

2023 CENTRAL OHIO FAMILY NEEDS ASSESSMENT FINAL REPORT

March

2024

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THE OHIO STATE UNIVERSITY
BATTELLE CENTER FOR SCIENCE,
ENGINEERING, AND PUBLIC POLICY

2023 Central Ohio Veteran & Family Needs Assessment Final Report

Prepared for Endeavors
March 2024



**THE OHIO STATE
UNIVERSITY**

BATTELLE CENTER FOR SCIENCE,
ENGINEERING, AND PUBLIC POLICY

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EXECUTIVE SUMMARY

In the following pages, we report on the findings of a needs assessment of the Veteran and military-connected community in central Ohio. The 2023 Columbus Veteran Needs Assessment was carried out by The Ohio State University's Battelle Center for Science, Engineering and Public Policy (the Battelle Center) as part of a sponsored initiative by Endeavors, in collaboration with the National Veterans Memorial and Museum.

Given the goals of the project, the survey targeted adult (18 years of age or older) Veterans, service members (active, guard, or reserve); family, close friends, or caregivers of a Veteran / service member; and employees of Veteran / military service organizations in central Ohio. Central Ohio was defined for this survey as the greater Columbus metropolitan region, including Franklin, Delaware, Fairfield, Pickaway, Licking, Madison, and Union counties.

The survey was administered between September 25th and November 17th, 2023. A total of 481 surveys were collected, including of Veterans (N=264), Military Retirees (86), the immediate family members and close friends of Veterans or Active-duty members (N=139), employers, supervisors, or coworkers of Veterans or Active-duty members (N=45), service members currently on Active-duty (N=60), and caregivers (N=11), as well as responses from 37 Veteran Service Providers.

- The largest group of respondents (45.6%) were ages 40-60
- Most respondents were male (69.6%)
- Most respondents were white (78.5%); 11.3% were Black
- 61% of respondents were married; 16.8% were divorced, separated, or widowed
- Nearly half of respondents (49%) were employed full-time, 9% were employed part-time; 17.7% were retired

The top needs identified by Veterans and Military Retirees:

- Physical Fitness and Wellness (60.3%)
- VA Claims Support Services (54.6%)
- Mental Health Services (48.7%)
- Volunteer Opportunities (46.9%)

Veterans reported *moderate* or *high* difficulty in getting support for:

- VA Claims Support Services (42.3%)
- Employment Services (36%)
- Physical Fitness and Wellness (30.3%)
- Veteran Groups Support (31.8%)

Veteran Service Organizations identified the top gaps in services in central Ohio as:

- Housing and Homelessness (75%)
- VA Benefits Assistance (74.1%)
- Employment Services (67.3%)
- Mental Health and Substance Abuse Treatment (64.3%)
- Small Business Development and Entrepreneurship Assistance (61.1%)

Asked about services at a new Wellness Center, Veterans reported that they would be most likely to utilize:

- Fitness Center (61%)
- Physical Fitness Personal Trainer (57%)
- Massage Therapy (45%)
- Veteran Service Organizations on Site (39%)
- Fitness Classes (35%)
- Continuing Education Opportunities (34%)
- Chiropractic Services (32%)
- Legal Services (30%)
- Counseling Services (28%)
- Educational Events (28%)

INTRODUCTION

In the following pages, we report on the findings of a Needs Assessment of the Veteran and Military community in central Ohio. The Central Ohio Veteran and Military Family Needs Assessment was carried out by the Ohio State University's **Battelle Center for Science, Engineering, and Public Policy (the Battelle Center)** as part of a sponsored initiative by **Endeavors** with support and collaboration from the National Veterans Memorial and Museum.

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 more than 50 years. Endeavors offers various programs and services supporting Veterans' mental health and wellness; alleviating homelessness; and supporting children, migrants, families, and people struggling to overcome mental illness, disabilities, disasters, and emergencies.

