



# **MEASURING OUR COMMUNITIES:**

**THE STATE OF MILITARY AND VETERAN  
FAMILIES IN THE UNITED STATES**

# INTRODUCTION

**Shelley MacDermid Wadsworth**

Distinguished Professor and Director

Military Family Research Institute at Purdue University



Military Family Research Institute

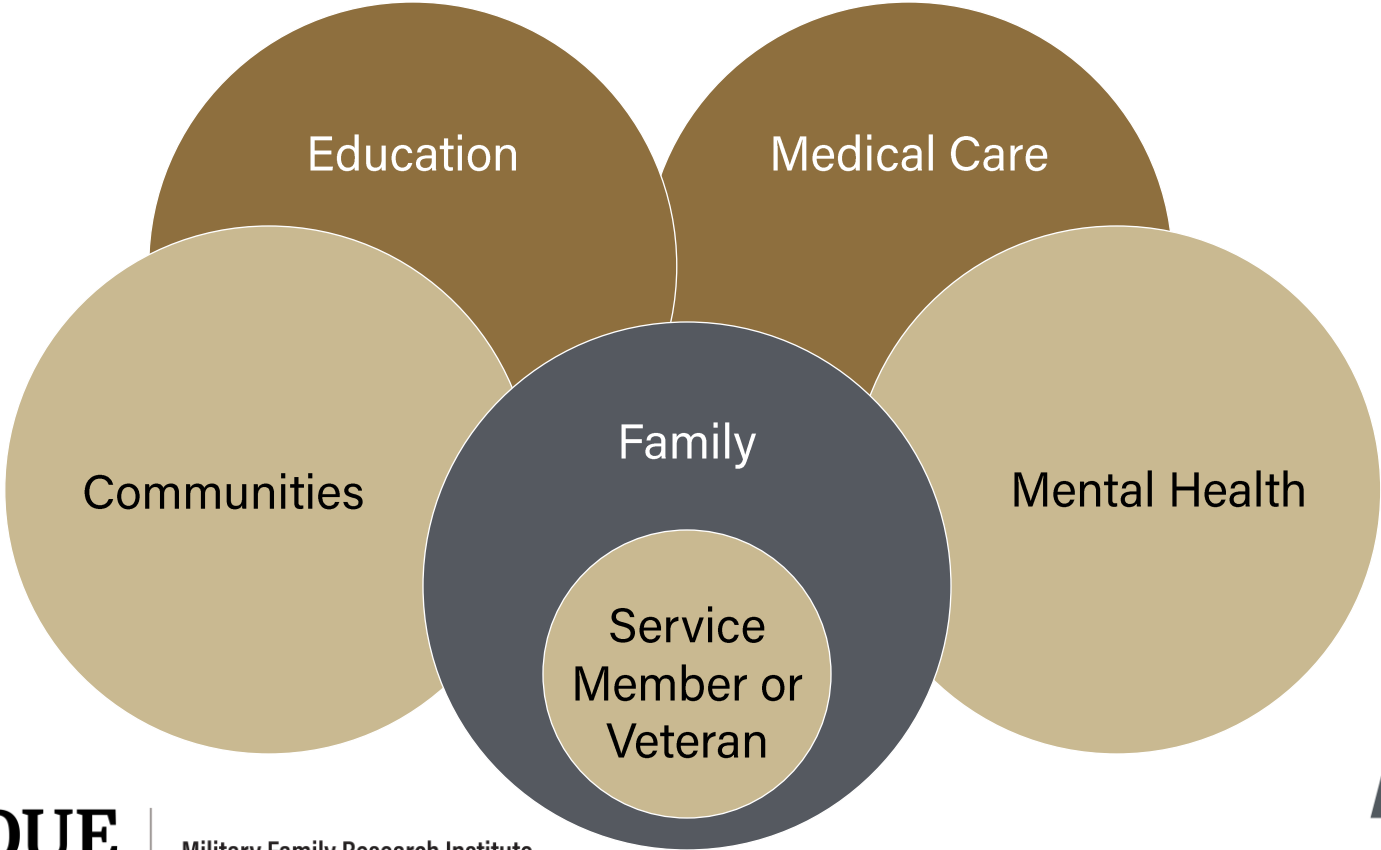
**FORGING**  
**BETTER FUTURES**  
**FOR FAMILIES**

## *About MFRI*

Founded in 2000, MFRI's work is guided by 5 strategic goals:

- **Support** the military infrastructure that supports families.
- **Strengthen** the motivation and capacity of civilian communities to support military and veteran families.
- **Generate** important new knowledge about military and veteran families.
- **Influence** policies, programs and practices supporting military and veteran families.
- **Sustain** a vibrant learning organization.

# MILITARY AND VETERAN FAMILIES ARE EMBEDDED WITHIN INTERLOCKING SYSTEMS





Focus *Forward* Fellowship

Joining Community  
Forces Indiana (JCFI)



Military Family Research Institute



**STAR BEHAVIORAL  
HEALTH PROVIDERS®**

*REACHING*  
**RURAL VETERANS**

**FORGING  
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FOR FAMILIES**

# FINDINGS

**Katie Walter**

Community Outreach Specialist

Military Family Research Institute at Purdue University



Military Family Research Institute

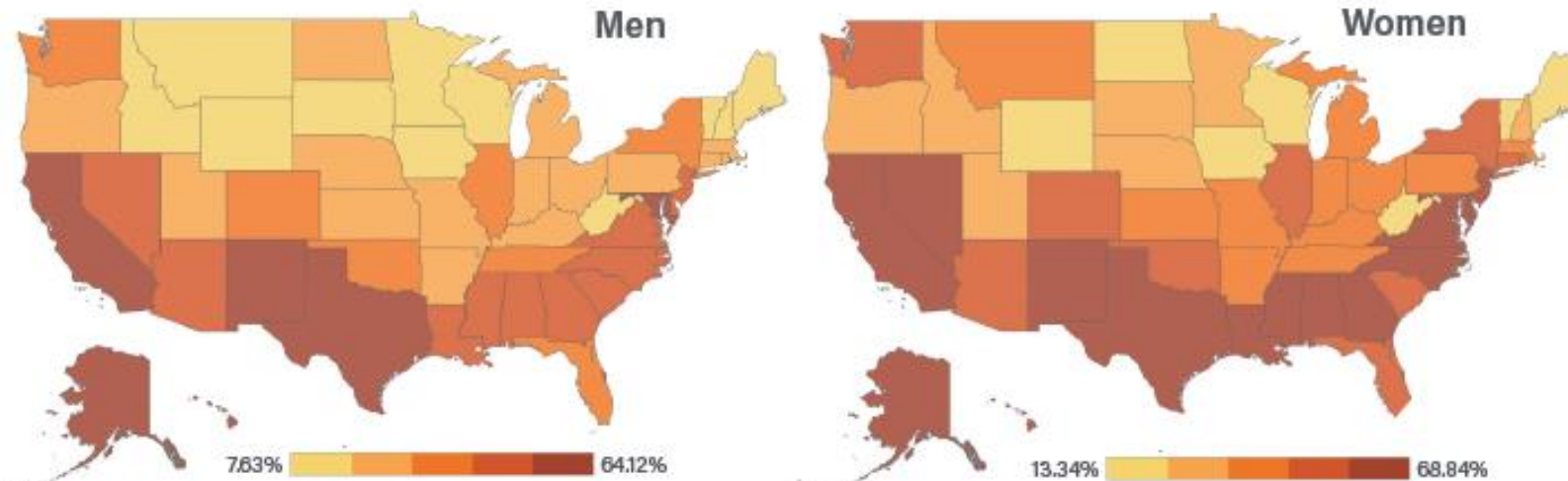
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# Key Findings – Demographics

