

Southwest Alabama Veterans Needs Assessment

Understanding the Needs of Veterans and their Families

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Acknowledgements

The South Alabama Veterans Needs Assessment (SAVNA) was made possible by The Community Foundation of South Alabama who, as part of its Veterans Initiative, contracted with the University of Alabama's School of Social Work to conduct the study.

First and foremost, we thank the many veterans and family members from the Southwest Alabama community who took part in this study, giving their time and energy to improve the lives of veterans and their family members. We also need to express gratitude to the many community and veteran organizations throughout Southwest Alabama who provided encouragement and support for the study.

Additional thanks are extended to Drs. Carl Castro and Sara Kintzle with the University of Southern California School of Social Work Center for Innovation and Research on Veterans and Military Families for giving us permission to use the survey they have developed and refined for The State of the American Veteran studies they have conducted. Their support and advice was invaluable. Dr. Joseph Currier and his team of students from the University of South Alabama receive special thanks for being willing to up their game and help on the ground in Southwest Alabama, especially with the qualitative part of the study.

The Family Survey used in this study is roughly based on the Military and Veteran Family Needs Survey developed and distributed by The Parent Network of WNY Military and Veteran Family Program (<https://www.surveymonkey.com/r/MilitaryandVetSurvey>). We appreciate the groundwork they laid for us.

This report was a team effort. Great contributions were made by the following staff and students: a) from the University of Alabama: Rita Doughty, Sierra Rodgers-Farris, Fareed Bordbar, Halim Lee, Bethany Womack, and Joshua Gaines; b) from the University of South Alabama: Wesley H. McCormick, Timothy D. Carroll, Brett A. Slagel, Brook M. Sims, and Jessica Deiss.

Foreword

The Community Foundation of South Alabama is a nonprofit charitable organization that plays a key role in meeting the needs of an eight-county region through leadership and grants. With more than 64,000 veterans in our footprint, we launched a Veterans Initiative to address the unique needs of the men and women, and their families, who so selflessly served our country. The Southwest Alabama Veterans Needs Assessment was devised as a way to let veterans and their families have their voices be heard. The results detailed here outline their views on the greatest challenges and opportunities facing returning veterans, views that will help shape the next phase of our initiative.

The Foundation serves as a vessel for donors, volunteers and the community to share ideas, identify issues and build financial resources necessary to make improvements and positively impact the community. Donors give to The Community Foundation of South Alabama with a vision of a better tomorrow. We believe through attention and assistance with the Veterans Initiative we can create the better tomorrow for the brave men and women, along with their families, who have protected our country's freedom as they seek to live the lives they deserve.



Rebecca Byrne
President & CEO

Executive Summary

The US and the State of Alabama continue to encounter the economic, health, mental health, and societal effects that prior and current wars and deployments have on veterans, their families, and their communities. Research suggests that some veterans returning to civilian life have difficulty finding employment; are at increased risk to develop health and mental health injuries that can lead to depression, posttraumatic stress disorder, substance use disorders, and sometimes suicide; and struggle to reconcile their experiences with a civilian society that does not understand or misunderstands these injuries, military service, and war.

The purpose of the South Alabama Veterans Needs Assessment (SAVNA) was to identify the unmet needs and perceived gaps in available services of veterans and their families located in an eight-county area in Southwest Alabama (Mobile, Baldwin, Escambia, Conecuh, Monroe, Clarke, Choctaw, and Washington Counties) in which approximately 64,000 veterans reside. The SAVNA was conducted in two phases using an exploratory sequential design in which methods were mixed during data collection and interpretation. Interviews and focus groups were used in Phase 1 and a survey was used in Phase 2.

This process has resulted in recommendations including the following:

- Develop local transition support services and resources aimed at recently transitioned veterans, especially women and minority veterans, to assess individual needs and develop individual support plans;
- Build the capacity of local employment services to work with veterans and develop services that target post-9/11 and women veterans;
- Support the development of community-based resources directed to develop and improve knowledge and skills veterans need to manage their financial lives, and create short-term financial support services and/or food programs available to low income veterans;
- Strengthen VA-based mental health services and support development of specialized, community-based programs outside of the VA system;
- Support regional public service announcements that normalize behavioral, mental, and physical health needs, and regional locations with both printed and web-based resource guides where veterans can go for and/or call for additional information on services. Local libraries could potentially provide such sites;
- Increase awareness of and services for the problem of moral injury among veterans, especially older veterans; capacity-building in this area should include spiritual advisors (e.g., chaplains, clergy, and local congregations);
- Continue support for veteran-focused homelessness services and support capacity to target minority veterans;
- Provide veteran caregiver training on common conditions and local service availability, including the creation of community catalogues of services by county; and
- Support community-based professional and peer support services and activities.

Alabamians have long accepted the call to defend the nation in times of need through service as a member of the US military, from Active Duty to Alabama National Guard to Reserve force. The state of Alabama has a long history of proudly supporting its men and women service members

and veterans. We hope this report will contribute to supporting veterans and their families in Southwest Alabama by informing state and local stakeholders about their service needs, and ultimately improving policy and decision making.

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I. Purpose

The purpose of the South Alabama Veterans Needs Assessment (SAVNA) was to identify the unmet needs and perceived gaps in available services of veterans and their families located in an eight-county area in southern Alabama (Mobile, Baldwin, Escambia, Conecuh, Monroe, Clarke, Choctaw, and Washington Counties) in which approximately 64,000 veterans reside. As part of its Veterans Initiative, The Community Foundation of South Alabama contracted with the University of Alabama's School of Social Work (SW) to conduct the assessment to: (1) prioritize the needs for service provision and inform resource allocation, (2) determine what other, if any, resources are available, and (3) determine if there are barriers preventing access to existing resources.

II. Background

According to the U.S. Census Bureau (2014), around 400,000 Alabamians are veterans, nearly 9% of the state's total population. The number of veterans in the state is anticipated to rise, as enlistment rates of people from southern states have been increasing in recent years. Changing demographics within the military mean that the needs of the veteran population will also evolve over time, including an increasing percentage of veterans who are women and constitute approximately 8% of the veteran population. Surveys of the military to civilian transition have occurred in the urban Midwest and Southern California, but there have not been published surveys describing current assets and needs of veterans transitioning from military to civilian life in the state of Alabama. As veterans are a significant proportion of the total population of the state of Alabama and of the south, surveying veterans in this region is likely to yield knowledge useful both to entities within the state of Alabama and other southern states attempting to support successful military to civilian transitions of their veterans.

The transition from military to civilian life is a major adjustment, one of several that veterans experience upon their decision to exit the U.S. Armed Forces. Understanding the adjustment to civilian life after military service requires a multidimensional approach. Kintzle and colleagues (2016) identify five key transition indicators, including work, family, health, general wellbeing, and community. These indicators will likely be fluid and require ongoing monitoring of the adjustment experiences of veterans in the state of Alabama.

Consistent with this multidimensional approach, it is essential to explore local cultural and economic factors that influence military to civilian transitions. The assets and needs of transitioning veterans in the south—which is more rural, less wealthy, and on the whole contains a population with lower levels of educational attainment than other regions of the country, including the urban areas of the Midwest and the West—differ from those of veterans in transition in other regions of the United States.

Across these transition indicators, this report highlights the importance of employment and finances, food security, health and wellbeing, housing, and service utilization and needs – to the reintegration of veterans in southern Alabama. Additional individual veteran demographic

factors as well as experiences of veterans, their family members, and those that provide some form of service to them are also reported.

III. Methodology

The SAVNA was conducted in two phases using an exploratory sequential design in which methods were mixed during data collection and interpretation. Qualitative methods were used in Phase 1 and quantitative methods were used in Phase 2.

Phase 1 consisted of a qualitative needs assessment via focus groups and individual interviews to elicit the thoughts and suggestions of Alabama veterans and their family members, key informants, and relevant stakeholders about their unmet needs and perceived gaps in available services. Seven focus groups of 4-10 veterans each were conducted, five in Mobile/Baldwin Counties and two in the other six counties that make up The Community Foundation of South Alabama's service region. Fourteen individual interviews with expert informants of diverse personal and professional backgrounds were conducted; these individuals were recruited from throughout the CFSA coverage area. Interviews and focus groups were digitally recorded and transcribed for accuracy. The identity of the speakers was omitted from the transcripts. Data collection was conducted by the Principal Investigators (PIs) and research assistants. The focus group and interview data were analyzed by the PIs with input from the research assistants.

Phase 2 consisted of two surveys: a veteran needs assessment survey completed by the actual veteran and a family needs survey completed by any close family member of a veteran (parent, spouse, sibling, or child). Both were made available via web survey using Qualtrics software and paper versions. The veteran survey is a variant of the survey developed and used by The USC Center for Innovation and Research on Veterans & Military Families (CIR) in conducting the Orange County Veterans Study (http://cir.usc.edu/wp-content/uploads/2015/02/OC-Veterans-Study_USC-CIR_Feb-2015.pdf) on behalf of the Orange County Community Foundation. This project used the latest survey version which was piloted in the Midwest as part of the Chicagoland Veterans Study being conducted by the CIR. The survey was shortened to reduce the completion time for respondents and tailored to reflect the population in the state of Alabama. The time to complete the veteran survey was approximately 50-90 minutes. The family survey was based on The Parent Network of Western New York's Military and Veteran Family Needs Survey (<https://www.surveymonkey.com/r/MilitaryandVetSurvey>). The family survey took approximately 10-15 minutes to complete. While veterans received a \$10 gift card for completing their version of the survey, participants in the family survey did not receive a gift card. All participants who participated in either an interview or focus group received a \$25 gift card.