(<https://endeavors.org/>)

The central mission of the Battelle Center is to develop the talent, technologies, and multidisciplinary teams that support innovation for the public interest. To that end, the Battelle Center is currently or has been involved in several public interest research projects, including monitoring and mitigating online misinformation, building data infrastructure for pandemic preparedness and response, and analyzing policies for innovation and emerging technologies. The Battelle Center's research team strives to develop partnerships with both funding agencies and recipients of community services to assess the impact of these efforts and communicate results to stakeholders. In doing so, we aim to train the next generation of leaders to innovate beyond technology to make a difference in the public's interest.

(<https://battellecenter.osu.edu/>)

This needs assessment is a snapshot of the priority population (i.e., Veterans and military-connected individuals), conducted via a cross-sectional survey. This report synthesizes and summarizes findings from the survey to contribute to Endeavors' and other stakeholders' understanding of the Veteran and military-connected experience and needs in Ohio. In addition, we bring other local insights to bear from key informants and from central Ohio's social, policy, and governance environment. While the range of experiences and needs in this population is vast, we believe that the following analysis provides value evidence for the design and implementation of any viable, feasible, and desirable expansion of services to central Ohio's military-connected families.

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 central Ohio. Central Ohio was defined for this survey as the seven-county area of Franklin, Delaware, Union, Licking, Madison, Fairfield, and Pickaway. However, because it is common for people to travel and change residency across the state of Ohio, responses were captured from throughout the state. The survey was not designed to distinguish between permanent and temporary residents. Responses were anonymous and based on an availability sample. The survey was administered via Qualtrics between September 25th and November 17th, 2023. For a further discussion of the survey sample size, see **Appendix A**.

The survey sponsor and collaborators deployed multiple survey recruitment activities, including a kickoff event at the National Veterans Memorial and Museum (see **Appendix B**), regular emails to stakeholders, newsletters, flyer distributions, local Veteran events, and social media posts. Multiple rounds of emails were sent to stakeholder contacts including but not limited to: Grief Recovery Institute, Veteran councils, Ohio State's Military Veterans Service department, 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 central Ohio seven-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 (developed by Endeavors), complete with graphics, promotional blurbs, suggested posts and a QR code link. Many stakeholders used the provided graphics to post on their social media and email communication channels. Endeavors and collaborating organizations also posted the survey link on their website and social media pages.

A total of 481 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 of the survey instrument, worsened steadily. In addition, some respondents skipped questions throughout the survey yet continued 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 or Military retiree current Active-duty member, family member or close friend of a Veteran or Active-duty

member, caregiver of a Veteran or service member, employer or co-worker of a Veteran or service member, 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 respondent'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 a total of 481 surveys collected, including: Veterans (N=264), Military Retirees (86), immediate family members and close friends of Veterans or Active-duty members (N=139), employers, supervisors, or coworkers of Veterans or Active-duty members (N=45), service members currently on Active-duty (N=60), and caregivers (N=11), as well as responses from 37 Veteran Service Providers. Since Veterans constituted 54.9% 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.

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 – 66 respondents
- Active-duty or in the Reserves – 15 respondents
- A Caregiver – 7 respondents
- Employee of a VSO – 25 Respondents
- Employer, Supervisor, or Coworker of Veteran or Service Member – 32 respondents

Family of a Veteran or Active-duty who were also:

- Active-duty or Reserves – 15 respondents
- A Caregiver – 10 respondents

- Employer, Supervisor, or Coworker of Veteran or service-member – 35 respondents
- Employee of a VSO – 18 respondents

Veterans

Demographics

A total of 264 survey respondents were identified as Veterans. As **Table 1** shows, about 84% of them answered the demographic questions. The number of respondents for each demographic variable is labeled with “N,” and percentages for various categories within each variable appear below the count. More than half of the participants (50.5%) were between 40 and 59, with an average age of 53.5. Most respondents were male (74.1%), 21.4% were female, and 3.57% indicated a non-binary gender. Most respondents were white (79.5%), and 11.2% were Black. An additional 2.7% were Hispanic, and 6.6% identified as some other race, including Asian, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native. Nearly two-thirds of respondents were married, with an additional 13.6% divorced. A total of 63 (29.3%) Veterans had children under 18 living at home with them.

