamanetworkopen.2020.16261
23. Boyle, J., Copeland, L., Finley, E., Perkins, D., Vogt, D., & Gilman, C. L. (2020).
24. Pew Research Center. (2019, September).
25. Lee, H., Aldwin, C. M., Choun, S., & Spiro, A. (2019). Impact of combat exposure on mental health trajectories in later life: Longitudinal findings from the VA Normative Aging Study. *Psychology and Aging*, 34(4): 467.
26. Ibid.
27. Boyle, J., Copeland, L., Finley, E., Perkins, D., Vogt, D., & Gilman, C. L. (2020).
28. Ibid.

29. Van Slyke, R. D. & Armstrong, N. J. (2020).
30. Vogt, D., Fox, A. B., & Di Leone, B. A. L. (2014). Mental health beliefs and their relationship with treatment seeking among U.S. OEF/OIF veterans. *Journal of Traumatic Stress*, 27, 307-303. <https://www.ptsd.va.gov/professional/articles/article-pdf/id42386.pdf>
31. Reger, M.A., Smolenski, D.J., Skopp, N.A., Metzger-Abamukang, M. J., Kang, H. K., Bullman, T. A., Perdue, S. & Gahm, G. A. (2015). Risk of suicide among US Military service members following Operation Enduring Freedom or Operation Iraqi Freedom Deployment and separation from the US Military. *JAMA Psychiatry*, 72(6):561-569. doi:10.1001/jamapsychiatry.2014.3195; Shen, Y.C., Cunha, J.M., & Williams. T.V. (2016). Time-varying associations of suicide with deployments, mental health conditions, and stressful life events among current and former US Military personnel: A retrospective multivariate analysis. *Lancet Psychiatry*, 3(11):1039-1048. doi:10.1016/S2215-0366(16)30304-2PubMedGoogle ScholarCrossref
32. Ravindran C, Morley S.W., Stephens B.M., Stanley I.H.O, & Reger, M.A., (2020).
33. Ibid.
34. Boyle, J., Copeland, L., Finley, E., Perkins, D., Vogt, D., & Gilman, C. L. (2020).
35. Ibid.
36. This question had a small sample size and should be interpreted with caution.
37. Van Slyke, R. D., & Armstrong N.J. (2020).
38. Boyle, J., Copeland, L., Finley, E., Perkins, D., Vogt, D., & Gilman, C. L. (2020).
39. Bureau of Labor Statistics. (2020, March). *The Employment Situation of Veterans – 2019*. U.S Department of Labor. <https://www.bls.gov/news.release/vet.nr0.htm>:
40. The Society for Human Resource Management. (n.d.) *Why hire a vet? The Business case for hiring military veterans*. https://www.shrm.org/foundation/ourwork/initiatives/engaging-and-integrating-military-veterans/Documents/13056-G-01_SHRMF_WhyHireVet.pdf
41. Switzer, S. J. (2016). Employment policies for post-9/11 veterans: Lessons learned and a vision for the future. *SPNHA Review*, 12(1), Article 9.
42. Barrera, C. & Carter, P. (2017). *Challenges on the home front: Underemployment hits veterans hard. Call of Duty Endowment and Zip Recruiter*. https://www.callofdutyendowment.org/content/dam/atvi/callofduty/code/pdf/ZipCODE_Vet_Report_FINAL.pdf
43. Ma, J., Pender, M., & Welch, M. (2019). *Education pays 2019: The benefits of higher education for individuals and society*. The College Board. <https://research.collegeboard.org/pdf/education-pays-2019-full-report.pdf>;
44. Education attainment and earnings data is analyzed using Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek IPUMS USA: Verion 10.0 [U.S. Census Bureau 2019 American Community Survey—1 year estimate] Minneapolis, MN: IPUMS, 2020.
45. Reference: Education attainment is data analyzed using Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek. IPUMS USA: Version 10.0 [U.S. Census Bureau 2012-2019 American Community Survey]. Minneapolis, MN: IPUMS, 2020. <https://doi.org/10.18128/D010.V10.0>.
46. Institute for Veterans and Military Families and Student Veterans of America. (2019). Student veterans: A valuable asset to higher education. Syracuse, NY: Syracuse University. Available at: https://ivmf.syracuse.edu/wp-content/uploads/2019/12/Student-Vets_Valuable-AssetFINAL-11.6.19.pdf
47. RAND Corporation. (2019). *Improving the quality of mental health care for veterans: Lessons from RAND Research*. https://www.rand.org/pubs/research_briefs/RB10087.html.
48. Botero, G., Jr, Rivera, N. I., Calloway, S. C., Ortiz, P. L., Edwards, E., Chae, J., & Geraci, J. C. (2020). A lifeline in the dark: Breaking through the stigma of veteran mental health and treating America's combat veterans. *Journal of Clinical Psychology*, 76(5), 831–840. <https://doi.org/10.1002/jclp.22918>
49. U.S. Department of Veterans Affairs. (2019, December) *VA in 2019: A year of improvements and continued progress*. <https://www.blogs.va.gov/VAntage/69768/va-2019-year-improvements-continued-progress/>
50. Veterans of Foreign Wars. (2017, March). *VFW Survey: Veterans want VA fixed, not dismantled*. <https://www.vfw.org/media-and-events/latest-releases/archives/2017/3/vfw-survey-veterans-want-va-fixed-not-dismantled>
51. Price, R.A., Sloss, E. M., Cefalu, M., Farmer, C. M., & Hussey, P. S. (2018). Comparing quality of care in veterans affairs and non-veterans affairs settings. *Journal of General Internal Medicine*, 33(10), 1631–1638. doi:10.1007/s11606-018-4433-7.
52. Ibid.
53. Tanielian, T., Farris, C., Farmer, C. M., Robinson, E., Engel, C. C., Robbins, M. W., & Jaycox, L. H. (2014). *Ready to serve: Community-based provider capacity to deliver culturally competent, quality mental health care to veterans and their families*. RAND Corporation. https://www.rand.org/pubs/research_reports/RR806.html
54. Department of Veterans Affairs and the Department of Defense. (n.d.). *eBenefits: My gateway to benefit information*. <https://www.ebenefits.va.gov/ebenefits/homepage>

55. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee to Evaluate the Department of Veterans Affairs Mental Health Services. (2018, January) *Evaluation of the Department of Veterans Affairs mental health services*. National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK499487/>
56. Ibid.
57. RAND Corporation. (2019).
58. Congressional Research Service. (2019, July 26). *Department of Veterans Affairs (VA): A primer on telehealth*. <https://crsreports.congress.gov/product/pdf/R/R45834>
59. Shore P, Goranson, A., Ward M.F., Lu, M.W. (2014). *Meeting veterans where they're @: a VA Home-Based Telemental Health (HBTMH) pilot program*. *Int J Psychiatry Med*, 48(1):5-17. doi: 10.2190/PM.48.1.b. PMID: 25354923.
60. U.S. Department of Veterans Affairs. (2020, September 15). *VA expands veteran access to telehealth with iPad services*. Office of Public and Intergovernmental Affairs. <https://www.va.gov/opa/pressrel/pressrelease.cfm>
61. Richman, M. (2018, September 20). *Crisis prevention study evaluates VA program that identifies vets at highest risk for suicide*. U.S. Department of Veterans Affairs, Office of Research & Development. <https://www.research.va.gov/currents/0918-Study-evaluates-VA-program-that-identifies-Vets-at-highest-risk-for-suicide.cfm>
62. U.S. Department of Veterans of Affairs. (2017, April 3). *VA REACH VET Initiative helps save veterans lives: Program signals when more help is needed for at-risk veterans*. Office of Public and Intergovernmental Affairs. <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2878>
63. Richman, M. (2018, September).
64. Psychological Health Center of Excellence. (n.d.). *inTransition: Connecting, coaching, empowering*. <https://www.pdhealth.mil/resources/intransition>
65. This question had a small sample size and should be interpreted with caution.
66. Yuen, V. (2020, June). *Mounting peril for public higher education during the coronavirus pandemic*. Center for American Progress. <https://www.americanprogress.org/issues/education-postsecondary/reports/2020/06/11/485963/mounting-peril-public-higher-education-coronavirus-pandemic/>
67. Ramchand, R., Harrell, M. C., Berglass, N., & Lauck, M. (2020). *Veterans and COVID-19: Projecting the economic, social, and mental health needs of America's veterans*. Bob Woodruff Foundation. <https://bobwoodruffoundation.org/veterans-and-covid19/>
68. U.S. Department of Defense. (2018). *2018 Demographics report: Profile of the military community*. <https://www.militaryonesource.mil/data-research-and-statistics/military-community-demographics>
69. Moore, E., Seymour, M., Stefani, J., Kennedy, K., & Williams, K. (2019, May). *Funding flows in the Sea of Goodwill*. Center for New American Security. <https://www.cnas.org/publications/reports/funding-flows-in-the-sea-of-goodwill>
70. Parrott, S., Albright, D. L., Dyche, C., & Steele, H. G. (2019). Hero, charity case, and victim: How U.S. news media frame military veterans on Twitter. *Armed Forces & Society*, 45(4), 702–722. <https://doi.org/10.1177/0095327X18784238>
71. Kleykamp, M. & Crosby, H. (2015). Coverage of veterans of the wars in Iraq and Afghanistan in the U.S. media. *Sociological Forum*, 30(2):348-368. https://www.jstor.org/stable/43654119?seq=1#metadata_info_tab_contents
72. Burgess, R. (2018, March 20). *Economic opportunity, transition assistance, and the 21st-century veteran: The case for a fourth VA administration*. American Enterprise Institute. <https://www.aei.org/research-products/report/economic-opportunity-transition-assistance-and-the-21st-century-veteran-the-case-for-a-fourth-va-administration>
73. Acosta, J. D., Cerully, J. L., Wong, E. C., Petrun Sayers, E. L., Zaydman, M., Meredith, L. S., Blum, I., Nanda, N., Tanielian, T., Ross, R., & Wilks, A. (2020). *Cross-agency evaluation of DoD, VA, and HHS mental health public awareness campaigns*. RAND. https://www.rand.org/pubs/research_reports/RR1612.html
74. *Hiring Our Heroes. Wellbeing in the workplace* (2020). U.S. Chamber of Commerce Foundation. <https://www.hiringourheroes.org/wellbeing/wellbeing-pledge/>
75. U.S. Department of Veterans Affairs. (2018). *The military to civilian transition 2019: A review of historical, current, and future trends*. <https://benefits.va.gov/TRANSITION/docs/mct-report-2018.pdf>.
76. Calculations were made using data from the Current Population Survey using data from 2019. www.bls.gov/news.release/vet.htm
77. National Center for Veterans Analysis and Statistics. (2017, February). *Women veterans report: The past, present and future of women veterans*. U.S. Department of Veterans Affairs. https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf
78. Kelly, K., Fine, A. B., & Coppersmith, G. (2020). Social media data as a lens onto care-seeking behavior among women veterans of the US armed forces. *ACL Anthology*. <https://www.aclweb.org/anthology/2020.nlpcss-1.20.pdf>
79. Apporva, M. (2018, July). Why leaving the military is harder for female vets. *Military Times*. <https://www.militarytimes.com/education-transition/2019/07/18/why-leaving-the-military-is-harder-for-female-vets/>

