



Needs Assessment:

Veterans in Southwest Pennsylvania

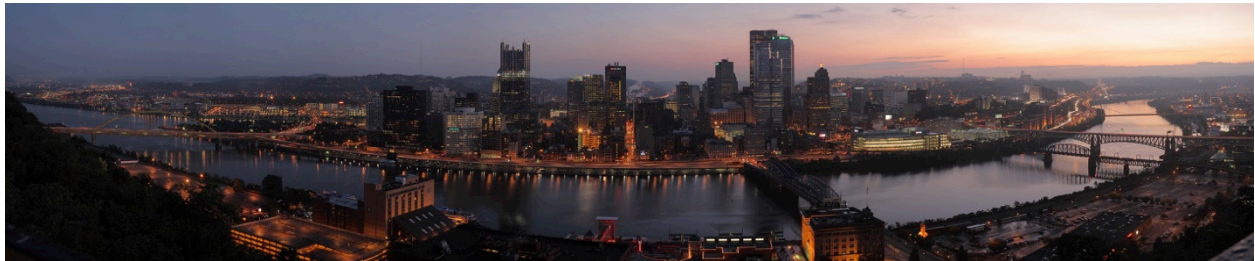
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Needs Assessment: Veterans in Southwest Pennsylvania

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1. INTRODUCTION AND EXECUTIVE SUMMARY

Approximately 235,000 veterans, including roughly 37,400 post-9/11 veterans, live in Southwest Pennsylvania, a region that includes Allegheny County (of which Pittsburgh is the county seat) and twelve other surrounding counties.¹ A dense community of veterans lives in the urban area of Pittsburgh, while others are dispersed in the region's more rural counties. Veterans comprise between 9 and 12 percent of each county's total population, a rate that is higher than the national average of 6.7 percent, making Southwest Pennsylvania one of the densest veterans communities in the nation.

Like veterans elsewhere in the United States, most of the Southwest Pennsylvania region's veterans do well after they leave the military: on average, veterans exceed the civilian average in levels of employment, income, home ownership, civic participation, and most other metrics of economic and educational success.

However, some veterans struggle, during or after their transition from service, with health, economic, or other issues. Some of these veterans get help from the government; others turn to community organizations or the private sector. Despite a great deal of support made available to veterans by the public, private and nonprofit sector, pockets of need exist, such as in the area of economic opportunity and access to health care. In addition, even among those veterans who report doing well economically, many do not feel adequately connected to their communities after service.

The Heinz Endowments commissioned the Center for a New American Security (CNAS) to assess the needs of veterans in the region, focusing on the post-9/11 cohort, to assist in planning future philanthropic investment by the Endowments and its partners.² This report summarizes research conducted by CNAS researchers between September 2014 and August 2015, using a mixed-methods approach that included qualitative research on trends in the region; quantitative research using data made public by the Department of Veterans Affairs (VA), the Department of Defense (DOD), and other agencies; a targeted survey of veterans in the region; and discussion groups with participants representing more than 50 organizations that serve veterans in the region.

Our research produced a number of observations and conclusions regarding issues facing veterans and military families in the region. Foremost among them were the following:

- The Southwest Pennsylvania region is home to approximately 235,000 veterans, making up roughly 1 percent of the national veterans population. CNAS estimates that approximately 37,400 post-9/11 veterans live in the region, and that approximately 5,200 new veterans move to the region each year after completing military service.
- In 2015, Gulf War-era veterans (defined as those who served in 1990 and after) will overtake Vietnam-era veterans as a plurality of the veterans population.

¹ For the purposes of this project, the Heinz Endowment defined the Southwest region of Pennsylvania to include the counties of Allegheny (Pittsburgh), Armstrong, Beaver, Bedford, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, and Westmoreland. This region includes the Pittsburgh Metropolitan Statistical Area, but is slightly larger, based on the geographic focus of the Heinz Endowments for this assessment.

² This is the second in a series of regional needs assessments conducted by CNAS, as part of its work to inform veterans-focused policy and practice with research. In 2013 CNAS conducted a needs assessment of veterans in the Western U.S. See Phillip Carter and Katherine Kidder, "Needs Assessment: Veterans in the Western U.S.," CNAS, December 2013. In 2016, CNAS will produce an assessment of veterans and military families in North Texas, focusing on the Dallas-Fort Worth metropolitan area.

- Most of the Southwest Pennsylvania region's veterans do well after they leave the military: on average, veterans exceed the civilian average in levels of employment, income, home ownership, civic participation, and most other metrics of economic and educational success.
- Post-9/11 veterans differ from pre-9/11 veterans in their perceptions of the veterans landscape, the utility of veterans benefits, and their own wellness, despite having similar demographics. On average, post-9/11 veterans report serving longer on active duty, and are more likely to use VA benefits, including disability compensation, educational support, health care, and home mortgage assistance, than pre-9/11 veterans. Compared to pre-9/11 veterans, post-9/11 veterans see their military experience and skills as more relevant to their careers in the civilian workforce; more of the post-9/11 veterans believed that VA educational benefits were "extremely important" in helping them get better jobs after transition.
- Unemployment remains a persistent problem for the veterans community, including veterans in the Southwest Pennsylvania region. Education may offer a better path to long-term career success than immediate skills translation, which can contribute to underemployment among veterans.
- Nearly one-third of surveyed veterans reported some unemployment during the preceding 12 months. Approximately one-third of all veterans (32 percent) reported being slightly or significantly "less economically secure" than when they had initially left active duty. This finding was more pronounced for post-9/11 veterans. This suggests that transition and economic success may become harder, the further out from discharge veterans are.
- Veterans in Southwest Pennsylvania use their GI Bill benefits at substantially lower rates than the national average. Just 6.5 percent of area veterans use GI Bill benefits, as compared to 8.4 percent nationally. VA data indicates that educational outcomes vary widely by institution in the region, ranging from an 11 percent graduation rate at the Art Institute's online division to an 88 percent graduation rate at Carnegie Mellon University.
- About two-thirds of veterans surveyed reported being members of a veterans service organization; roughly 30 percent say they are members of a charity or service group. However, only about half of the veterans say they feel connected to their community. Just 38 percent of veterans say they are satisfied with veterans services in their area. Veterans surveyed give local community services an average grade on meeting veterans' community integration needs.
- VA spending in Southwest Pennsylvania focuses heavily on health care and disability compensation, primarily for older veterans of limited means who rely on the VA for health care and economic support.
- There are significant problems with coordination between public, private, and non-profit organizations serving veterans. Veterans generally knew about veterans benefits and services in their community, but did not have a high degree of confidence in these benefits or services. (These issues are currently being addressed by the new Pittsburgh Serves (or

PAServes) model being led by Syracuse University's Institute for Veterans and Military Families, launched earlier this year.)

In Section II, immediately following this introduction, we describe our methodology for this assessment, and provide additional context regarding this project's scope. Section III gives an overview of the national veterans population, providing context for the assessment of veterans in the Southwest Pennsylvania region. Section IV reports our findings from research in Southwest Pennsylvania, including the information gathered through surveys, working groups, and interviews. In Section V, we conclude this study with a number of observations and conclusions based on our research.



A color guard from the 316th Sustainment Command, U.S. Army Reserve, based in Coraopolis, Pa. marches through Pittsburgh on Veterans Day 2010 (U.S. Army photo by Staff Sgt. Michel Sauret, 354th MPAD.)

2. BACKGROUND AND METHODOLOGY

A. SCOPE

The VA estimates there are 21.6 million veterans living in the United States; approximately 939,000 live in the state of Pennsylvania.³ Of these, approximately 235,000 live in Southwest Pennsylvania (the 13 counties including and around the Pittsburgh metropolitan area). This region has a denser concentration of veterans (at 9 to 12 percent per county) than the national average of 6.7 percent, based on 2014 population projections. This is due to many factors, including strong traditions of military service in Southwest Pennsylvania, a pattern of returning veterans coming home to the region after their service, and the draw of increasing economic opportunity over the past decade. CNAS focused its research on the post-9/11 cohort of veterans in the region, which we currently estimate at approximately 37,400, or about 16 percent of the region's veterans.⁴ The post-9/11 veterans cohort in the area is growing as a proportion of the veterans population, based on the aging and mortality of earlier veterans cohorts, and continuous addition of new veterans to the area.

Geographically, this assessment focused on an area of Southwest Pennsylvania that centers on Pittsburgh, including Allegheny (Pittsburgh), Armstrong, Beaver, Bedford, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, and Westmoreland counties. This region includes the Pittsburgh Metropolitan Statistical Area, but is slightly larger, to include those communities that lie beyond of the urban and suburban reach of Pittsburgh, but still tie to the city in important social, political, economic and historical ways.

B. METHODOLOGY

This needs assessment builds on earlier CNAS research on veteran wellness,⁵ and previous needs assessments, to assess veteran wellness at the individual and community level in the Southwest Pennsylvania region. It follows a "mixed methods" approach that has been used for a number of similar assessments across the country.⁶ CNAS used quantitative research on the region's veterans population from the CNAS Veterans Data Project;⁷ undertook qualitative research on issues and trends affecting veterans in the region; convened working groups with key stakeholders and community leaders; and conducted structured interviews with key individuals in the region. In addition, CNAS conducted an online survey of veterans in the region, relying on a convenience sample recruited through regional public, private, and philanthropic organizations.

³ VA, Veterans Population data ("VetPop"), 2014. http://www.va.gov/vetdata/veteran_population.asp.

⁴ This estimate reflects an average of the VA 2014 estimate for post-9/11 veterans and the VA estimate for veterans below the age of 35, applied to the regional population of Southwestern Pennsylvania, using data from the VA's VetPop datasets, which approximate there are 961,373 veterans in all of Pennsylvania.

⁵ Nancy Berglass and Margaret C. Harrell, "Well After Service: Veteran Reintegration and American Communities" (Center for a New American Security, April 2012).

⁶ This approach was pioneered by the RAND Corporation for regional studies of veterans populations, and has been followed by others conducting needs assessments of the veterans community. See Terry L. Schell and Terri Tanielian, eds., RAND, "A Needs Assessment of New York State Veterans: Final Report to the New York State Health Foundation," 2011; see also Institute of State and Regional Affairs, Penn State Harrisburg, "Needs Assessment of Pennsylvania Veterans; Volume VIII: Summary Report of Findings," December 2014; Carl Andrew Castro, Sara Kintzle, and Anthony Hassan, "The State of the American Veteran: The Los Angeles County Veterans Study," USC School of Social Work, Center for Innovation and Research on Veterans and Military Families, October 2014; Phillip Carter and Katherine Kidder, "Needs Assessment: Veterans in the Western United States," CNAS, December 2013.

⁷ The CNAS Veterans Data Project is a multi-year effort to gather publicly available data describing the veterans and military community; integrate and analyze that data using sophisticated tools and methods; and use this data to project and plan for long-term scenarios that may face this community. See <http://www.cnas.org/content/veterans-data-project>.

Earlier studies by CNAS researchers defined the elements of veteran wellness as: “the dynamic and multi-dimensional quality of one’s existence overall, as informed by both civilian and military experiences and circumstances.” The definition of wellness incorporates four dimensions: “social/personal relationships, health, fulfillment of material needs, and purpose.”⁸ This broad definition reflects a normative goal for the community of practice that serves veterans; it also integrates the traditional areas — medical and mental health, education, and housing — that are the focus of most research on the veteran community. Our wellness definition also helped us define those parts of the population considered “at risk.”⁹

Within the context of the broader community of veterans from all eras, CNAS focused its assessment on the post-9/11 veterans community. In light of the community and economic development priorities of the Heinz Endowments, CNAS examined issues regarding the economic health and wellness of the veteran population in the region, and the economic impact of veterans in Pittsburgh and the surrounding communities. This assessment reports the results from that examination, organized into traditional categories of understanding veteran wellness.

3. VETERANS IN THE UNITED STATES

The national veterans population is an enormously diverse segment of the U.S. population that includes approximately 21.6 million men and women, from veterans of World War II to veterans of Iraq, Afghanistan, and other recent theaters of war. The issues facing members of this population vary somewhat by age, cohort, geography, socioeconomic class, and other variables, but certain national trends affect the whole community.

Returning veterans bring both opportunities and challenges to their communities. Most veterans make a successful transition from service and succeed in civilian life. Indeed, veterans’ rates of education, income, and wealth exceed the civilian average. However, some veterans struggle following their transition, or later in life, with health, employment, or other issues that may relate directly to service, or to some combination of the veteran experience and the dynamics of civilian life. Access to primary, specialty, and mental health care, and to other Department of Veterans Affairs (VA) resources, remains a challenge for many in the veteran community, although the VA is working hard on these issues.¹⁰ Some veterans also struggle to establish a foothold in the civilian workforce, or face other economic challenges after service. And many veterans perceive a civil-military divide, even after they come home to become civilians again.

The rest of this section reviews the major issues affecting veterans nationwide, including mental health, homelessness, employment, and education.

A. MENTAL HEALTH

Mental health issues affect a significant part of the veterans population, including those who have deployed to war and those who have not. Veterans of all generations may face mental health issues including post-traumatic stress, diagnosed post-traumatic stress disorder, traumatic brain injuries,

⁸ Berglass and Harrell.

⁹ For the purposes of this paper, we define “at risk” in two primary ways. We include in our definition those veterans who are struggling with health, economic, or other issues, such as those veterans affected by post-traumatic stress. The term also includes sub-populations that have disproportionately higher risk for health, economic, or other problems, such as veterans who left the military with service-connected injuries or illnesses, or with other than honorable discharges.

¹⁰ See Department of Veterans Affairs, “MyVA Task Force Report,” July 2015.

and suicide. As of mid-2015, 2.7 million individual service members had deployed to Iraq, Afghanistan, or other theaters of war since 9/11.¹¹ As of April 2015, 1.94 million of those 2.7 million deployment veterans had left active duty or mobilized reserve status; of that population, 1.126 million sought health care from the VA. Within this smaller, self-selected population of veterans who have left the service and sought VA care, 640,537 (or nearly one-fourth of all post-9/11 deployment veterans) have been diagnosed by VA clinicians with some type of mental health issue.¹² This substantial subset of the post-9/11 deployment cohort may continue to need mental health support in years to come.¹³ Although we can gauge current levels of demand for mental health services, we lack detailed information about how these veterans will fare over the course of their lives, their geographic and demographic distribution, and to what extent these issues are grounded in larger societal challenges with mental health. More granular data about this population would greatly help to better understand their needs and likely future trajectories.

Related to mental health concerns are the rates of suicide among service member and veterans. Veteran suicide is a complex issue, affecting veterans of all generations. Unfortunately, no authoritative source documents the total number of veteran suicides. Such data is kept differently in different parts of the country; for example, death records in many places do not report veteran status. However, a number of studies suggest that suicide rates are higher in the veteran community than the national average.¹⁴ More reliable data for current active and reserve service members, as well as for recently discharged post-9/11 veterans, indicates that in the first three quarters of 2014, there were 200 suicides of active-duty service members, and 118 suicides by Guard and reserve personnel.¹⁵ A recent study found that the suicide rate among post-9/11 veterans is approximately 50 percent higher than comparable civilian populations. Each day, on average, a U.S. veteran commits suicide.¹⁶ Female veterans die by suicide at six times the rate of the female civilian population; for women aged 18–29, the veteran suicide rate is 12 times that of civilians.¹⁷ Among post-9/11 veterans, the suicide rate is higher even for veterans who had never deployed, indicating that the problem is not attributable solely to combat trauma.¹⁸

The VA is the largest provider of mental health care and research in the nation, as well as the most significant investor in mental health research. The VA plans to spend \$7.1 billion on mental health care in FY 2015, roughly 12 percent of its \$59 billion health care budget. Additionally, in 2014 the

¹¹ DoD, Contingency Tracking System, as of July 31, 2015.

¹² Department of Veterans Affairs, “Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1st Qtr FY 2002 through 2nd Qtr FY 2015” (October 1, 2001–March 31, 2015), (September 2015), 11, <http://www.publichealth.va.gov/docs/epidemiology/healthcare-utilization-report-fy2015-qtr2.pdf>.

¹³ Department of Veterans Affairs, “Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1st Qtr FY 2002 through 4th Qtr FY 2014” (October 1, 2001–September 30, 2014), 9, <http://www.publichealth.va.gov/docs/epidemiology/healthcare-utilization-report-fy2015-qtr2.pdf>.

¹⁴ See Janet E. Kemp, RN, PhD, Department of Veterans Affairs, “Suicide rates in VHA patients through 2011 with comparisons with other Americans and other veterans through 2010,” January 2014, http://www.mentalhealth.va.gov/docs/Suicide_Data_Report_Update_January_2014.pdf.

¹⁵ U.S. Department of Defense, Defense Suicide Prevention Office, “Department of Defense Quarterly Suicide Report for Calendar Year 2014, 3rd Quarter,” Department of Defense, 2.