## States vary in diversity of service members and veterans

- Five most diverse states/territories for veterans: Hawaii, D.C., California, New Mexico, and Texas

Diversity Index for the Veteran Population



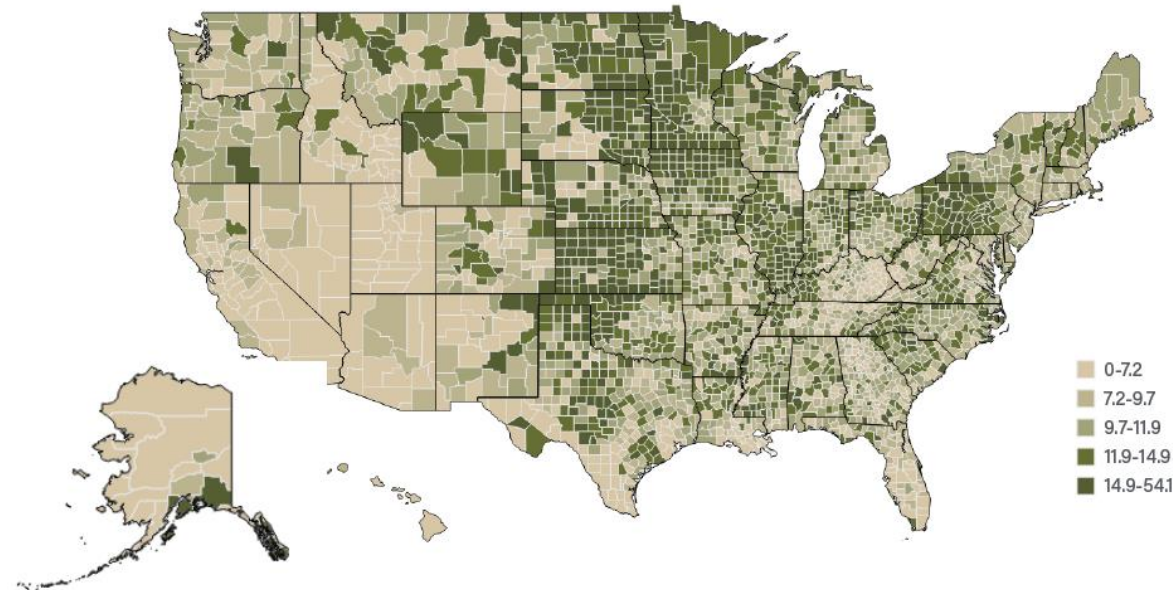


# Key Findings – Community

## Social associations promote strong networks of support

- It's unclear how much support *truly* exists to promote community connection for military-connected families

Social Association Rate by County





# *Key Findings - Employment*

## Employment challenges among military spouses could have long term effects

- Frequent PCS moves or length of employment impact ability to vest in employee-matching funds

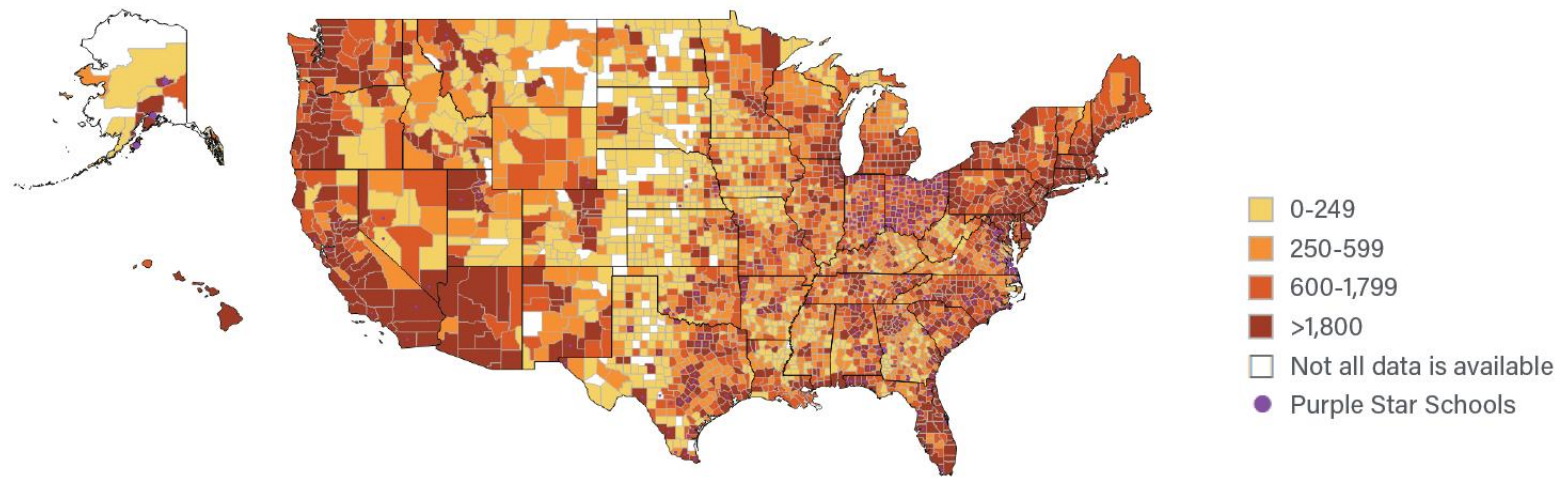


# Key Findings - K-12 Education

## Schools are becoming more military-aware

- Since May 2023, 38 out of 50 U.S. states have enacted legislation to begin the Purple Star School Program

Number of Military-Connected Children and Purple Star Schools



# Key Findings – Post-Secondary Education

## Student veterans face challenges

- Major challenges include an “us versus them” mentality, the learning environment/culture, and institutional barriers

