

DryHootch.org



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2011 DryHootch Report



Introduction

What is DryHootch?

VISION

DryHootch is a nonprofit organization formed by combat veterans to help veterans returning home. DryHootch was envisioned as a place where veterans could gather informally in a coffee house that would provide a safe, comfortable, drug and alcohol free environment. The idea revolved around the creation of a retail coffee shop run by and for Veterans, but also supporting an extended network of Veteran families, and encouraging interaction with the community as a whole. The credo of DryHootch: *"Helping the Veteran – and their families – who survived the war, survive the peace."*



JOE MITCHELL, SCOTT

PROGRAMS

DryHootch also offers peer-to-peer support to veterans of all eras, including those who are now returning from Iraq and Afghanistan. It is essential for Veterans to be able to safely and confidentially talk about issues such as post-traumatic stress disorder (PTSD), depression, anxiety, substance abuse, family issues, jobs, and veteran benefits. Peer support programs have been demonstrated to be effective in a variety of health and mental

HISTORY

After several years of planning, DryHootch successfully purchased a retail location at 1030 E Brady Street on Milwaukee's vibrant East Side in 2010. The location is near the UW Milwaukee campus, and squarely places the storefront in a high traffic retail hub. The building itself was substantially remodeled by DryHootch volunteers, local firefighters, union plumbers, and other skilled laborers who donated their free time. The first floor and patio are dedicated to retail coffee sales – many of the customers are Veterans, but the general public is also welcome drink coffee and enjoy a wide variety of activities that occur in this space. The second floor provides a private area for Veterans where a number of different groups meet focusing on the problems associated with demobilization and reintegration into civilian life.



DRYHOOTCH GRAND OPENING

health arenas, and may be particularly effective for some veterans who are not comfortable receiving services from non-veterans or from institutional healthcare systems.



MARK FLOWER DURING REMODEL

INNOVATIVE SOCIAL OUTREACH

One of the more innovative approaches to DryHootch is providing a dedicated social networking site that can be accessed by both veterans and supporters of veterans. Online social networks such as Facebook and MySpace have made it clear that people of all generations feel comfortable connecting online, sharing photos, videos, and personal thoughts with their entire social group.

DATA DRIVEN PROGRAM DESIGN

The ultimate goal of DryHootch organization is essentially to provide a means whereby veterans, including recently returned veterans, can receive assistance with emotional issues, financial issues, physical disabilities, education benefits, VA healthcare benefits, and readjust to civilian life. These goals are complex for several reasons – DryHootch attempts to reach out to all veterans, regardless of service era, the organization serves a large geographic area, and the best ways to reach out to younger Veterans from the conflicts in Afghanistan and Iraq change rapidly. In response, DryHootch has prioritized getting feedback directly from Veterans in the community to guide program design and to ensure that the services are regularly updated.



ABBEY & SCOTT
RETAIL COFFEE HOUSE BEGINS OPERATIONS

Respondents to the Survey

Purpose

The purpose of the DryHootch 2010 survey was to assess interest in the DryHootch program as well as gauging some of the challenges and needs of the veterans responding to the survey. The questions included attitudes about military service, use of the Veterans Affairs healthcare system, medical needs, as well as the emotional, physical, and mental impact of serving in the armed forces.

The majority of respondents completed the survey via the internet. This allowed veterans to complete the survey responses at their leisure from the comfort of their own home. In fact, many of the respondents completed the online survey during the late night and early morning hours (between midnight and 6 AM). A paper survey was also distributed, which allowed veterans not comfortable with computer or internet use to participate.

Who Responded?

We received a total of 858 responses, 808 of which actually completed the entire survey and were included in these analyses. Respondents were also permitted to skip questions, meaning that some survey responses included some unanswered questions. These responses were included in the survey results (and in this report) as a “skipped” response.

Not all of the respondents were veterans. Some wives, husbands, brothers, sisters, parents, and children of veterans responded, but because our survey was intended to gauge some of the struggles experienced by the veterans themselves, their responses were excluded from this survey report and will be addressed elsewhere.

Age and Gender

As seen in Figure 1, approximately 85% of respondents were male. Figure 2 shows that over half of the respondents were 51-70 years old.

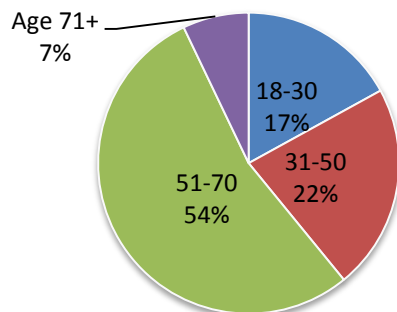


Figure 2: Ages of the respondents.

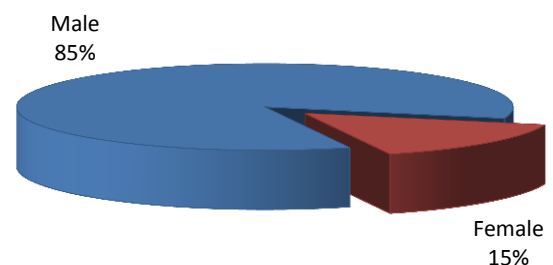


Figure 1: Males and females responding to the survey.

Among the respondents to the survey, the majority were male veterans between the ages of 51 and 70 years, most (85%) of who said that they had served during the Vietnam conflict between 1963 and 1975.

Military Service

Over half of all respondents served between 1963 and 1975 (see Figure 3). Almost a quarter of all respondents have served sometime within the past decade.

The survey also asked participants to report their service in each branch of the armed forces (Figure 4). The army was the most chosen branch with over 400 participants.

