

Veteran Voices: A Conversation on Veteran and Transitioning Military Needs from Primary Sources

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Overview

- Definition of “needs”
- The current study
- Preliminary analyses
- Organizational perspective

Introduction



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Types of Needs



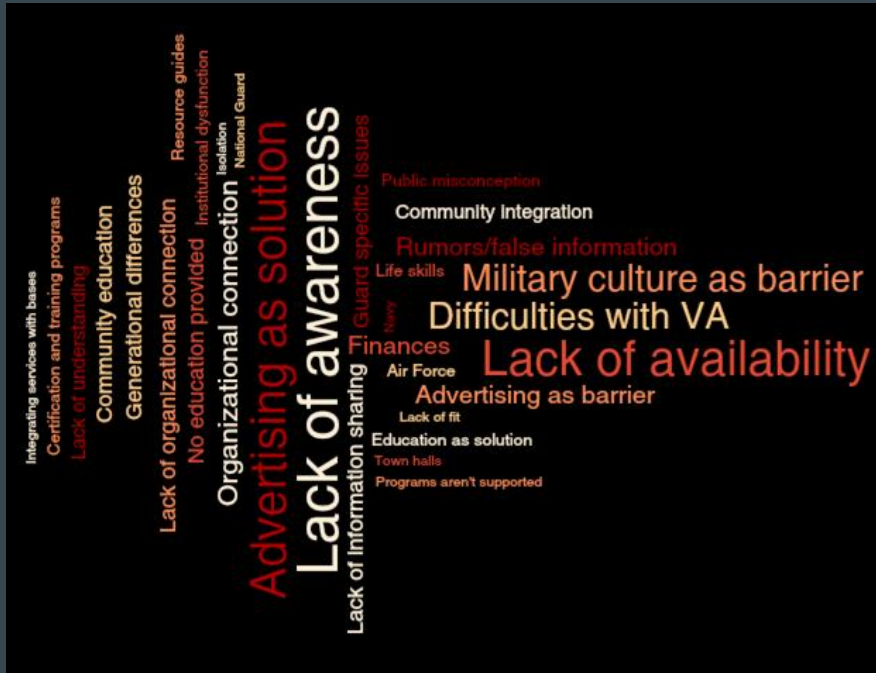
- Expressed needs (e.g., housing, employment, skills)
- Normative needs (e.g., resource education, life skills)
- Perceived/felt needs (e.g., resources specific to spouses, transportation)
- Relative/comparative needs (e.g., VA navigation, benefits education)

Issel & Wells, 2018 - *Health Program Planning and Evaluation: A Practical, Systematic Approach for Community Health*

Focus Groups -Methods

- Six cities across NC ($N = 15$)
 - Wilmington
 - Goldsboro
 - Raleigh
 - Fayetteville
 - Charlotte
 - Greensboro
- VSO Leadership, military families, transitioning military service members, and veterans
- Questions

Focus Groups - Preliminary Results



- Lack of awareness
- Lack of availability
- Advertising as solution
- Military culture as barrier
 - Masculinity/protector mentality
 - Self-sufficiency

Focus Groups - Preliminary Results

Code co-occurrence

Difficulties with the VA → finances

National Guard culture → military culture and false information/rumors

Lack of awareness → generational differences

Lack of organizational connection → military culture

Life skills → no education provided

Advertising → community education

Focus Groups - Preliminary Conclusions

	Barriers	
	Wilmington	Greensboro
Lack of awareness	13%	11.6%
Lack of availability	17.4%	5.8%
Military culture	4.3%	8.1%

	Solutions	
	Wilmington	Greensboro
Advertising	4.3%	12.8
Communication (Education/Organizational Connection)	8.6%	4.5%
Community education	0%	4.6%

Client Data - Methods

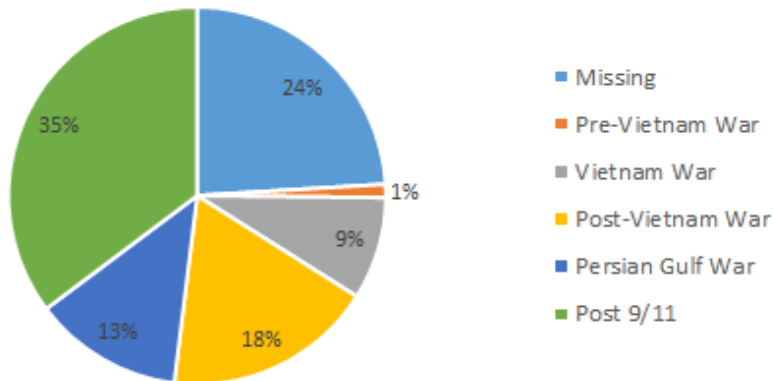
- Data collected in the NCServes networks (secondary data from IVMF)
 - Metrolina (3,615)
 - Central (1,921)
 - Coastal (1,181)
 - Western (824)
- $N = 7,541$ cases of call-ins from veterans and service members, 9,427 total
 - Others from spouses, family members, unidentified, etc.