Recruitment

Phase 1 and 2 participants were recruited with assistance from the Foundation and partner organizations. Using a purposive convenience sampling approach, veterans, family members, and professionals working with veterans and families residing within the eight-county service region for the Foundation were invited to participate in the study. Potential respondents could participate by signing up for one of the interviews or focus groups and/or completing the veteran

or family member survey utilizing an online survey link the veteran or family member survey. Key informants for the individual interviews were identified by Foundation staff and related stakeholders. The Foundation broadcasted the link to the online survey through its various media channels and distributed paper copies of the survey at local events. Local agencies serving veterans also distributed information regarding the potential for veterans to participate in the focus groups and distributed paper copies of the Phase 2 survey. Three hundred and fifty electronic or paper veterans' surveys were received by the researchers. After reviewing the surveys for completeness, 284 surveys were determined to be usable. And 114 electronic or paper family member surveys were received (all were useable).

Team

The SAVNA was led by Principal Investigator (PI) Dr. David L. Albright, the UA School of Social Work's Hill Crest Foundation Endowed Chair in Mental Health and Army veteran, and co-PIs Dr. Karl Hamner, Assistant Dean for Research for the UA School of Social Work, and Dr. Joseph Currier, Assistant Professor and Director of Clinical Training for the Clinical/Counseling Psychology Doctoral Program at the University of South Alabama. The PIs were supported by research assistants from both the University of Alabama and the University of South Alabama.

Limitations

The findings of this study are limited by the fact that the sample was a convenience sample. Thus our results may not represent the general population of veterans in Southwest Alabama; there could be something unique about those veterans and family members who volunteered to participate. The fact that many of our findings mirror those of the State of the American Veteran studies conducted by the University of Southern California reduces this concern, however. Our biggest concern is that while 24% of veterans nationwide live in rural areas, only 9% of our veteran respondents were from rural counties. Getting survey responses from rural veterans proved challenging. We believe that this was due in part because many rural areas of Southwest Alabama do not have broadband access, likely reducing the return rate for the web-based survey. However, even when we worked with community partners to reach rural veterans in person, we still met with only limited success. Many rural veterans are older, pre-9/11 veterans who may have seen the study as less relevant to them given the large amount of time that has passed since their own military service. Finally, many younger veterans are members of the National Guard or the Reserve, and Guardsmen/women, as well as people serving in the Reserve, were excluded by design because they receive monetary and other support (e.g., health insurance). These eligibility criteria may have excluded a number of potential respondents.

Sample Demographics

Of the usable surveys 68.2% were filled out by white veterans and 31.4% by non-white veterans. Pre 9/11 veterans made up a majority of the surveys at 73.3% and 26% were completed by post 9/11 veterans. Female veterans made up 12.5% of responders with male veterans at 87.5%. These percentages compare favorable to national averages which show female veterans as being 7.3% of the veteran population while nonwhite veterans make up 21.1%. The survey spanned the eight Southwest Alabama Counties in the CFSA service area, seven with responses submitted from seven of those counties – Baldwin, Clarke, Conecuh, Escambia, Mobile, Washington, and Monroe; despite efforts, no responses were submitted from Clarke County. Of these seven counties, the two with the most responders were Baldwin and Mobile counties, where the majority of veterans in Southwest Alabama live, together making up 90.4% of the surveys with the remaining counties making up the remaining 9.6% (Shown in Table 1).

Table 1. Counties of Residence

Counties	Percent
Baldwin	30.7
Clarke	3.3
Conecuh	1.3
Escambia	1.0
Mobile	59.7
Washington	3.0
Monroe	.6

Table 2. Education

Education	Percent
Some High School	2.1
GED/ High School Diploma	12.5
Some College	28.5
Associates Degree	11.5
Bachelor’s Degree	25.2
Master’s Degree	12.2
Doctoral Degree	4.9
Other	3.1

Many of the veterans in the SAVNA survey had some form of higher education, a majority having an associate’s degree or higher (53.8%) with a bachelor’s degree the second most common response at 25.2%. These can be found in Table 2. Table 3, below, shows that a majority of veterans (63.5%) reported being married, with 37.1% reporting that they have no ongoing relationship.

Table 3. Marital Status

Marital Status	Percent
Single	13.2
Married	63.5
Divorced/Separated	19.1
Widowed	4.8
Domestic Partner/ Long Term Relationship	.7

IV. Overview and Findings

A. Veterans

1. Military to Civilian Transition

Nearly half (40.7%) of the veterans agreed that adjusting to civilian life was difficult for them. This varied among veterans who joined the service before September 11, 2001, (pre-9/11 vets; 39.1%) and those who joined after 9/11 (post-9/11 vets; 45.5%). However, both non-white veterans and female veterans were more likely to agree that adjustment was difficult for them (46.8% for non-white vets; 52.8% for female vets). Similarly, when asked if they needed time to figure out what to do during their transition, 45% of all veterans agreed that they did. And while there was very little difference between pre-9/11 and post-9/11 veterans, non-white veterans were more likely to agree (58.9%) than white veterans (50.5%), and female veterans were the most likely to agree they needed time (77.8% vs. 46% for men). Overall, female and non-white veterans reported more difficulties with the military-to-civilian transition than men/white veterans. This is shown in the table and figures below.

- *“Provide some sort of transitional training [or] vocational education on how to adapt and readjust in the civilian world.”*

Table 4. Gender and Racial Differences in Transitions

Gender Differences in Transitions	Percent Yes	
	Male	Female
I had a job when I left the military	34.1	16.7
I left the military with all needed military medical and service records	55.8	44.4
I left the military with all my mental health care needs met	62.8	47.2
I left the military with all of my legal issues resolved	78.6	74.3
When I left the military I had no financial problems	65.6	38.9
Racial Differences in Transitions	White	Nonwhite
I had a job when I left the military	33.8	28.1
I left the military with all needed military medical and service records	60.3	41.1
I left the military with all my mental health care needs met	68.6	43.2
I left the military with all of my legal issues resolved	84.6	63.2
When I left the military I had no financial problems	66.7	51.2

- *“Transitioning back into civilian life is hard. It took me almost 18 years to understand my PTSD and it wasn’t the VA that originally discovered the disability. The TAPS program simply shuffled me through and didn’t help when I asked for help. When people ask for help so early they need to be attended to. I have lost two wives and been disconnected from two of my children because of PTSD. I almost had to take my own life before anyone would help and even then it was a new wife that pushed me to seek help before we were dissolved.”*

Figure 1. Difficulties Adjusting to Civilian Life

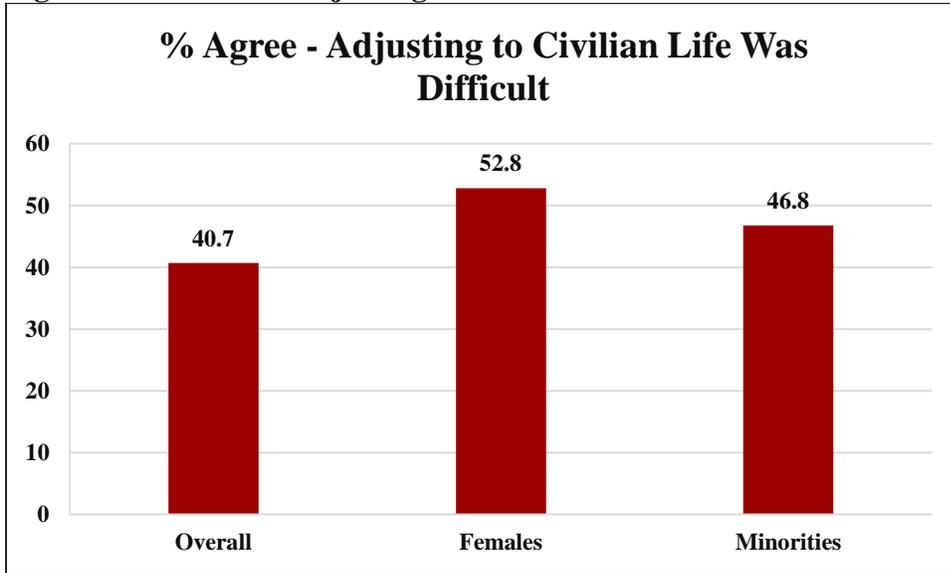
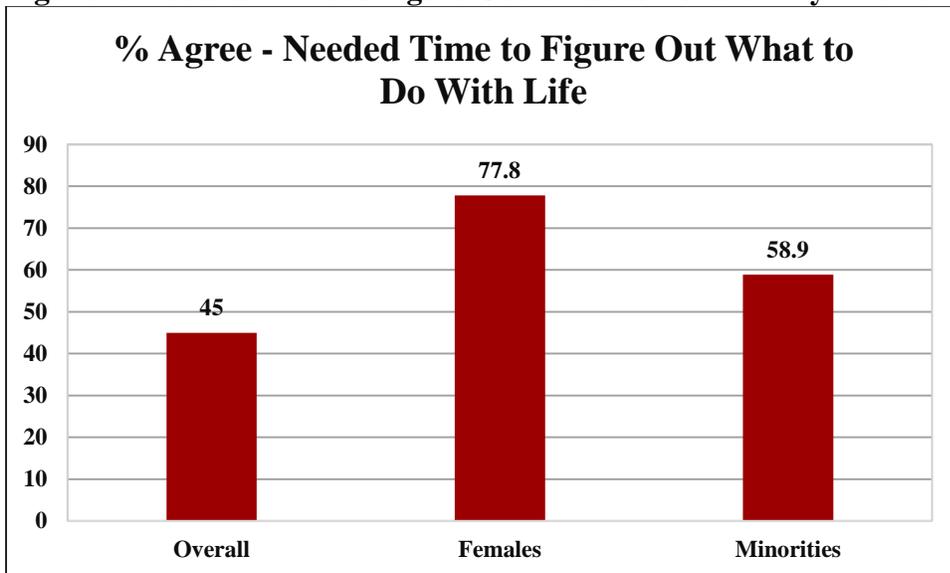