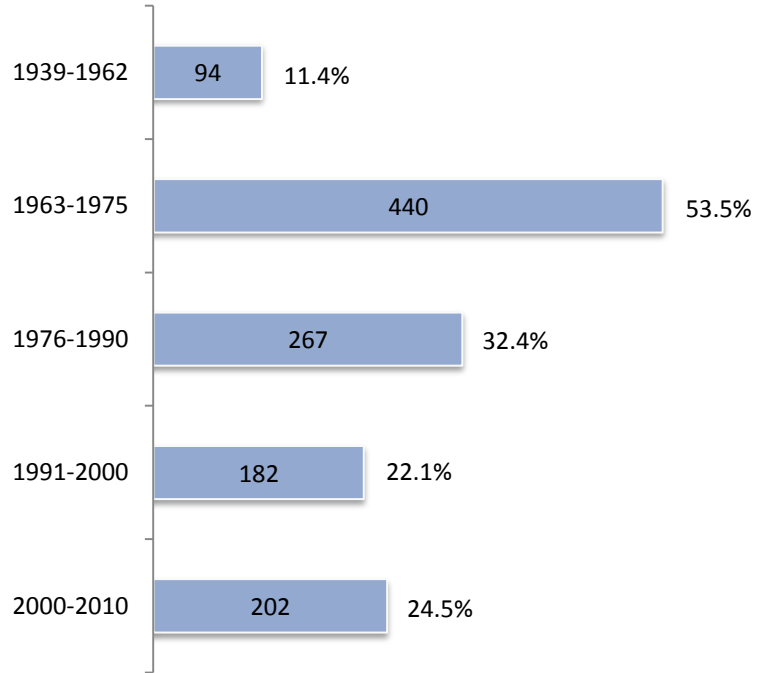


Figure 3: Eras of military service.

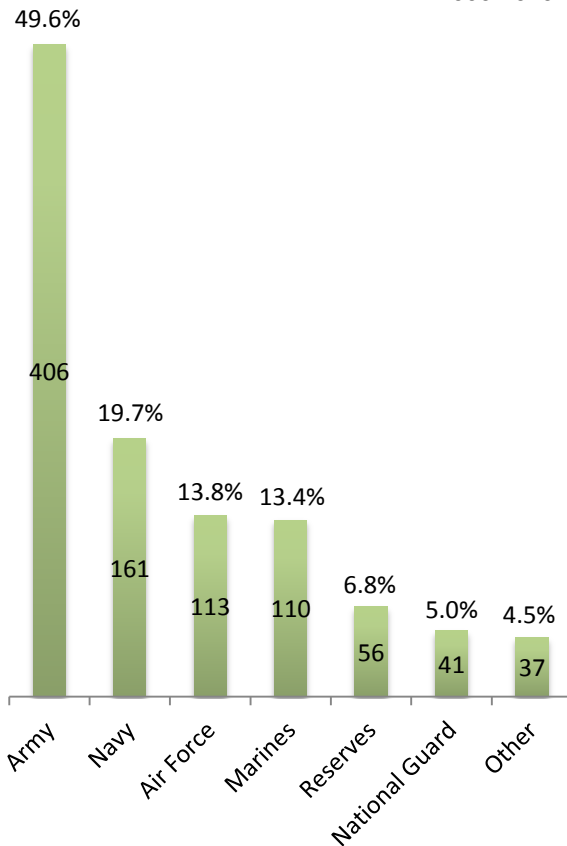


Figure 4: Branches of the armed forces.

Some of the respondents choosing the “Other” category included workers for the Red Cross, the Coast Guard, the “Seabees”, and the merchant marines.

Location

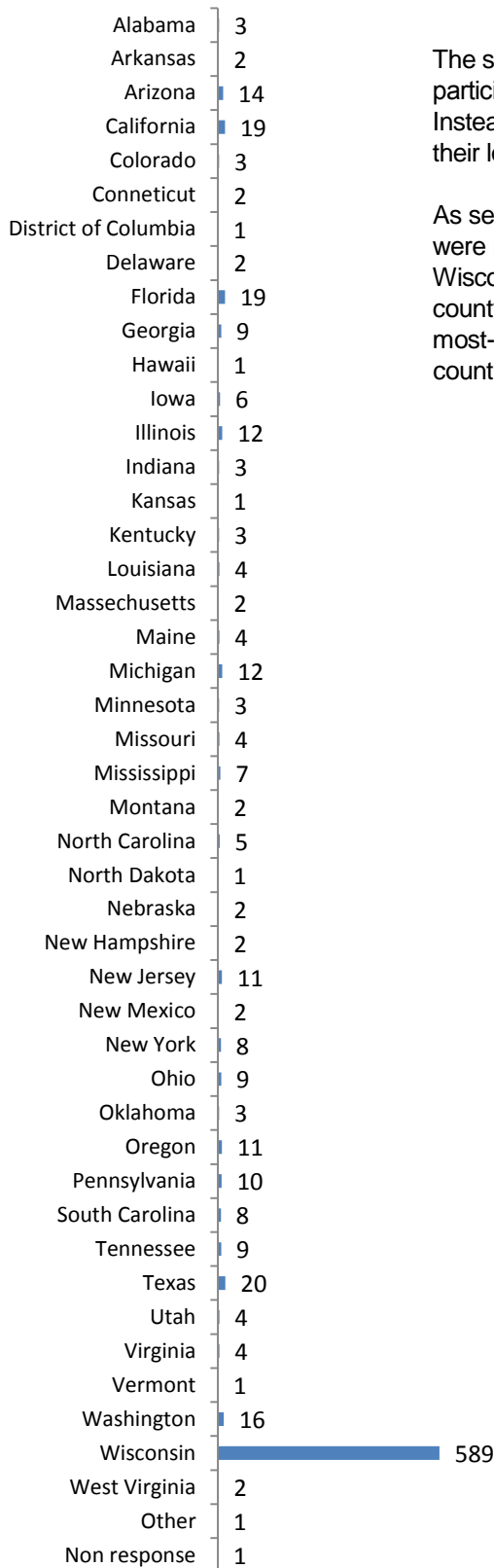


Figure 5: Survey participants by state.

The survey was anonymous, so no information concerning the participant's home address or telephone number was gathered. Instead, the participants were asked general questions about their location, such as city and state.

As seen in Figure 5, the majority (over two-thirds) of responses were residents of Wisconsin. Among the respondents from Wisconsin, almost two-thirds of them were from Milwaukee county with Waukesha and Dane county the second and third most-represented counties (Figure 6).