Client Data - Preliminary Results

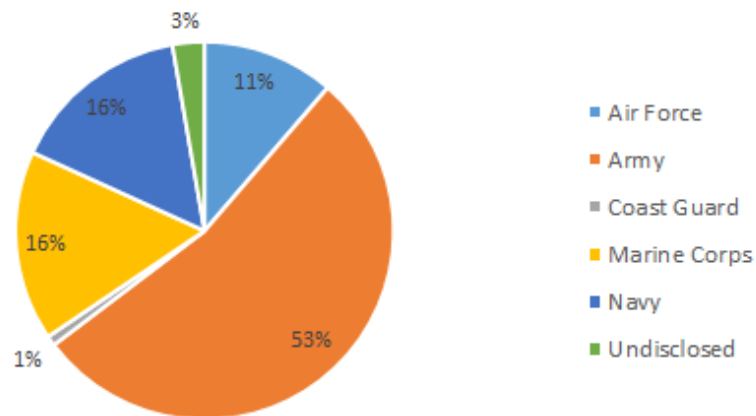
- Demographics

- Gender (20.32% female, 74.33% male, 5.36% undisclosed or other)
- Age ($M = 47.34$ years, $SD = 14.03$)

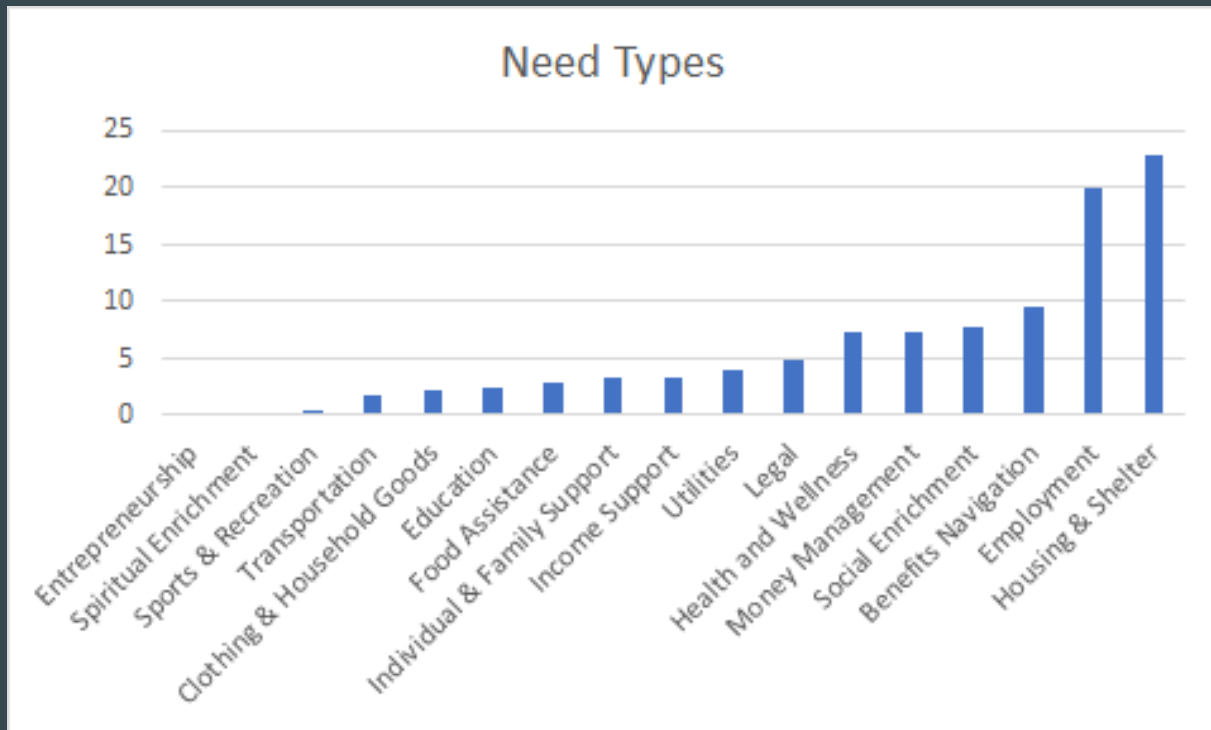
Percentage by Service Era



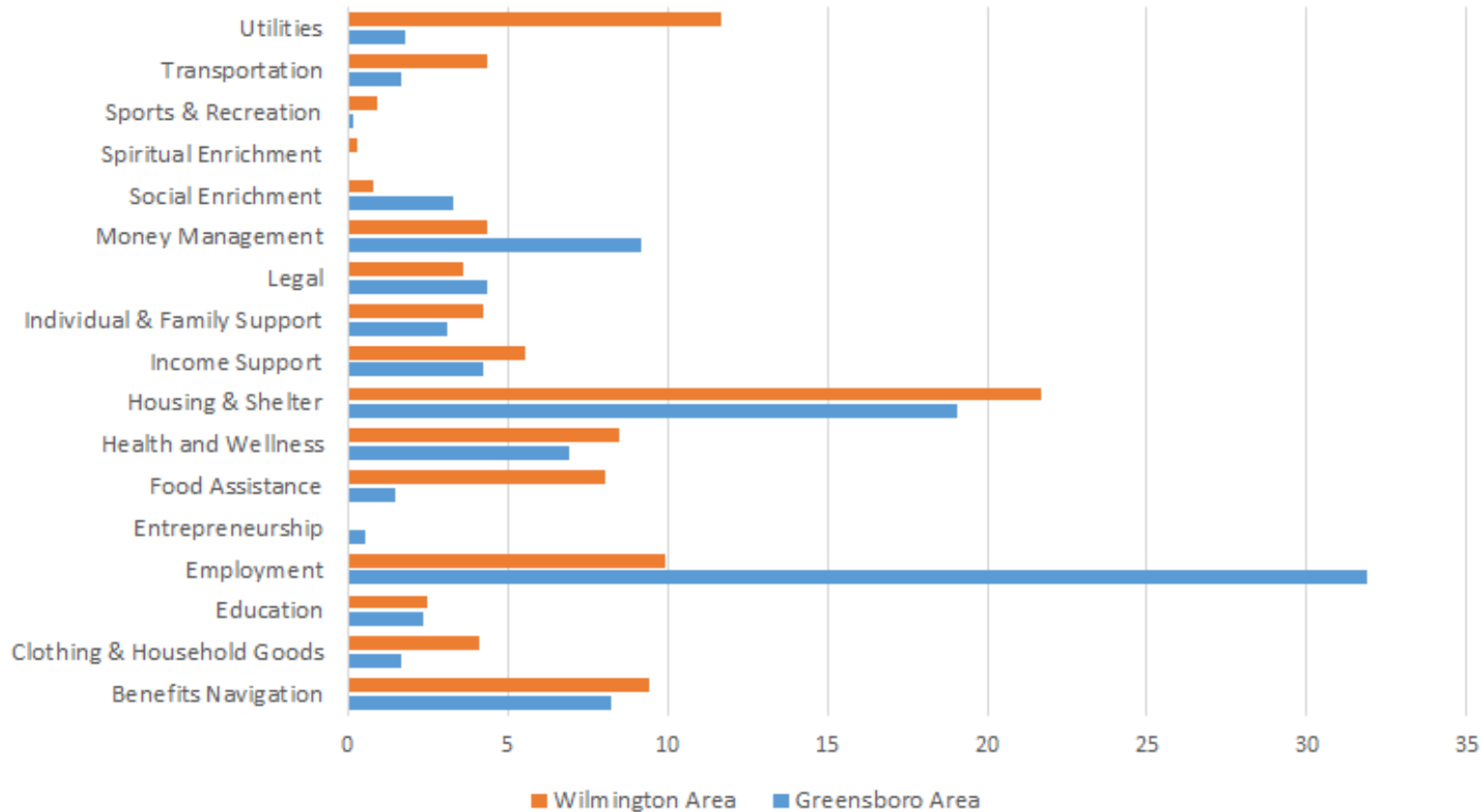
Percentage by Branch



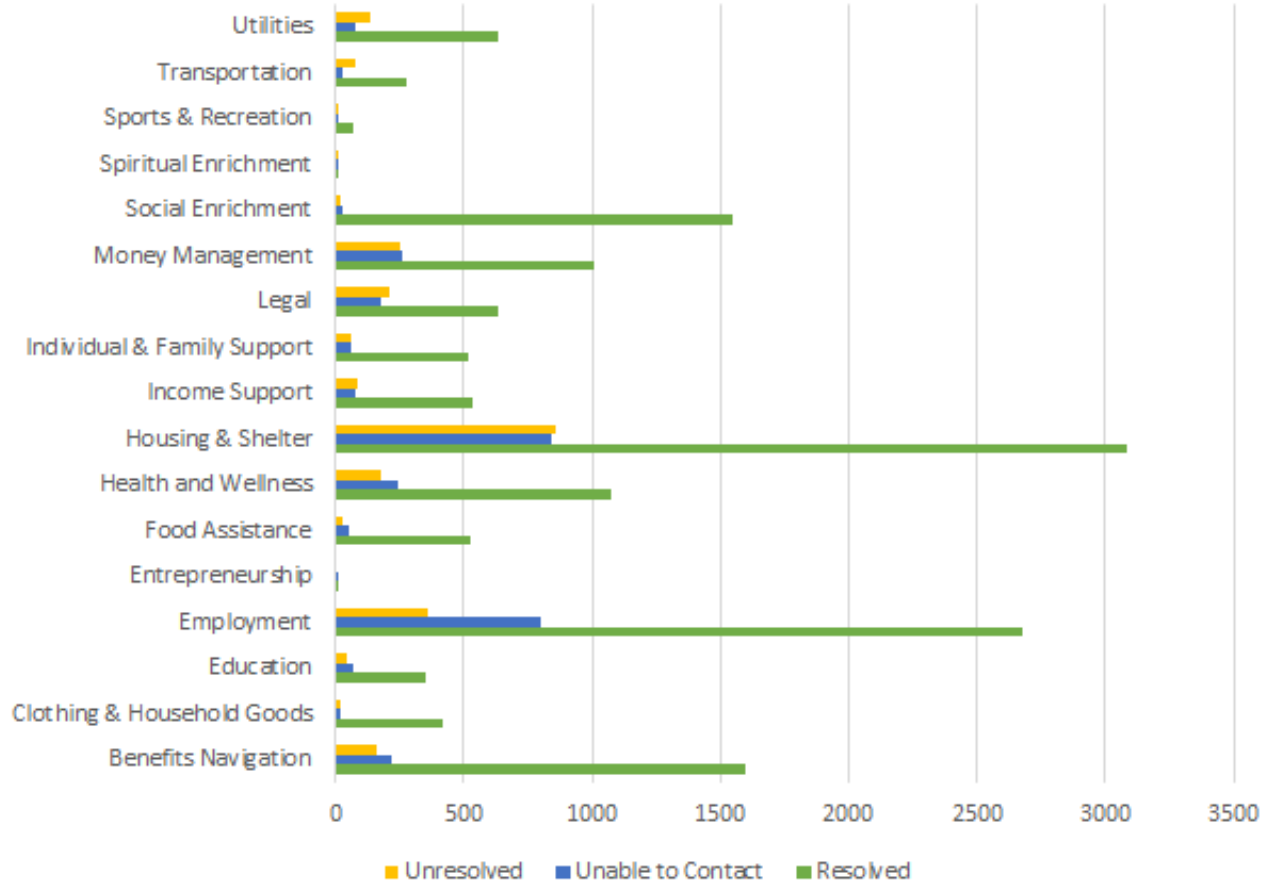
Client Data - Preliminary Results



Regional Needs Comparison



Needs Resolution Rates



Client Data - Preliminary Conclusions

- Quantitative data back qualitative data
- Similar patterns in requests to NCServes in comparison to what organization leadership are seeing
- Regional variation
- Need for broader assessment from unserved population (e.g., veterans who do not reach out for help)

Client Data - Moving Forward

- Needs based on region/county
- Needs based on resource requirements
 - Potential solutions
