



New Veterans in Illinois:

A CALL TO ACTION

December 2012

In this report...

Introduction.....	1
New Veterans by the Numbers.....	2 - 3
Young Veterans.....	4 - 5
Female Veterans.....	6 - 7
Wounded Veterans.....	8 - 9
Call to Action.....	10 - 11
What You Can Do to Help Support Veterans.....	12 - 13
Promising Approaches.....	14
Resources & Partners.....	15

The research for this brief was conducted by the Social IMPACT Research Center for the Veterans Initiative, a fund of the Robert R. McCormick Foundation.

A special thanks to the providers and researchers in the Robert R. McCormick Foundation's community of practice who have helped inform this work.

Suggested Citation: Carrow, L., Rynell, A., & Terpstra, A. (2012, December). *New veterans in Illinois: A call to action*. Chicago: Social IMPACT Research Center.

Introduction

Members of the United States Armed Forces make enormous sacrifices in service to our country. The more than 2 million American troops that have been deployed to Iraq and Afghanistan—which has been the United States' largest sustained ground operation since the Vietnam War—deserve to lead healthy, successful, fulfilling lives upon their return to civilian life.^{1, 2, 3} However, the reality for today's war veterans is often quite different.

Today's new veterans face substantial challenges upon return: an economy with few job openings, a weak housing market, systems of care that have grown accustomed to serving older and predominantly male veterans, and safety net programs that have been slashed by budget cuts and dwarfed by demand. Despite that, most new veterans will likely have a positive, successful transition back to civilian life without the need for many special supports, but there are also those who will need extra guidance and services. Many new veterans are dealing with mental and physical injuries as a result of their service. Employment needs are also significant, as having a job is foundational to many other areas of successful transition from military to civilian life.

As more veterans return from duty, the need is growing. There are approximately 76,000 new veterans already living in Illinois, and that number is expected to grow considerably in the coming years as more veterans return home.⁴

An inadequate response after Vietnam impacted many veterans for decades afterward. We need to respond differently to support our new veterans' return, and we must start *now*, as many are already struggling with the lasting impacts of wounds of war, unemployment, and homelessness.

While the U.S. Department of Veterans Affairs (VA) provides meaningful supports, not all veterans are eligible for all VA benefits, and some veterans prefer to find support in their community. Those communities have an opportunity to demonstrate their commitment to supporting their veterans.

To properly support and serve veterans, communities should develop a coordinated and adequately-supported system of services to meet veterans' needs.

Preparing such a response requires information. We need to know who they are and specifically what they need. It is only with this key information that an effectual system of response can be built.

To that end, this report presents a profile of new veterans in Illinois and offers a picture of the challenges they may face upon their return to civilian life. It provides vital data on our most recent veterans, offers a snapshot of some of the most vulnerable of the new veterans—young, wounded, and female veterans—and ends with a call to action and suggestions on how to best support them.

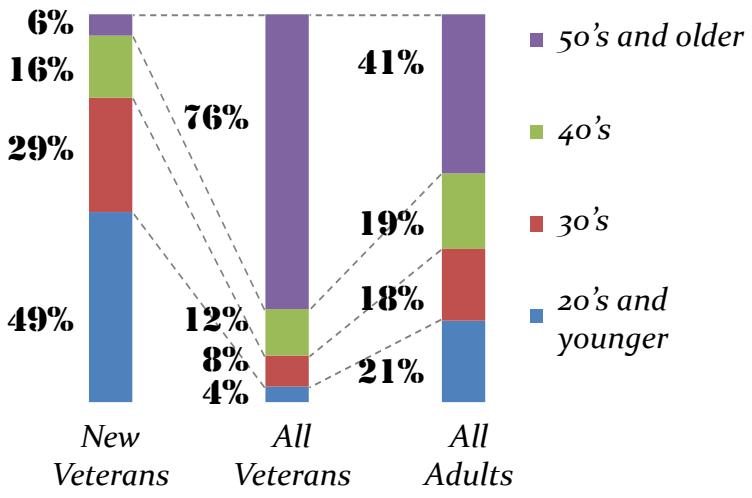
This report was written with the support of the Robert R. McCormick Foundation Veterans Initiative, which is an example of what the necessary coordination can look like. The Initiative's working group is made up of key stakeholders, including veterans, workforce development programs, researchers, advocates, social service providers, government leadership, and employers who have come together with the goal of increasing opportunities for employment for veterans. The information in this report is designed to assist them and other groups in Illinois in their advocacy and direct support of new veterans' successful reintegration, stabilization, maintenance, and self-sufficiency.

There are approximately 76,000 new veterans already living in Illinois, and that number is expected to grow considerably in the coming years.⁵

New Veterans in Illinois

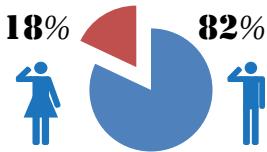
AGE:

New veterans in Illinois are younger than the adult population and the overall veteran population in Illinois.



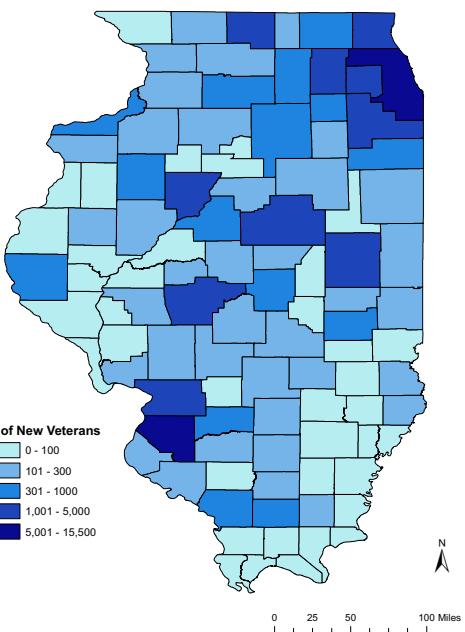
GENDER:

The majority of new Illinois veterans are male.



