

# Massachusetts Veteran Needs Assessment

During the Pandemic and Beyond

Nathalie Grogan, Elizabeth Howe, Danielle Lazarowitz, Emma Moore, and Kayla Williams



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## About the Authors



**NATHALIE GROGAN** is the research assistant for the Military, Veterans, and Society Program at the Center for a New American Security (CNAS). Prior to joining CNAS, she interned at the Israeli Embassy in congressional affairs, as well as at the Professional Services Council in acquisition policy. Previously, she worked

for the French Ministry of Education as an English teaching assistant in Oyonnax, France. Grogan holds a Master of Public Policy degree from George Washington University, specializing in foreign, defense, and security policy. While completing her graduate degree, she conducted research and analysis for the Iraq and Afghanistan Veterans of America, where she examined how educational and career outcomes vary for veterans using their GI Bill benefits between private, public, and for-profit institutions of higher education. She earned her BA in history and French from the State University of New York at Geneseo and studied at the Université Paul-Valéry 3 in Montpellier, France.



**ELIZABETH HOWE** is a Researcher for the Military, Veterans, and Society Program at CNAS. She writes as the Defense journalist for Connecting Vets, covering active-duty personnel and the Pentagon as it pertains to the veteran community. Howe has worked in Defense journalism since 2014 publishing content for Virginia Tech's

Collegiate Times, Army News Service, Air Combat Command Public Affairs Headquarters, and Ball Aerospace. Howe holds an MA in rhetoric and a BA in literature from Virginia Tech.



**DANIELLE LAZAROWITZ** is an independent strategy and operations consultant in the social impact space. She previously served as a policy advisor for the National Economic Council in the Obama White House where she led public-private partnerships to support veterans' education and employment. Additionally,

she held positions at the Center for American Progress, the NYC Mayor's Office, and Merrill Lynch. Danielle has a BA from New York University and a JD/MBA from Northwestern University's Kellogg School of Management and Pritzker School of Law.



**EMMA MOORE** is a research associate in the Military, Veterans, and Society Program at CNAS. She is also a Non-Resident Fellow at the Brute Krulak Center for Innovation and Creativity at Marine Corps University. She previously served as executive assistant and social media lead for Narrative Strategies, a

coalition of scholars and military professionals working to combat violent extremism with strategic communication. Additionally, Moore worked as a program manager with ProVetus, a peer-mentoring organization helping service members transition into civilian life. She served as an intern at the U.S. Naval War College's Center on Irregular Warfare and Armed Groups and at Brown University's Costs of

War Project. Moore holds an MA in war studies from King's College London, and a BA in international relations from Brown University.



**KAYLA WILLIAMS** is director of the Military, Veterans, and Society Program at CNAS. Previously, she served as Director of the Center for Women Veterans at the U.S. Department of Veterans Affairs (VA), where she focused on policies, programs, and legislation. Williams spent eight years at the RAND Corporation

researching service-member and veteran health needs and benefits, international security, and intelligence policy. She was enlisted for five years and authored the memoir *Love My Rifle More Than You: Young and Female in the U.S. Army* (Norton, 2006) and *Plenty of Time When We Get Home: Love and Recovery in the Aftermath of War* (Norton, 2014). She holds a BA from Bowling Green State University and an MA from American University. Williams is a former member of the VA Advisory Committee on Women Veterans and the Army Education Advisory Committee, and a current member of the Department of Labor Advisory Committee on Veterans' Employment, Training, and Employer Outreach. She is a 2013 White House Woman Veteran Champion of Change and a 2015 Lincoln Award recipient.

## About the Military, Veterans, and Society Program

The Military, Veterans, and Society program addresses issues facing America's service members, veterans, and military families, including the future of the All-Volunteer Force, trends within the veteran community, and civil-military relations. The program produces high-impact research that informs and inspires strategic action; convenes stakeholders and hosts top-quality events to shape the national conversation; and engages policymakers, industry leaders, Congress, scholars, the media, and the public about issues facing veterans and the military community.

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## **Executive Summary**

**T**his needs assessment examines issues Massachusetts veterans of all eras face and offers a snapshot-in-time portrait of the effects of the COVID-19 pandemic on veterans in Massachusetts. It analyzes interventions that could benefit veterans, ranging from those in more acute need, to those who are stable but would benefit from targeted services that would enhance their long-term outcomes. Quantitative analysis is used to predict population trends in Massachusetts that will shape the needs of the veteran community for years to come. In particular, this report covers barriers, challenges, or inequities veterans face in life domains including health, housing, financial stability, and social support.

Among this report's most significant findings are that:

- COVID-19 has impacted the veteran community in unprecedented ways, shining a spotlight on food insecurity, mental health, and childcare at a very challenging time.
- Social support for veterans is not limited to veteran-specific organizations and missions; many are deeply connected to non-veteran communities.
- Veterans and their families live in the community with the general population and their needs overlap.
- The health care system in Massachusetts is regarded very positively by local veterans and stakeholders alike. The Department of Veterans Affairs (VA), as well as private health care systems, are viewed as meeting the needs of the community very well.
- Housing affordability reaches across demographic lines and impacts the veteran community just as much as the general population, if not more so. Veterans are at a disadvantage for finding housing since they often lack the social networks and relationships necessary for wading through the bureaucracy.
- The Massachusetts veteran population is shrinking at the same time that the general population is rapidly increasing. For the veteran community to continue to receive needed benefits and resources while making up a smaller percentage of the Commonwealth, innovations in outreach and awareness are needed.

## Introduction

When support for veterans is considered on both a policy and community level, two groupings quickly emerge. One group of veterans deeply struggle and live in acute need across life domains. For example, the issue of veterans' housing quickly brings up images of homelessness. Additionally, news stories surrounding veterans being taken advantage of by for-profit educational institutions abound.<sup>1</sup> While veterans in crisis need resources and support to improve their lives and this work is extremely important, this segment of the veteran population is relatively small. Less than 1 percent of all veterans in the United States have experienced homelessness or are at risk of doing so.<sup>2</sup> On the other hand, high-achieving veterans are identified as success stories and offered further leadership and professional opportunities, such as the Stand-To Veteran Leadership Program of the George W. Bush Presidential Center.<sup>3</sup> Many similar programs exist to propel promising veterans to greater heights in a variety of professional industries. While estimating the proportion of veterans in this high-achievement category is difficult, due to a lack of metrics and studies, by definition and design, leadership programs and similar resources are selective. In between these two extremes lies the vast majority of veterans in the United States—those who are not necessarily in dire straits economically, but could benefit from support in order to improve their lives. As the Massachusetts veteran population is largely reflective of this population dichotomy, this needs assessment attempts to highlight this overlooked veteran subpopulation and identify how best to serve veterans in this category.

This report highlights veteran experiences and needs in health, housing stability, financial stability, and social support. This needs assessment's original focus was on veterans not yet in acute need, but who could benefit from interventions not currently available. However, since research was ongoing when the COVID-19 pandemic hit, it also provides a valuable snapshot of unexpected, acute, and developing needs related to the global crisis. By analyzing the life circumstances and needs of Massachusetts veterans through phone interviews, interviews with key stakeholders and community leaders, and publicly available data, this report lays out how COVID-19 has affected the local veteran community. Expected trends in the veteran population of Massachusetts are projected into the future to facilitate the agencies and organizations dedicated to serving veterans, otherwise known as the "sea of goodwill," in the Commonwealth to plan for anticipated needs.

Additionally, the needs assessment highlights the difference in perception between what resources are available to veterans and what resources veterans are actually aware of and use. It also offers recommendations for veteran-serving organizations to expand their outreach to improve awareness among the populations they serve. To better provide services and assistance to the veteran community, it is critical to match expectations with reality. While stakeholders and leaders may be aware of the resources their specific organizations offer, the interview results indicate that most veterans are simply not aware of their eligibility or the resources available, which in effect diminishes the support. By refining outreach techniques to reach a broader segment of the veteran community, organizations can spread a wider net and ultimately better assist veterans.

Several caveats limit this research and needs assessment. Primary source research from local veterans in western Massachusetts was limited, and therefore secondary research was used to supplement. Much of the background research is based on publicly available data that was collected prior to the onset of the COVID-19 pandemic; the landscape has changed significantly for both veterans and nonveterans. Health, housing, education, finances, and social interactions all have been dramatically affected by the public health crisis. These limitations offer opportunities for future research relevant to Massachusetts veterans.

This assessment takes a holistic look at the lives of veterans and their families, concentrating on four interconnected life domains, all of which can be affected by interventions: health, financial stability, housing, and social support. Given the prevalence of colleges and universities in Massachusetts, higher education is also given particular attention. Looking at the experiences and needs of all veterans, the focus covers generations, gender, racial and ethnic identity, sexual orientation and gender identity, and student veterans. The report examines the needs of veterans across Massachusetts with an emphasis on the greater Boston region, due to population density and geographic location. Data for specific veteran subpopulations in Massachusetts was not always available and when necessary, nationwide data is used as a baseline.

## Background

This report builds off five past regional needs assessments CNAS conducted that examined the state of veterans in New York State; Maryland, northeast Virginia, and Washington, D.C.; the Dallas-Fort Worth region; southwest Pennsylvania; and the western United States.<sup>4</sup> Previous assessments sought to help local foundations, organizations, and other actors understand the specific challenges veterans faced in their region and what services were most needed. Capturing the state of veterans in these areas, these needs assessments also examined which veteran needs were being met, the main efforts to address them, and what kinds of collaboration of structures were in place to sufficiently address veteran needs.

In 2017, the RAND Corporation published a Massachusetts veteran needs assessment.<sup>5</sup> CNAS does not intend to duplicate but rather build upon the work done by the RAND study. RAND looked at the overarching questions of how veterans in Massachusetts compare with their local non-veteran peers and between different states, primarily across the metrics of employment, education, health and social well-being, housing, and financial and legal needs. The RAND report was valuable for understanding the veteran landscape in 2017 and offers a benchmark for comparison three years later. While conducting interviews with stakeholders, leaders remembered and appreciated the 2017 RAND study and offered examples of changes in time between the RAND study and CNAS research gathering.

In focusing on veteran needs in Massachusetts, this report addresses knowledge gaps surrounding the local veteran support landscape and identifies interventions that could be beneficial to the various members of the veteran community. Through researching and assessing the Massachusetts veteran-support infrastructure—including public and nonprofit sector activities—the report highlights resources available to veterans, as well as unmet needs identified by interviewees. Findings and results may also be relevant to veterans and veteran-serving organizations across the country, especially with insight from the COVID-19 pandemic.

## Methodology

In dividing findings into the four life domain categories, the report provides four different angles of analysis of the veteran landscape in Massachusetts. Although these categories are interconnected and problems can overlap between categories, they are presented separately for clarity. Each of these categories is affected by and affects

the others, since the lives of veterans are multifaceted, and outcomes are interrelated between life domains. The health category includes both physical and mental aspects, and examines the availability, accessibility, and quality of health care facilities and providers, both within and outside of the Department of Veterans Affairs (VA) network. Financial stability refers to employment and unemployment rates, income levels, and emergency financial resources; education findings, an important subcomponent of financial stability, highlight educational attainment by Massachusetts veterans, GI Bill benefit usage and access to educational resources. Housing stability refers a range of experiences, including homelessness and housing instability, veterans support homes, and challenges in obtaining affordable and appropriate housing both through homeownership and renting. Finally, the social support category examines the community experiences of veterans when integrating into the general population, as well as the role of veteran service organizations, and includes outreach, awareness, and relationships.