¹⁶ See Han K. Kang, Tim A. Bullman, Derek J. Smolenski, Nancy A. Skopp, Gregory A. Gahm, and Mark A. Reger, “Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars,” *Annals of Epidemiology* (2014); Alan Zarembo, “Detailed study confirms high suicide rate among veterans,” *LATimes.com*, January 15, 2015, <http://www.latimes.com/nation/la-na-veteran-suicide-20150115-story.html>.

¹⁷ Alan Zarembo, “Suicide rate of female military veterans is called 'staggering,’” *LATimes.com*, June 8, 2015, <http://www.latimes.com/nation/la-na-female-veteran-suicide-20150608-story.html>.

¹⁸ *Ibid.*; Kang et al., “Suicide risk among 1.3 million veterans”; Zarembo, “Detailed study confirms high suicide rate among veterans.”

VA spent \$229 million on treatment and research on traumatic brain injury (TBI) for all veterans, of which an estimated \$54 million focused on post-9/11 veterans. These amounts are orders of magnitude greater than private and non-profit expenditures on veterans mental health support.

Even so, the VA has struggled to meet veterans' need for mental health care.¹⁹ Veterans utilizing the VA system have experienced significant problems obtaining timely care.²⁰ To address these issues, since 2013, the VA has implemented new initiatives to hire mental health care providers, build new healthcare facilities, and establish new contracts for veterans to obtain mental health care outside of the VA system. In response to the Phoenix VA scandal of 2014 (which arose out of long waits for VA health care), Congress created the Veterans Choice program which allows veterans to seek care from non-VA providers if their wait times or distances from VA facilities exceed specified goals. However, VA facility construction delays, continued shortages of competent mental health providers, and other continuing concerns indicate that these efforts have not solved the problems of access to VA health and mental health care. According to one GAO study, "just 13 percent of the mental health providers surveyed met the study's readiness criteria for both cultural competency and delivering evidence-based care. Providers who worked in community settings were less prepared than providers who are affiliated with the VA or military health system."²¹

B. HOMELESSNESS

On November 3, 2009, then-VA Secretary Eric Shinseki announced a VA goal of ending veteran homelessness.²² In 2010, the VA in partnership with the White House announced plans for the "Ending Veteran Homelessness" initiative, with the goal of ending veteran homelessness by 2015.²³ This multi-faceted effort sought to address the components of self-sufficiency: health care, job training, and other services such as mental health counseling and employment support. Between 2010 and 2014, data from HUD's annual point-in-time (PIT) counts indicated that veteran homelessness nationwide declined by 33 percent.²⁴ Reporting from January 2014 counted 578,424 homeless individuals nationwide (399,113 in residential programs and 179,311 in unsheltered locations). Of this total, 49,933 were veterans, an 11 percent decrease since 2013. Across the United States, 4,722 homeless veterans in 2014 were female.²⁵

More recently, the federal government (including the VA and the Department of Housing and Urban Development) and other community leaders have adopted a new goal: "functional zero." This movement begins from the premise that an "absolute zero" goal is unattainable and potentially

¹⁹ See Phillip Carter, "Expanding the Net," CNAS, November 2013.

²⁰ Katie Zezima, "Everything you need to know about the VA – and the scandals engulfing it," *The Washington Post*, May 30, 2014, <https://www.washingtonpost.com/news/the-fix/wp/2014/05/21/a-guide-to-the-va-and-the-scandals-engulfing-it/>.

²¹ See Government Accountability Office (GAO), "VA Construction Additional Actions Needed to Decrease Delays and Lower Costs of Major Medical-Facility Projects," GAO-13-556T (May 7, 2013), <http://www.gao.gov/assets/660/653585.pdf>; Terri Tanielian, Coreen Farris, Caroline Epley, Carrie M. Farmer, Eric Robinson, Charles C. Engel, Michael Robbins, and Lisa H. Jaycox, "Ready to Serve: Community-Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families" (RAND Corporation, 2014), http://www.rand.org/pubs/research_reports/RR806; GAO, "VA Health Care: Improvements Needed in Monitoring Antidepressant Use for Major Depressive Disorder and in Increasing Accuracy of Suicide Data," GAO-15-55 (November 12, 2014), <http://www.gao.gov/products/GAO-15-55>.

²² Department of Veterans Affairs, "Secretary Shinseki Details Plan to End Homelessness for Veterans," November 3, 2009, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=1807>.

²³ Department of Veteran Affairs, "Homeless Incidence and Risk Factors for Becoming Homeless in Veterans," May 2012, i; Department of Veterans Affairs, "Homeless Veterans: About the Initiative," http://www.va.gov/homeless/about_the_initiative.asp.

²⁴ The Department of Housing and Urban Development (HUD) uses "point in time" (PIT) counts to assess the number of homeless persons in specific communities at specific intervals. For more on HUD's methodology, see <https://www.hudexchange.info/resource/4036/point-in-time-count-methodology-guide/>.

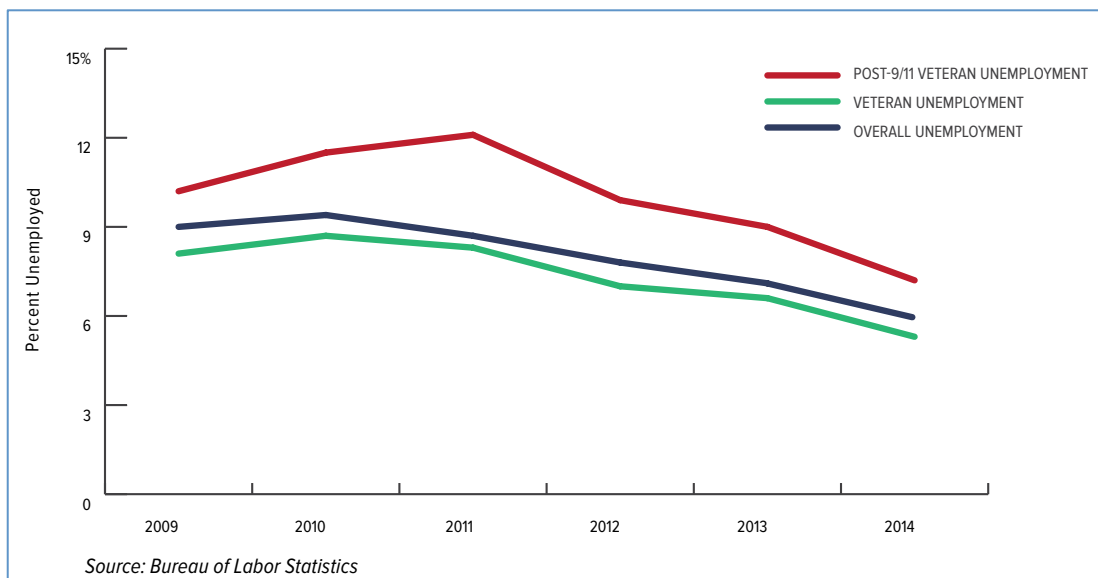
²⁵ Department of Housing and Urban Development, "The 2014 Annual Housing Assessment Report to Congress," October 2014.

counterproductive, and that such a goal would not account for the highly dynamic veterans population, which turns over each year with new veterans leaving the service, older veterans passing away, and veterans experiencing economic and geographic mobility. Instead of focusing on absolute zero, the “functional zero” goal sets forth a formula: “At any point in time, the number of veterans experiencing sheltered and unsheltered homelessness will be no greater than the current monthly housing placement rate for Veterans experiencing homelessness.”²⁶ This change to a functional goal is meant to help focus public, private, and non-profit sector attention on the many parts of the community system of housing, and to enable more efficient and effective housing solutions. A number of communities around the nation have embraced “functional zero” as their goal, and are actively tracking their progress with publicly available data dashboards.²⁷

C. EMPLOYMENT

Historically, veteran employment has paralleled the non-veteran unemployment rate, with all veterans faring better than the national average because of their demographics. Figure 1 shows the historical employment rates for veterans, non-veterans, and post-9/11 veterans since 2009.

Figure 1: National and Veteran Unemployment Rates, 2009 to 2014²⁸



The unemployment rate as of October 2015, was 3.9 percent for all U.S. veterans, significantly better than the rate (5.0 percent) for the population as a whole. Among veterans, the male unemployment rate was significantly better than the female rate, 3.7 percent as compared to 5.4 percent. The rate of unemployment for post-9/11 veterans in October was 4.6 percent, also better than the national average.²⁹ However, among the youngest groups of veterans, those aged 18-24 and 25-34, the

²⁶ Community Solutions, Final Zero 2016 Metrics, Fact Sheet, http://cmtysolutions.org/sites/default/files/final_zero_2016_metrics.pdf.

²⁷ See data dashboards showing community progress towards “functional zero” veteran homelessness in Washington DC, Los Angeles, Denver, Phoenix, New Orleans and other communities at: <http://zero2016.weebly.com/>.

²⁸ Bureau of Labor Statistics.

²⁹ Department of Veterans Affairs, Office of Economic Opportunity, Employment Facts and Statistics, October 2015.

unemployment rate in October 2015 was 10.4 percent and 5.7 percent respectively, worse than the national average, and slightly higher than the national averages (10.1 percent and 5.2 percent respectively) for non-veterans in these age groups.

Two tentative observations emerge from data on veteran employment. The first is that there is not so much a veteran employment crisis as there is a veteran transition crisis (and the term crisis itself may be an overstatement). High rates of unemployment among young veterans, particularly young veterans without a college degree, suggest that unemployment problems may be concentrated among younger veterans during the first years after service. However, economic data produced by the VA in January 2015 found that the earnings and economic success of post-9/11 veterans rose over time,³⁰ suggesting that veterans' economic performance improves after a few years in the workforce.

The second observation is that, rather than an *unemployment* problem, the issue may be one of veterans' *underemployment*. We define underemployment as veterans taking jobs for which they are overqualified by education or experience. Underemployment may primarily result from the need for many veterans to find immediate employment after service, regardless of how well that employment may fit, due to family or other considerations that put temporal and financial pressure on the veteran. The underemployment phenomenon may also be reinforced by public and private sector employment programs that seek to translate veterans' skills and experiences to the private sector, placing veterans in jobs that resemble what they did in the military. The "skills translation" approach may contribute to underemployment because it undervalues skills and experiences not common in the civilian workforce, such as the intangible maturity and experience gained by a junior non-commissioned officer who has led troops in combat. This approach may also contribute to underemployment by prioritizing immediate employment over longer career searches or pursuit of additional education, when the latter might better facilitate transition over the long term. Skills translation can also be problematic for veterans who would prefer to do something different in civilian life from what they did in the service.

D. EDUCATION

U.S. veterans are educated: 78 percent of service members and 70 percent of veterans have a high school degree or some college; 19 percent of service members and 27 percent of veterans have a college degree or higher.³¹ Between 2009 and 2014, more than 1.5 million beneficiaries (including veterans and family members) have used more than \$40 billion in VA education benefits to pursue higher education.³² This reflects a utilization rate of approximately 40 percent among potential beneficiaries of the post-9/11 GI Bill. The VA also provides vocational and rehabilitation support to veterans with service-connected disabilities, and provides educational support to veterans under other programs such as the Montgomery GI Bill. In parallel, the Defense Department (including the reserves and state National Guard bureaus) provides educational support to many still in uniform. Most of these student veterans blend into their campus populations and succeed with no additional assistance, but some have specific needs related to post-service transition that may impede utilization of education benefits, or require additional support during pursuit of higher education.

³⁰ VA, Economic Opportunity Report, January 2015.

³¹ U.S. Census Bureau, 2013 American Community Survey.

³² Department of Veterans Affairs, "Benefits for Veterans Education," <http://www.benefits.va.gov/REPORTS/abr/ABR-Education-FY13-09262014.pdf>.

One of the major education issues facing the VA and the veterans community relates to the role played by for-profit schools such as the University of Phoenix. Across the industry, for-profit colleges have reaped \$8.2 billion of the \$40 billion in Post-9/11 GI Bill benefits paid since 2009.³³ Low graduation rates, poor post-graduation employment outcomes, and perceived predatory practices by these institutions have led many advocates to call for tighter regulation and oversight of the for-profit college industry, which in many ways is being fueled by VA and DoD educational benefits. The White House recently announced it would pursue legislation to change the Department of Education's "90-10" rule that allows for-profit schools to exclude DoD and VA revenue from the cap placed on the amount of federal revenue that schools can earn; changing this rule would eliminate the huge financial incentive for these schools to aggressively pursue veteran and military tuition dollars.³⁴ Also recently, DoD decided in October 2015 to suspend tuition assistance to the University of Phoenix, based on concerns about the value provided by the school's programs to service members seeking education there.³⁵ There are indications the government will seek to further police the use of DoD and VA educational benefits at for-profit schools, or schools that produce poor educational outcomes, or both.

E. CHANGING DEMOGRAPHICS AND OTHER ISSUES

1. GENDER

During most of the twentieth century, the U.S. military was nearly entirely male. Today, the military population is 16 percent female; this figure will likely rise to 20 or 25 percent in the next decade as the military removes barriers to women and recruits women more actively, particularly for the Navy and Air Force.³⁶ Because of this demographic change within the military, and the passing of older cohorts of veterans that were almost entirely men, women now comprise the fastest growing demographic segment of the veterans population. Today, the veterans population is 7 percent female; this percentage will likely rise to 15 percent by the end of this decade. Most needs of women service members and veterans are the same as for men: transition, economic opportunity, education, and health support for service-connected issues. However, in the area of veterans health care, both the needs and the modes of delivery may differ substantially. Similarly, women have different patterns of usage for veterans economic benefits like the GI Bill and home loan guarantees, and different need profiles for homelessness and crisis support too. Public, private and nonprofit providers must take these differences into account when providing services and support to male and female veterans.

2. MILITARY FAMILIES

An important consequence of the shift to an All-Volunteer Force has been the creation of a large military family population. The post-9/11 military is a professional force with longer terms of service, on average, than previous generations of the U.S. military.

³³ Chris Kirkham and Alan Zarembo, "For-profit colleges are using the GI Bill to make money off veterans," *Los Angeles Times*, August 18, 2015, <http://www.latimes.com/business/la-fi-for-profit-colleges-gi-bill-20150809-story.html>

³⁴ Danielle Douglas-Gabriel and Greg Jaffe, "White House urges Congress to protect U.S. troops from aggressive for-profit colleges," *Washington Post*, November 11, 2015, <https://www.washingtonpost.com/news/grade-point/wp/2015/11/11/white-house-urges-congress-to-protect-u-s-troops-from-aggressive-for-profit-colleges/>.

³⁵ Bobby Caina Calvan, "University of Phoenix put on probation over its military recruiting," *RevealNews.org*, October 8, 2015, <https://www.revealnews.org/article/university-of-phoenix-put-on-probation-over-its-recruiting-of-veterans/>.

³⁶ Leon Panetta, "Statement on Women in Service" (The Pentagon, Arlington, VA, January 23, 2013).

One important trend within this force over time has been the gradual “family-ification” of the force, a direct consequence of its professionalization, increases in compensation and benefits over time, and the longer terms of service that result from the choice of a career in uniform. The active and reserve military had, in 2013, nearly 3 million spouses, children, and adult dependents associated with a uniformed military population of just over 2.2 million.³⁷ Within the military, 51.8 percent of service members are married, and 42.7 percent of all service members had children. As veterans leave the service, military families transition with them, which presents several challenges for families. Reintegrating into civilian society can mean moving off of a military installation, leaving one’s military community, and losing an identity as a member of a military family.³⁸ However, VA services focus on *veterans’* needs, not those of family members, who are generally not the direct beneficiary of VA programs. As a general matter, government support to military families decreases significantly or disappears altogether at the moment of discharge from active or reserve status.³⁹

In addition to these issues facing military families, there exists now a substantial population of military caregivers. More than five million military members and veterans are caregivers, predominantly as spouses or parents. This role is particularly challenging for the 1.1 million post-9/11 caregivers because they tend to be younger, more likely to be employed, more isolated, and dealing with more mental health and substance abuse issues than caregivers who are pre-9/11 veterans or civilians.⁴⁰

3. LGBT ISSUES

An estimated one million veterans and 71,000 current service members identify themselves as part of the LGBT community.⁴¹ With the 2010 repeal of “Don’t Ask Don’t Tell” (DADT) and greater acceptance of sexual minorities in American society as a whole, this population can be expected to grow.⁴² In addition to the typical stressors of military service, LGBT service members and veterans have experienced oppression and stigma related to their sexual orientation within the military system and veterans community.⁴³

According to some recent research, LGBT service members and veterans are more likely to suffer from post-traumatic stress disorder (PTSD), depression, substance abuse, and poor physical health compared to their heterosexual counterparts. One contributor has been the fact that LGBT veterans, while in the military, were long forced to conceal their sexual orientation in order to continue serving. Consequently, many experienced harassment or bullying; many were discharged

³⁷ DoD Demographics Report, 2013, at p. 111, <http://www.militaryonesource.mil/12038/MOS/Reports/2013-Demographics-Report.pdf>.

