

# Connecting Veterans Across Our Community

An integrated report of what veterans, veteran families, and service agencies need to ensure all veterans get the services they deserve.

This report details findings from two surveys conducted under the auspices of the Wisconsin Veteran Health Coalition.





## WHY IS THIS IMPORTANT?

There are more than 1.4 million Americans serving in the armed forces and 22 million veterans. 8% of our country's population either served in the military or is currently serving.<sup>i</sup> In the years since the start of Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom over 2 million children have been affected by the deployment of a parent. 30,000 of these youth have had to cope with the loss or injury of a parent as well as the struggle of living in a single family household during deployment.<sup>ii</sup> With growing numbers of individuals and families being touched in some way by deployment and conflict, it is vital that resources are available to not only veterans returning home but to their families during all stages of their deployment cycle. Certain community based organizations (CBOs) have tailored services to try and meet the need of veteran families. Some of these organizations include Dryhootch, Wounded Warrior Project, Camp COPE, Blue Star Families and many more.<sup>iii</sup> Research shows that a small number of families are utilizing present resources, government funded as well as not for profit, and aims to find out why. Not only is it important to see what stands in the way of using these resources, but through the understanding of these conflicts, community based organizations can implement more focused efforts to overcome these obstacles and reach more families to provide much needed support and guidance.

### Community Based Organizations:

- Dryhootch
- Heat for Heroes
- American Legion
- Veterans of Foreign Wars
- Camp COPE
- Wounded Warrior Project
- Blue Star Families
- USO
- Fisher House
- Disabled American Veterans
- Pets for Vets
- Charity Watch
- Operation Homefront



## WHERE DID THE DATA COME FROM?

This project started in Fall of 2016 with many discussions about what data we would collect and how we were going to reach veteran families. We met with community members, non-profits starting family centers, VA physicians, and county veteran services officers. We decided that we would put together a survey that asked families about their relationship with their veteran, evaluated their use of CBOs, barriers that stood in their way, their level of caretaker burnout, and how they felt non-traditional families are treated at CBOs. We distributed the online survey using county veteran services officers (VSO) as a liaison between ourselves and the families they serve. The survey link and a letter to the family was sent to each VSO in the state and they distributed the materials via the info they have for each family in their county. All the survey information was collected online anonymously.



This work builds on a prior survey of community based agencies interested in providing services to veterans initiated by the Veteran Health Coalition (VHC). The VHC sent emails to a wide range of non-profit, healthcare, and business groups requesting that a single representative from each agency respond to questions about how they are currently interacting with veteran clients, areas where the agency would like to grow or change its veteran specific services, and barriers to providing community wrap around services for veterans and their families.

Both of these surveys used trusted advocates with access to email listservs and snowball approaches to increase participation. These efforts were not undertaken as formal research, but rather intended

to begin to establish a general understanding of community assets and needs for veterans and their families in Wisconsin.

## AUTHORS AND ACKNOWLEDGEMENTS:

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- VA hospital
- Veteran County Service Officers

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ADVANCING A HEALTHIER  
WISCONSIN ENDOWMENT

## SECTION 1: WHO RESPONDED?

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### VETERAN FAMILIES-DEMOGRAPHICS

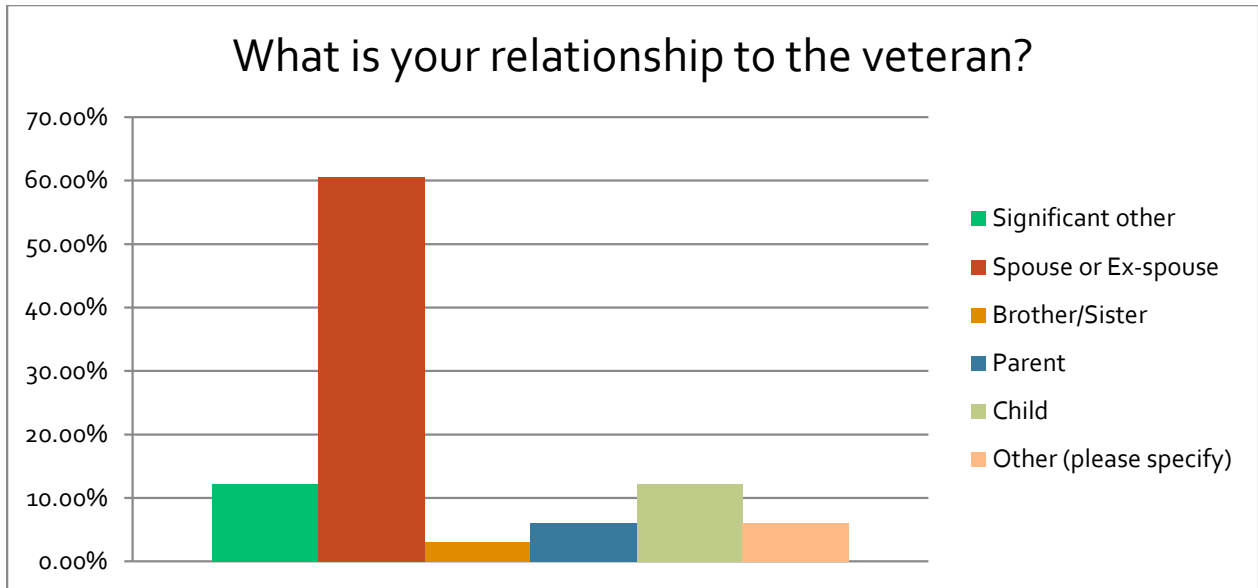


Figure 1

We received 33 completed surveys from the state. Respondents were 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. Respondents had to be family members or significant others of veterans and any surveys completed by veterans had to be discarded. “Other” responses included brother in law and people who fit into more than category. The majority of respondents were females older than 60, which fits the veteran population in this area.

