



VETeran Evaluation and Research Applications Network (VETERANetwork)

Study of Veterans' Wellbeing and Utilized Program Components

Identified Implications

September 2020

Data was collected through The Veterans Metrics Initiative: Linking Program Components to Post-Military Well-being Study (TVMI), which was a three-year longitudinal study of almost 10,000 veterans. This study has led to the identification of informative themes and potential practice and policy implications. Data collection is currently continuing at the Clearinghouse for Military Family Readiness at Penn State through the Veterans Engaging in Transition Studies (VETS) and additional insights may emerge over time.

Overarching Recommendations

Almost all veterans use transition resources in the first two years after military separation. Beyond two years, those in high-risk categories (e.g., problematic financial status, post-traumatic stress disorder (PTSD), and cumulative trauma experiences) need continued supports. The following general recommendations are put forth:

- 1. Establish a universal screener and link it to a navigation infrastructure (e.g., AmericanServes) thereby identifying risk factors early and providing targeted supports, interventions, and components.**
- 2. Utilize proven engagement and marketing strategies to increase program/service use by veterans, and especially target those who are high risk or less likely to utilize programs/services (e.g., junior enlisted paygrades).**
- 3. Incorporate the identified evidence-based components into program/services to promote effectiveness.**

Well-being Recommendations

One aim of the TVMI study was to document veteran well-being in four domains: vocation (i.e., employment and education), health (i.e., mental and physical), finances (e.g., legal and housing), and social relationships. The Well-being Index (WBI) was used to measure status, functioning, and satisfaction. The following recommendations for supporting transitioning veterans' well-being have been identified:

1. Advance a narrative through tailored communications, storytelling, and data visualizations to communicate that the majority of transitioning veterans are resilient and doing well during their civilian reintegration.

- 43% of the veterans reported that they were not having difficulty adjusting to civilian life.
- 90% of the veterans indicated they were not socially isolated.
- Among veterans who were not full-time students, 56% were working full-time and 26% were looking for work in Wave 1. Forty-eight percent of the veterans found a full-time job in Wave 2 and approximately 70% were working full-time by Wave 6 (3 years out).
- 27% of the veterans reported possessing high resilience.

Although most veterans navigate the transition from military to civilian life well, some veterans have difficulties. The following recommendations aim to bolster programs, services, and resources available for successful veteran reintegration.

2. Veterans' perceptions of underemployment are prevalent; enact a multi-pronged approach to enable veterans to translate their military skills into the civilian workplace and to promote awareness among employers about the skills sets and assets that veterans possess.

- At three years post-separation, 61% of veterans reported they should be in a better job given their skills, education, and/or leadership skills.
- 70% of the veterans who were of a minority race or ethnicity (e.g., Black, non-Hispanic) reported underemployment.

- Underemployment was reported by 63% of enlisted paygrades (E1 to E6) and half of officers (O4 to O7+).

3. Many veterans choose to engage in educational pursuits early in their transition, but some are not completing their education. Educational institutions and other services can address the top two reasons veterans leave education or training: PTSD and financial problems.

- 46% of the veterans attended an educational institution (part-time and/or full-time) in the first three years post-separation. Note, 60% of these veterans started in Wave 1 (within the first 3 months after discharge).
- About half of the veterans attending an educational institution completed their education.
- Veterans reporting problematic financial risk (i.e., being late for bills or having no savings) were 59% less likely to complete their education if pursuing a technical degree and 24% less likely to complete their education if pursuing a bachelor's degree.
- Veterans with PTSD symptoms were more likely to discontinue educational pursuits: technical training (90% more likely), associate degree (60% more likely), and bachelor's degree (80% more likely).

4. Assess veterans' financial status prior to military separation and provide supports to prevent and reduce financial problems.

- Veterans who had a problematic financial status at discharge were 2.8 times more likely to experience difficulty adjusting during their transition to civilian life in Wave 2, and this difficulty remained high through two years post-military separation.
- On average, 23% of veterans reported having a problematic financial status (i.e., not being able to pay for all necessary expenses each month; household had been contacted by a mortgage lender; contact had been made by a credit card company for failure to make payments; concerned they would lose their housing).
 - A higher percentage (35%) of the junior enlisted veterans (E1-E4) reported problematic financial status at separation than higher ranking Service members.
- 37% of veterans were in an at-risk financial status category. They reported 'no' to the problematic financial debt items, but they reported not having three months of income set aside for unexpected financial events, not having money for retirement, and not having insurance coverage (e.g., disability, property, and/or life insurance).