This report follows a mixed-methods approach using four primary lines of effort to collect information: an evaluation of existing literature and publicly available data, phone interviews with key stakeholders in Massachusetts, phone interviews with veterans living in Massachusetts, and quantitative analysis including predictive population forecasting. CNAS conducted qualitative analysis on the experiences of veterans in Massachusetts through reviewing policy papers, reports, academic analysis and survey results from sources including the federal government, a variety of nonprofits serving the veteran community in Massachusetts, local advocacy groups, and universities. The literature review examined the veteran landscape in Massachusetts and publicly available data across the four life domains.<sup>6</sup> While data specific to Massachusetts was prioritized when it was available, nationwide statistics for veterans were used as a baseline when appropriate. County-level data from local governments was utilized as a means of comparison. Due to the interconnected nature of human well-being and the limited data available for veteran-specific outcomes, this analysis cannot address the full range of life circumstances possible among the veteran community.

To gain greater insight into the experiences and well-being of Massachusetts veterans, as well as organizations' efforts to reach and serve them, CNAS conducted interviews with 17 stakeholders, subject matter experts, and community leaders at the state and local levels. Researchers identified experts through institutional



contacts, funder recommendations, individual research leading to direct outreach, and recommendations from interviewees. Interviewed stakeholders included civil servants at the federal, state and local levels; advocates in the veteran-serving space; and leaders in various organizations. Responding to a request from the funder, the Boston-based veteran serving organization Brighton Marine, CNAS interviewed four members of the funder's Board of Directors and five residents of the property managed by the funder, in order to best serve the residents during the COVID-19 pandemic. Additionally, CNAS conducted interviews with five collaborative organizations at the national and regional levels. Furthermore, CNAS conducted phone interviews with 27 local veterans from multiple cities and towns in Massachusetts. Represented localities included Boston, Worcester, Melrose, Westborough, and Cambridge. Outreach to veterans was conducted through social media notices, as well as working alongside organizations and community advocates to broadcast the interview opportunities to their institutional e-mail lists and to post flyers.

Interviews with key stakeholders and local veterans, which took place between March and May 2020, were initially meant to be held as in-person focus groups and meetings. Due to the COVID-19 pandemic and subsequent travel restrictions, social distancing measures, and public health recommendations, CNAS was unable to conduct the data collection in person as planned or visit any key sites. The pivot to virtual interviews presented challenges in recruiting participants from all categories of interviews. The process of advertising the call for interview participants, connecting with interested parties, scheduling a time to conduct the interview, and completing the interview left several stages for individuals to drop out of the process. Because of these constraints, fewer interviews were conducted than desired; in addition, due to the challenges facing veterans and their families during the pandemic, including but not limited to childcare, remote learning, isolation, and a reliance on technology, interviewees may not be fully representative of the Massachusetts veteran community. The absence of planned site visits and on-the-ground data collection made the perspectives of local stakeholders and leaders gleaned from interviews that much more valuable. Stakeholders, collaboratives, residents, board members, and local veterans provided significant insight on both the perception and lived experiences of the veteran landscape in Massachusetts. Additional details on this component of the research are presented in Appendix A.

The assessment begins by contextualizing the Massachusetts veteran population within the nationwide veteran population. County-level data analysis shows population trends and predicted changes in the Massachusetts veteran population. The report then breaks down the effects of the COVID-19 pandemic on veterans both in the United States as a whole and in Massachusetts specifically. This lays the groundwork, leveraging known information about the pandemic as well as interviews with local veterans and stakeholders. The report then details findings across the main life domains of health, finances, housing, and social support. To examine possibilities for meeting these needs, the report then delves into the role of community impact models and collaboratives. The final section offers recommendations for how to improve the veteran landscape in Massachusetts.

### **Profile of Massachusetts Veteran Population**

According to VA estimates, as of the end of September 2020, an estimated 286,875 veterans will be living in Massachusetts. This will make it 25th in terms of the number of veterans by state and represents a decline in both absolute and relative terms from 2015, when there were an estimated 349,687 veterans in the state and Massachusetts had the 23rd largest veteran population. While the veteran population is shrinking nationwide as the large cohorts who served in World War II, Korea, and Vietnam pass away, the decline is more dramatic in Massachusetts than nationwide. The VA estimates the population will shrink further to only 120,000 veterans by 2045, representing a 3.5 percent annual change, while the national veteran population will be shrinking by only 1.82 percent annually over that same time period.<sup>7</sup> These demographics demonstrated in Figure 1 will be expanded in greater detail and examined at the county level later in the report.

The relative and absolute decline of the veteran population is not the only way that veterans in Massachusetts differ from their counterparts in other states. Overall, the general veteran population skews older (57.43 percent were over age 65 in 2017, compared to 47.05 percent of veterans nationally), and are accordingly also more male (93.07 percent versus 90.59 percent), and more white (91 percent versus 77 percent) than veterans nationally.<sup>8</sup> Veterans in Massachusetts also are more highly educated and have higher household incomes than their veteran counterparts nationwide; they are slightly less likely to be receiving VA disability compensation and are less likely to be receiving a VA pension. Assuming that the percentage of lesbian, gay,

bisexual, and transgender veterans in Massachusetts is the same as national estimates, there are likely nearly 19,000 lesbian, gay, and bisexual (LGB) veterans and nearly 200 transgender veterans in Massachusetts.<sup>9</sup> These figures may be low, since other research indicates Massachusetts has a higher percentage of LGBT residents than most other states.<sup>10</sup> The 2017 RAND study demonstrated that while in line with the overall U.S. veteran population, the Massachusetts percentage of the population that are veterans is smaller than that of other small states: the populations of South Carolina and New Hampshire are 9 percent veterans, compared to 6 percent in Massachusetts.<sup>11</sup>

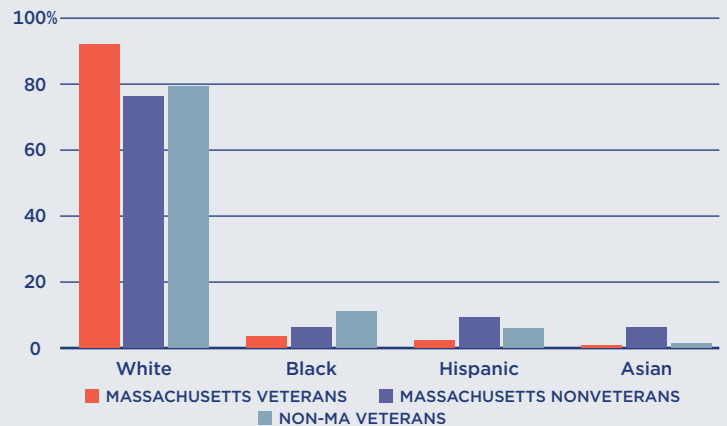
**Quantitative Analysis**

CNAS conducted county-level veteran population comparisons between the 14 counties of Massachusetts, as well as compared against Massachusetts and the United States. The examined variables included education level, income, poverty, and unemployment rates. The capital and largest city of Massachusetts, Boston, is located in Suffolk County. The three counties of Cape Cod and the islands include Barnstable County (Cape Cod), Dukes County (Martha’s Vineyard), and Nantucket County. Southeast Massachusetts includes three counties: Bristol, Norfolk, and Plymouth. Northeast Massachusetts includes Essex County and Middlesex County; Worcester County makes up central Massachusetts. The four counties of western Massachusetts are Berkshire, Franklin, Hampden, and Hampshire. The geography of Massachusetts counties can be viewed in Figure 2.

**COUNTY-LEVEL DATA ANALYSIS**

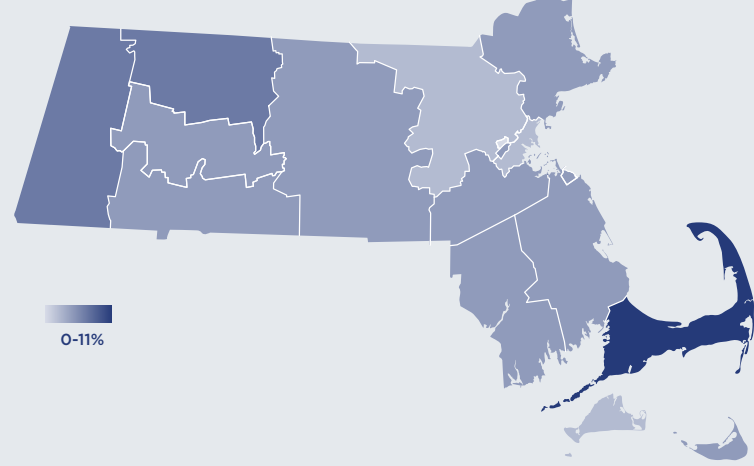
Based on data from the 2016 American Community Survey (ACS) five-year estimate in coordination with the Veterans Data Central and Housing Assistance Council, population trends on a county level emerge. While the general population of Massachusetts and individual counties are growing, veteran population numbers are declining due to generational changes, as shown in Figure 3. The veteran population decline of Massachusetts is three times greater than that of the United States.<sup>12</sup> Compared to the rate of decline in the greater veteran population of the United States, only two Massachusetts counties (Franklin and Suffolk) have declined less rapidly than the nationwide rate.<sup>13</sup> The greatest per capita veteran population decline in Massachusetts has taken place in Hampshire County.<sup>14</sup> The only exceptions to this trend are Dukes County and Nantucket County, which have experienced a growth in the veteran population, mostly due to veterans from elsewhere retiring to the islands.<sup>15</sup>

**FIGURE 1: DEMOGRAPHICS OF VETERANS AND NONVETERANS IN MASSACHUSETTS AND THE UNITED STATES.**



Carrie M. Farmer, Terri Tanielian, Shira H. Fischer, Erin L. Duffy, Stephanie Dellva, Emily Butcher, Kristine M. Brown, and Emily Hoch, “Supporting Veterans in Massachusetts: An Assessment of Needs, Well-Being, and Available Resources,” (The RAND Corporation, 2017, 41), [https://www.rand.org/content/dam/rand/pubs/research\\_reports/RR1600/RR1698/RAND\\_RR1698.pdf](https://www.rand.org/content/dam/rand/pubs/research_reports/RR1600/RR1698/RAND_RR1698.pdf).

**FIGURE 2: VETERAN POPULATION BY COUNTY**



“Massachusetts County Map,” (GIS Geography, August 22, 2020), <https://gisgeography.com/massachusetts-county-map>.