GEOGRAPHY:

New Veterans in Illinois



New veterans in Illinois are concentrated in and around Chicago, near the Great Lakes Naval Base, and around St. Louis, near the Scott Air Force Base. Large numbers also reside mid-state and in north-central Illinois.

DATA SOURCES

This report presents information from a number of sources, but two sources prove particularly useful in understanding new veterans: (1) the U.S. Census Bureau's American Community Survey (ACS) and (2) the U.S. Department of Defense (DoD). These data sources offer two important and slightly different perspectives on the new veteran population. Where state-level data are not available, we draw upon national research and data sources.

(1) American Community Survey

the data

The U.S. Census Bureau's American Community Survey tells us about veterans who are currently living in Illinois. The ACS data reflects self-reported veterans who served after 2001 (some may have also served before 2001) and were living in Illinois at the time they took the survey. This group is referred to as "veterans" in this report.

what it tells us

The ACS tells us a great deal about veterans who are now living in Illinois—regardless of where they lived before they served. We can learn about their situations since separating from the military and how they are faring in the civilian world—their employment status, income, household information, and much more. From the ACS, we know that there are approximately 76,000 new veterans living in Illinois.

by the NUMBERS

EMPLOYMENT:

Illinois had the 4th highest unemployment rate of all states for new veterans in 2010, at 13%.

New veterans in their **20s** have the **highest rate of unemployment** of all new veterans, with a rate...

61%
higher than
those in their
30s

&
142%
higher than
those in their
40s

INCOME:

of new veterans in Illinois...



POVERTY:

of new veterans in Illinois...



7% live below the poverty line, which is **\$11,170** for a single person and **\$19,090** for a family of three.

12% are **low income**, living between **100%** and **200%** of the poverty line.

(2) Department of Defense

the data

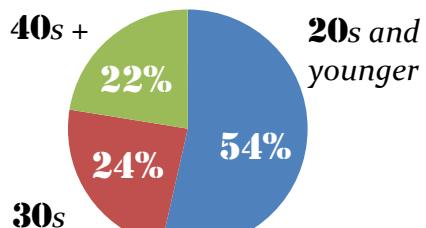
The Department of Defense dataset, obtained through a Freedom of Information Act data request answered by the Defense Manpower Data Center, gives us a deeper understanding of Illinoisans who have served since 2001. The DoD data reflect those with a **permanent Illinois address** who were **deployed between September 11, 2001 and April 29, 2011**—some of whom are now veterans and others of whom are still serving in the military. This group is referred to as “service members” in this report.

what it tells us

The DoD dataset tells us about Illinoisans who have been deployed since 2001. This is a smaller population than all those who served in the military after 2001 since some may not have been on active duty and some may not have been deployed during that time. While some service members may have left the military and now live elsewhere, many have returned to Illinois, and the DoD tells us critical information about those people that are not available through the ACS—their military ranking and occupations, deployment information, and more. From the DoD, we know that over 40,152 Illinoisans were deployed between September 2001 and April 2011.

New Veterans in Illinois by the NUMBERS

AGE: The majority of new veterans in Illinois are in their 20's or 30's.



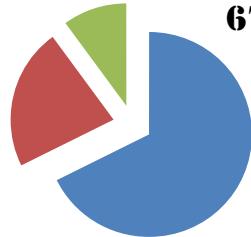
EDUCATION:

of new veterans in Illinois...

10% have some college experience



22% have a Bachelor's, Master's, Professional, or Doctoral degree.



MILITARY EXPERIENCE:



Top 5 Military Occupations of Illinois Service Members

ARMY: Logistics

ARMY: Infantry

AIR FORCE: Support

ARMY: Medical

AIR FORCE: Maintenance/
Logistics

DEPLOYMENT:

The majority of service members from Illinois are in the Army, followed by the Air Force; most have only had one deployment. Since 2001, service members from Illinois were deployed to at least 35 countries, but nearly 90% were deployed to the Middle East—Kuwait, Afghanistan, Iraq, Kyrgyzstan, or Qatar.



7% had been on **3 OR MORE** deployments



19% had been on **2** deployments



74% had been on **1** deployment

Profile: YOUNG VETERANS

New veterans in Illinois are younger than the overall veteran population, with over half being under 30 years of age. As such, many of these new veterans have limited civilian work experience.⁶

New veterans in their twenties have the highest rate of unemployment among veterans, followed by those in their thirties.⁷ Young veterans are also more likely to earn low incomes (less than \$20,000 annually) than other veterans: while 54% of all new veterans are under age 30, 80% of low-earning new veterans are in that age range.⁸ Young veterans also tend to have lower education levels, which is noteworthy since educational attainment is associated with employment rates and income levels.⁹

Many young veterans were able to gain important employment skills while in the military, but often that does not translate intuitively to civilian work. Most Illinois service members are enlisted soldiers, and while serving in the military, each holds a specific occupation. To perform these jobs, service members receive extensive training and are given important responsibilities. The majority of Illinois service members hold military occupations in the categories of logistics, infantry, or support; these are either direct combat or combat service support positions.¹⁰ A large share is also in medical department branches.¹¹

Much of their work experience can be translated to marketable civilian job skills. Unfortunately, this translation is not always obvious to employers or even to the veterans themselves, and employers often apply the same assumptions to new veterans as they do to all young workers who are new to the workforce—that they may be less skilled and less work ready.