- A higher percentage (44%) of junior enlisted veterans (E1-E4) reported at-risk financial status at separation than higher ranking Service members.

5. Promote utilization of programs/services that increase social support and decrease social isolation for veterans; these efforts will require rigorous evaluation.

- 9.6% of the veterans had no/little social support at Wave 1 and this was more likely for those with problematic financial status, Traumatic Brain Injury (TBI), PTSD symptoms, or probable depression.
- Social domain programs were the least nominated across all waves.

6. Screen for potential inequity factors (e.g., race/ethnicity, geographic relocation, junior enlisted pay grade) to provide targeted support for successful civilian reintegration.

- White, non-Hispanic veterans had a higher percentage of utilization of Veterans Affairs Home Loans from Wave 1 (41%) to Wave 6 (49%). In comparison, Black, non-Hispanic and Hispanic veterans had lower utilization (30% at Wave 1 to 39% at Wave 6).
- 17% of the veterans reported living in a rural area (less than 2,500 people) and that number remained stable. Rurality has implications for job availability and access to services and supports.
- 28% (n=2,704) of the veterans were of junior enlisted pay grade (E1-E4) and the majority of these veterans were male (80%), White, non-Hispanic (56%), with high school or some college education (80%). This group of veterans presented with unique risks such as the following:
 - high rates of probable anxiety, PTSD, depression and/or self-harm (40%);
 - alcohol misuse across waves (33% in Wave 1 and 31% in Wave 6);
 - problematic financial status (33%) or at-risk financial status (44%);
 - social isolation (11% in Wave 1); and
 - unemployment (52% at Wave 1).

7. Veterans often under-recognize their own mental health problems; destigmatize mental health care, help veterans reflect on their mental

health needs, and encourage veterans to be receptive to connecting with needed mental health supports.

- 40% of veterans reported meeting mental health criteria.
- Only one-quarter of the veterans who screened positive for a mental health problem reported that they had a mental health problem.
- Veterans with ongoing mental health problems were nearly 10 times more likely to have difficulty adjusting during their transition to civilian life.
- Only 8% or less of the veterans used any health programs, even when they screened positive for mental health problems.
- Veterans who used counseling services for mental health improved their depression symptoms in the following assessment across the 6 waves.

8. Include in a universal screening tool an assessment of Adverse Childhood Experiences (ACEs) because ACEs is linked to threats to successful reintegration (e.g., mental health issues, anger/violence, substance misuse, and suicidal thinking).

- 33% of female veterans and 18% of male veterans were exposed to 3 or more ACEs.
- Female veterans exposed to 1 or 2 ACEs, but no warfare, were 2.6 times more likely to experience suicidal thinking.
 - Female veterans exposed to 3 or more ACEs, but no warfare, were 3 times more likely to experience probable PTSD, 2 times more likely to experience anxiety, 2.5 times more likely to experience depression, 5 times more likely to experience suicidal thinking, and 2.5 times more likely to experience angry outbursts.
- Male veterans exposed to 1 or 2 ACEs, but no warfare, were 2 times more likely to experience anxiety, 1.6 times more likely to experience depression, 2.4 times more likely to experience suicidal thinking, and 2.6 times more likely to experience angry outbursts.
 - Male veterans exposed to 3 or more ACEs, but no warfare, were 2.7 times more likely to experience probable PTSD, 3 times more likely to experience anxiety, 3 times more likely to experience depression, 3 times more likely to experience suicidal thinking, and 2.6 times more likely to experience angry outbursts.

9. Offer veterans who have experienced or witnessed combat additional support to address the mental and emotional impacts.

- The veterans exposed to warfare (i.e., combat patrols) were the most likely veterans to experience negative mental and emotional impacts.
- For those veterans exposed to warfare, the greater the number of reported ACES, the greater the likelihood of negative mental health outcomes.
 - For veterans experiencing warfare and no ACES, PTSD was 10.6 times more likely for females and 5 times more likely for males (compared to veterans with no combat or ACES).
 - For veterans experiencing both warfare and 3 or more ACES, PTSD was 6 times more likely for females and 10 times more likely for males (compared to veterans with no combat or ACES).
- The female veterans who experienced warfare (3-5%), regardless of ACES exposure, were between 8 to 9 times more likely to experience suicidal thinking (compared to veterans with no combat or ACES).
- Male veterans were 2.3 to 4.5 times more likely to experience suicidal thinking (compared to veterans with no combat or ACES).