Figure 2. I Needed Time to Figure Out What to Do With My Life During My Transition



- *“When you come off of active duty and you are putting on civilian clothes, you’re not looked at that way the same way. The expertise that you had all of a sudden is now switched off by the civilian world and a lot of folks don’t cope as well from that. People that you were close to end up, while you’re away, they end up adjusting to you being away. They can’t flip the switch [snaps fingers] when you’re there the next day. Even though you, they know you’re coming home and there’s all these things out there that the military tries to do....”*

Barriers for Transitioning

Findings from the key informant interviews and focus groups showed a number of themes regarding barriers to successful transition. The most common themes (reported by at least 50% of the participants) were:

- Financial difficulties and limited job opportunities;
- Dissonance with civilian or post-military culture/life;
- Negative perception of efficacy/competence of VA services;
- Family/marital conflict or divorce;
- Stigmatizing attitudes/beliefs from public against military veterans;
- Limited advertising/information about available resources;
- PTSD and other mental health symptomatology;
- Problems with alcohol/drug misuse;
- Difficulties completing VA disability process; and
- Difficulty establishing health care with VA;
- Generational differences between veterans of different military eras

Respondent comments included:

- *[On Challenges] There’s many. It covers the scope of reintegration, finances, getting enrolled in VA, getting their benefits, health care. It would be hard to single one thing out, because everything is—it’s all there. There’s not a single issue. Everything affects everything else. It just depends on what falls apart first. Whether it’s the marriage, or the finances, or not getting health care. Waiting a long time for benefits. Just the whole thing.*
- *[On challenging problems] Awareness. Awareness of not necessarily benefits are out there, how they can be helped, but the awareness of, “Where can I go to find out”—I don’t need anyone to tell me there are medical benefits out there. I need someone to tell me all of these websites are out there, or there is a veteran service officer in Clarke, Monroe, and Washington County that you can talk to about what’s available to you.*
- *[On why she does not access VA healthcare] Well, two reasons. One is, I do feel that it tends to be a more male-centric health care facility. Which is fine; I mean the majority of military veterans do tend to be male. That’s just my perception. I don’t know that that’s reality since I haven’t been there for health care. Also, I don’t feel a need to burden the health care system since I have access to health care and health insurance on the civilian side.*

- *[Unmet needs] Information... A lot of them don't know what benefits are out there. I come across veterans weekly and monthly that had no clue about benefits that they have or benefits that their wife and kids have just based upon their military service. We have all these brochures about traveling and staying in hotels and all sorts of things in all of our rest areas in this state. Why don't we put the V.A. information out there too for the vets?*

2. Employment and Finances

Employment

Among the respondents, more than half of the post-9/11 veterans (60.9%) reported being employed full-time compared to only 14.9% of pre-9/11 veterans, which would be expected by the higher average age of pre-9/11 veterans. Pre-9/11 veterans were also three times more likely (53.1%) to be retired than the post-9/11 veterans (15.9%), and pre-9/11 veterans were almost three times as likely to be working part-time as post-9/11 veterans (8.2% vs. 2.9%). An important employment finding was the high numbers of veterans who were unemployed and seeking employment (pre-9/11 6.7%, post-9/11 8.7%). These percentages are displayed in Table 5. All of these percentages are higher than the State of Alabama’s average unemployment rate of 3.9% (Bureau of Labor Statistics, moving average 10/2015-09/2016).

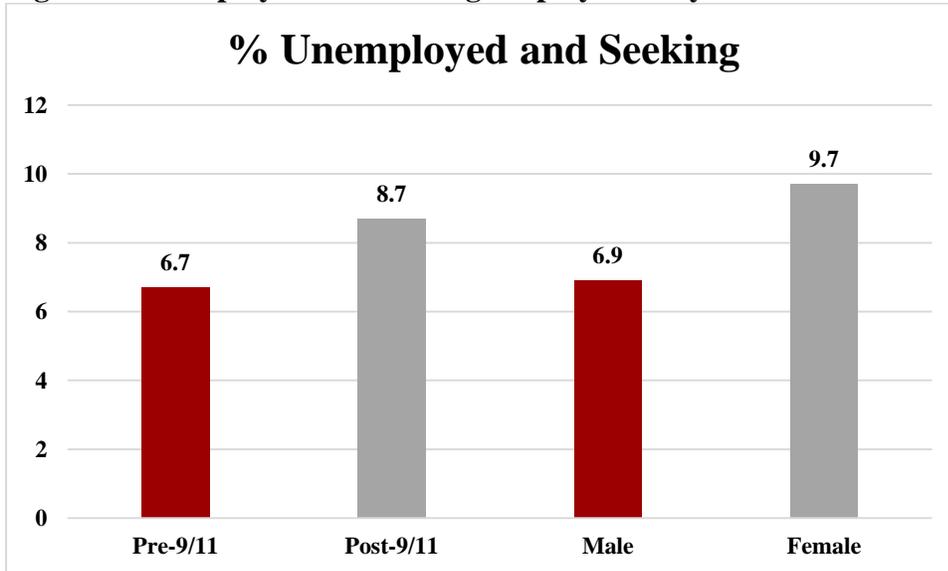
Table 5. Current Employment Status Differences by Pre-Post- 9/11 and Gender

Pre-Post 9/11 Differences in Current Employment Status	Percent	
	Pre-9/11	Post-9/11
Employed full-time	14.9	60.9
Employed part-time	8.2	2.9
Retired	53.1	15.9
Unemployed and seeking employment	6.7	8.7
Unemployed and NOT seeking employment	5.2	8.7
Gender Differences in Current Employment	Male	Female
Employed full-time	25.0	41.9
Employed part-time	5.6	16.1
Retired	47.8	9.7
Unemployed and seeking employment	6.9	9.7
Unemployed and NOT seeking employment	4.7	16.1

- “Not just finding a job but finding a good job. College requires payment ahead and that is not financially feasible for families.”
- “(Help) those former military who were not discharged with marketable skills, i.e. infantry, cannoners, tactical.”

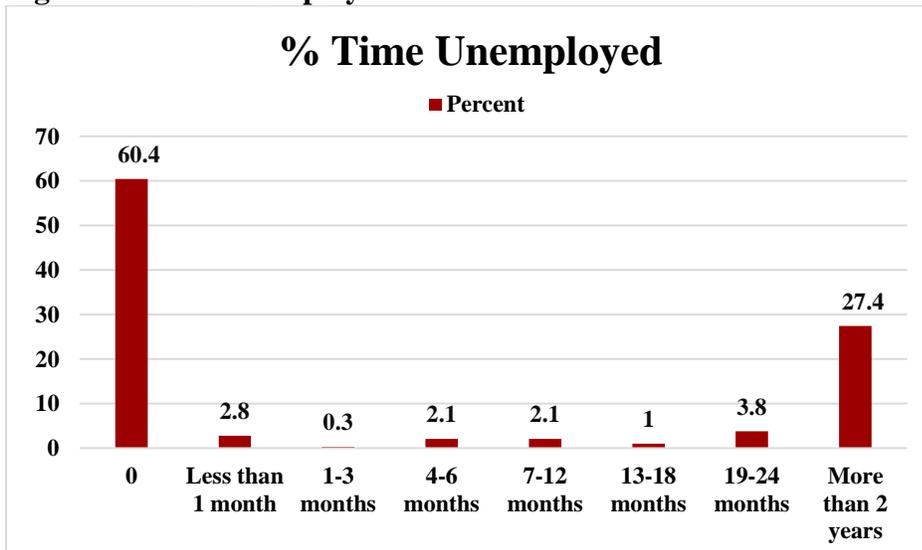
Among those veterans who reported being unemployed and seeking employment, the highest rate was for females (9.7%). The statistics for current employment status by pre-post 9/11 and gender are represented in Table 5 and Figures 3 and 4.