Compared to the general population, the survey respondents were well-educated as a group, as one might expect due to the educational benefits provided to Veterans and access to educational institutions in central Ohio. Nearly a third (34.1%) of respondents had either obtained an advanced degree or were completing the coursework required to do so. An additional 28.7% had obtained a bachelor’s degree, 2.2% had a vocational degree, and 26.9% had at least some college experience by taking classes or obtaining an AA / technical degree. Only 8.1% had finished their education with a high school diploma or GED.

About one-fifth (19.2%) of respondents were retired. The remaining respondents were either working full time (48.9%), disabled (6.6%), or were in some other situation (16.2%), such as employed part time, a student, or unemployed.

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. This survey had a “prefer not to answer” rate of 15.9%, even on an anonymous survey. For those who did respond, they were relatively distributed in the following brackets: the under \$50,000 (18.3%), \$50,000-\$99,000 (31.1%), or \$100,000 or more (34.7%).

Table 1: Veterans Demographics

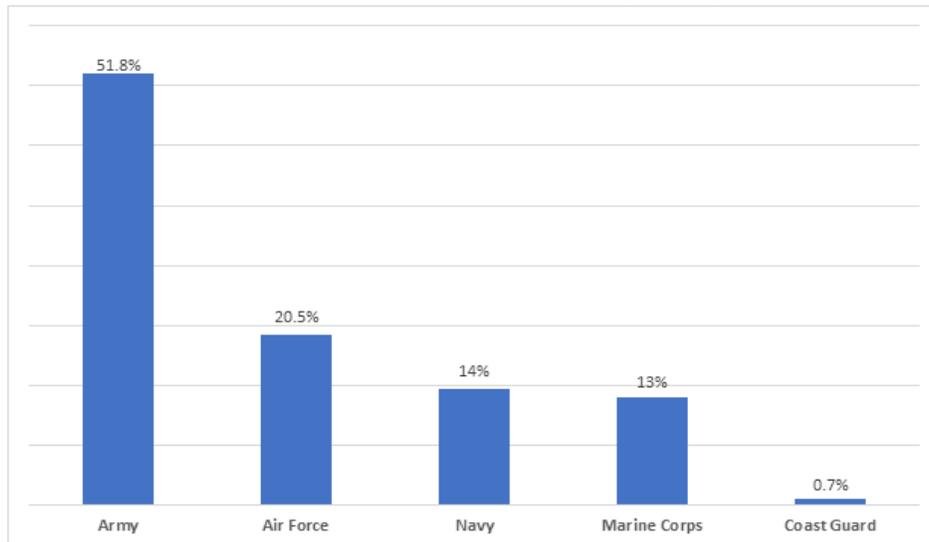
Age	<i>N</i>	216
	24 to 39	15.7%
	40 to 59	50.5%
	60 or older	33.8%
Gender	<i>N</i>	224
	Man	74.1%
	Woman	21.4%
	Other Identification	3.57%
Race	<i>N</i>	224
	White	79.5%
	Black	11.2%
	Hispanic	2.7%
	Other	6.6%
Marital Status	<i>N</i>	221
	Married	66.1%
	Single (Never Married)	9.5%
	Divorced	13.6%
	Other	10.9%
Education	<i>N</i>	223
	HS diploma or GED	8.1%
	Some College, AA or Technical Degree	26.9%
	Vocational	2.2%
	Bachelor's degree	28.7%
	Advanced degree / coursework	34.1%
	Other	0.5%
Employment	<i>N</i>	219
	Full Time/Part-time	55.5%
	Retired	19.2%
	Disabled	6.6%
	Other	16.2%
Income	<i>N</i>	219
	Under \$50,000	18.3%
	\$50,000 - \$99,999	31.1%
	\$100,000 or more	34.7%
	Prefer Not to Answer	15.9%

Service

Veterans and Military Retirees from every branch of the service participated in the survey. Over half of the Veterans reported serving in the Army (see [Chart 1](#)). Veterans also reported serving in the Air Force (20.5%), the Navy (14%), Marine Corps (13%), and Coast Guard (0.7%). Of all Veterans and Military Retirees, 20.6% did not list a branch of service.