David* joined the Army after high school and recently separated from active duty at the age of 24. He is crashing at a friend's place in Chicago until he figures out what is next. He is thinking about using his veteran education benefits to go to college, but doesn't know what type of degree he might want or where to even begin with the application process. He knows that the GI Bill entitles him to education benefits, but it's confusing, and he's not exactly sure how to access his benefits and where they can be applied.

For the time being he's looking for a job in security so that he can get his own apartment and get off of his friend's couch. He was an enlisted soldier in the Infantry, so he didn't expect to have a hard time finding this type of job, but he's never lived on his own or held a full-time job in the civilian world, so this too is proving to be a challenge. David wants to make it on his own; he doesn't want to be a burden on his family and feels that there will be more opportunities in the city, so he doesn't want to return to his parents' home in the suburbs. He is finding that all of the choices of civilian life, while exciting, are somewhat overwhelming.

- **David needs help understanding and accessing the benefits available to him.**
- **He needs help with job readiness and job searching.**
- **He needs help updating his resume and translating all of his military experience to be understandable to civilian employers.**
- **He needs help looking for a place to live.**
- **He needs someone to talk to about the direction he wants to take.**



* All veteran stories in this brief are composite vignettes used to illustrate some of the real challenges that veterans face. To read about real veterans, their challenges, service needs, and successes, please visit our website: www.heartlandalliance.org/research

Profile: FEMALE VETERANS

Amanda,* 27, received an Honorable Discharge from the Air Force about a year ago, where she worked in aerospace maintenance repairing and maintaining aircraft equipment. Since her return home from military service, she and her four-year-old son have been living with her parents near St. Louis. She was relieved and excited just to be home with her family and assumed she could figure everything out once she got home.

Now she feels overwhelmed with financial responsibilities and with the systems she has to navigate to access the benefits she needs to really get ahead. Amanda has a few years' worth of college courses under her belt, but wants to wait to go back to school. First, she wants to get a good job to support herself and her son so that they can get a place of their own. Right now she is working the night shift at a 24-hour convenience store so that her mother can watch her son while Amanda is at work for the night.



- **Amanda needs help finding low-cost child care so that she can job search and look for and attend employment supportive service programs.**
- **She needs help looking for an affordable apartment with a good preschool nearby.**
- **She needs help understanding what education benefits she can utilize and how long she can wait to use them.**

There are more female service members than ever before: women comprise 15% of the Active Duty force, 16% of the National Guard, and 20% of the Reserve.¹² The number of new female veterans is therefore also growing—with 13,000 already returned and living in Illinois.¹³

Many female veterans have unique experiences and situations that affect their social service and employment needs. New female veterans are nearly twice as likely to be divorced as male veterans—18% and 10%, respectively—and to be raising children alone—11% of new female veterans, compared with 4% of males, are single parents.¹⁴ The presence of children, especially young children, can be a barrier to employment if childcare is not readily available, particularly for single parents. Female veterans are also generally younger, more likely to be a racial minority, more likely to be unemployed, and have lower incomes than male veterans.¹⁵

In conditions that have been compared with the Vietnam War in that there are no real front lines, service members are often in hazardous situations regardless of technically being in a combat or a support position. So, while women in the military are still barred from certain ‘front line’ positions, many new female veterans have nonetheless been exposed to dangerous combat situations.¹⁶

Military sexual trauma is also very common and may have a stronger impact on female veterans than combat exposure.^{17, 18, 19} Sexual assault, however, is a highly underreported crime, in both civilian and military populations, so its true prevalence is not well understood. Military sexual assault is assumed to have an even higher underreporting rate than the civilian rate due to survivors’ fear of retaliation or reprisals if the crime is reported.²⁰

- In 2010, over 2,600 service members (approximately 90% female) reported being sexually assaulted to DoD authorities. The DoD estimates that in reality, over 19,000 sexual assaults actually occurred.²¹
- A large study of Veterans Health Administration care recipients found that 15% of female patients had reported military sexual trauma.²²
- Only 38% of female veteran sexual assault survivors utilize mental health services, and women who experienced trauma in the military are less likely to use VA health care.^{23, 24}

Many negative mental and physical health consequences are associated with military sexual trauma: increased risk for depression, alcohol abuse, PTSD, pelvic pain, menstrual problems, back pain, headaches, gastrointestinal symptoms, chronic fatigue, and more.²⁵ The VA has increased efforts to create women-friendly veteran environments, such as women’s health centers, but the expansion of these services and their acceptance among female veterans takes time. In the meantime, women veterans may require alternative service options.

New Veterans in Illinois by the NUMBERS

WOMEN:

in Illinois...

While **18%** of new veterans are women, they comprise **23%** of new veterans with low personal incomes (under \$20,000 a year).



A higher percentage of female veterans (**18%**) are not in the labor force compared to male veterans (**11%**)

.....

FAMILIES:

in Illinois...



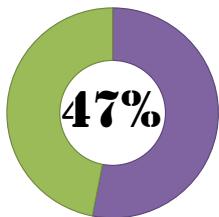
37%
of new veterans have at least **1** child present in their household



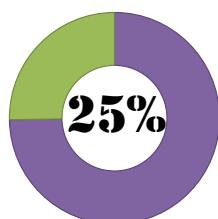
Nearly one **out of five** new veterans has one or more children **under the age of five** present in their household...

...for **female** veterans, it is nearly **one out of four**.

Approximately **6,000** new veterans are **single parents**.