³⁸ Patricia Lester and Eric Flake, “How Wartime Military Service Affects Children and Families,” *The Future of Children*, 23, 2 (Fall 2013): 121–141.

³⁹ Megan Hazle, Sherrie L. Wilcox, and Anthony M. Hassan, “Helping veterans and their families fight on!” *Advances in Social Work* 13, no. 1 (2012): 229–242, 231.

⁴⁰ Rajeev Ramchand, Terri Tanielian, Michael P. Fisher, Christine Anne Vaughan, Thomas E. Trail, Caroline Epley, Phoenix Voorhies, Michael Robbins, Eric Robinson and Bonnie Ghosh-Dastidar, “Hidden Heroes: America’s Military Caregivers” (Santa Monica, CA: RAND Corporation, 2014), http://www.rand.org/pubs/research_reports/RR499.

⁴¹ Gary J. Gates, “Lesbian, gay, and bisexual men and women in the US military: Updated estimates,” May 2010, The Williams Institute, UCLA Law, <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-GLBmilitaryUpdate-May-20101.pdf>; Stacy Vasquez, “Here to Serve All Veterans,” Vantage Point: Official Blog of the U.S. Department of Veterans Affairs, June 20, 2011, <http://www.blogs.va.gov/Vantage/3425/here-to-serve-all-veterans/>.

⁴² Bryan N. Cochran, Kimberly Balsam, Annesa Flentje, Carol A. Malte, and Tracy Simpson, “Mental Health Characteristics of Sexual Minority Veterans,” *Journal of Homosexuality* 60, no. 2–3 (2013), 419–435.

⁴³ See Department of Veterans Affairs, “Guidance Regarding the Provision of Health Care for Lesbian, Gay, and Bisexual Veterans,” IL 10-2014-14 (July 1, 2014), http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3013.

from the military.⁴⁴ These experiences are associated with increased rates of physical and mental health concerns.⁴⁵ A resulting mistrust or fear of stigma may cause LGBT service members and veterans to avoid the VA system or to conceal their sexual orientation from their health care providers, leading to shortcomings in delivery of health care and services.⁴⁶ Further, LGBT veterans may disproportionately be “at risk” for negative outcomes because of the extent to which this community exited the service with “bad paper” – discharges carrying a characterization other than honorable, that branded these veterans in a negative way and adversely impacted their ability to claim government veterans benefits.⁴⁷

4. VETERANS IN SOUTHWEST PENNSYLVANIA

Across the country, the geography of need varies considerably, along with the availability of public, private, and non-profit sector resources arrayed to support veterans in each community. The following section reports our findings with respect to the Southwest Pennsylvania region. Where possible, this section relates those findings to broader national trends, or observations from other communities where CNAS has conducted research.

A. OVERVIEW

The Pittsburgh Metropolitan Statistical Area has a population of 2,357,800;⁴⁸ Pittsburgh itself has approximately 306,000 residents.⁴⁹ Approximately 235,000 veterans live in the Southwest Pennsylvania region, comprised of Allegheny County and the 12 surrounding counties. Approximately 90,000 of these veterans live in Allegheny County, the most urban of the region’s counties.

Historically, glass plating, steel production, and coal mining defined the region’s economy.⁵⁰ Now, the region’s major industries include health care, technology, and bioscience. According to the most recent Census data available, the median household income is \$50,225; median home price is \$131,400; unemployment is at 5.5 percent.⁵¹ The cost of living in the Pittsburgh metropolitan area is 4.5 percent below the national average.

The city of Pittsburgh falls within Veterans Integrated Service Network (VISN) 4, the VA’s health care region comprising 104 counties in Pennsylvania, West Virginia, Delaware, New Jersey, New York, and Ohio.⁵² Within this health care network, the VA operates several facilities in the Southwest Pennsylvania area, including VA medical centers in Butler County and in Allegheny County (Pittsburgh). Although the region does not have a major military installation, it does host a number of reserve component units, including the Air Force Reserve’s 911th Airlift Wing in Pittsburgh. The region has historically sent many of its sons and daughters into the military; many return here from service as veterans afterwards. Today, the vibrant economy of the Pittsburgh area,

⁴⁴ Cochran, Balsam, Flentje, Malte, and Simpson, “Mental Health Characteristics,” 419–435.

⁴⁵ Tracy L. Simpson, Kimberly F. Balsam, Bryan N. Cochran, Keren Lehavot, and Sari D. Gold, “Veterans Administration Health Care Utilization Among Sexual Minority Veterans,” *Psychological Services* 10 no. 2 (May 2013), 223–232.

⁴⁶ *Ibid.*

⁴⁷ See Phillip Carter, “The Vets We Forget and Ignore,” *New York Times*, Nov. 11, 2013, <http://www.nytimes.com/2013/11/11/opinion/the-vets-we-reject-and-ignore.html>.

⁴⁸ Forbes.com, “Pittsburgh, PA,” <http://www.forbes.com/places/pa/pittsburgh/>.

⁴⁹ Census 2013 estimate.

⁵⁰ “Pittsburgh History: Pittsburgh Industrial Heritage: Steel and Glass,” <http://www.visitpittsburgh.com/about-pittsburgh/history/>.

⁵¹ Forbes.com, “Pittsburgh, PA,” <http://www.forbes.com/places/pa/pittsburgh/>.

⁵² VA, “About VISN 4,” <http://www.visn4.va.gov/VISN4/about/index.asp>.

as well as the presence of a number of colleges and universities, draws working-age veterans to the region. A number of industries, including technology, natural resources, and mining, also attract members of the veteran community who bring their technical skills and ties to the region.

B. VETERANS POPULATION DEMOGRAPHICS IN SOUTHWEST PENNSYLVANIA

Both the civilian and veterans populations of Southwest Pennsylvania are concentrated in Allegheny County, of which the city of Pittsburgh is the county seat. In absolute numbers, Allegheny County contains a plurality of the region's veterans, with approximately 90,000 veterans as part of the region's total population of 235,000.⁵³ (Figure 2) Westmoreland County has the next largest veteran population, with approximately 33,000 veterans. Half of the veterans of Southwest Pennsylvania live in these two counties.

However, those two counties do not contain the densest concentrations of veterans in the region. Beaver County, to the northeast of Allegheny County, has the highest proportion of veterans in the area: veterans constitute nearly 10 percent of its total population (well above the national average of 6.7 percent). The populations of Cambria and Greene counties also have a greater share of veterans than the national average, at 9.6 percent in each county. Allegheny County also exceeds the national average, although not by as much, with veterans comprising 7.3 percent of the total county population. Overall, Southwest Pennsylvania stands out as one of the densest veterans communities in the nation, with the densest populations existing in the area's rural counties outside of Pittsburgh and Allegheny county. (Figure 3.)

⁵³ VA VetPop, 2014.

Figure 2: Number of Veterans Per County⁵⁴

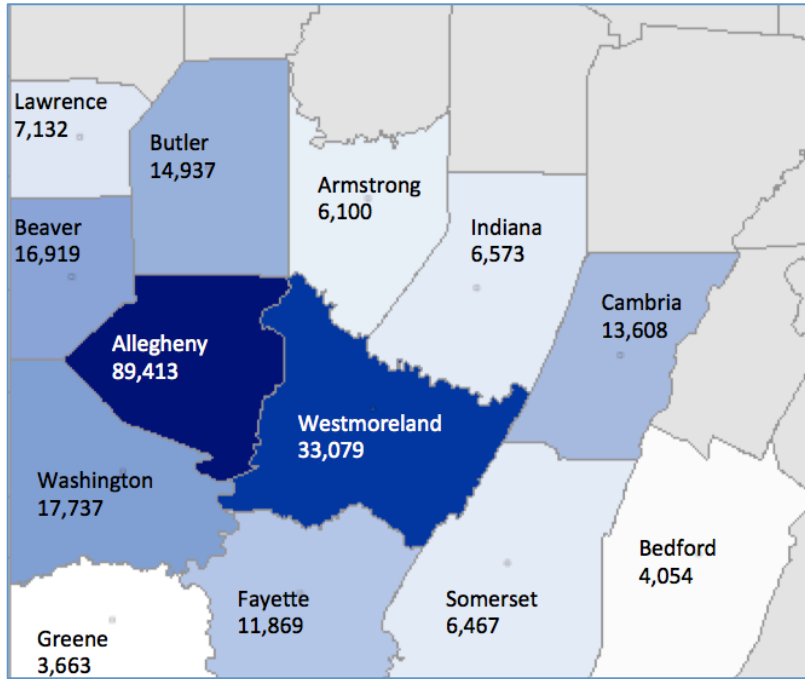
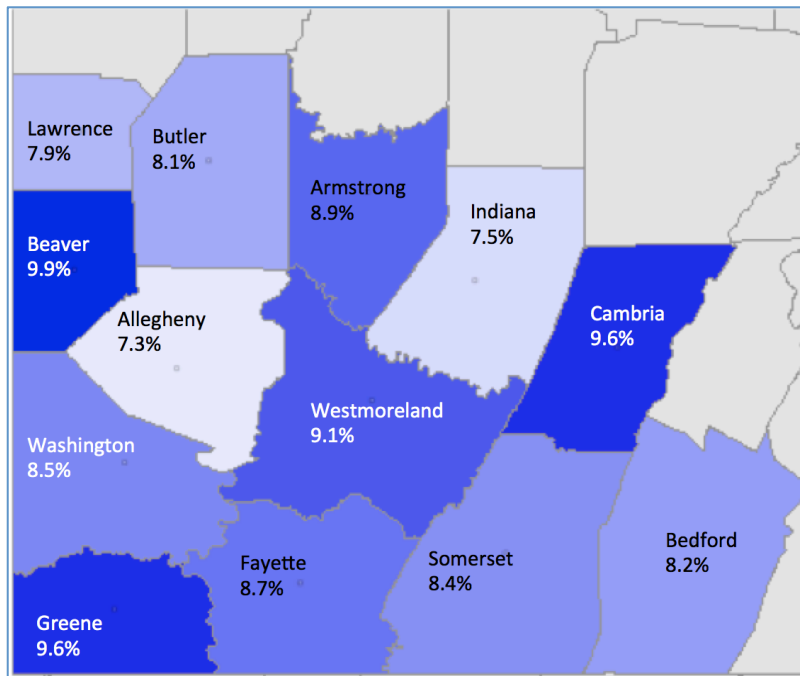


Figure 3: Density of Veterans Population Per County⁵⁵

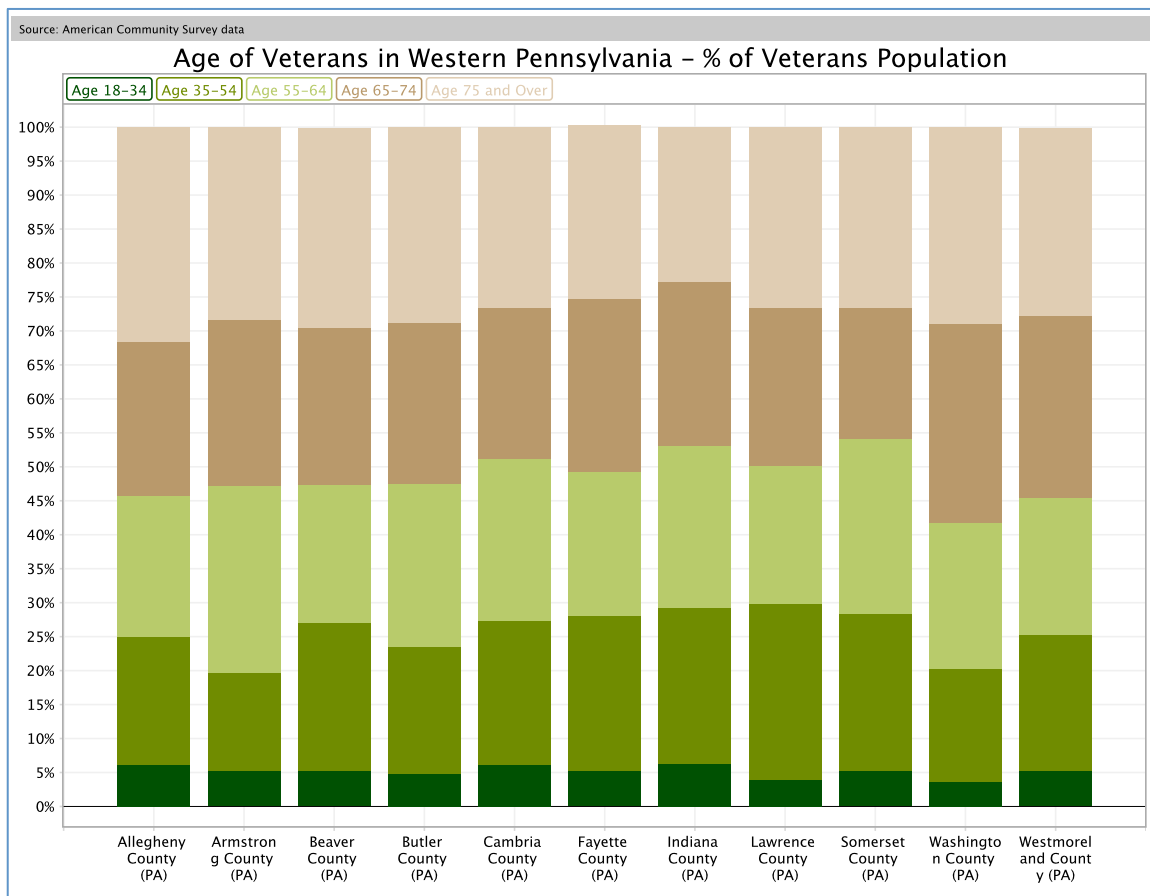


⁵⁴ Source: Department of Veterans Affairs, Veteran Population Projection Model, 2014.

⁵⁵ Source: Department of Veterans Affairs, Veteran Population Projection Model, 2014.

The veterans population of Southwest Pennsylvania is older than the national veterans population. According to VA actuarial and population data, the median veteran age in the U.S. is 64. In most counties in Southwest Pennsylvania, including Allegheny, more than half of the veterans population is above the age of 65. Stated differently, the veteran population of these counties is older than the overall national veteran population, and significantly older than the national median age of 36.8 years for the total U.S. population. This distribution reflects the fact that relatively large cohorts served during World War II, the Korean War, the Vietnam War, and the Cold War, during which the United States used conscription to maintain a large active military. These cohorts are larger, and older, than the younger cohorts produced by the smaller all-volunteer force in existence since 1973. The region’s veteran population also stands out as belonging predominantly to earlier eras of military service. Across all 13 counties, approximately 80 percent of the region’s veterans served prior to the first Gulf War. Vietnam-era veterans are currently the largest segment of the region’s veteran population.

Figure 4: Veterans Population By Age⁵⁶

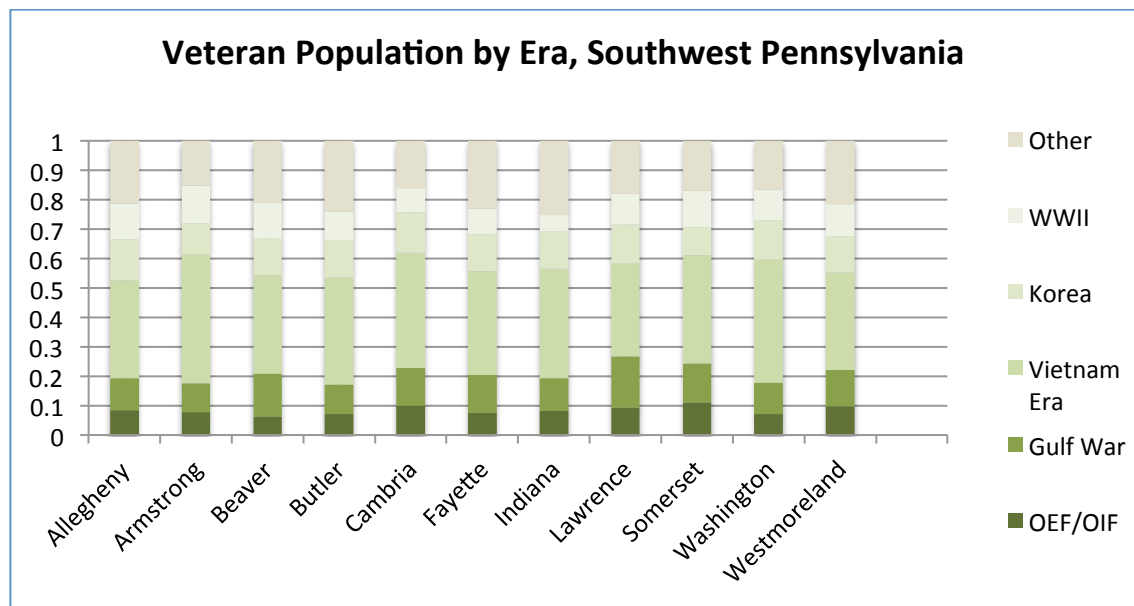


However, this proportion is rapidly changing. Nationally, Gulf War–era veterans will become the largest segment of the veteran population in 2015. This change is likely to be reflected in the Southwest Pennsylvania region as well. As seen in Figure 5, slightly more than 20 percent of the

⁵⁶ American Community Survey.

veterans of Westmoreland, Lawrence and Somerset counties served during the first Gulf War or afterwards; these three counties have slightly younger veteran populations than the rest of the region. Allegheny is close behind, with veterans of the Gulf War era making up an increasingly large fraction of the county’s veterans population. This generational shift has profound implications for the portfolio of services and support provided to veterans, suggesting that the public, private and nonprofit sectors may need to soon shift their offerings to support a younger veterans population.