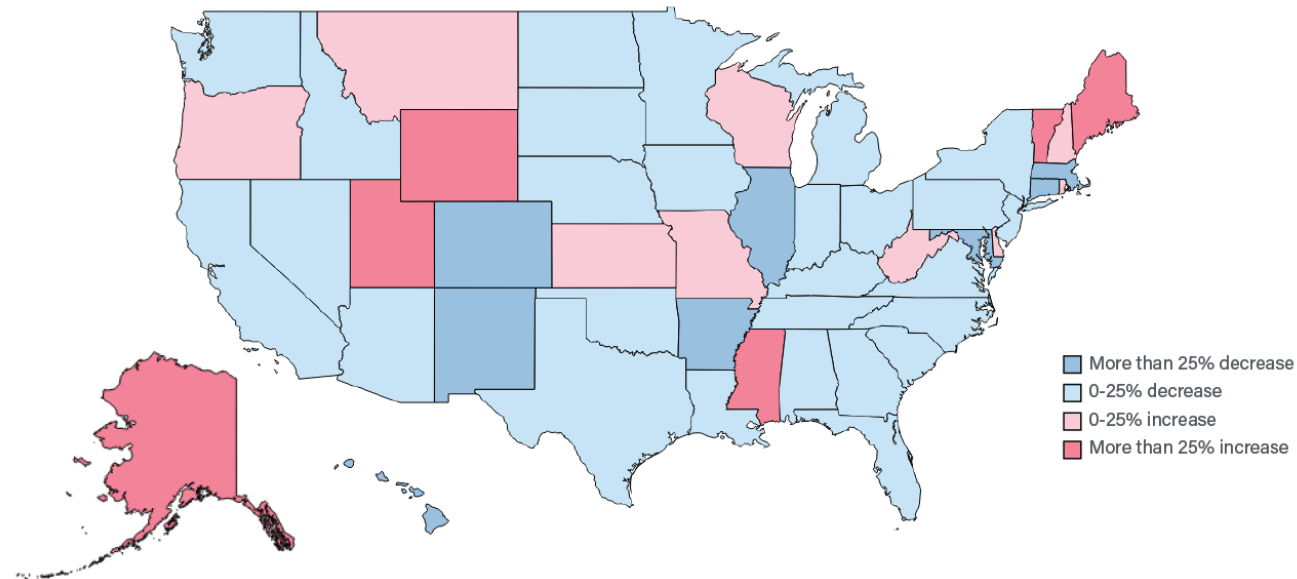


# Key Findings - Housing

## Improvements in veterans experiencing homelessness

- The number of veterans who are homeless is decreasing, but a smaller percentage are sheltered.

Percentage Change in Homeless Veterans from 2020 to 2022

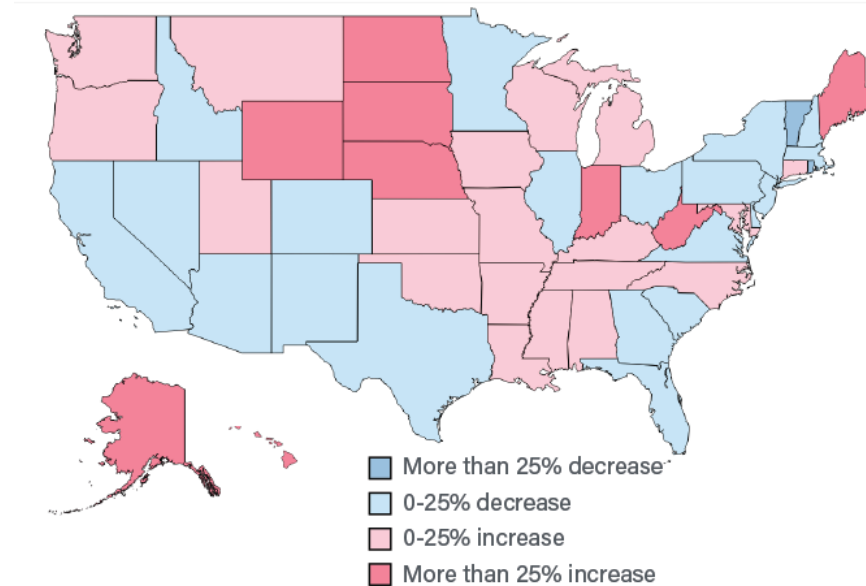


# Key Findings – Behavioral Health

## Subgroups of veterans show higher risk for suicide

- Younger (aged 18-34)
- Male
- White and non-Hispanic
- Deployed to Afghanistan and Iraq
- Not recently VHA-connected
- Recently transitioned to civilian

Change in Veteran Suicide  
from 2016 to 2020 at the State Level





## *Key Findings - Medical*

### PACT Act expands pool of benefit eligible veterans

- Approximately 4 million veterans would qualify if they contracted listed illnesses

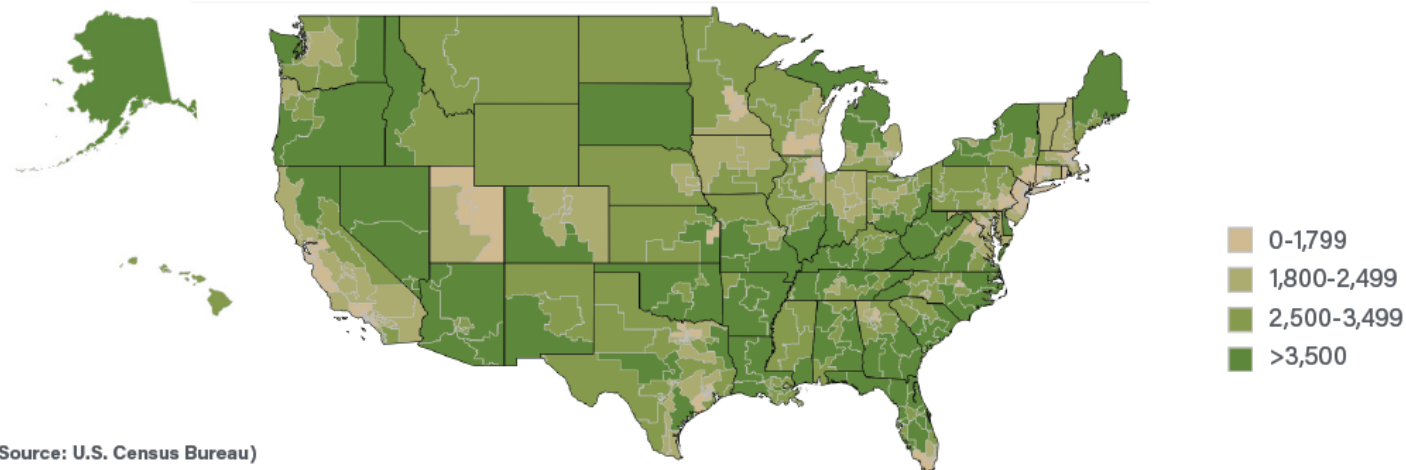


# Key Findings – Financial

## Food insecurity remains a major issue

- 1 in 4 active duty spouses experience food insecurity
- Approximately 1.1 million veteran households using SNAP benefits