More veterans live in Suffolk County (21,000) than in any other county of Massachusetts, but veterans only make up 3.3 percent of the population, the third lowest county of veterans per capita.<sup>16</sup> The largest veteran population per capita is in Barnstable County, and the smallest veteran population per capita is in Suffolk County. After Cape Cod, western Massachusetts has the greatest per capita veteran population, although as a rural and sparsely populated region of the state, the western counties of Berkshire, Franklin, Hampshire, and Hampden have the smallest populations overall.<sup>17</sup>



FIGURE 3: CHANGES IN VETERAN POPULATION OVER TIME

	Massachusetts Population	Massachusetts Veteran Population	U.S. Veteran Population
1990	6,016,425	656,850	27,500,000
2000	6,349,097	558,933	26,400,000
2010	6,547,629	397,395	22,000,000
2020	6,892,503	286,875	17,420,000

*Dr. A. Glasmeier, Eric. W. Schultheis, Paula Buick, and Kerry Spitzer, "The Current and Future Long-Term Needs of Massachusetts' Veterans" (Massachusetts Institute of Technology, October 31, 2013, 10), [https://dusp.mit.edu/sites/dusp.mit.edu/files/attachments/publications/The Current and Future Long-Term Care Needs of Massachusetts%27 Veterans.pdf](https://dusp.mit.edu/sites/dusp.mit.edu/files/attachments/publications/The%20Current%20and%20Future%20Long-Term%20Care%20Needs%20of%20Massachusetts%27%20Veterans.pdf).*

POPULATION FORECASTING

The overall decline of the veteran population, both nationwide and in Massachusetts, can be explained by generational change and the aging of conscription-era veterans. There is a strong positive relationship between per capita senior population and per capita veteran population, due to the generations affected by military draft policies. Conscription ended in the United States in 1973, and any accessions after that date were part of an all-volunteer force. Individuals at least 18 years old at the time of the switch to an all-volunteer military are now over 65 years old. Both Massachusetts and the United States have an over-65 population of roughly 15 percent of the population. Massachusetts counties below that level of the senior population include Middlesex County, Nantucket County, and Suffolk County. Suffolk County is home to the lowest proportion of seniors in Massachusetts. Barnstable County is home to the highest per capita over-65 population.<sup>18</sup>

Over the past five years, the Massachusetts and U.S. populations have increased one and three percent, respectively. The Massachusetts counties with the highest population growth have been Plymouth County and Essex County; counties with the lowest population growth have been Hampshire County and Barnstable County. It is notable that Cape Cod has among the slowest population growth alongside the slowest absolute decline in veteran population.<sup>19</sup> There is a low positive correlation between general population growth and veteran population change.

Using predictive analysis, CNAS forecasted the population trends of veterans in Massachusetts, both overall and

as counties. Population models by the VA and the RAND Corporation have contributed significantly to predicting the veteran population and interested researchers are well served by their models. CNAS sought specific comparisons on the county level in Massachusetts and therefore conducted its own quantitative analysis, conducted using the geometric growth model. Veterans as a group skew less healthy, with fewer resources than the general population.<sup>20</sup> Exact figures are limited since veteran status hasn't been included in the U.S. Census since 2000.<sup>21</sup> Using numbers from the past five years, CNAS conducted population forecasting for the next five years. While the general population is predicted to increase, the veteran population is projected to drop 2 percent. In five years,

veterans are projected to make up just 3.7 percent of the Massachusetts population compared to 5.3 percent in 2018. Numerically, the statewide veteran population is predicted to decline to 260,550 from 315,859 in 2019. Barnstable County is predicted to experience the most dramatic drop in the state—from 10 percent of the population to 6.4 percent. In all 14 counties of Massachusetts the veteran proportion of the population is expected to decrease significantly, including in Dukes and Nantucket counties. On the islands, the overall veteran population

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has increased and is expected to continue increasing due to retirement relocations. The counties with the smallest predicted veteran demographic change are Dukes and Suffolk counties, where the veteran percentage of the population will drop by less than 1 percent.

The overall population trends of Massachusetts will contribute to a changing landscape for veterans. International immigration is contributing significantly to rapid population growth in Massachusetts, indicating a more culturally diverse Commonwealth. The youth share of the Massachusetts population is predicted to decline, increasing the older age groups' proportion in

the state population. By 2035, 23 percent of the population will be over 65 years old, compared to 18 percent in 2020.<sup>22</sup> As older generations of veterans from the era of conscription age, the veteran population will change significantly. The large cohort of veterans who were included in the draft are now at least 65 years old, and many could live for an additional two or three decades. Along with increases in medical knowledge and increased longevity in the general population, veterans are likely to live longer than previous generations. Based on the county-level data analysis, population forecasting, and secondary data, several trends can be summarized for the future of the Massachusetts veteran population. Areas of Massachusetts with a higher percentage of older veterans, such as rural areas, western Massachusetts, Cape Cod, and the islands, can expect an increase in needs for veterans of advanced age before significantly dropping off as this generation of veterans passes away. Areas of the state with a younger population, such as the greater Boston region, will require a more targeted approach to veteran support. As the military personnel population, veteran population, Massachusetts, and the United States demonstrate, the veteran population will continue to diversify in both gender and race. Childcare options for veterans will become much more important to younger generations of veterans in metropolitan and suburban areas.

## Findings

Public, private, and nonprofit sectors and industries have all contributed to the available literature and research surrounding the well-being of the veteran population in individual jurisdictions. This report highlights the findings from CNAS secondary research and original interviews with local veterans and leaders in the veteran-serving space. This section in particular, categorizes our findings by health, financial stability (with a particular emphasis on education), housing, and social support, and the infrastructure available to support veterans across those domains. Due to the effects of the COVID-19 pandemic on communities across the United States and Massachusetts, and the importance of the pandemic's impact on veterans, CNAS findings related to COVID-19 will be explained first. Although the needs of veterans during COVID-19 fall into the life domains explored in the findings section, the pandemic created novel conditions in Massachusetts that are best grouped together to understand what veterans are facing during COVID-19.

### Nationwide Veteran Needs in the COVID-19 Pandemic

Between the start of the COVID-19 pandemic in early 2020 and early September, more than six million cases had been confirmed in the United States, with more than 201,000 deaths; both numbers continue to climb as of this writing.<sup>23</sup> The effects of COVID-19 have reached beyond just public health, especially impacting economic activity and social relationships. Veterans have experienced the pandemic alongside their non-veteran neighbors. Individuals 65 years of age and older are at a higher risk for COVID-19, meaning the veteran community (approximately half of which is over 65 years of age nationwide) has been disproportionately impacted. According to a survey by the American Legion, nearly 30 percent of veterans have had their lives majorly impacted as a result of the pandemic.<sup>24</sup> While the VA has been inconsistent in its data reporting, by the end of August, it had recorded 51,722 cumulative COVID-19 cases among its patients and staff and 2,882 deaths in its facilities nationwide.<sup>25</sup>

Impacts of the pandemic on Massachusetts veterans have tracked largely with those of veterans nationally, with the fallout expected to continue for at least the next 12–18 months, particularly around mental health, isolation, and financial security. While stakeholders interviewed by CNAS did not feel that the impacts of the pandemic have hit veterans harder than nonveterans, they raised concerns around unemployment,

homelessness, food insecurity, and mental health increasing for veterans who were not facing these challenges prior to the pandemic. Isolation among older veterans was of particular concern to interviewed stakeholders. To support veterans facing financial difficulties due to the pandemic, the state of Massachusetts removed bureaucratic hurdles to make it easier for veterans to apply for the Massachusetts-specific Chapter 115 Benefits, which provide up to \$1,436 per month for food, housing, clothing, and medical care.<sup>26</sup> As a result, reports of a tenfold increase in visitors to an online benefits calculator—up to 5,000 per month—indicated a demand surge for the program among Massachusetts veterans.<sup>27</sup>

Beyond the immediate health risk, the pandemic's effect on VA operations has impacted the veteran community. The VA was forced to cancel more than 11 million appointments nationwide from March to June—more than three million of those canceled appointments have received no follow-up information regarding rescheduling or telehealth alternatives, according to a recently released Office of the Inspector General report.<sup>28</sup> While veteran unemployment rates were as low as 3 percent during 2019, the pandemic impacted the veteran community in ways similar to the general population, and veteran unemployment jumped to nearly 12 percent in April 2020.<sup>29</sup> Veteran unemployment was slightly below unemployment in the general population, which experienced 14.7 percent unemployment at the same time.<sup>30</sup> In July 2020, veteran unemployment, at 8 percent, was still more than double 2019 levels; it was still lower than non-veteran unemployment at 10.4 percent.<sup>31</sup> This spike in unemployment rates also could contribute to an increase in veteran homelessness. Tens of thousands of veterans nationwide experience homelessness on any given night; pre-pandemic, as many as 1.4 million were at risk for homelessness due to poverty, lack of support networks, and dismal living conditions in overcrowded or substandard housing, according to the National Coalition for Homeless Veterans.<sup>32</sup>

The VA released its COVID-19 Response Plan on March 27, 2020, but the guidance largely addressed the immediate health risks associated with the pandemic—implementing screenings at facilities, providing outreach to facilities across the country, significantly increasing telehealth capabilities—while largely not addressing those additional secondary effects such as the 11 million canceled VA appointments and plans for addressing the backlog those cancellations created. The VA has not since publicly released an updated response plan. Congress already has moved several legislative measures that attempt to mitigate the pandemic's wide range

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of impacts on the veteran community. The Veterans Economic Recovery Act would provide new education benefits to veterans who lost jobs due to the pandemic.<sup>33</sup> The Homeless Veteran Coronavirus Response Act would expand the budget and program resources available to those working to aid the homeless veteran population.<sup>34</sup> This legislation thus far has only been introduced, however, and the Centers for Disease Prevention and Control have predicted additional COVID-19 spikes in the coming months that could further exacerbate the multiplicity of coronavirus impacts the veteran community is currently experiencing.<sup>35</sup>

The Massachusetts community has supported the veteran population during the COVID-19 pandemic in several ways. For example, the veteran-serving organization Brighton Marine distributed iPads to veterans residing in long-term residences for Massachusetts veterans (Soldiers' Homes) to connect residents with the outside world, boosting morale.<sup>36</sup> Additionally, in May 2020, the Massachusetts Military Support foundation's Food4Vets program used Gillette Stadium to distribute one million meals to veterans and their families facing food insecurity. Participating organizations included the New England Patriots Foundation and the New England Revolution sports club.<sup>37</sup> Important areas for assisting veterans during COVID-19 include health care, community support, employment and financial security, and education.