Figure 3. Unemployed and Seeking Employment by Pre-Post 9/11 and Gender



While the majority of the veterans reported being employed (full time or part time) or retired, (60.4%), 12.1% reported being unemployed up to 24 months and almost 30% reported being unemployed for more than 2 years (Figure 4).

Figure 4. Current Employment Status

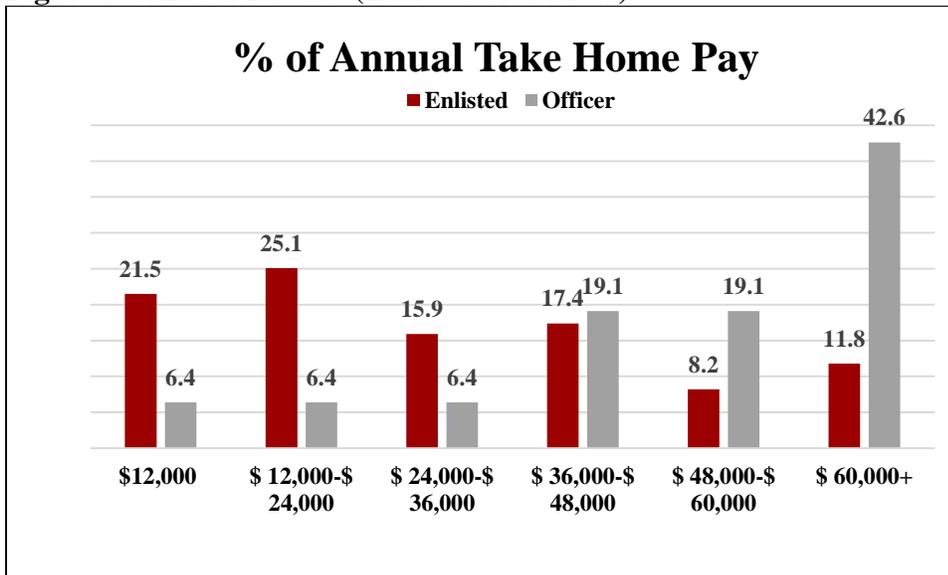


Finances

Income

More than 46% of veterans who served at enlisted ranks reported an annual income under \$24,000, which is the federal poverty line for a family of four, while only 12.8% veterans who served as officers fell in the same annual income range. The patterns take a reverse shift when it comes to annual income of minimum \$36,000 to \$60,000 as 38.2% of officers made annual earnings within that range versus only 25.6% of enlisted veterans. It is important to note that 42.6% of veterans who served as officers reported having annual income of \$60,000+, a much higher rate than the 12% of veterans who served at enlisted levels in the same category (see Figure 5).

Figure 5. Annual Income (Enlisted or Officer)

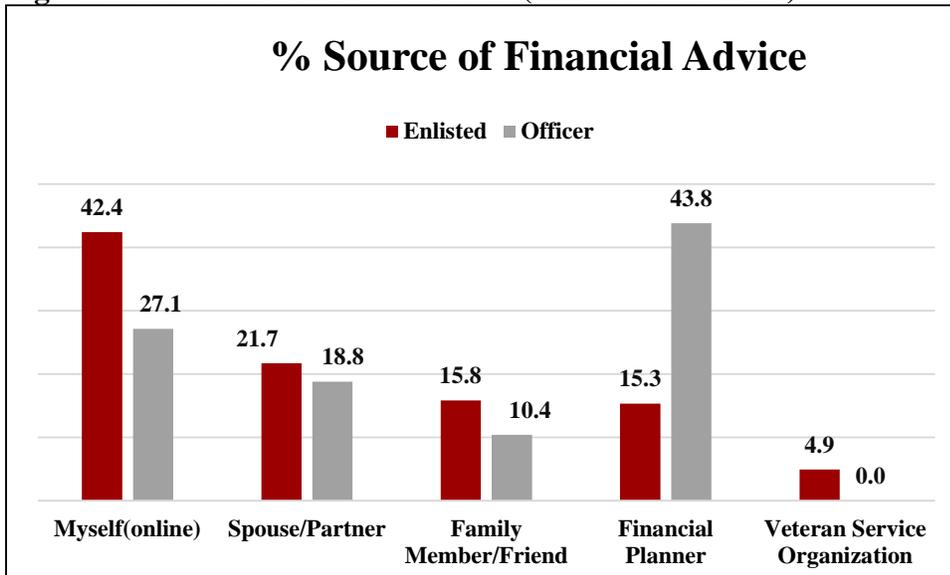


- *“Short term financial relief to help get (vets) on their feet.”*
- *“Financial assistance for Gulf War, Iraq and Afghanistan Vets.”*
- *“Lower insurance premiums, no copays”*

Financial Advice

A noteworthy point is that veterans who served at enlisted rank (42.4%) were almost twice as likely as officer veterans (27.1%) to rely on their own information to make financial decisions. At the same time, veterans who served as officers (43.8%) were three times as likely as those who served at enlisted ranks (15.3%) to use financial planning services. Since very few of the latter and none of the former reported having used veteran service organizations to obtain financial services, more action in terms of publicizing access to these services is recommended. Finally, no significant differences were found for sources of financial advice between pre-9/11 and post-9/11 veterans (Figure 6).

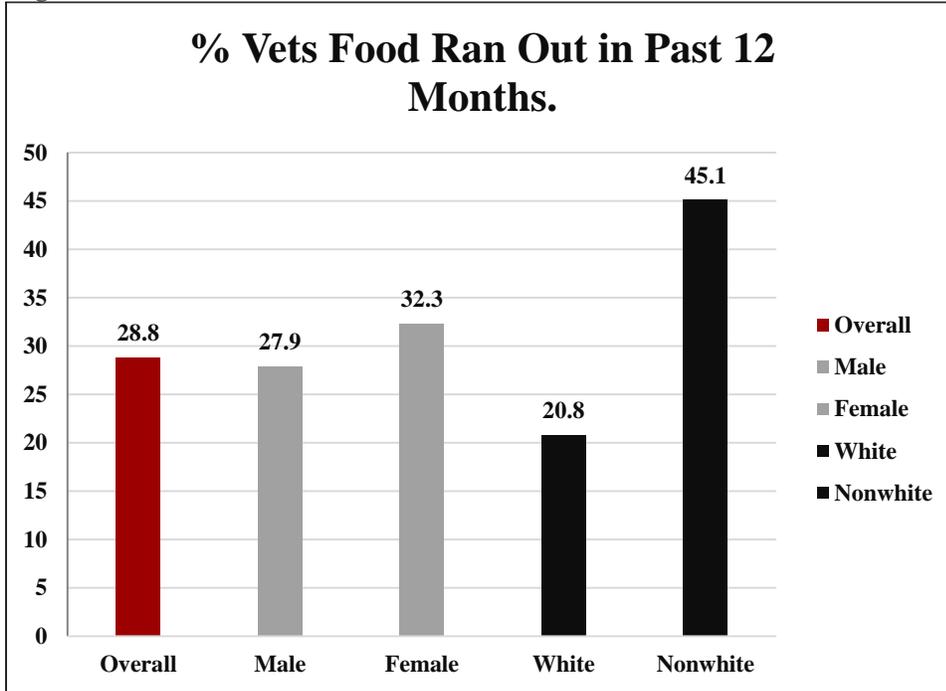
Figure 6. Sources of Financial Advice (Enlisted or Officer)



Food Security

Food security was also an issue for veterans who responded to this survey, especially for female and nonwhite veterans. Overall, over a third of the veterans (35.4%) reported that within the past 12 months they were worried sometimes or often that food would run out before they got money to buy more. This rate rose to 54.9% among female veterans and 50% among nonwhite veterans. Similarly, nearly a third of respondents (28.8%) reported that sometimes or often within the past 12 months the food they bought didn't last and that they did not have money to get more. This percentage rose to 32.3% among female veterans and 45.1% among nonwhite veterans. This is shown in Figure 7.