Figure 5: Veterans Population by Era⁵⁷

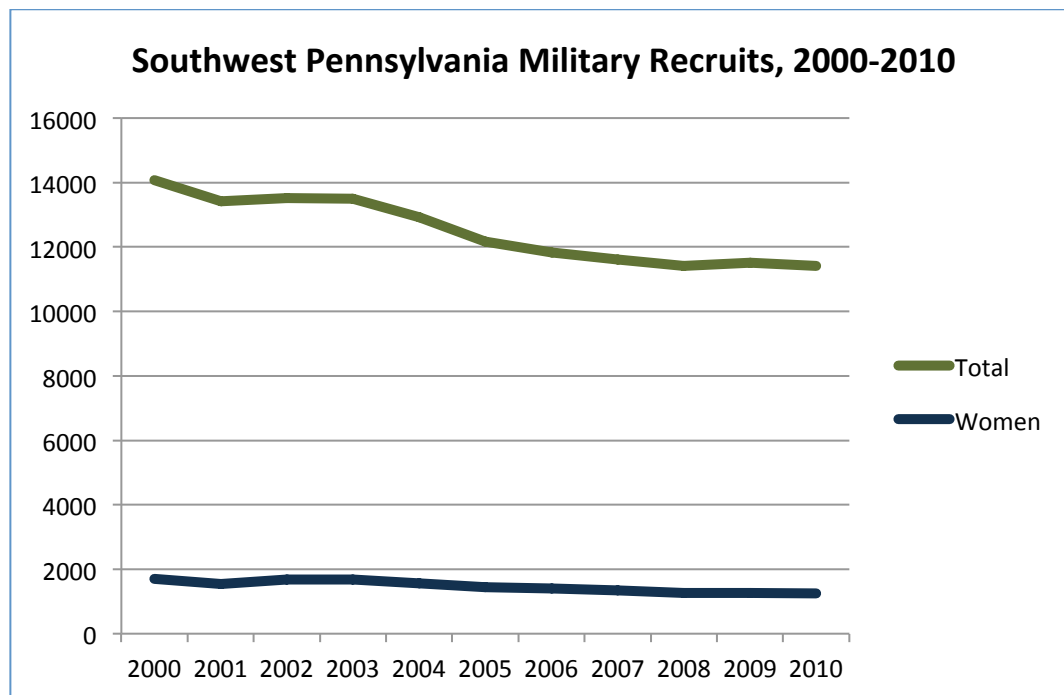


According to survey data from veterans in Southwest Pennsylvania, 42 percent of respondents indicated that at least one motivating factor for moving to the region was that it was where they grew up. This finding aligns closely with historic patterns of veteran migration after service, as well as recent survey data from post-9/11 veterans organizations.⁵⁸ These results can better inform long-range planning for veteran services in the area beyond the current veteran population. Extrapolating from this data, and assuming a steady rate of military service member separation, the Pittsburgh region can potentially anticipate approximately 5,200 returning veterans per year.⁵⁹ Additionally, while the number of military recruits drawn from the Pittsburgh area decreased over time from 14,081 in 2000 to 11,420 in 2010, the number of female recruits remained relatively constant, implying that female recruits are increasingly making up a greater percentage of service members from Southwest Pennsylvania and indicating that there may be a greater demand for services focused specifically on female service members in the future. (See Figure 6)

⁵⁷ U.S. Census Bureau, American Community Survey 2013 5-Year Estimates. Note: Data unavailable for Greene and Bedford counties.

⁵⁸ For example, the veteran organization Team Red, White, and Blue found that 58 percent of veterans do not return to their hometown—implying that 42 percent do return to their hometown. Team Red, White, and Blue, “Veterans Statistics,” <http://teamrwb.org/our-impact/statistics>.

⁵⁹ The average number of military recruits per year from the Pittsburgh region 2000-2010 was 12,489; 42 percent of total recruits in the region equal 5,245 veterans. The authors note that members of a given cohort do not necessarily exit the service at the same time.

Figure 6: Military Recruits from Southwest Pennsylvania⁶⁰

C. FEDERAL VETERANS EXPENDITURES IN THE REGION

In 2014, the VA spent nearly \$1.4 billion on veterans in Southwest Pennsylvania, representing almost one percent of its entire national budget. On a per-veteran basis, this translated into \$5,796.51 per veteran, which was approximately 20 percent below the national average of \$7,363.97 per veteran. This disparity likely resulted from the large number of Southwest Pennsylvania veterans who *do not* use VA services or draw VA compensation, thus reducing the average on a per-veteran basis. The graphics below (Figures 7 and 8) show the distribution of this spending in the region, on an absolute basis and a per veterans basis. The total distribution of VA spending mirrors the population distribution, with Allegheny County bringing in the most dollars in absolute terms. However, on a per veteran basis, the VA spent the most in Butler County, to the north of Pittsburgh, expending an average of \$6,875.19 per veteran in that county, and more generally in rural counties than in urban ones. This reflects a national pattern for the VA, which likely reflects the additional cost associated with providing veterans support and services outside of urban areas.

⁶⁰ Department of Defense, Defense Manpower Data Center, historical data regarding accessions.

Figure 7: VA Expenditures Per County (FY2014)⁶¹

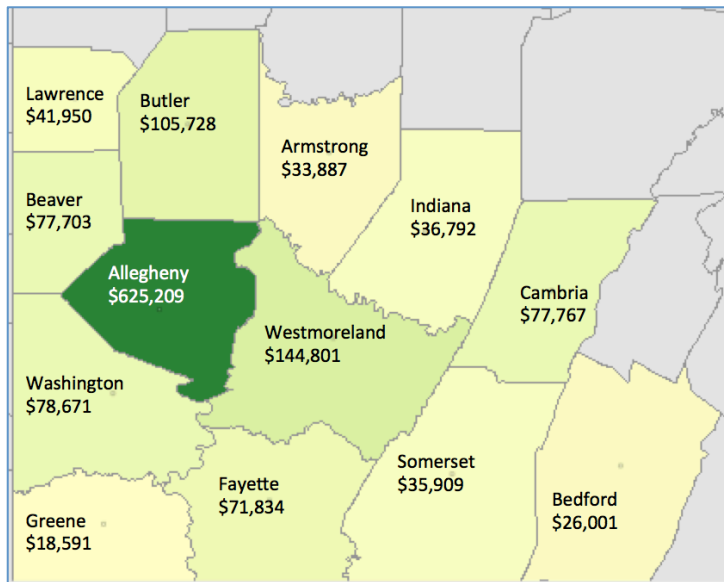
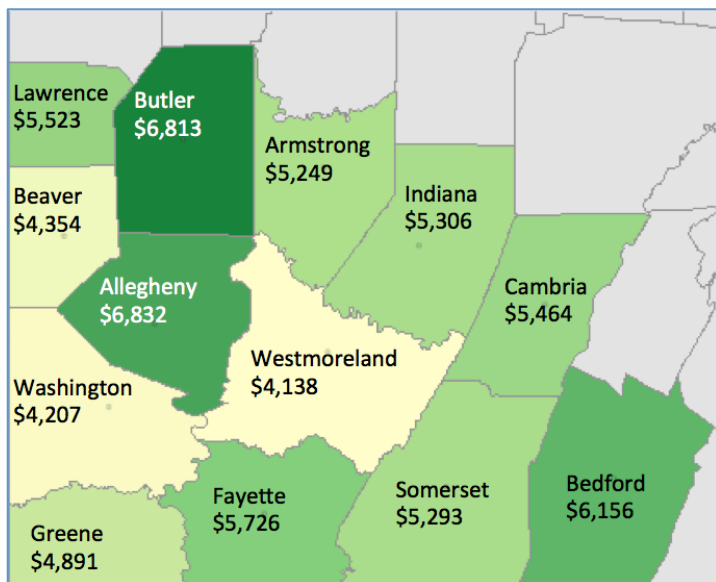


Figure 8: VA Expenditures Per Veteran (FY2014)⁶²



The overwhelming majority of VA spending falls into two categories: compensation and benefits, and VA health care. Compensation (including disability compensation and pensions) accounts for 42 percent of VA spending in the region, while health care represents 47 percent. Education, including both GI Bill programs and vocational rehabilitation programs, accounted for just 6.5 percent of VA spending in the region in 2014, substantially below the national average of 8.4 percent, likely reflecting the region’s older demographics, and lower utilization of VA educational

⁶¹ Department of Veterans Affairs, Geographic Distribution of Expenditures, FY 2014.

⁶² Department of Veterans Affairs, Geographic Distribution of Expenditures, FY 2014.

benefits relative to health care and disability compensation. This distribution of VA spending, coupled with the region's demographics and numbers of veterans with service-connected disability, suggests that the VA's main focus in the region is on providing health care and disability compensation. Based on VA data regarding the regional population served by these two sets of programs, VA's focus in this region appears heavily tilted towards providing health and disability support to older or more severely disabled veterans.

According to the most recent analysis of VA utilization among Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) Veterans, 56,331 post-9/11 veterans accessed health care through the VA system in all of VISN 4, a health care region that encompasses a much broader area than just Southwest Pennsylvania.⁶³ Within VISN 4, the VA Pittsburgh Healthcare System (VAPHS) serves veterans from Pennsylvania, Ohio, and West Virginia. The system consists of two clinical facilities in Pittsburgh; five community-based outpatient clinics (CBOCs) in Beaver, Belmont, Fayette, Washington, and Westmoreland Counties, and three Vet Centers in Pittsburgh, McKeesport, and Wheeling, West Virginia.⁶⁴ The VA does not break out data below the VISN level for post-9/11 veterans; however, other data suggests that the Pittsburgh health care system accounts for roughly one-quarter to one-third of all patients seen in VISN 4. Unfortunately, the aggregate nature of this data does not allow for more detailed analysis of health needs or trends among post-9/11 veterans.

D. SURVEY OF VETERANS IN SOUTHWEST PENNSYLVANIA

CNAS conducted a survey of veterans in Southwest Pennsylvania between December 2014 and May 2015 using the Qualtrics social science software platform, and a “snowball” sample approach.⁶⁵ Respondents were sought through organizational outreach conducted through many of the organizations participating in the “Pittsburgh Serves” (PAServes) consortium organized by the Heinz Endowments and Syracuse University's Institute for Veterans and Military Families (IVMF).⁶⁶ 178 individuals participated in the survey, with 122 individuals completing all of the questions. Participants were given the choice to opt out of individual questions, leading to variance in the numbers of responses between questions. No incentives were offered to survey participants, but they were told that the intent of the survey was to inform planned investments in veterans' programs in the local area.

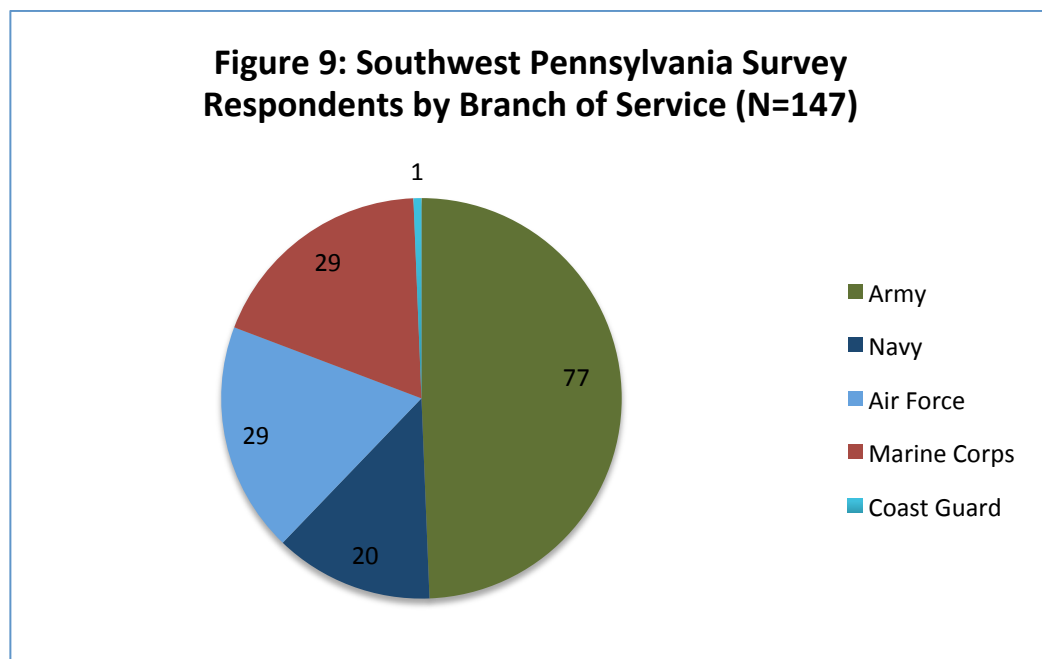
⁶³ Department of Veterans Affairs, “Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1st Qtr FY 2002 through 2nd Qtr FY 2015” (October 1, 2001–March 31, 2015), (September 2015), 11, <http://www.publichealth.va.gov/docs/epidemiology/healthcare-utilization-report-fy2015-qtr2.pdf>. For privacy reasons, this report does not break down the utilization figures below the VISN level.

⁶⁴ VA Pittsburgh Healthcare System, “Returning Service Members,” <http://www.pittsburgh.va.gov/services/returning/index.asp>; VA Pittsburgh Healthcare System, “About Us,” <http://www.pittsburgh.va.gov/about/index.asp>; <http://www.pittsburgh.va.gov/locations/index.asp>.

⁶⁵ Qualtrics is an online survey building and managing platform for academic social science research. For more information, see “About Qualtrics,” <http://www.qualtrics.com/about/>. Snowball sampling is defined as “a technique for gathering research subjects through the identification of an initial subject who is used to provide the names of other actors. These actors may themselves open possibilities for an expanding web of contact and inquiry.” Rowland Atkinson and John Flint, “Snowball Sampling,” in Michael S. Lewis-Black, Alan Bryman, and Tim Futing Liao, *The SAGE Encyclopedia of Social Science Research Methods*.

⁶⁶ This study leveraged relationships with the Heinz Endowments and members of the PAServes working group to reach out to local veteran organizations, universities and community colleges, and service providers in order to reach veterans in the area. It encouraged veterans who completed the survey to reach share the survey with their personal networks. The small sample size and the possibility for selection bias may limit the overall generalizability of the findings. However, the findings did inform lines of inquiry for local interviews, environmental scans, and quantitative research of VA and Census data.

Of the 175 individuals who stated their gender, 135 (77 percent) are male and 40 (23 percent) are female. Of the 178 individuals who identified their race, 90 percent — 161 individuals—identified as “Caucasian,” while the next largest contingent—six individuals, or three percent—identified themselves as “Black or African American.” Nearly a third of respondents (55 out of 178) were born between 1980 and 1995, and identified as the “Millennial” generation. Over half of the respondents report active-duty service of 4 years or less. All of the services are represented, with 77 Army veterans, 20 Navy veterans, 29 Air Force veterans, 29 Marine Corps veterans, and one Coast Guard veteran responding (see Figure 9).



A total of 160 individuals identified their residency in 12 of the 13 counties, as shown in Table 1. The majority of responders (90) live in Allegheny County (56 percent); the next largest cohort (14, or approximately 9 percent) includes veterans who live in Westmoreland County. These are the two counties in our area of study with the largest veteran populations. None of the respondents reported being Greene County residents. Asked to identify whether they lived in “urban,” “suburban,” or “rural” areas, 56 percent (97 individuals) report living in a suburban area, 29 percent (50 individuals) reported living in an urban area, and 16 percent (27 individuals) reported living in rural areas.⁶⁷

Many motivating factors bring veterans to Southwest Pennsylvania. When asked what brought them to their current location, participants were encouraged to select all options that applied or to offer their own statements. Many moved to the Pittsburgh area after service because they grew up in the area or currently have family and/or close friends in the area (74 responses each). Other important factors include perceptions of high quality of living (50 responses), a job offer (48 responses), or

⁶⁷ The survey sample is tilted in a number of key respects. It was biased towards veterans in urban or suburban areas; biased towards younger veterans (as compared to the region’s overall veteran demographics); and biased towards veterans who participated in organizations that were connected to this effort. We sought to balance these survey findings for purposes of the assessment by interviewing county veterans services officers (VSOs) and others in rural counties, by seeking data on rural veterans issues from primary and secondary sources, and by using data on overall veterans populations to provide context for our survey findings.

educational opportunities (21 responses). These accord with observations at the national level that most veterans return to their homes after service because of family connections, but that employment and educational opportunities also influence where veterans live.