### **HEALTH CARE**

Nationally, health care ranked as the top resource need of veterans—nearly 80 percent of veterans surveyed in the Institute for Veteran and Military Families (IVMF) Coronavirus Climate Snapshot Poll cited a need for access to and availability of medical care.<sup>38</sup> This population is disproportionately more at risk for severe COVID-19 health impacts: nearly half of all veterans are over the age of 65—the age group that has comprised over 80 percent of coronavirus deaths in the United

States.<sup>39</sup> More than 51,000 veterans and VA staff have been treated as COVID-19 patients in VA facilities since the start of the pandemic, including nearly 800 in Massachusetts.<sup>40</sup> Overall, veterans have been satisfied with the health care response of the VA, with nearly a third “fully confident” and nearly 60 percent “somewhat confident” with the VA’s handling of the pandemic.<sup>41</sup>

In Massachusetts, the COVID-19 outbreak at Holyoke Soldiers’ Home drew national media attention, and management at the facility is now being investigated by the Department of Justice. By early April, 28 veterans from the home had died from COVID-19; that number exceeded 70 by the end of the month.<sup>42</sup> Staffing shortages and mismanagement by those in charge of operations and logistics at the home were blamed for the severity of the outbreak.<sup>43</sup> The home’s former superintendent, Bennett Walsh, is currently fighting a \$176 million federal lawsuit filed by the family of a Korean War veteran who died during the outbreak at the home.<sup>44</sup> While the VA does not directly manage the nearly 150 state-run homes across the country that care for more than 20,000 veterans, it is responsible for regularly inspecting the facilities and funding care.<sup>45</sup> Federal officials continue to investigate whether residents were given proper medical care. The state’s top prosecutor, Massachusetts Attorney General Maura Healey, has yet to determine whether or not legal action will be brought against the facility. The Soldiers’ Home crisis was brought up in multiple interviews, and stakeholders described the situation as foundational and striking at the veteran subpopulation at most risk during the pandemic.

Mental health resources are also having a surge in demand. During the pandemic, the organization Iraq and Afghanistan Veterans of America has seen an almost 25 percent increase in the hundreds of calls to its rapid response hotline for veterans experiencing a mental health crisis.<sup>46</sup> Calls to the VA Crisis Line climbed 12 percent by the end of March.<sup>47</sup> The Cohen Veterans Network reported that among respondents to a survey it conducted, about half of surveyed post-9/11 service members and their families sought mental health care as the pandemic surged, compared to only 14 percent of those without a military affiliation.<sup>48</sup> According to a survey by The Mission Continues, many veterans have concerns around feeling depressed (40 percent) and feeling isolated (35 percent).<sup>49</sup> Although these data points are not necessarily reflective of the experiences of all veterans in the United States or Massachusetts, they do suggest that mental health concerns are prevalent among many veteran communities.

Even those veterans with stable sources of income and housing are impacted by the mental health implications of self-isolation—more than half of veterans under the age of 55 indicated a need for mental health resources during the pandemic.<sup>50</sup> The effects of a pandemic-induced recession are expected to have far-reaching impacts on the mental health of veterans; the Meadows Mental Health Policy Institute projected increases in both suicide and substance use disorder associated with each percentage-point increase in unemployment.<sup>51</sup>

As quarantine restrictions and social distancing recommendations have increased social isolation for many veterans, nearly 60 percent of veterans have reported needing assistance in accessing resources related to day-to-day life in their community.<sup>52</sup> Nearly 40 percent of those surveyed cited their emotional well-being as being negatively affected by stay-at-home orders, with communication with family and friends listed as the most important resource to address these impacts.<sup>53</sup> However, despite these extensive impacts related to the COVID-19 pandemic, local veterans interviewed expressed reluctance to see their situations as worse than the general population. Access to VA health care, which pivoted swiftly to virtual offerings, was mentioned as an enormous benefit during the pandemic unavailable to nonveterans in Massachusetts.

#### THE RESIDENCES AT BRIGHTON MARINE

As quarantine restrictions and social distancing recommendations have increased social isolation for many veterans, nearly 60 percent of veterans have reported needing assistance in accessing resources. At the request of the partner that supported this research, CNAS conducted additional interviews with veterans and stakeholders connected to the Residences at Brighton Marine, an apartment complex for veterans and their families in Boston. Key trends emerged around two major impact areas: financial security—including food insecurity and employment—and mental health—including isolation. Interviewees shared stories of new jobs being canceled and increases in PTSD symptoms due to COVID-19 “chaos.” Brighton Marine residents have struggled with limits on social interactions due to social distancing requirements, and seek ways to connect to family members, support groups, and other residents. Gym closures have also impacted outlets for veterans dealing with mental health concerns. The ability to “virtualize” resources such as resident socials, fitness, and therapy support groups—while simultaneously maintaining and improving residence connectivity—would be of significant interest to residents. Additionally, without access

to safe modes of transportation, the ability of Brighton Marine to bring mental health and food distribution onsite—or offer safe transportation opportunities—would help residents maintain their health during the pandemic. Finally, as reflected in the general population, childcare challenges alongside teleworking are serious concerns for veteran residents at Brighton Marine.

#### FINANCIAL SECURITY

According to a survey by the American Legion, over three-quarters of veterans reported that the coronavirus presents “some threat” or a “large threat” to their personal financial situation.<sup>54</sup> Moreover, many veterans struggled with financial security prior to the pandemic, with nearly half of veterans surveyed by the Military Family Advisory Network indicating they had less than \$500 in emergency savings, or no emergency savings at all.<sup>55</sup> Stakeholders CNAS interviewed expressed the severity of the situation on the ground for Massachusetts veterans, with an explosion of food insecurity among families and communities that had never before struggled with affording food.

As schools, day cares, and summer camps remain closed, parents across the country are juggling unexpected childcare responsibilities. Nearly half of younger veterans (ages 18–34) surveyed by IVMF indicated childcare support as a top need.<sup>56</sup> The pandemic also has impacted veteran business owners, 39 percent of whom have closed due to COVID-19, as compared to 5 percent of non-veteran owned businesses surveyed by Syracuse University’s Institute for Veterans and Military Families.<sup>57</sup>

#### EMPLOYMENT

Since the pandemic hit in March, the rate of unemployment for veterans has more than doubled (up to 8.6 percent), although it remains lower than the national unemployment rate of 11.1 percent.<sup>58</sup> Post-9/11 veterans are facing the most significant employment impacts, with 10.3 percent unemployed.<sup>59</sup> In May 2020, nearly a third of veterans expressed a need for support services in job search and placement, unemployment assistance, and career services, while over 40 percent need assistance with their finances.<sup>60</sup> The needs are greatest for younger veterans, two-thirds of whom need employment and career development assistance, and more than half of whom need financial assistance.<sup>61</sup> In March alone, the Call of Duty Endowment, which works to provide veterans with jobs, saw a 50 percent increase in veterans asking for help.<sup>62</sup>

#### EDUCATION

While nearly a third of veterans cited a need for access to and availability of services and resources for post-secondary education in May, it was the number-one resource need of younger veterans with over 75 percent surveyed indicating post-secondary education as a resource need.<sup>63</sup> For veterans currently enrolled in post-secondary education, a strong majority (88.5 percent) of those surveyed by Student Veterans of America have expressed concern that the coronavirus will impact their academic goals, and a third reported concern with disruptions to VA Education Benefits.<sup>64</sup>

In sum, the impact of the COVID-19 pandemic on social structures around the world, the United States, and Massachusetts cannot be understated. Specific needs have cropped up in response to the public health crisis that were unimaginable prior to the onset of the pandemic. COVID-19 and its effects on the veteran population provide context for the fault lines in our society that are being exposed during the pandemic. These underlying conditions, stressors, and trends remain under the surface of COVID-19 and must be examined separately from the pandemic in order to fully understand the veteran landscape in Massachusetts. The following section highlights the life experiences of veterans in Massachusetts across four life domains.

#### Health

Massachusetts has some of the most robust health care coverage in the nation. In 2006, under Governor Mitt Romney, Massachusetts passed a health care reform bill aiming to provide health care to all residents. Subsequently, Massachusetts has the lowest rate of uninsured residents by state in the country, with 97.2 percent of residents covered in 2018, compared to a national average of 91.1 percent.<sup>65</sup> Although nearly all residents have access to health care, some hurdles remain, with gaps in providing ready access to care in rural areas, some residents unable to pay bills under high-deductible plans, and limits to behavioral, mental health, and substance abuse services.<sup>66</sup> The state offers MassHealth, a system that provides health care and benefits to low- and medium-income residents.

Veterans benefit from statewide provision of health care, while eligible veterans also benefit from robust VA health care. Based on 2017 data, the VA spent slightly more on veteran care in Massachusetts, and the state boasts slightly more health care facilities compared with Massachusetts’s percentage (1.62 percent) of the national veteran population.<sup>67</sup> A slightly lower percentage of veterans were enrolled in VA health care in the state,

again, likely due to other forms of health care provided in the state. Furthermore, due to recent legislative changes, more veterans enrolled in VA health care now have the option of receiving health care through community providers rather than the VA, particularly in cases of an excessive travel burden to reach a VA medical facility.<sup>68</sup>

Veteran health outcomes in the state are largely positive. Massachusetts survey respondents to the Wounded Warrior Project (WWP) 2019 annual member survey indicated slightly better rates of physical and mental health compared with national respondents.<sup>69</sup> WWP members are all disabled or wounded post-9/11 veterans. The majority of respondents (52 percent) self-reported good to excellent health status, while reporting less difficulty accessing mental and physical health care, which may be in part due to statewide health coverage. Of Massachusetts WWP members, 31 percent reported lower rates of mental health as a barrier for employment compared with 36 percent of WWP national respondents. A local stakeholder expressed that, “Health care in Massachusetts is exceptional. It’s just an outstanding system that the Veterans [Health] Administration operates here.”

Veterans interviewed by CNAS similarly expressed positive experiences accessing health care in the state, either through the VA or private sources. Following statewide health access trends, there is a concentration of health services in the greater Boston area; the Massachusetts veteran population is concentrated in the western part of the state and Cape Cod, though the majority of VA vet centers and medical centers are in the Boston area.<sup>70</sup> Veterans in greater Boston reported good care and were largely satisfied, while veterans in more rural parts of the state noted greater distance (although distances in Massachusetts are significantly shorter than in many western states). Some veterans expressed a desire for expanded mental health coverage, particularly when it came to PTSD; others thought stigma within the military and veteran communities were bigger barriers to veterans seeking care, than lack of availability. Veterans indicated there is room for improvement in VA mental health providers and counselors, both in accessibility and availability.

Women veterans expressed in interviews that women-specific care was harder to access in the VA system. This aligns with previous CNAS research that VA health care systems are not equally welcoming for women, LGBT, and racial/ethnic minority veterans. Under current VA policies, women and LGBT veterans do not receive equitable care compared to their counterparts in civilian health care systems. For example, women

veterans can be charged co-payments for birth control and are denied access to abortion care or counseling, with no exceptions for pregnancies caused by rape or that endanger the life of the woman. In addition, VA-enrolled LGBT veterans are ineligible for in vitro fertilization, and transgender veterans are neither able to access gender confirmation within the VA system nor qualify for health care subsidies on the Affordable Care Act marketplace. Massachusetts has the second largest LGBT population in the United States, at 5 percent of the total Massachusetts population.<sup>71</sup>

Health care access in Massachusetts is a significant advantage for state residents and particularly for most veterans, who also have access to VA health care. However, there remains room for improvement regarding local access to VA health care in remote areas of the state and equitable care for subpopulations. Overall, the veteran population in Massachusetts does not seem to be unduly struggling when it comes to health care access.