Figure 7. Veterans for Whom Food Ran Out in the Past 12 Months Sometimes or Often



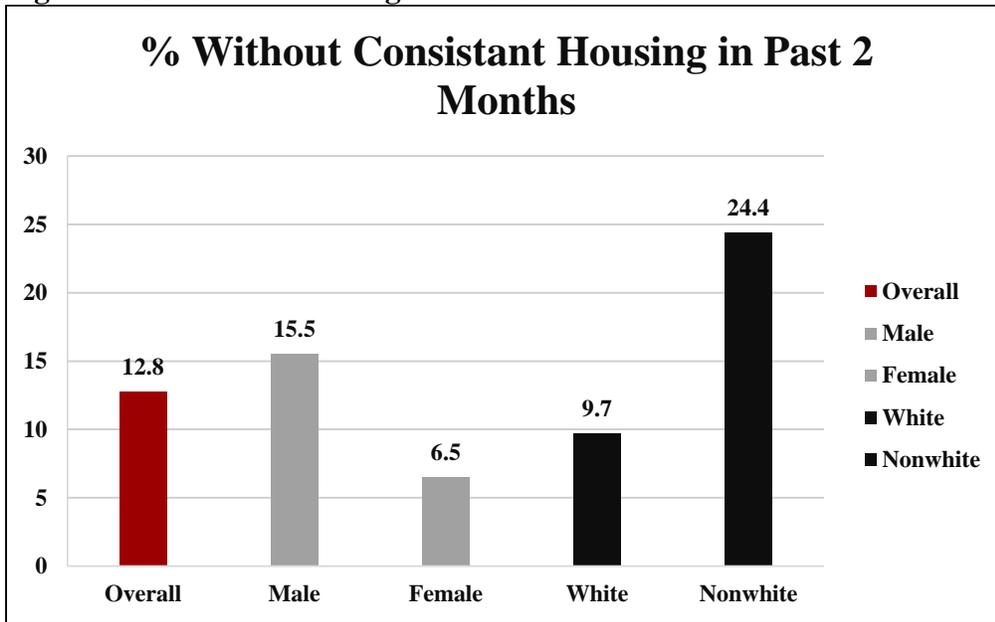
Housing

In transitioning from military to civilian life, the majority of pre-9/11 and post-9/11 veterans in this study reported being able to find a permanent place to live (54.1% and 67.6%, respectively). These rates are close to the rates reported in the Chicagoland Veterans Study (2016). The interesting finding in the SAVNA was that older veterans were less likely than younger veterans to find a permanent place to live when they separated from military (45.9% of the pre-9/11 veterans versus 32.4% of the post-9/11 veterans).

Nearly 13% (12.8%) of veterans reported inconsistent or no housing in the past 2 months, and the highest rate was among nonwhite veterans (24.4%). Rates were lower by more than half for white veterans (9.7%). Rates differed between male and female veterans (15.5% versus 6.5%, respectively). These are represented in Figure 8.

- *“Abandon[ed] houses to go to the veterans for little or no out of pocket charges.”*

Figure 8. Consistent Housing Across Gender and Race



- *“Emergency housing assistance for females and/or single males. Baldwin County currently has no facilities available locally for either.”*

Of the 10.2% of veterans who reported homelessness during the past year, just over half (56.5%) were homeless for 2 to 12 months, and 43.5% reported being homeless up to one month (Table 6).

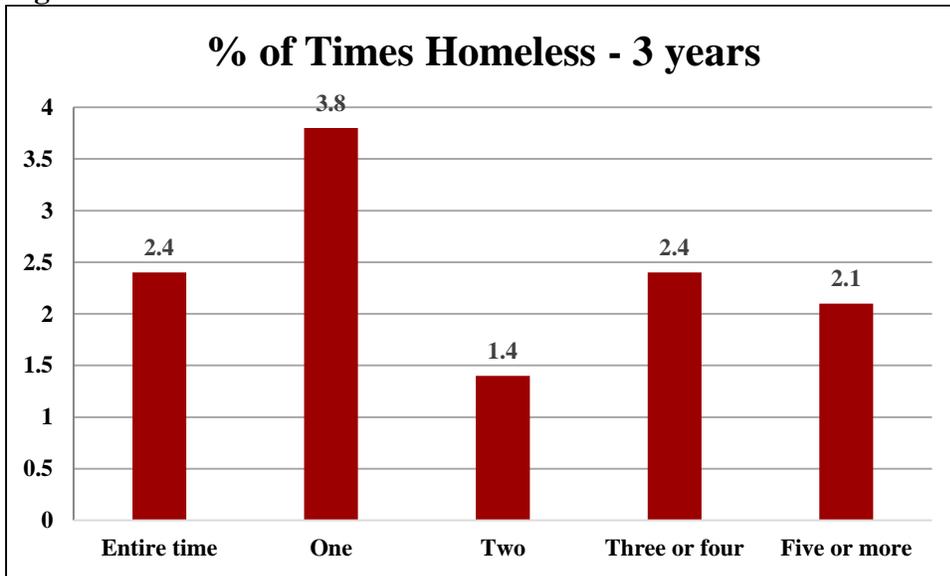
Table 6. Nights Homeless in the Past 12 Months

Nights Homeless in the Past 12 Months	Percent
1 Day – 1 Month	43.5
2 Months – 12 Months	56.5

Of those veterans who reported being homeless in the past 3 years, 2.4% considered themselves homeless for the entirety of those 3 years. More veterans (3.8%) reported being homeless for 1 time in the past 3 years, while 1.4% considered themselves homeless for 2 times, 2.4% considered themselves homeless for 3-4 times, and 2.1% considered themselves homeless for 5 or more times (Figure 9).

- *“I am concerned about our homeless veterans.”*

Figure 9. Times Considered Homeless in the Past 3 Years

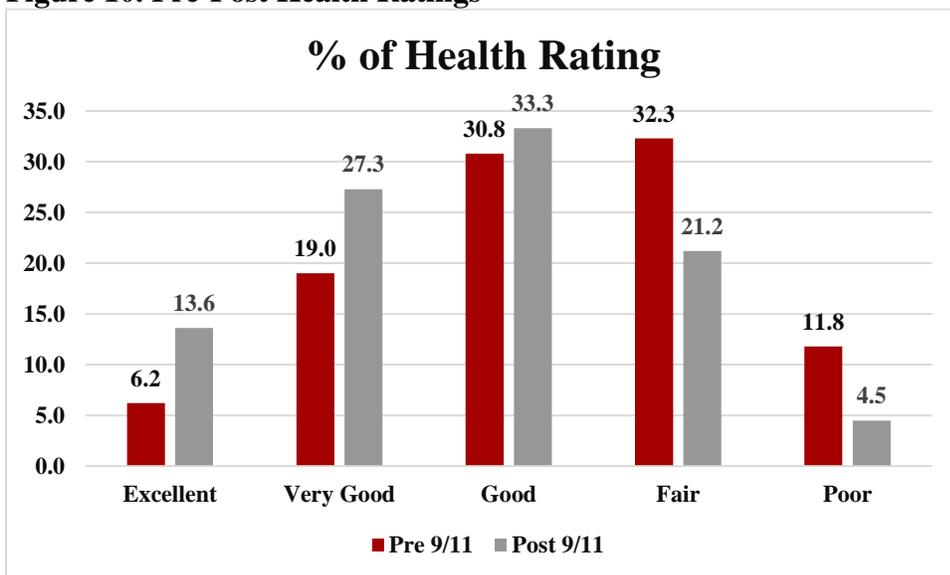


3. Health and Well-being

General Health Condition

More than half (55.8%) of the veterans in this study reported their health as good or excellent, while approximately one-third (37.5%) of veterans reported their health as either fair or poor. For pre-9/11 veterans, 56% reported good to excellent health compared to 74.2% of post-9/11 veterans. Fair to poor health was reported by 44.1% of pre-9/11 veterans and 25.7% of post-9/11 veterans, respectively (see Figure 10).

Figure 10. Pre-Post Health Ratings



- *“They need to get help in a shorter time; they have to wait too long to get help.”*

Physical Health

More than half (57%) of veterans reported receiving medical care for a physical need in the past 12 months (67% for pre-9/11 and 53% for post-9/11). Pre-9/11 veterans reported back or neck problems at 65.8% and leg, knee, or foot problems at 69.5%, while post-9/11 veterans reported back or neck problems at 51.5% and leg, knee, or foot problems at 64.6%. This is a surprisingly small gap between pre- and post-9/11 veterans, considering the sizeable age difference in the two groups. A larger, expected, gap was found in the difference between chronic pain reported by pre-9/11 veterans (43.9%) and post-9/11 veterans (29.2%); see Table 7.

- *“Health care from the VA would be nice, but, as it is, you have to travel to Biloxi or Pensacola and even there, you’re just a number being pushed through the system.”*

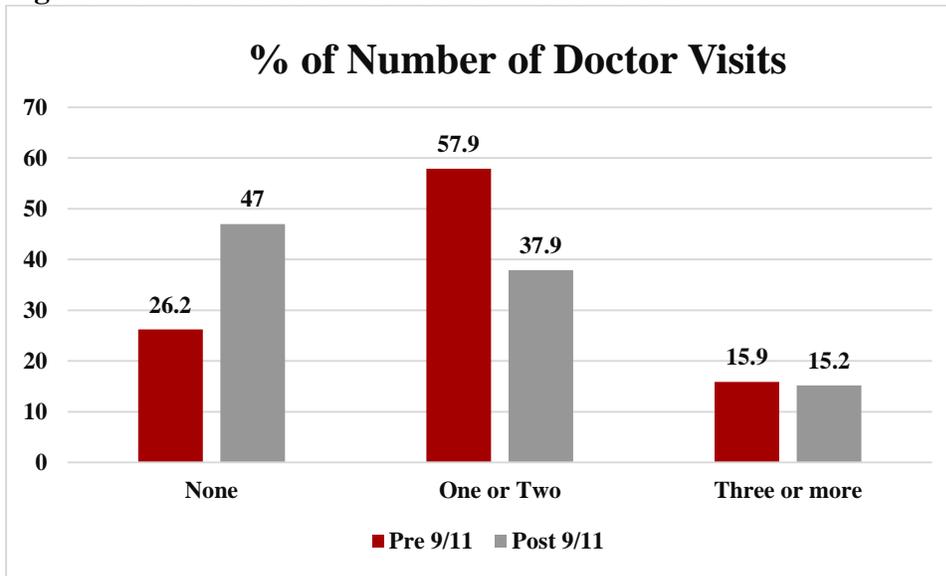
Table 7. Pre-Post 9/11 Veterans with Physical Ailments

Muscular/Skeletal (Percent)		
	Pre-Post 9/11	
	Pre-9/11	Post-9/11
Neck or back problems	65.8	51.5
Leg, Knee, or foot problems	69.5	64.6
Chronic pain	43.9	29.2

- *“Serve them where they are –community and standard of living. The need to travel outside of the state to have care provided is unacceptable.”*

In total, 57.9% of pre-9/11 veterans report seeing a doctor one or twice, compared to 37.9% of post-9/11 veterans. Yet, the percent who report seeing a doctor multiple times is almost identical with pre-9/11 at 15.9% and post 9/11 at 15.3% (Figure 11).