Pre-9/11 veterans and post-9/11 veterans in Southwest Pennsylvania who responded to the survey share similar demographic qualities. These qualities include gender balance, rank on active duty, and location (mostly the suburbs of Allegheny County). Further, a similar percentage (39 percent) of both populations reported having a VA disability rating (although, notably, a majority of both groups report a general unawareness of VA employment assistance benefits). Participants from both cohorts report similar annual salaries,⁶⁸ although the post-9/11 group includes a significant number of students, while the pre-9/11 group includes a number of retirees.

However, there were some statistically significant differences between the pre-9/11 cohort and the post-9/11 cohort.⁶⁹ Post-9/11 respondents reported more time on active duty than previous cohorts; this is a significant generational difference which reflects longer periods of service overall for the professionalized, all-volunteer force compared to previous eras of service. While similar numbers within the two cohorts reported having a VA disability rating, the post-9/11 cohort reported more high VA disability ratings (defined by a disability rating of 70 percent or higher). In terms of education, post-9/11 veterans are more likely to currently be enrolled in school, likely a factor of age and proximity in time to active-duty service. Post-9/11 veterans reported a higher rate of more advanced degrees than the pre-9/11 cohort. They were also more aware of their GI Bill benefits, more likely to have used their benefits, and more likely to have used their benefits to pursue a bachelors or graduate degree rather than vocational schooling [when compared with the pre-9/11 cohort].

While the two cohorts reported similar annual salaries, post-9/11 respondents diverged from previous cohorts on a number of other economic factors. Post-9/11 participants reported a higher rate of VA mortgage utilization than their pre-9/11 counterparts. Post-9/11 veterans also reported a higher rate of underemployment, defined as feeling that they have more skills and experience than their current job requires. Further, based on their responses, post-9/11 veterans in Southwest Pennsylvania are more likely than pre-9/11 veterans to consider themselves economically insecure after discharge.

Twenty veterans (including both pre- and post-9/11 vets) answered that they were, in general, dissatisfied with their life after active duty. While this subsample is not necessarily representative of the larger sample nor of the total veteran population, some commonalities exist: gender, race, and education levels of respondents in this subsample did not significantly differ from the larger sample. However, the subsample did report higher levels of economic insecurity, less satisfaction with veterans services, more unemployment in the last year, and more sense of feeling disconnected from their community. These findings bear implications for public, private and nonprofit activities serving this community, including those focused on employment, education on veterans services, community engagement programs, and financial literacy training.

⁶⁸ Of those who responded to a question on annual salary, 30 percent reported earning between \$25,000 and \$50,000 and 31 percent reported earnings of \$50,001–75,000.

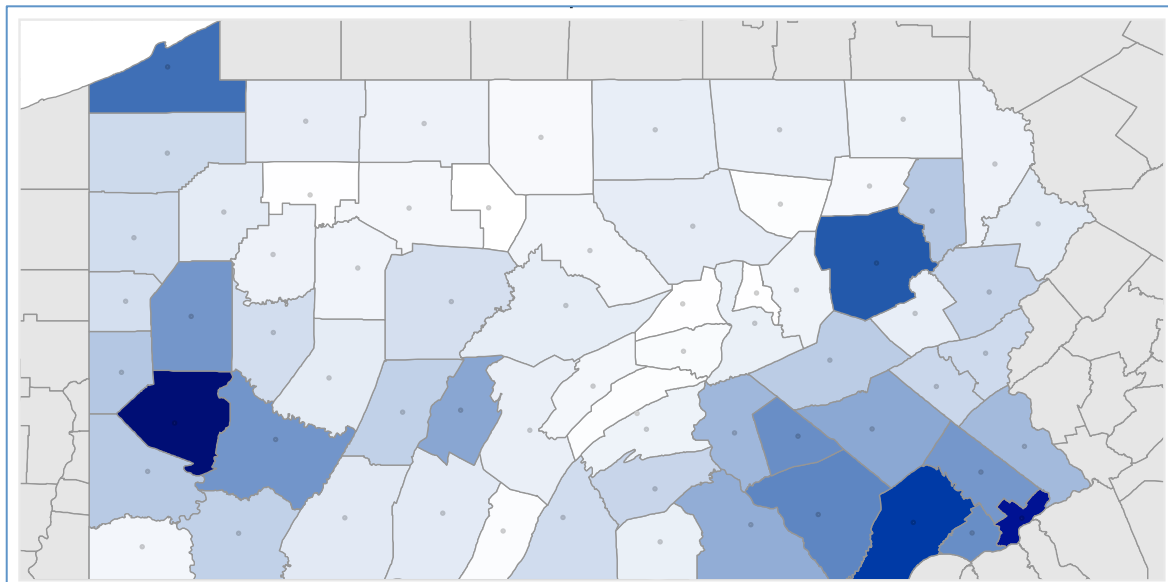
⁶⁹ Statistically significant at the .1 level or less in an unpaired t-test.

E. REGIONAL OBSERVATIONS

1. HEALTH

Our research indicates that local veterans have significant physical and mental health needs, although the extent of unmet need within the population is unclear based on current VA utilization statistics and other data. A number of veterans in the CNAS survey reported a decline in physical and mental health since leaving active duty. Comparing veteran cohorts, post-9/11 veterans are more likely to have a high VA disability rating (70 percent or more). Survey results suggest that obtaining healthcare coverage is not an issue, as almost all respondents reported having some coverage through the VA, TRICARE, private insurance, and/or Medicare. Rather, local veterans struggle with obtaining access to health care itself. A majority of veterans surveyed had been enrolled in VA healthcare and utilized benefits at some point. Reported barriers to VA care include accessibility, eligibility, delays, and concerns over the quality of care, especially the risk of Legionnaire's disease.⁷⁰

Figure 10: Statewide VA Medical Expenditures⁷¹



VA expenditures on health care⁷² show an important part of the picture for veterans in Southwest Pennsylvania, especially in comparison to the rest of the state, as shown in Figures 10 and 11. In Southwest Pennsylvania, the VA spends the most (\$322 million) in Allegheny County, out of a regional total of \$643 million in FY2014, reflecting the large numbers of veterans there. However, on a per-veteran basis, the VA spent slightly more in Butler County (\$3,844.69 per veteran) than

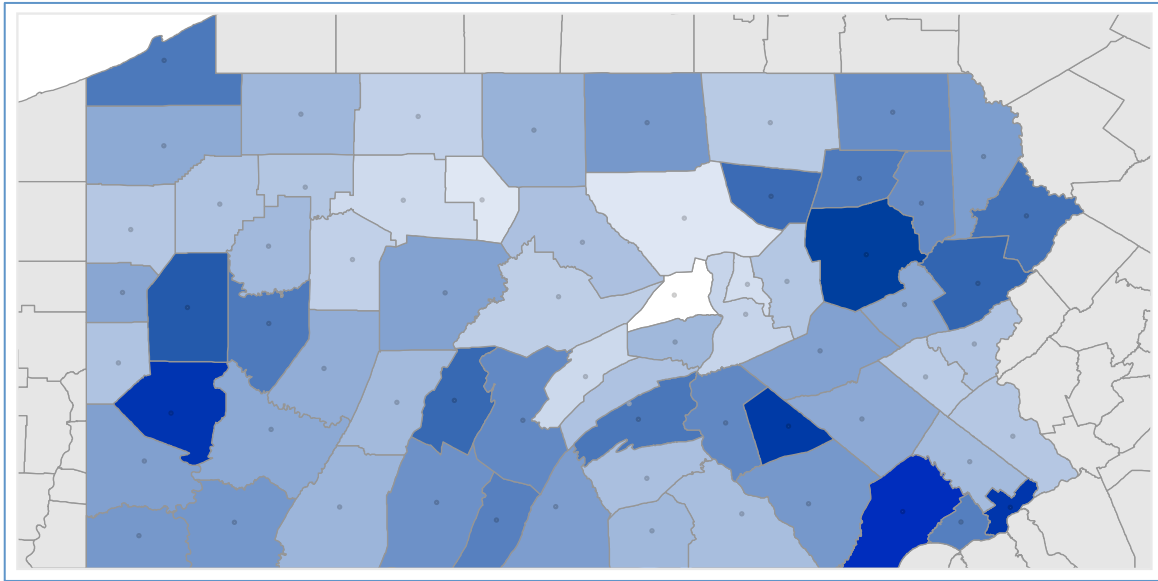
⁷⁰ For more background regarding veteran concerns about Legionnaires' disease and the Pittsburgh VA health care system, see Department of Veterans Affairs, Inspector General, "Healthcare Inspection: Legionnaires' Disease at the VA Pittsburgh Healthcare System," April 23, 2013, <http://www.va.gov/oig/pubs/VAOIG-13-00994-180.pdf>; see also Adam Smeltz, "Legionnaires' kills patient at VA hospital in Pittsburgh," TribLive, April 22, 2015, <http://triblive.com/news/healthnews/8223516-74/hospital-case-legionnaires#axzz3rOgMRnzd>; VA hospital knew human error caused Legionnaires' outbreak," CBS Evening News, March 13, 2014.

⁷¹ Department of Veterans Affairs, Geographic Distribution of Expenditures, FY 2014.

⁷² The figures in the VA's Geographic Distribution of Expenditures data are based on the county or state of veteran residence, not the location of VA facilities where veterans seek care. However, to the extent that veterans choose to reside near VA facilities because of access to health care, counties with VA facilities tend to attract more veterans, particularly veterans who are more dependent on the VA for services.

Allegheny (\$3,532.79 per veteran) in FY2014 on health care. Both of these were substantially more than the national average of \$2,714.15 per veteran in VA health care spending. On a per-patient basis (as distinct from a per-veteran basis), the VA spent very large amounts in Allegheny County (\$15,006.01 per patient) and Butler County (\$10,693.48 per patient), compared to a national average of \$10,194 per VA patient.⁷³

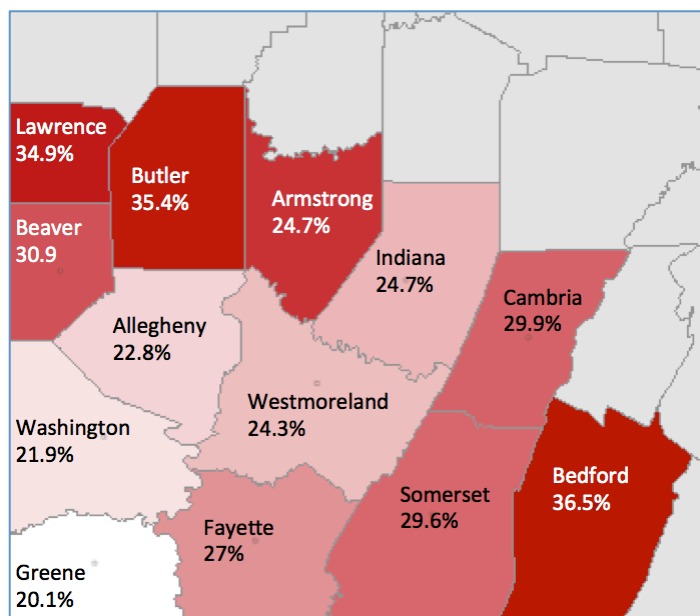
Figure 11: Statewide VA Medical Expenditures Per Patient⁷⁴



Veterans in Southwest Pennsylvania utilize VA health care at about the same rate — 27 percent — as the national average. However, veterans in several counties in the region use VA health care at substantially higher rates: 38 percent in Bedford County; 36 percent for Butler and Lawrence counties; and 33 percent in Armstrong county. (Figure 12) This data suggests that where VA spends more per veteran than the national average, as in Allegheny County, the VA may be treating a population with substantially greater health care needs, or more complex health care problems, requiring more resources. This health utilization data accords with the region’s demographic profile, which includes a veteran population that is older than the national average; when these veterans use the VA, they obtain more care, and more expensive care, than areas with younger patient populations. The higher rates of utilization throughout the region also suggest that the VA plays an important role providing health care for veterans alongside other health care systems, particularly given the comparative levels of employment, health insurance, and Medicare utilization for the population.

⁷³ The VA’s “Geographic Distribution of Expenditures” (GDX) data reports spending based on the location of the veteran receiving support or care, not the location of the VA facility providing such support or care. However, there may be a linkage between VA facilities and GDX data, to the extent that the presence of VA facilities influences the locations where veterans reside.

⁷⁴ Department of Veterans Affairs, Geographic Distribution of Expenditures, FY 2014.

Figure 12: Percent of Veterans Using VA Health Care⁷⁵

Our survey indicated a split between veterans over whether they felt more or less healthy now as compared to when they left the service. Forty percent of veterans surveyed said they felt their physical health was worse today than when they transitioned; 17 percent said their health was the same; 43 percent said their health was better now than when on active duty. With respect to mental health, 30 percent reported worse mental health now as compared to when they transitioned from the service; 65 percent reported better mental health today than when they left the service. Among veterans surveyed, just over half said they had enrolled with the VA's health care system, or recently used VA services, rates for both that far exceed the national average. Thirty-eight percent of veterans surveyed in the region said they had used VA health care services within the past 6 months; the plurality of those who did not seek care said they went elsewhere because they either had no need for VA care, or had access to other health care options.

A. ACCESS TO CARE

Wait time data at the region's VA facilities, as well as survey responses from veterans, suggests unmet need exists for veterans in Southwest Pennsylvania. Allegations also continue to linger in the region about a "secret wait list" for newly enrolled veterans waiting for their first appointment and the manipulation of computer programs to create the appearance of reduced wait times. The VA has undertaken greater outreach efforts, extended hours, and partnerships with local healthcare systems such as the University of Pittsburgh medical system to address these wait times.

However, the VA's wait time data for the region suggests that access remains a challenge for many. In January 2015, 2.9 percent of veterans seeking VA health care in the Pittsburgh area waited more than 30 days for an appointment; average wait times were just over 4 days for primary and specialty care, and just over 2 days for a mental health care appointment. As of the VA's mid-summer 2015 data release, 4.51 percent of veterans seeking care in Pittsburgh waited longer than 30 days for an

⁷⁵ Department of Veterans Affairs, Geographic Distribution of Expenditures, FY 2014.

appointment. The average wait times for primary and specialty care appointments grew to six and nearly eight days respectively, while the average wait time for VA mental health care dropped to less than two days. And by November 2015, access to VA care had improved in most parts of the region, except for the VA's facilities in Pittsburgh proper. Although these Pittsburgh figures are better than the national average, they still indicate that veterans face access challenges when seeking care from the VA.

Table 1: VA Health Care Waiting Times (As of Nov. 1, 2015)⁷⁶

Location	Facility Type	Total Appt's Scheduled (For Period Ending Nov. 1)	% of Appt's Taking >30 Days	Avg Wait - Primary Care Appt (Days)	Avg Wait - Specialty Care Appt (Days)	Avg Wait - Mental Health Care Appt (Days)
Indiana	Clinic	849	0.0%	0.40	2.76	.076
Butler	Med Ctr	14,539	0.69%	0.37	3.01	.076
Lawrence	Clinic	1,963	0.0%	0.11	0.40	0.00
Armstrong	Clinic	1,695	0.06%	0.81	0.00	2.42
Pittsburgh - Univ Drive	Med Ctr	29,560	6.08%	11.80	8.07	2.07
Pittsburgh - Heinz Campus	Med Ctr	10,408	2.68%	6.12	4.11	2.44
Belmont	Clinic	1,525	0.52%	3.52	3.21	0.80
Westmoreland	Clinic	2,147	0.0%	0.46	1.28	0.50
Beaver	Clinic	1,672	0.36%	1.09	2.89	1.54
Washington	Clinic	2,207	2.13%	1.31	6.91	1.99
Fayette	Clinic	1,456	0.07%	.081	1.40	0.15
Nationwide Average	--	6,089,177	8.14%	7.21	10.49	4.86

The VA's most recent wait time data (depicted in Table 1) indicates that, as of November 1, 2015, wait times are, on average, significantly better in the region than the national average. And, in the

⁷⁶ VA, Patient Access Data, Nov. 5, 2015, <http://www.va.gov/health/access-audit.asp>.

region, those veterans living outside of Pittsburgh experience virtually no wait at all. Veterans in the Southwest Pennsylvania region wait substantially less than the national average for primary, specialty, and mental health care. However, these averages can distort true wait times for some veterans who have more complex cases, or more difficulty getting access to care because of complicating factors like transportation or difficulty reconciling appointment times with work schedules. Also, recent reporting suggests the VA's use of "preferred appointment date" to calculate wait times may distort the picture as well, to the extent this metric introduces another variable, complicating the calculation of the time elapsed between appointment request and the actual appointment date.