### Financial Stability

Financial stability includes how veterans function in terms of career, employment and unemployment, income, and wealth. Leading up to the pandemic, Massachusetts veterans have had relatively better economic outcomes as compared to veterans in other states—particularly around household income. According to census data, veterans across the country have significantly higher income than nonveterans (\$40,842 versus \$29,777); this is true for veterans in Massachusetts as well.<sup>72</sup> While veterans in Massachusetts have a higher median income than veterans nationally, the size of the income gap as compared to nonveterans is 56 percent smaller on the state level (\$42,486 versus \$36,424).<sup>73</sup> Higher income for Massachusetts veterans is likely reflective of overall higher wages in the state as compared to the broader nation. Households in Massachusetts have a median annual income of \$79,835, which is nearly 30 percent higher than the median annual income of \$61,937 across the entire United States.<sup>74</sup>

Overall, veterans see proportionally higher incomes, as compared to nonveterans, in more rural parts of the state such as Barnstable County in the southeast and Berkshire, Hampden, and Hampshire counties in the west. In these regions, veteran annual incomes are, on average, at least \$10,000 higher than those of nonveterans. In more urban areas, like the Boston metro area, that wage premium narrows to an average of \$2,889 annually.<sup>75</sup> As of 2019, WWP members in Massachusetts reported less debt than nationwide WWP members.<sup>76</sup>



## Leading up to the pandemic, Massachusetts veterans have had relatively better economic outcomes as compared to veterans in other states—particularly around household income.

Massachusetts offers a few financial benefits for veterans, including the Welcome Home Bonus, Operation Money Wise, and Chapter 115.<sup>77</sup> The state-level Welcome Home Bonus offers up to \$6,000 to veterans who served in Iraq, Afghanistan, or other conflicts included on the Imminent Danger List.<sup>78</sup> As an example of how outreach influences the awareness of benefits, 30 percent of recipients heard about the program through a friend or family member, the largest referral source.<sup>79</sup> As of 2019, \$1,367,550 has been awarded to veterans through the Welcome Home Bonus, with recipients' service spanning World War II to the Global War on Terror.<sup>80</sup> Operation Money Wise is a state-level program designed to increase financial literacy for military-affiliated Massachusetts residents, with a grant up to \$5,000.<sup>81</sup> Studies have shown that military families and veterans lack financial education and are more likely than civilians to carry debt and less likely to have emergency savings.<sup>82</sup>

### EMPLOYMENT

A greater proportion of veterans in Massachusetts are in the labor force as compared to veterans nationally (78.8 percent versus 76.3 percent), yet veterans in Massachusetts—prior to the pandemic—had approximately the same unemployment rate as their peers nationally (5.2 percent versus 4.9 percent), according to 2018 ACS estimates.<sup>83</sup> Veterans in Massachusetts have been no better or worse off than nonveterans when it comes to unemployment rates (5.2 percent versus 5.3 percent), a point that is generally consistent across the state's regions as well.<sup>84</sup> Ten out of the 14 counties in Massachusetts have veteran unemployment rates higher than the state average, with the highest rates of unemployment in small counties like Nantucket (14.1 percent) and Dukes counties (6.5 percent) as well as more populous areas like Suffolk County (6.5 percent).<sup>85</sup> Nantucket County is likely an outlier due to a high concentration of retirees.

More than half of unemployed veterans in the state live in the Boston metro area or southeastern regions of the state, comprising a third and a quarter of the state's

unemployed veterans, respectively.<sup>86</sup> This geographic distribution of unemployed veterans effectively mirrors the residency of the state's veteran population.<sup>87</sup> The exception being the Boston metro area, whose share of unemployed veterans is three percentage points lower than its share of veterans as a whole, and the central region of the state (the rural Worcester County) which houses 14 percent of the state's veterans, but 17 percent of its unemployed.<sup>88</sup>

Nationwide, veterans with service-connected disabilities overall fare similarly to those without, in terms of unemployment and labor force participation. However, there are important differences when considering the degree of disability. Those with a service-connected disability rating below 30 percent are more likely to be in the labor force and less likely to be unemployed than those with a disability rating of 60 percent or higher.<sup>89</sup> These trends are particularly pronounced in what the Bureau of Labor Statistics refers to as Gulf War-era II veterans, among whom over 92 percent of those with low disability ratings are in the work force, compared with less than 62 percent of those with a rating of 60 percent or higher; their unemployment rates were 2.3 percent and 9.4 percent respectively.<sup>90</sup> Additionally, previous CNAS research has shown that racial and ethnic minority veterans often experience higher levels of unemployment than white veterans.<sup>91</sup> These trends indicate that employment assistance should be tailored to address the specific needs of subpopulations.

Massachusetts has a reputation for being a veteran-friendly state, as demonstrated by interviews with both stakeholders and local veterans. Most veterans interviewed expressed how their veteran status was neither a positive nor negative factor in seeking employment most of the time. However, interviewees highlighted that the main issue for veterans seeking employment in Massachusetts is a lack of awareness surrounding the military experience. Employers don't always usually understand many aspects of military life and culture relevant to a job applicant's qualifications, such as transferable skills from military careers, ranks and responsibility levels, and the necessity of relocating every few years for service; a stakeholder noted that, "The attitude of a lot of civilian employers . . . they don't see the other skills that [veterans] possess like leadership and multitasking, all that kind of stuff that makes them great." The Permanent Change of Station process was highlighted as an employment problem, since it left recently separated veterans without the local network crucial for finding work opportunities and securing recommendations. The deepening civil-military divide

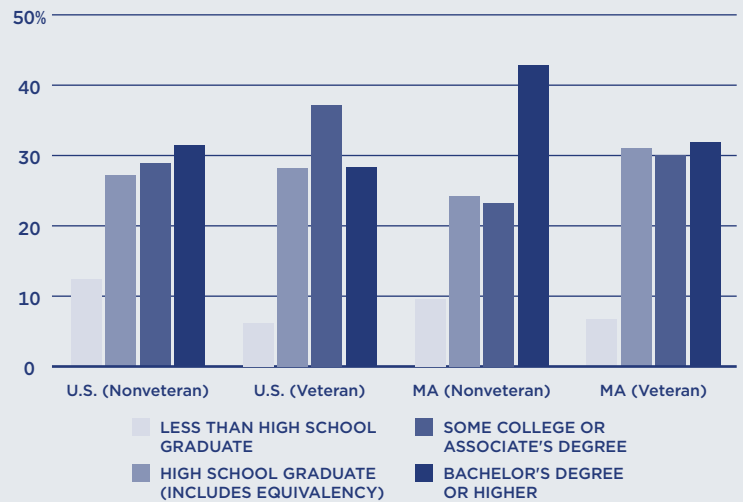
contributes to employment challenges for veterans. In previous generations, employers and hiring managers would have had firsthand experience of military life or personal connections with veterans. Presently, very few understand the lives of veterans in Massachusetts.

**EDUCATION**

Massachusetts has the highest educational attainment in the nation—a fifth of residents hold a graduate or professional degree, and another 25 percent have bachelor’s degrees.<sup>92</sup> Massachusetts veterans are more likely to hold a bachelor’s degree or higher, than veterans across nation, as seen in Figure 4 (32 versus 28 percent).<sup>93</sup> Although veterans in Massachusetts are more likely than veterans nationwide to hold a bachelor’s degree, they are 12 percent less likely than their nonveteran counterparts in Massachusetts to hold a post-secondary degree. This disparity is even more stark in Massachusetts, where the percent of veterans with bachelor’s degrees or higher is 12 points lower than nonveterans in Massachusetts, as compared to a four percentage point gap nationally.<sup>94</sup> Mirroring national trends, Massachusetts veterans also experience a rural-urban divide in terms of educational attainment.<sup>95</sup> Areas of the state surrounding Boston (Boston metro and northeast regions) have percentages of veterans with a bachelor’s degree or higher that are 6 and 1.5 percentage points higher, respectively, than statewide averages.<sup>96</sup>

Massachusetts has the eighth highest number of universities (111) in the country, creating significant options for veterans seeking to further their education.<sup>97</sup> In 2017, 1.3 percent of VA education beneficiaries (12,752) lived in Massachusetts, placing the state in the top quarter for VA education beneficiaries nationally—1.8 percent of VA expenditures (\$236 million) for education and vocational rehabilitation was spent in Massachusetts.<sup>98</sup> As shown in Figure 5, the number of VA education beneficiaries in the state began to increase exponentially in 2010 with the introduction of the Post-9/11 GI Bill, reaching a peak of 14,771 annual beneficiaries in 2013.<sup>99</sup> In addition to the Post-9/11 GI Bill, educational benefit programs such as MGIB-AD (Montgomery GI Bill Active Duty), MGIR-SR (Montgomery GI Bill Selected Reserve), DEA (Dependents’ Educational Assistance), VEAP (Veterans’ Educational Assistance Program), REAP (Reserve Educational Assistance Program) and

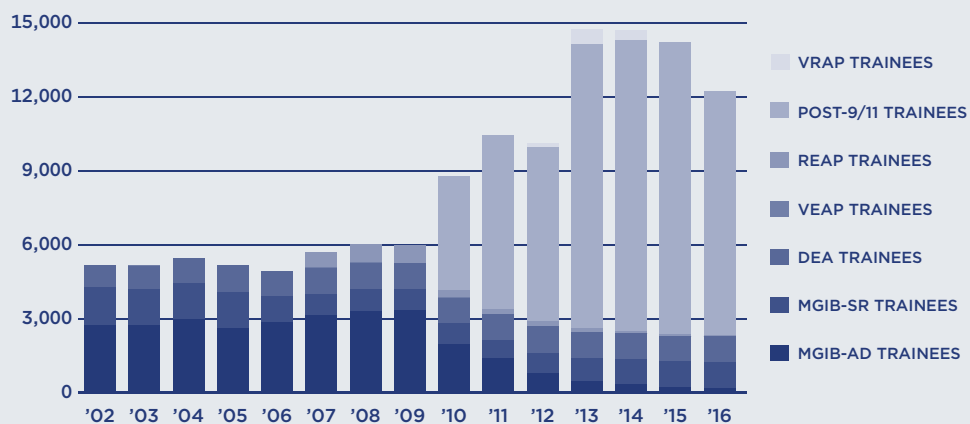
**FIGURE 4: EDUCATIONAL ATTAINMENT IN MASSACHUSETTS AND THE UNITED STATES**



U.S. Census Bureau, American Community Survey: Veteran Status, 2018 1-Year Estimates version (Washington: U.S. Department of Commerce, 2018).