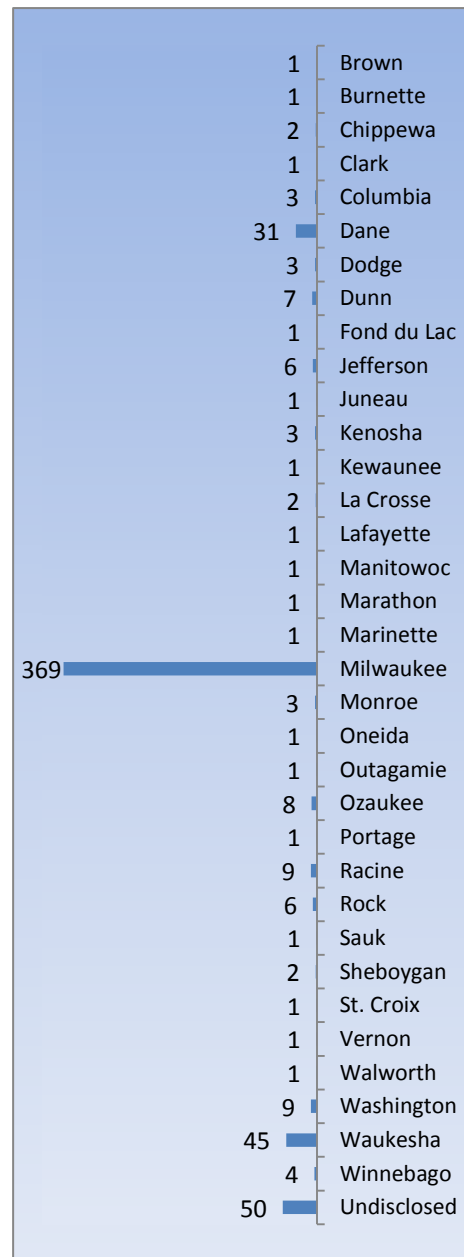


Figure 6: Wisconsin survey participants by county.

Activity During Military Service

The survey asked the participants about the types of activities the veteran was involved in during his/her military service. These included questions about the participant's involvement in combat, whether or not he/she was deployed overseas, and his/her reflections of their military career.

Figure 7 shows the number of participants who reported that they were deployed overseas. Over 80% of the participants had been overseas at least once during their military career.

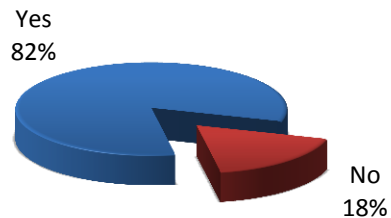


Figure 7: Number of participants who were deployed overseas.

Just over 70% of the veterans reported being deployed to a war zone or other peace-keeping location (Figure 8) while just over 50% of the veterans responding to the survey reported being involved in combat operations (Figure 9).

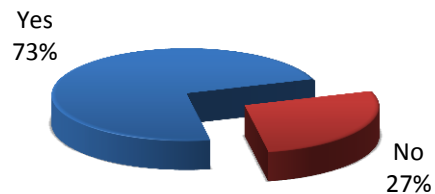


Figure 8: Number of participants who were deployed to a war zone or other peace-keeping location.

62% of the respondents who use the VA healthcare system were involved in combat operations, compared to only 41% of respondents who report not using the VA.

This means that among the participants, an individual seeking care at a VA hospital is about 1.5 times more likely to have fought in combat operations during their military career.

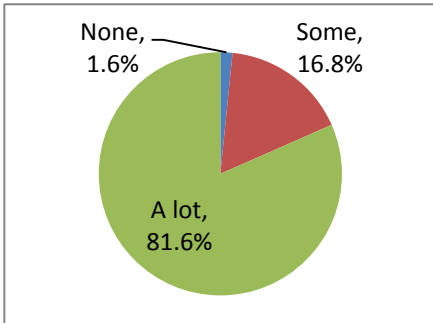


Figure 9: Number of participants who were involved in combat operations.

Reflections on Military Service

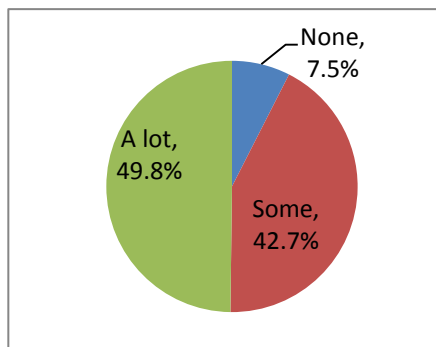
Positive Reflections

Military service can be a great source of pride and bring a sense of accomplishment and honor to a returned veteran. The survey asked three questions concerning the positive aspects of military service in order to assess how veterans feel about their military career. The following questions were asked:



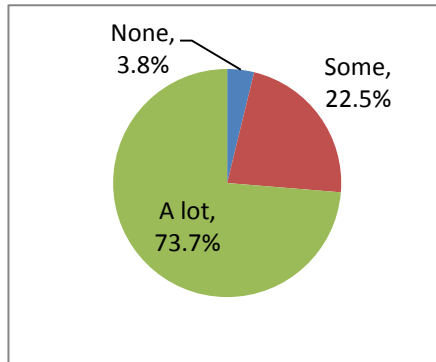
Question 1: My military service taught me responsibility.

Over 80% of the veterans responding to this question felt that they had learned a lot of responsibility from their military service.



Question 2: My military service allowed me to make many great friends.

Over 90% of the participants felt that their military service helped them make at least a few great friends.



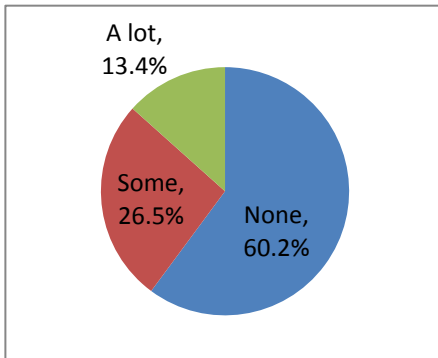
Question 3: My military career gave me pride in myself.