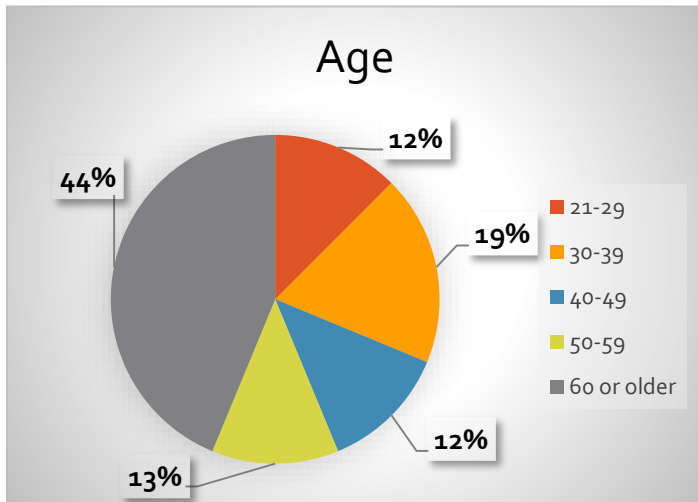


Figure 2

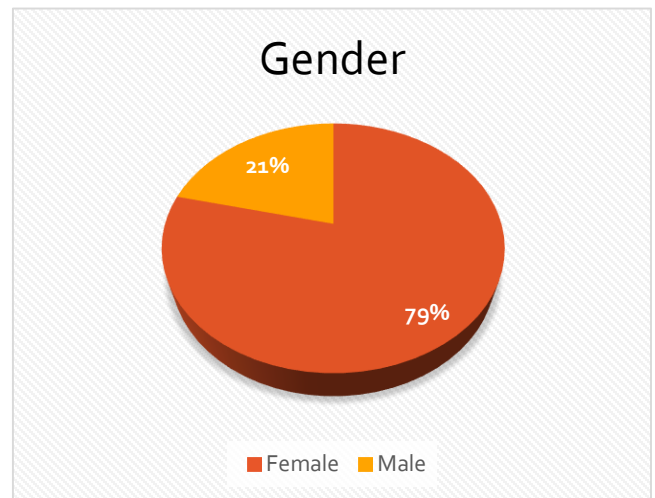


Figure 3



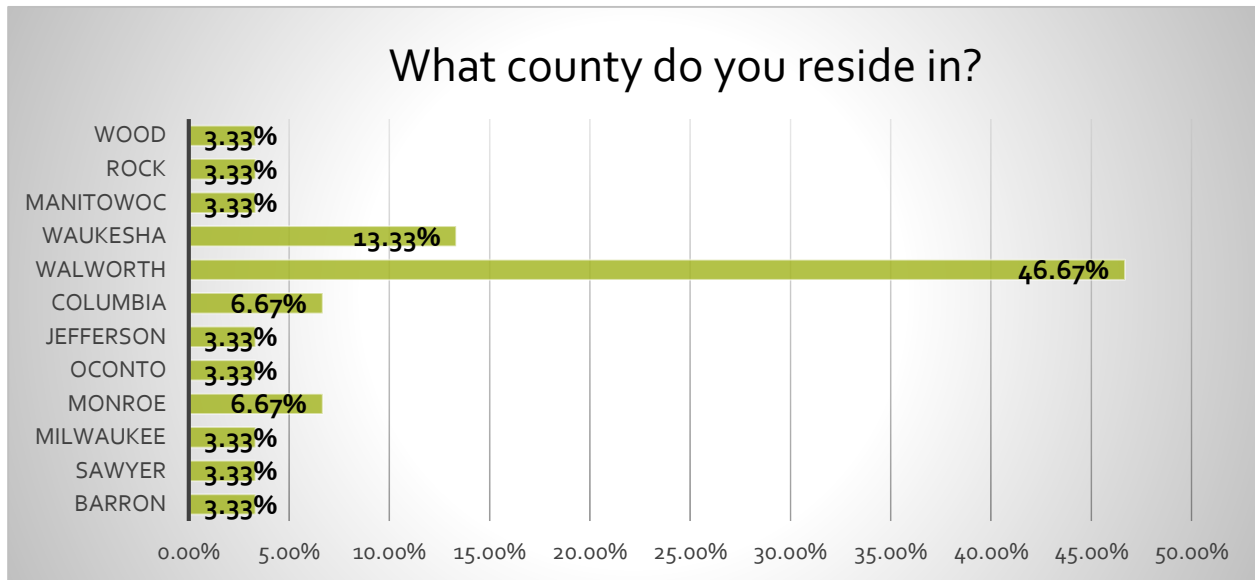


Figure 4

We were interested in finding out if veterans in different counties were having different experiences with CBOs and what services they needed. This was especially important given our relationship with VCSOs in gathering data. This data not only shows where veterans who answered the survey come from but it also gives great insight into which VSOs have the greatest amount of veteran family data and the involvement of veterans families in regards to obtaining services.

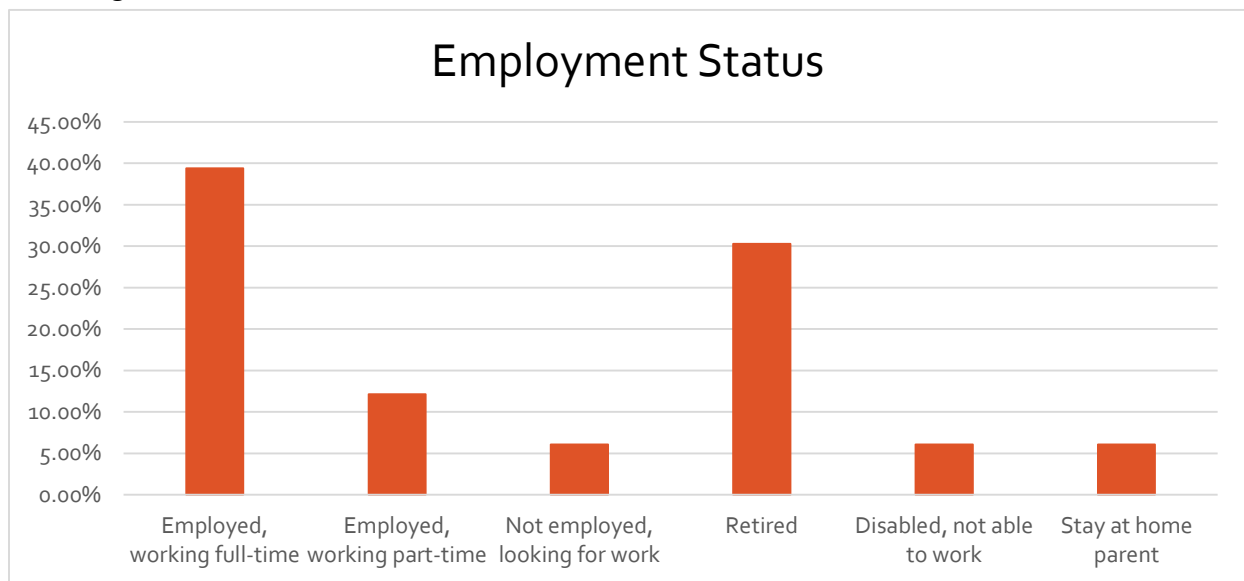


Figure 5

Figure 5 brings context to the potential services that families need. This shows that most families are either employed full time or retired. Resources centered on finding jobs might not be very useful for the families in this area because they already have job security.

## VETERAN FAMILIES

### Marital Status

Spouses of veterans and veterans themselves are more likely to divorce or have marital concerns than the civilian population. This translates to increased need for family resources in multiple ways. Adult couples may need marriage counseling for marital struggles or may need extra help with a disabled or sick spouse. The following figures and data only pertain to respondents who answered that they are romantically involved with their veteran. Our population had a high rate of marriage but 1/3 of respondents are either divorced or their veteran is divorced, which supports data regarding divorce in veterans.