### Number of Veterans in Poverty by Congressional District – 118th Congress



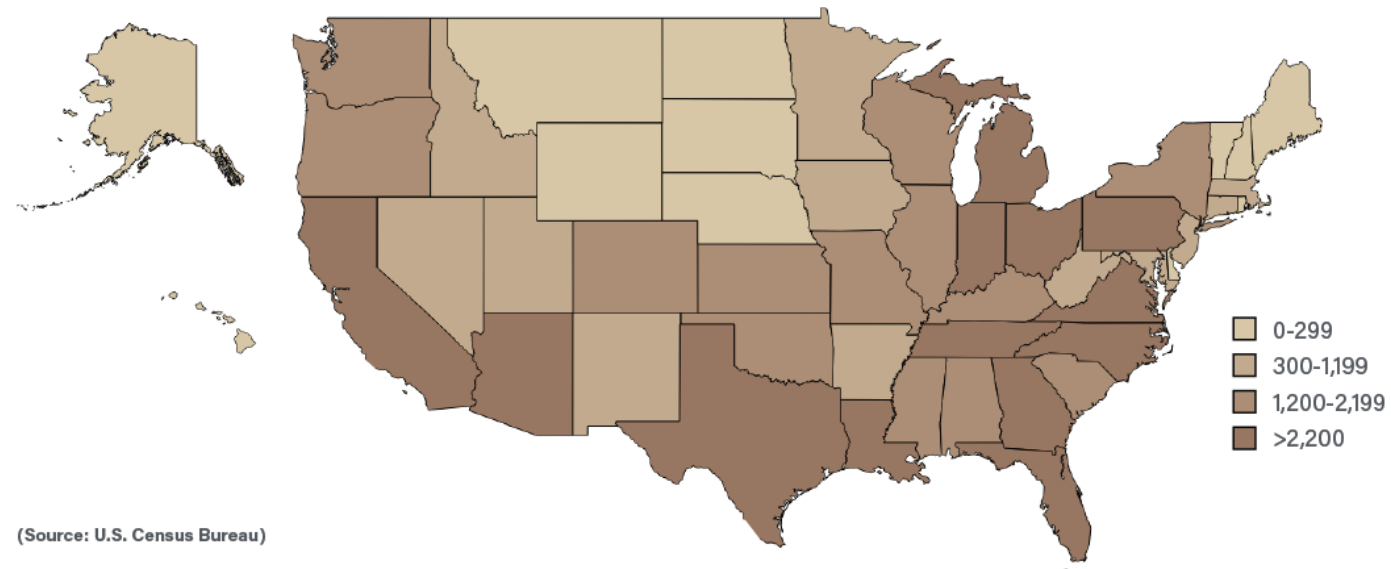


# Key Findings - Legal

## Military experience and criminal justice involvement

- Mental health conditions or challenges (i.e., PTSD) increase risk for veteran to become justice-involved

Number of Institutionalized Veterans By State



# *QUESTIONS ABOUT MEASURING COMMUNITIES?*

Katie Walter  
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# LOCAL STORY

**Joseph DeVito**  
Outreach Director  
Indiana Department of Veterans Affairs



Military Family Research Institute

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Indiana's  
Governor's Challenge  
To Prevent Suicide Among  
Service Members, Veterans,  
their Families and  
Caregivers (SMVF-CG)

Effective suicide prevention takes a combination of people, effort, and imagination. TOGETHER we can achieve far-reaching statewide improvements in policy, practice, and implementation.

Join us.



# Indiana Governor's Challenge

## Our Mission:

Provide knowledge, choice, and support for community coalition agencies and organizations to identify service members, veterans, family members, and caregivers. Foster connection for all communities, provide education, services, and resources.

## Our Vision:

To Inspire, Empower, and Invest in Indiana's community efforts to prevent suicide.

**Our Logo:** The creation of a new logo represents all of the partners and contributors of our mission with a unified symbol. No one organization or agency is represented by a logo or name.



The bars encompass our state and flow beyond the borders, representing our dedication to go above and beyond, and our affirmation that we must be united as a nation to achieve the mission.

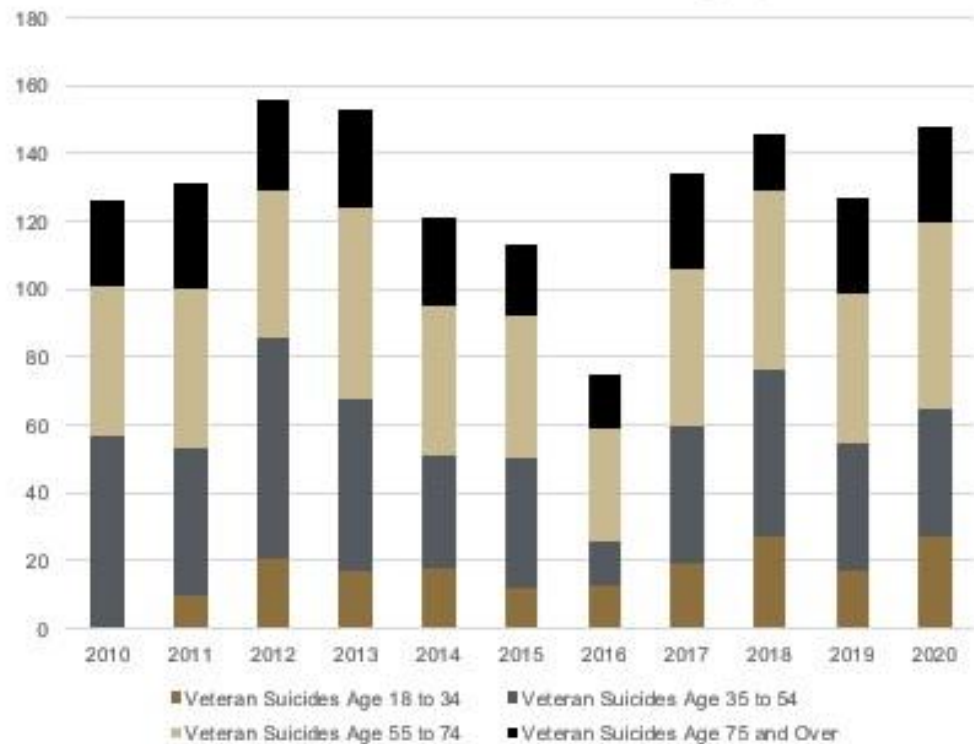
The three horizontal bars represent the three priority areas of the Governor's Challenge and are washed in the state colors of Indiana.