Figure 11. Pre-Post % of Number of Doctor Visits



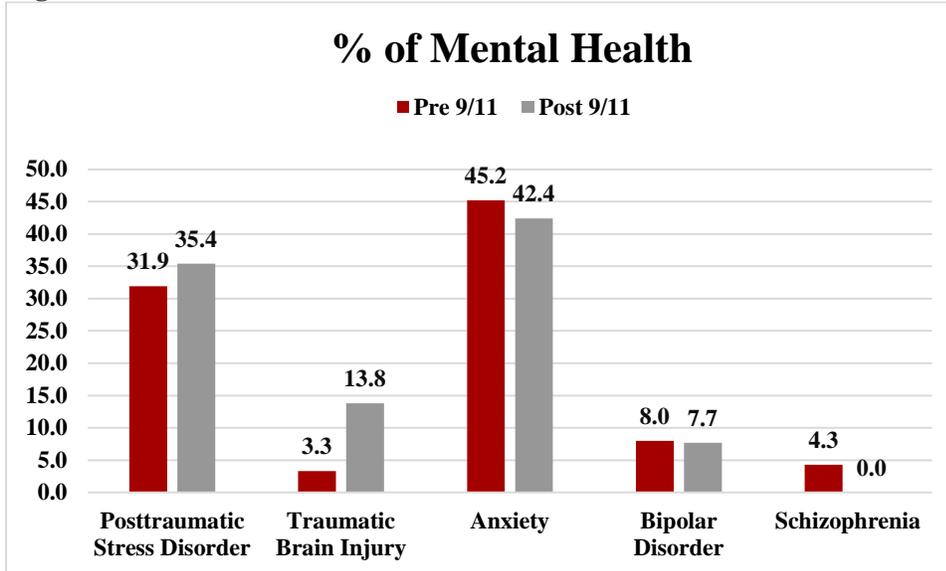
- “The main need I see is keeping the VA medical system fully staffed. One example is that the VA hospital in Biloxi, Mississippi, is shutting down the oncology department because they cannot find suitable medical personnel. We are having to use the Tricare Choice program and see doctors outside the VA system. There is always a delay of a week or more since everything outside the VA system has to be approved prior to service. This would be fine if the Tricare program would pay for services rendered (and already approved) but they are way behind due to being short staffed, so the cost is being shuttled to us, the veterans. We are now getting calls from collection agencies and our credit is taking a hit. This is going to affect our ability to get loans, our credit card rates and even our home and auto insurance.”*

Psychological Health

Nearly one third (30.2%) of the veterans reported receiving some form of mental health service with both pre- and post-9/11 veterans having similar rates of mental health care (32.8% and 35.4%, respectively). When asked if they suffered from a mental health concern, many veterans reported that they did, in fact, have some form of mental illness. The two most common self-reported mental illnesses were Anxiety (45.2% pre-9/11 and 42.4% of post-9/11 veterans) and Posttraumatic Stress Disorder (31.9% of pre-9/11 and 35.4% of post-9/11 veterans). Post-9/11 veterans were more likely (13.8%) to report Traumatic Brain Injury than pre-9/11 veterans (3.3%). Despite these numbers only 27.8% of veterans reported currently seeing a mental health professional and fewer, 17.7%, report even wanting mental health care.

- “People who work with veterans have to take into consideration that they have no tolerance for loud noises, or being put into situations where they feel like someone is trying to do them harm.”*

Figure 12. Pre-Post % of Mental Health



The need for more mental health support was underscored in the interviews and focus groups.

- *“More veteran services... More veteran outlets for us to get out... Feel like a caged animal most days and a walking time bomb... More veteran care programs that are outside the box or the normal”*

Moral Injury

Pre-9/11 veterans (34.3%) and male veterans (30.2%) were more likely to agree (ranging from strongly agree to slightly agree) that they had violated their own moral code or values than post-9/11 veterans (14.5%) and female veterans (15.6%). In addition, pre-9/11 veterans (29.2%) and male veterans (27.8%) were more likely to agree they were troubled that they had violated their morals by failing to do something, than post-9/11 veterans (15.9%) and female veterans (9.4%). Notwithstanding considerable media attention for the potential trauma-related issues associated with serving in Iraq and/or Afghanistan, these figures suggest that many veterans from earlier eras (e.g., Vietnam) also encountered severe moral/ethical challenges that might still bother them years later. As such, mental health professionals should not overlook unresolved challenges of older, pre-9/11 veterans.

Figure 13. Pre-Post 9/11 % Violated Moral Code

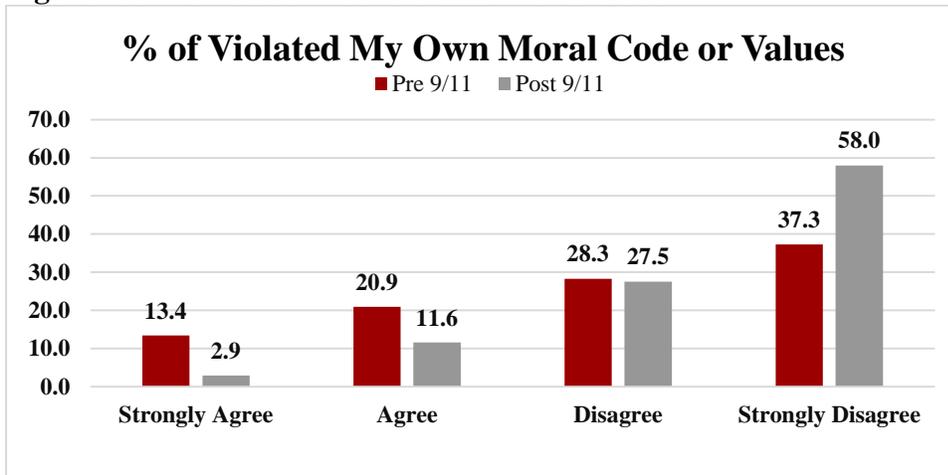
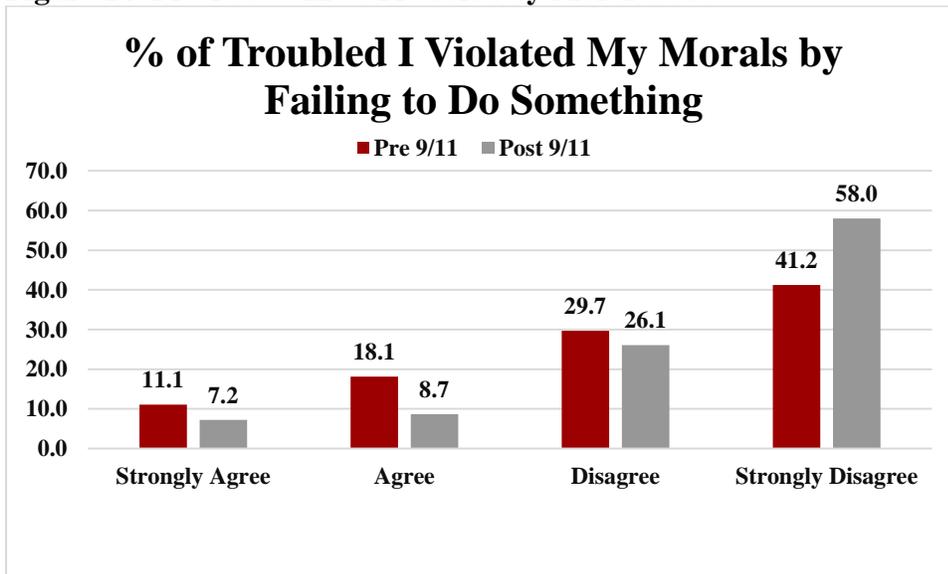


Figure 14. Pre-Post 9/11 % Troubled by Moral Code



Suicide

More than half of the veterans (53.1%) reported that they have never had any thought of committing suicide, compared to over a third (36.4%) who reported they had some level of suicidal thought or attempt. Among the latter group, 4.5% reported having had a plan at least once to kill themselves but did not try to do it and nearly 7% reported having had a plan at least once to kill themselves and really wanted to die. No gender, race, or pre-post 9/11 difference was found in suicidal ideation and attempt among veterans.