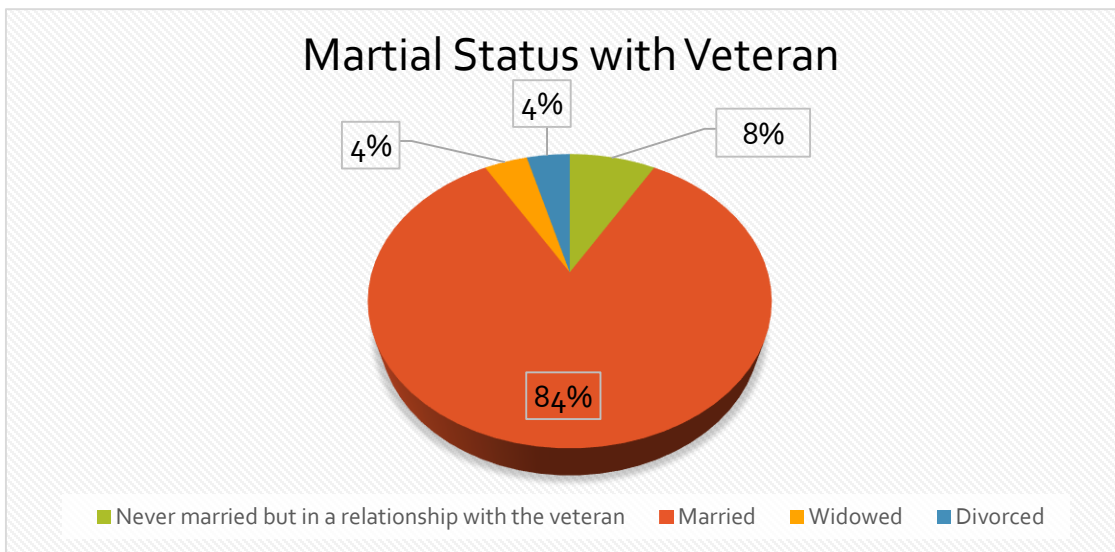


Figure 6

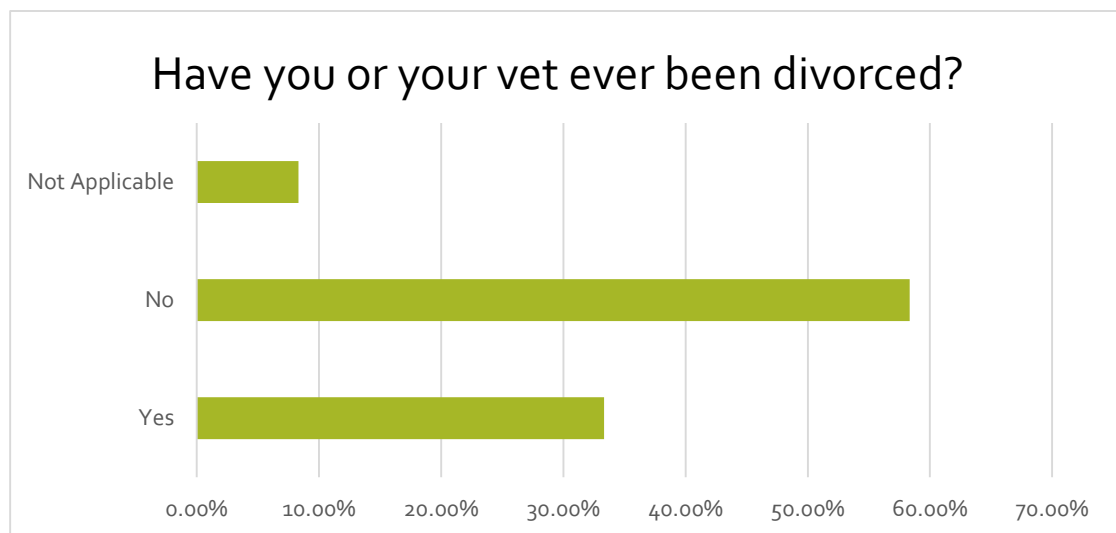


Figure 7



## VETERAN FAMILIES

### Children and Family Structure

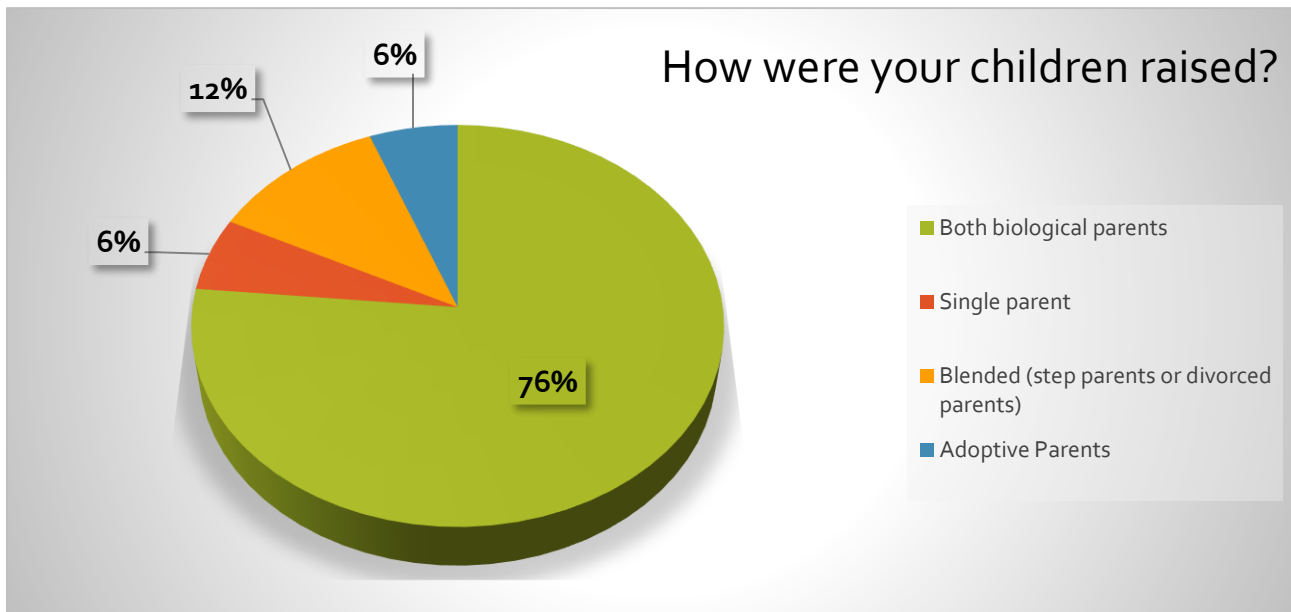


Figure 8

70% of our respondents have children with their veteran and most of these children were raised with both biological parents.

We hypothesized before starting this project that there would be an increased amount of non-traditional family structures within our veteran family population. Most of these occurring because of the higher amount of divorce and remarriage. Figure 8 shows that are varying amounts of family members considered to be in a family unit. Having 2 family members being the most popular is most likely from the large amount of people older than 60 whose children have moved out.

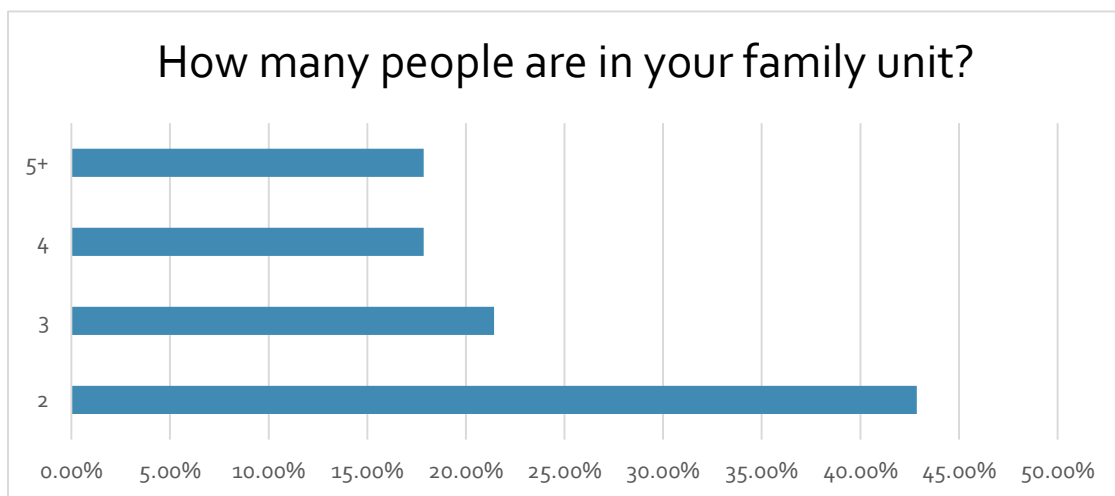


Figure 9

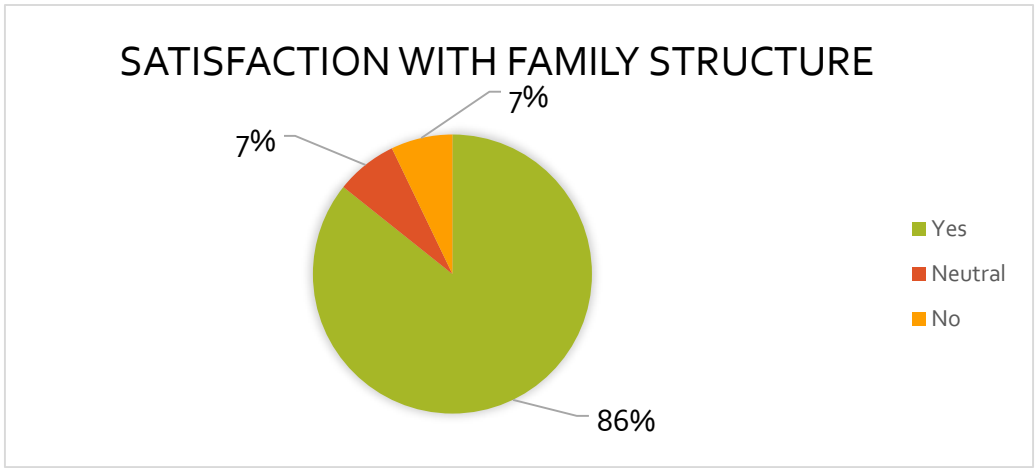


Figure 10

Figure 10 shows that most families are satisfied with the family structure they have. 82% of families feel that the structure they have raised their family in has not had a negative impact on their life.

Another facet of our research wanted to address how non-traditional families feel at CBOs. If CBOs are catering to a population that is more likely to have non-traditional family structures, than it is vital that these types of families feel comfortable at CBO events and utilizing resources. We were surprised by the amount of participants who are neutral or feel that CBOs do not support non-traditional families. This could be an underlying factor in the small amount of turn out in family events held by CBOs. If children or parents feel that they are being judged they are significantly less likely to want to interact with others.

