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**NORTHEAST
FLORIDA
VETERAN &
FAMILY**

NEEDS ASSESSMENT

FINAL REPORT

November 2022

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**COMBINED
ARMS**



2022 Northeast Florida Veteran & Family Needs Assessment Final Report

**Prepared for
Endeavors**



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EXECUTIVE SUMMARY

In the following pages, we report on the findings of an extensive Needs Assessment of the Veteran and Military community in Northeast Florida. The Northeast Florida Veteran and Military Family Needs Assessment was carried out by the Northeast Florida Center for Community Initiatives (CCI) as part of a sponsored initiative by **Endeavors**, in partnership with **Combined Arms** with collaboration from the **City of Jacksonville**.

Given the goals of the project, the survey targeted adult (18 years of age or older) Veterans, service members (active, guard, or reserve), family members or caregivers of a Veteran / service member, and employees of Veteran / military service organizations in Northeast Florida. Northeast Florida was defined for this survey as the five-county area of Duval, Clay, St. Johns, Nassau, and Baker. The survey was administered between August 10th and September 25th, 2022. A total of 1,457 surveys were collected, including of Veterans (N=1,174), the immediate family members of Veterans or Active-duty members (N=220), service members currently on Active-duty (N=34), and caregivers (N=15), as well as responses from 21 Veteran Service Organizations.

Respondent Demographics include:

- More than half of the participants (56.8%) were older than 60, with an average age of 60.1.
- Most respondents were male (71.6%), 24.6% were female, and 3.8% indicated a non-binary gender.
- Most respondents were white (69.9%), and 16.4% were Black. An additional 6.9% were Hispanic, and 6.8% identified as some other race, including multiracial (primarily white / Black), Asian, Native Hawaiian, Pacific Islander, American Indian, or Alaskan Native.
- Nearly two-thirds of respondents were married, with an additional 15.1% divorced.
- A total of 171 (14.6%) Veterans had children under 18 living at home with them.
- Over a third of respondents were retired, and an additional one-third employed full time.

Veterans identified a number of needs they faced, with the most serious needs including:

- Dental services (51%)
- Vision services (46%)
- VA Claims Support Services (46%)
- Other Medical Services (45%)
- Hearing Services (45%)
- Volunteer (40%)
- Veteran Groups (36%)
- Mental Health (35%)
- Legal (34%)
- Peer Support (32%)

In Addition:

- Over 40 percent of Veterans reported a diagnosis of depression or anxiety.
- Almost 30 percent of Veterans reported a diagnosis of PTSD.

When asked how difficult it was to get service for these needs, Veterans reported *moderate* or *high* difficulty in getting support for:

- Dental services (67%)
- VA Claims Support Services (67%)
- Entrepreneurship (61%)
- Rent/Mortgage (59%)
- Home Improvement (57%)
- Veteran Groups (57%)
- Legal (54%)
- Hearing Services (54%)
- Vision services (53%)
- Other Medical Services (52%)

In Addition:

- Of Veterans reporting a diagnosis of depression or anxiety, 15 percent were not receiving assistance.
- Of Veterans reporting a diagnosis of PTSD, 26 percent were not receiving assistance.

Veteran Service Organizations indicated that the top four gaps in services in Northeast Florida include:

- Housing and Homelessness (76%)
- Healthcare (62%)
- Mental Health and Substance Abuse (62%)
- VA Benefits (52%)

Veterans were also asked which services they would likely use if a new Wellness Center were developed. Of those who answered this question, the top 10 services included:

- Veteran Service Organizations on site (60%)
- Fitness Center (57%)
- Fitness Classes (51%)
- Physical Fitness Personal Trainer (49%)
- Counseling Services (46%)
- Primary Care (44%)
- Continuing Education (40%)
- Educational Events (39%)
- Coffee Shop/Food Vendor (39%)
- Virtual Fitness App (24%)

INTRODUCTION

In the following pages, we report on the findings of an extensive Needs Assessment of the Veteran and Military community in Northeast Florida. The Northeast Florida Veteran and Military Family Needs Assessment was carried out by the Northeast Florida Center for Community Initiatives (CCI) as part of a sponsored initiative by **Endeavors**, in partnership with **Combined Arms** with collaboration from the **City of Jacksonville**.

Endeavors is a national nonprofit, social-service provider headquartered in San Antonio, Texas. The organization has provided essential services to vulnerable populations in crisis for 53 years. Endeavors offers various programs and services supporting Veterans mental health and wellness, homelessness, children, migrants, families, and people struggling to overcome mental illness, disabilities, disasters, and emergencies. (<https://endeavors.org>)

Combined Arms brings together Veteran-focused nonprofits, agencies, and communities across the nation committed to serving those who served. These 200+ best-in-class organizations provide 1000+ social services that empower Veterans to lead the successful civilian lives they want, making our communities stronger than ever. (<https://www.combinedarms.us>)

The central mission of the Center for Community Initiatives (CCI) is to serve as a resource for community agencies and interests in the Northeast Florida Region. To that end, CCI is currently or has been involved in several projects, including conducting a needs and assets assessment of the East Jacksonville urban core neighborhood, assessing the impact of health intervention programs on reducing infant mortality and poor birth outcomes (The Magnolia Project), examining programs aimed at reducing recidivism among juvenile delinquents (Early Delinquency Intervention Program), and examining Race Relations in Jacksonville for the Human Rights Commission. As part of this effort, CCI research team members strive to develop partnerships with both funding agencies and recipients of the services to assess the impact of these efforts and communicate the results.

A needs assessment is a “snap-shot” of the targeted population and was conducted by survey. The following report provides a wealth of data and information that may already be intuitively known but has not been systematically presented in an actionable format. While there were minor obstacles to overcome, we believe that the information presented here can serve as a foundation from which ongoing efforts focusing on the needs of the Veterans and their families in Northeast Florida can be developed. CCI is dedicated to working with community members and Veteran service providers to use this information to bring about positive programming for Northeast Florida Veterans.

METHODS

Given the goals of the project, the survey targeted adult (18 years of age or older) Veterans, service members (active, guard, or reserve), family members or caregivers of a Veteran / service member, and employees of Veteran / military service organizations in Northeast Florida. Northeast Florida was defined for this survey as the five-county area of Duval, Clay, St. Johns, Nassau, and Baker. The survey was not designed to distinguish between permanent and temporary residents in this area. Responses were anonymous and based on an availability study. The survey was administered between August 10th and September 25th, 2022. For a further discussion of the survey sample size, see [Appendix A](#).

The survey sponsor and collaborators deployed multiple survey recruitment activities, including a media event, regular emails to stakeholders, postcard distributions, social media posts, and a community town hall. The media event to kick off the survey took place on August 9th, 2022, at the Jacksonville City Hall. Representatives of Endeavors and Combined Arms introduced themselves and the survey, and the Jacksonville City Mayor discussed the importance of knowing the service needs of Veterans and the desire of the City of Jacksonville to meet those needs. As a result of the event, many newspaper articles and TV spots were written and aired, bringing awareness to the survey and directing participants to the website with a link to the survey.

In addition to the media event, weekly emails were sent to stakeholder contacts, Veteran councils, and county Veteran service offices, asking them to disseminate the survey to their constituents and contacts. Stakeholder email lists provided access to over 100 Veteran organizations in the Northeast Florida five-county area, with each contact representing hundreds—if not thousands—of constituents to whom they disseminated the survey. These stakeholders were provided advance access to a social media tool kit, complete with graphics, promotional blurbs, and suggested posts. Many stakeholders used the provided graphics to post on their social media channels and in their email communications. Most importantly, they provided the link to the website containing the survey. Endeavors and collaborating organizations also posted the survey link on their website and social media pages.

Survey postcards and posters featuring the survey website (and QR code) were distributed to each county Veteran service office and presented at county Veteran council meetings to extend the survey's reach and maximize participation. Finally, a community town hall was hosted by **Endeavors** on September 1st, 2022, at the Salem Centre in Jacksonville to further share information on the survey and to give organizations and individuals an opportunity to ask questions and provide ad hoc feedback—the results of which can be found in [Appendix B](#). Attendees were given survey postcards to take back to their respective offices or peer groups for distribution.

A total of 1,457 surveys were collected; however, not all surveys were filled out completely. The most significant issue with the data set was survey fatigue, which started around the midway point and worsened steadily. In addition, some respondents would skip questions throughout the survey yet continue answering later questions. This is a common occurrence endemic to survey research.

Survey respondents were asked only one required question, which was to identify their role(s) related to the targeted population at the beginning of the survey: Veteran, an immediate family member of a Veteran or Active-duty member, current Active-duty member, a Veteran's caregiver, and / or an employee of a Veteran serving organization. People could occupy multiple roles and were therefore allowed to choose more than one on the survey. To eliminate duplicating / overlapping results, the analyses were conducted based on everyone's primary role. The primary role was determined in relation to Veteran status. For instance, if an individual was a Veteran and an immediate family member of a Veteran, their responses were included with Veterans and not the immediate family members of Veterans. In addition to the primary role, the respondent could also be a Veteran Service Organization (VSO) employee because employees were asked to answer a separate set of questions related to their organization. Thus, for example, if someone was an employee of a VSO and a Veteran, they would answer both sets of questions, and their responses would be included in both sets of analyses because there would not be an overlap.

ANALYSIS BY PRIMARY RESPONDENT ROLE

The following sections examine the demography, needs, and opinions of Veterans (N=1,174), the immediate family members of Veterans or Active-duty members (N=220), service members currently on Active-duty (N=34), and caregivers (N=15). Since Veterans constituted 81% of survey respondents and were the primary target for the survey, the discussion of Veterans' needs leads off the report. The large number of Veteran and family member respondents allowed for a more detailed analysis of the survey data. With only 34 currently Active-duty respondents and 15 caregivers, the discussion on their responses was limited. Another 14 respondents reported being only an employee of a VSO; there were 21 VSO organizations in total, with the addition of seven Veterans who were also employees.

Since respondents could have more than one primary role, there is some overlap. A breakdown of those with multiple roles was as follows:

Veterans who were also:

- An immediate family member of a Veteran or Active-duty – 107 respondents
- Active-duty or in the reserves – 7 respondents
- A caregiver – 17 respondents
- Employee of a VSO – 7 respondents

Immediate family of a Veteran or Active-duty who were also:

- Active-duty or reserves – 4 respondents
- A caregiver – 35 respondents

Given the total population of each Northeast Florida county, it was not surprising that most respondents (61.2%) lived in Duval County. Each of the five counties were proportionally represented with 14.1% of the respondents from Clay, 8.0% from St. Johns, 3.2% from Nassau, and 0.3% from Baker. In addition, responses within primary roles were consistent across each county with just over 80% Veterans, about 13% family members, an average of 3% Active-duty, and less than 1% caregivers.

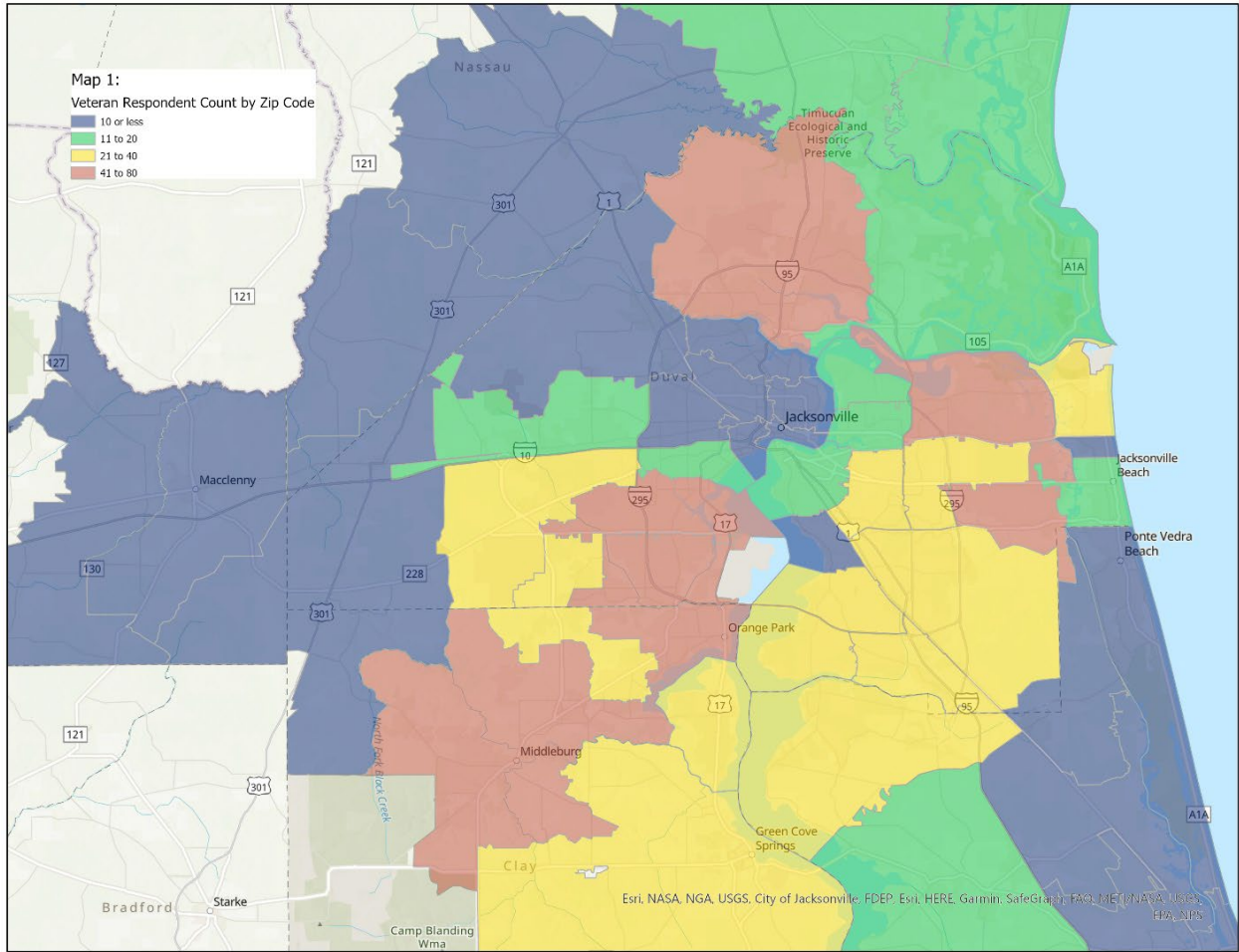
Table 1: Respondents by Zip Code (N=1,457)

	Duval (N=883)	Clay (N=203)	St. Johns (N=116)	Nassau (N=46)	Baker (N=4)	Florida/ South Georgia (N=35)	Other (N=10)	Unknown (N=146)
Veteran	83.5%	83.3%	83.6%	84.8%	75.0%	80.0%	90.0%	63.0%
Family Member	12.8%	12.8%	13.8%	10.9%	25.0%	20.0%	10.0%	34.9%
Active-duty	2.4%	3.4%	1.7%	4.3%	0.0%	0.0%	0.0%	1.4%
Caregiver	1.4%	0.5%	0.9%	0.0%	0.0%	0.0%	0.0%	0.1%
TOTAL	61.2%	14.1%	8.0%	3.2%	0.3%	2.4%	0.7%	10.1%

The survey was designed to be completed by people in Northeast Florida, but a few respondents reported zip codes in South Georgia, other parts of Florida, or along the East Coast—a total of 3.1% of those taking the survey. The respondents in Georgia were adjacent to the Naval Submarine Base Kingsbay, located just over the state line. Further, since the question asked simply, “What is your Zip Code?” the respondents may have answered based on where they call “home,” even though they currently lived in the Northeast Florida area. Just over 10 percent of the respondents did not answer the zip code question. Regardless of their answer, no survey was rejected based on zip code alone, as the survey was marketed exclusively to residents of the five counties. For this reason, a respondent’s temporary or permanent residency did not matter.

A detailed look at where Veteran respondents lived across the Northeast Florida area can be seen in [Map 1](#). Most respondents were concentrated in the Jacksonville’s west and south sides. There were also concentrated pockets of responses clustered around Middleburg, Orange Park, and Jacksonville Airport. Jacksonville’s north side was underrepresented in the survey.

Map 1: Veteran Respondent Count by Zip Code



Veterans

Demographics

A total of 1,174 survey respondents were identified as Veterans. As [Table 2](#) shows, about two-thirds of them answered the demographic questions. The number of respondents for each demographic variable are labeled with “N,” and percentages for various categories within each variable appear below the count. More than half of the participants (56.8%) were older than 60, with an average age of 60.1. Most respondents were male (71.6%), 24.6% were female, and 3.8% indicated a non-binary gender. Most respondents were white (69.9%), and 16.4% were Black. An additional 6.9% were Hispanic, and 6.8% identified as some other race, including multiracial (primarily white / Black), Asian, Native Hawaiian, Pacific Islander, American Indian, or Alaskan Native. Nearly two-thirds of respondents were married, with an additional 15.1% divorced. A total of 171 (14.6%) Veterans had children under 18 living at home with them.

The survey respondents were well-educated as a group, as one might expect due to the educational benefits provided to Veterans. Nearly a third of respondents had either obtained an advanced degree or were completing the coursework required to do so. An additional 20.9% had obtained a bachelor's degree, 3.4% had a vocational degree, and 31.9% had at least some college experience by taking classes or obtaining an AA / technical degree. Only 10.4% had finished their education with a high school diploma or GED.

Over a third of respondents were retired, which was expected given the average age of 60.1. The remaining respondents were either working full time (33.1%), disabled (12.7%), or were in some other situation (19.3%), such as employed part time, a student, or unemployed.

As is often the case, many respondents refused to answer the income question—in addition to the roughly 350 respondents who did not answer any demographic questions, another 150 or so checked “preferred not to answer” when asked about their income. It is difficult to know why people refuse to answer questions about income. Some see this information as private and are unwilling to disclose income, even on an anonymous survey. For those who did respond, they were relatively evenly distributed in the low (27.5%), middle (30.7%), or high-income (24.5%) brackets.

While the Veteran survey respondents were reasonably representative of Veterans in Northeast Florida with respect to race, other demographic characteristics differed to varying degrees. For instance, one-fourth of the respondents who provided their gender were women, whereas only 13.9% of the Northeast Florida Veteran population is female. Veteran respondents also tended to be older and had more education than the area's Veteran population. Nearly one-third (32.6%) of Northeast Florida Veterans had obtained a bachelor's degree or higher compared to over half (53.3%) of the Veteran survey participants (U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates).