VRAP (Veterans Retraining Assistance Program) have demonstrated changes in usage rates over time. As the economy improved following the 2008 recession, usage of education benefits has decreased slightly each year. In addition to GI Bill benefits, there are more than 165 VA Yellow Ribbon programs across the state, offering veteran students scholarships ranging from \$500 to \$30,000 and more a year, with 30 percent of programs offering unlimited financial support.<sup>100</sup> The state also

**FIGURE 5: VA EDUCATION BENEFICIARIES, MASSACHUSETTS (2002-2016)**



U.S. Department of Veterans Affairs, Department of Veterans Affairs Education Program Beneficiaries by Geography1: FY 2002–FY 2016, 11, [https://www.va.gov/vetdata/docs/Utilization/EducState\\_2016.pdf](https://www.va.gov/vetdata/docs/Utilization/EducState_2016.pdf).

offers non-expiring tuition waivers to all veterans, active duty service members, and National Guard and Reserve members who are permanent and legal residents of Massachusetts that can be used at any of Massachusetts' 29 state or community colleges.<sup>101</sup>

Across the board, stakeholders and veterans interviewed by CNAS praised the range of educational opportunities available to veterans in Massachusetts, though the interviews did not fully explain why the gap between veterans and nonveterans in Massachusetts who earn bachelor's degrees or higher was three times higher than the nationwide gap.<sup>102</sup> Younger veterans are more educated than civilians of the same generation.<sup>103</sup> Massachusetts, where the veteran population skews older, falls outside of these demographic trends.<sup>104</sup> Broadly, while student veterans have reduced affordability challenges as compared to nonveterans, they do tend to be older than traditional-aged students and often need to balance college with families, jobs, service-related disabilities, and bureaucracy around benefit disbursement.<sup>105</sup> Even with the reduced financial challenges, veteran students do not see a boost in post-secondary completion rates as compared to the national completion rate, according to analysis by Syracuse University's Institute for Veteran and Military Families.<sup>106</sup>

Stakeholders and veterans highlighted the value of VA educational benefits as well as schools that increase affordability and accessibility for veterans beyond the GI Bill and provide veteran-specific supports. One veteran interviewed claimed that, "Without GI Bill benefits, especially the Post-9/11 GI Bill benefits, it just wouldn't have been possible to go to school . . . I didn't have to worry about working overtime to make ends meet because I was getting the GI Bill stipend." Another said that the GI Bill, "made doing what I am doing possible." One veteran nonprofit leader said that, "Yellow Ribbon schools definitely can move a needle in terms of how a veteran may make their higher education decision." Interviewees praised schools across the state that are making an effort to recognize the unique needs of veteran students as they transition from the military: "University of Massachusetts now has a whole office where there's a director that just works to [support] veterans in their education, [including] tutoring support." Expanding these types of student supports specific to veterans at campuses across the state could work to address the non-financial challenges facing student veterans.

Stakeholders also highlighted the need older veterans have for educational opportunities and job training to

improve employment outcomes, but raised the barriers this population could face when attempting to pursue higher education. These barriers are due to the expiration of federal education benefits 10 to 15 years after separation, depending on the type of GI Bill benefits the veteran is entitled to. As a local leader expressed to CNAS interviewees, "Where I'm located in the north shore [veterans are] predominantly 60-plus, so a lot of veterans haven't been able to utilize benefits, like the GI Bill." Increasing awareness of this overlooked issue would help address this barrier.

### Housing

Massachusetts, particularly Boston, has a notoriously high cost of living. A 2018 CNBC study ranked the Commonwealth of Massachusetts as the third most expensive state to live nationwide, listing the median price of a home in Boston at over \$600,000, 70 percent higher than the national figure.<sup>107</sup> Housing in select parts of Massachusetts skews even higher; the median home price in Martha's Vineyard is nearly \$900,000, and in Nantucket it is over \$1.5 million.<sup>108</sup> A Massachusetts stakeholder noted that, "Affordable housing is a horrible problem in Massachusetts that affects veterans as much as anyone else." These higher-priced communities often have a dearth of lower-income housing within reach of workers in those areas; one stakeholder in Martha's Vineyard identified affordable community housing for veterans as a top need their organization is attempting to fill.

Incomes in Massachusetts average higher than nationally. However, this may not be adequate to overcome the high cost of living and averages obscure differences between low and high earners. While the state minimum wage is \$12 per hour, the Massachusetts Institute of Technology calculated that to earn a living wage in Massachusetts, a single adult with one child would need to earn \$32.12 per hour (or \$66,809.60 annually). By county this ranges from a low of \$27.71 per hour in Berkshire, Hampden, and Hampshire counties (\$57,636.80 annually), to a high of \$35.16 in Suffolk County (\$73,132,80 annually).<sup>109</sup>

The effects of this high cost of living are felt differently within different segments of the veteran population. For example, a living wage in Suffolk County for one adult with no children is just over \$37,000 annually; a student veteran fully qualified for the post-9/11 GI Bill and attending school full-time in Boston would receive a housing allowance of over \$36,200 per year.<sup>110</sup> As several interviewees noted above, this financial support facilitated their educational success. Conversely, for a family

of four in which both adults work, a “living wage” to cover basic expenses in Massachusetts would be \$19.57 per hour for each adult (\$40,705.60 each annually); if only one adult in a household with two children is working, the living wage required would be \$30.35 (or \$63,128.00 annually). The cost in Boston is even higher, which drove one of our interviewees to live in the dorms during her studies, while her spouse and children lived in another area with a lower cost of living. Veterans for whom disability compensation is a primary source of income reported facing challenges obtaining suitable rental housing in a timely manner given the competitive nature of the market. In addition, one reported struggling to find a rental property that would accept an emotional support animal.

**A Massachusetts stakeholder noted that, “Affordable housing is a horrible problem in Massachusetts that affects veterans as much as anyone else.”**

While in absolute terms the number of homeless veterans in Massachusetts is low—it was estimated at just 917 individuals in 2019—Massachusetts has a higher share of the nation’s homeless veterans than it does veterans overall (2.47 percent versus 1.62 percent). Said another way, an estimated 28 out of 10,000 veterans in Massachusetts is homeless, compared with a national rate of 17 out of 10,000 veterans. In terms of trends, Massachusetts has seen a 27 percent decline in the number of homeless veterans between 2007 and 2019, somewhat less than the 39 percent decline in the number of homeless veterans nationally.<sup>111</sup> During the same time frame, homelessness overall in Massachusetts climbed 22.1 percent, compared with a national decline of 12.3 percent. Comparing overall trends in homelessness at the state and national level to those among veterans, specifically indicates that concerted community efforts on behalf of veterans are paying dividends.

### **Social Support**

Social support for veterans can take many forms, including affinity groups, community integration, family and interpersonal relationships, support groups and veteran-serving nonprofits such as veteran service organizations (VSOs). Each of the legacy Big Six VSOs—the Veterans of Foreign Wars, the American Legion, Disabled American Veterans, American Veterans (AMVETS),

Paralyzed Veterans of America, and Vietnam Veterans of America—have a strong presence in the state. Post-9/11 veteran organizations do as well: Team Red, White, and Blue has chapters in Boston and Springfield, The Mission Continues has a service platoon in Boston, and Student Veterans of America chapters are common at Massachusetts colleges and universities.

Overall, though interviewed veterans indicated a welcoming and positive atmosphere in their local communities and state, many also reported a desire to integrate more fully into their communities, especially those recently separated who miss the strong sense of belonging they experienced in the military. Some stakeholders also highlighted a generational divide between the veteran community and the general public, indicating military-affiliated families feel isolated from a distant society and have difficulty bridging the gap. Surface-level sentiments such as bumper stickers, the common phrase “thank you for your service” absent deeper personal connection, and public support limited to holidays such as Memorial Day and Veterans Day were emphasized as emblematic of a deepening civil-military divide in Massachusetts. As a stakeholder noted, “Veterans are largely invisible unless something happens to make them visible, or on Veterans Day or Memorial Day. Otherwise, we pretty much forget veterans.” Women veterans who participated in interviews reported being mistaken for military spouses—a nationwide challenge that contributes to overall feelings of invisibility among this segment of the veteran population.<sup>112</sup>

Of the local veterans who were interviewed, nearly 20 percent were current students. These student veterans reported there was a gulf of understanding between the general student population and student veterans, although students were inclusive and curious about the military and supportive of their veteran peers in class. Student veterans described challenges in effectively communicating their military experiences to their peers and highlighted the different life circumstances that made socializing difficult. For example, the students interviewed were all at least five years older than their classmates and most were either married, parents, or both, contributing to the social divide on campus. University administration, staff, and faculty were described as very helpful to student veterans on campus, especially with GI Bill assistance. A few interviews brought up tensions between student veterans and the general population, such as anti-war demonstrations, discussion of the military industrial complex, LGBT issues in the military, and the presence of recruiters on campus; several noted that they kept quiet about their military

experiences due to the possibility of causing offense where none was intended. Women veterans at universities stated how they “blended in” better and nobody considered them a veteran unless it was volunteered.

The Big Six VSOs dominated in conversations of social support for veterans, but were mentioned as not appealing to younger veterans with different personalities, perspectives, or life experiences than traditional VSO members. Additionally, younger veterans seemed unwilling and/or unable to engage with VSOs that required membership fees. Participants who attended veteran support groups were much more likely to report satisfaction with the programming support available. Those who did not have a veteran-specific community felt that they missed out on word-of-mouth updates and more proactive outreach was necessary to avoid missing information.

Outreach and awareness of opportunities to connect to other veterans and gain social support are more challenging in rural areas of Massachusetts, such as the western counties of Berkshire, Franklin, Hampden, and Hampshire. The often-isolated veterans of western Massachusetts may lack transportation and don’t have access to the quantity and quality of social support available in the more populated eastern Massachusetts.

**The often-isolated veterans of western Massachusetts may lack transportation and don’t have access to the quantity and quality of social support available in the more populated eastern part of Massachusetts.**

Younger veterans of the post-9/11 generation are more flexible than previous generations when seeking connection or assistance. Technology has enabled programs to conduct outreach and support in a completely new way, which is more beneficial to younger generations. Post-9/11 veteran participants recommended a technological revamp of veteran outreach, since generations communicate very differently from each other. There exists a need for innovative methods of social support for veterans that combines community integration with the provision of resources in a way that increases awareness and accessibility of available support.

**Infrastructure for Veterans:  
Gaps and Opportunities**

Both veterans and stakeholders in our interviews spoke positively of the wide array of supportive benefits and services available for veterans in Massachusetts across the public and private sectors. This section focuses primarily on state and local forms of support, rather than national-level programs and organizations available to veterans across the country.