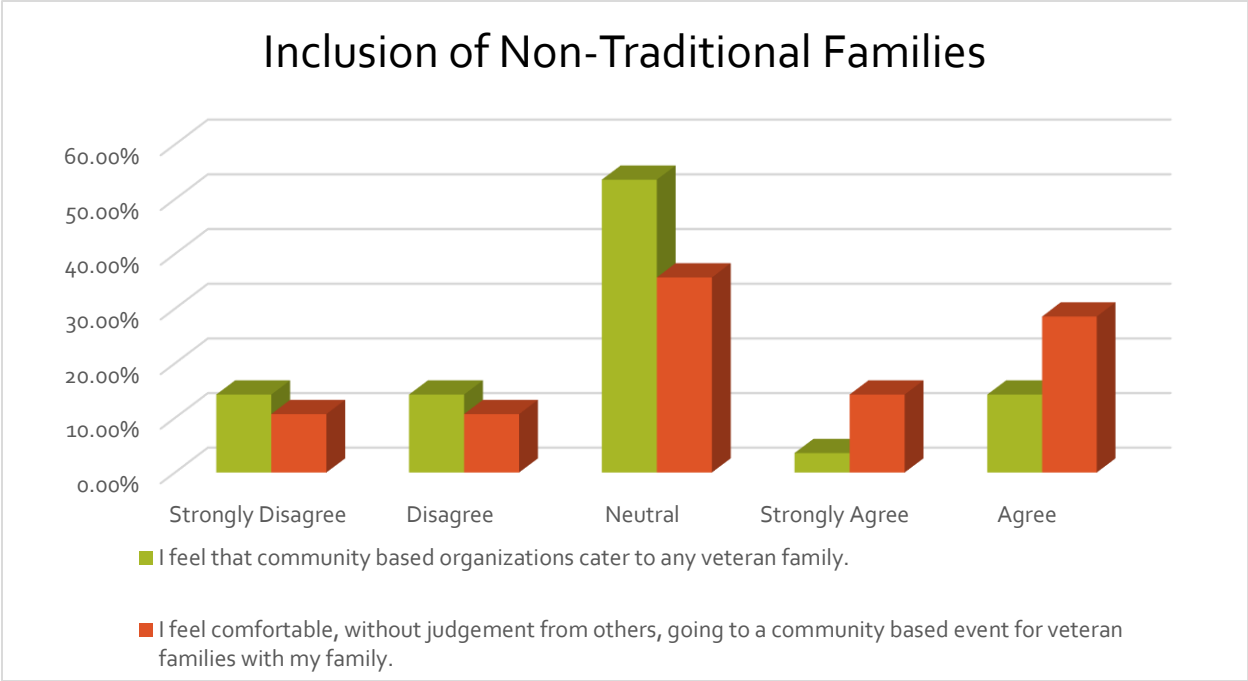


Figure 11

## SECTION 2: CBO USAGE

### HOW DO FAMILIES VIEW AND UTILIZE CBOS?

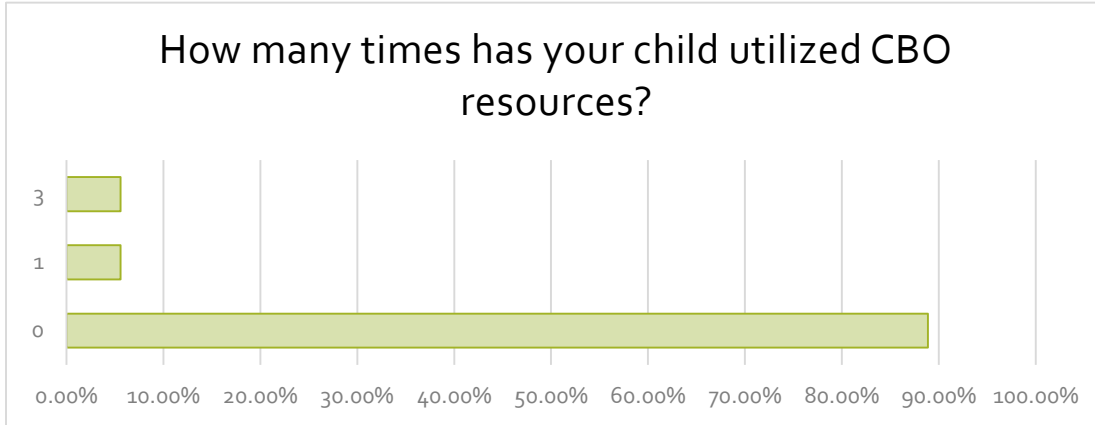


Figure 12

Most families have not taken their children to a CBO event. Data after asking respondents whether they had attended a CBO or used their resources had a similar trend as utilization by children. The exception to this similarity was that we did have a few respondents that had attended 4 or more events.

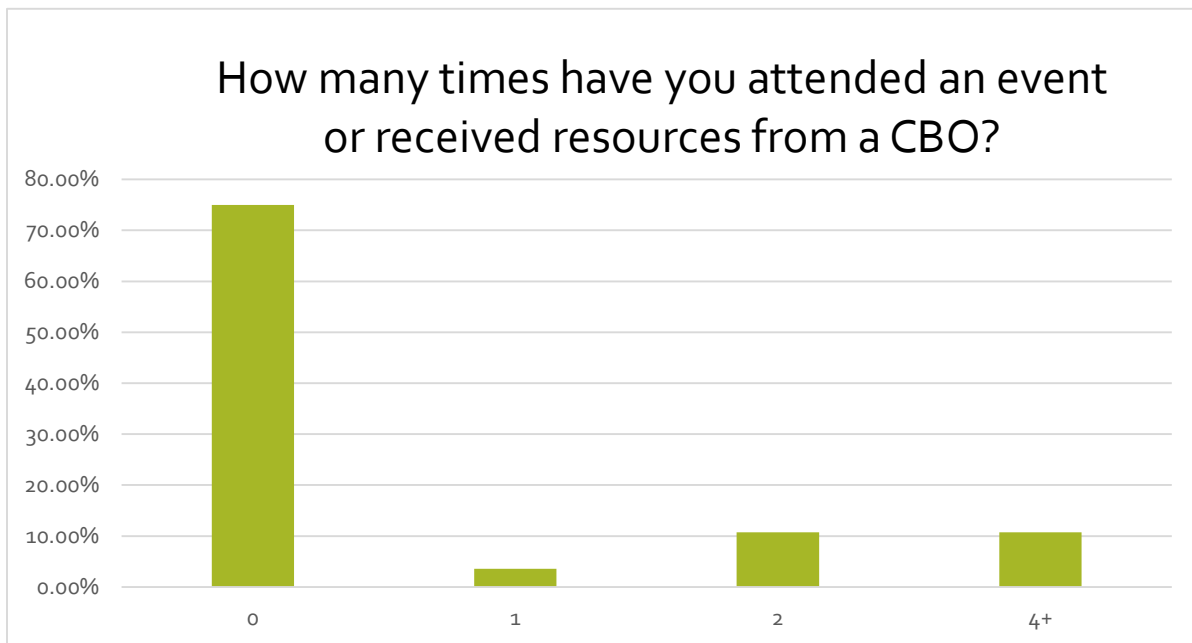


Figure 13

Educational  
Resources

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*"What resources does your child  
need?"*

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Counseling

## WHAT ARE THE BARRIERS TO CBO USE?

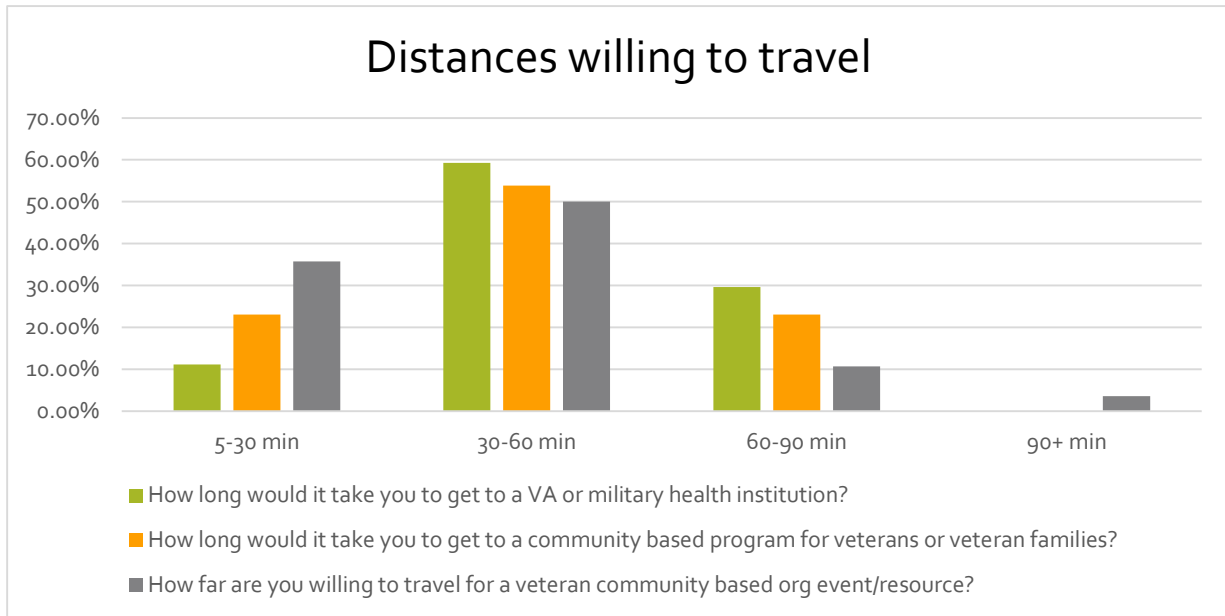


Figure 14

At the beginning of this project we hypothesized that veteran families were not utilizing CBOs because of time and transportation difficulty. What we found was that people are willing to travel farther for CBO events and resources which was surprising to us (Fig. 14). About 57% of our respondents receive consistent VA services, which means half are commuting to the VA no matter how far. We hypothesized that people were not using CBOs because their resources were mostly in larger cities and most of Wisconsin veterans and families live in rural communities, making it harder to get to CBO events. The data is slightly skewed in regards to the geography of where most of the respondents are living currently. Most are not in Milwaukee County which may explain why there is a small population who travel longer to a CBO event.