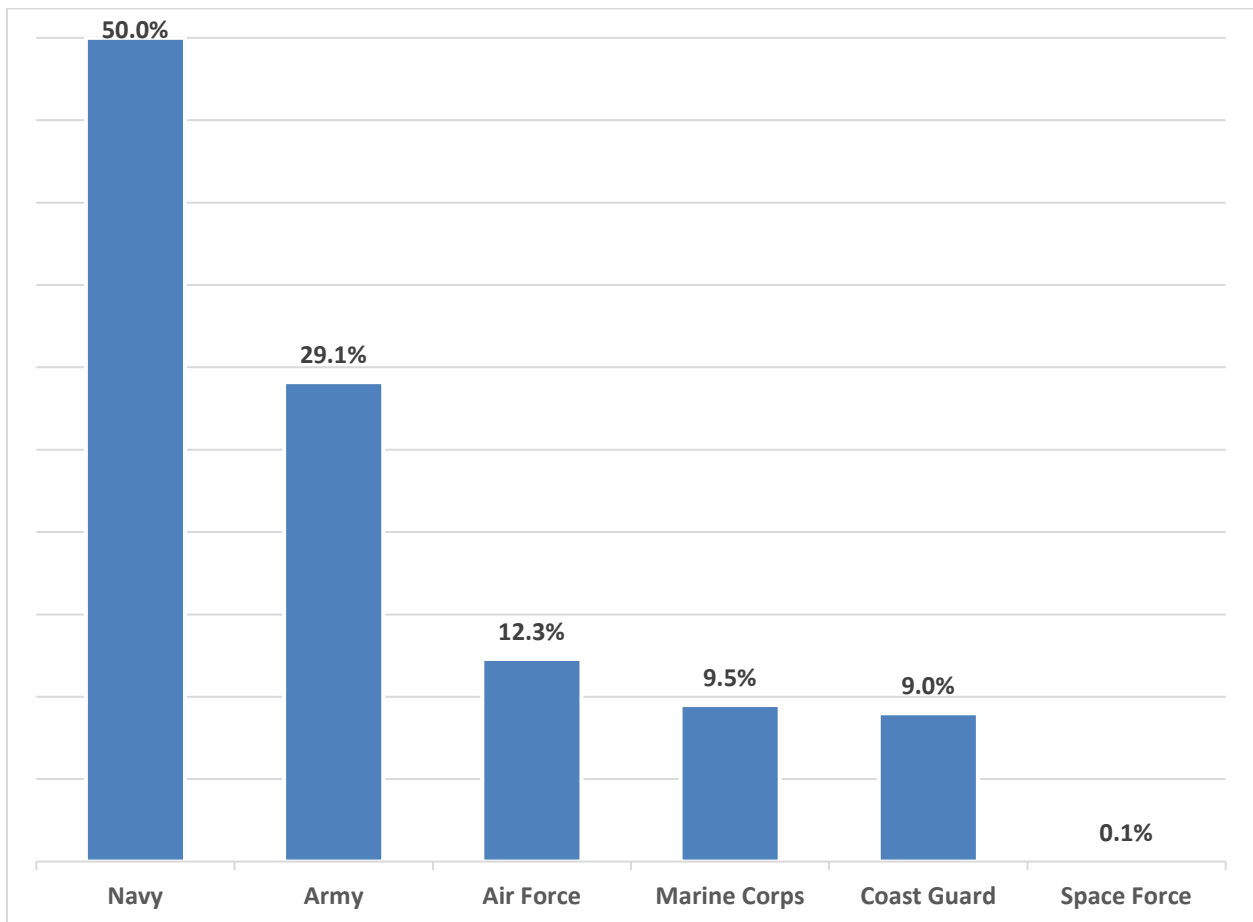
Table 2: Veterans Demographics			
Age	N	731	
	25 to 39	6.6%	
	40 to 59	36.7%	
	60 or older	56.8%	
Gender	N	817	
	Man	71.6%	
	Woman	24.6%	
	Other Identification	3.8%	
Race	N	750	
	White	69.9%	
	Black	16.4%	
	Hispanic	6.9%	
Other		6.8%	
	Marital Status	N	827
		Married	68.4%
		Single (Never Married)	5.8%
		Divorced	15.1%
Other		10.7%	
Education	N	828	
	HS diploma or GED	10.4%	
	Some College, AA or Technical Degree	31.9%	
	Vocational	3.4%	
	Bachelor's degree	20.9%	
	Advanced degree / coursework	32.4%	
	Other	1.0%	
Employment	N	829	
	Full Time	33.1%	
	Retired	34.9%	
	Disabled	12.7%	
	Other	19.3%	
Income	N	823	
	Under \$50,000	27.5%	
	\$50,000 - \$99,999	30.7%	
	\$100,000 or more	24.5%	
	Prefer Not to Answer	17.3%	

Service

Veterans from every branch of the service participated in the survey. At the time of this report's publication, there were two operational Navy bases in Duval County, with a third base being decommissioned in 1999. Thus, it was not surprising that exactly half of the Veterans reported serving in the Navy (see [Chart 1](#)). Veterans also reported serving in the Army (29.1%), the Air Force (12.3%), Marine Corps (9.5%), and Coast Guard (0.9%). One person served in the Space Force, and 3.2% did not list a branch of service. Some Veterans reported serving in multiple service branches, so the summed percentages exceed 100%.

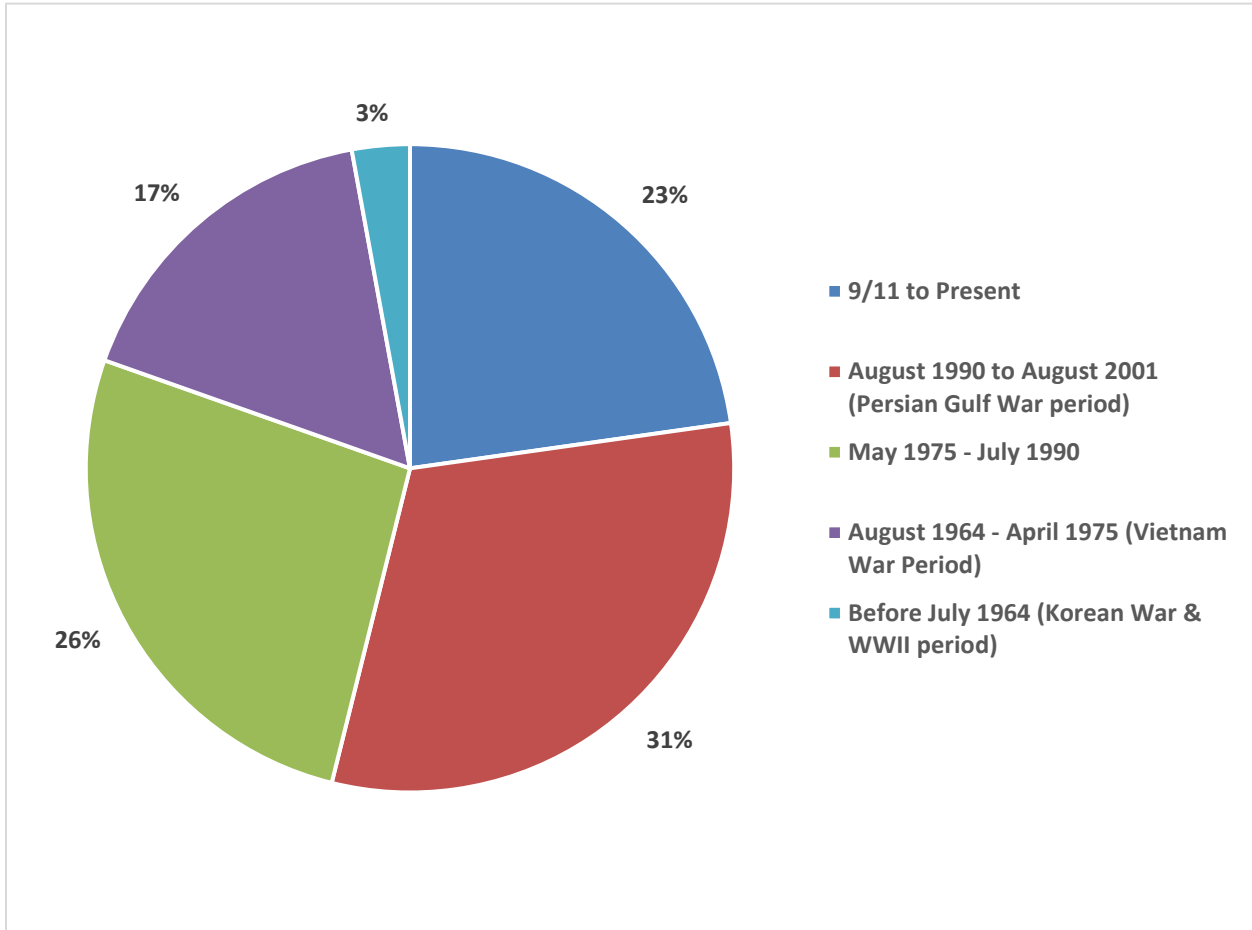
Twelve percent of the Veterans in the study transitioned out of the military in the past five years, while 88% reported transitioning out more than five years ago. Seventy-eight percent served Active-duty, while 16% served in the reserves and 6% in the National Guard. Most of the Veterans in the study (59%) had served in a combat zone.

Chart 1: Branch of the Service (N=1,174)



Veterans in the survey ranged in age from 25 to 96 and, as seen in [Chart 2](#), the time periods when they served reflect this range. Over three quarters of the respondents served before 9/11.

Chart 2: Era of Service (N=1,174)



Service Needs

An essential component of the survey is a bank of questions asking about specific service needs. Among Veterans, 912 (77.7%) reported at least one needed service while 262 (22.3%) reported no needs at all. Certain demographic characteristics of those who reported at least one need were significantly different from those without any needs. **Table 3** shows that Veterans with at least one need were less affluent than those without any needs. Indeed, of those Veterans with needs, just 43.6% had an income over \$50k, compared to the 60.6% without any needs. Veterans with needs were also less likely to be married, more likely to be female, and were generally less educated. This suggests that needs among the Veteran population are correlated with economic disadvantage and deficits in social and relationship support.

Table 3: Characteristics of Veterans With Needs vs. Those Without Any Needs

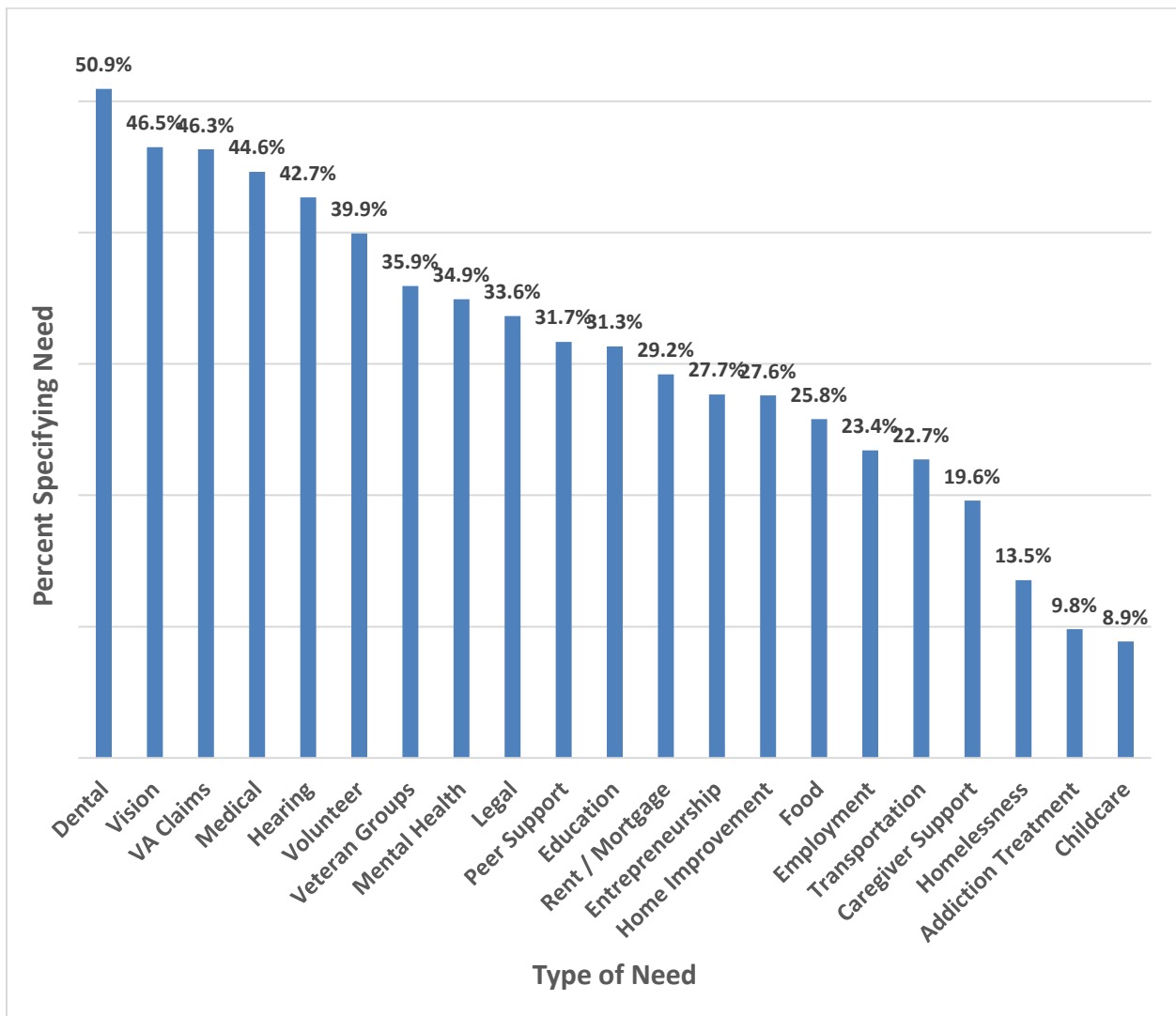
	Veterans with Needs (N=912)	Veterans without Needs (N=262)
Income over \$50k	43.6%	60.6%
Bachelor’s Degree or Higher	52.2%	70.0%
Married	53.7%	78.4%
Male	56.3%	75.8%

The survey assessed a variety of specific needs. Respondents were asked if they had “no need,” “low need,” “moderate need,” or “high need” for each of these items. They were also asked an open-ended question that allowed them to specify any needs that weren’t included in the list of questions. Respondents were asked the degree to which they needed assistance with:

- Employment
- Education
- Childcare
- Rent, mortgage, or utility payments
- Home improvements or modifications due to disability
- Homelessness prevention or rehousing
- Food
- Transportation
- Legal services
- Medical, Dental, Vision and Hearing Care
- Treatment for addiction and substance abuse
- Mental health services
- Claims for benefits provided by the VA
- Caregiver support
- Finding Veteran-centric social groups
- Peer support or mentoring
- Entrepreneurship
- Opportunities to volunteer

The distribution of these needs for all responding Veterans (1,174) is displayed in **Chart 3**. In this chart, “low,” “moderate,” and “high” levels of need are combined. The chart arranges these services from the most cited to the least cited need. Overall, dental services were the most needed service, with over half the Veterans reporting this need. Dental services were followed closely by vision, help with the VA claims process, general medical needs, and hearing. This suggests that health and wellness were the most important needs of Veterans in the study. Childcare was the least important item on the list. Given that the average Veteran in the study was over 60 and only 14.6% had children under the age of 18, this is not surprising.

Chart 3: Percent of Veterans Expressing Need for Various Items (N=1,174)



The data in [Chart 3](#) are also displayed in [Table 4](#). The table shows the number (N) of Veterans who reported any need on each item. The adjacent column presents the percentage who have this need. The third column gives the percentage of Veterans who have a need for this item and who also rate their need as “high.”

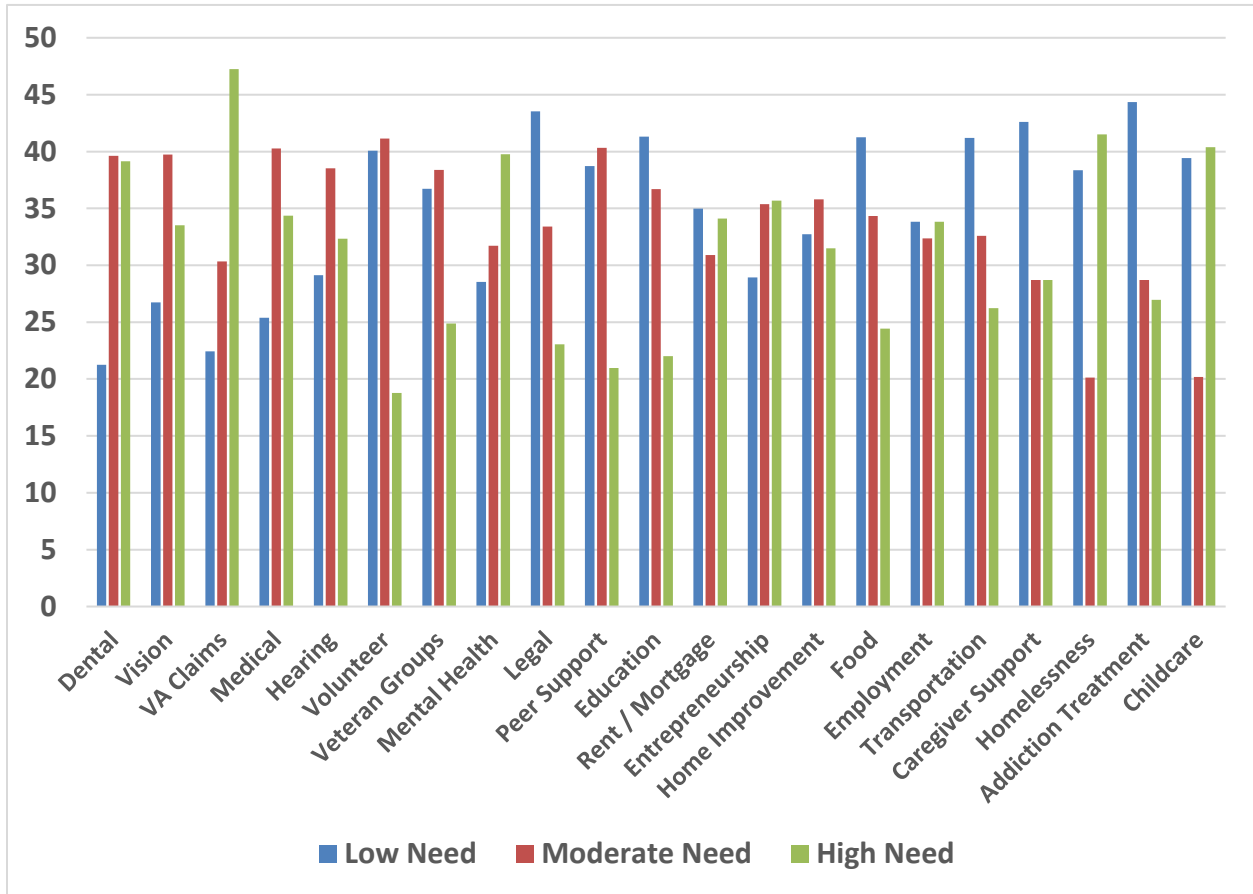
Table 4: Percent of Veterans Expressing Need for Various Items (N=1,174)

	Any need (N)	Percent w/ need	Percent high need
Dental	598	50.9	39.1
Vision	546	46.5	33.5
VA claims	544	46.3	47.2
Medical	524	44.6	34.4
Hearing	501	42.7	32.3
Volunteer	469	39.9	18.8
Veteran groups	422	35.9	24.9
Mental health	410	34.9	39.8
Legal	395	33.6	23.0
Peer support	372	31.7	21.0
Education	368	31.3	22.0
Rent / mortgage	343	29.2	34.1
Entrepreneurship	325	27.7	35.7
Home improvement	324	27.6	31.5
Food	303	25.8	24.4
Employment	275	23.4	33.8
Transportation	267	22.7	26.2
Caregiver support	230	19.6	28.7
Homelessness	159	13.5	41.5
Addiction treatment	115	9.8	27.0
Childcare	104	8.9	40.4

Help with VA claims was the most pressing need among the Veterans, with a higher percentage describing their need as “high” on this item than on any other item. Those at risk for homelessness and experiencing mental health concerns were also likely to describe their need as “high.”

The distribution of needs is graphically displayed in [Chart 4](#). Green bars represent the percentage of respondents that describe each specific need as “high.” Blue bars represent fewer pressing needs.

Chart 4: Percent of Veterans Describing Their Need as Low, Moderate, or High (N=1,174)



Social scientists have found that within a population, peoples’ needs and their access to the resources to meet those needs is not equally distributed. Racial and ethnic minorities, low-income individuals, and those 65 and older have all been identified as groups that face disproportionate risks to their health, economic security, and overall well-being. Moreover, they often have difficulty finding help with these issues.