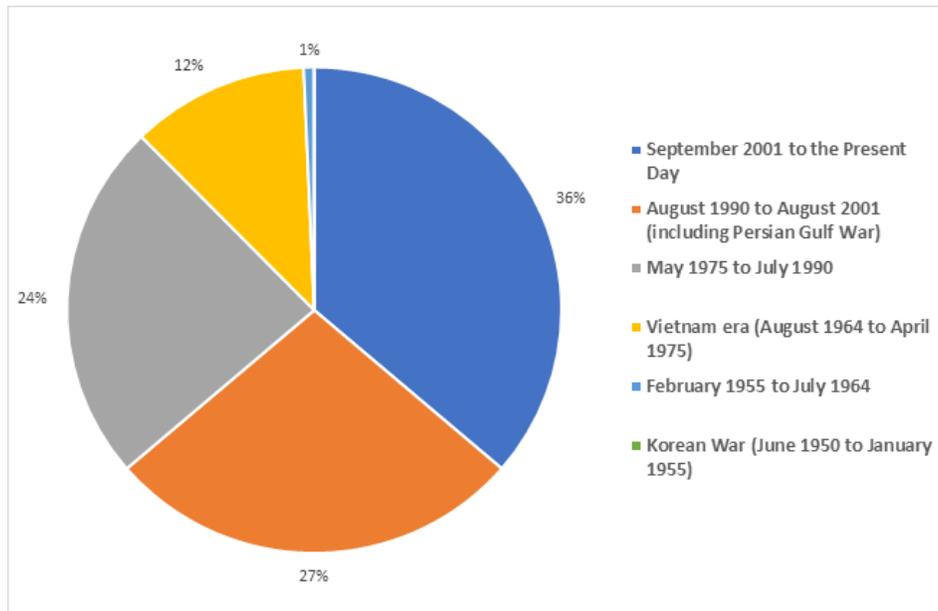
Eighteen percent of the Veterans and Military Retirees in the study transitioned out of the military in the past five years, while 82% reported transitioning out more than five years ago. Eighty-nine percent served on active duty, while 27% served in the reserves and 27% in the National Guard. Many survey respondents reported more than one component, making the total greater than 100%. Most of the Veterans in the study (55%) had served in a combat zone.

Chart 1: Branch of the Service (N=278)



Veterans in the survey ranged in age from 24 to 95 and, as seen in [Chart 2](#), the time periods when they served reflect this range. Nearly three quarters of the respondents served before 9/11.

Chart 2: Era of Service (N=260)



Service Needs

An essential component of the survey is a bank of questions asking about specific service needs. Among Veterans, 132 (37.5%) reported at least one needed service while 220 (62.5%) 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 2** shows that Veterans with at least one need were less affluent than those without any needs. Indeed, of those Veterans with needs, just 59.5% had an income over \$50,000, 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 2: Characteristics of Veterans With Needs vs. Those Without Any Needs

	Veterans with Needs (N=132)	Veterans without Needs (N=220)
Income over \$50k	59.5%	60.6%
Bachelor’s Degree or Higher	52.2%	70.0%
Married	53.7%	78.4%
Male	56.3%	75.8%