Nearly three-quarters of the respondents viewed their military career as a great source of pride for them.

Negative Reflections

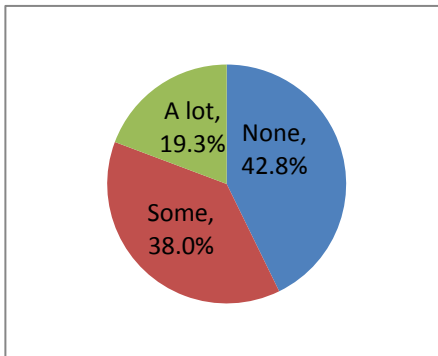
Service in a military situation can also result in some long-term consequences that may include emotional, mental, and physical trauma.^{1,2} The survey assessed some of these impacts by asking the following questions:

Readjusting



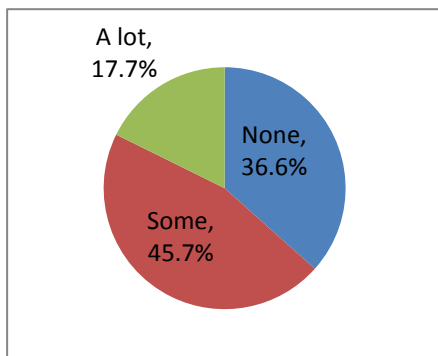
Question 1: My military service hurt my civilian career.

Approximately 40% of respondents felt that their involvement in the armed forces negatively impacted their post-military career in some way.



Question 2: My military service hurt my relationship with my family.

Over half of the participants felt that their military service harmed their family relationships in some way. This is not uncommon among returned veterans and their families, both of whom tend to have difficulties dealing with the situations encountered due to military service.^{3,4}



Question 3: My military career made it harder to enjoy my civilian friends.

Almost two-thirds of the respondents felt that their military service harmed their relationships with their civilian friends in some way. This is another instance where the trauma of military service can affect interpersonal relationships.^{4,5}

¹ CT Taft, DG Kaloupek, JA Schumm, AD Marshall, J Panuzio, DW King, TM Keane. *Posttraumatic stress disorder symptoms, physiological reactivity, alcohol problems, and aggression among military veterans*. Journal of Abnormal Psychology. 2007. 116(3). 498-507.

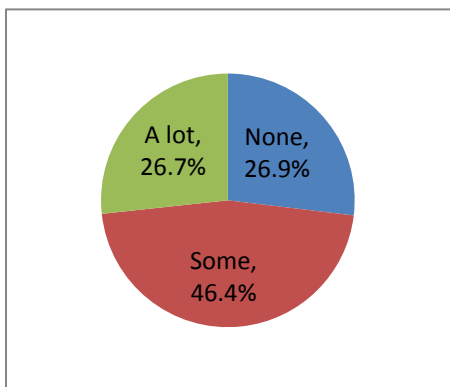
² C MacDonald, K Chamberlain, N Long, R Flett. *Posttraumatic stress disorder and interpersonal functioning in Vietnam war veterans: a meditational model*. Journal of Traumatic Stress. 1999. 12(4). 701-707.

³ EM Carroll, DB Rueger, DW Foy, CP Donahue. *Vietnam combat veterans with posttraumatic stress disorder: analysis of marital and cohabiting adjustment*. Journal of Abnormal Psychology. 1985. 94(3). 329-337.

⁴ DS Riggs, CA Byrne, FW Weathers, BT Litz. *The quality of intimate relationships of male Vietnam veterans: problems associated with posttraumatic stress disorder*. Journal of Traumatic Stress. 1998. 11(1). 87-101.

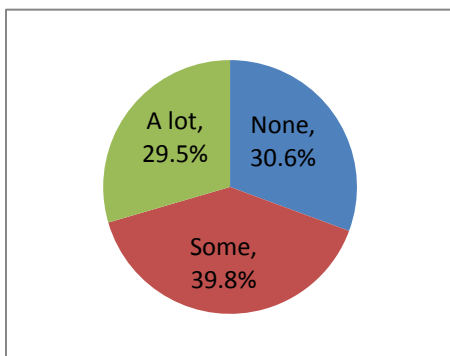
⁵ BK Jordan, CR Marmar, JA Fairbank, WE Schlenger, RA Kulka, RL Hough, DS Weiss. *Problems in families of male Vietnam veterans with posttraumatic stress disorder*. Journal of Consulting and Clinical Psychology. 1992. 60(6). 916-926.

Personal Problems



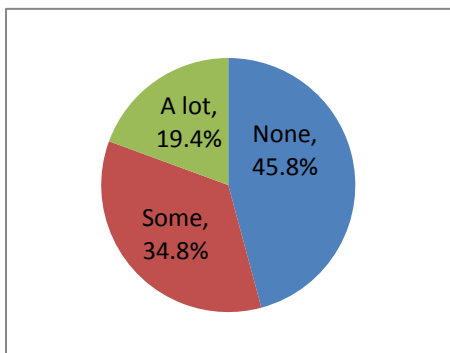
Question 1: My military career caused physical problems.

Almost three-quarters of the respondents said that they experienced some level of physical problems due to their military service.



Question 2: My military career caused emotional problems.

Over two-thirds of veterans reported emotional problems due to their military service.



Question 3: My military career caused thinking problems.

Over half of the veterans participating felt that they have experienced or are currently experiencing thinking problems due to their military career.

A common theme among these three questions is that veterans returning who report no ill effects of their military service are in the minority. In averaging the responses of each of the above questions, it was found that approximately two-thirds of reporting veterans felt some level of negative effects due to their military service. These effects can be a significant impairment to the returning veterans, reducing their ability to find employment, to attend post-secondary schooling, or even to find a home. Other effects of military service can include depression, substance abuse, and damaged family relationships.^{1,2,4,6,7}

⁶ MS Richards, J Goldberg, MB Rodin, RJ Anderson. *Alcohol consumption and problems drinking in white male veterans and nonveterans*. AJPH. 1989. 79(8). 1011-1015.