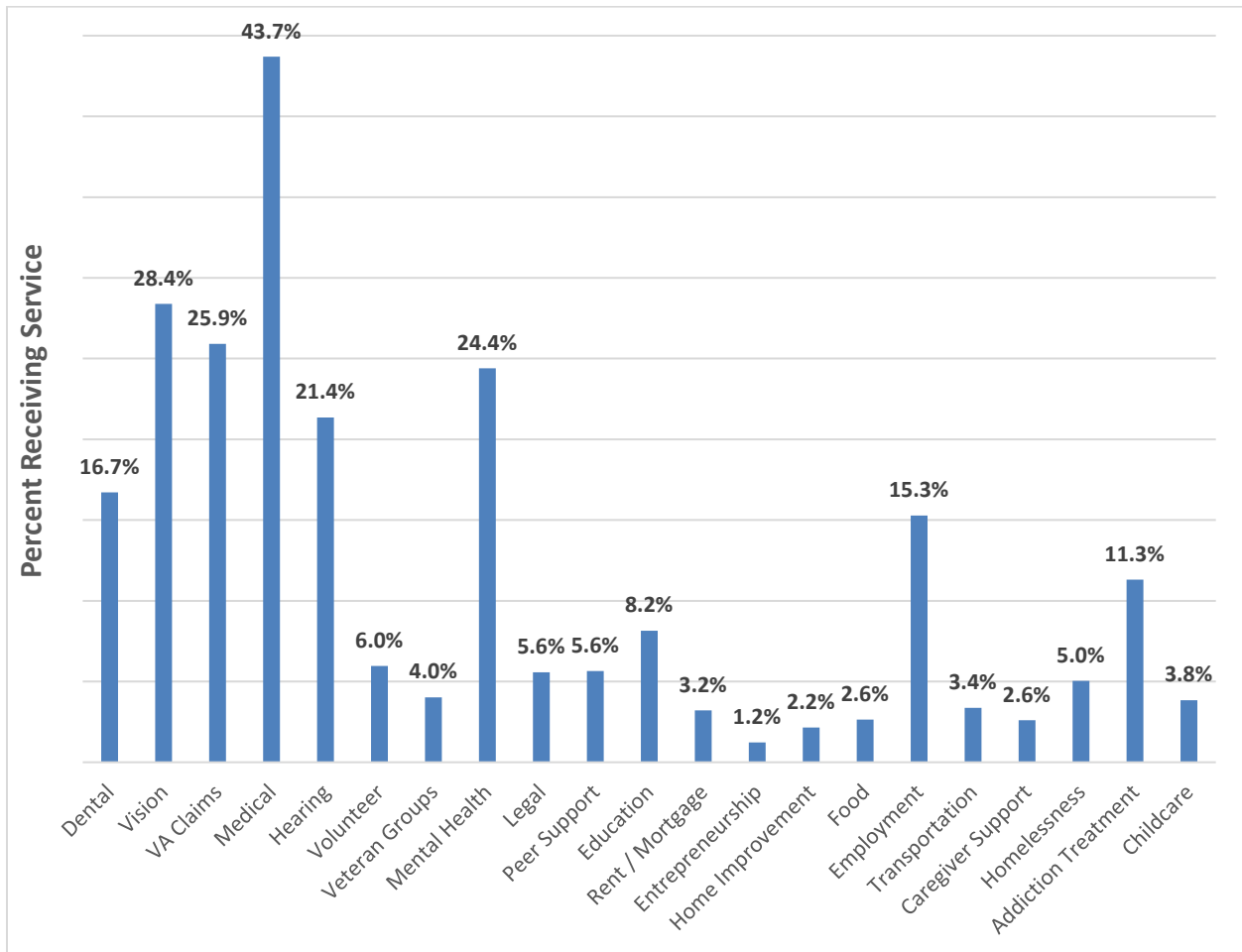
For example, while the distribution of needs for Black Veterans is not significantly different from those of the overall population, the reported intensity of need is different. Black Veterans were much more likely than others in the survey to express their needs as “high,” rather than “moderate” or “low.”

This pattern is also observed among Hispanic Veterans. Hispanic Veterans reported a “high” need on 14 of 21 services, compared to just 6 of 21 for the overall Veteran population. Low-income Veterans (defined as those whose annual household income from all sources is less than \$50,000) reported higher need for economic assistance, including help with their rent or mortgage, help finding work, and help with housing and housing security.

In addition to assessing needs, the survey asked Veterans whether they were getting help with each of these needs. Responses to this series of questions appear in [Chart 5](#) below.

The chart reveals that although over half of the Veterans expressed a need for help with dental issues, less than one in five of those with this need were receiving care. Similarly, while almost half of Veterans reported needing help with VA claims, barely one-quarter were receiving help. Indeed, few Veterans received assistance for any of their needs outside of general medical needs. This is particularly true for those who needed help with day-to-day activities like transportation, childcare, or groceries.

Chart 5: Percent of Veterans with Needs Receiving Service for that Need



There were also demographic differences between the Veterans who were receiving help for things they needed and those who said they were not receiving help. [Chart 6](#) (see below) shows the percentage of Veterans who reported getting service for something they need arranged by race / ethnicity.

CHART 6: Percent of Veterans with Needs Getting Service for that Need by Demographic Group

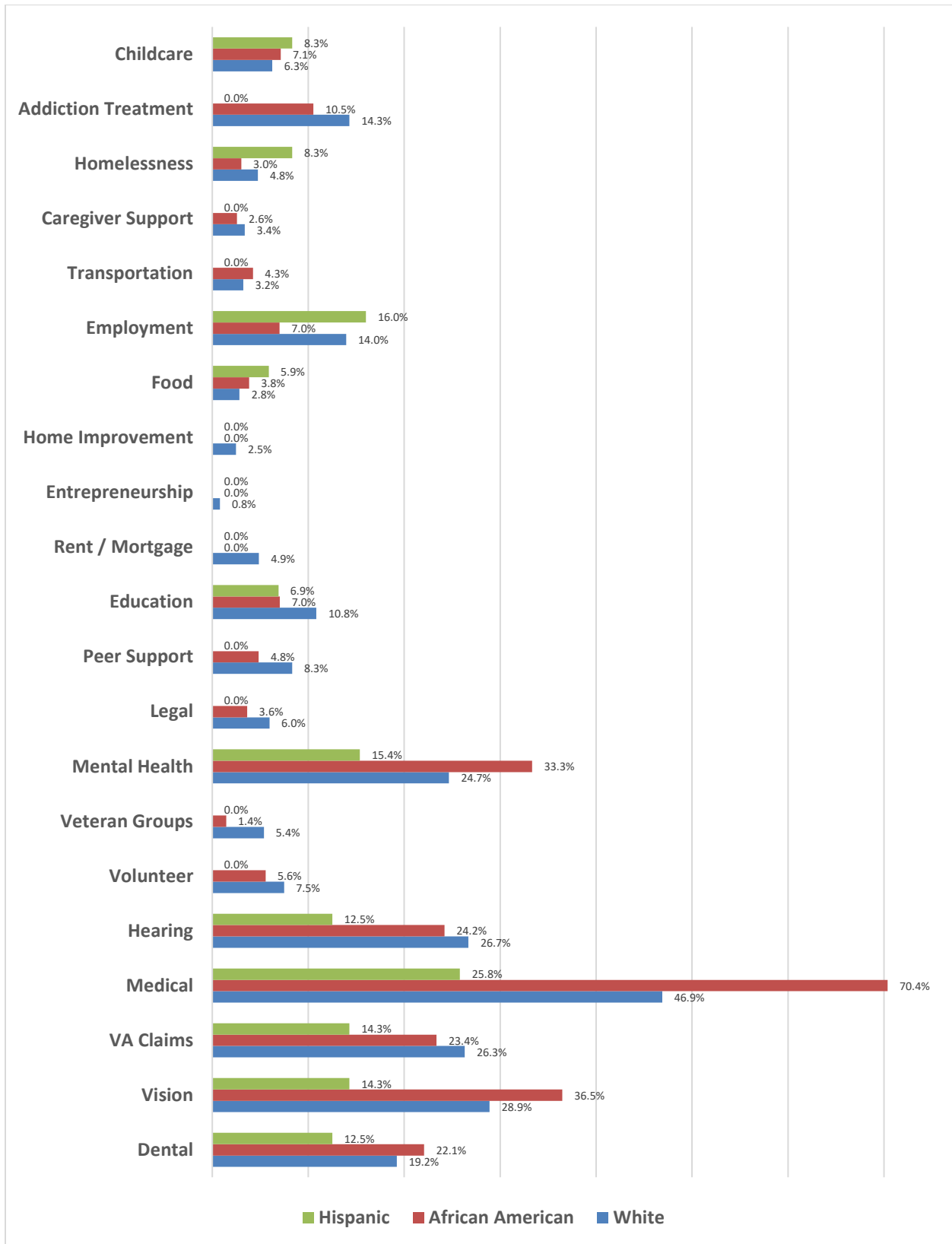
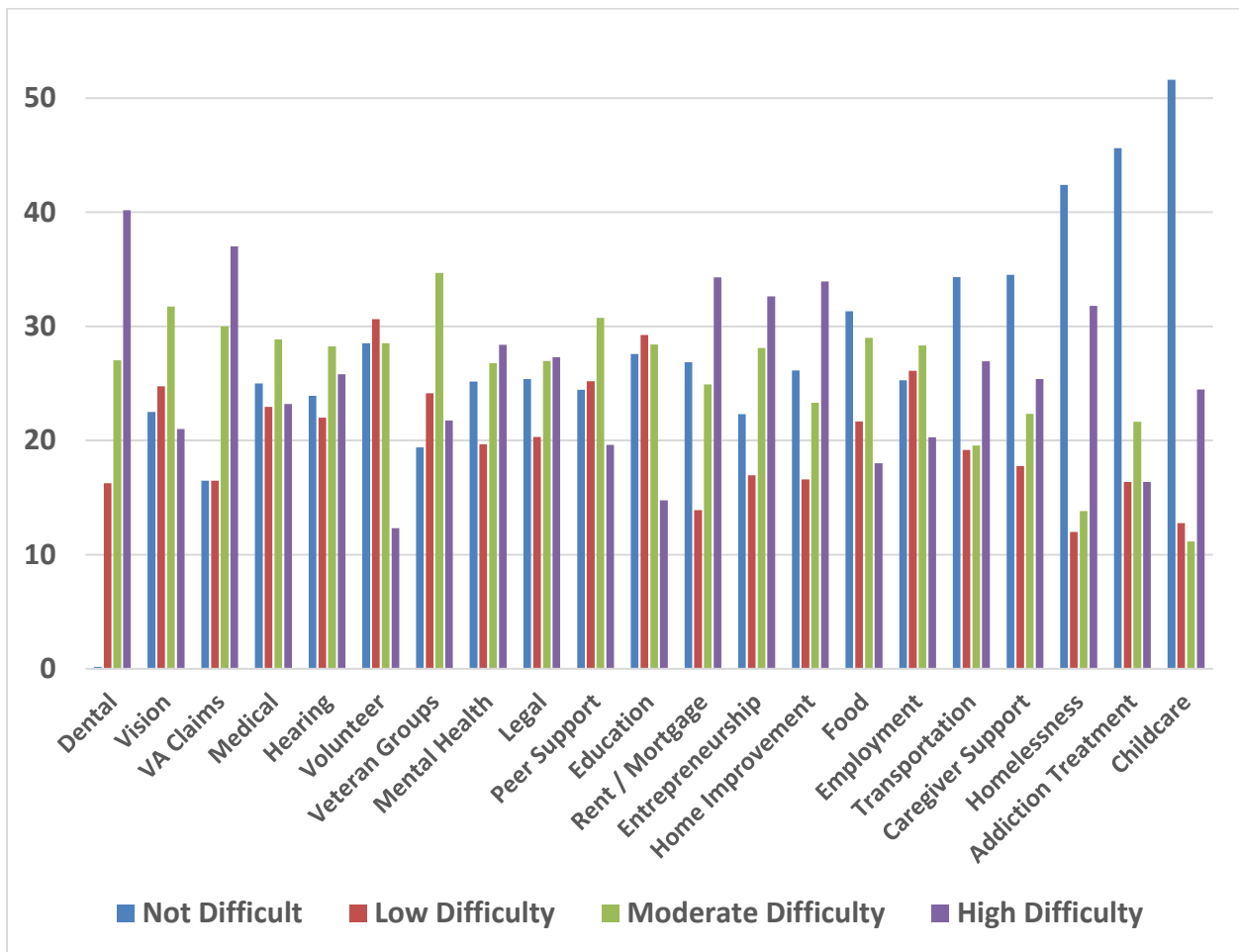


Chart 6 shows that relative to their need, Hispanic Veterans were less likely to be receiving help – particularly with their medical needs – than other Veterans. This disparity was possibly due to a language barrier.

Veterans report that assistance was easier to get for some needs than for others. These data are presented in **Chart 7**. Here again, the most pressing needs were the ones that were the most difficult to obtain, suggesting that there was significant unmet demand for services in these areas. Help getting to the dentist and help with processing VA claims were the items most likely to be described as “high” difficulty.

Chart 7: Percent of Veterans with Difficulty Getting Assistance for Needs

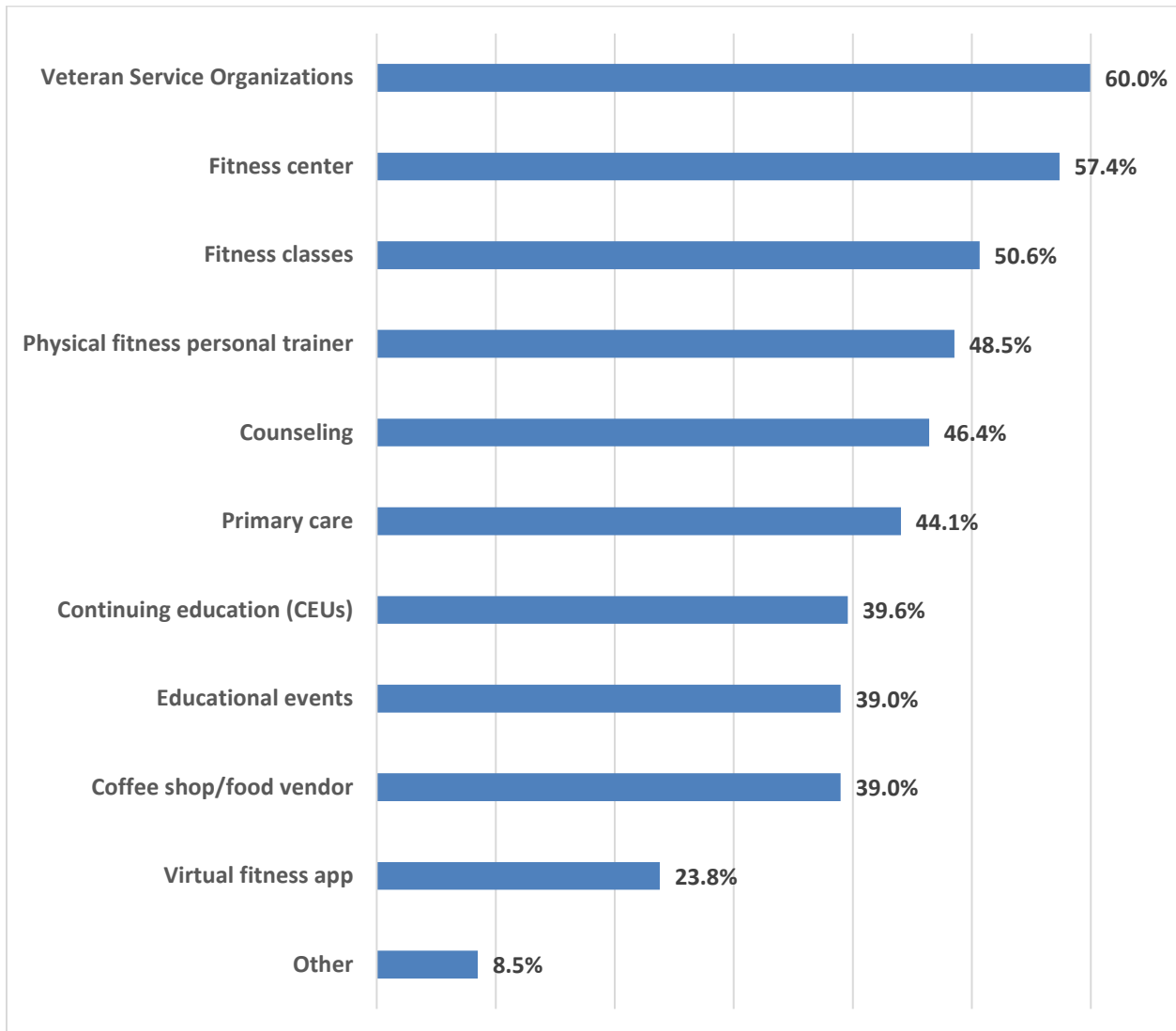


A consistent finding from the analyses of needs was that help with dental needs would have an immediate and significant impact. Assistance navigating the VA claims process would also likely improve the lives of those eligible for benefits.

Veteran Wellness Center Services

Survey respondents were presented with a list of services that may be offered at a Veteran Wellness Center and asked to identify those that they would likely use. Respondents were given the opportunity to select multiple services. Veteran Service Organizations, a fitness center, and fitness classes were all selected by half or more of the Veterans who responded (N=849). Veterans reported they would be less likely to use a virtual fitness app, coffee shop / food vendor, or educational events. Those who chose to specify other services suggested a wide variety of services. Unsurprisingly, some listed dental, vision, hearing, and VA claims assistance. Sports and recreational services such as a pool, basketball, horseshoes, kayak launch, and a mountain bike park / trail were also suggested. Other ideas included employment and small business services, art, social events, and LGBTQ+ support.