# WHY: SMVF-CG Need You

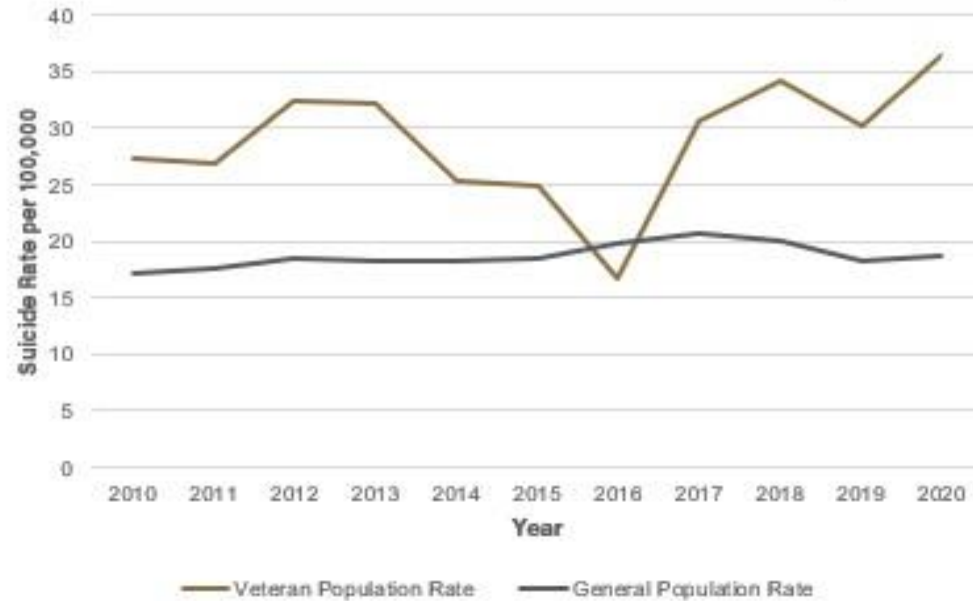
## Veteran suicide is prevalent across ALL ages

Indiana Veteran Suicide Numbers by Age



## Veteran suicide rates are much higher than civilian

Indiana Suicide Rate: Veteran vs General Pop.



# WHO: Your Partners



INCVSO





# Community Implementation

**IN**troduce

## INtroduce

### The Indiana Plan Structure

- Partnership based
- Teamwork approach
- Funding supported
- Fully customizable

**IN**spire

## INterpret

### Data & Process Driven:

- Community Risk Assessment Index
- Format
- Process
- Assessment
- Targeted and measurable action
- Adaptable to your needs

## INspire

### Choice Creates Buy-IN

- Process of informed choice
- You lead your community
- You lead the non-profits
- Count on your partners

**IN**terpret

## INvest

### Tools for Success

#### Funding & Resources

- Planning grant
- Planning assistance
- Planning outline
- Implementation grant
- Track/measure progress
- Measure success
- Stakeholder engagement tools
- Events sponsorship
- Staffing/Consulting

**IN**vest



**JOIN**

**INI**



# Community Choice – Data Driven

## Community Risk Assessment Index (RAI)

- Utilizes key data points to create a community risk assessment score

## RAI Formula

- Presence of SAMHSA mental health or substance use facility
- Behavioral health professional shortage area score
- Digital divide index score
- Educational attainment
- Poverty rate
- Rural access continuum

## Key community data points (collected from Indiana leadership organizations)

- Current county veteran data
  - Populations/Density
  - Age
  - VA Compensation & Pension data
  - Income ranges
- Active INNG county data
  - Soldier population & dependents
  - Soldier & Family Readiness locations
  - Installation/Armory Locations
  - INNG Family Relief Fund Data
- Services in county
  - WIC count
  - TANF count
  - EBT count
  - SNAP count
  - Care Giver
  - Post-vention
- Past (2) yrs. county data
  - Veteran suicide
  - Veteran overdose
  - Civilian suicide
  - Civilian overdose
- Unique veteran community data
  - American Indian and Alaska Native (AIAN) Veterans
  - Asian Americans, Native Hawaiians, and Pacific Islanders (AA and NHPs) Veterans
  - Black Veterans
  - Hispanic and Latino Veterans
  - Lesbian, Gay, Bisexual, Transgender, and Queer + (LGBTQ+) Veterans
  - Older Veterans
  - Rural Veterans
  - Agricultural Veterans
  - Women Veterans

Your Community's Unique Data



# Community Choice = Buy In

ASK  
THE  
QUESTION

## Coalition Choice

Priority Focus determined by data:

- Current resources
- Priority-focused data points
- Intimate community knowledge

## Tools to Use

IGC Rollout team provides a process based on:

- Key data points (RAI)
- Detailed questionnaire
- Community resource guide
- IGC resources & partners
- Insight from coalition



Direction is the choice of the coalition

IGC Rollout team is simply bringing tools and templates to help with the choice:

- Choose P1 focus
  - Customize plan
- Choose P2 focus
  - Customize plan
- Choose P3 focus
  - Customize plan
- Choose any combination



# Community Implementation **Priority One**

Did you serve in the U.S. military?

Are you still serving?

Family member who served?

\*Active Duty  
\*Reserves  
\*National Guard



Scan & Send



**All Data Collected and Sorted by:**

- Reverse Append Data Categories
- Service Type (Active/Reserve/N.G.)

**Follow-Up Data Collection:**

- Dates of Service
- VA Healthcare Enrollment Status
- VA Service Connected Disability Rating(s)
- Wellness checks/health links
- Barriers to help-seeking
- Family resources

**Data Tracking:**

- Vet-to-Vet Group Involvement
- Event Attendance

**ASK**  
**THE**  
**QUESTION**

# THANK YOU FOR JOINING IN.

## Join The Team

IDVA Health & Wellness Coordinator  
Bryan Schmidt / [bschmidt@dva.in.gov](mailto:bschmidt@dva.in.gov)

IDVA Outreach Director  
Joe DeVito / [jdevito@dva.in.gov](mailto:jdevito@dva.in.gov)

*Indiana will make a difference, be a leader and change lives. Be a part of the team, Join IN.*



# NATIONAL STORY

**Alexander Long**

Training and Technical Assistance Specialist

SAMHSA SMVF TA Center / Education Development Center



Military Family Research Institute

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**FOR FAMILIES**

# SAMHSA's Service Members, Veterans, and their Families Governor's Challenge Overview



**SAMHSA** ★ **SMVF TA CENTER**

Service Members, Veterans, and their  
Families Technical Assistance Center

*Alexander Long, (he/him), Project Associate, SAMHSA's Service Members, Veterans and their Families Technical Assistance Center*



# Disclaimer



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Service Members, Veterans, and their  
Families Technical Assistance Center

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Substance Abuse and Mental Health Services Administration (SAMHSA), the U.S. Department of Health and Human Services (HHS), the Veterans Health Administration (VHA), or the U.S. Department of Veterans Affairs (VA).