 - Organizational connection
 - Advertising
 - Technology-independent solutions
- Breaking military culture
 - E.g., presence on-post
 - Leadership

Application Standpoint from NCServes

What is NCServes?

Why is this data important in the work we do?

- 29% of who we help connect to services are female.

- Top needs are Housing & Shelter, Employment, Benefits Navigation. Housing & Shelter co-occurred 30% of the time with Employment. Navigation of resource are challenging when it is more than one need. The challenges of the Vets who we are unable to contact.

- 52% are Post 9/11 while 11% are Vietnam era.

Challenges for Vets and Vet supporting Organizations

Advertising

Lack of Resources

Misinformation

Org to Org awareness

Org to Org Mentorship

Asking too late

Opportunities for Organizations

Partnerships and collaboration; NC DMVA, VSO's, DHHS, State & Local Vet Orgs, VA, Non-profits, and NCServes.

Look for opportunities and not barriers.

Look at the entire family and not just the Vet.

Funding opportunities through validated data (impact on the Vet and the community).

Benefits to the Vet and their Families

Services are timely and accurate when Orgs have accurate data.

Navigation of complex cases is simplified.

The right service is identified up front.

Trust is built.

The Vet population drives the need for services and the community responds to the need.

Final Thoughts

- Veteran needs complex and varied
- Regional support required
 - No “one size fits all” solution
- Broader communication and connection between organizations needed
- Personal connection needed with veterans by organizational leadership
- Technology independent solutions
 - Billboards, Town Halls, etc.

Questions? Comments? Concerns?

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