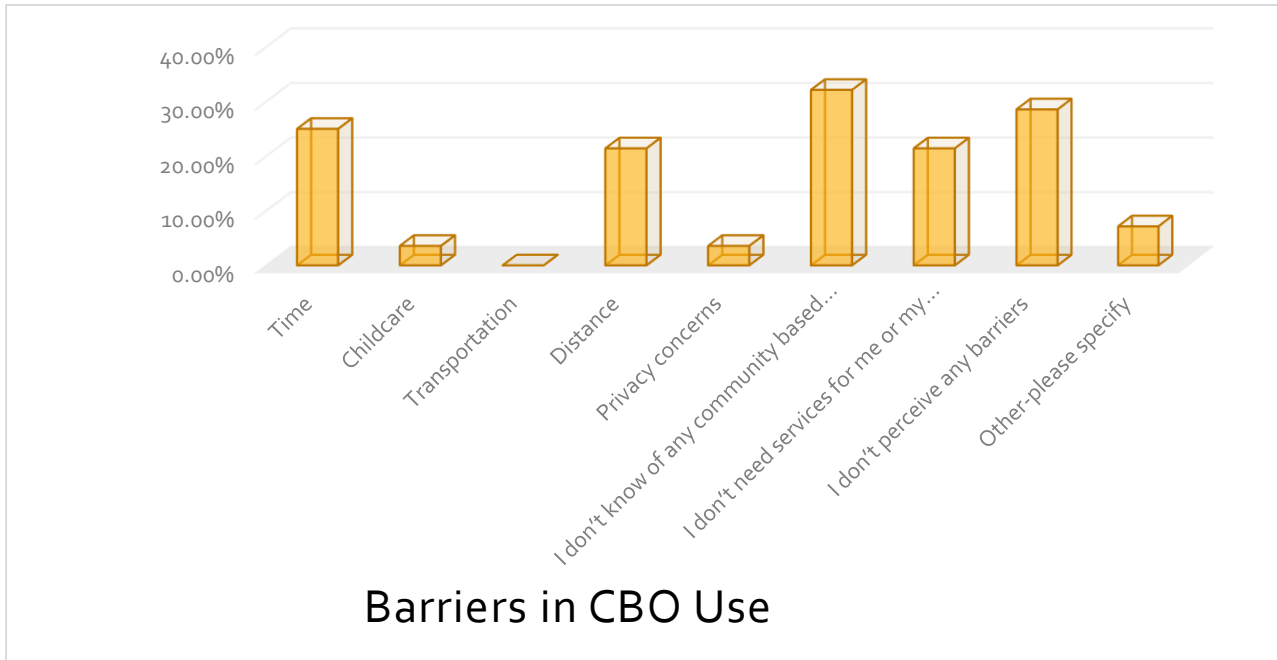


Figure 15

We were surprised at how many how many people responded that they do not know of any resources in their community (Fig 15). This information goes against our hypothesis that time and distance were the greatest barriers in CBO use. In further exploration of this barrier we asked families if they know where to find other community resources. The majority of people responded that they didn't agree or disagree with the statement. 39% of respondents agreed to some degree, contrasting Fig 15. To dig deeper into this contradicting information we asked about respondent's recognition of national organizations (Fig 17).

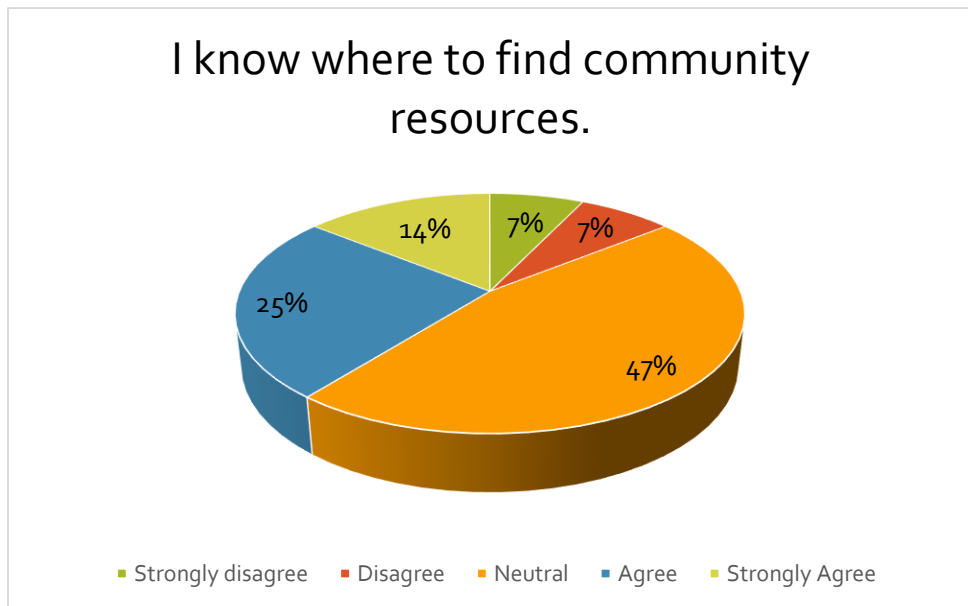


Figure 16

## ORGANIZATIONS YOU HAVE HEARD OF BEFORE

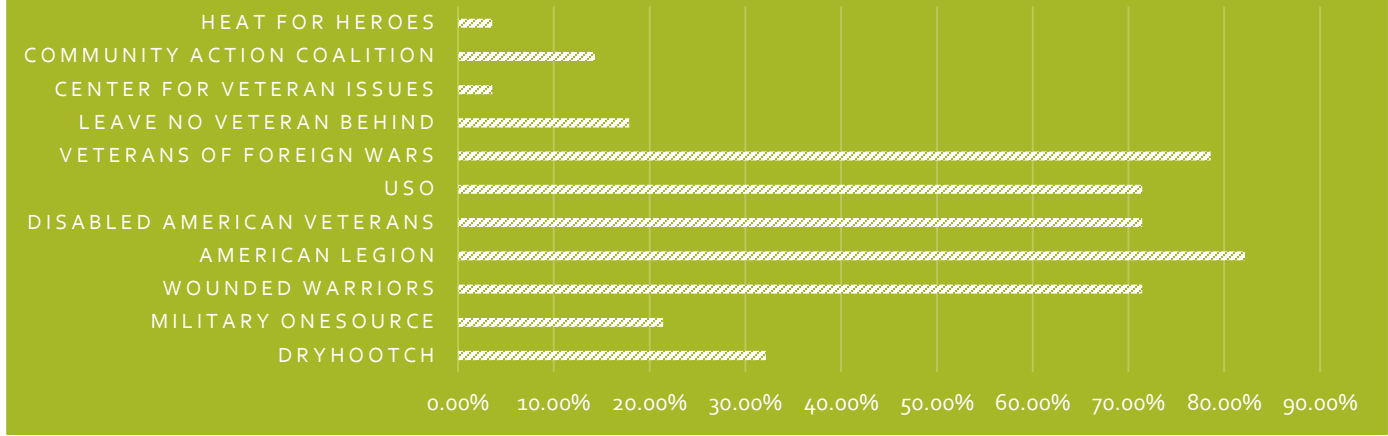


Figure 17

Fig. 17 lists common organizations on a national level and the percentage of respondents who have heard of them before. This data helps to prove that families are less knowledgeable about organizations in their own community, but recognize national organizations. It has become apparent, that one of the biggest barriers in recruiting and reaching veteran families is getting them the information about what is available to them. In trying to remedy this problem we asked about how they had heard about the previous national organizations they are familiar with (Fig 18).

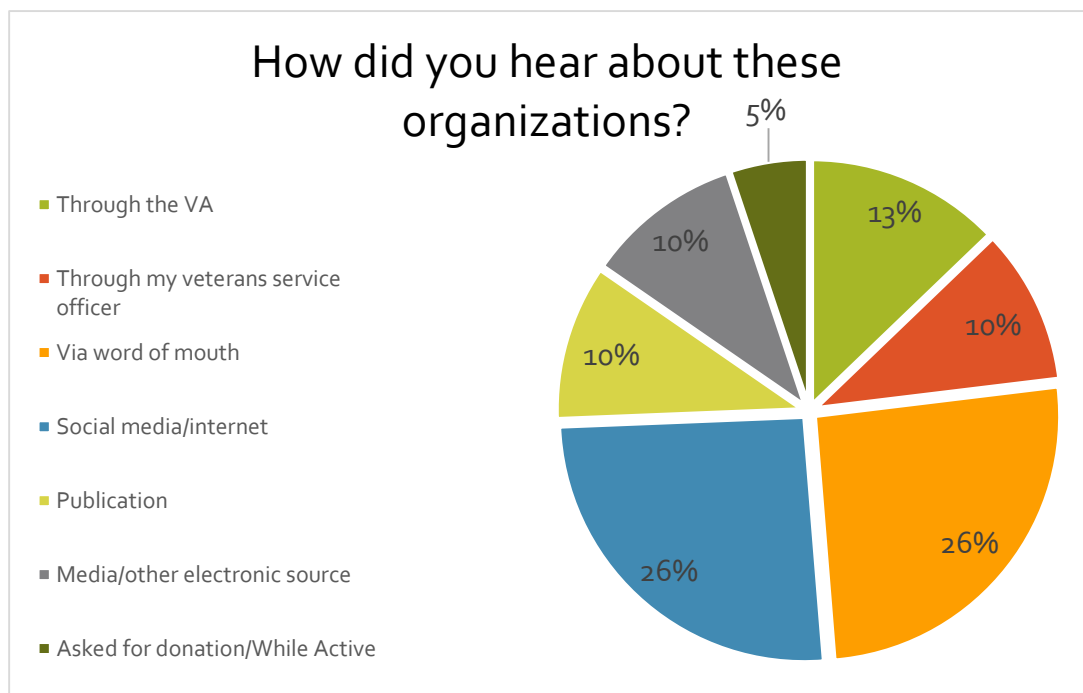


Figure 18



## SECTION 2: CBO USAGE

WHAT RESOURCES DO VETERAN FAMILIES NEED?