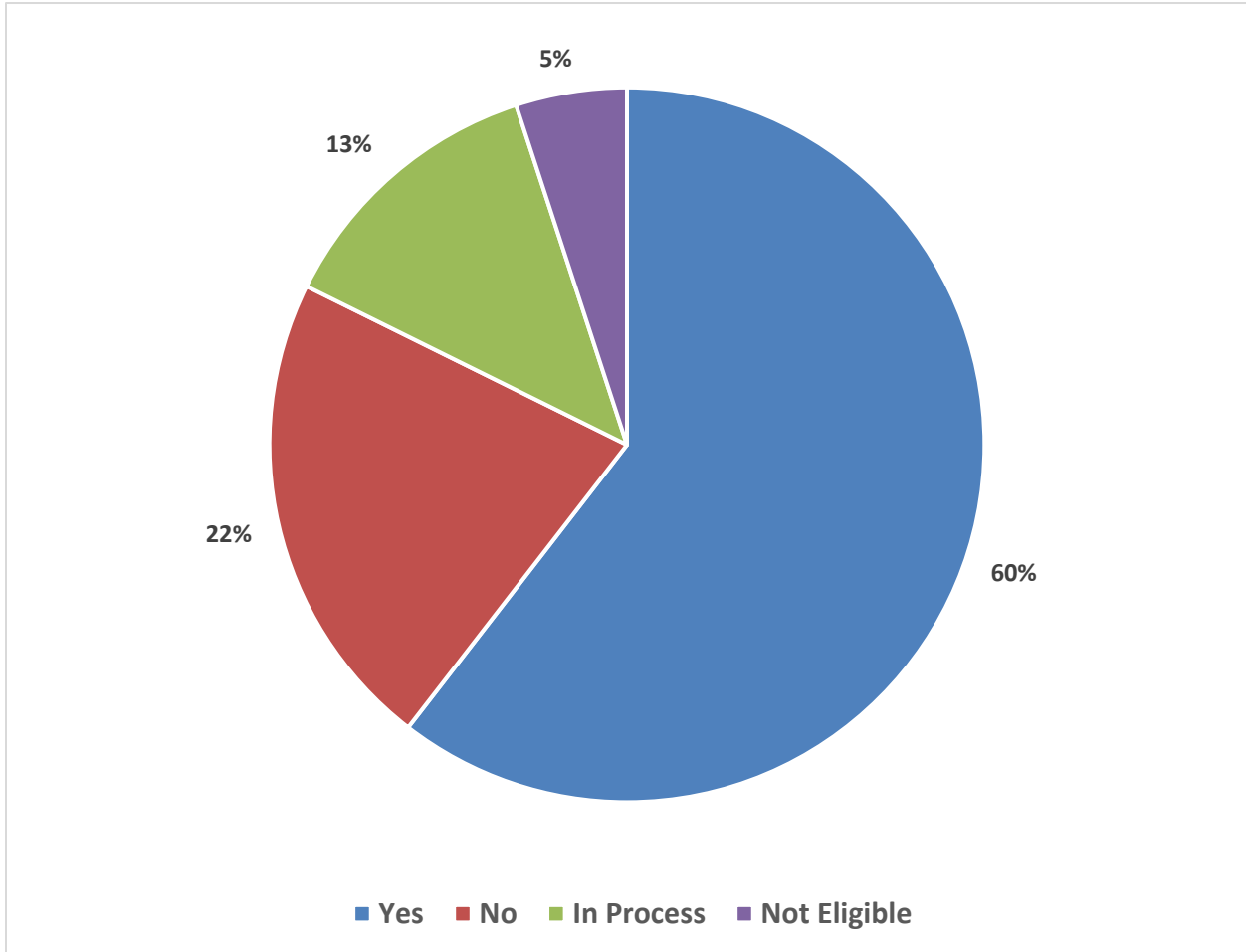
Chart 8: Percent of Veterans Who Would Likely Use Each Service (N=849)



VA Claims

Almost two-thirds of Veterans have completed the VA claims process and another 13% have the process underway.

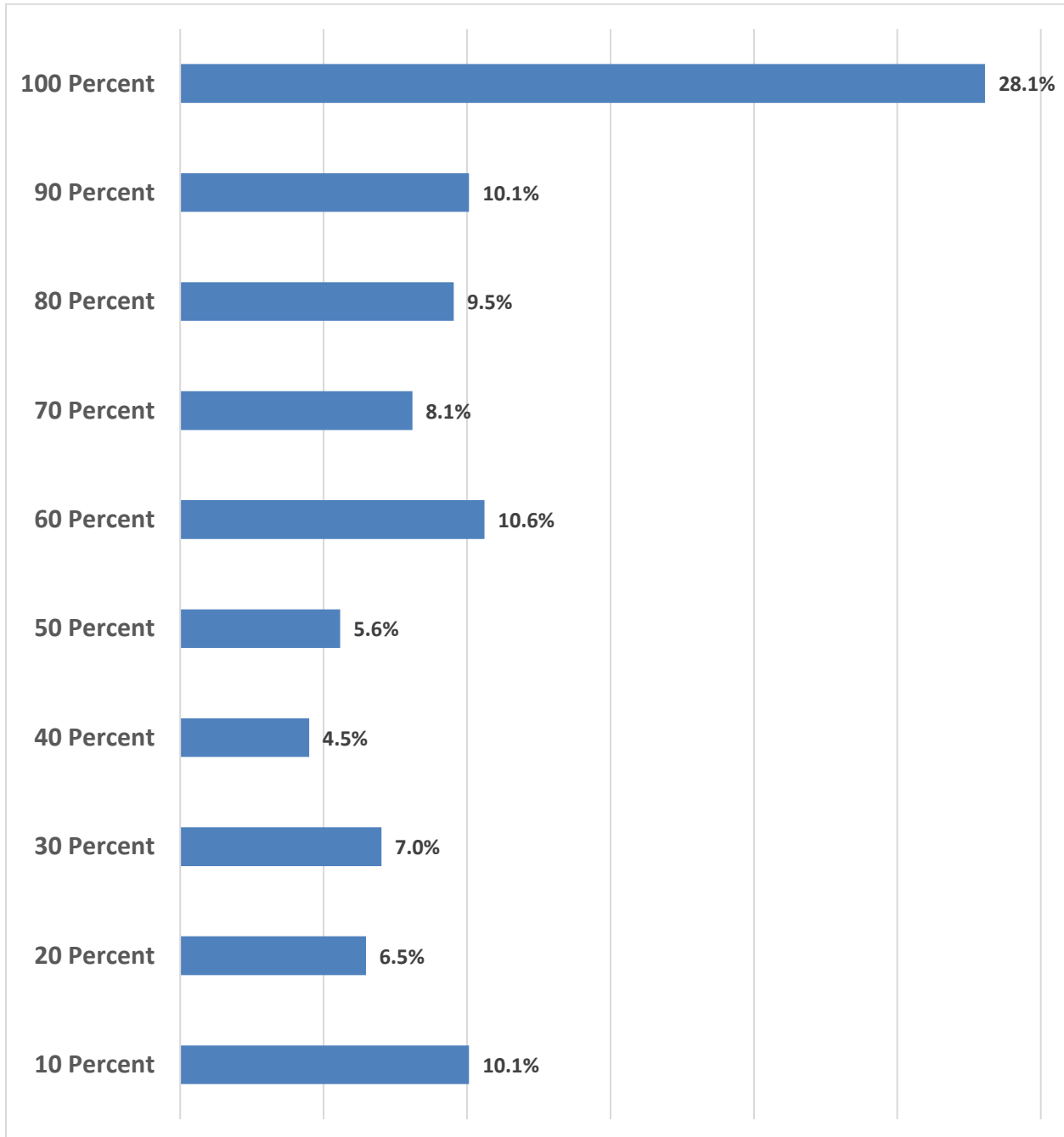
Chart 9: Has the Veteran Completed the VA Claims Process (N=916)



Service-Connected Disability Rating

A Veteran's service-connected disability rating determines their disability pay and eligibility for other VA benefits. Higher ratings lead to higher disability pay and additional benefits. More than one out of four Veterans disclosing their service-connected disability rating had a rating of 100 percent, and more than half (55.8%) had a rating of 70 percent or higher. The average rating was between 60 and 70 percent.

Chart 10: Veteran's Service-Connected Disability Rating (N=556)



Education

Veterans have access to various educational benefits and the survey asked about those to which the person is entitled, and those that the person has used / was using at the time of the survey. The following benefits were listed:

- Post 9/11 GI Bill
- Montgomery GI Bill (Active-duty)
- Montgomery GI Bill (Guard and Reserve)
- Florida Out-of-State Tuition Waiver
- Vocational Rehabilitation and Employment
- Tuition Assistance (Active-duty)
- Survivors and Dependents Educational Assistance
- Military Spouse Career Advancement Accounts

There were 275 Veterans who said that they did not have access to any educational benefits, and another 247 who did not know which benefits they qualify for. It is likely that some Veterans are not aware of their education assistance options because they have no plans to continue their education, but there may be some who wish to further their education who are not informed about resources that might be available to them. The most common benefit for which Veterans had access to is the Post 9/11 GI Bill (N=218), followed by the Montgomery GI Bill for Active-duty (N=81), and Vocational Rehabilitation and Employment (N=74). Forty Veterans said they had access to other education benefits that were not listed. For all other listed options, 10 or fewer Veterans reported having access.

The pattern of use of these benefits mirrors the pattern of access. A total of 375 Veterans reported using an education benefit. Of these respondents, about half (49%) had used the Post 9/11 GI Bill, 22% used the Montgomery GI Bill for Active-duty, and 14% used Vocational Rehabilitation and Employment. Only a few Veterans had used other educational benefits.

In addition to using benefits themselves, respondents were asked if family members had used educational benefits connected with military service. About a third reported that they have a family member who has taken advantage of these benefits. The large majority of family members have used some form of the GI Bill, with only 5% using other kinds of benefits.

Given the high percentage of Veterans who have already obtained a bachelor's degree or higher, it is not surprising that only 7.6% of the 891 respondents who answered this question indicated they were enrolled in a degree or vocational program at the time of the survey. [Table 5](#) provides a breakdown of enrollment.

Table 5: Distribution of Veterans Currently Enrolled in Education Programs (N=68)

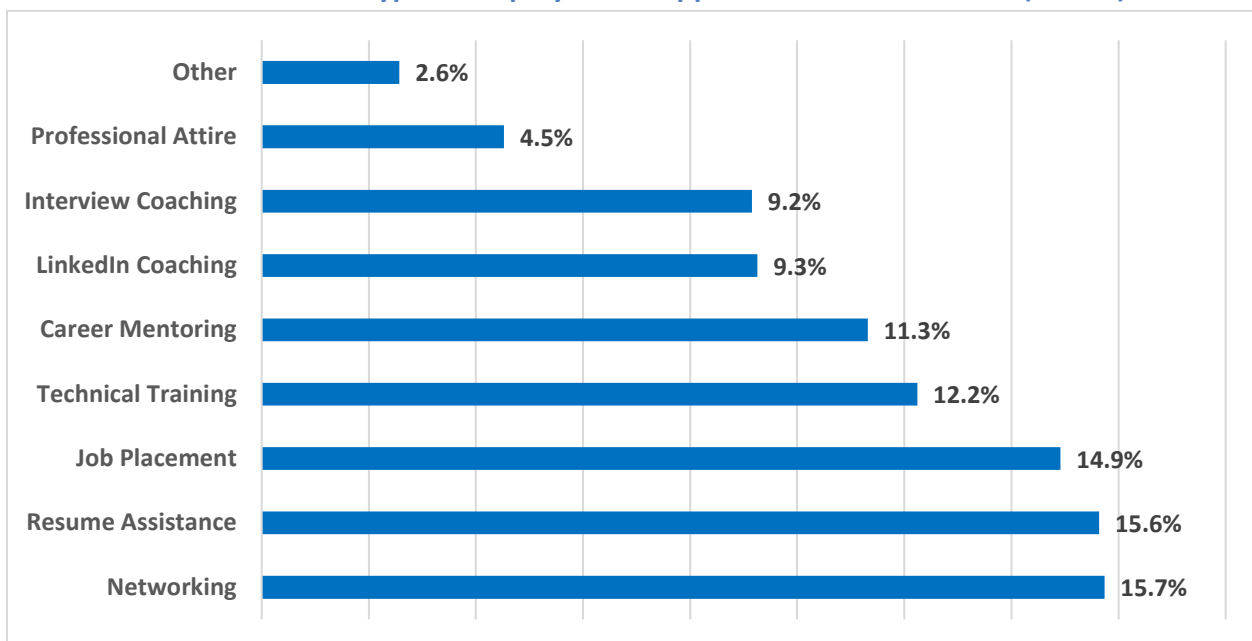
Vocational Certificate	4%
Professional Certificate	7%
Associate degree Program	19%
Bachelor's Degree Program	26%
Master's Degree Program	18%
Doctoral Program	10%
Other	15%

Employment

Respondents were asked a variety of questions about employment and employment needs. These questions applied to respondents who were not retired or disabled. Veterans were asked about the type of support they need to be successful in their employment or search for employment. The distribution of these needs among the 972 who answered questions relating to employment needs is detailed in the chart below. Networking opportunities (15.7%) and help with preparing a resume (15.6%) lead the list of needs. Respondents could choose more than one option if they had multiple needs.

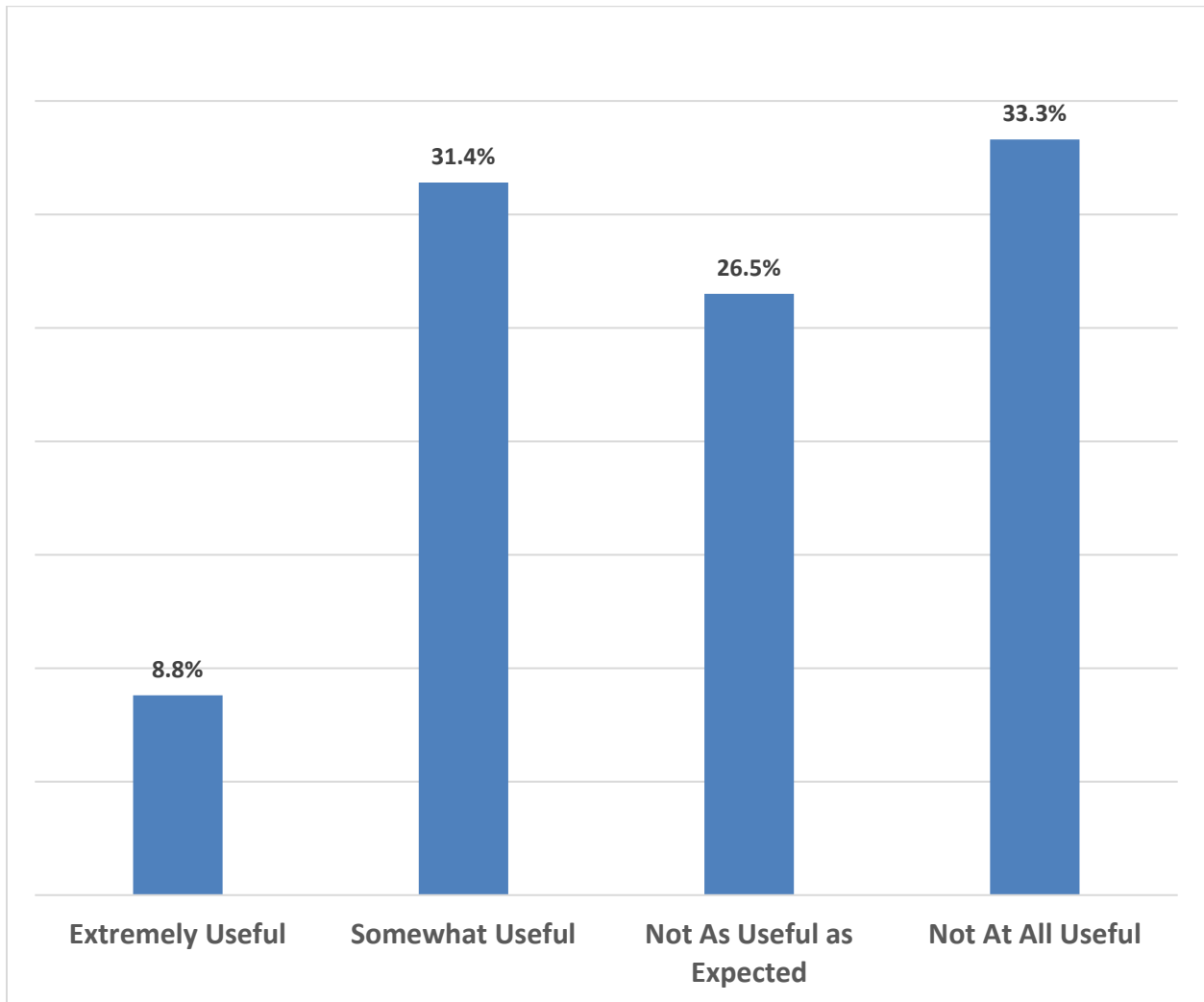
Veterans were asked specifically about their transportation needs, and almost all respondents reported that they had their own vehicle, and that this vehicle was their primary mode of transportation.

CHART 11: What Type of Employment Support Do Veterans Need? (N=972)



Respondents who had recently transitioned out of the military were asked if the Department of Defense transition assistance program was useful in their search for employment. As [Chart 12](#) shows, responses were mixed, with the modal response being that the program did not meet expectations. Three times as many Veterans said the program was “not at all useful” than those who said it was “extremely useful.”

Chart 12: Is the DoD’s Transition Assistance Program Useful? (N=102)



A little over one-third of Veterans (38%) expressed interest in mentoring and training to improve their employment outlook. Regardless of the employment outlook in Northeast Florida, 89% of Veterans said they have no plans to leave the area to look for work.

Chart 13: Is the Veteran Interested in Mentoring / Training? (N=836)

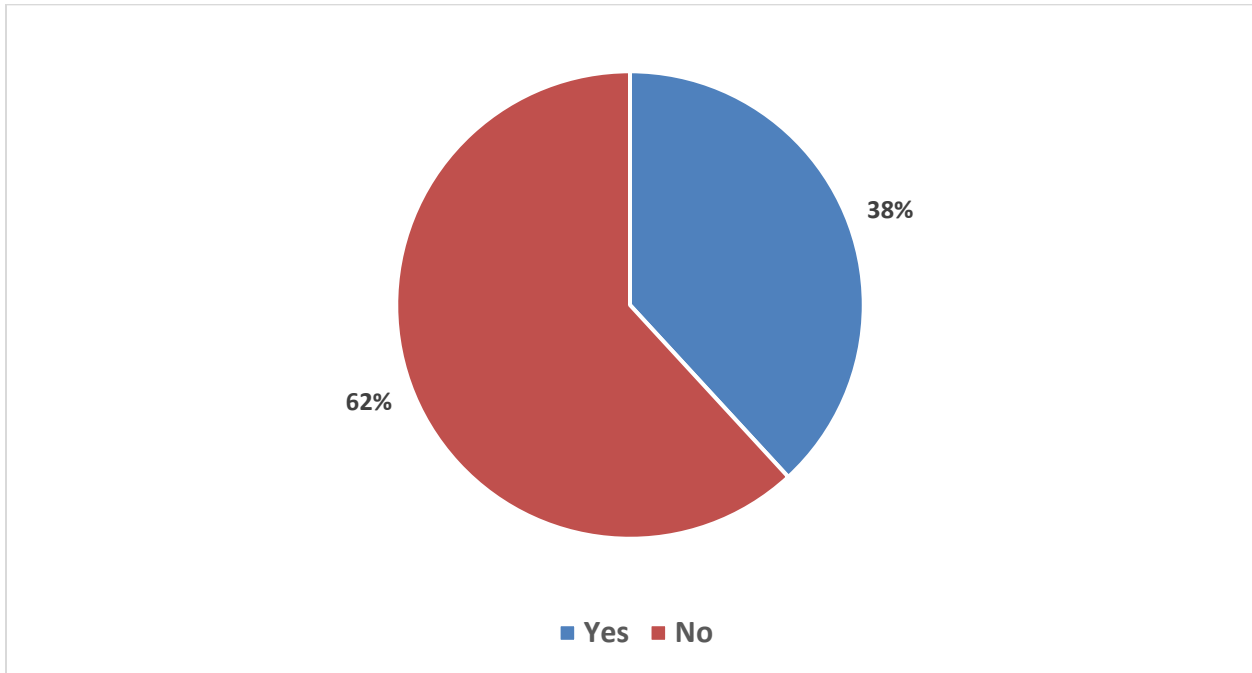
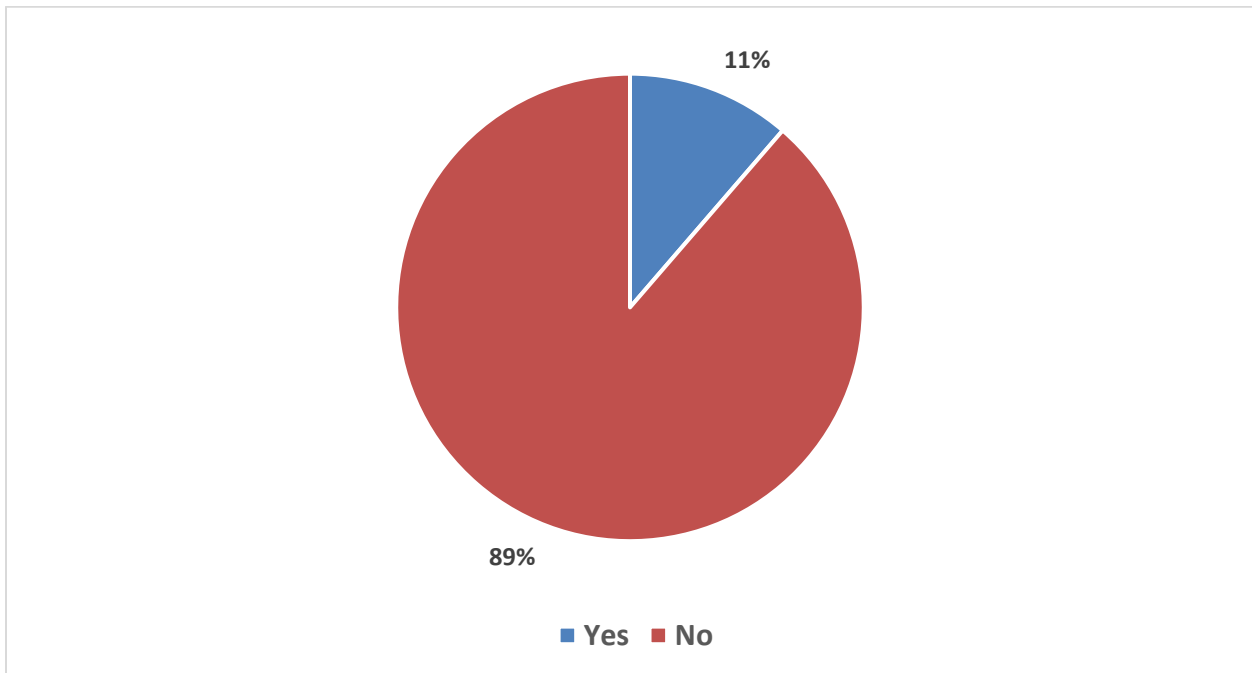