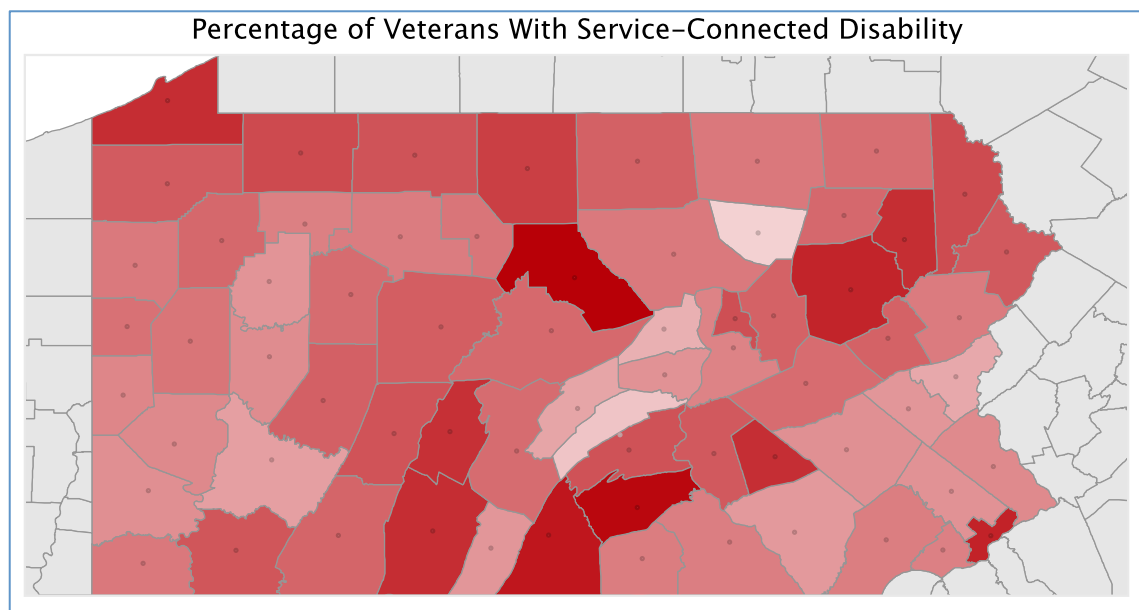
B. DISABILITY

Alongside this picture of health care need and demand, it is also important to consider the level of disability within the veterans population of Southwest Pennsylvania. The rate of veterans with a service-connected disability is *lower* in the Pittsburgh region than the national average. Of the 13 counties in this study, Fayette County has the highest percentage of veterans with a service-connected disability, 11.66 percent. Allegheny County has the lowest rate of veterans with a service-connected disability, 8.77 percent. However, survey data indicate that, compared to national service-connected disability ratings, veterans in Southwest Pennsylvania had a higher percentage of disability than the national average.⁷⁷

Table 2: Reported Degree of VA Disability Rating

Combined Degree of Disability Rating	Southwestern Pennsylvania Survey Responses	Total US Degree of Disability Rating
Zero percent	2%	.29%
10-20 percent	32%	33.94%
30-40 percent	16%	20.02%
50-60 percent	10%	15.29%
70 percent or higher	40%	30.45%

⁷⁷ According to the Department of Veterans Affairs, "VA pays disability compensation monthly, and the amount varies according to the degree of disability and the number of dependents. The degree of disability is graduated from 0 percent to 100 percent, in increments of 10 percent. VA calculates the total service-connected disability by combining evaluations for individual disabilities rather than adding them. VA pays additional special monthly compensation when severe disabilities confine Veterans to their immediate premises, require the aid and assistance of others, or for anatomical loss or loss of use of extremities or creative organs." Veterans Benefits Administration, "Compensation," Department of Veterans Affairs, <http://www.benefits.va.gov/REPORTS/abr/ABR-Compensation-FY13-09262014.pdf>.

Figure 13: Veterans in Pennsylvania, by VA Disability Rating⁷⁸

Notwithstanding these levels of disability among veterans in the region, the VA also invested a significant amount of money — \$576.5 million in FY2014 alone — compensation and benefits for veterans in Southwest Pennsylvania. The vast majority of this spending occurs in the form of veterans disability compensation, but some supports low-income veterans or survivors through a variety of other benefits programs.

C. MENTAL HEALTH

As with the national veterans population, mental health issues affect veterans in Pennsylvania. A recent statewide survey of county veteran services officers found that 84.5 percent had assisted veterans recently with “mental health needs.”⁷⁹ The majority of this assistance took the form of referrals to counseling, mental health clinics, or support groups. Roughly one-quarter of veterans surveyed statewide reported some form of PTSD or mental health diagnosis, with an additional 17 percent saying they had experienced some post-traumatic stress during or after their service.⁸⁰ According to Pennsylvania veterans surveyed by Penn State, many veterans reported that stigma continued to act as a barrier to seeking care. This stigma manifests itself in a number of ways: 73.1 percent reported they felt there was a stigma associated with mental health services; 71.8 percent said they were too embarrassed to ask for help; 61.5 percent said they feared losing status or promotions within the military; and 57.7 percent said they feared that seeking mental health treatment because it might affect their rights to own firearms.⁸¹

Within the Southwest Pennsylvania region, a number of post-9/11 veterans have used the VA for mental health services. This number is quite small in comparison to the size of the post-9/11 veterans population in the region, and also in relation to national estimates of post-9/11 veterans

⁷⁸ Department of Veterans Affairs, Geographic Distribution of Expenditures, FY2014.

⁷⁹ Institute of State and Regional Affairs, Penn State Harrisburg, “Needs Assessment of Pennsylvania Veterans,” 20.

⁸⁰ Ibid.

⁸¹ Ibid.

believed to be suffering from some type of mental health issue. Table 3 shows data for veteran visits to the region's two major VA health facilities where there was a diagnosis of potential, provisional, or actual PTSD, during the period of October 2001 to December 31, 2014.

Table 3: Post-9/11 Deployment Veterans Reported by the VA with Mental Health Diagnoses

VA Facility	Veterans Seen As Inpatients	Veterans Seen as Outpatients	Vet Center Visits for PTSD
Butler	n/a	926	n/a
Pittsburgh	529	1982	1045

Traumatic brain injury (TBI) affects approximately one fifth of the post-9/11 veterans generation, similar to the percentage affected by mental health issues, according to the leading studies in the field. According to VA data, of the 1.72 million veterans who left active duty during the period from 2001 to 2013, 221,895 (or 12.8 percent) are currently tracked by the VA's TBI health registry, based on a clinical diagnosis of TBI, the use of health care relating to TBI, or a disability claim for TBI.⁸² Within VISN 4, the VA health care network serving the Pittsburgh region, approximately 5,400 veterans made outpatient visits to the VA for TBI between 2001 and 2013; about 260 veterans were seen on an inpatient basis during this same period. However, this data substantially undercounts the population with TBI, particularly those who suffer TBI in combat, because of the extent to which mild or moderate TBI is a latent injury that can often only be observed or detected over time when symptoms become apparent.

To meet these needs, the VA provides an array of inpatient, outpatient, and storefront mental health services through VA medical centers, CBOCs, and Vet Centers.⁸³ In addition to these dedicated mental health resources, the VA's health care system now incorporates mental health services into its broader provision of health care. For example, surgical patients with a history of PTSD symptoms risk certain complications. To address this issue, VAPHS nurses developed Project Golden Eagle, aiming to help identify veterans with a history of PTSD symptoms, and use evidence-based, multi-disciplinary interventions to help those patients emerge safely from anesthesia.⁸⁴

The most extreme manifestation of mental health issues among veterans is suicide. Public data suggests that the veteran suicide rate for the Southwest Pennsylvania region has been relatively low, with two in 2015, 11 in 2014, eight in 2013, and seven in 2012.⁸⁵ However, media coverage of two recent deaths of Southwest Pennsylvania veterans from suicide reflect national-level concerns about

⁸² Department of Veterans Affairs, "TBI Veterans Health Registry Report, Appendix, Flowchart of OEF/OIF/OND Veterans Entering the Veterans TBI Health Registry, October 2001 to September 2013," May 2015.

⁸³ "Behavioral Health," <http://www.pittsburgh.va.gov/services/behavioral-health.asp>.

⁸⁴ The Western PA Healthcare News Team, "Project Golden Eagle: A Project to Improve Veterans' Mental Health," *Western Pennsylvania Healthcare News.com*, May 17, 2014, <http://www.wphhealthcarenews.com/project-golden-eagle-a-project-to-improve-veterans-mental-health/>.

⁸⁵ Sean D. Hamill, "Recent Suicide Brings to Light Issues Tormenting Female Veterans," *PittsburghPost-Gazette.com*, April 9, 2015, <http://www.post-gazette.com/local/east/2015/04/09/Recent-Pittsburgh-suicide-brings-to-light-issues-tormenting-female-veterans/stories/201504090102>.

the suicide risk for female veterans and veterans taking psychotropic medication.⁸⁶ In addition, many veteran deaths (including suicides) do not get reported as such because state and local death records often do not list veteran status (or do not do so accurately).

D. NURSING CARE

A previous needs assessment commissioned by the state Department of Military and Veterans Affairs found that the inventory of long-term care facilities for veterans may not be located optimally for the projected future needs of veterans in Pennsylvania.⁸⁷ The report found that significant divergence exists already between the current inventory of long-term care facilities and the current veterans population of Pennsylvania. “The geographic disparity is significant enough to require shifting beds from old facilities to new ones over the next ten years, even though the absolute number of veterans will decline as the population ages.”⁸⁸ This issue may become more pronounced over the next decade, given the older census of veterans in the Southwest Pennsylvania region.

2. ECONOMIC ISSUES

This needs assessment found significant levels of economic insecurity among veterans in Southwest Pennsylvania, although it was difficult to ascertain the extent to which these reflected issues specific to veterans, or broader economic concerns shared by all Americans. On average, veterans exceed their civilian peers in terms of educational attainment, income, and wealth. According to Census data, veterans in Pennsylvania have significantly higher income than non-veterans; this is true for veterans in Southwest Pennsylvania too. Veterans account for a significant share of small business ownership and entrepreneurship across the country, and in the Southwest Pennsylvania region as well. A recent study by the Pennsylvania State Data Center, based on 2007 Census data, found more than 96,000 businesses owned by veterans in the state, including nearly 9,000 veteran-owned businesses in Allegheny County, accounting for more than \$4.5 billion in revenue statewide in 2007.⁸⁹ Our assessment found a similar rate of small business ownership: eight percent of Southwest Pennsylvania veterans surveyed by CNAS for this assessment said they owned a small business.

However, research (including the survey conducted during this assessment) suggests that these figures obscure the struggle faced by many veterans with economic and educational challenges following service, both relating to transition and later in life. Although the Department of Labor’s monthly unemployment reports do not provide granular data regarding veterans’ unemployment by location, the Census Bureau’s American Community Survey (ACS) does provide such data. According to ACS estimates, 7.7 percent of all of Pennsylvania’s veterans reported unemployment, as compared to 8.7 percent of Pennsylvania’s non-veteran population. Within the veterans community, according to the ACS data, younger veterans had significantly higher rates of unemployment: Pennsylvania veterans age 18–34 had an unemployment rate of 12.6 percent, slightly above the civilian average for that age group of 12.0 percent. This accords with a recent statewide survey of veterans finding a 10 percent unemployment rate among surveyed young veterans, as well

⁸⁶ Ibid. Adam Smeltz, “2 Western Pennsylvania veterans’ suicides raise questions,” *TribLiveNews.com*, April 1, 2015, <http://triblive.com/news/adminpage/8090713-74/care-county-langhorst#axzz3XJZxDcWj>.

⁸⁷ See Computer Aid, Inc., First Chesapeake Group, “Veterans Homes Needs Assessment and Feasibility Study of Additional Veterans Homes,” March 31, 2009.

⁸⁸ Ibid.

⁸⁹ Pennsylvania State Data Center, “Nearly 1 in 10 Pennsylvania Businesses Are Veteran-owned,” Research Brief, May 25, 2011,

as a 25 percent rate of young veterans who were unemployed and not looking for work for various reasons (such as full-time pursuit of education, or reliance on family for support).⁹⁰

Recently, the VA published demographically-adjusted data for the national veterans population that found the “veteran unemployment rate is almost always above the non-Veteran rate.”⁹¹ According to this analysis of national trends, the high rate of unemployment in the veterans community can be explained partly by demographics, but also by disparities between veterans and non-veterans in educational attainment, often explained by the time veterans spend in service instead of pursuing education or workforce opportunities. If true, this analysis suggests that a focused strategy for veterans’ employment should emphasize education and skills development over rapid placement.

The VA’s recent analysis also published income data that suggests there is a significant economic difference between post-9/11 and pre-9/11 veterans.⁹² In the aggregate, veteran median income is \$10,076 greater than non-veteran median income (\$40,302 as compared to \$30,226.) This gap reflects the demographics of the overall veterans community. When adjusted for age and demographic differences, the gap narrows or flips, with veterans earning slightly *less* than their civilian peers. Importantly, however, this VA economic data shows that post-9/11 veterans, including those in the 18–24, 25–34, and 35–44-year-old age groups, now outperform previous generations of veterans with respect to income in the 45–54, 55–64, and over 65 age brackets. Minority and female veterans of the post-9/11 era also fare much better than their civilian peers in the workforce, as well as previous generations of minority and female veterans. Although this data requires more study, it suggests there may be an “AVF effect,” whereby better selected, trained, and educated veterans of today’s military have stronger economic performance after service than previous generations of veterans.

This assessment found high levels of economic insecurity and concern among the regional veterans population. Seven percent of our survey respondents said they were unemployed or working part-time, and were looking for full-time work. Twenty percent said they were unemployed and not looking for work, largely because they had retired or had chosen to stop working for other reasons; another 8 percent said they were full-time students and not looking for work. Twenty-nine percent of Southwest Pennsylvania veterans we surveyed indicated they had experienced unemployment during the past year, matching the percentage of veterans across the country who reported unemployment within their first year of separation from the military.⁹³ This also accords with statewide data regarding unemployment compensation: Pennsylvania was one of the top five states for the duration of unemployment benefits paid between 2004 and 2013, with an average benefit duration of 20 weeks. This suggests that Pennsylvania has structural barriers to employment that can result in veterans and civilians staying on the unemployment rolls for longer.⁹⁴ Similarly, Pennsylvania ranked fourth among states in the number of new unemployment beneficiaries.

Of the veterans this assessment surveyed, approximately one-third (32 percent) reported feeling slightly or significantly “less economically secure” than when they initially left active duty. Within the veterans community, more post-9/11 veterans considered themselves “less economically secure”

⁹⁰ Institute of State and Regional Affairs, Penn State Harrisburg, “Needs Assessment of Pennsylvania Veterans,” 106.

⁹¹ Department of Veterans Affairs, “2015 Veterans Economic Opportunity Report.”
<http://www.benefits.va.gov/benefits/docs/VeteranEconomicOpportunityReport2015.PDF>.

⁹² VA, Economic Opportunity Report, 2015, at 66-67.

⁹³ VA, 2015 Veterans Economic Opportunity Report, 19.

⁹⁴ *Ibid.*

than when they left active duty, compared to older veterans. Among those veterans we surveyed, post-9/11 veterans saw their military experience and skills as very relevant to their careers in the civilian workforce. However, a significant percentage — 33 percent — said they felt underemployed, based on a sense that their current job requires “less skill and experience” than they possessed by virtue of their military experience or education.

Several economic sectors have focused on the veterans and military community as a source of talent, including the energy, healthcare, and technology sectors, complementing the VA’s efforts in this area. Recent drilling in the Marcellus Shale that has created a surge in natural gas production has increased employment opportunities in the region.⁹⁵ “Among all Pennsylvania counties, Allegheny experienced the second-largest employment gain in the oil and natural gas industry from 2007 to 2012. Over the same period, the county’s average annual pay in that industry increased by \$55,343 (63.7 percent), to \$142,222, which was the highest pay among all counties in Pennsylvania in 2012.”⁹⁶ A Three Rivers Workforce Investment Board survey of area veterans found that many — 51.3 percent — were interested in the jobs provided by that industry, based largely on the high incomes and comparative availability, as well as recruiting within the veterans community.⁹⁷ Local organizations such as ShaleNET, launched by Allegheny Conference on Community Development, provide training for potential employees, including veterans. Federal grants have created training programs at area colleges focused on bringing veterans into the energy sector.⁹⁸

Similarly, as the healthcare sector in Southwest Pennsylvania has boomed, so has its interest in employing veterans. As of January 2015, the Pittsburgh area had approximately 242,000 jobs in the education and health services sector, a slight increase from 2014.⁹⁹ The large health care facilities of the Pittsburgh region, such as the University of Pittsburgh Medical Center and Pittsburgh Mercy Health System, have established formal and informal programs to recruit veterans for their workforces.¹⁰⁰ The local VA vocational rehabilitation program offers training in healthcare administration at the VA Pittsburgh Veterans Engineering Resource Center, which can lead to a job within the VAPHS or the private health care sector after completion.¹⁰¹ Duquesne University’s “Operation BSN” program educates and trains veterans and military service members in the nursing field, focusing on military and veterans’ health issues.¹⁰²

The region’s burgeoning technology sector has also made a deliberate effort to court veterans, led by several of the largest technology companies in the nation. Both Google and Uber have established

⁹⁵ Jennifer Cruz, Peter Smith, and Sarah Stanley, “The Marcellus Shale Gas Boom in Pennsylvania,” *U.S. Bureau of Labor Statistics Monthly Labor Review*, February 2014, <http://www.bls.gov/opub/mlr/2014/article/the-marcellus-shale-gas-boom-in-pennsylvania.htm>.