Mental Health  
Counseling

Fellowship

Parenting  
Classes

Breaking of  
stigma related  
to asking for  
help

*"What services do you need?"*

Accurate VA  
info

Stroke support  
groups

More in Walworth  
County for  
children of female  
veterans

Anything - as soon as I got divorced almost nothing was extended to me and my kids. The emphasis is on intact families of veterans not the ones who are divorced or broken.

## SECTION 3: DO FAMILIES EVEN NEED RESOURCES

### ARE WE TRYING TO FIX A PROBLEM THAT DOESN'T EXIST?

An underlying concern we came across during this research process was the question of whether we are trying to fix a problem that people may not need fixing. We tried to evaluate the need that people have for resources in a way that was both overt and covert. In a previous question about barriers (Fig 15), 20% of families states they do not need resources. To objectively determine need of families, we added a section of questions in our survey to determine caretaker burden and well-being. 70% of our respondents stated that their family member's previous military career affects their daily life. 40% of families have a veteran that has been diagnosed with PTSD or a mental health concern and 25% have suffered a life altering physical injury. 75% of these veterans have not received care for their PTSD and 57% receive consistent VA services. This leaves a lot of caretaking responsibilities on families and the potential for secondary trauma and burnout.

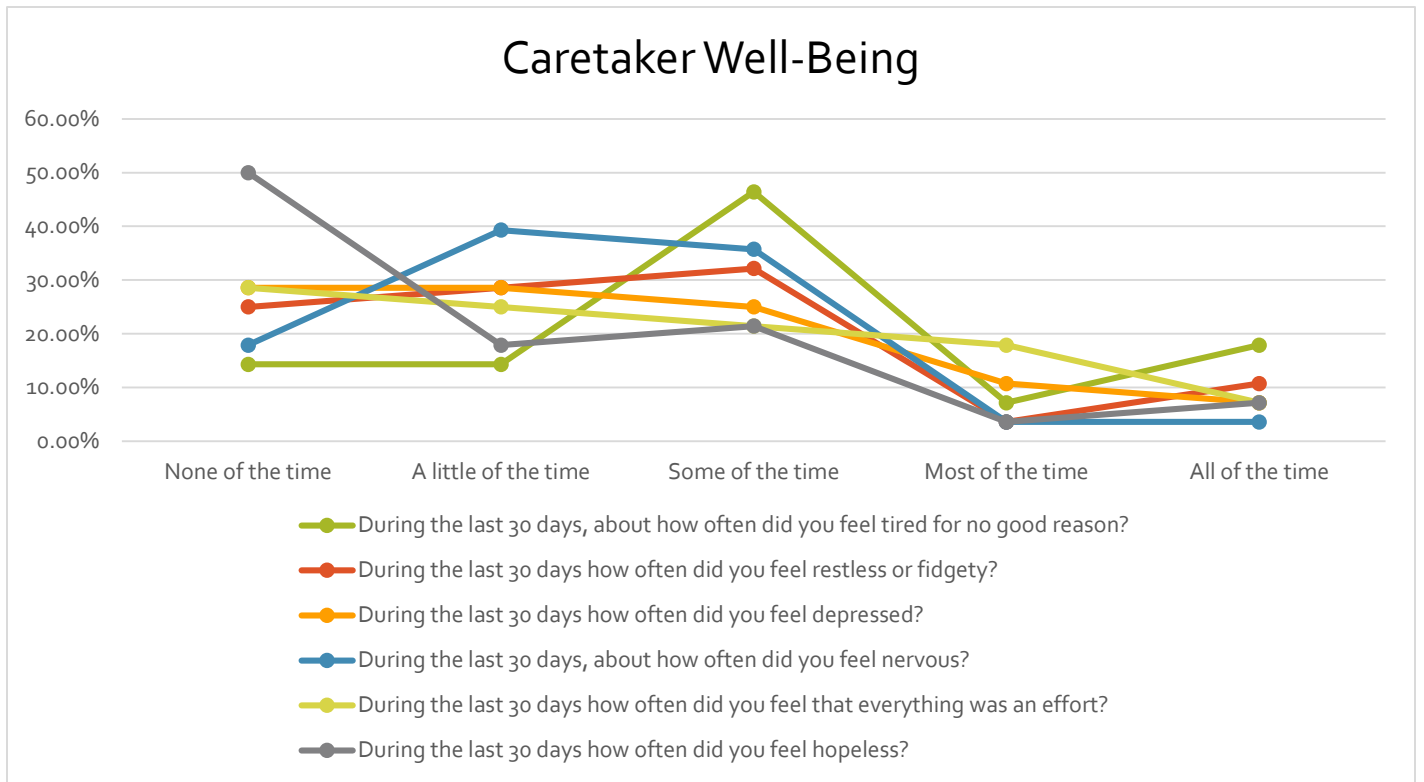


Figure 19 Adapted from Kessler Psychological Distress Scale

Our respondents showed varied responses in relation to their personal well-being. The trend of data shows higher ratings in somatic symptoms like fatigue, restlessness and increased effort. Family members demonstrated lower ratings in measurements of hopelessness and nervousness. This data trend suggests that our respondents do have some symptoms of mild depression and fatigue. The previous data showing that 20% of respondents feel they do not need resources (Fig 15) is concerning in regards to providing resources for those who need it most. Some families may be experiencing a greater rate of somatic symptoms and not classic symptoms of depression or burn out. This means we may need to cater more resources geared towards somatic complaints and screening those who may be at risk for burnout based on those symptoms.

## SECTION 4: SURVEY 2 - VETERAN HEALTH COALITION

### THE VIEW OF THE COMMUNITY

To correlate the information we received from veteran families we administered a survey to those organizations providing on the ground services to veterans and their families. This survey had a wide range of respondents. Figure 18 shows a sampling of who took the survey. "Other" answers include County Veteran Service Officers, advocacy groups, accounts payable, and professional organizations for therapists.