Chart 14: Is the Veteran Planning to Leave Northeast Florida to Find Employment (N=891)

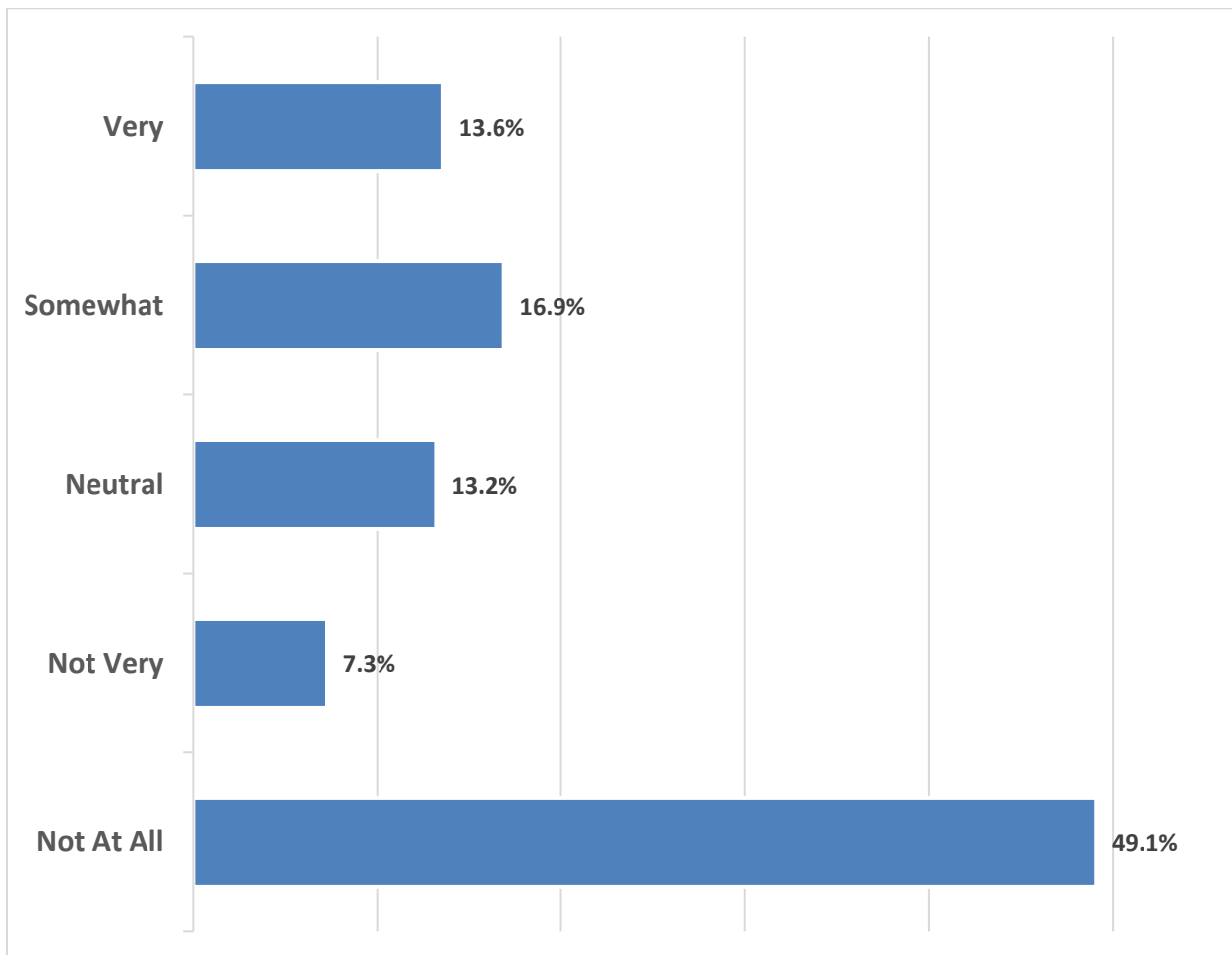


Business Ownership

A series of questions in the survey asked about small business ownership. Respondents were asked if they operate a small business. Among those who answered this question, 12% said that they did. Among those who did not operate a small business, almost a third of Veterans (30.5%) claimed they were either “very” or “somewhat” interested in starting one.

Veterans gave various answers when asked what type of small business they might like to start. A form of retail business was the most common response, but other responses ranged from farming to operating an art gallery.

Chart 15: How Interested is Veteran in Starting a Small Business (N=744)



Health Care

Various health care needs were among the most pressing concerns reported by the survey respondents. Veteran populations face a variety of health challenges, some of which stem from their service. Over a third (37%) of Veterans who responded to a question about service-related injury reported that they have such an injury. Additionally, a large majority (73%) of Veterans said they were enrolled with the VA health system, and most (56%) reported that they had utilized VA medical services in the past six months.

Chart 16: Does Veteran Have Service-Related Injury (N=876)

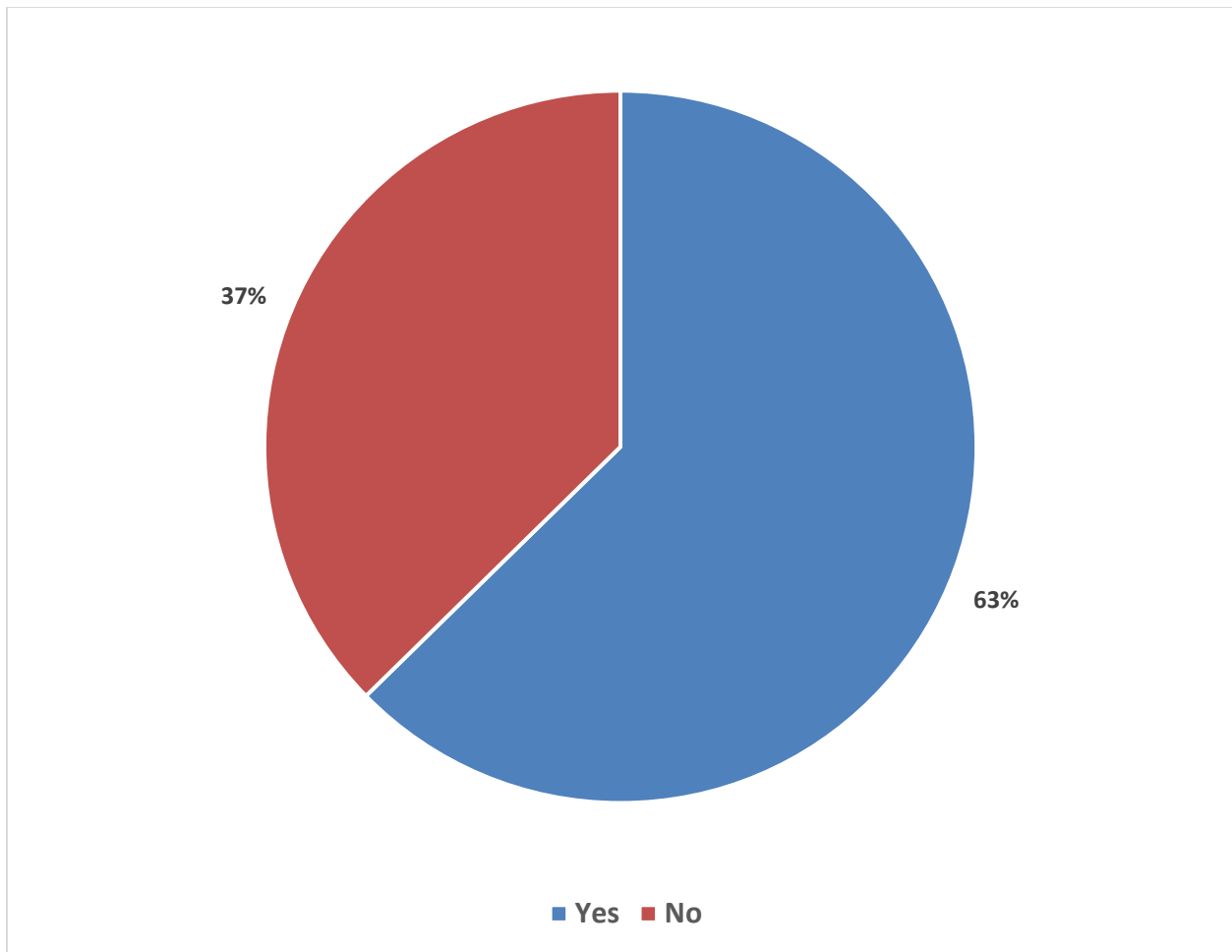


Chart 17: Is Veteran Enrolled in the VA Health Care System? (N=873)

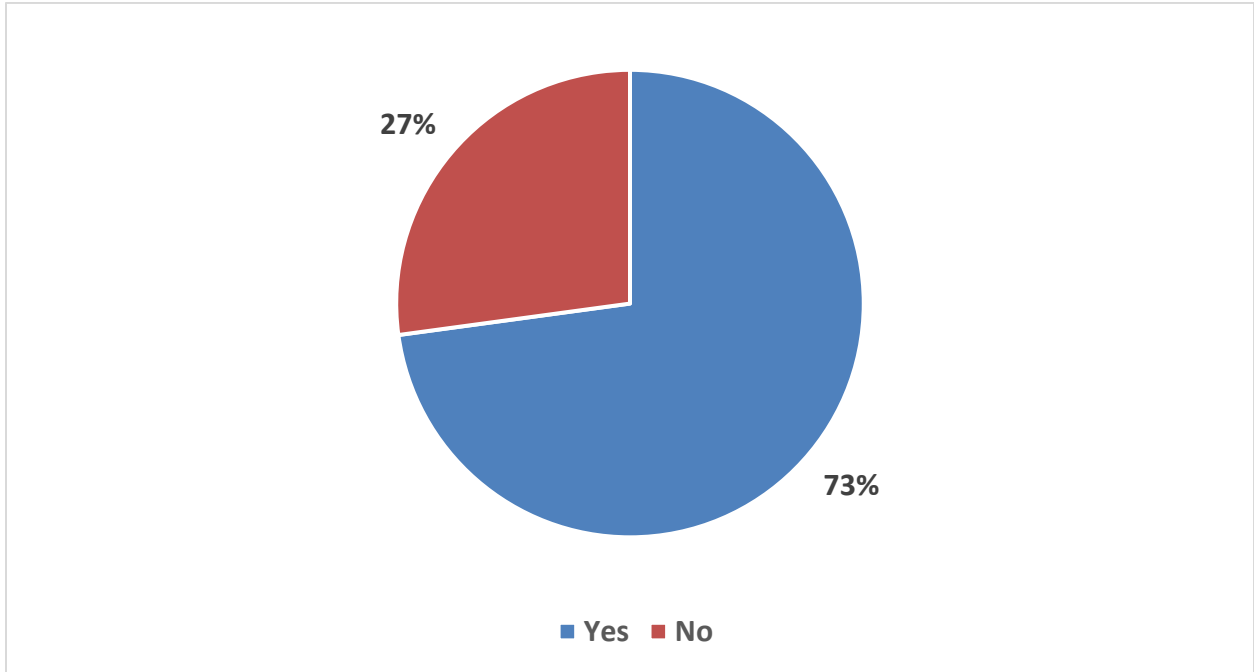
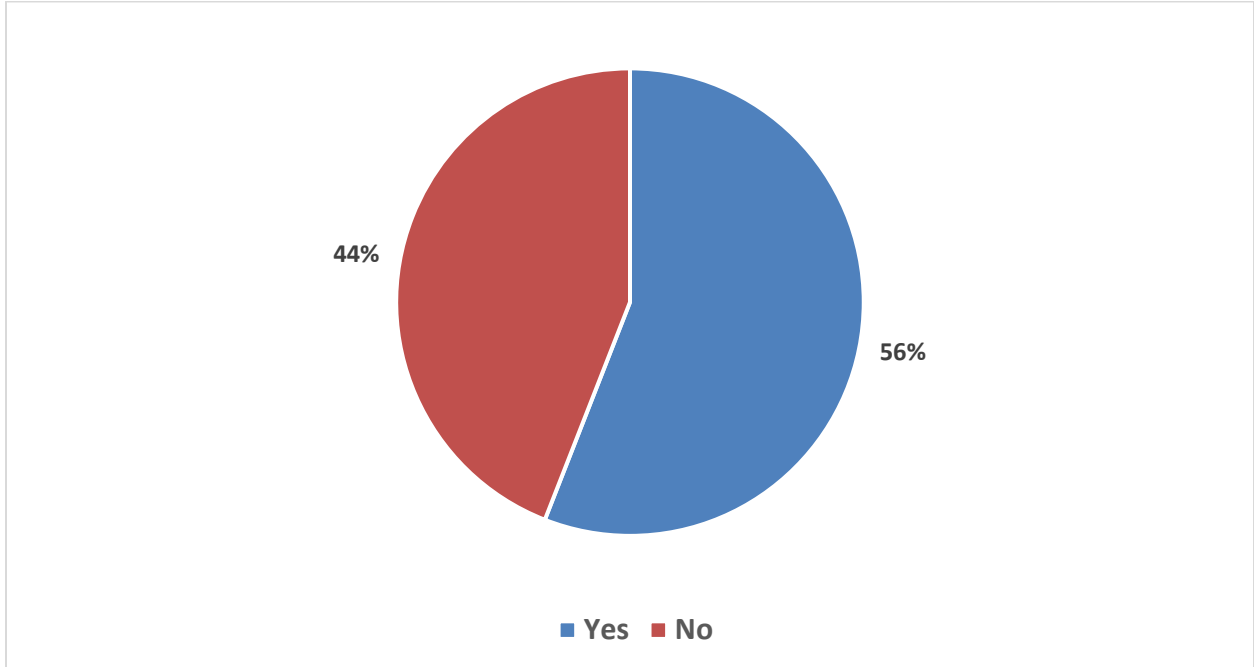
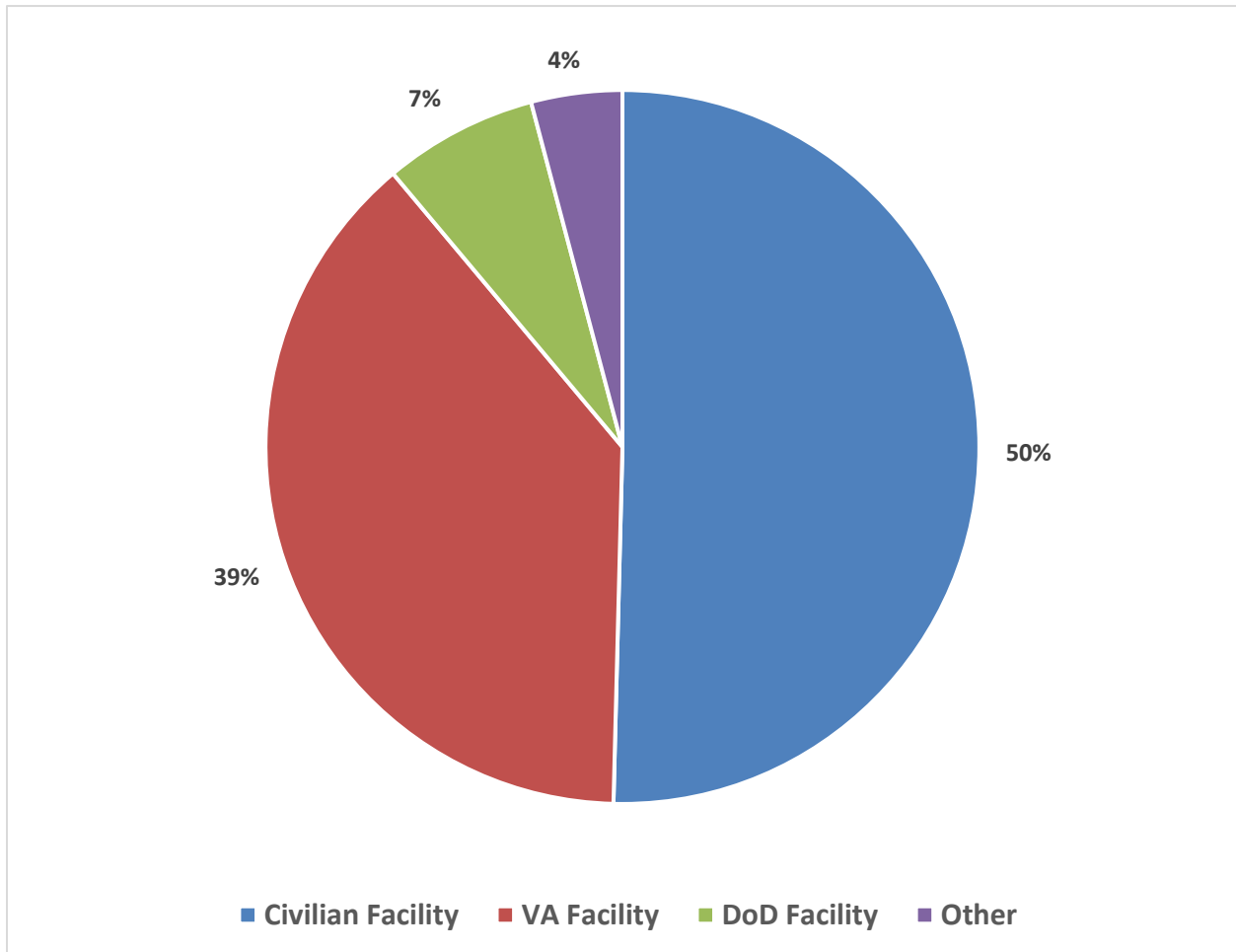


Chart 18: Has Veteran Used VA Services in the Past Six Months (N=876)



Half of the Veteran survey participants reported seeking care primarily at civilian healthcare facilities. Thirty-nine percent reported utilizing VA facilities, and 7% used other DoD facilities. Veterans claimed they were most likely to use VA facilities for prescriptions and specialty care in the future. Eighty-nine percent said they have access to the technology required to receive care using Telehealth services, which bodes well given the increased use by health care providers.