⁷ JM Jelinek, T Williams. *Post-traumatic stress disorder and substance abuse in Vietnam combat veterans: treatment problems, strategies and recommendations*. Journal of Substance Abuse Treatment. 1984. 1. 87-97.

Use of Veteran's Affairs Healthcare Benefits

The Veteran's Affairs (VA) system stirs both positive and negative feelings among veterans and not all eligible veterans utilize the VA healthcare system. Some veterans participating in the survey mentioned a lack of adequate care, inability to get needed services, bad experiences, or rigorous qualification standards as reasons for not utilizing the hospital benefits the Veteran's Affairs health system offers.

The survey assessed these concerns by asking respondents about their VA use and the reasons that so many do not use the benefits they are entitled to.

As Figure 10 shows, almost a third of veterans reporting have used their VA hospital benefits either once or never.

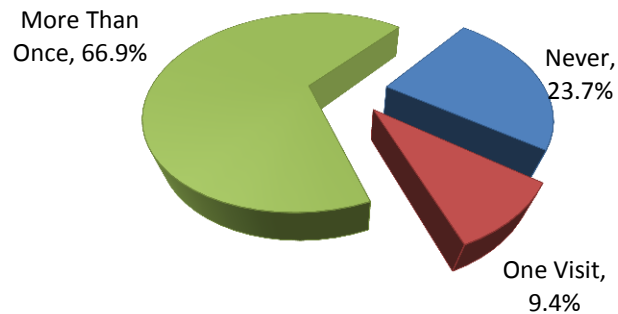


Figure 10: Veterans that report having used the VA healthcare system.

When asked whether or not the participant currently uses the VA health system, over one-third of all respondents said that they do not use it (Figure 11).

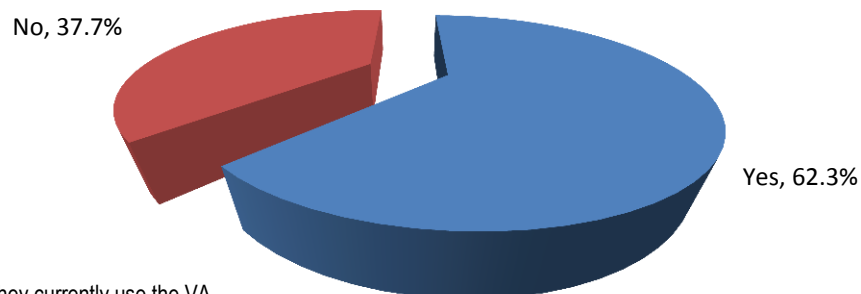


Figure 11: Veterans reporting that they currently use the VA healthcare system.

Reasons for Not Using VA Hospital Benefits

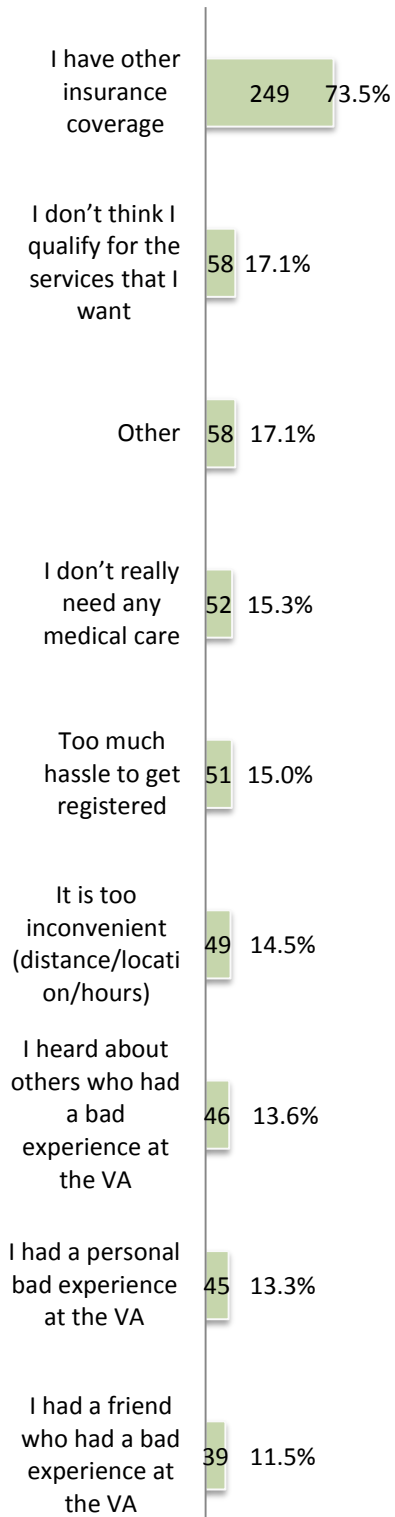


Figure 12: Reasons participants listed for not using VA hospital benefits.

All respondents were given a list of options for reasons why they do not use the VA healthcare benefits. Since most respondents likely had more than one reason for opting out of their entitled benefits, the participants were allowed to choose multiple reasons. Figure 12 shows the number of times that each category was chosen. As shown, having other insurance coverage seemed to be the most common reason given for not choosing VA hospital benefits. 73.5 percent of the respondents stated that they had other insurance coverage. “Other insurance coverage” can mean a variety of things, but this may include coverage by a spouse’s benefits, coverage from a current employer, use of TRICARE benefits, or coverage under other public programs (such as Medicare).

A total of 130 participants chose one of the three options relating to either a personal or a second-hand negative experience at a VA facility. Despite improvements made in the VA healthcare system, some veterans still have bad experiences or harbor negative impressions based on their own or a friend’s experience.

A total of 109 veterans chose either “I don’t think I qualify for the services I want” or “Too much hassle to get registered.” This may indicate that many veterans are not able to get adequate information or assistance with understanding how to get registered for VA benefits or understanding the amount of care and benefits available to them. This suggests that many veterans are not aware of the proper procedures for obtaining VA benefits, underscoring the idea that further programs designed to help veterans understand and apply for VA benefits could be beneficial for the veteran community. Wide-reaching organizations such as DryHootch could play a pivotal role in this by giving advice and disseminating information to veterans unaware of how to navigate the VA benefits program.