### Objective

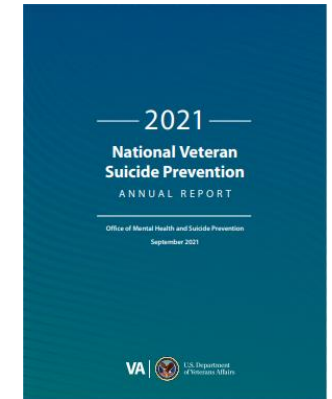
- Create a **Strategic Action Plan** with strategies intended to reduce suicide among Service Members, Veterans, and their Families (SMVF)
- Implement the strategies on the plan, demonstrate successful outcomes, and **Influence Policy Change** to support statewide practices that will reduce SMVF suicide

### Approach

- **Form a Team** within each participating state/territory with interagency military and civilian collaboration
- *SAMHSA's Strategic Planning Framework, VA's National Strategy for Preventing Veteran Suicide 2018-2028, and RAND's Getting-To Outcomes models* were used to structure the **Process Stages** and formulate content
- State/territory teams participate in various **Technical Assistance Events** facilitated by VA/SAMHSA to advance through the process

\*Strategic Prevention Framework: [20190620-samhsa-strategic-prevention-framework-guide.pdf](https://www.samhsa.gov/2k19/0620-samhsa-strategic-prevention-framework-guide.pdf)

\*RAND GTO: <https://www.rand.org/health-care/projects/getting-to-outcomes.html>

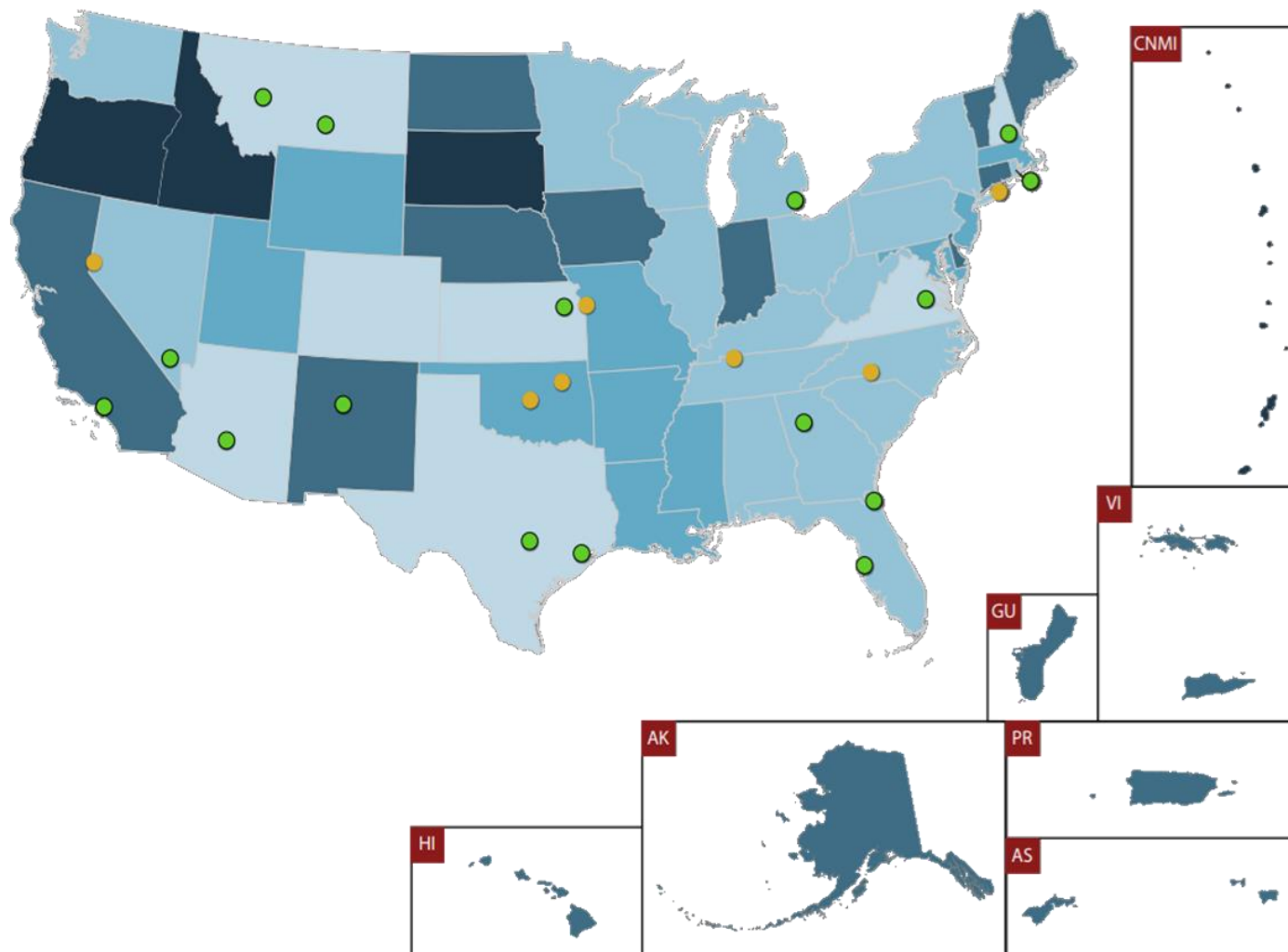




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Service Members, Veterans, and their Families Technical Assistance Center

# Mayor's and Governor's Challenge Overview 2018-2023



2018 Mayor's Challenge Cities and Communities



2019 Mayor's Challenge Cities and Communities



2019 Governor's Challenge States



2020 Governor's Challenge States



2021 Governor's Challenge States



2022 Governor's Challenge States/Territories



2023 Governor's Challenge States/Territories



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Service Members, Veterans, and their  
Families Technical Assistance Center

As part of the Strategic Planning Process, each team is provided with a State Data Packet produced in partnership with MFRI. The information included in these data packets includes:

- Measuring Communities Indicator List
- Useful Definitions
- Veteran and Civilian Suicide Data
- State Snapshot
- State Military Caregiver Snapshot
- State Hospital Compare Fact Sheet
- Maps
  - SMVF Connectedness
  - SMVF Suicide Screening
  - Medical shortage areas
  - Behavioral health shortage areas and VA facilities
  - Female Veterans and VA facilities
  - Digital Divide and military supports



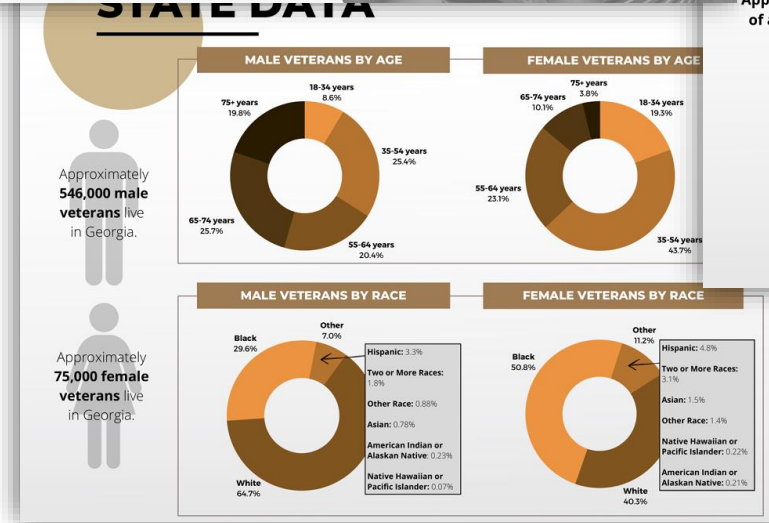
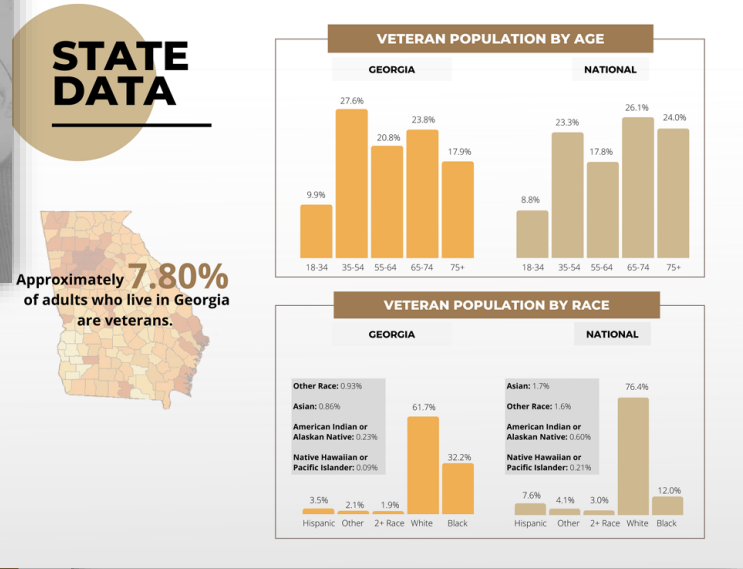
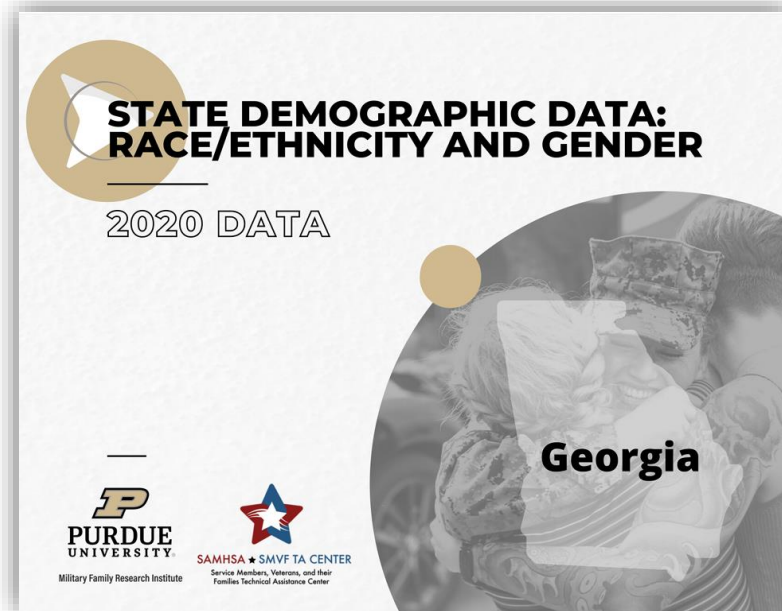
In 2021, the SMVF TA Center developed a workshop to support teams who were interested in suicide prevention planning for diverse Military and Veteran populations.

The goal was to identify the demographic makeup of Veterans within states, territories and communities to the county level.

Participants would then have a discussion about the unique needs of these diverse communities.



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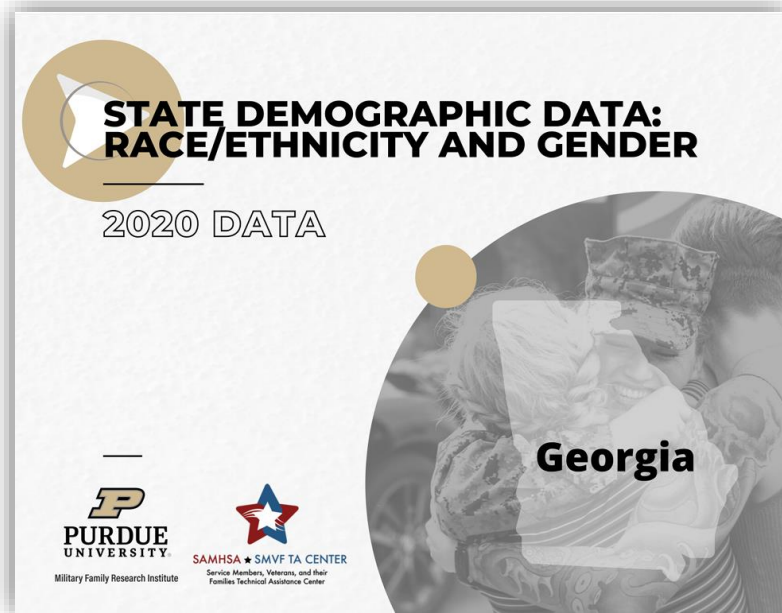
The SMVF TA Center partnered with MFRI to produce team-specific Demographic Data Sheets for their use in suicide prevention planning.