**PUBLIC SECTOR**

CNAS previously identified 40 benefits for veterans, service members, their families, and survivors offered by the Commonwealth of Massachusetts, which exceeds the national average of 36 per state. These include veterans’ bonuses and annuities, burial in state cemeteries, exemptions on vehicle sales and excise taxes for disabled veterans and on income tax for military retirement pay, exemptions on driver’s license and registration fees, an anti-discrimination law for those with veteran status, Department of Career Services employment training and hiring events, veterans preference in hiring, tuition waivers for members of the National Guard and resident veterans, and more.<sup>113</sup> Massachusetts is one of relatively few states that did not appear to offer programs or benefits related to mental health and substance abuse care or counseling specifically for veterans, though its Statewide Advocacy for Veterans’ Empowerment program exists to connect veterans to existing agencies in federal and state government.<sup>114</sup>

A notable form of needs-based assistance the Commonwealth of Massachusetts offers to its veterans is Massachusetts General Laws Chapter 115 benefits.<sup>115</sup> This support comes in a range of forms including cash assistance, free transportation, medical expense reimbursement, moving assistance, and burial allowances. Benefits are managed through a partnership between the Massachusetts Department of Veteran Services (DVS) and local VSOs, which every town or district in Massachusetts is required to have. Funding contributions for the program are composed of 75 percent DVS funds and 25 percent funds provided by individual towns and districts. The role of each town service officer is multifaceted—to assist resident veterans and their families with eligible benefits and services, conduct outreach and referrals for all government-run benefits for veterans, screen application for Chapter 115 benefits, supervise Memorial Day and Veterans Day observations in their municipalities, coordinate with Veterans Graves Officers for interment services and public mourning, keep track of necessary records and correspondence, and communicate policy changes with



the local veteran community.<sup>116</sup> Stakeholders who were interviewed highlighted how valuable the town veteran service officers were, especially in larger towns with a dedicated veteran career and employment advisor.

While eligibility is determined through the 351 local VSO offices on a case-by-case basis, the general eligibility requirements include veteran status, financial need, and residency within the state. The benefits also can be extended to the dependents of veterans including a spouse, widow(er), a child aged 18 or younger, a child aged 19 to 23 who is still enrolled in an educational institution, a child aged 19 or older who is totally disabled, or a parent. Additionally, residency encompasses all veterans who have lived in Massachusetts for at least one day, and homeless veterans are still eligible. Efforts to raise awareness of this benefit—and to process applications swiftly—have continued during the pandemic.

Outreach to increase awareness of the resources available to veterans was a recurring theme during interviews. Veteran service officers use several different types of outreach options to reach the most veterans within their town, including coffee socials for conversation and companionship; social media such as Facebook; Yellow Ribbon and community events; podcasts; fire and police departments; TV and radio advertisements; newsletters; relationships with local schools, community colleges, and universities; and word of mouth to promote available benefits. Language was cited as a not-infrequent barrier to service as veteran service officers reported an increase in veterans and dependents who spoke Spanish as their first language.

Veterans indicated in interviews their openness to outreach from non-veteran-specific sources so as to be aware of a greater variety of resources. Local governments and city halls were mentioned by local veterans as delegating veteran support to the designated VSO, and individuals expressed a desire for greater integration into the broad local government mission. There is overlap between veterans who would like more information about available resources but don't know how to seek out such information and veterans who don't want to actively participate with veteran service organizations. A majority of the veterans interviewed wanted service providers and veteran service officers to reach out to them proactively with available options. Proactive outreach outside of traditional advertisements was recommended. Many interviewees noted that they simply didn't know where to go for assistance.

Massachusetts produces a compilation of resources, *Veterans' Laws and Benefits*; physical copies can be requested from the Citizen Information Service, or it can be downloaded online.<sup>117</sup> The various benefits are not

easy to navigate, and application cannot be done all in one place, a problem CNAS identified in every state. For example, applications for one of the many variations of property tax exemptions must be made to the assessor's office in one's own community, annually; applying for a tuition waiver at a state or community college must be done through the institution's veterans certifying official. According to interviews, there is variation in the degree of expertise and vigor of outreach among local veterans' service officers across Massachusetts, potentially limiting the likelihood that veterans across the Commonwealth are all provided with an equal level of support in identifying and applying for these diverse benefits.

#### NONPROFIT SECTOR

There is a vibrant and engaged array of veteran-serving nonprofits in Massachusetts. The larger and better-resourced are more concentrated in the greater Boston area—as is the population. Nonprofits focused on serving smaller numbers of veterans in locations such as Martha's Vineyard, face more challenges in obtaining sustained and sufficient funding to meet identified needs, particularly during spikes in demand during crises such as the pandemic. A common theme when determining the social support available to veterans in Massachusetts is one of an overwhelming array of programs.

Veterans and stakeholders alike spoke positively about the number and variety of resources available to support veterans in Massachusetts. A common theme in interviews was that the challenge is not a lack of resources, but difficulties in raising awareness of them. It is common for veterans to talk about the “firehose” of information to which they are exposed during transition out of the military; few are able to remember all resources mentioned when, or if, challenges arise at a later date. Similarly, many individuals do not retain information about nonprofits that are able to meet niche needs if they are not experiencing that need in the moment. Interviewees identified communicating the existence of available resources repeatedly and across multiple platforms as a strategy to maximize the likelihood that veterans will be aware of them when a need arises. There are too many options to effectively differentiate between them without a career-level background in nonprofit support. One size does not fit all for reaching local veterans, as different demographics and subpopulations may have different experiences and therefore needs. Local veterans interviewed expressed a lack of awareness of the services, programs, or opportunities available to them and the difficulty of figuring out how best to solve their problems. Proactive outreach and connection to existing support services is necessary.



Collaborating organizations could maximize their impact by pooling resources to do a collective marketing campaign with broader reach than any could support individually.

Most veterans who were interviewed expressed a preference for opt-out information and outreach instead of opt-in, as there's so much that isn't known outside of word-of-mouth. Younger veterans also have different needs than older generations; childcare availability is a prime example. Massachusetts is one of the most expensive states in the country for childcare options, with the average annual cost of caring for an infant nearly \$21,000—nearly 23 percent of the average family's yearly income in the state.<sup>118</sup> Younger

**Above all, the problems affecting veterans are interconnected. Financial stability, housing, education, and health care are not discrete lifestyle aspects—they are all interconnected and involve infrastructure from the community.**

women veterans are most likely to be the primary caregivers for young children, but shifting family dynamics mean many veterans would benefit from support in this area. During normal times, on-site childcare can allow more people to participate in programming and receive health care. High costs of full-time childcare can hinder efforts to enhance education or seek employment. Above all, the problems affecting veterans are interconnected. Financial stability, housing, education, and health care are not discrete lifestyle aspects—they are all interconnected and involve infrastructure from the community. Solving one problem does not necessarily solve another, and deficits in one arena can snowball into other aspects of veterans' lives.

#### COMMUNITY IMPACT MODELS AND COLLABORATIVES

While interviewing stakeholders and leaders active in the Massachusetts veterans' community, CNAS spoke with four national organizations that promote community collaboration as a streamlined and effective alternative to traditional support services. In review of the four most visible collective impact, or community collaboration, organizations in the United States that specifically focus on veterans (America's Warrior Partnership, AmericaServes, National Veterans Intermediary, and Combined Arms), no consistent model for collaborative support was evident across the industry. The organizations also varied in their target customers.

In theory, the collective impact model, introduced in a 2011 Stanford Social Innovation Review article, focuses on the benefits of cross-sector coordination, in which all players abandon their individual agendas in favor of a collective approach to achieve social change. In practice, collective impact-type organizations in the veterans' service space vary greatly in their implementation of that model. Instead, collaborative or collective impact being done in the veterans' service space focuses on either increasing efficiency or improving knowledge management across the industry. As a result, most of these organizations focus primarily on referral management and/or convenings and technical assistance. While the work of most of these organizations has resulted in a more seamless experience for veterans seeking support from member organizations, according to self-reported metrics, it has not yet resulted in widespread social change for veterans and their families, which would lead to significantly improved outcomes.

#### *Greater Boston Veterans Collaborative*

The Greater Boston Veterans Collaborative brings together representatives of organizations that serve veterans in various capacities, including both nonprofits and local, state, and federal agencies. Participants in meetings have the opportunity to network with one another and deepen their knowledge about what other service providers do to support veterans in the community. In addition to forming personal connections, participants have the opportunity to participate in training classes provided through the National Veterans Intermediary, to which the collaborative belongs.

The Veterans Collaborative was launched approximately five years ago as an initially informal and volunteer-led way to connect service providers in the greater Boston area; it is moving now toward official nonprofit status. Representatives of member organizations (which can be public, private, or nonprofit) are able to network and build trust, share updates on programs and offerings, and—as part of the Bob Woodruff Foundation's National Veterans Intermediary—participate in online training classes about veterans' issues. When the COVID-19 pandemic hit, the collaborative launched weekly virtual meetings in which member organizations could share information about initiatives and needs, providing valuable connective tissue during a crisis. There are at least seven other regional/local collaboratives in Massachusetts, and efforts are under way to strengthen connections across the state. In addition, Brighton Marine funds the Coordinated Veteran Services Network, which allows member organizations to coordinate care and refer veterans to one another using the UniteUs software platform.

Launched in 2014 as an initiative of the Bob Woodruff Foundation, the National Veterans Intermediary (NVI) is a community of practice, a national ecosystem of local partner collaboratives. NVI is primarily a convener, focused on building opportunities for shared learning, stakeholder engagement, and thought leadership by hosting more than 100 events annually. NVI takes a train-the-trainer model—providing local veteran collaboratives with free technical assistance and resources so they can implement best practices in their own communities. NVI members also meet quarterly in seven regional cohorts.

There is no fee for member organizations to participate in the Greater Boston Veterans Collaborative or for the collaborative to be an NVI member community. It is still a relatively informal organization, with volunteers who run various component committees. Formal incorporation as a stand-alone nonprofit is under way. The collaborative is also looking to increase connections with similar regional collectives in other parts of the state. Participants expressed appreciation for the ability to build trust and connection with other organizations working in the space.

#### *Veterans Service Network*

Boston's Veterans Service Network is a more formal structure that brings participating organizations together on a shared software platform to allow for case management and referrals between organizations. It uses the UniteUs software developed by AmericaServes, a subsidiary of Syracuse University's Institute for Veterans and Military Families, which takes a community of practice approach in 17 cities across the country, but is a separate, stand-alone network. Currently, Brighton Marine (the funder of this research) purchases the licenses and provides two at no cost to the 38 participating member organizations in Boston (of an estimated 200 or more organizations in the Greater Boston area that serve veterans in some way). The model's primary work is focused on facilitating a network of service provider referrals with a consistent data management system utilized across each city. Use of shared software is designed to enhance referral efficiency, freeing up service providers to focus on service delivery. This should result in more veterans getting connected to the full scope of services they require by creating a one-door network. It also allows tracking of the most requested types of resources, what percent of cases are successfully closed, and more. However, it remains unclear whether outcomes for veterans served by member organizations are improving as a result of their participation in the program, much less whether any improvements in efficiency among a relatively small number of participants is worth the cost.

#### *Other Models*

Unlike NVI and AmericaServes, which are very targeted in their customer focus, the Houston, Texas-based Combined Arms organization serves two functions: 1) connecting veterans to services through referrals using a Salesforce-based software platform, and 2) creating a location for collaboration through a coworking and community space for VSOs and veterans, known as the Transition Center. Combined Arms facilitates collaboration of its members through proximity—via coworking—and technology, by facilitating referrals through its app. This collaboration model offers shared resources to create cost savings for members—an average of \$400,000 across 72 organizations per year, according to Combined Arms' annual report.<sup>119</sup> Unlike AmericaServes or America's Warrior Partnership (another national, veteran-focused collaborative organization with member communities across the country using Salesforce-based software), Combined Arms provides software that is free for all members to use—however, it does not provide case management. Combined Arms also creates a model of accountability for its member organizations in terms of service delivery operations, with the aim to increase customer experience quality in Houston and other areas of Texas.