Among the respondents choosing the “Other” category, written responses were submitted to give a more specific reason for opting out of the VA hospital system. Many veterans felt that the VA providers did not care about their health. One stated, “There is a lot of ‘no care’ attitude from providers.” Some veterans who were still in the military feared seeking help for mental health issues because of a perceived risk of termination of their military career. Some felt it was too difficult to qualify for VA benefits while others said they felt the amount of care was inadequate. Some of the female veterans stated that the VA offers poor-quality care for women, while a few female veterans felt that they were unsafe at VA health facilities.

Reported Health Needs

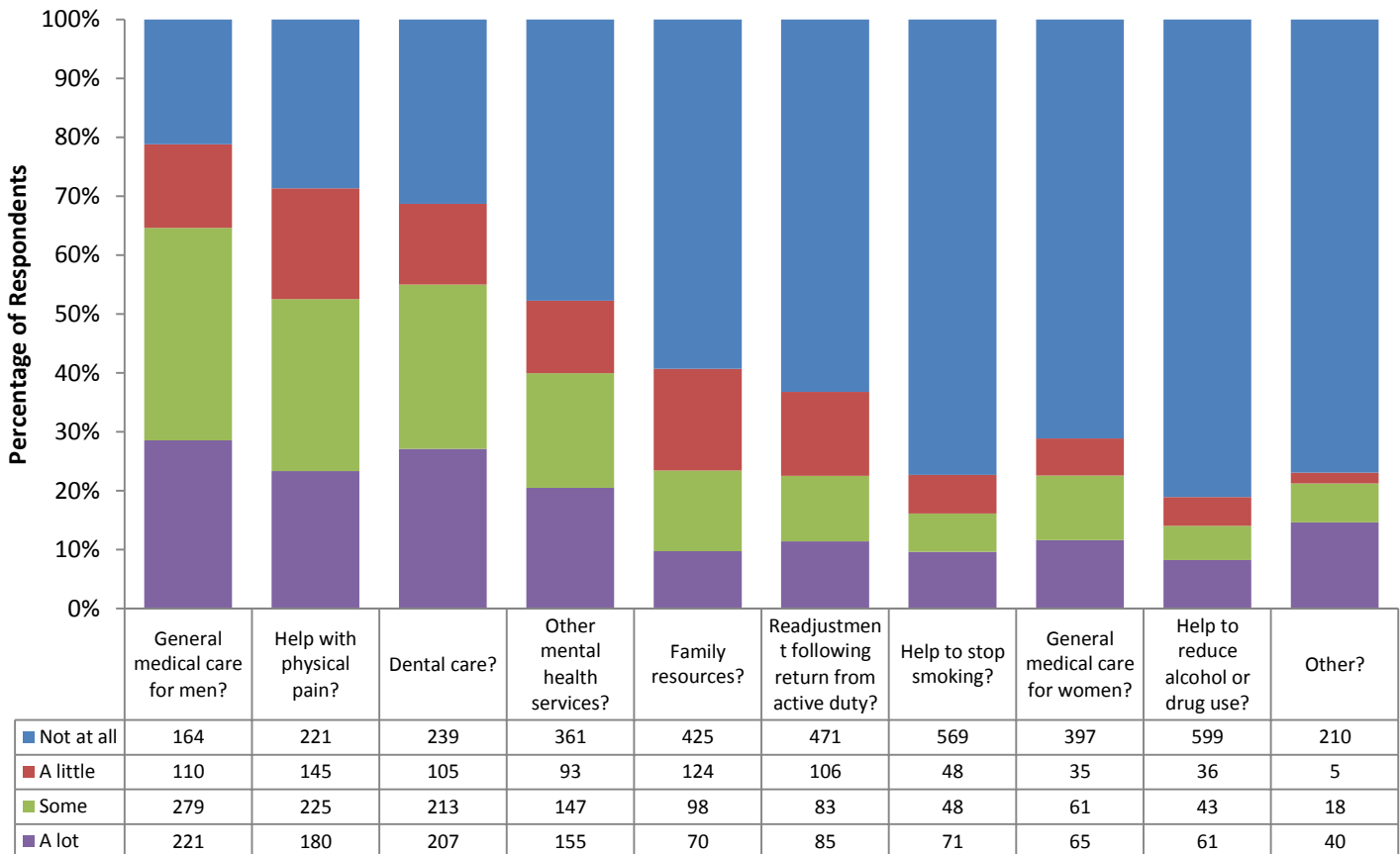


Figure 13: Health needs of veterans responding to the survey.

Veterans responding to the survey were also asked about their general health needs, including help with pain, help with dentistry, help with readjustment following active duty, and help overcoming addictions to cigarettes, alcohol, or drugs.

As seen in Figure 13, almost 80% of respondents said that they needed some level of general medical care for men. Very few reported needing medical care for women, likely due to the fact that only about 15% of the respondents were female. If these questions were reevaluated using the responses of both males and females separately, we see that almost 88% of male veterans said they needed medical care for men while over 88% of female veterans reported needing medical care for women.

Almost a quarter of participants reported needing help to quit smoking, while 19% of respondents said that needed some level of help to reduce alcohol or drug use.

After medical care, the next two most chosen categories were “Help with physical pain” (71%) and “Dental care” (69%).

More than half of the respondents said they needed mental health services. In fact, more than 20% of the respondents felt that they needed “a lot” of mental health resources. Just over a third of all respondents reported that they need help readjusting following return from active duty.

As shown in Figure 13, nearly a quarter of respondents chose the “Other” category. The participants were given space to write in their other health needs. Some of their responses included:

- VA healthcare benefits for the spouses of veterans
- Vision/hearing care
- Access to alternative therapies, such as acupuncture and chiropractic care
- Long-term physical therapy services
- Improved treatment for post-traumatic stress disorder (PTSD), including group therapy
- Improved mental health treatment in general
- Assistance finding work
- Help with legal issues
- Help understanding and applying for education benefits



Suggestions and Comments

The final portion of the survey asked several questions about programs that the responding veterans would like to see at DryHootch. Approximately 780 respondents completed this part of the survey.