This data could then be used to inform suicide prevention programming for the following diverse SMVF Populations

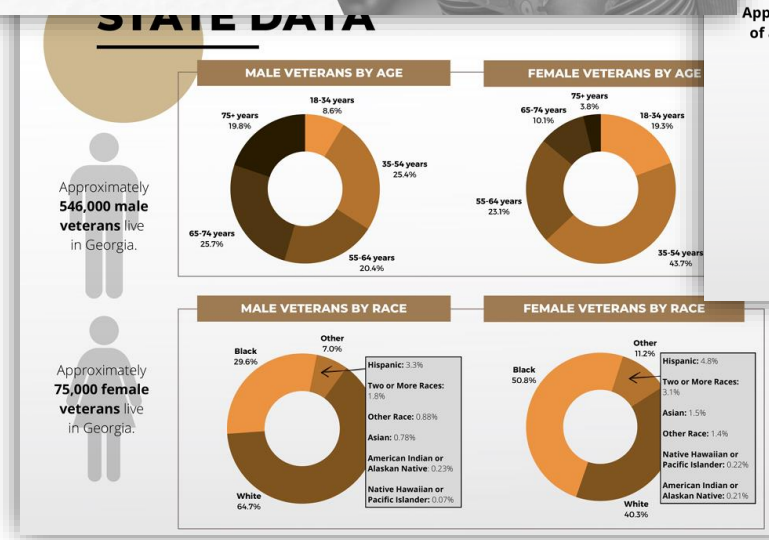
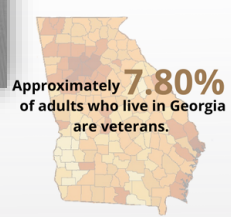
- Women Veterans
- Aging Veterans
- LGBTQ+ Veterans
- Black / African American Veterans
- Hispanic and Latino Veterans
- Asian American / Native Hawaiian / Pacific Islander Veterans
- American Indian / Alaskan Native Veterans



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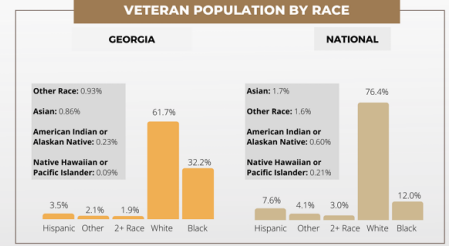
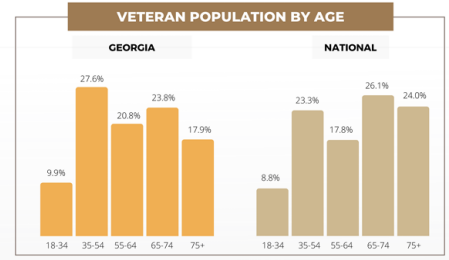


**STATE DATA**



Approximately **546,000** male veterans live in Georgia.

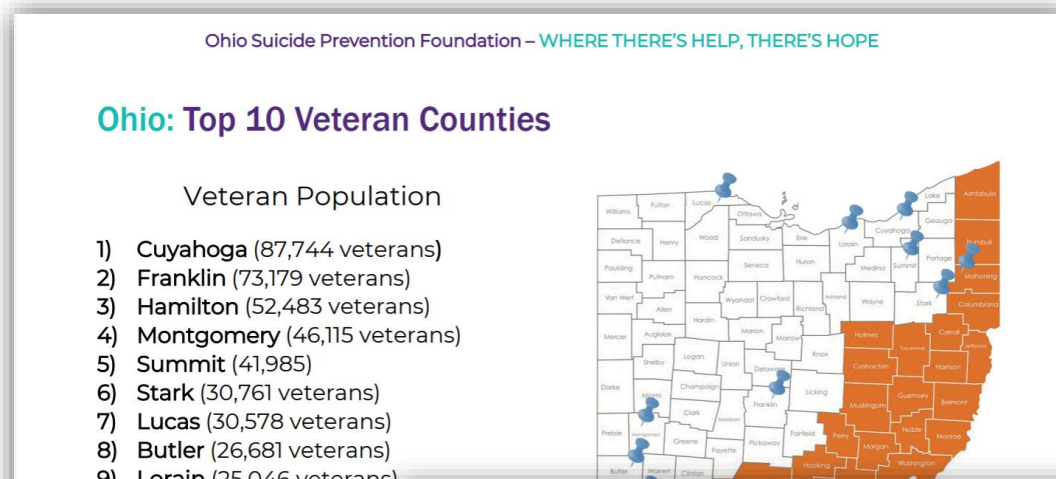
Approximately **75,000** female veterans live in Georgia.





To date, the SMVF TA Center has provided Inclusivity Site Visits to the following teams:

- Arizona
- Colorado
- Georgia
- Indiana
- Kansas City, MO
- Maryland
- Michigan
- Nevada
- New Hampshire
- New York
- Ohio
- Rhode Island
- West Virginia



The State of Ohio incorporated MFRI county-level Veteran demographic data into their Veteran suicide prevention training for strategic partners in their state

Ohio Suicide Prevention Foundation – WHERE THERE'S HELP, THERE'S HOPE

### Ohio: Top 10 Veteran Counties (Continued)

By Age

County	Veterans	Male	Female	18-34 years	35-54 years	55-64 years	65-74 years	75+ years
Cuyahoga	87,744	82,479	5,265	5,265	21,936	20,181	16,671	23,691
Franklin	73,179	67,325	5,854	6,586	22,685	19,027	11,709	13,172
Hamilton	52,483	49,334	3,149	3,149	13,121	13,121	9,447	13,646
Montgomery	46,115	42,426	3,689	3,689	13,884	10,606	7,840	10,145
Summit	41,985	39,466	2,519	2,099	10,496	11,336	7,557	10,496
Stark	30,761	28,915	1,846	1,846	7,705	8,305	5,845	7,690
Lucas	30,578	29,355	1,223	1,835	7,644	7,950	5,504	7,644
Butler	26,681	25,080	1,601	1,868	8,004	7,204	4,536	5,336
Lorain	25,046	23,543	1,503	1,503	6,762	7,013	4,508	5,260
Mahoning	21,691	21,040	651	1,085	4,338	5,640	4,338	6,290

Suicide Prevention Training for Veterans



# Thank You!



For technical assistance questions,  
please contact  
SAMHSA's SMVF TA Center at  
Policy Research Associates, Inc.  
(518) 439-7415  
[smvftacenter@prainc.com](mailto:smvftacenter@prainc.com)



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# POLICY IMPLICATIONS

**Besa Pinchotti**

CEO

National Military Family Association



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**BETTER FUTURES**  
**FOR FAMILIES**

***QUESTIONS?***

**Thank you for your attendance!**



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**FOR FAMILIES**