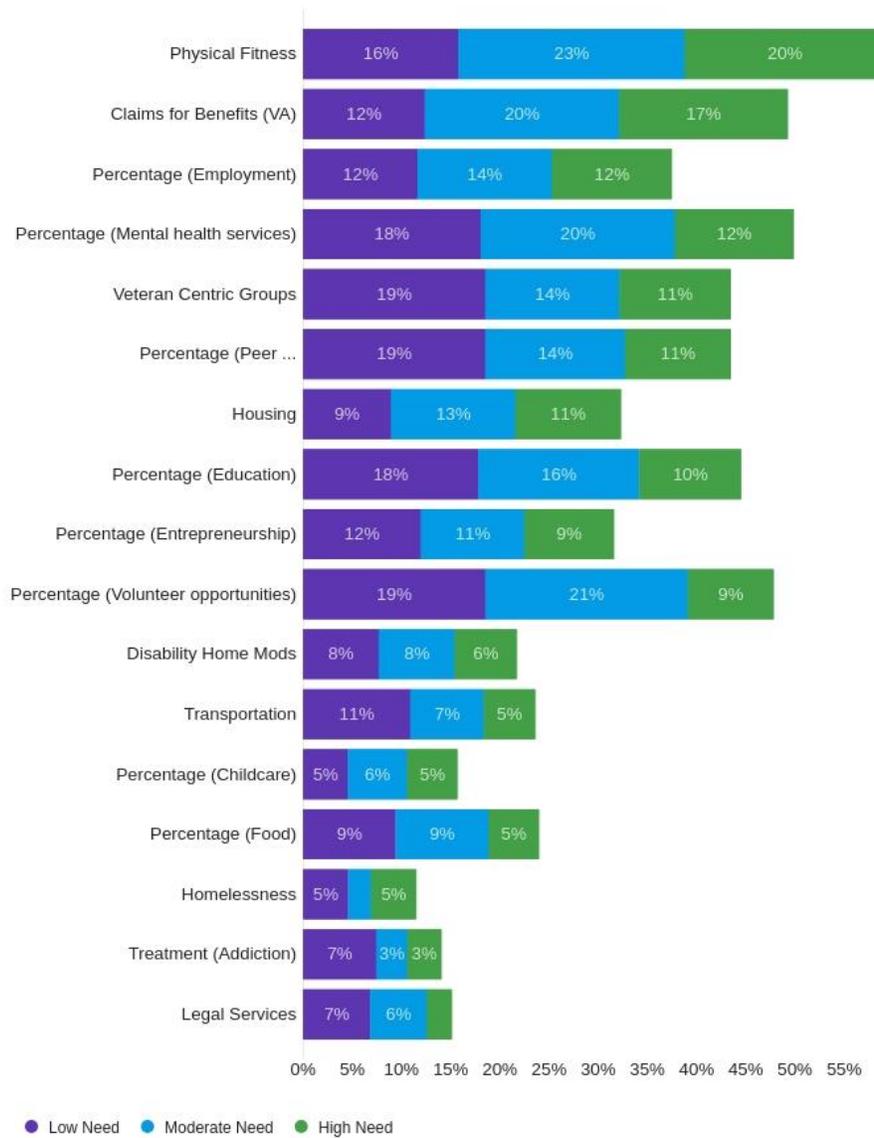
The survey assessed a variety of specific needs. Respondents were asked if they had “no need,” “low need,” “moderate need,” or “high need” for each of these items. They were also asked an

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 (N=481) 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, physical fitness services were the most needed service, with a little under half the Veterans reporting this need. These services were followed closely by assistance with claims for Veterans Benefits, as well as mental health services. This suggests that health and wellness were the most important needs of Veterans in the study. Treatment for addiction 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: Percentage of Veterans Expressing at Least Low to High Need for Various Services (N=481)



The data in [Chart 3](#) are also displayed in [Table 3](#). 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 percent of Veterans who have a need for this item and who also rate their need as “high.”