Suggestions for Discussion Groups

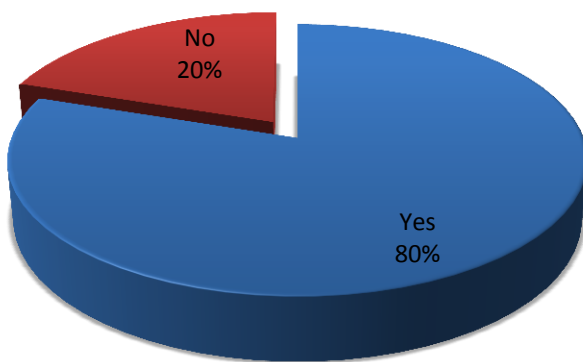


Figure 14: Veterans reporting that they would attend a veterans-only discussion group at DryHootch.

As mentioned in the previous section, some veterans requested group therapy or discussion groups as one of their health needs. The survey asked directly the likelihood of the respondent attending such a discussion held at DryHootch, resulting in approximately 80% saying that they would attend.

When these numbers were separated by age group, a slightly different trend occurred. As shown in Figure 15, the age group that showed the most interest in group discussions was the 31 – 50 group, while those in the youngest and oldest groups indicated that they would be less likely to engage in face-to-face interaction.

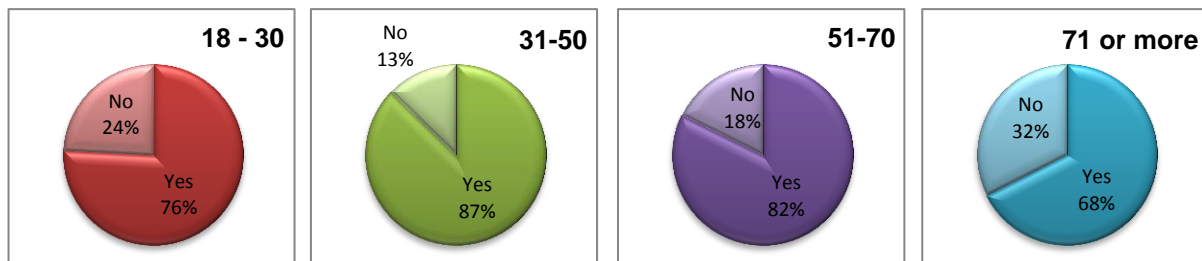


Figure 15: Veteran age groups reporting that they would attend a veterans-only discussion group at DryHootch.

A similar trend was seen when the veterans were asked if their families or friends would attend discussions about the difficulties of military and post-military service. 59% agreed that their family or friends would attend, with the highest numbers seen among the 31 – 50 year old veterans (Figure 16).

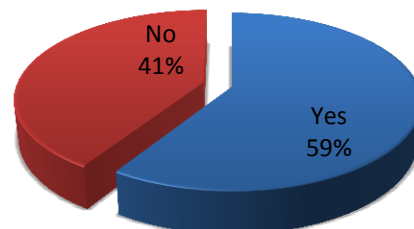


Figure 16: Veterans reporting that their family or friends would attend discussions at DryHootch about the difficulties of military and post-military service.

Suggestions for Other Programs

Figure 17 shows the other suggestions that respondents had concerning other programs that the veterans felt would be helpful at DryHootch. Regarding the programs that would be helpful, over two-thirds of participants felt that DryHootch should be a place where veterans can have coffee and socialize with other veterans. This program seemed most popular among veterans aged 31-50 (79% said 'Yes') but least popular among veterans aged 18-30 (59% said 'Yes'). Over half of the veterans felt that DryHootch should host veteran-to-veteran discussion meetings as well as provide information or assistance concerning available healthcare benefits. Although not shown in Figure 17, approximately 60% of veterans aged 18 to 50 felt that programs providing information on education benefits, healthcare benefits, and housing benefits would be helpful. Such proposed programs were not nearly as popular among veterans 50 years or older.



Among the programs that the respondents felt would be least helpful are 12-step meetings such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA). In fact, these programs seemed equally unpopular among all of the age groups surveyed. In addition, approximately 55% believed that family education classes could be helpful.