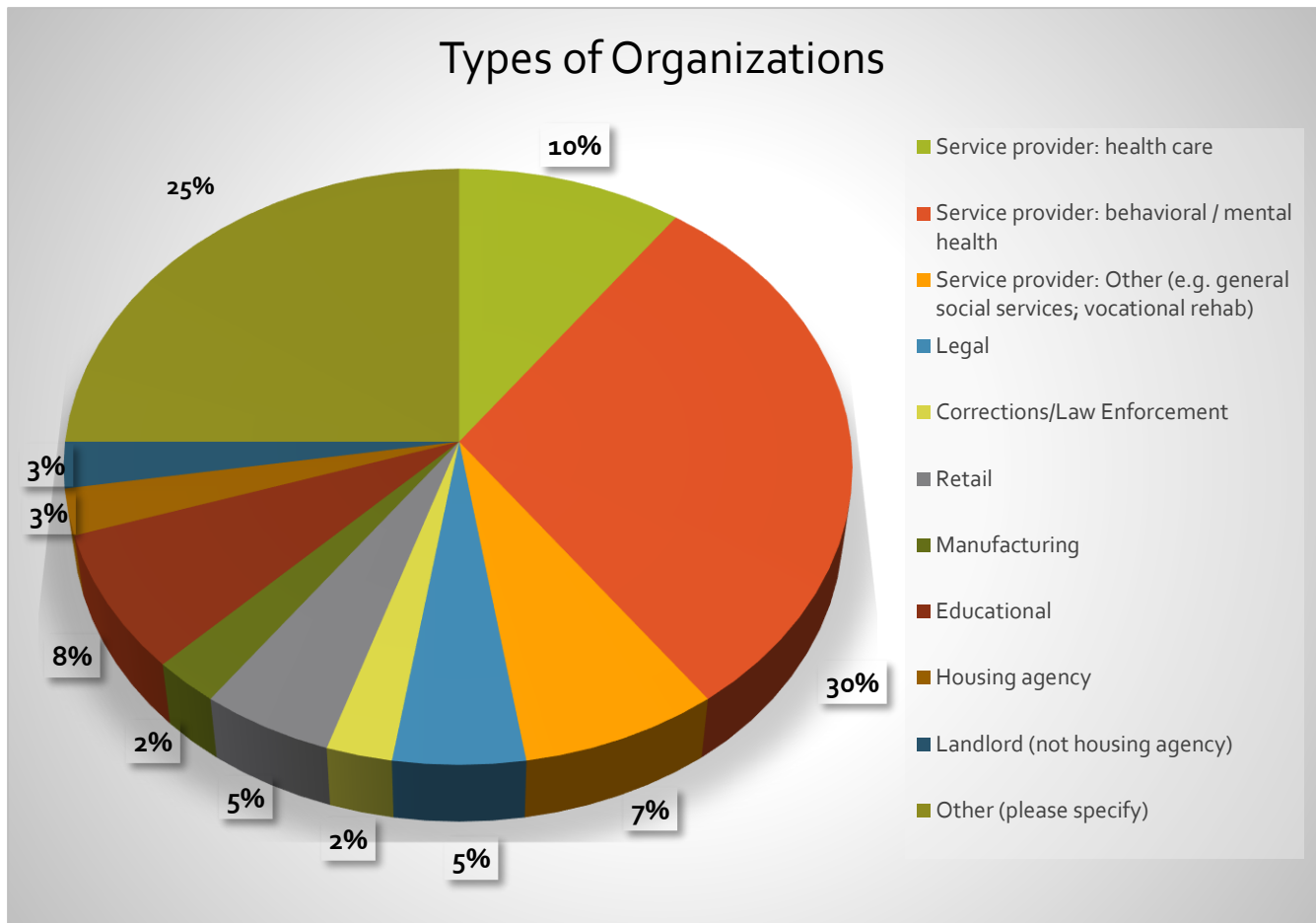


Figure 20

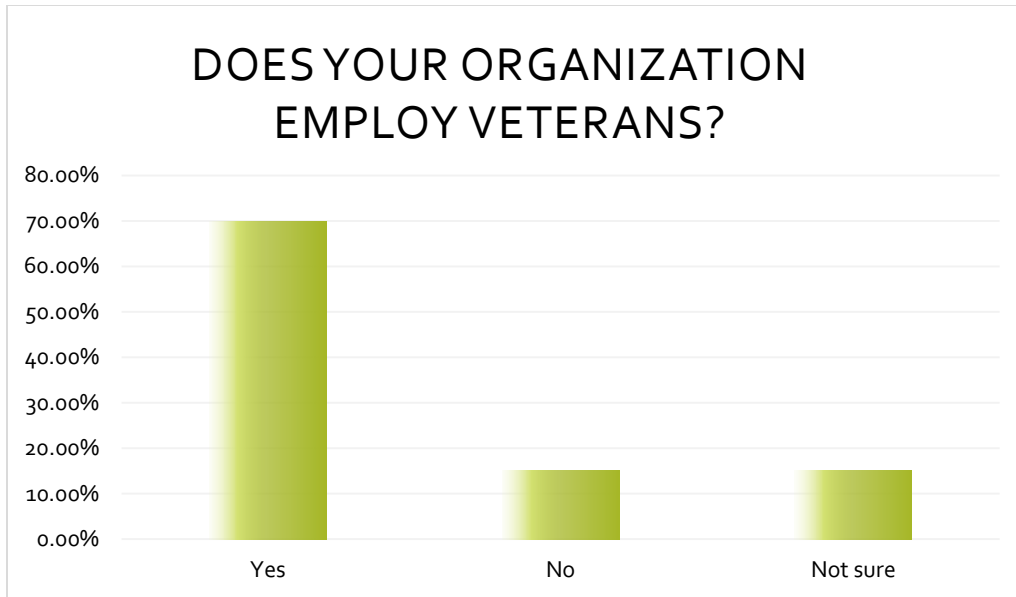


Figure 21

The veteran's health coalition survey aims to gather more information on organizations in our area in order to bridge the gap between veterans and services. Through the data in figures 21 and 22 we are able to see that a majority of the organizations who responded both employ and serve veterans.

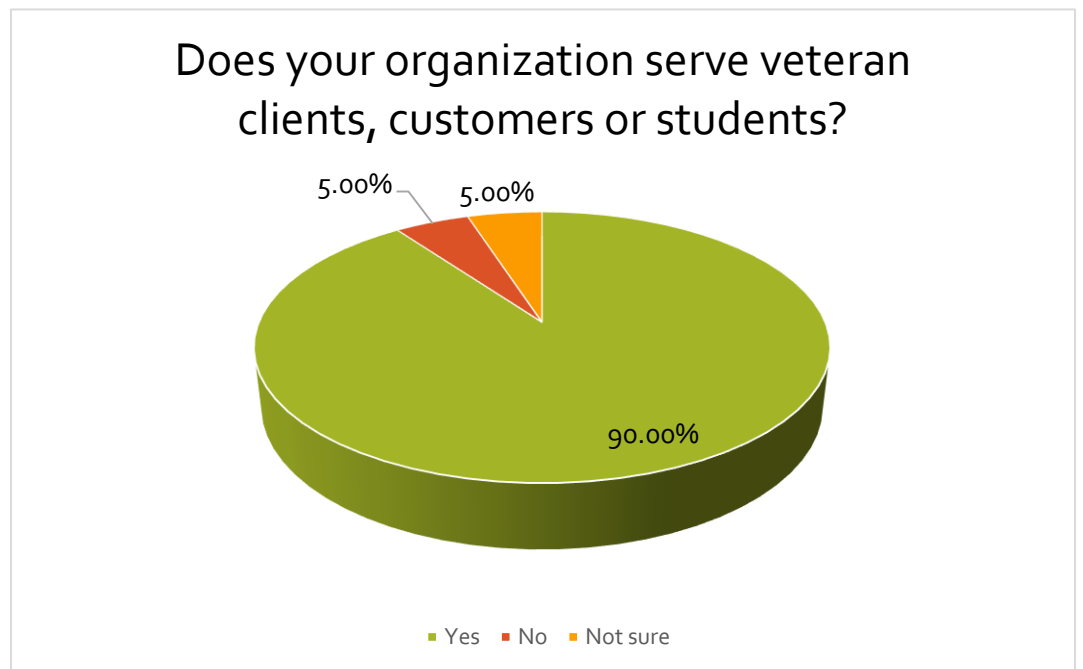


Figure 22

## What factors does your organization consider to define veteran status?

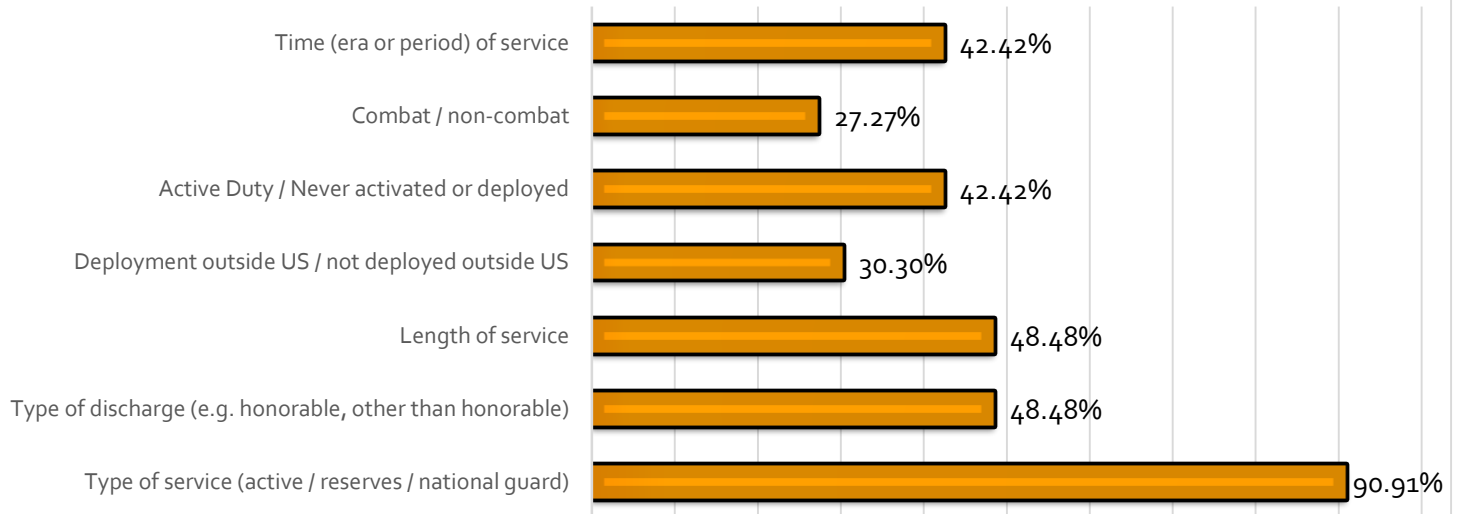


Figure 22

To understand the business model and thought process behind the organizations responding in our area it is vital that we understand their definition of veteran. This area can provide a major discourse between veterans and families seeking resources or products and the companies providing them. If a veteran or loved one defines themselves as a veteran based on one criteria and organizations are not meeting them at that criteria we have the potential to portray an exclusive outlook to the type of service we define a veteran by. The downfall if this were to happen, is missing portions of veterans that need services who do not fit neatly into a box that we have constructed to determine status. The figure below also lends itself to the discussion of determining veteran status and if an organization even provides a screening protocol to determine this.