⁹⁶ Cruz, Smith, and Stanley, “The Marcellus Shale Gas Boom.”

⁹⁷ Madasyn Czebiniak, “Oil and Gas Companies Court Veterans,” *PittsburghPost-Gazette.com*, September 15, 2014, <http://powersource.post-gazette.com/powersource/companies-powersource/2014/09/15/Oil-and-gas-companies-court-veterans/stories/201409150175>.

⁹⁸ “Shalenet About,” <http://www.shalenet.org/about>; Czebiniak, “Oil and Gas Companies Court Veterans.”

⁹⁹ Pittsburgh Today, “Economy/ Job Growth,” http://pittsburghtoday.org/view_economy_job_growth_view1.html.

¹⁰⁰ The Pittsburgh Mercy Health System will serve as the hub for the “PA Serves” initiative to better link together social, health and wellness services in the region serving veterans. This effort, designed by the Institute for Veterans and Military Families at Syracuse University, is being funded by the sponsors of this needs assessment, the Heinz Endowments. See Press Release, “Heinz Endowments Awards \$300,000 for Single-Point Veterans Service Center,” July 22, 2015, [https://www.pmhhs.org/pdf/\\$300000%20for%20Veterans%20Service%20Center%207%2022%2015.pdf](https://www.pmhhs.org/pdf/$300000%20for%20Veterans%20Service%20Center%207%2022%2015.pdf).

¹⁰¹ Department of Veterans Affairs, “Vocational Rehabilitation Program,” <http://www.pittsburgh.va.gov/verc/rehab-program.asp>.

¹⁰² Duquesne University, “Nursing Degrees for Military Personnel and Veterans,” <http://www.duq.edu/academics/schools/nursing/undergraduate-programs/military-and-veterans>; Duquesne University, “Nursing Gets \$815,000 HRSA Grant for Operation BSN to Educate Veterans,” July 16, 2014, <http://applications.duq.edu/times/2014/07/nursing-gets-815000-hrsa-grant-for-operation-bsn-to-educate-veterans/>.

major footprints in the Pittsburgh area, in large part to tap the talent coming out of Carnegie-Mellon and other schools in the region. These firms have significant veterans programs; interviews suggest each is making progress in hiring veterans within the region.

In addition to these sectors’ efforts, a number of additional initiatives have sprouted in the region over the past several years as well, such as Steel City Vets,¹⁰³ and hiring fairs organized by local institutions like Duquesne University and the Pittsburgh Post-Gazette.¹⁰⁴ And the VA has launched a major economic development initiative in Pittsburgh and a number of other cities across the U.S. under the auspices of the Veterans Benefits Administration. The “Veterans Economic Communities Initiative” (VECI) centers on the placement of VA economic liaisons in communities who will seek to build public-private partnerships around education, training, employment, and also focus resources on helping veterans to better leverage their VA benefits for economic gain.¹⁰⁵

3. EDUCATION

Of veterans surveyed, 34 percent responded that they believed that VA educational benefits were “extremely important” in helping them get a better job after transition. The VA currently funds and implements a number of programs to assist veterans in the pursuit of economic and educational opportunity, including the post-9/11 GI Bill, the pre-9/11 GI Bill (also known as the Montgomery GI Bill), and rehabilitation education and training. In FY2014, the VA spent more than \$89 million on education, vocational rehabilitation, and employment programs in Southwest Pennsylvania. These programs funded thousands of veterans pursuing education at an extensive network of public and private colleges, universities, and community colleges.

The program with the most impact is arguably the post-9/11 GI Bill, which pays in-state tuition, plus an allowance for housing, to veterans or the dependents of veterans who served the requisite time on active duty. In 2014, the VA spent \$59.3 million under this bill on tuition alone (not including housing allowance) to support 6,475 veterans and dependents attending more than 450 colleges, universities, and other schools in the Southwest Pennsylvania region.¹⁰⁶ Alongside these post-9/11 GI Bill recipients, another 2,307 students attended Southwest Pennsylvania schools supported by other VA programs like the Montgomery GI Bill. Table 8 shows the top 30 schools in Southwest Pennsylvania receiving VA educational funds in the region, ranked by the number of GI Bill students (post-9/11 and otherwise) at each school:

Table 4: Educational Completion Rates for VA-Funded Students

Institution	City	Type	Grad Rate	GI Bill Students	Post-9/11 GI Bill Students	VA Post-9/11 GI Bill Outlays (Dollars)
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¹⁰³ Steel City Vets, About Us, <http://steelcityvets.org/jobs>.

¹⁰⁴ Resource Page, Operation Hire a Veteran, Pittsburgh Post-Gazette, <http://www.post-gazette.com/hiring>.

¹⁰⁵ For more on the VA’s VECI initiative, see VA, “VA Announces Expansion of Veterans Economic Communities Initiative,” Sept. 30, 2015, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2732>.

¹⁰⁶ Department of Veterans Affairs, GI Bill Comparison Tool Data, October 2015, http://www.benefits.va.gov/GIBILL/docs/job_aids/ComparisonToolData.xlsx. To generate these figures for Southwest Pennsylvania, we queried the data for those schools in the region, using 3-digit zip codes to determine which schools fell within the area.

The Art Institute Of Pittsburgh-Online Division	Pittsburgh	For Profit	11.4	1327	1202	10,998,313.67
Community College Of Allegheny County	Pittsburgh	Public	9.3	620	384	1,054,198.31
University Of Pittsburgh-Pittsburgh Campus	Pittsburgh	Public	80.4	495	414	5,709,782.60
Indiana University Of Pennsylvania-Main Campus	Indiana	Public	51.2	484	228	1,594,416.46
Wyo Tech-Blairsville	Blairsville	For Profit	79.8	439	418	5,812,453.53
California University Of Pennsylvania	California	Public	53.2	405	290	1,975,933.57
Shippensburg University Of Pennsylvania	Shippensburg	Public	54.8	308	195	1,225,783.45
Robert Morris University	Moon Township	Private	55.9	281	240	2,658,065.41
Slippery Rock University Of Pennsylvania	Slippery Rock	Public	62.6	258	138	889,275.79
Westmoreland County Community College	Youngwood	Public	12.4	254	179	459,111.15
Duquesne University	Pittsburgh	Private	75.5	233	200	2,193,217.93

Institution	City	Type	Grad Rate	GI Bill Students	Post-9/11 GI Bill Students	VA Post-9/11 GI Bill Outlays (Dollars)
Pennsylvania State University-Penn State Altoona	Altoona	Public	70.9	191	125	1,074,557.46
Pittsburgh Technical Institute	Oakdale	For Profit	56.6	178	125	1,573,039.84
Butler County Community College	Butler	Public	18.6	176	111	337,612.51
Clarion University Of Pennsylvania	Clarion	Public	53.6	175	97	609,205.84
Point Park University	Pittsburgh	Private	49.8	166	130	1,627,739.70
New Castle School Of Trades	New Castle	For Profit	67.2	152	114	969,457.27
Community College Of Beaver County	Monaca	Public	22.7	138	82	315,507.74
The Art Institute Of Pittsburgh	Pittsburgh	For Profit	40.7	137	108	1,394,897.36
University Of Pittsburgh-Johnstown	Johnstown	Public	54.6	94	61	552,469.62
Rosedale Technical Institute	Pittsburgh	Private	78.1	89	60	639,336.36
Pennsylvania Highlands Community College	Johnstown	Public	15.5	86	35	136,033.70
Mount Aloysius College	Cresson	Private	37	84	67	769,485.32
Carnegie Mellon University	Pittsburgh	Private	88	80	54	500,261.41
Pennsylvania State University-Penn State Mont Alto	Mont Alto	Public	52	80	61	560,411.06

Institution	City	Type	Grad Rate	GI Bill Students	Post-9/11 GI Bill Students	VA Post-9/11 GI Bill Outlays (Dollars)
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Seton Hill University	Greensburg	Private	61.1	69	61	819,358.42
Pittsburgh Institute Of Aeronautics	West Mifflin	Private	70.5	68	56	570,532.70
Waynesburg University	Waynesburg	Private	54	67	52	451,881.65
Geneva College	Beaver Falls	Private	67	61	45	421,286.07
ITT Technical Institute-Pittsburgh	Pittsburgh	For Profit	25	59	49	675,634.90

The GI Bill data tracked by the federal government shows graduation rates for students who use VA support to pay for school. These graduation rates vary considerably by school, and by type of school. For-profit institutions such as ITT Technical Institute and the Art Institute’s online division report low graduation rates; however, such rates may reflect large numbers of students who enroll in pursuit of individual courses and withdraw before completing an entire degree. Similarly, community college graduation rates only count those who complete an associate’s degree, but many students may take community college courses for continuing adult education or other non-degree purposes. Nonetheless, this data provides some sense of the results of investments made by the federal government in higher education for veterans in the region, the performance of veterans using VA benefits, and the relative performance of area schools with respect to their veteran student populations.

4. HOUSING AND HOMELESSNESS

With respect to veterans homelessness, Southwest Pennsylvania falls within three different Department of Housing and Urban Development (HUD) Continuums of Care (COCs).¹⁰⁷ Seven counties in the Southwest Pennsylvania region — Butler, Armstrong, Indiana, Westmoreland, Fayette, Greene, and Washington counties — fall under the Southwest Pennsylvania Continuum of Care; these counties reported 110 homeless veterans at HUD’s most recent point-in-time (PIT) count. Lawrence County falls within the Northwest Pennsylvania COC, which reported 51 homeless veterans at the last PIT count. Cambria, Bedford, and Somerset counties fall within the Altoona/Central Pennsylvania COC, and reported 56 homeless veterans at the last PIT count. The rate of homeless veterans in Southwest Pennsylvania is significantly lower than in some other places around the country. However, the complicated nexus of multiple HUD COCs within a relatively small region indicates the potential for inefficiencies in addressing the needs of the area’s homeless veteran population.

Local programs offer various interventions and levels of support to meet the needs of homeless veterans. VA programs include transition and permanent housing programs and a residential treatment program. The VA’s Grant and Per Diem program works with community agencies

¹⁰⁷ A “continuum of care” is a system of public, private and nonprofit organizations, organized geographically, that is focused on homelessness and housing. The “continuum of care” concept was developed by the Department of Housing and Urban Development to integrate and coordinate applications for HUD funding, integrate data reporting, and facilitate strategic planning. For more on this concept, see HUD, “Continuum of Care 101,” June 2009, <https://www.hudexchange.info/resources/documents/coc101.pdf>; see also Department of Housing and Urban Development, “Continuum of Care Program,” <https://www.hudexchange.info/programs/coc/>.

providing transitional housing, support services, and case management.¹⁰⁸ For example, the Shepherd's Heart Veteran's Home is a partnership between the Pittsburgh VA Healthcare system and Shepherd's Heart Fellowship. The program provides homeless outreach, long-term beds, case management, employee assistance, and life skills training. The program works closely with the VA's homeless program and VA mental health services. Through the HUD-Veterans Affairs Supporting Housing (VASH) program,¹⁰⁹ the Pittsburgh VA works with the Allegheny Housing Authority and HUD to supply veterans with vouchers to help rent permanent residences. HUD-VASH social workers help veterans through the process and provide case management support.¹¹⁰ For homeless veterans requiring mental health or substance abuse treatment, the VA's Residential Living Villas provide community housing for veterans in the Psychosocial Residential Rehabilitation Treatment Program. Veterans enter the four-month programs with goal of obtaining community employment and housing.¹¹¹

The Veterans Leadership Program runs Pittsburgh's Rapid Results Veteran's Homeless Boot Camp, a local instance of Michelle Obama's National Mayor's Challenge to End Veteran Homelessness. The program is a joint venture between local service providers including HUD, the VA, local housing authorities, and the federal Department of Health and Human Services. Participants meet to discuss ways to improve veteran homelessness programs and achieve the goal of ensuring every local veteran has housing by the end of 2015. Project Journey provides temporary shelter and support for female veterans and families.¹¹² The program is funded by a \$165,000 grant from the United Way of Allegheny County's United for Women initiative.¹¹³ Project Journey currently operates 7 temporary apartments for women, with a constant waiting list of 4 or 5. It recently expanded its services to include homeless male veterans with children.¹¹⁴

The goal of "functional zero" homelessness holds great promise in a region like Southwest Pennsylvania. Unlike New York City or Los Angeles, where the scale of the problem is daunting, requiring large scale solutions from the public, private and non-profit sectors, the Southwest Pennsylvania homeless veterans situation can be addressed more directly through targeted action that matches the supply of housing with homeless veterans and families. Moreover, the real utility of "functional zero" is to focus government attention on the broader system of social services that supports the homeless population, including its inventory of housing, the mechanisms for providing housing, and any systemic delays or inefficiencies. If redesigned to align supply and demand, and put a premium on rapid housing, this system can achieve "functional zero" in a location like the Pittsburgh area, provided sufficient capacity and resources exist to serve a dynamic homeless population which will, unfortunately, add new members over time.

5. OTHER ISSUES

¹⁰⁸ Department of Veterans Affairs, "VA Pittsburgh Health System, Transitional Housing,"

¹⁰⁹ For more on the HUD-VASH program, see

http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash.

¹¹⁰ Department of Veterans Affairs, "VA Pittsburgh Health System, Permanent Housing,"

<http://www.pittsburgh.va.gov/services/homeless/permanent.asp>.

¹¹¹ Department of Veterans Affairs, "VA Pittsburgh Health System, Additional Local Resources,"

<http://www.pittsburgh.va.gov/services/homeless/resources.asp>.

¹¹² United Way Pittsburgh, "Support Returning Veterans in Their Mission Back Home,"

<http://unitedwaypittsburgh.org/about/partnerships/projectserve/>.

¹¹³ Kaitlynn Riely, "Project Journey Helping Homeless Female Veterans Cope," *Pittsburgh Post-Gazette*, November 2, 2103,

<http://www.post-gazette.com/frontpage/2013/11/03/Project-Journey-helping-homeless-female-vets-cope/stories/201311030072>.

¹¹⁴ "Proud to Be from Pittsburgh: Project Journey," March 6, 2015, News wpxi.com, <http://www.wpxi.com/news/news/local/proud-be-pittsburgh-project-journey/nkQHyl>.

A. LEGAL AND CRIMINAL JUSTICE ISSUES

Survey responses and discussions with local stakeholder suggest that legal issues affect a number of veterans in the region. These legal issues come in three main varieties: criminal justice system involvement, commercial legal issues relating to economic circumstances, and legal issues relating to access to benefits. It is difficult to assess the extent of need in the area for each of these, however, the presence of non-profit legal clinics and/or veterans courts in the region suggests some level of persistent demand for legal support.

For those veterans with criminal justice system involvement, 6 of the region's 13 counties operate Veteran Treatment Courts (VTC). Currently, Beaver, Butler, Allegheny, Washington, Fayette, and Cambria Counties offer VTCs for military veterans with mental health issues.¹¹⁵ The model requires regular court appearances, mandatory mental health counseling and treatment, and substance abuse testing.¹¹⁶ The program uses a multi-disciplinary approach including Veterans Treatment Court judge, Veterans Justice Outreach Specialist, mental health specialists, and veteran mentors.¹¹⁷ Each VTC has its own eligibility requirements. Some only use VA case managers, so the veterans must be eligible for VA benefits. The Allegheny VTC allows veterans who are not eligible for VA benefits as the Human Services Administration Organization provides case management services for veterans who do not qualify for VA care.¹¹⁸ About two-thirds of VTC participants complete the program, which is comparable to the national average.¹¹⁹ These programs have a number of efficiencies, including VA subsidies, use of law student labor, and reportedly lower recidivism rates for the veterans who go through them. Within Pittsburgh proper, the University of Pittsburgh's Law School operates a Veteran's Law Practicum that provides veterans pro bono assistance with VA claims and upgrading military discharges.¹²⁰ In addition, the Duquesne University School of Law, also in Pittsburgh, supports the Allegheny County Veteran Treatment Court (VTC) with legal assistance services.