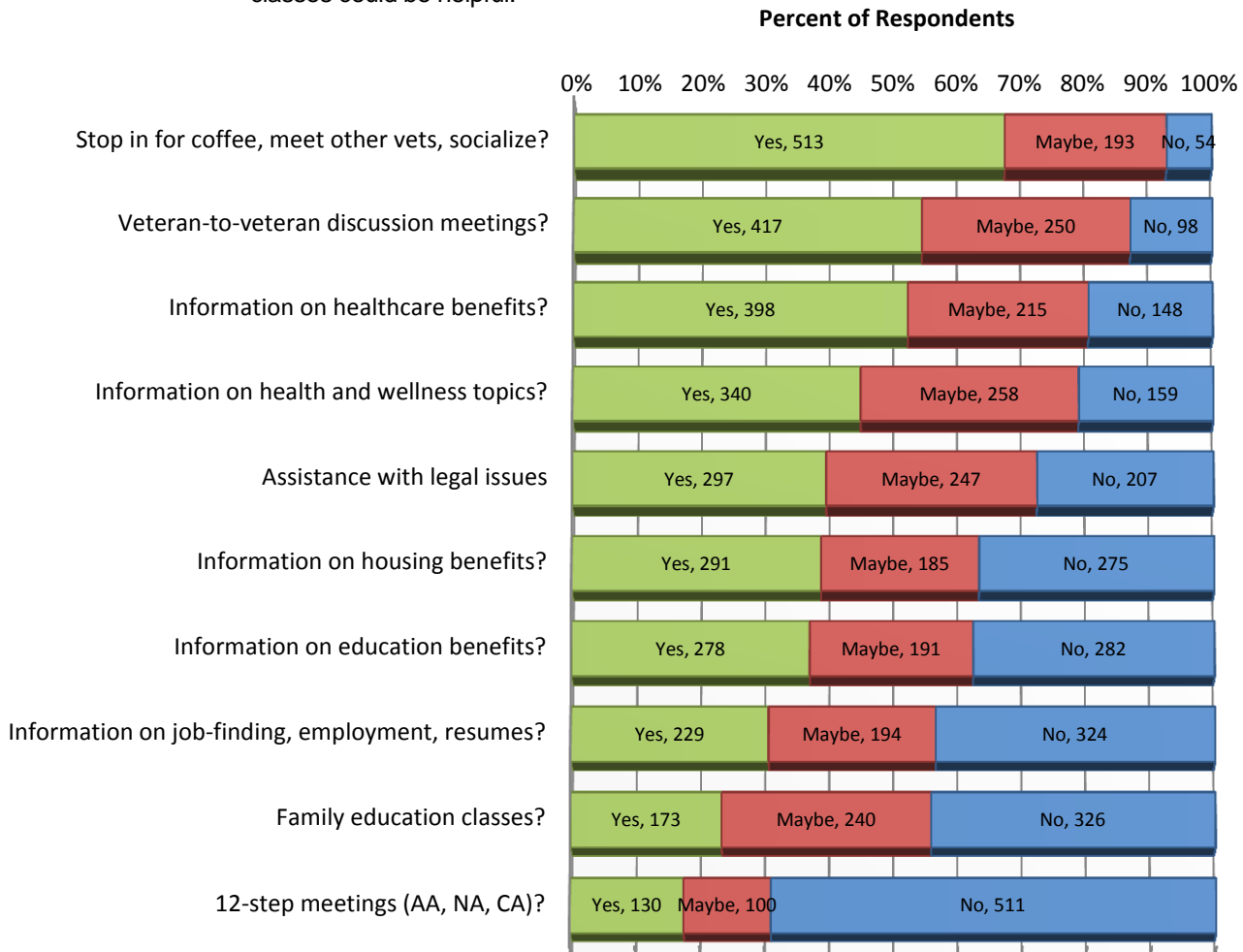


Figure 17: Number (inside bars) and percentage of responding veterans who feel that the programs listed would be beneficial at DryHootch.

Survey respondents were also given space to write in their own ideas for DryHootch. Over 157 participants offered their ideas, some of which included:

- Live music or the “Guitars for Vets” program piloted in some VA hospitals
- Volunteer work therapy programs
- Female veterans available to help other female veterans, or even a female veterans conference (mentioned several times)
- Donation/loan/exchange program for medical equipment
- Temporary housing program for homeless veterans (mentioned several times)
- Mentor-led readjustment programs for returning veterans
- Assistance for families transitioning back to civilian life, including marriage counseling
- Programs for veterans from the gay, lesbian, bisexual, or transgender (GLBT) community (this was mentioned several times)
- Something to drink other than coffee (such as tea or soda)
- A transportation service for veterans who can no longer drive (mentioned several times)
- Assistance with understanding and applying for disability benefits
- Be open during the evening when many veterans might be tempted to drink
- Outreach programs for veterans confined to their homes
- Places for children to play
- A place to bring dogs with water provided
- Alternative medicine clinics
- Family-oriented picnics, campouts, or other activities such as group trips to a Brewers game (mentioned several times)
- Suicide prevention programs
- An internet café setting

Future Locations

Since most of the veterans surveyed were from Wisconsin, the great majority of participants asked to see a DryHootch base established within the state. Florida, Michigan, and Texas were the next three most commonly voted locations.

Within Wisconsin, the city of Milwaukee received over 70 votes, Madison received 60, while Green Bay, Waukesha, and Racine followed with 13, 12, and 8 votes (respectively).

Comments About the Survey

140 people also offered comments and advice concerning the survey itself, including the format of the survey and the questions asked. Some of their comments included:

“Some of the questions could be aimed at older vets and our needs.”

“I think it (DryHootch) would be a great idea!”

“Nice work!”
“Not enough focus on dependents.”

“User-friendly and well designed. Thanks!”

“Too many absolute answers and not enough ‘maybes’.”

“This (survey) gives me hope. I am only allowed to go to one vet center and there are not enough events that promote enjoyment.”

Survey Summary

Lessons Learned

As stated in the introduction, the purpose of this survey was to assess the attitude and needs of veterans who would utilize DryHootch. The survey received plenty of input and provided a good representation of veteran's needs.

Some of the most important lessons applicable to the expansion of programs at DryHootch include:

1. Most of the interest in DryHootch is currently concentrated in the Wisconsin area. Efforts to expand DryHootch should continue to be focused in the Wisconsin region. The data also suggest that there may be some interest in adopting DryHootch approach and/or brand through Chapter agreements by veterans in other states. As veterans in other regions of the country become interested in taking part in DryHootch program, a reassessment should be done to find where interest lies.
2. Many of the veterans responding to the survey served during the Vietnam era. Although fewer respondents served during the Gulf War and/or Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) eras, their responses also comprised a significant portion of the data received. Thus, an equal focus should be placed on Vietnam veterans and the younger veterans returning from Iraq and Afghanistan.
3. The main population utilizing the Veteran's Affairs hospitals are veterans from the Vietnam and Cold War eras. The medical needs for this group are clear, but it may also be important to have an informational program and/or a VA hospital benefit consultant who can assist younger veterans understand and apply for the VA benefits.
4. Most veterans reported that their main needs are health-related, including medical and dental care. An emphasis on VA hospital benefits and a partnership with a community-based healthcare provider (i.e. local primary care doctors or dentists) might be beneficial to DryHootch members, while also providing an important way of educating non-VA health providers about the needs of veterans.
5. Most veterans seemed to appreciate the idea of DryHootch mainly being a place to visit and socialize with other veterans. This suggests that de-emphasizing programming designed to address specific health or mental health problems may be a more effective approach to encouraging participation and reintegration with civilian life.
6. Peer-to-peer counseling was most popular among veterans aged 31-50. Peer counselors within that age range or slightly older might be able to provide the most valuable advice as a mentor to younger veterans.