Nearly **half** of female veterans with children are raising them **alone**



...nearly **twice** the rate of male veterans

* All veteran stories in this brief are composite vignettes used to illustrate some of the real challenges that veterans face. To read about real veterans, their challenges, service needs, and successes, please visit our website: www.heartlandalliance.org/research

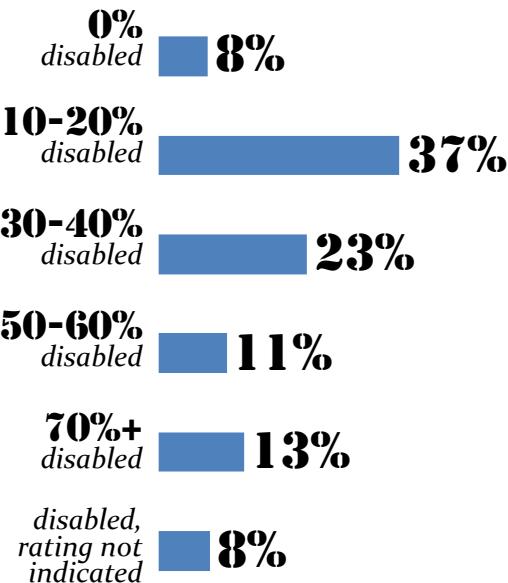
New Veterans in Illinois by the NUMBERS

DISABILITY:

11% of new Illinois veterans have a disability stemming from their military service.

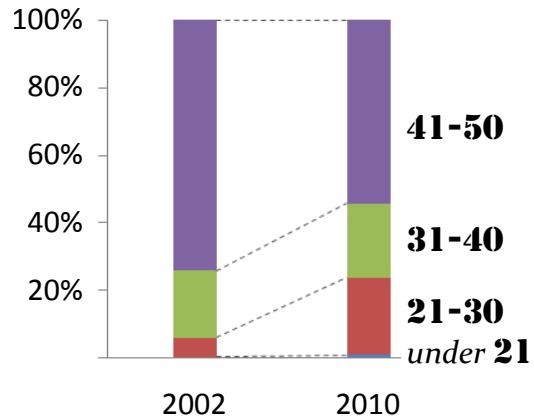
Disability rating is based on the VA's determination of a veteran's impairment to obtaining gainful employment, so can be used as an indicator of a possible barrier to work.

Distribution of VA disability ratings:



VA HEALTH CARE SERVICE:

A greater share of all veteran outpatient visits in Illinois are now from younger veterans.



3 of the top **5** most highly-utilized VA mental health services by Illinois veterans are for **substance abuse treatment**.



HOMELESSNESS:

Veterans are overrepresented in the homeless population (veterans make up only about 9.5% of the total U.S. adult population, but 16% of the homeless adult population²⁶), especially Vietnam and post-Vietnam era veterans.²⁷ Most Vietnam veterans, however, did not become homeless until 10 years after leaving military service, which is disconcerting since this is the most comparable cohort of veterans to the newest cohort of veterans.²⁸ Following this trend, veteran homelessness may be a growing risk in the coming years. While Illinois data are not available, nationally, as of 2009, 916 of the newest veterans had already accessed VA homeless services, and the VA estimated that 2,986 more were at risk of becoming homeless.²⁹ Having a disability also puts a veteran at a higher risk of becoming homeless; veterans with a disability are highly overrepresented in the veteran homeless population, and in the overall homeless population.³⁰

Profile: WOUNDED VETERANS

Physical wounds leave veterans with disabilities that present barriers in many aspects of life, such as getting around, being able to care for oneself, or the ability to perform certain job duties. Some physical wounds, such as brain injuries, frequently go undiagnosed and untreated.³¹ Wounds that are even more invisible—those that are mental or emotional—also often go untreated and undiagnosed, though they are very prevalent and can have very negative impacts on veterans' lives.³²

Physical Wounds

- An estimated 300,000 (as of 2009) returning veterans have suffered mild Traumatic Brain Injury (TBI), an often “invisible” physical wound that can also have mental health implications.³³
- While the wars in Iraq and Afghanistan have seen fewer service members killed and fewer amputations as a result of combat wounds than previous wars, extremity injuries with long-term impacts are still common.^{34, 35}

Mental Health

- 22% of Iraq and Afghanistan veterans entering the VA health care system between 2002 and 2008 were diagnosed with PTSD and 17% with depression.³⁶
- This population also has elevated problematic drinking levels, which is linked to a lower quality of life.³⁷
- The Department of Veterans Affairs estimates 18 veterans die by suicide each day, and though only 1% of Americans have served in the current wars, former service members represent 20% of suicides in the United States.^{38, 39}

VA Health Care Service

- Since the beginning of the wars in Iraq and Afghanistan, the number of new veterans accessing VA health care services in Illinois has increased steadily.⁴⁰
- The VA has an enormous backlog of benefit application cases (870,000 pending cases as of June 2012, 66% of which had been pending more than 125 days), leaving veterans waiting a very long time to receive services.^{41, 42}
- Though young veterans are a growing subpopulation of VA health care consumers, most veterans do not use the VA as their primary source of health care, especially for mental health services.^{43, 44}
- About 20% of new veterans report that they want but do not receive mental health services, and 46% of new veterans with mental health care needs would prefer to access services outside the VA.⁴⁵

Mike* was medically evacuated from Afghanistan two years ago when an Improvised Explosive Device (IED) blast flipped the Humvee he was running security in, leaving him with a major concussion and a back injury. His recovery has come a long way in the time he has been home, but he still has some post-concussive symptoms such as occasional dizziness and headaches. His back still bothers him, so sitting or standing for long periods of time is difficult for him. He also hasn't slept well since he returned from service; two of Mike's friends died in the blast that left him injured, and he often has nightmares about trying, but failing, to help them.