Alongside these VTCs exist several programs in the state and region to serve incarcerated veterans. According to the Pennsylvania Department of Corrections, there were 4,848 veterans incarcerated or on probation in 2014, out of a total state population of approximately 50,000 incarcerated persons, and 180,000 persons on probation. This relatively small incarcerated veterans population suggests a relatively low level of criminal justice system involvement among veterans in the state.

The state runs a number of special programs for veterans in its prisons, including one at the State Correctional Institution (SCI) in Pittsburgh, which is primarily a treatment facility that houses inmates with substance abuse issues from the rest of the state.¹²¹ These prison veterans programs typically focus on reentry into the civilian sector after incarceration.

¹¹⁵ The Unified Judicial System of Pennsylvania, "Veterans Courts," The Unified Judicial System of Pennsylvania, <http://www.pacourts.us/judicial-administration/court-programs/veterans-courts>

¹¹⁶ Justice for Vets, "What is a Veterans Treatment Court?," <http://www.justiceforvets.org/what-is-a-veterans-treatment-court>.

¹¹⁷ Ibid.

¹¹⁸ HSAO, Inc., "Allegheny Veterans Court" <http://www.hsao.info/services/justice/veterans.htm>.

¹¹⁹ Carl Prine, "Trib study finds lack of state, federal regulation for Allegheny County Veterans Court," *TribLive News*, November 9, 2013, <http://triblive.com/news/allegheny/4784064-74/veterans-court-county#ixzz3SmgYJyPg>.

¹²⁰ Military discharge status affects what benefits veterans are eligible to receive and thus an upgrade can often mean receiving VA benefits and healthcare, as well as more success in the labor market, where veteran status often matters for employment decisions.

¹²¹ Pennsylvania Department of Corrections, "SCI Pittsburgh," <http://www.cor.pa.gov/Facilities/StatePrisons/Pages/Pittsburgh.aspx#.VYOXvKaR-kM>.

However, these criminal justice programs are not without controversy. One recent news report singled out the Allegheny program because it included many veterans with no combat duty at all; other criticism has focused on the perception that these VTCs create the perception that military service allows one to avoid personal responsibility, increasing stigma about veterans in the local community.¹²²

B. ACCESS TO VA BENEFITS

Access to veterans benefits, including disability compensation, GI Bill benefits, home loan benefits, and others, has historically been a problem area for veterans. There appears to be fairly widespread knowledge about veterans benefits and programs: in the recent statewide survey, 62.7 percent of veterans reported they knew about the veterans benefit programs to which they were entitled, or knew where to find information about those programs.¹²³ Interestingly, old and young veterans alike relied upon word of mouth for most of their information about veterans programs and benefits. However, young veterans had much greater use of and familiarity with online tools such as the VA's website, eBenefits platform, and social media.¹²⁴

However, for those veterans who do try to utilize VA benefits programs, many report continuing difficulties associated with the process, wait times, and adjudication outcomes for these benefits. A sizable percentage of those who filed claims in the statewide survey reported difficulty gathering evidence to support their claims, or other delays and difficulties in the benefits claim process. Those who utilized the assistance of veterans service organizations (VSOs) and local veterans service offices reported better outcomes; VSOs echoed this in interviews and working group discussions.

According to survey data collected for this report, only 23 percent of respondents indicated that they were very aware of VA employment assistance programs, including knowledge of the program, their eligibility status, and how to go about obtaining their benefits. Thirty percent of respondents reported that, while they were aware of the program, they were not aware of their eligibility status or how to receive their benefits. This indicates a greater need for education and access to information, whether it be through the VA directly or through local service providers.

C. URBAN AND RURAL VETERANS' ISSUES

The Southwest Pennsylvania region encompasses a range of urban, suburban, and rural areas. Approximately 32 percent of Pennsylvania's veterans live in rural areas, according to a recent study sponsored by the state Department of Military and Veterans Affairs.¹²⁵ This exceeds the percentage of survey respondents (16 percent) who said they lived in a rural area for this assessment, however the statewide study used a binary model of urban or rural for its analysis, as compared to this study, which divided counties into urban, suburban, or rural. Two of the rural counties with the largest veterans populations in the state fall within the region that is the subject of this assessment: Washington county with approximately 19,000 veterans and Butler county with approximately 16,000 veterans.

¹²² Carl Prine, "Critics of Alternative to Prison, Parole Come from Ranks of Military," *TribLive News*, November 10, 2013, <http://triblive.com/news/allegheny/5013348-74/veterans-court-combat#ixzz3SmgO0wH8>

¹²³ Institute of State and Regional Affairs, Penn State Harrisburg, "Needs Assessment of Pennsylvania Veterans," 31.

¹²⁴ *Ibid.*, 35.

¹²⁵ Center for Rural Pennsylvania, "Examination of Rural County Veterans Affairs Offices," July 2012, at 10. This study explained that it derived its estimate of the rural population from VetPop2007 data as well as Census 2000, American Community Survey, DoD Defense Manpower Data Center (DMDC) — Active Duty and Reserve, and DoD actuary data.

Across the state, and in Southwest Pennsylvania, there appears to be general agreement that rural veterans have a more difficult time accessing veterans services. For example, veterans service officers and organizations report difficulty in reaching or providing programming to veterans in rural areas, because of the distance involved and the difficulty in making contact. A senior official with the Pennsylvania Department of Veterans and Military Affairs estimated that state and county officials are able to reach only 10 percent of the state's veteran population, in part because of this difficulty in reaching rural veterans. The majority of work done by county veterans service officers in rural counties involved VA benefits claims; the next largest category of assistance involved helping veterans get to VA medical appointments in distant locations. Conversely, however, county veterans service officers indicated in previous surveys that they were able to serve as a coordination hub for veterans in rural counties because the small numbers of veterans, coupled with the relatively small and flat county social sector, enabled better communication and coordination.

6. COLLABORATIVE ENVIRONMENT

Prior to the launch of the PAServes initiative in 2015, there were limited efforts in the region to create collaboration or coordination mechanisms serving veterans in the region. A recent statewide needs assessment found that:

Pennsylvania generally has the capacity, programming, and personnel necessary to provide for the majority of the needs of its veterans. The challenges in meeting veterans' needs lay not with what is available, but how it is available. The flow of information to veterans about available services, benefits, and programs is overwhelming in both volume and presentation. Moreover, the manner in which assistance is provided to veterans is disjointed and discordant. Pennsylvania needs to reduce the cacophony of information to a simple, streamlined melody of support to Pennsylvania veterans.

Communication and integration are the biggest weaknesses at all levels of veteran service delivery. [emphasis added] In short, Pennsylvania veterans' needs are not being met to the maximum extent possible due to poor communication with veterans, poor integration of processes and services across and along service delivery streams, and poor communication among the stakeholders who are tasked with obtaining and coordinating benefits and services for veterans.

A simple, yet comprehensive, one-stop shop for veterans to access VSOs, programs, claims processes, and programming at all governmental levels, would be invaluable.¹²⁶

One of the major problems in the state is the proliferation of VA facilities that all carry the same brand, but do very different things. The VA currently runs 74 physical facilities in the state, including at least 8 in Southwest Pennsylvania. Each of these represents itself as a "VA," but each belongs to a distinct part of the VA bureaucracy responsible for health care, or benefits, or cemeteries, etc. Not all of these VA facilities are designed to provide veterans with direct services.

¹²⁶ Institute of State and Regional Affairs, Penn State Harrisburg, "Needs Assessment of Pennsylvania Veterans," December 2014, 5.

This disarray is magnified by the fact that these separate VA facilities do not generally communicate or coordinate well with each other across functional lines. VA regional offices do not work directly with VA health care facilities, for example, because they report to separate chains of command that do not meet below the level of the VA Secretary.

Alongside these “silos” is a fragmented landscape of state, county, and non-profit actors serving veterans. In surveys and working groups for this study, as well as research conducted for other studies, there was near unanimity that better communication, coordination, and outreach mechanisms would improve outcomes for veterans in Pennsylvania.¹²⁷ This collaboration and coordination infrastructure would be greatly enhanced by a “user-friendly management information system” to collect and share information among the federal, state, local, and non-profit entities engaged in supporting veterans throughout the state.¹²⁸

5. OBSERVATIONS AND FINDINGS

Veterans in the Pittsburgh region represent a significant part of the area’s population. They bring tremendous benefits to the community as a workforce that is highly educated, experienced, and able to leverage a vast array of public-sector health and economic benefits like the GI Bill and VA home loan programs. However, within this population, significant pockets of need must be addressed. If these issues facing veterans are not addressed successfully, the region’s public, private, and nonprofit institutions will likely bear greater long-term costs, both in dollars and human capital. Failure to successfully support veterans’ transition will also neglect the obligation of American society to those who serve in uniform. This could affect national security, by creating negative perceptions of military service, discouraging future generations from volunteering for military service, and discouraging veterans and other adults from recommending military service to young Americans.

A. POPULATION DEMOGRAPHICS AND DISTRIBUTION

The veterans population of the Pittsburgh area reflects the national veterans population to a large extent. On average, it is an older, mostly white, nearly overwhelmingly male population. The region’s veterans are older than the national average too. However, these averages can obscure a more complex picture that includes veterans of all generations who are more diverse today than before. The Pittsburgh region’s economy, and the region’s educational institutions, have a magnetic effect on younger veterans, adding veterans from the Gulf War I and post-9/11 eras to the area’s veterans population even as older veterans pass away. The economic health of this population tends to exceed the average in most dimensions, including income. In terms of educational attainment, the picture is mixed, with veterans having more high school diplomas than the regional average, but fewer college degrees. GI Bill utilization suggests this may change over time, however the GI Bill remains underutilized by veterans nationally, and in the Southwest Pennsylvania region.

Geographically, the veterans population of Southwest Pennsylvania is concentrated in Pittsburgh. The veterans who live in Allegheny, Westmoreland, and Washington counties constitute 61 percent of the region’s veterans population. However, substantial numbers of veterans also live in Beaver, Butler, Cambria, Fayette, Lawrence, and Somerset counties. The general distribution of veterans services reflects this population distribution, with the majority of public sector and non-profit providers located in the counties with the largest veterans populations. However, there exists a

¹²⁷ See, for example, Department of Military and Veterans Affairs, 2013; Center for Rural Pennsylvania, 2012.

¹²⁸ Center for Rural Pennsylvania, 2012, at 22.

paucity of resources in some of the region's more rural counties, making it more difficult for veterans in those areas to access benefits support, health care, or community organizations in the same way as their peers in denser communities.

B. HEALTH CARE

The region's veterans have a significantly lower incidence of service-connected disabilities than veterans of the state as a whole, or the nation. However, veterans in the region use the VA at higher rates than would be expected based on that level of disability, and the VA spends more in the region on health care per veteran and per veteran-patient than the national average. VA health care utilization can be a proxy for several trends within a community. Nationally, the VA tends to treat a patient population that is poorer, with fewer other health care options, in worse health, than the U.S. population as a whole. Our discussions with local stakeholders, including some affiliated with the VA, indicated that this is consistent with the profile of veterans treated by the VA in the region, particularly in Allegheny County. This suggests that the region has a significant number of older, poorer, less healthy veterans who rely heavily on the VA for health care, and that the VA spends disproportionately high amounts on this population. The wait time data from the VA suggests that the VA generally meets health need for veterans who seek VA care in the region, but that access can be problematic in certain locations, such as Allegheny County.

C. ECONOMIC ISSUES

Economic issues loom large for the veterans population of Southwest Pennsylvania. While health care issues appear to disproportionately affect older veterans, economic issues tended to affect younger veterans still in the workforce. Unemployment within the region's veterans populations was highest among young post-9/11 veterans, particularly those without post-secondary education, mirroring national trends. Nearly one-third (29 percent) of veterans surveyed reported some unemployment during the preceding 12 months. Veterans of all ages reported feeling greater economic insecurity than during their time in service. However, post-9/11 veterans felt much more likely to consider themselves "less economically secure" than when they left active duty, compared to those who served during previous eras. This too is consistent with national data showing that veterans' economic security (and perceptions of the same) tends to improve with time in the workforce.

D. ISSUES FACING URBAN AND RURAL VETERANS

The region's geography creates different issues for veterans based on where they live and work, just as is true nationally. In absolute terms, veterans in urban areas like Allegheny County have the greatest number of resources available to them, including large VA medical centers and a large number of private and non-profit organizations committed to serving veterans. However, access to health care is also most problematic in these urban areas; economic competition may be stiffest in these areas too. By contrast, rural veterans may have an easier time accessing VA services and other support resources, but only if those resources are located reasonably close to their home or work locations. County veteran service officers and non-profit leaders pointed to difficulties in reaching rural veterans because of their geographic distribution and the logistical difficulties involved in distributing services to small groups of veterans widely dispersed around the region. Consequently, very different strategies may be necessary for serving veterans in urban and rural areas. In urban areas, service delivery and access may be improved by adding more resources to programs themselves, such as more employment training or mental health counseling. In rural areas, more attention must be paid to enabling access, such as transportation for health care. There may be greater application for distributed services, such as telehealth or public-private partnerships between the VA and private health care providers, in rural areas where it is more difficult for the VA to deliver its own services.

E. COLLABORATION AND COORDINATION IN THE COMMUNITY

A recurring theme in our discussions with stakeholders, community leaders, and veterans was the desire for better coordination and collaboration among the region's public, private, and non-profit sector actors serving veterans.¹²⁹ This assessment also found that, despite a high level of organizational participation among veterans, only 48 percent said that they felt connected to their community, suggesting that veterans may still sense something of a civil-military divide.

The Pittsburgh region veterans community has a great deal of connective tissue already, based on longstanding relationships between individuals and organizations in the area. However, there exists a considerable amount of scar tissue too, driven by historical disputes, competition for funding, competition for primacy, or distrust. A notable example of this scar tissue is the poor relationship which remains between the VA health care system and veterans community, a relationship that has been inflamed by recent concerns over a recent outbreak of Legionnaire's disease. This continued discord echoes a finding of the recent Penn State statewide needs assessment, which found significant friction between public, private, and non-profit organizations serving veterans: "Communication and integration are the biggest weaknesses at all levels of veteran service delivery." However, the region's leaders expressed a great willingness to work together, to improve both the efficiency and efficacy of support for veterans in the community. Although this assessment concluded before the establishment of the PAServes model, it appears that there is a fertile landscape for this effort to improve collaboration and coordination among organizations serving the Southwest Pennsylvania veterans community.

¹²⁹ Some of this sense may have been fueled by the work by our colleagues from the Institute for Veterans and Military Families at Syracuse University, who worked in parallel with this needs assessment to facilitate the development of a collaborative effort in the Pittsburgh region.

F. DATA-DRIVEN POLICY AND ACTION

Consistent with our observations regarding the region's collaborative environment, our assessment also found a general shortage of data-driven planning and activity among public, private, and non-profit organizations serving area veterans. This is not to suggest that such organizations are not doing good, or that they are not making a difference in the lives of those they serve. However, the potential exists for these organizations to do more good by aligning their services, support, and work to populations, geographic areas, and issues that present the most significant need, and the greatest potential return on public, private, and non-profit effort.

This initial needs assessment represents an effort to bring such a data-driven approach to the region, echoing best practices around the country by other communities that have commissioned similar reports.¹³⁰ Going forward, it make sense to institutionalize some type of regular data-gathering, analysis, and assessment function to assess the issues facing veterans in the community of Southwest Pennsylvania, and to drive attention to these areas. This function may be accomplished by the PAServes network, with its case management and analysis capabilities, or it could be accomplished by a local organization that can use publicly available data, conduct surveys, and leverage community engagement to assess veterans' needs on a going-forward basis. Based on the size, dispersion, and complexity of the Southwest Pennsylvania veterans community, such a regular assessment process would help to direct and focus limited public, private, and non-profit resources to the places and people within the community where intervention can produce the greatest impact.

6. CONCLUSION

Southwest Pennsylvania is an enormously vibrant, dynamic, and complex region with a rich tradition of military service that contributes to one of the largest and densest veterans populations in the country. Most veterans in Southwest Pennsylvania have transitioned from service successfully; they now drive its economy and lead its public, private, and nonprofit institutions as well. However, pockets of need exist across the region's landscape. Studies like this needs assessment can inform public, private, and nonprofit organizations about where need exists, as well as where there are gaps not being filled by current programs. We are grateful to the Heinz Endowments for commissioning this study, and recommend continued research on the issues identified herein, in order to continue informing the community serving veterans in Southwest Pennsylvania and across the country.

¹³⁰ See, e.g., New York, which commissioned RAND to conduct a statewide needs assessment of veterans in 2011; see also Los Angeles city and county, which was the subject of a needs assessment by the University of Southern California's Center for Innovation and Research on Veterans and Military Families in 2014–15.

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