Chart 19: Where Does Veteran Go for Health Care? (N=873)

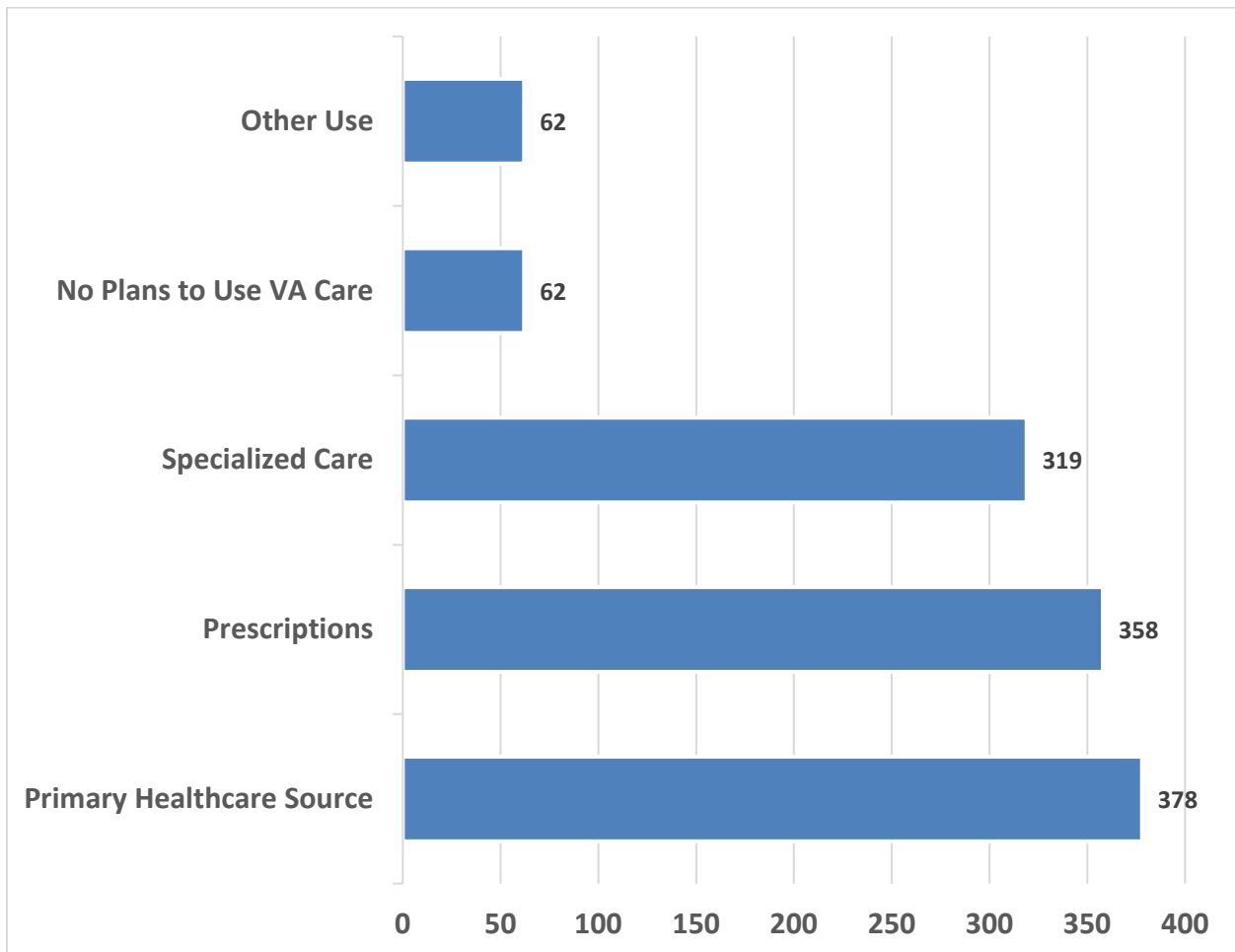


Veterans were asked how they would utilize VA healthcare services in the future. Only 62 Veterans had no plans to use the VA facilities in any way. Other respondents chose from a list of services they could use the VA for:

- Their primary source of healthcare
- Prescriptions
- Seeing a specialist / specialized care
- Some other reason

The most common planned use is for general healthcare, followed by prescription drugs, and then seeing a specialist. Respondents could choose more than one future use.

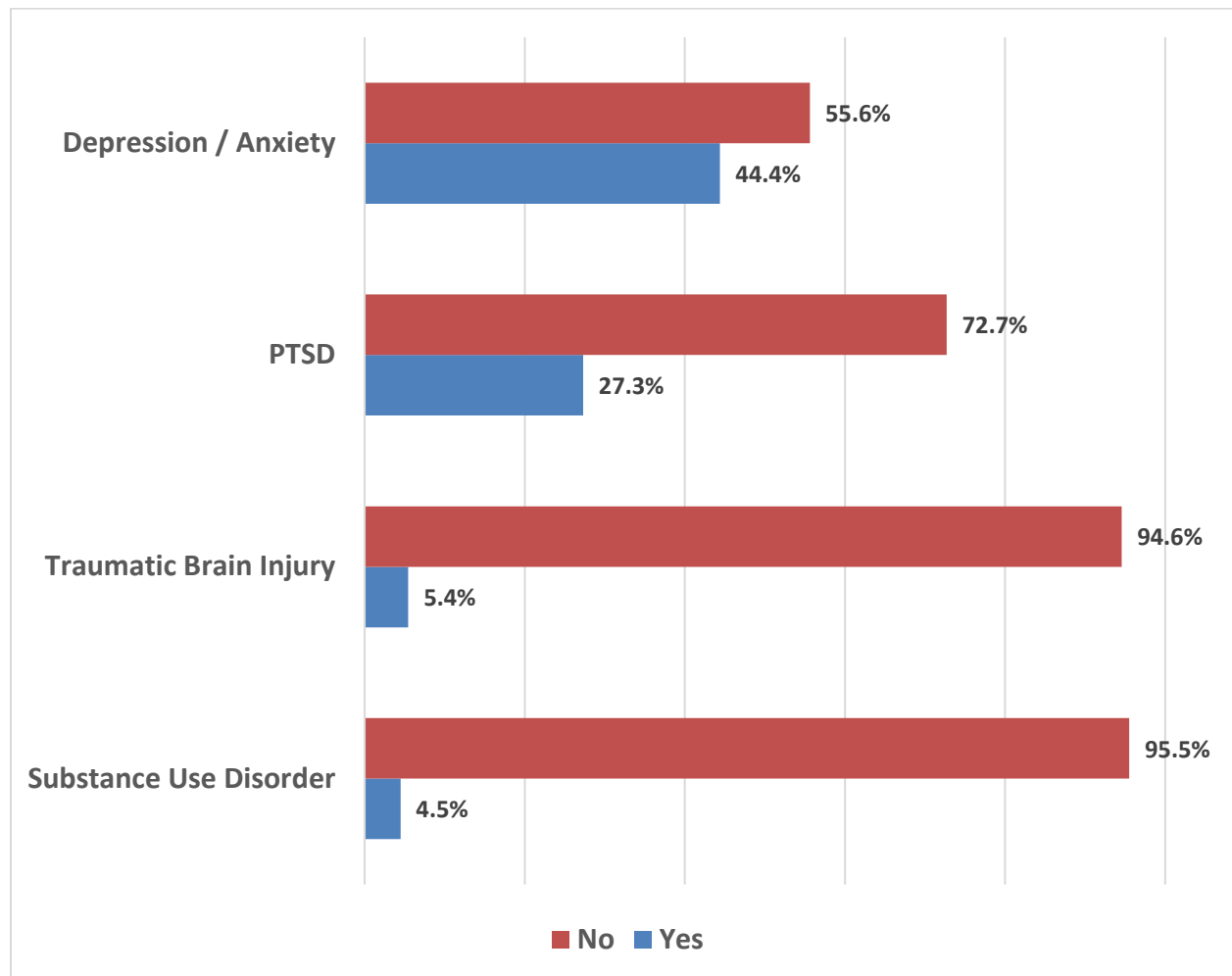
Chart 20: How Will Veteran Utilize VA Healthcare Facilities in the Future



Mental Health

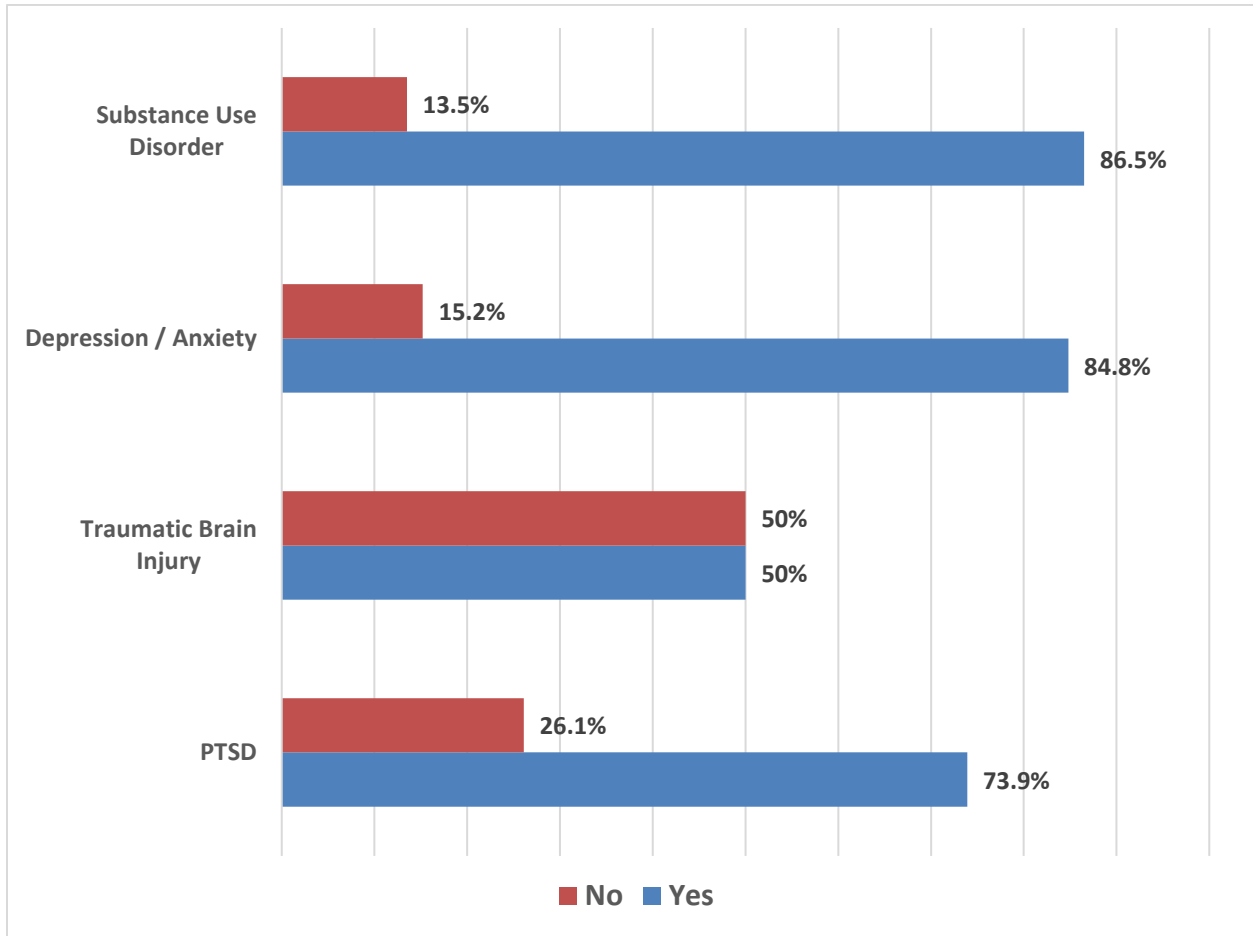
Veterans were also asked if they had received a mental health diagnosis. Among those who answered questions about various diagnoses, 376 reported a diagnosis of depression and / or anxiety, which constitutes 44.4% of those answering. There were 232 Veterans who have been diagnosed with Post Traumatic Stress Disorder (PTSD), which constitutes 27.3% of those answering. There were also 46 diagnoses (5.4% of those answering) for traumatic brain injuries, and 38 diagnoses (4.5% of those answering) of substance abuse disorder. Thus, mental health diagnoses were much more common among the Veterans in the survey than among the public.

Chart 21: Mental Health Diagnoses



Most of the Veteran respondents who have received a mental health diagnosis of depression / anxiety or substance abuse disorder were receiving treatment. However, more than a quarter of Veterans diagnosed with PTSD were not receiving any treatment, while half of those diagnosed with a brain injury were not receiving treatment.

Chart 22: Percent Receiving Treatment for Mental Health Diagnoses



Veterans diagnosed with a mental illness or brain injury were also asked about obstacles they may have encountered while seeking treatment for their problems. Each Veteran was asked about the following potential obstacles to mental health treatment:

- Feeling uncomfortable
- Fear of seeking services
- Transportation issues
- Long waitlist for services
- Inconsistent treatment
- Conflicting personal / work schedule
- Fear that treatment might bring up painful or traumatic memories
- Uncomfortable with existing resources
- Limited treatment options
- Not aware of treatment options
- Thoughts that you would be seen as weak for seeking services
- Childcare needs
- Language barrier

Respondents could choose more than one obstacle. Feeling uncomfortable was considered a significant obstacle for those seeking treatment for PTSD and depression / anxiety. This likely reflects the lingering stigma that surrounds mental health diagnoses. Respondents with PTSD and depression / anxiety also reported that long wait times and inconsistent treatment were obstacles. Since very few respondents had a diagnosed traumatic brain injury or a substance use disorder, it was difficult to pinpoint the obstacles these Veterans faced.

Chart 23: Percent Claiming Specific Obstacles to Depression / Anxiety Treatment (N=376)

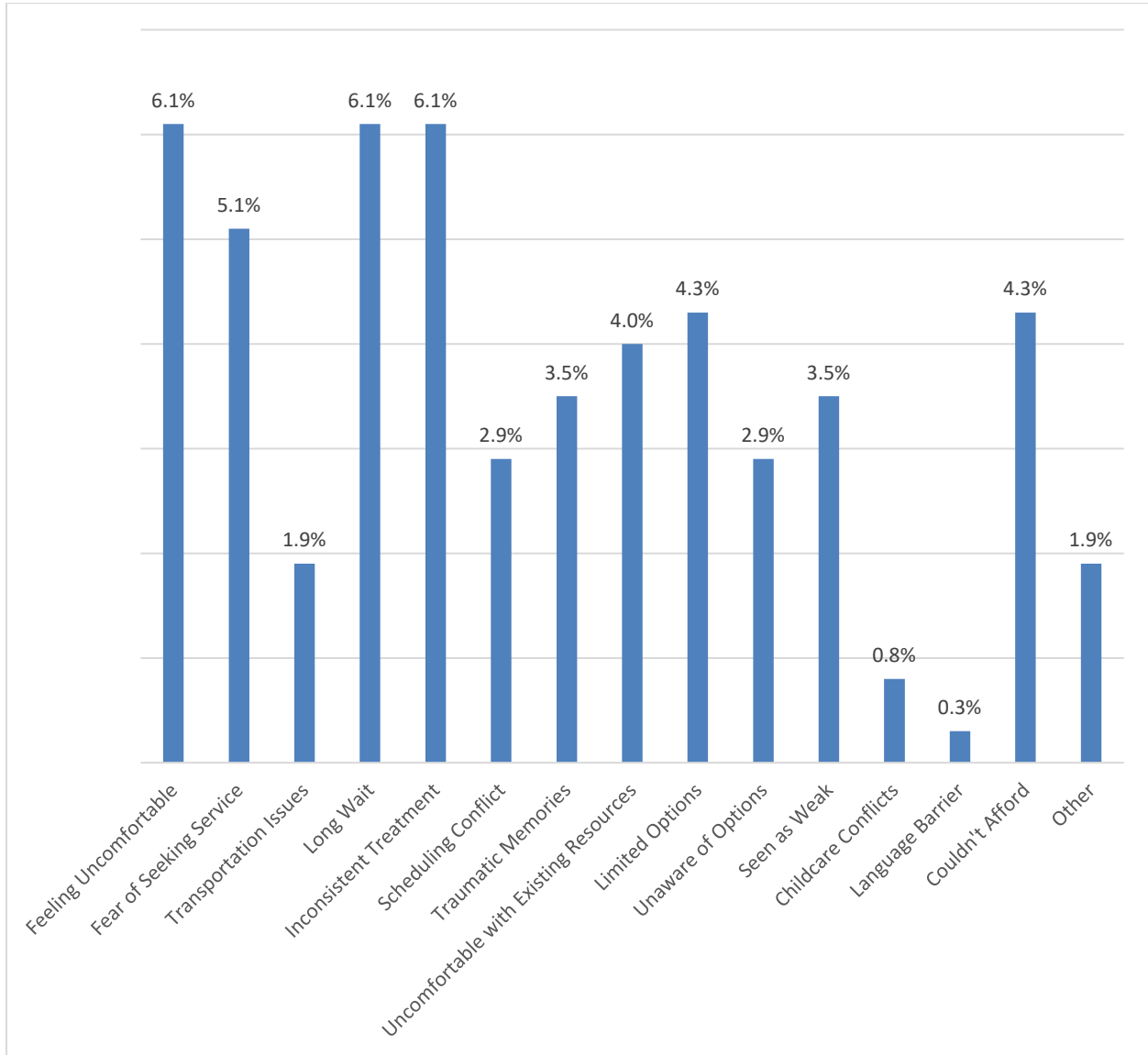
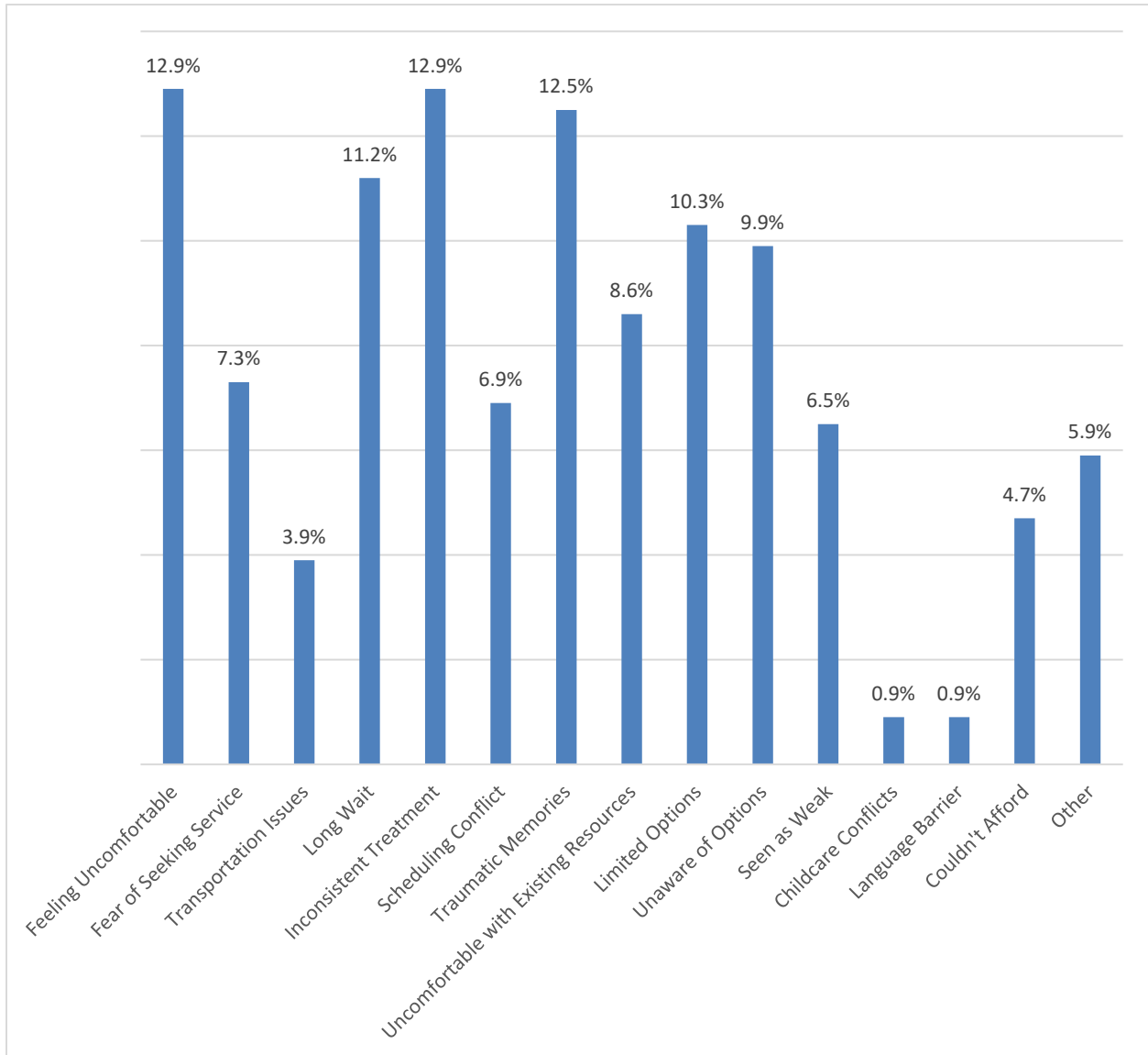