Combined Arms' Collaboration Committees offer one of the strongest models for cross-sector coordination, for a collective approach to achieve social change. With committees like Professional Growth, Essential Services, Wellness, Education, Social/Volunteering, and Caregiving, members have worked together to address system-wide issues and create impact. As an example, the Essential Services Collaboration Committee implemented a new strategy that auto-recognizes when a single parent who earns near a living wage enters the Combined Arms system and automates the delivery of a collection of resources including legal, employment, housing, financial assistance, VA Benefits, food, and clothing.

Organizations dedicated to serving and supporting veterans in Massachusetts should carefully consider the array of collective impact and community collaborative initiatives that exist in different sectors and jointly decide what model would be most effective in improving their ability to do so efficiently. Agreeing on metrics to measure success should be an integral part of enhancing joint efforts.

## Recommendations

When interviewed, veterans, leaders, and stakeholders recommended a variety of actions and changes to better serve the veteran community in Massachusetts. These range from policy changes and adapting to generational shifts, to targeted solutions specific to an individual subpopulation, demographic, or life domain. A major takeaway from this report is the need to reformulate how services and benefits are communicated and advertised to the communities they are meant to serve. Outreach and awareness spans all categories and audiences.

The changing demographics of the United States, Massachusetts, and the U.S. military require changes in how veterans are served. The population in mind when the Big Six VSOs were founded is no longer the overwhelming makeup of the veteran population. Societal changes, such as family structure, technological advances, industry expansion, and generational shifts, need to be taken into consideration when assisting veterans and their families to thrive in Massachusetts and around the country. Direct engagement on a granular level is required to identify the shifting specific needs and circumstances of veteran subpopulations, including but not limited to, religion, sexual orientation and gender identity, ethnic identity, and skill category. This is essential in developing a tailored and proactive approach to veterans' support and outreach, particularly during a time of crisis such as the current pandemic.

### For policymakers

*Implement veteran-specific mental health care benefits.*

Massachusetts is one of the few states without clearly defined state-level mental health resources, and the ongoing COVID-19 pandemic has demonstrated the importance of mental health and the risks posed to the veteran population.

*Phase in veteran service officers with language skills, most significantly Spanish, commensurate with the increase in foreign language speakers in Massachusetts*

As a common barrier to service, language barriers get in the way of the VSO-in-every-town convenience offered to Massachusetts veterans. Family members of veterans are often caregivers, and communication is essential.

*Streamline the veteran benefit application processes.*

Difficult navigation processes that require applicants to travel between physical offices and request multiple forms from multiple sources ultimately serves as a deterrent to individuals unfamiliar with the various governmental agencies and without the time resources to devote to untangling the process.

### For veteran-serving organizations

*Revamp outreach efforts to be more proactive and targeted.*

- *Target support to reach the widest variety.* One size does not fit all for the diverse veteran community and a variety of outreach tools is necessary to best serve the community.
- *Practice proactive outreach for food insecurity and other emerging needs during COVID-19.* Many veterans and their families are experiencing severe financial strain for the first time and don't know how to ask for support.
- *Enable veterans to opt-out of receiving information instead of being required to opt-in.* This and other examples of "nudge theory" are subtle ways to influence behavior in positive ways.
- *Revamp social media outreach to veterans.* Post-9/11 veterans communicate very differently than previous generations, and technological outreach should reflect that to reach out to the newest veteran generation.

*Tailor support for specific subpopulations.*

Diversity among the veteran population cuts across multiple measures, including urban-rural, generational, and other divides. Subpopulations may need very different forms of support to thrive.

- *Offer childcare options to parents and others who are caring for children.* During the pandemic, families may be in urgent need of childcare and school learning support, whether they work in or out of the home. One-on-one discussions or virtual town halls with community members could identify the most pressing needs and ways to fulfill them.
- *Target employment assistance.* Older veterans who no longer qualify for the GI Bill should be made aware of the tuition waiver at state colleges and universities, and provided housing assistance if necessary to facilitate upskilling or reskilling. Veterans with

service-connected disabilities and those with other special barriers to employment should be connected with Disabled Veterans' Outreach Program specialists at American Job Centers to develop an individual employment plan.

- *Facilitate access to equitable health care for minority veterans.* While the VA provides high-quality, evidence-based, culturally competent health care to most eligible veterans, women and LGBT veterans, in particular, may not receive equitable care in a welcoming environment. Providing peer escorts, subsidies to purchase care on the marketplace, grants for in vitro fertilization, and other niche types of support can help these subpopulations attain improved outcomes.

*Provide direct financial assistance during the unprecedented COVID-19 pandemic.*

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This is of the most use to the most people during the unprecedented public health emergency. Waived rent, utilities assistance, and funds for basic expenses are examples of dire needs experienced by the veteran community that would best be filled by direct support while the economy is still severely impacted by the pandemic

*Implement a one-stop shop for support services.*

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Case managers should be well versed in niche programs for veterans. This would provide the most help to veterans while lowering the barrier to entry for those seeking support.

- *Be aware of nonveteran resources in the community.* Veterans have needs that may be best supported by a nonveteran organization in the community. Veteran-serving organizations and staffers should stay informed and maintain a spreadsheet or directory of the general resources available.
- *Connect with collective impact organizations and regional collaboratives.* By diversifying the veteran resource landscape, community collaboratives that increase a network of veteran service organizations will bring the Commonwealth's veteran landscape closer together.

## **For civilian community leadership**

*Be aware of the wide array of resources available.*

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Veterans live in the community and are eligible for non-veteran-specific assistance programs. Staffers at organizations serving the general population should keep a directory of veteran-specific resources to assist clients when necessary.

*Develop housing networks for newcomers to Massachusetts, both veterans and nonveterans.*

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Veterans without preexisting social networks are at a disadvantage when securing affordable housing, a problem certainly experienced outside of the veteran community. An online portal for interested neighbors and service providers would jump start that process for veterans in Massachusetts.

## Conclusion

As the Massachusetts veteran population changes, both in size and in makeup, the tactics that have been used for decades to connect veterans with resources and opportunities must change as well. Stakeholders and local veterans highlighted important areas of the veteran landscape that are serving the community well. The VA has received high praise, and health care challenges in Massachusetts remain generally low for veterans and nonveterans alike. While Massachusetts is perceived as being veteran-friendly on many accounts, there is still work to be done to best serve the community. Health, housing, financial stability, education, and social support are all aspects of well-being that are vital to maintain for Massachusetts veterans. As each life domain interacts with the others in significant ways, veteran service organizations and policymakers must take into account the interconnected nature of issues affecting veterans' lives.

Policymakers, veteran-serving organizations, and civilian community leadership all have important roles to play in supporting the Massachusetts veteran community. Policymakers have the opportunity to redevelop benefit application and disbursement processes for increased effectiveness, accessibility, and support. Veteran-serving organizations and civilian leadership alike must be up to date on the resources available both to veterans and the general population, in order to most effectively support the community. Problems that affect both veterans and nonveterans, such as affordable housing in Massachusetts, need both veteran and nonveteran organizational support. Veteran-serving organizations can practice proactivity in outreach for available resources—a challenge heightened by the COVID-19 pandemic but made much more urgent.

Outreach and awareness are of prime importance to the veteran community, especially with changing demographics. Recognizing the challenges facing the veteran community in Massachusetts during the COVID-19 pandemic lays the groundwork for tackling the underlying societal conditions exposed by the pandemic: a lack of affordable housing, childcare scarcity, the widening civil-military gap, and a tendency toward reactivity instead of proactivity. Proactive outreach to the veterans served in the community will enable public and non-profit organizations to diversify their reach, improve the lives of more veterans, and make a difference in their communities.

## Appendix: Interviews

Primary research was done in sequence and conducted in three parts. First, questions were developed for stakeholders, local veterans, collaboratives, the Residences at Brighton Marine residents, and funder board members. Second, interviews were conducted virtually with interested participants. Members of the research team who conducted interviews took human subject protection training and followed data safety protocols. Finally, results and interviews were coded to extract overarching themes.

### Stakeholder Interviews

To gain a greater understanding of the veteran landscape in Massachusetts and the resources available to them, the research team conducted interviews with 17 stakeholders and subject matter experts. The interviews were semi-structured, ranged from 20 minutes to an hour and a half, and were recorded and transcribed. Participants represented both public- and private-sector organizations that serve a range of veterans in Massachusetts. The four life domains were represented across organizations. A snowball sampling technique was used to help identify additional stakeholders to interview.

CNAS interviewed representatives from the following organizations:

- Massachusetts Department of Veterans Services Women's Network
- Office of the Massachusetts State Treasurer
- Mass Hire
- Taunton Veterans Services Department
- Martha's Vineyard Veterans Services Department
- Lowell Veterans Services Department
- Brockton Veterans Services Department
- Springfield Veterans Services Department
- Central Hampshire Veterans Services Department
- Modern Military Association of America
- Harvard Law School Veterans Legal Clinic
- Veterans Legal Services
- Hidden Battles Foundation
- Massachusetts Law Reform Institute
- Northeastern University Dolce Veterans Center
- Travis Manion Foundation

### Local Veterans Interviews

The research team intended to conduct focus groups during planned travel to Massachusetts. Due to the COVID-19 pandemic, the research team pivoted to virtual interviews conducted by telephone and Zoom. Twenty-seven local veterans participated in the phone interview process. CNAS faced challenges when recruiting for the study, both due to the COVID-19 pandemic and lack of awareness among organizations.

### Collaborative Interviews

Five collaboratives and community impact organizations were consulted and interviewed as part of the research team's objective in determining the infrastructure available to support veterans in Massachusetts. CNAS interviewed representatives from the following organizations:

- America's Warrior Partnership
- Combined Arms
- AmericaServes
- Boston Veterans Collaborative
- National Veterans' Intermediary (NVI)

### Residences at Brighton Marine Interviews

At the request of the funder, the research team conducted interviews with five residents of the Residences at Brighton Marine to determine veteran needs during the COVID-19 pandemic. Residents were offered three two-hour time slots on three different days to communicate with the research team. Outreach was conducted through physical flyers as well as through social media. It was challenging scheduling interviews with residents.

### Brighton Marine Board Member Interviews

At the request of the funder, CNAS conducted interviews with four board members of Brighton Marine.



### Coding Interviews

Interviews were coded and analyzed using a descriptive approach. The research team developed a list of categories important to the study and conducted coding to best summarize the interviews and organize the findings.

The categories are not exhaustive in terms of available resources, demographics, and actions and constitute those most commonly referenced by participants. The full list of codes and their definitions is presented below:

<b>Data Code</b>	<b>Definition</b>
A	Housing
B	Employment
C	Health care
D	Education
E	Integration
F	Awareness
G	Outreach
H	Financial
I	Transition
J	Women
K	LGBT
L	Minorities
M	COVID-19

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