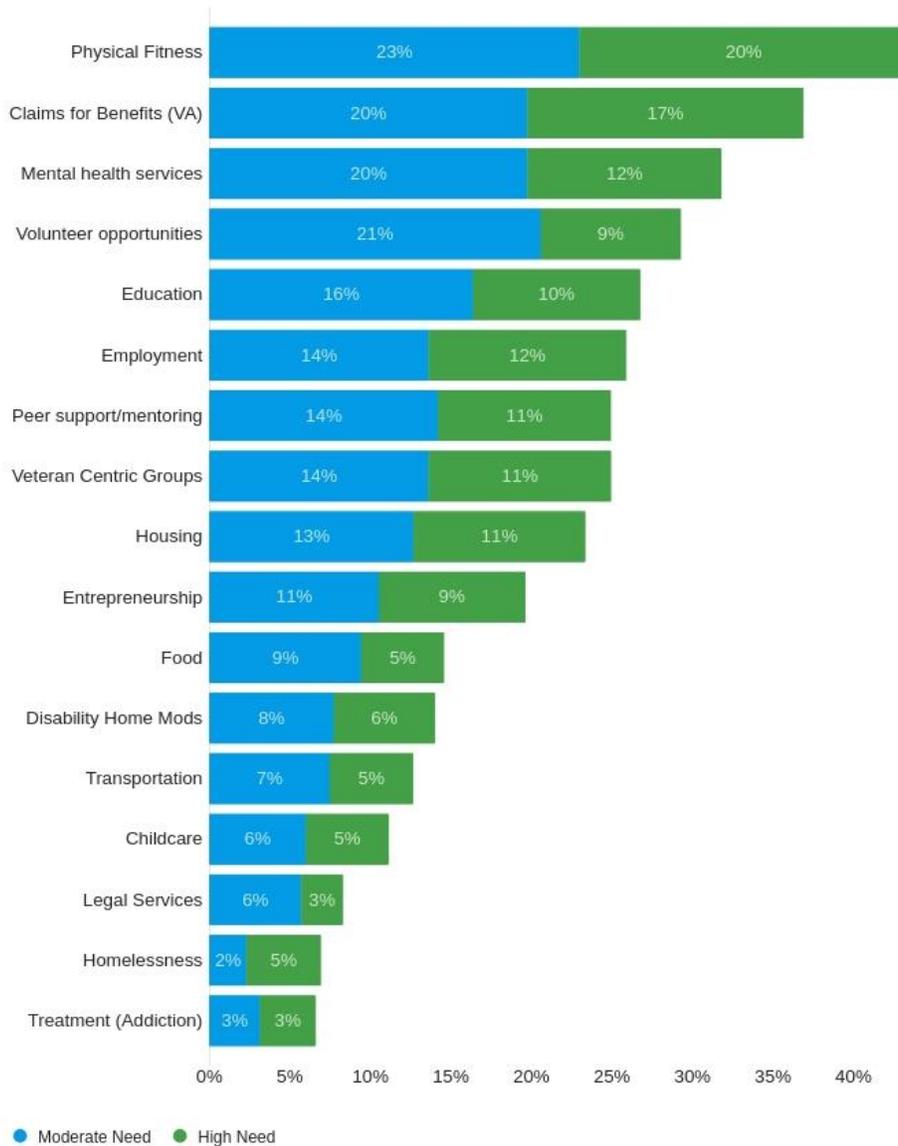
Table 3: Percentage of Veterans Expressing Need for Various Items (N=481)

Employment	132	27.4	9.0
Education	155	32.2	7.4
Childcare	55	11.4	3.7
Rent, Mortgage, Bills	112	23.2	7.7
Disability Home Mods	76	15.8	4.6
Homelessness	40	8.3	3.3
Food	84	17.4	3.7
Transportation	82	17.0	3.7
Legal	53	11.0	1.9
Addiction Services	49	10.1	2.5
Mental Health Services	174	36.1	8.7
VA Claims	167	34.7	12.1
Veteran Centric Groups	150	31.2	8.1
Peer Support/Mentor	180	37.4	7.7
Entrepreneurship	108	22.5	6.4
Volunteer	165	34.3	6.2
Physical Fitness Access	206	42.8	14.8

Help with physical fitness access 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.

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 moderate needs.