He doesn't like to talk about his experience because it is still very painful, but he is finding that all of these wounds are holding him back a great deal. He is only 29 years old, and he wants to work so that he can live independently and comfortably, but he hasn't felt up to applying for jobs and assessing his options. He has begun to feel more and more down about his situation and prospects but doesn't want to appear weak, so he doesn't mention his feelings to his friends and family.

- **Mike needs someone to talk to about his goals and setbacks.**
- **He needs emotional support and likely mental health services.**
- **He needs coordinated care that would identify his physical and emotional symptoms as related and treatable.**



* All veteran stories in this brief are composite vignettes used to illustrate some of the real challenges that veterans face. To read about real veterans, their challenges, service needs, and successes, please visit our website: www.heartlandalliance.org/research

Call to ACTION

In light of the evidence, the common assumption that veterans receive plenty of support upon their homecomings and are therefore well situated to build solid civilian lives must be revisited. Veterans can get support from the VA, but since the VA is simply not equipped to provide for all needs, veterans also need support from within their communities in order to transition and thrive back in civilian life.

CREATE A COORDINATED RESPONSE SYSTEM

Employers, leaders in education, elected officials, religious organizations, service providers, and family members, together with the VA, can be proactive in serving new veterans in Illinois, designing systems of care that are coordinated and complementary. To do this effectively, service providers—with community support—can take the lead by becoming knowledgeable about the population they are and will be serving in the coming years and anticipate what their needs will be. Strong channels of communication that allow for information sharing and access to the data necessary to inform decisions are key to this endeavor. Specific areas of focus related to planning and coordinating a strong response system for veterans include the following:

Ensure a Strong Transition Response

Re-acclimating to civilian life can be difficult. The transition from a highly-regulated lifestyle to one full of choices and different responsibilities may be challenging without guidance and supports. Some veterans will need to adjust to new wounds or disabilities while others will need to transition to a civilian job as quickly as possible. Many long-term negative impacts of military service can likely be avoided if veterans receive the proper transition support. It is important to reach these new veterans early in their period of transition and offer them the right service mix to help lay the foundation for success moving forward into civilian life.

Coordinate Services



Many service needs of new veterans are intrinsically linked. If the various service providers working with new veterans—in health care, mental health, employment, and others—were able to better coordinate, veterans' experiences getting care could improve in terms of heightened quality, greater efficiency, reduced duplication, and fewer service gaps. Communication among these service providers can help ensure that veterans seeking help get trustworthy and valuable referrals. Some female veterans, in particular, may have a difficult time trusting military-connected service providers and will likely need a strong and coordinated community of care to meet their needs.

Translate Military Experience



The task of translating military experience to civilian language has typically fallen on the shoulders of veterans as they return from service and try to find employment. It is a difficult task and one that should be addressed systematically, not individually. From the technical skills, such as certifications, to the soft skills, like leadership and communication, service members acquire many skills during their time in the military that can be marketable in the civilian job market. Veterans have received abundant training but not in translating their military experience to a civilian resume. Until systems are in place to ease the translation, most veterans need support in this task, and service providers and employers need education on the experience and training provided by the military. New veterans may find Prior Learning Assessments to be a useful tool for translating military experience to college credits or work experience on their resumes, so a good first step for service providers is becoming familiar with this resource and being prepared to guide veterans to this tool.

FOCUS ON SERVICES THAT MEET VETERANS' SPECIFIC NEEDS

Creating a more collaborative system is important, but alone it is not enough. Often veterans have service needs that are specific to the realities of having served in the military. Those working with veterans must pay special attention to what those needs are and work to improve the relevance of specific services—or in some cases develop new ones—that can help meet veterans' needs. Critical areas of focus for veteran services include the following:

Employment Services



New veterans need jobs. Young veterans have high unemployment rates in the civilian labor market despite military training and experience. They face challenges in their transition and need employment support. Many need assistance in job readiness training, employer referrals, job retention, and may even benefit from transitional jobs. In addition to assistance translating military training, guidance on improving employability through education or certifications would also be advantageous to new veterans.

Education Services



Employability and income both increase with educational attainment, but many new veterans have only a high school diploma or equivalent or have had some college education but not completed the degree. These new veterans with little or no completed higher education are in a unique position—they have many opportunities for funding to support further education thanks to their VA education benefits. To maximize these benefits and to help put veterans on the path to a degree, guidance is often needed. Without career and education guidance, returning service members may not be aware of everything available to them or how to access their benefits. They are also vulnerable to falling prey to the targeted marketing of schools that may not be the most cost effective or of the best quality for their career path.⁴⁶ VA education benefits can also cover different vocational training programs if a traditional school does not meet a veteran's needs, but again, veterans may not be aware of all that is available to them. The VA offers educational and vocational counseling, and some veterans may benefit from guidance to these services or from additional external support.

Benefit Navigation Support



New veterans have a multitude of benefits and services available to them through the various VA systems. Navigating these systems and understanding the benefits becomes a labyrinth of eligibility requirements, service options, and offices to visit. Community service providers can support and guide veterans new to the task of navigating the VA. Some new veterans may also be eligible for additional government benefits beyond those offered by the VA and may have a difficult time understanding the interaction between VA and other benefits. The systems they must navigate to access the benefits are often just as intimidating as the VA system or even more so. Continued navigational support may be necessary for some veterans. For those dealing with complicated health and benefits situations, case management support may be needed.

Financial Education Services



New veterans—especially young veterans—may benefit from financial education services. Managing personal finances and planning for an adjustment period, which may include a span of unemployment or a large lump sum separation payment, can be overwhelming. Financial education may prevent challenges that some veterans face in managing their money.