80. U.S. Department of Veterans Affairs. (2018, March). *Profile of post-9/11 veterans: 2016*. https://www.va.gov/vetdata/docs/SpecialReports/Post_911_Veterans_Profile_2016.pdf
81. Ibid.
82. National Center for Veterans Analysis and Statistics. (2018, March). https://www.va.gov/vetdata/docs/SpecialReports/Post_911_Veterans_Profile_2016.pdf
83. Moore, E., Seymour, M., Stefani, J., Kennedy, K., & Williams, K. (2019, May).
84. Parker, K., Igielnik, R., Barroso, A., & Cilluffo, A. (2019, September 9). *The American veteran experience and the post-9/11 generation: Readjusting to civilian life*. Washington, DC: Pew Research Center, Social and Demographic Trends; https://www.pewsocialtrends.org/wp-content/uploads/sites/3/2019/09/PSDT.10.09.19_veteransexperiences_full.report.pdf.
85. U.S. Department of Veterans Affairs. (2020, May). *Warrior Wellness Alliance releases recommended data elements for non-profits serving veterans*. https://www.hsrdr.research.va.gov/news/research_news/warriorwellness-052120.cfm
86. Mattox, T., & Pollard, M.S. (2016). *Ongoing survey research on post-9/11 veterans*. RAND Corporation. https://www.rand.org/pubs/research_reports/RR1532.html
87. Boyle, J., Copeland, L., Finley, E., Perkins, D., Vogt, D., & Gilman, C. L. (2020).
88. Ibid.
89. Ibid.
90. Van Slyke, R.D., & Armstrong, N.J. (2020).
91. Ibid.
92. Moore, E., Seymour, M., Stefani, J., Kennedy, K., & Williams, K. (2019, May).



GEORGE W. BUSH
INSTITUTE

BUSHCENTER.ORG

2943 SMU BOULEVARD | DALLAS, TEXAS 75205