Chart 4: Percentage of Veterans Describing Their Need as Moderate or High (N=481)



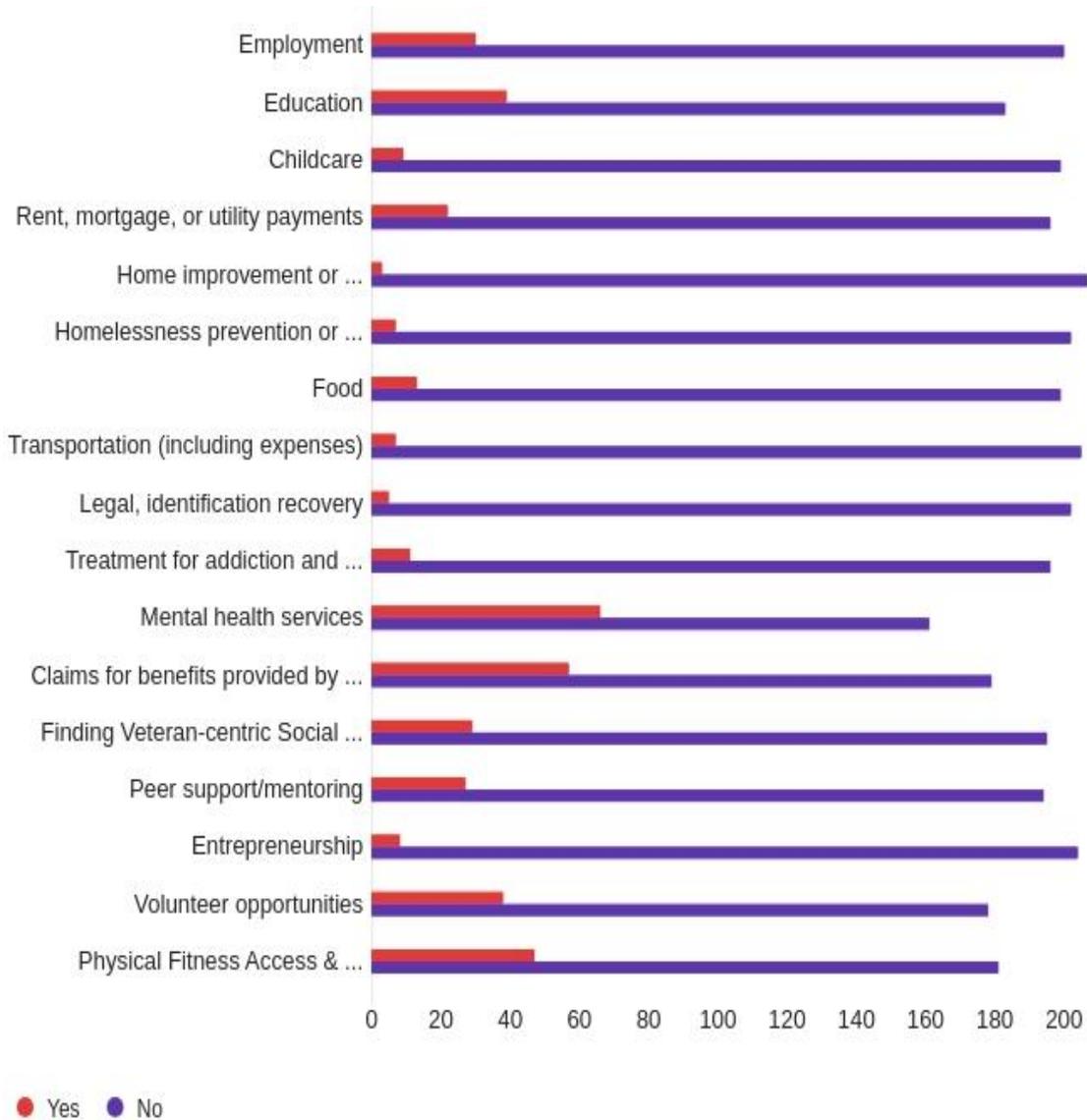
Social scientists have found that within a population, peoples’ needs and their access to the resources to meet those needs are not equally distributed. Racial and ethnic minorities, low-income individuals, and those 65 and older have all been identified as groups that face disproportionate risks to 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: Number of Veterans with Needs Receiving Service for that Need vs. Not Receiving (N=260)



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. The chart below has three of the top races from the survey as well as the top three services with the most occurrences of that service with moderate-high need. When cross tabulated, the data revealed that Hispanic or Latino/ Black or African races had higher needs than their White counterparts.