10. Deploy and validate a universal screening tool that includes an assessment of both self- and other-directed moral injury among veterans.

- Moral injury is negatively associated with veterans' social well-being within the first three months of Service separation and over time.
- Higher other-directed moral injury leads to lower social well-being and declines in social functioning and satisfaction over time.
- Moral injury is related to depression, anxiety, and PTSD.

Program Component Recommendations

A modified Common Components Analysis (CCA) approach was used to examine the elements of veterans' programs and services. This adapted CCA approach (a) captures a variety of similar program characteristics to increase the quality of the comparison within components; and (b) identifies components from four primary types (i.e., content, process, barrier

reduction, and sustainability) within specific well-being outcomes (i.e., vocation, health, legal/financial/housing, and social). When coupled with a longitudinal research design, this adaptation to CCA allows for causal evidence about the impact of different components within and across a variety of well-being outcomes. The following recommendations have been identified for utilization of effective program/service components:

1. Help veterans to achieve their civilian goals by incorporating impactful program components into programs/services.

- 65% of the veterans used at least one program to enhance his or her well-being.
- 48% of veterans indicated that tangible support components (e.g., non-VA tuition discounts/scholarships, cash, clothing, goods/services) helped them achieve their transition goals.
- 24% of veterans reported programs/services helped them access their VA benefits and bolstered their ability to realize their goals.
- Veterans who participated in the following programs/services were more likely to complete their education:
 - financing an education (54% more likely);
 - leadership and teamwork skills (9% more likely);
 - Post-9/11 GI Bill (51% more likely);
 - Montgomery GI Bill (8% more likely); and
 - other programs that assisted with educational expenses (7% more likely).

2. Tailor and market programs/services to veterans who are most at-risk or less likely to use programs/services (e.g., junior enlisted ranks).

- The veterans from the most junior enlisted ranks were most at-risk for poor transitional outcomes. Yet, they reported using fewer programs and services across the various well-being domains and utilizing less barrier reduction components. Enhanced transition supports should be provided to junior enlisted ranks (e.g., development of transition plans, access to mentors).
- Veterans from racial or ethnic minority groups (e.g., Black, non-Hispanic and Asian) were more likely to utilize a variety of employment programs and VA health care services than their White, non-Hispanic peers.

- Female veterans were less likely to use VA home loans, tangible supports of non-VA scholarships, and housing programs.

3. Shorten the length of time it takes to secure a job after discharge and increase starting salaries by fostering early participation in targeted employment components.

- Veterans not employed at Wave 1 were at least 2 times more likely to find a full-time job by Wave 3 if they used the following employment components: interviewing, resume writing, and translating military to civilian work through the process of a mentor/coach.
- The employment components seem especially useful early in the transition to civilian life, as Wave 3 and Wave 4 employment components were not significantly related to getting a full-time job.
- Among the veterans who were looking for work and utilizing Wave 2 components, those individuals who participated in a networking conference and utilized career planning/exploration, interactive, online tools were 2 times more likely to find a full-time job in Wave 3 or 4.
- Those who utilized the following employment components had a higher starting salary when they secured their first post-military job:
 - career planning/exploration with a mentor coach;
 - job training and certification with peer learning models;
 - career fairs;
 - interviewing with a mentor coach;
 - resume writing with a mentor coach and interactive, online tools;
 - translating military to civilian work with a mentor coach; and
 - a networking conference.

4. Ensure programs/services utilize evidence-informed, employment components linked to increased job promotion for veterans.

- The top 5 Wave 1 components that increased the likelihood of a promotion in Wave 3 among the veterans were job training and certification with a mentor/coach (38%); networking (38%); translating military to civilian work with a mentor/coach (37%); and entrepreneurship (36%).
- The top 3 Wave 2 components that increased the likelihood of a promotion in Wave 3 and Wave 4 among veterans included job training and certification with a mentor/coach (50%);

translating military to civilian work through an interactive, online mechanism (40%); and translating military to civilian work through direct instruction (37%).

- Overall, junior enlisted paygrades (E1 to E4) were less likely to utilize employment programs/services.

5. Advocate for continued use of employment components, as they are related to better employment opportunities for veterans.