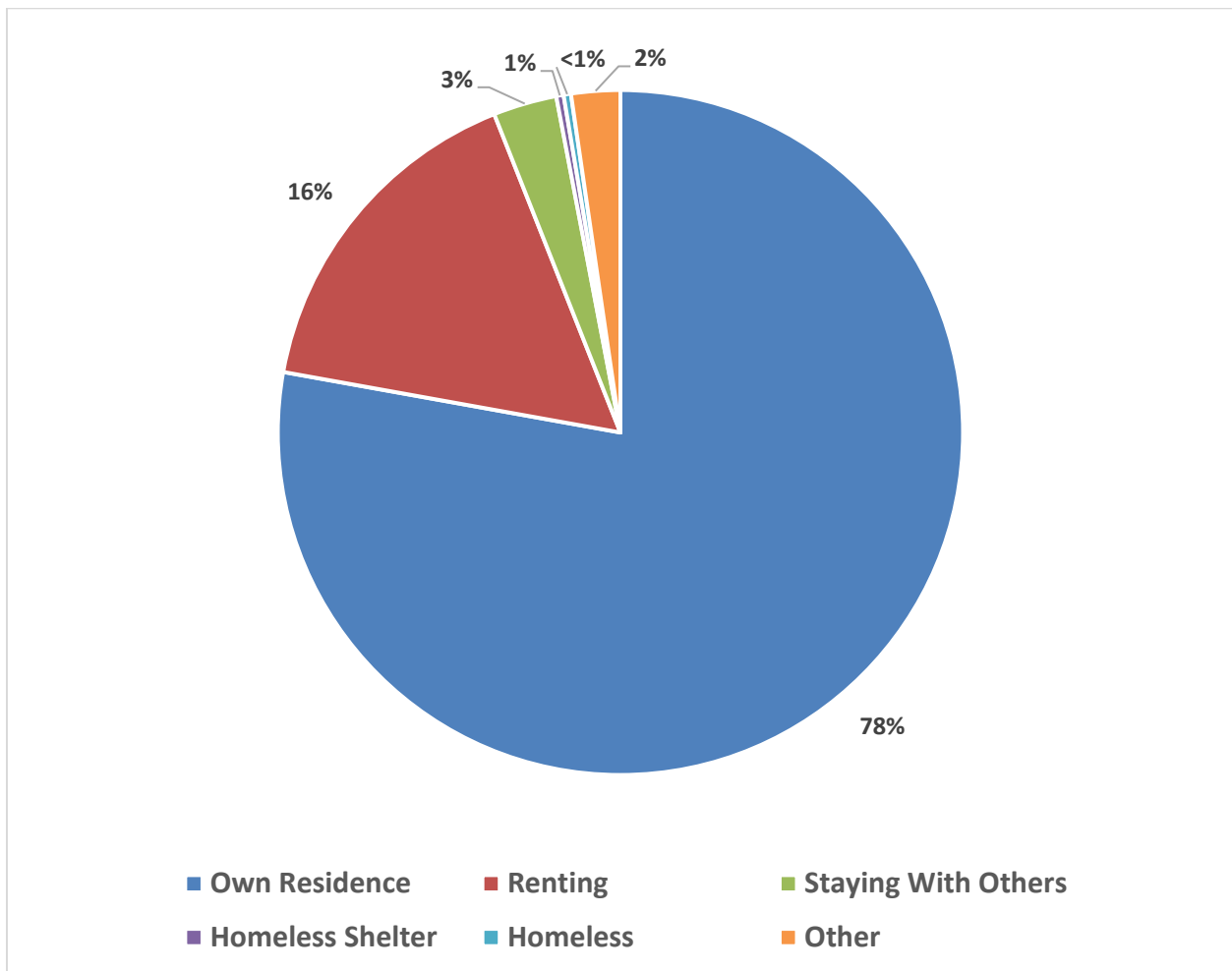
Chart 24: Percent Claiming Specific Obstacles to PTSD Treatment (N=232)



Housing

At the time of the survey, most of the Veterans (78%) lived in their own residence and another 16% rented. Only a small group were experiencing unstable housing. Of those, most were staying with others, but there were respondents who were living in a homeless shelter or on the street. Most of those who selected “other” described a living situation that fell within one of the offered categories, but there were respondents in retirement homes or who lived on the road in a recreational vehicle.

Chart 25: Veteran’s Current Housing Situation (N=866)



Respondents were also asked if they thought they were at risk of losing their current housing within the next six months. Of the 830 Veterans who answered this question, 8.7% reported that they might lose their housing. Respondents who were at risk reported being behind on the rent, going through a divorce, or wearing out their welcome with friends and family.

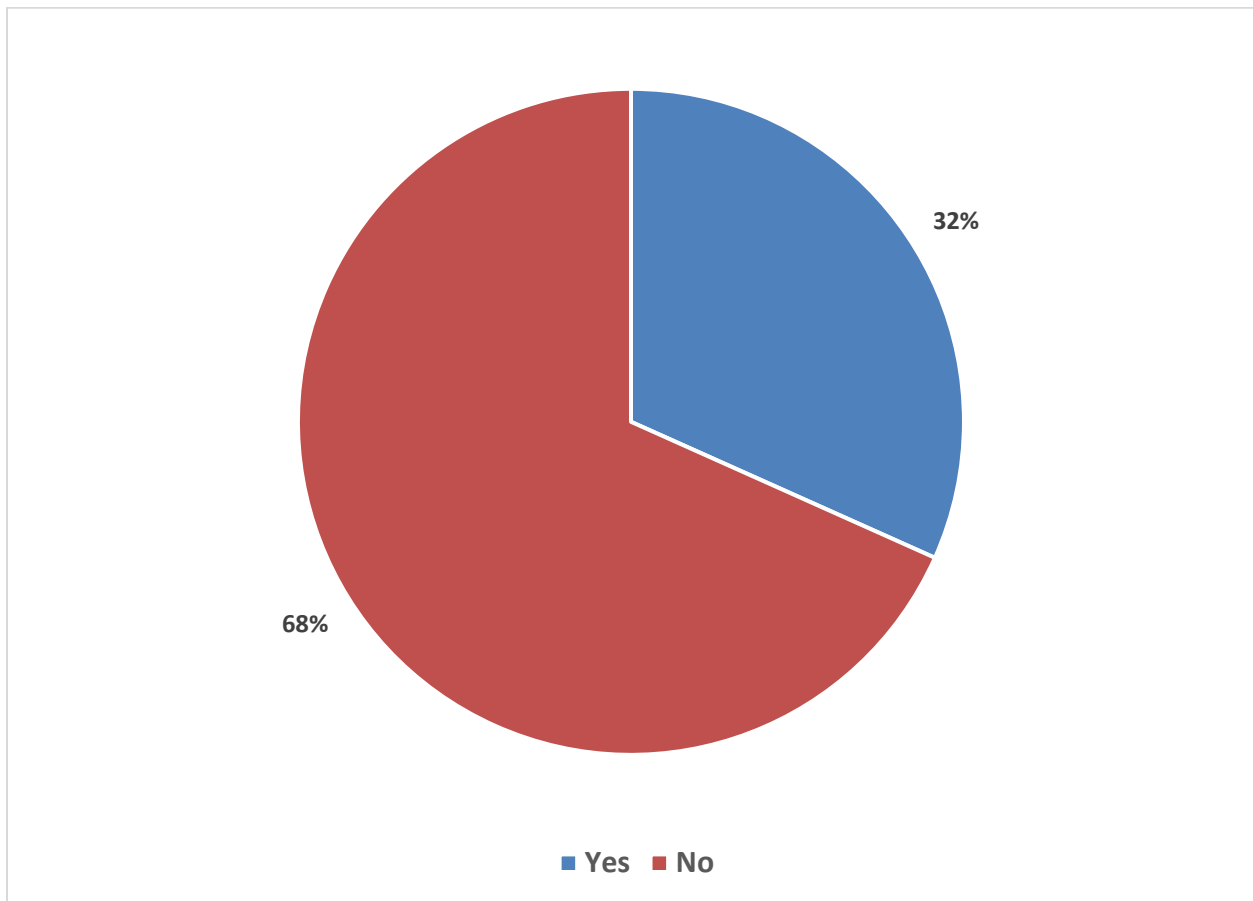
About 78% of those experiencing unstable housing reported that this instability was chronic, persisting for more than a year.

While a variety of services exists to help Veterans experiencing unstable housing, two-thirds of respondents reported they have not received any housing support in the previous year. Among those who did receive housing support, the most common benefits were received through VSOs. However, no housing support benefit was utilized by even 1% of the survey respondents.

Legal

About a third of the Veterans who answered questions about their legal history report that they have been involved in legal proceedings that required legal counsel in the past. This is not surprising considering that common situations that require a lawyer arise throughout the life course (e.g., divorce or bankruptcy). However, very few Veterans have been involved with a Veteran treatment court (1.4% of the study), and few (1.4% of the study) have received Veteran-focused legal services in the Northeast Florida community.

Chart 26: Has Veteran Ever Been Involved in Legal Proceedings that Required Legal Counsel?
(N=855)



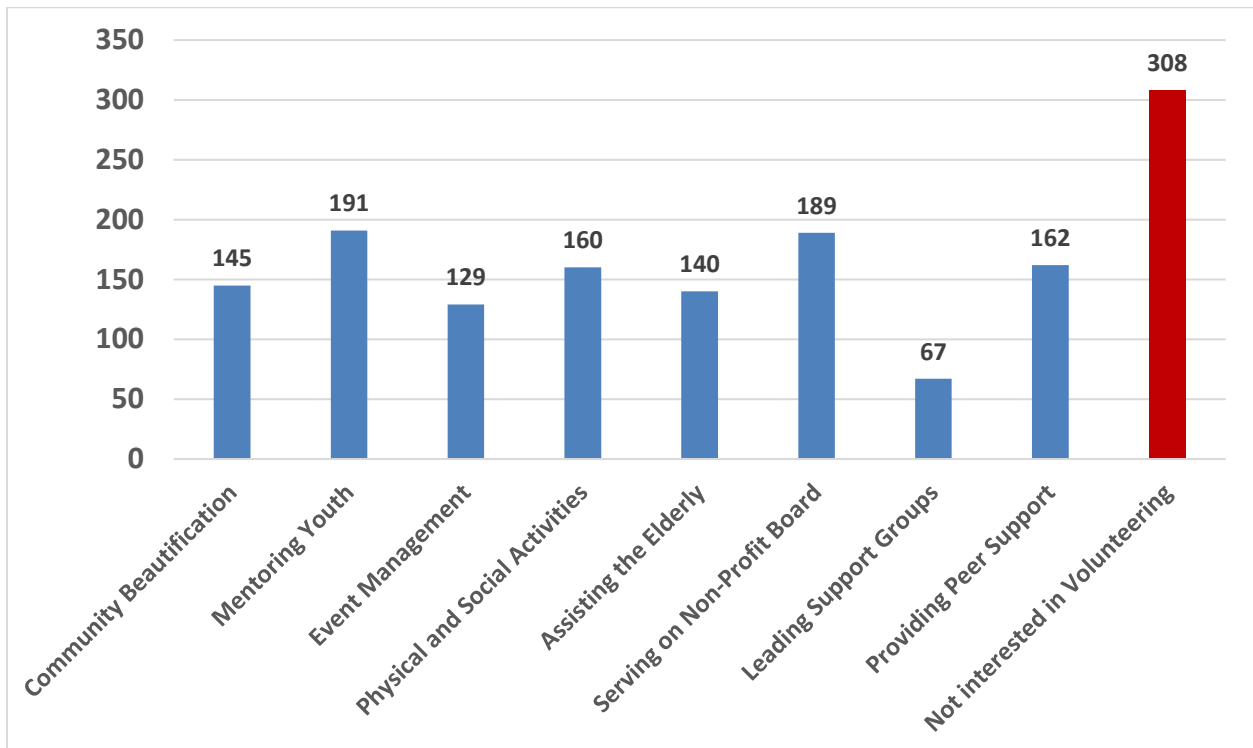
Volunteering

Respondents were asked if they volunteer with an organization that serves Veterans. Of those answering the question (N=835), 22.8% said that they volunteer. When asked to list the organization, respondents gave an exhaustive list of organizations with few duplicates. Among those frequently listed were:

- American Legion
- Baker County Veterans Council
- Marine Corps League
- Northeast Florida Women Veterans
- Veterans Treatment Court
- Wounded Warrior Project

Veterans were also asked about the types of volunteer opportunities they would most be interested in the future. Since different numbers of respondents answered each prompt, [Chart 27](#) below displays the raw number (N) saying they are interested in specific types of volunteer opportunities.

Chart 27: What Type of Volunteering is Veteran Interested In?



Family Members of Veterans or Active-duty Servicepeople

Demographics

A total of 220 respondents had the primary role of family member to a Veteran or an Active-duty service person. Unfortunately, less than half answered the demographic questions. The demographic characteristics of family members who did answer resembled the Veteran respondents. A summary of these demographics is presented in [Table 6](#).

Like the Veterans, the family members have a median age above 60 and the majority were white. The Veterans in the study were 71.6% male, whereas the family members were 74% female, suggesting that most of these family members were spouses. The family members were no less likely to have a bachelor's degree but were much less likely to have advanced degrees. They were also less likely to be retired than the Veterans.

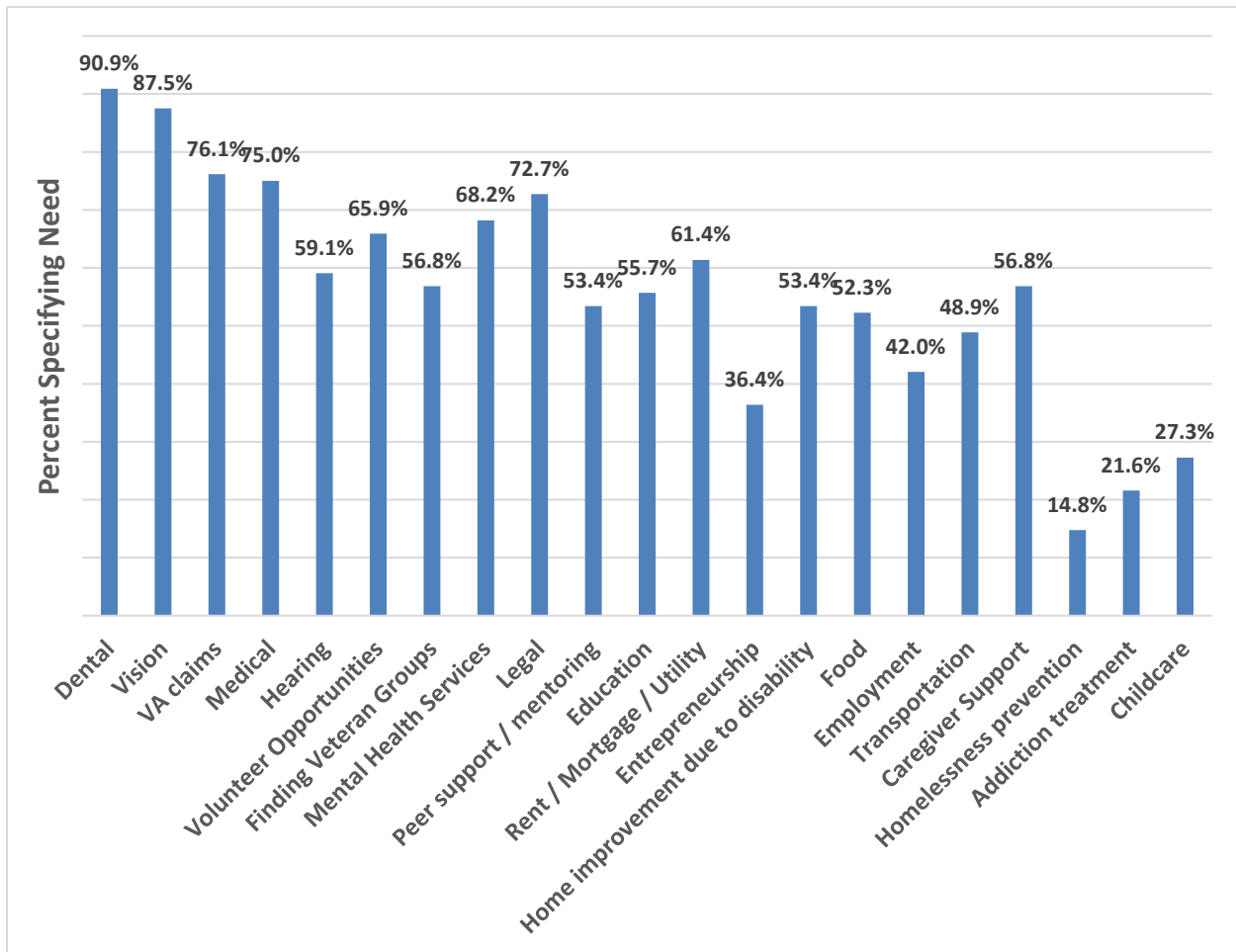
Table 6: Family Member Demographics		
Age	N	88
	25 to 39	15.9%
	40 to 59	33.0%
	60 or older	51.1%
Gender	N	104
	Man	22.1%
	Woman	74.0%
	Other Identification	3.8%
Race	N	98
	White	71.4%
	Black	13.3%
	Hispanic	11.2%
Marital Status	N	108
	Married	71.3%
	Single (Never Married)	4.6%
	Divorced	3.7%
	Other	20.4%
Education	N	107
	HS diploma or GED	15.0%
	Some College, AA or Technical Degree	30.8%
	Vocational	4.7%
	Bachelor's degree	23.4%
	Advanced degree / coursework	24.2%
	Other	1.9%
Employment	N	113
	Full Time	34.6%
	Retired	26.2%
	Disabled	11.2%
	Other	28.0%
Income	N	107
	Under \$50,000	25.2%
	\$50,000 - \$99,999	27.1%
	\$100,000 or more	27.1%
	Prefer Not to Answer	20.6%

Service Needs

Family members were also asked about their needs using the same questions given to the Veterans. The distribution of needs appears in the chart below.