Mental Health Services



Mental health services are also incredibly important for new veterans. Stigma and personal resistance still strongly influence this population, so new approaches to outreach or provision should be explored. Many veterans would also likely benefit from substance abuse services. The Illinois VA health system's data show trends of high utilization of substance abuse services, particularly for opiates. One clear trend is the increased utilization of this service with age. This could mean any number of things for younger veterans—they could benefit from education on opiates and addiction, or they could already have addiction problems but are not seeking help yet. Investigation into this issue and possibly prevention planning should be coordinated with the VA.

What YOU CAN DO...

The majority of new veterans will face few if any of the challenges outlined above. For most, the transition home will be seamless, positive, and result in successful reengagement with the civilian community. Veterans offer skills and strengths that provide invaluable assets to their communities. However, in order to ensure that *all* veterans have the same opportunity for success, there are concrete ways in which different sectors of society can better support them. A few of these are outlined below:

IF YOU ARE AN EMPLOYER:

Veterans generally make up a highly employable pool of trained, skilled potential workers. Many veterans will likely not need any additional supports and will have the skills and discipline learned from military training that will make them successful in the workplace. You can support veterans in the following ways:

- Use online resources through the VA to learn how to become a military/veteran-friendly workplace.
- Create an affinity group of veterans in your workplace.
- Explain the office culture to new employees (it is likely different from military culture).
- Provide routine evaluation of performance.
- Learn federal laws protecting Active Duty Guard and Reservists.
- Make sure your human resources and employee assistance programs understand military culture.
- Reach out to military/veteran-serving organizations to stay connected to the veteran community.
- Consider honoring your employees that are veterans on Veterans Day.

IF YOU ARE A LEADER IN HIGHER EDUCATION:

Because the current GI Bill is so generous, a majority of new veterans will access higher education upon return from service. You can support veterans on campus in the following ways:

- Assign dedicated space for student veterans on campus.
- Foster on-campus student veteran organizations to address possible challenges.
- Develop positive relationships with local VA facilities and veteran-serving organizations.
- Create a single point of contact for student veteran services on campus.
- Establish policies and procedures with faculty and staff that clearly address deployment, military service commitments, and awarding credit for the learning students acquired from military training or experience.

Prior learning assessments (PLAs) are a means to measure learning gained outside a traditional academic environment. Prior learning can be from studying independently, employer training programs, or military service. Using PLAs, this learning can then be counted toward college credit or to help a veteran market their skills to employers. New veterans, employers, and universities could all benefit from learning more about and utilizing PLAs. More information on PLAs: www.cael.org/pla.htm

...to help SUPPORT VETERANS

IF YOU ARE AN ELECTED OFFICIAL:

As an elected leader in your community, you are undoubtedly aware of those who have served our country and are invested in their success. To best support the veterans in your community, it is very important for you to be aware of the resources available to your constituents. You can support veterans in the following ways:

- Work to create a veteran resource guide for your community.
- Convene working groups to identify gaps in services and advocate for necessary changes.
- Work for policy change and appropriations for expanding services to your community's veterans.
- Support veteran-specific legislation such as tax incentives for hiring veterans.
- Reach out to local employers to encourage hiring veterans.

IF YOU ARE PART OF A RELIGIOUS ORGANIZATION:

Alongside the family, religious and faith-based organizations are often the first line of support, the place people turn to for help. As members and leaders of these organizations, you have a unique opportunity to not only provide the invaluable moral, emotional, and spiritual support to veterans in your community, but also to help guide them to additional supports they may need. You can support veterans in your congregation in the following ways:

- Know who the military families are in your congregation – not all will self-identify as veterans – and mobilize your congregation to support them as needed.
- Understand potential signs and symptoms of serious problems such as depression, post-traumatic stress disorder, traumatic brain injury, and substance abuse, and refer veteran families to the appropriate professional service providers.
- Learn the effects of deployment on families.
- Become knowledgeable about military/veteran-friendly resources in your community and refer veteran families as necessary.

IF YOU ARE A PHILANTHROPIC ORGANIZATION:

As financial supporters of services for veterans, philanthropic funders are obviously essential. Being strategic and purposeful in your support of programs and projects can make your funding have the most positive impact possible. You can support veterans in the following ways:

- Understand that veterans and their families are part of communities using the same services as the general population.
- Identify the percentage of veterans and their families being served by organizations you fund.
- Support military/veteran-friendly interventions within those programs.
- Support research and evaluation into areas of need, such as increased access to mental health services among veterans or prevalence of military sexual trauma among returning veterans.

Promising Approaches

{ These 'Promising Approaches' highlight initiatives already underway in Illinois that are laying the groundwork for strengthening our response to new veterans' needs. }

BUDDY TO BUDDY (MI)/WARRIOR TO WARRIOR (IL) is a partnership organization of the Michigan and Illinois National Guard.

Activities include:

- Training fellow guard members in how to identify mental health and other issues among their peers
- Training veterans in local communities to identify issues and do outreach with returning guard members to help connect them to resources

HEALTH AND DISABILITIES ADVOCATES – ILLINOIS CONNECTIONS provides direct advocacy to veterans and their families on issues of benefits/disability.

Activities include:

- Connecting veterans and families to resources available to them
- Training service providers and the VA on benefits available in these systems
- Training nonprofit organizations on ways to better serve veterans and families
- Addressing policy issues facing veterans and families

THE ROBERT R. McCORMICK VETERANS EMPLOYMENT INITIATIVE is a consortium of social service agencies, researchers, advocates, employers, and educators that work together on coordination of services and navigation of resources.