- The top two employment components at Wave 1 that increased the likelihood of veterans leaving for a better employment opportunity included translating military to civilian work with a mentor/coach (67%) and interviewing through direct instruction (64%).
- The top two employment components at Wave 2 that increased the likelihood of veterans leaving for a better employment opportunity included job accommodations (74%) and interviewing with a mentor/coach (51%).
- The top two components at Wave 3 that increased the likelihood of veterans leaving for a better employment opportunity included webinars (82%), job training and certification with a mentor/coach (63%), and resume-writing through direct instruction (62%).
- The top three components at Wave 4 that increased the likelihood of veterans leaving for a better employment opportunity included resume-writing through direct instruction (2 times more likely), entrepreneurship through direct instruction, and webinars (92%).
- Continued engagement with employment components across Waves 1-4 (through 2 years post-separation) was linked with sustained impacts on better employment opportunities.

6. Raise awareness and promote the utilization of informational resources, training, and tools that can improve veterans' financial status.

- Financial components seem to be most useful during the initial three months after separation; however, problematic financial strain may be further reduced if financial component utilization is continued.
- Veterans who had problematic financial status and participated in programs/services offering the following components improved their ability to pay for immediate financial needs (e.g., pay monthly expenses):
 - financial investment components (through interactive, online tools and a mentor/coach);
 - home ownership education (through interactive, online tools); and
 - how to finance an education (through interactive, online tools or a mentor/coach).

7. Support programs/services that reduce social isolation by offering structured opportunities for veterans to form meaningful connections.

- Participation in volunteering reduced social isolation from Wave 1 to Wave 6.
- Attending programs/services that offered leadership and team communication skills reduced social isolation from Wave 1 to Wave 6.
- Natural social supports were related to decreases in social isolation from Wave 1 to Wave 6:
 - Veterans attending community social events were 24% less likely to report social isolation.
 - Veterans spending time with relatives (other than significant others or one's children) were 19% less likely to report social isolation.
 - Veterans participating in a community group (with others who share similar hobbies) were 23% less likely to report social isolation.
- Veterans who were socially isolated at Wave 1 and attended their educational institution's/school's veteran center were less likely to feel socially isolated at Wave 2.

8. Ensure programs/services offer barrier reduction components.

- During Wave 1 data collection, 84% of the veterans reported using a program/service that offered at least one barrier reduction component: tangible supports (e.g., scholarships, cash), increased access to programs/services, decreased stigma, and motivation to change.
- Assistance in accessing resources and supports was reported as a helpful barrier reduction component. Indeed, approximately 20% of the veterans nominated programs/services that offered transportation.
- A misalignment was found between the kinds of barrier reduction components valued by veterans and those offered by nominated programs. For example, only 9% of programs offered intrinsic supports (e.g., stigma reduction, motivation to change), even though 20% of the veterans said intrinsic components were helpful to them in achieving their goals.

9. Help increase veterans' awareness of resources and their ability to navigate access to needed resources.

- The veterans indicated not using programs/services because of a lack of eligibility awareness: 21% for legal/financial/housing, 18% for health, 16% for vocation, and 13% for social.
- Results indicate that veterans are not always fully aware of their program/service needs (e.g., unrecognized mental health issues; resistance/over-self-reliant when programs/services could be beneficial).
- The veterans indicated not knowing where to seek help: 15% for legal/financial/housing, 13% for vocation, 11% for health, and 9% for social.
- About half of veterans heard about the program(s)/services(s) they nominated by word of mouth and 34% used an online search; these mechanisms of knowledge transfer and seeking limit accessibility to programs/services for those with less social connections and, perhaps, those in greater need.

10. Integrate a holistic perspective into programs/services to foster better veteran health; effective interventions can modify behaviors that influence well-being.

- The majority of programs were nominated in single domains of well-being; increase the availability and/or cross-utilization of siloed interventions to better focus on the holistic health of veterans. Nominations were low for the following health programs (less than 5%):
 - TBI/PTSD;
 - physical activity/weight management; and
 - artistic expression.
- The VA provides a comprehensive health care system (e.g., behavioral health working collaboratively with primary care) and veterans who received health care through the VA in Wave 1 improved their health satisfaction across the six waves.

Information about and a description of the surveyed population can be accessed in this publication:

Vogt, D., Perkins, D. F., Copeland, L. A., Finley, E. P., Jamieson, C. S., Booth, B., Lederer, S., & Gilman, C. L. (2018). The Veterans Metrics Initiative study of US veterans' experiences during their transition from military service. *BMJ Open*, 8(6), e020734.
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This document was prepared by the Clearinghouse for Military Family Readiness at Penn State. For further information on the VETERANetwork or the provided recommendations, please contact Dr. Daniel F. Perkins at dfp102@psu.edu.

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