Table 8. Percent of Suicidal Thoughts

Suicidal Thoughts	
	Percent
Never	53.1
It was just a brief passing thought	19.8
I have had a plan at least once to kill myself but did not try to do it	4.5
I have had a plan at least once to kill myself and really wanted to die	6.9
I have attempted to kill myself, but did not want to die	2.1
I have attempted to kill myself, and really hoped to die	3.1

Concerns over veteran suicides were reflected in the focus groups and interviews.

- *“It really bothers me that vets are killing themselves at a rate of 22 per day. The VA needs to resolve this.”*

Alcohol

Overall, nearly one third (29.2%) of the veterans reported they did not drink alcohol and approximately another third reported drinking alcohol less than once a week (32.7%) with 20.5% reported having an alcoholic drink monthly or less and 12.2% drinking alcohol 2-4 times a month. The remainder reported drinking alcohol either 2-3 times per week (11.8%) or four or more times a week (16.3%).

Table 9. Percent of How Often Do You Have a Drink Containing Alcohol

How Often Do You Have a Drink Containing Alcohol	
	Percent
Never	29.2
Monthly or less	20.5
2-4 times a month	12.2
2-3 times a week	11.8
4 or more times a week	16.3

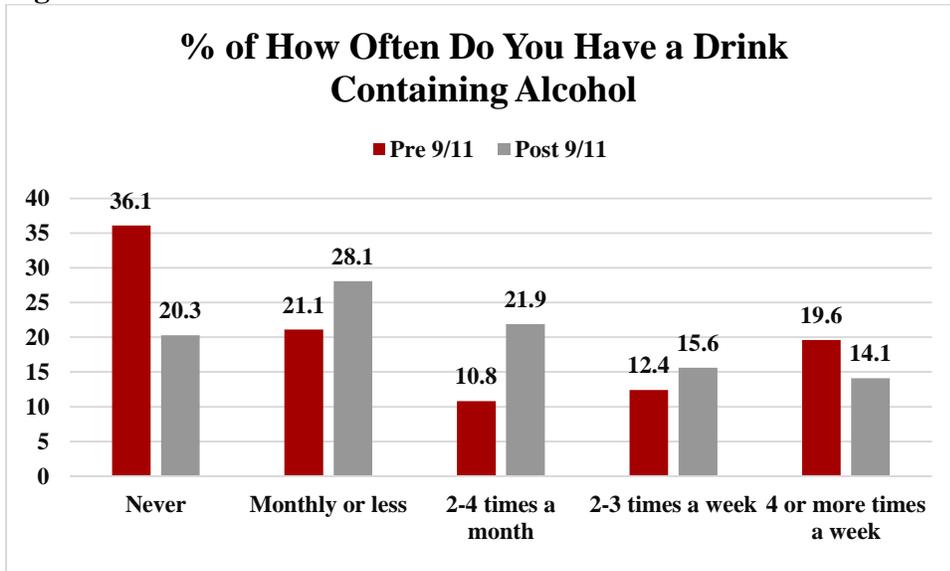
When broken down by gender it was found that although men were slightly more likely than women to report not drinking alcohol, female veterans were more likely to drink in moderation than men, and male veterans were six times as likely to drink 4 or more times a week (20.1%) than female veterans (3.3%).

Figure 15. Male-Female % How Often Do You Have a Drink Containing Alcohol



As is shown in Figure 16, younger veterans (post-9/11) were more likely to report drinking any alcohol than older (post-9/11) veterans. However, older veterans reported heavy drinking (drinking alcohol 4 or more times a week) at a greater rate (19.6%) than younger veterans (14.1%).

Figure 16. Pre-Post 9/11 % How Often Do You Have a Drink Containing Alcohol



Disability Functioning and Benefit

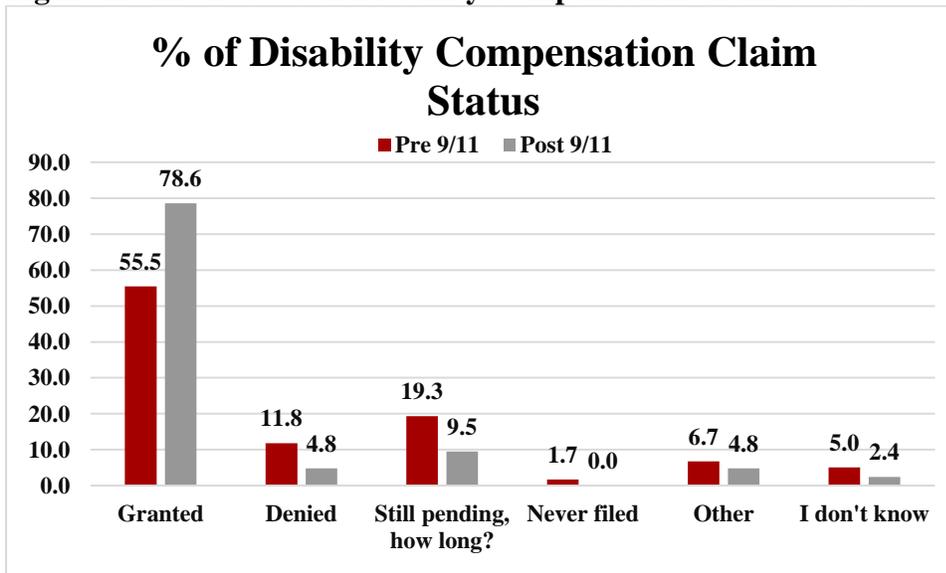
Half (51.4%) of veterans reported having filed a VA Disability claim, and of those who filed a claim, 34.4% were granted benefits.

Table 10. Disability Compensation Claim Status

What is the status of your VA disability compensation claim	
	Percent
Granted	34.4
Denied	5.6
Still pending, how long?	9.4
Never filed	0.7
Other	3.5
I don't know	2.4

As is shown in Figure 17, post-9/11 veterans were more likely to receive benefits than pre-9/11 veterans (78.6% versus 55.5%). A higher percentage of pre-9/11 veterans reported their claims were still pending, having not been processed by the system, (19.3%) than post-9/11 veterans (9.5%).

Figure 17. Pre-Post % of Disability Compensation Claim Status



- *“The VA benefits side is terrible. The process is horrible. It takes years for a decision. Then to appeal it takes years, only to be denied.”*

Veterans Service Utilization and Needs

The survey responses indicate a lack of knowledge regarding available services among veterans. Only half (50.3%) of veterans in this study reported knowing at least some information about available education benefits. Similarly, only half of veterans reported knowing some or a lot about the health care benefits (49.7%), burial benefits (43.8%), or home loan benefits (46.2%) to which they are entitled. Veterans reported knowing the least about available life insurance benefits and retirement planning benefits—only 29.2% knew some or a lot about the former and only 28.8% knew some or a lot about the latter.

- *“There’s a lot on the internet, but you can’t find it unless you already know where it is.”*
- *“[We need] a concise and updated contact database for all the various services needed for the care of the veteran and his spouse.”*

Table 11. Knowledge of Benefits

How Much Do You Know About the Following (Percent)		
	A lot or some	A little or Nothing at all
The veterans’ disability benefits that are available to me	47.6	42.0
The veterans’ health care benefits I am entitled to	49.7	39.6
The Veterans burial benefits available to me	43.8	45.5
The Veterans education and training benefits I’m entitled to from VA (for example, G.I. Bill)	50.3	39.2
The Veterans life insurance benefits I’m entitled to	29.2	60.4
The Veterans Home Loan Guaranty benefits I’m entitled to	46.2	43.4
Retirement planning	28.8	60.4
Managing household expenses	42.7	46.2

Getting information about benefits was reported as being problematic by the focus group and interview respondents. Some veterans reported that what information was available, such as via websites, was not easily understood or navigated.

- *“The VA website contains excellent information but is too complicated for the average vet to dig out the information they need.”*
- *“Most vets don’t know about all of the services available to them. Awareness and outreach needs to be improved.”*

B. Family Survey Results

Demographics

Participants in the family survey were mostly white (69.3%) and female (83.3%) with only a few nonwhite (29%) and male (14.0%) participants. The non-white respondents were primarily African American (21.9%) with the remaining respondents (7.1%) of various other races/ethnicities.

Challenges

When asked about challenges for their family in a civilian world, it was found that the greatest concerns entailed receiving/pursuing benefits (54.4% having challenges) and knowing where to go for services (48.1%). The least reported challenge was that of training or education for the parent. A higher percentage of nonwhite participants (33.3%) reported challenges with employment than white participants (16.5%), with white participants reporting challenges at half the rate of non-white. Non-white participants also reported a higher percentage of challenges with benefits, at a rate of 66.7% compared to whites at 50.6%.