Activities include:

- Job training/placement
- Employer development and support
- Development and use of best practices to support veterans in the workplace and on college campuses
- Training of service providers on issues facing veterans in the workplace
- Training of human resource staff on veterans issues
- Collaboration among all stakeholders involved in the initiative
- Navigation of resources through peer-to-peer mentorship and outreach

Federal and State Resources:

VetSuccess, for employers: www.vetsuccess.gov/employers

Illinois JobLink, for veterans, service providers, employers: www.ides.illinois.gov/page.aspx?item=50

U.S. Department of Veterans Affairs, Veterans Services: www.va.gov/landing2_vetsrv.htm

Illinois Department of Veterans' Affairs: www2.illinois.gov/veterans/Pages/default.aspx

Illinois Joining Forces: www.illinoisjoiningforces.org

The Robert R. McCormick Foundation Veterans Initiative Partners:

National Able Network, Veterans Services: www.nationalable.org/Our-Services/Veterans-Services/veteransservices.html

Albany Park Community Center, Veterans' Employment & Transition Services: www.apcc-chgo.org/programs/community-development/veterans-employment-a-transition-services

Health & Disability Advocates, Illinois Connections: Assisting Veteran & Military Families: www.hdadvocates.org/program_policy/military_families.asp

Thresholds, Veterans Project: www.thresholds.org/find-services/veterans-project

Complete the Degree: www.completethedegree.org/

CAEL, Military & Veterans: www.cael.org/How-We-Help/Military-and-Veterans

Easter Seals, Community One Source: www.easterseals.com/site/PageServer?pagename=ntl_military_veterans_onesource

For more information on new veterans in Illinois, please visit the Social IMPACT Research Center's website: www.heartlandalliance.org/research

Infographic Sources:

New Veterans in Illinois by the Numbers (p. 2 & 3):

Age: Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.

Gender: Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006 American Community Survey 1-year estimates & 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.

Income: Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.

Poverty: Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.

Employment: Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.

Geographic Distribution: Social IMPACT Research Center's analysis of dataset provided by the U.S. Department of Defense on Service Members with permanent addresses in Illinois.

New Veterans in Illinois by the Numbers/Young Veterans (p. 4):

Age: Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.

Education: Social IMPACT Research Center's analysis of dataset provided by the U.S. Department of Defense on Service Members with permanent addresses in Illinois.

Military Experience: Social IMPACT Research Center's analysis of dataset provided by the U.S. Department of Defense on Service Members with permanent addresses in Illinois.

Deployment: Social IMPACT Research Center's analysis of dataset provided by the U.S. Department of Defense on Service Members with permanent addresses in Illinois.

New Veterans in Illinois by the Numbers/Female Veterans (p. 7):

Women: Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.

Families: Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.

New Veterans in Illinois by the Numbers/Wounded Veterans (p. 8):

Disability: Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.

VA Health Care Service: Social IMPACT Research Center's analysis of dataset provided by the U.S. Veterans Health Administration on Illinois Veteran patients, age 50 and under.

Endnotes:

1. Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families; Board on the Health of Selected Populations; Institute of Medicine. (2010). *Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, service members, and their families*. National Academy of Sciences.
2. Veterans for Common Sense. (2011). *Updated war statistics* (analysis of DoD data obtained under the Freedom of Information Act). Retrieved from <http://veteransforcommonsense.org/2011/12/02/vcs-releases-updated-war-statistics/>
3. Hoge, C.W., Auchterlonie, J.L., & Milliken, C.S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of the American Medical Association*, 295, 9, 1023-1032.
4. Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.
5. Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.
6. Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.
7. Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.
8. Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.
9. Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.
10. Social IMPACT Research Center's analysis of dataset provided by the U.S. Department of Defense on Service Members with permanent addresses in Illinois.
11. Social IMPACT Research Center's analysis of dataset provided by the U.S. Department of Defense on Service Members with permanent addresses in Illinois.
12. Women in Military Service for America Memorial. (2011). *Statistics on women in the military*. Retrieved from <http://www.womensmemorial.org/Press/stats.html>
13. Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.
14. Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.
15. Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2006, 2007, 2008, 2009 and 2010 American Community Survey 1-year estimates, microdata. Data reflect a 5-year average to account for small sample size.