As with the Veterans, healthcare needs topped the list of needs, with the most often cited item being dental. The distribution of needs was similar, but the family members were more likely to express need than the Veterans on every item on the scale.

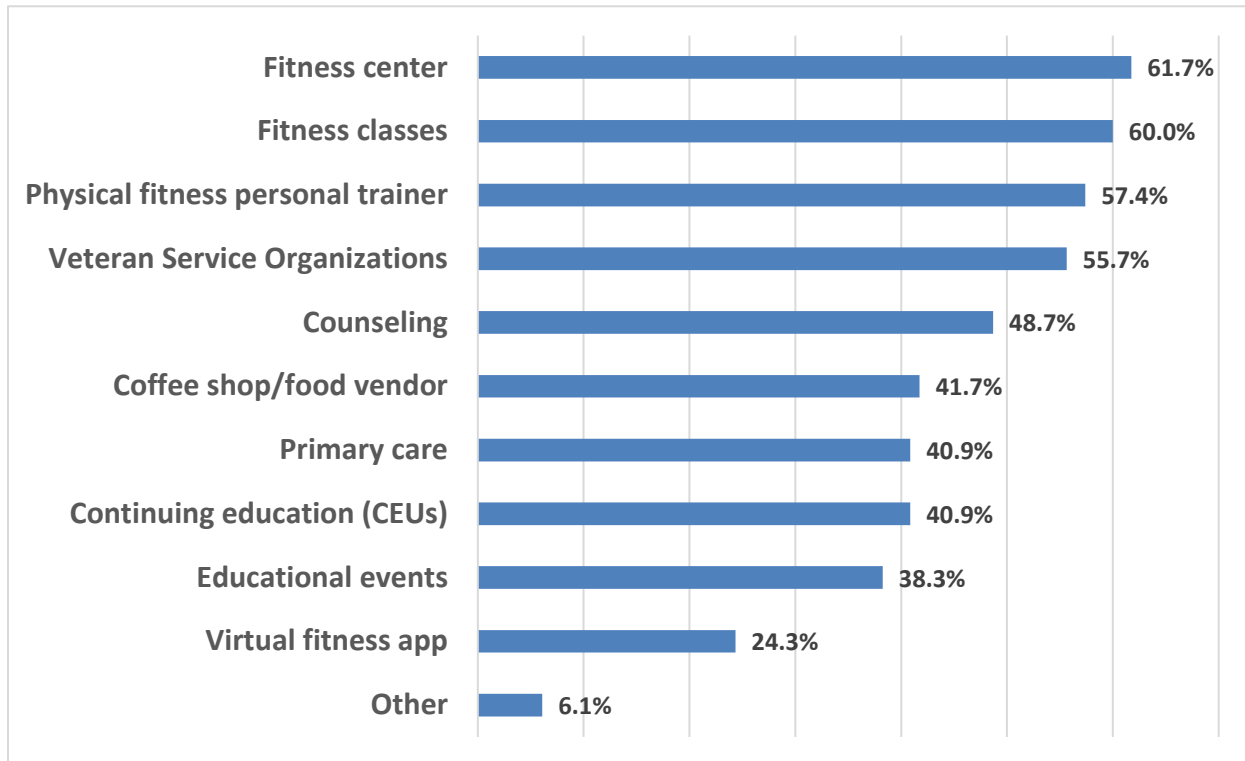
Chart 28: Percent of Family Members Expressing Need for Various Items



Like Veteran respondents, family members were asked to identify from a list of services they would likely utilize at a Veteran Wellness Center. Respondents were given the opportunity to select multiple services. Family members responded similarly to the Veterans, with fitness center, fitness classes, physical fitness personal trainer, and VSO as the top services. There were no repeated responses among the few “other” services suggested by family members. They

included adult day care, long term and assisted living options, childcare, physical therapy, pharmacy, and dental, vision, and hearing.

CHART 29: Percent of Family Members Who Would Likely Use Each Service (N=115)



Active-duty

Summary

Thirty-four survey respondents were Active-duty service members. At the time of the survey, a large majority served in the Navy (77.4%) with the rest evenly distributed through the other military branches. Half were enlisted, another 20% were officers, and the remainder were on Active-duty for the purposes of training. A little over half (55.9%) reported having served in a combat zone.

Demographically, the Active-duty respondents were younger than the Veterans in the survey as one would expect. Over half (58%) were between 18 and 39 years old, and 41.7% were between 40 and 59. Like the Veterans, the majority were white (73.3%) and male (58.8%). Only 6% had a household income of less than \$50,000 annually. Of those who answered the question about education, about half reported having at least a bachelor's degree or higher. A large majority (86.7%) planned to stay in Northeast Florida after separating from the military.

Twenty-five of the 34 Active-duty service members reported having needs and responded to the needs questions on the survey. Because they were younger, the Active-duty respondents reported fewer medical needs, except for help with dental care, which was the fourth most commonly listed need. Help with advancing their education was the most frequently listed need, followed by assistance with rent and childcare.

Caregivers

Summary

There were 15 survey respondents who had the primary role of caregiver. These people ranged in age from 54 to 75 years old. Of those who answered the question about their race, six were white, three were Black, and two were Hispanic. Five of the caregivers reported a household income under \$50,000 per year. Finally, one-third reported having at least a bachelor's degree.

Twelve of the 15 caregivers (80%) reported at least one need from the list of needs on the survey. Because they were older, the needs of the caregivers centered primarily on healthcare. Help with dental care, hearing and vision were the most frequently chosen items on the survey. Not surprisingly, "caregiver support" was frequently mentioned, given their stated role. Help with basic economic needs (i.e., transportation and food) were also commonly listed.

ANALYSIS BY PROVIDER RESPONSE

In addition to the individual responses, the survey also asked employees of Veteran Service Organizations (VSO) to respond to, and self-report on, several questions about their agency. A total of 21 agencies serving Veterans were represented. Three agencies had multiple responses which were combined into one overall composite response for that agency. For this analysis, the agencies were combined into groups by their number of employees: small (less than 100), medium (100 to 250), and large (500 or more). Small VSOs were represented by the most agencies at 13, while medium and large VSOs each had four respondents. The number of employees was used instead of overall budget to classify VSO size because of missing budget data (either purposely omitted or the respondent was unaware). However, the reported budget figures appeared to be correlated with the size of the organization.

Of the 13 small VSOs, nearly three quarters had less than 20 employees and only three had 50 to 99 employees. Six of the small VSOs served all five Northeast Florida counties, while an additional six served only Duval and one served only Clay. The majority (84.6%) of small VSOs classified themselves as non-profit with one for profit and one government agency. Regardless of classification, they all served Veterans and ten served the families of Veterans as well. Only a slight majority served Veterans of any discharge status while the other half did not serve those with bad conduct or dishonorable discharge. Ten of the small VSOs reported having volunteers – half of which noted they had over 50 volunteers a year.

The medium and large sized VSOs were similar in nearly every descriptive category. Each served all of Northeast Florida – Duval, Clay, St. Johns, Nassau, Baker; one of each reported accepting all discharge statuses, and half had volunteers. The minor descriptive difference between the groups was that two of the medium VSOs were non-profit and two government agencies, while three of the large VSOs were governmental and only one was non-profit.

VSO Services

The VSO respondents reported offering a wide variety of services to Veterans in Northeast Florida. In fact, every type of service listed in the survey was provided by at least three VSOs. The top services offered were volunteer opportunities, employment, finding Veteran centric social groups, and peer support / mentoring. As a group, the VSOs were less likely to offer treatment for addiction and substance use, dental, hearing, vision, general medical, or childcare. The top services among the small VSOs reflected the overall group with the addition of food. Small VSOs were less likely to provide Veterans with medical, dental, hearing, or vision care. The medium sized VSOs focused on housing related services including rent, mortgage, and utility payments, as well as homelessness prevention or rehousing. Other top cited services by these VSOs were legal and finding Veteran-centric social groups. All the large VSOs offered Veterans' assistance with VA claims for benefits. Other top identified services by the large VSOs

were employment, Veteran centric social groups, entrepreneurship, and volunteer opportunities. Medium and large VSOs were less likely to offer treatment for addiction, food, or transportation than other services.

Table 7: Percent of VSO by Classification who reported services offered to Veterans

	Total VSO (N=21)	Small VSO (N=13)	Medium VSO (N=4)	Large VSO (N=4)
Volunteer opportunities	66.7%	69.2%	50.0%	75.0%
Employment	61.9%	61.5%	50.0%	75.0%
Finding Veteran centric social groups	52.4%	38.5%	75.0%	75.0%
Peer Support / mentoring	52.4%	53.8%	50.0%	50.0%
Claims for benefits provided by the VA	47.6%	30.8%	50.0%	100.0%
Education	42.9%	38.5%	50.0%	50.0%
Homelessness prevention or rehousing	42.9%	38.5%	75.0%	25.0%
Mental Health Services	42.9%	38.5%	50.0%	50.0%
Rent, mortgage, or utility payments	42.9%	38.5%	75.0%	25.0%
Entrepreneurship	38.1%	23.1%	50.0%	75.0%
Caregiver Support	33.3%	23.1%	50.0%	50.0%
Food	33.3%	46.2%	0.0%	25.0%
Transportation	33.3%	38.5%	25.0%	25.0%
Legal	28.6%	23.1%	75.0%	0.0%
Home maintenance or modifications due to a disability	23.8%	15.4%	25.0%	50.0%
Child Care	19.0%	15.4%	50.0%	0.0%
Dental Care	19.0%	7.7%	50.0%	25.0%
Hearing Care	19.0%	7.7%	50.0%	25.0%
Medical Care	19.0%	7.7%	50.0%	25.0%
Vision Care	19.0%	7.7%	50.0%	25.0%
Treatment for Addiction and Substance use	14.3%	15.4%	0.0%	25.0%

Other services offered include community events, professional development, military transition, workshops.

Gaps in Services for Veterans

Survey respondents representing VSOs were asked to identify whether or not service gaps existed for Veterans within general service categories. The top reported gaps were primarily related to healthcare, mental health, and VA benefits. These gaps were reflected among the small and large VSOs, while gaps in services were evenly distributed across the categories by the medium-sized VSOs.

The VSO responses somewhat reflect what the Veterans reported regarding their service needs. Aspects of healthcare, such as dental, vision, hearing, and general needs, were the top needs identified by the Veteran respondents. Therefore, it is not surprising to find that the least offered services among the VSOs and identified gaps were healthcare. Veterans also cited VA claims as a high need and a difficult service to receive, which the VSOs also recognized as a gap. While VSOs identified housing / homelessness services and addiction treatment as lacking for Veterans, these types of services were less frequently cited as needs or as more difficult to obtain than other services.

Table 8: Percent of VSO by Classification who reported gaps in service for Veterans

	Total VSO (N=21)	Small VSO (N=13)	Medium VSO (N=4)	Large VSO (N=4)
Housing and homelessness	76.2%	92.3%	25.0%	75.0%
Healthcare	61.9%	59.2%	25.0%	75.0%
Mental health and substance use treatment	61.9%	59.2%	25.0%	75.0%
VA Benefits	52.4%	53.8%	25.0%	75.0%
Employment	38.1%	46.2%	25.0%	25.0%
Small business development and entrepreneurship	38.1%	46.2%	25.0%	25.0%
Volunteer service and opportunities	33.3%	38.5%	25.0%	25.0%
Education	28.6%	30.8%	25.0%	25.0%

The final questions for VSOs asked about support of a Veteran Wellness Center and the community attitude toward Veterans in Northeast Florida. Nineteen respondents reported that their organization would want to promote and / or make its services available at a Veteran Wellness Center. Each of the organizations positively agreed that Northeast Florida is a community that respects Veterans.

CONCLUSION

This report presents the findings from a comprehensive survey of Veterans, Active-duty, their family members, caregivers, and organizations that provide services to Veterans. This report aims to assess the needs of Veterans in Northeast Florida using the tools of modern social science.

A number of clear avenues for improving the lives of Veterans and their families emerged from the data. First, healthcare needs are the most widespread concern of the survey respondents. Dental care is mentioned as a pressing need by Veterans, their families, and the organizations that serve Veterans. We found that while over half of Veterans expressed a need for dental care, less than 20% of Veterans with this need are receiving support. Other healthcare needs like vision and hearing assistance are commonly mentioned. VSOs in the survey also recognized these needs, although few are providing them. Finally, respondents report that healthcare needs are among the most difficult to address.

Over one in four Veterans in the survey reported a service-connected disability rating of 100%, and the mean rating was over 60. Moreover, the survey respondents have a high incidence of depression / anxiety and PTSD diagnoses. Thus, it is not surprising that healthcare is a major concern.

Aside from health care, assistance with VA claims was reported by many respondents as a need. The VSO employees also mentioned this need, and several of these organizations are helping with the VA claims process.

Black and Hispanic Veterans report more urgent needs, and Hispanic Veterans are the least likely among the various subgroups in the survey to be receiving assistance.

While few Veterans report needing food or help with other basic, day-to-day tasks, those who do report these needs are very unlikely to be getting help addressing them. This is particularly true for low-income Veterans, who reported needing help with things like housing and employment.

Veterans in Northeast Florida have mixed reviews for the help they received transitioning from military to civilian life. Presently, given the age of the Veteran population, there is little need for educational services because most are finished with school. However, there is considerable interest in operating a small business, and most Veterans report that they are staying in Northeast Florida, so those seeking career opportunities are hoping to find them here.

Organizations that serve Veterans in Northeast Florida offer a wide range of services. However, these service providers identified gaps in the services that are offered. Aside from healthcare

needs, which are mentioned above, these organizations identified housing as an important concern.

These organizations reported that Northeast Florida is a community that respects Veterans. Thus, the city is likely to be ready to do more to address the needs of its Veteran citizens.

APPENDIX A

The sampling strategy employed in this report was an availability sample, and respondents from the target population were actively recruited to take the survey. This sampling strategy differs from various representative sampling approaches, wherein every member of the population has an equal likelihood of being selected. Overall, caution must be used when making generalizations from availability samples, because respondents who have deliberately chosen to take the survey may not perfectly reflect the characteristics of the population from which the sample is drawn. However, despite this limitation, availability sampling is widely accepted and employed in both applied and basic research in the social sciences when circumstances necessitate.

In this instance, there is no extant sampling frame of Veterans in Northeast Florida, and thus acquiring a representative sample of the region's Veterans would start with a comprehensive screening survey of the entire Northeast Florida population from which a subsample of Veterans would be extracted. Since Veterans are a small percentage of the overall population, such a screening survey would cost tens of thousands of dollars to administer or to purchase from a proprietary survey firm. The process of constructing a representative sample comprised of the family members and caregivers of Veterans would be even more complicated and expensive. Moreover, even with a representative sample, there is no way to safeguard against non-response, and studies have shown that those who refuse to respond to surveys are not interchangeable with those who do. Hence, both kinds of samples have a limited ability to generalize to the larger population.

Fortunately, there are ways to assess and bolster the generalizability of availability samples. For example, the 2020 U.S. Census includes information on the Jacksonville Veteran population, and these data can be compared with the characteristics of the sample. The census does not ask about Veterans' needs or experiences, but it does enumerate the basic demography of this population. Where applicable, we have compared the characteristics of our sample with the census data in this report. The demography of the survey respondents largely comports with census findings.

The survey also includes a large number of Veterans. Thus, while the sample is not representative, the sheer number of respondents ensures that much of the variability in the target population is reflected in the sample. The survey has 1,457 total respondents, including 1,174 Veterans. By contrast, many political polls that are used to generalize about voting trends for the entire nation are often based on about 1,000 respondents. In addition, in a needs assessment survey like this one, it is reasonable to assume that those who are most in need would be less likely to complete the survey, both because they would be harder to recruit, and

because they would have less access to a computer and the internet. For this reason, the survey likely underestimates the needs of Veterans and their associates in Northeast Florida.

Finally, this survey is similar in scope and size to others used to assess similar needs among Veteran populations in other regions. The Jacksonville survey has more respondents than similar studies used by policymakers in Austin and El Paso, Texas.

APPENDIX B

The below information was provided by Combined Arms and qualitative in nature. The results presented here are supplemental and not part of the quantitative survey analysis. This information was obtained through voluntary written commentary received from veterans and service providers at the town hall on September 1st, 2022.

1. What are the Top 3 service gaps for veterans and their families in Northeast Florida?

First	Second	Third
Communication of Resources	Benefits Assistance	Social Groups
Communication of Resources	Care from VA/Tricare of their Resources	More Service Offices for Vets
Communication of Resources	Service Officers for Veterans	
Underemployment	Financial Education	Mental Health
Financial Relief	Financial Literacy	Underemployment
Housing Options	Financial Literacy	Underemployment/ Unemployment
Housing Options	Employment	Affordable Dental Care
Knowledge of Resources	Access to Mental Health	Social Groups/Activities
Coordinated Care/Case Management	Benefits Assistance	Financial Education
Affordable Housing	Financial Education	Benefits Assistance
VA Communication	Financial Education	
Medical	Communication	Systems that are Connected
Affordable Housing/Beds in Clay/St Johns	Transportation/Car Repair	Where to Go for Support
Consistent ID cards at VA	Services for Rural Veterans	Misunderstanding of a "veteran"
Criminal Cases impede services	E-5 below lack of knowledge about transition	Lack of community welcoming upon discharge

Note: Two people added a fourth gap for Mental Health.

2. Please amplify the above or share other comments that you would like to ensure we capture. Comments are in no particular order:

- "We need to encourage and support our veterans and transitioning military families to connect with services and each other so that they can enjoy a healthier and more stable life in our community."
- "Unemployment and underemployment has a huge negative impact on Veterans and the military family. The American Psychological Association states that those who experience prolonged unemployment tend to suffer poor mental health due to anxiety, frustration, disappointment, alienation and depression. These symptoms tend to become more severe when a person has a financial obligation like a family or previously held positions of respect and success, like the military."
- "Vets are in need of financial relief and literacy due to underemployment. But it would be valuable if we could catch the servicemember at retirement (transition) to ensure they understand the life events post military so we can plan a better future."
- "The housing industry is a mess right now. Many veterans are on fixed incomes and can't stay up with the changes to the economy. When veterans get in a financial rut and seek assistance, they also need the tools to manage what they do have. Ensuring mental health resources are available without stigma to everyone some foundational things can be addressed."
- "We have to work in collaboration, not in competition to solve concerns."
- "There is a tremendous disconnect between medical services provided and available to veterans. Veterans need assistance filing benefits claims and financial education when transitioning out of the military. Financial education is a large part of future financial stability."
- "NE Florida is a very large AOR. Please consider outside the "center" and look at connecting points in between Duval/St Johns, Duval/Clay County."
- "While there are plentiful careers and positions, particularly in the current market, transitioning service members, veterans and military spouses continue to be challenged in gaining a career that they are passionate about and is commensurate with their military and civilian skills. Underemployment is a bigger issue than unemployment."
- "As a Transition Assistance Advisor, it is very challenging connecting my clients to organizations, programs and resources for emergent financial assistance and relief needs. It is very difficult getting through the layers in the multiple of outreach organizations to identify financial support that is not scarce and veterans/service members are eligible for."