Table 12. Challenges Living in a Civilian Community

What are the Challenges That Your Family Faces Living in a Civilian Community (Percent)		
Yes	White	Non-White
Where to go for services	48.1	51.5
Benefits	50.6	66.7
Housing	17.7	21.2
Employment	16.5	33.3
Resources	27.8	33.3
Local family services/support	27.8	33.3
Military and Veteran family events/activities	22.8	18.2
Training/Education for parent	10.1	18.2
Other	20.3	12.1

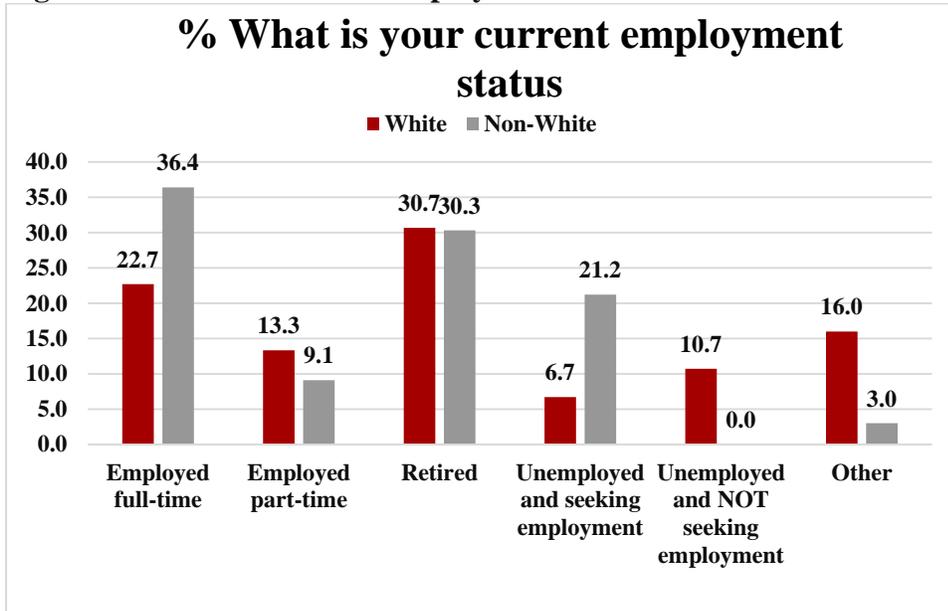
- *“It should not take one year or more for veterans to find out whether they have received their benefits.”*
- *“There needs to be counseling for families whose veteran has not agreed to VA mental health.”*

Current Employment Status

When asked about their current employment status, a quarter of participants (25.4%) said they were employed full-time. Just over another quarter (28.9%) reported being retired. These numbers shifted when broken up into white and nonwhite categories. More nonwhite participants (36.4%) reported being employed full-time than white participants (22.7%), and more nonwhite participants (21.2%) reported being unemployed and seeking employment than white participants (6.7%).

- *“Employment is scarce and difficult to obtain to match the pay and lifestyle he has become accustomed to over the years.”*

Figure 18. White/Nonwhite Employment Status



Dependent Children

Of those who participated in the survey, roughly a quarter (28.1%) reported that they had dependent children living in their home. Once again this number varied by race (23% of white participants have dependent children versus 48.4% of nonwhite participants). Those who responded that they did have dependent children were then asked what concerns they had about those children. The number one concern for both white and nonwhite participants was insurance and health care for their children. The second and third most common answers changed depending on the reported race of the participant. White participants’ second largest concern was disability resources and services with their third being split between disability information and activities with other military children. Nonwhite participants were more worried about their children’s emotions, their second most common concern, followed by a split between behavior, child care, and school-connected challenges. What can be seen in Table 14 is that while white participants expressed concern over disability (information, resources, services, or special education) at a combined 21.6%, this dropped to 3.0% for nonwhite participants.

Table 13. Dependent Children

Do you have any dependent children living with you (Percent)		
	White	Non-White
Yes	23.0	48.4
No	77.0	51.6

“Affordable housing has been our biggest struggle. We have two children under the age of 5. Finding housing in a decent neighborhood is hard.”

Table 14. White/Non-white Challenges and Concerns for Children

If your answer is Yes to question 10, What are challenges/concerns you face in regards to your children (Percent)		
	White	Non-White
Child Care	3.8	12.1
Activities with other service-connected children	7.6	6.1
Insurance/Health care	13.9	21.2
Disability Information	7.6	3.0
Disability Resources/Services	8.9	0.0
Schools' recognition and understanding of unique challenges faced by service connected children	5.1	12.1
Education	6.3	9.1
Special Education	5.1	0.0
Emotion	2.5	15.2
Behaviors	1.3	12.1
Other	2.5	3.0

V. Discussion and Recommendations

A. Overall

Consistent with the findings from the recent iterations of the University of Southern California's (USC) *The State of the American Veteran* study, findings of this survey show that many veterans in Southwest Alabama were not prepared for their military-to-civilian transition, especially female and minority veterans. In this study, overall 40.7% of veterans reported adjusting to civilian life was difficult, a finding particularly true for minorities (46.8%) and women (52.8%). A similar pattern was found regarding veterans who reported they needed time to figure out what to do with their lives after transitioning, with minorities and women being more likely to report this. The typically abrupt nature of transition was commonly reported to be a factor contributing to these difficulties. The findings from this study also underscore the reality that veterans and their families have a range of needs that no one organization can address.

Veterans and family members in Southwest Alabama reported that travel and transportation were significant barriers to healthcare access and support service utilization, especially those in rural areas, and that stigma was a major barrier to seeking healthcare, especially mental/behavioral healthcare. The findings of this study underscore the need for developing local capacity to provide support services and mental health/substance abuse treatment services. For example, veterans in Conecuh County asked if there was some organization to which they could apply for a grant to help support renovation of a local building to convert it to temporary housing and support for local or transitory homeless veterans. Financial difficulties and limited job opportunities were reported by many respondents, especially women and minorities. The percentage who reported that they were unemployed and seeking employment was significantly higher than Alabama's unemployment rate, again especially true for female and minority veterans. An unfortunate number of veterans and veterans and family members in Southwest Alabama reported food and housing concerns and insecurity.

B. Recommendations for Supporting Veterans

B1. Finding—Transition Support: Nearly half of the veterans in this study reported difficulty adjusting to civilian life and needing more time to figure out what to do with their lives after service. Women and minority veterans were the most likely to endorse these items.

Recommendation: Develop local transition support services and resources aimed at recently transitioned veterans, especially women and minority veterans, to assess individual needs and develop individual support plans.

B2. Finding—Targeted Veteran Employment Services: The percentage of veterans in this study who reported being unemployed and seeking employment was substantially higher than Alabama's average unemployment rate (3.9% October 2015 - September 2016), was more than twice as high (8.7%) for post-9/11 veterans, and was four times as high (16.1%) for women veterans.

Recommendation: Build the capacity of local employment services to work with veterans and develop services that target post-9/11 and women veterans.

B3. Finding—Financial Services: The majority of Southwest Alabama’s veterans report financial difficulties, with female and minority veterans being much more likely to report financial and employment problems; these financial difficulties can result in food insecurity—over a third of the veterans in this study reported having concerns in the prior 12 months that their food would run out, and nearly a third reported that sometimes or often in the prior 12 months the food they bought ran out and they did not have enough money to get more.

Recommendation: Support the development of community-based resources directed to develop and improve knowledge and skills veterans need to manage their financial lives, and create short-term financial support services and/or food programs available to low income veterans.

B4. Finding—Expanded Mental Health/Substance Abuse Services: Over half of veterans endorsed a previous mental health diagnosis (e.g., PTSD) and/or recent thoughts of suicide and problem drinking.

Recommendation: Increase options for evidence-based and culturally-sensitive mental health services via strengthening access to VA-based services and supporting the development of specialized, community-based programs outside of the VA system.

B5. Finding—Increase and Normalize Information on Available Veteran Support Services: Both veterans and non-veterans report being uninformed or under-informed on available services, and ongoing stigma surrounding healthcare needs of veterans.

Recommendation: Support regional public service announcements that normalize behavioral, mental, and physical health needs, and regional locations with both printed and web-based resource guides where veterans can go for and/or call for additional information on services. Local libraries could potentially provide such sites.

B6. Finding—Increased Local Capacity/Services: Veterans report the need for increased access to, and overall availability of local services, especially in rural counties in Southwest Alabama.

Recommendation: Support the development of county-level, VA-certified Veteran Service Officers in each county *and* the development of additional local resources in each of the eight counties in the CFSA service area.

B7. Finding—Need for Moral Injury Mitigation Services: Approximately one-third of the veterans in this study encountered severe moral/ethical challenges in their military service that bothers them later in life. Emerging research suggests that this can contribute to isolation and related concerns. This problem was reported substantially more by older, pre-9/11 veterans.

Recommendation: Increase awareness of and services for the problem of moral injury among veterans, especially older veterans; capacity building in this area should include spiritual advisors (e.g., chaplains, clergy, and local congregations).

B8. Finding—Continue Focus on Homelessness among Veterans: Although homelessness among veterans is reported to be declining nationally and in Alabama, over 10% (12.8%) of the veterans in this study reported inconsistent or no housing in the past two months, with rates being much higher for minority veterans (24.4%).

Recommendation: Continue support for veteran focused homelessness services and support capacity to target minority veterans.

C. Recommendations for Supporting Families of Veterans

C1. Finding: Over half of family members reported difficulty finding appropriate services for their veteran care recipient.

Recommendation: Provide veteran caregiver training on common conditions and local service availability, including the creation of community catalogues of services by county.

C2. Finding: Almost a quarter of family members report they are a family caregiver for a veteran.

Recommendation: Support community-based professional and peer support services and activities.

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