16. Owens, G.P., Herrera, C.J., & Whitesell, A.A. (2009). A preliminary investigation of mental health needs and barriers to mental health care for female veterans of Iraq and Afghanistan. *Traumatology*, 15, 2, 31-37.
17. Frayne, S.M., Skinner, K.M., Sullivan, L.M., Tripp, T.J., Hankin, C.S., Kressin, N.R., & Miller, D.R. (1999). Medical profile of women Veterans Administration outpatients who report a history of sexual assault occurring while in the military. *Journal of Women's Health & Gender-based Medicine*, 8, 6, 835-845.
18. Wolfe, J., Sharkansky, E.J., Read, J.P., Dawson, R., Martin, J.A., & Ouimette, P.C. (1998). Sexual harassment and assault as predictors of PTSD symptomatology among U.S. female Persian Gulf War military personnel. *Journal of Interpersonal Violence*, 13, 1, 40-57.
19. Sadler, A.G., Booth, B.M., Nielson, D., & Doebbeling, B.N. (2000). Health-related consequences of physical and sexual violence: Women in the military. *Obstetrics & Gynecology*, 96, 3, 473-480.
20. U.S. Department of Defense: Sexual Assault Prevention and Response. (2010). Department of Defense annual report on sexual assault in the military.
21. U.S. Department of Defense: Sexual Assault Prevention and Response. (2010). Department of Defense annual report on sexual assault in the military. Reflects Fiscal Year 2010.
22. Kimerling, R., Street, A.E., Pavao, J., Smith, M.W., Cronkite, R.C., Holmes, T.H., & Frayne, S.M. (2010). Military-related trauma among Veterans Health Administration patients returning from Afghanistan and Iraq. *American Journal of Public Health*, 100, 8, 1409-1412.
23. Zinzow, H.M., Grubaugh, A.L., Frueh, B.C., & Magruder, K.M. (2008). Sexual assault, mental health, and service use among male and female veterans seen in Veterans Affairs primary care clinics: A multi-site study. *Psychiatry Research*, 159, 226-236.
24. Ouimette, P., Wolfe, J., Daley, J., & Gima, K. (2003). Use of VA health care services by women veterans: Findings from a national sample. *Women & Health*, 38, 2, 77-91.
25. Suris, A., & Lind, L. (2008). Military sexual trauma: A review of prevalence and associated health consequences in veterans. *Trauma, Violence, & Abuse*, 9, 4, 250-269.
26. U.S. Department of Housing and Urban Development, Office of Community Planning and Development; U.S. Department of Veterans Affairs, National Center on Homelessness Among Veterans. (2010). Veteran homelessness: A supplemental report to the 2010 Annual Homeless Assessment Report to Congress.
27. Perl, L. (2009). Veterans and homelessness. *Congressional Research Service*.
28. Perl, L. (2009). Veterans and homelessness. *Congressional Research Service*.
29. Perl, L. (2009). Veterans and homelessness. *Congressional Research Service*.
30. U.S. Department of Housing and Urban Development, Office of Community Planning and Development; U.S. Department of Veterans Affairs, National Center on Homelessness Among Veterans. (2010). Veteran homelessness: A supplemental report to the 2010 Annual Homeless Assessment Report to Congress.
31. Warden, D. (2006). Military TBI during the Iraq and Afghanistan wars. *Journal of Head Trauma Rehabilitation*, 21, 5, 398-402.
32. Benge, J.F., Pastorek, N.J., & Thornton, G.M. (2009). Postconcussive symptoms in OEF-OIF veterans: Factor structure and impact of posttraumatic stress. *Rehabilitation Psychology*, 54, 3, 270-278.
33. Benge, J.F., Pastorek, N.J., & Thornton, G.M. (2009). Postconcussive symptoms in OEF-OIF veterans: Factor structure and impact of posttraumatic stress. *Rehabilitation Psychology*, 54, 3, 270-278.
34. Leland, A., & Oboroceanu, M.J. (2010). American war and military operations casualties: Lists and statistics. *Congressional Research Service*.
35. Johnson, B.A., Carmack, D., Neary, D., Tenuta, J., & Chen, J. (2005). Operation Iraqi Freedom: The Landstuhl Regional Medical Center experience. *Journal of Foot & Ankle Surgery*, 44, 3, 177-183.
36. Seal, K.H., Metzler, T.J., Gima, K.S., Bertenthal, D., Maguen, S., & Marmar, C.R. (2009). Trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans using Department of Veterans Affairs health care, 2002-2008. *American Journal of Public Health*, 99, 9, 1651-1658.
37. Erbes, C., Westermeyer, J., Engdahl, B., & Johnsen, E. (2007). Post-traumatic stress disorder and service utilization in a sample of service members from Iraq and Afghanistan. *Military Medicine*, 172, 4, 359-363.
38. Harrell, M.C., & Berglass, N. (2011). *Losing the battle: The challenge of military suicide*. [Policy Brief] Center for a New American Security.
39. Department of Veterans Affairs. (2011). *Fact sheet: VA suicide prevention program, facts about veteran suicide*. (data obtained from National Violent Death Reporting System).
40. Social IMPACT Research Center's analysis of dataset provided by the U.S. Veterans Health Administration on Illinois veteran patients, age 50 and under.
41. Madhani, A. & Zoroya, G. (2012). *Backlog of VA disability claims grows despite effort to trim*. USA Today. Retrieved from <http://usatoday30.usatoday.com/news/military/story/2012-07-17/veterans-disability-claims-backlog/56282042/1>.
42. U.S. Department of Veterans Affairs. (2012). 2012 Monday Morning Workload Reports. Retrieved from <http://www.vba.va.gov/REPORTS/mmwr/index.asp>.
43. Social IMPACT Research Center's analysis of dataset provided by the U.S. Veterans Health Administration on Illinois veteran patients, age 50 and under.
44. Schell, T.L., & Tanielian, T. (2012). *Call of duty essay series: Health needs in the community*. RAND Review, Spring 2012. Retrieved from <http://www.rand.org/publications/randreview/issues/2012/spring/veterans/health-needs.html>
45. Schell, T.L., & Tanielian, T. (Eds.) (2011). *A Needs assessment of New York State veterans: Final report to the New York State Health Foundation*. RAND Health.
46. United States Senate: Committee on Health, Education, Labor, and Pensions. (2012). For profit higher education: The failure to safeguard the federal investment and ensure student success. 112th Congress, 2nd Session. Available at: <http://www.gpo.gov/fdsys/>

This paper was written by the Social IMPACT Research Center at Heartland Alliance.

Research and writing were led by Lindy Carrow with support from Amy Rynell and Amy Terpstra.

The Social IMPACT Research Center (IMPACT) is a nonprofit organization that investigates today's most pressing social issues and solutions to inform and equip those working toward a just global society. IMPACT, a program of Heartland Alliance for Human Needs & Human Rights, provides research, policy analysis, consulting, technical assistance, communications, and coalition building to projects in Illinois, the Midwest, and nationally. Visit www.heartlandalliance.org/research to learn more.