## Does your organization screen for veteran status as part of application / in-take process?

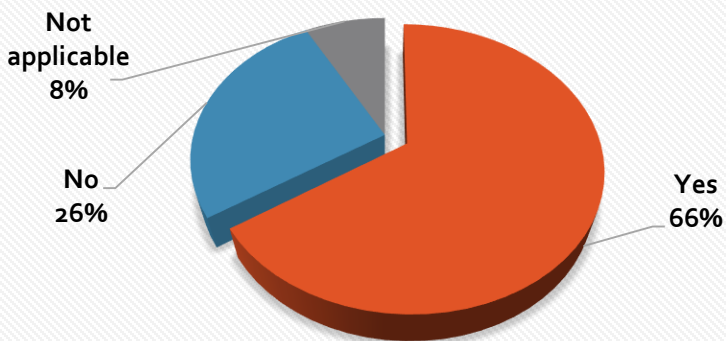


Figure 23

**WHAT IS THE VIEW OF THE COMMUNITY?**

*Does your organization engage in any specific activities to attract veterans or their families?*

<b>Legal Services</b>	<b>Mental Health</b>	<b>Job Support</b>	<b>Other</b>
Bi weekly legal clinic	Veteran specific groups at rogers	Veteran preference to job applicants	Veteran and family ticket discounts
Semi Annual Stand Down	Art Therapy	Set up booth at job fair	Newspaper, radio, and TV news database
Annual Legal clinic at VA	Requesting referral of female veterans from VA	Host veteran job fairs	VA benefits videos
	Screen for veterans who need AODA treatment and peer support		



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WHAT IS THE VIEW OF THE COMMUNITY?

Peer Support: a resource for services for Veterans and families of Veterans.

We work with landlords/property managers on behalf of our clients to have them housed.

Education Assistance

Retreats for veteran families

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*What do you offer specifically for families?*

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Database lists with resources targeting veterans and their families

Individual and family counseling

We can provide referrals for art therapy

Partner with Dryhooch to support iPeer grant and Family Center.

Are there any veteran-related topics that your organization is interested in learning more about?

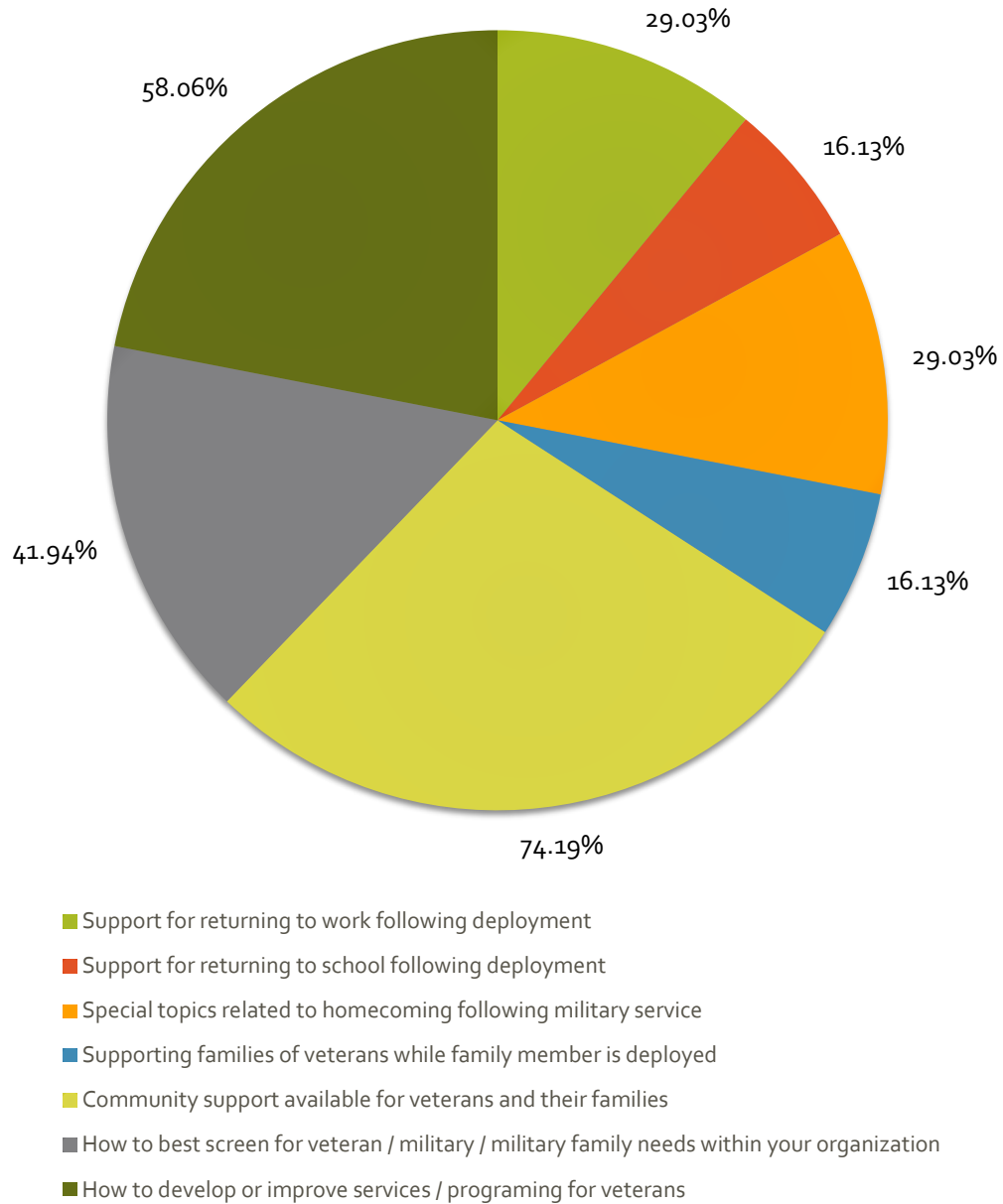


Figure 24

## EXECUTIVE SUMMARY

### WHAT HAVE WE LEARNED FROM THIS PROJECT?

- **90% of children and 75% of adults** have never attended a CBO event or utilized resources from them.
- The largest barrier in CBO use is **lack of knowledge about CBOs**. 40% of people state they know where to find community resources but 30% listed no knowledge of CBOs in their area.
- In evaluation of the recognition of nationally known organizations, respondents listed **social media and word of mouth** as the most popular ways of receiving information.
- **50% of non-traditional families do not feel comfortable** at CBO events.
- We were able to gather a diverse list of resources that **families state they need**, this can help shape what type of resources we can be providing and what type of events we should be holding. We were able to contrast this with a list of **resources that veteran organizations are already offering**.
- Caretakers of veterans are complaining of **greater somatic symptoms versus emotional symptoms when asked about well-being and burnout**. We can tailor caretaker burnout screening to look for more somatic symptoms and provide more tailored resources to the 20% of respondents that state they feel they do not need resources.

## POLICY CHANGES

### HOW DO WE MOVE FORWARD WITH THIS DATA?

- **Provide more resources and funding on promotion of CBOs.** Families stated that lack of knowledge was the biggest factor in not utilizing CBOs.
- **Tailor events and resources to target specific areas of concerns for veteran families.** Families used free text boxes in this survey to list areas they feel need more resources. By shaping programs and resources to fit these needs we are more likely to reach more people and support them in what matters most.
- **Acknowledge, support, and work to provide resources for non-traditional families.** Veteran families are more likely than the civilian population to have nontraditional families. Our data shows that these types of families do not feel comfortable in the current climate of CBOs.
- **Create a standardized screening protocol** that assesses caretaker well-being and burnout. We know that families are suffering from somatic symptoms and the sooner we can intervene in caretaker burn out the less likely families will suffer from secondary trauma.

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<sup>i</sup> Chalabi, M. What Percentage of Americans have Served in the Military? *Datalab*. 2015. Available at <http://fivethirtyeight.com/datalab/what-percentage-of-americans-have-served-in-the-military/>. Accessed April 23, 2016.

<sup>ii</sup> Becker, SJ, Swenson, RR, Esposito-Smythers, C, Cataldo, AM, Spirito, A. Barriers to seeking mental health services among adolescents in military families. *Professional Psychology: Research and Practice*. 2014;45(6):504–513. doi:10.1037/a0036120.

<sup>iii</sup> Give Back: Military-Focused Charities & Associations. *MilitaryOneClick*. 2013. Available at: <http://militaryoneclick.com/give-back-military-charities/>. Accessed May 2, 2016.