CHART 6: Percentage of Veterans by Ethnicity with Top Three Moderate to High Needs (N=274)

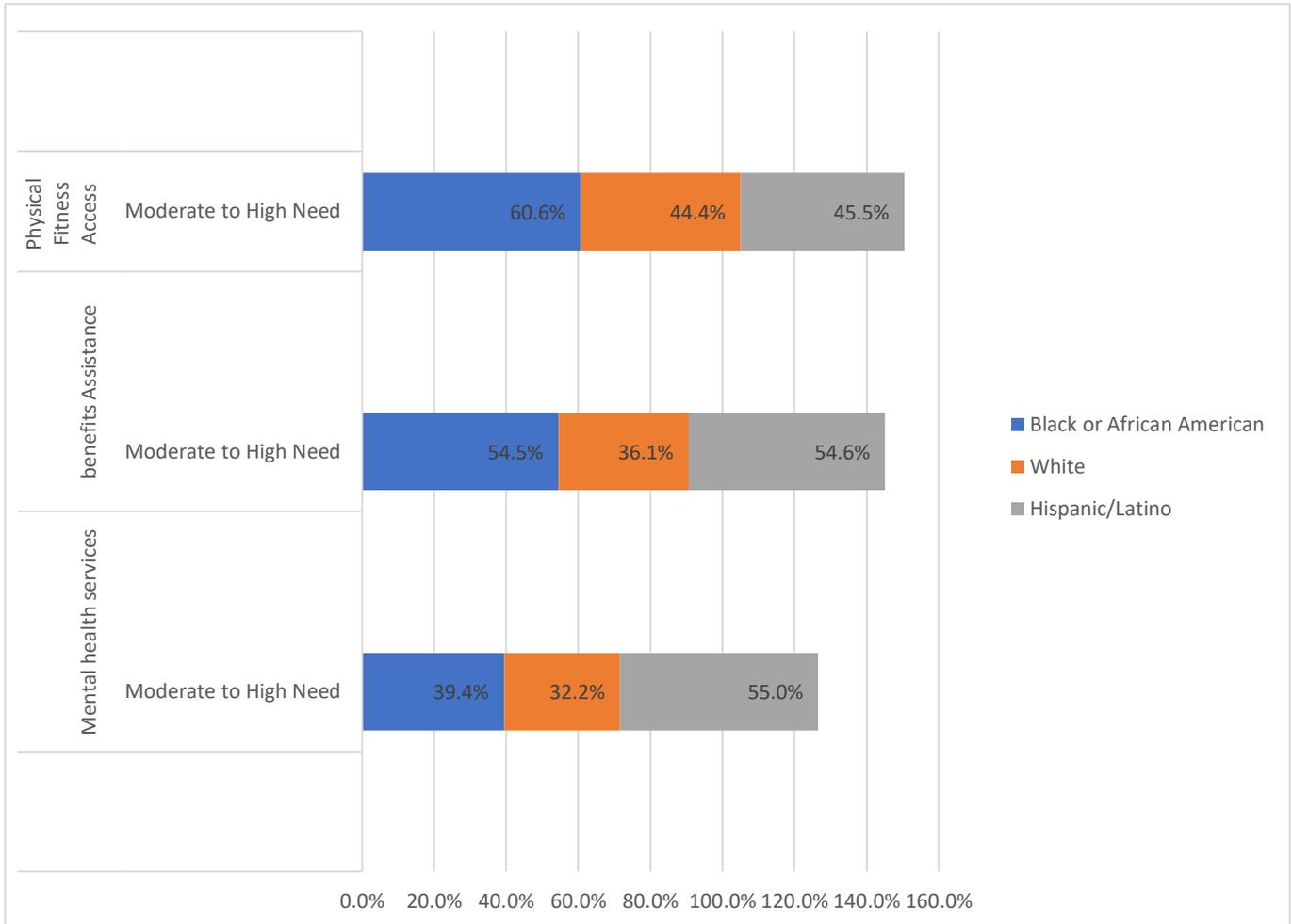
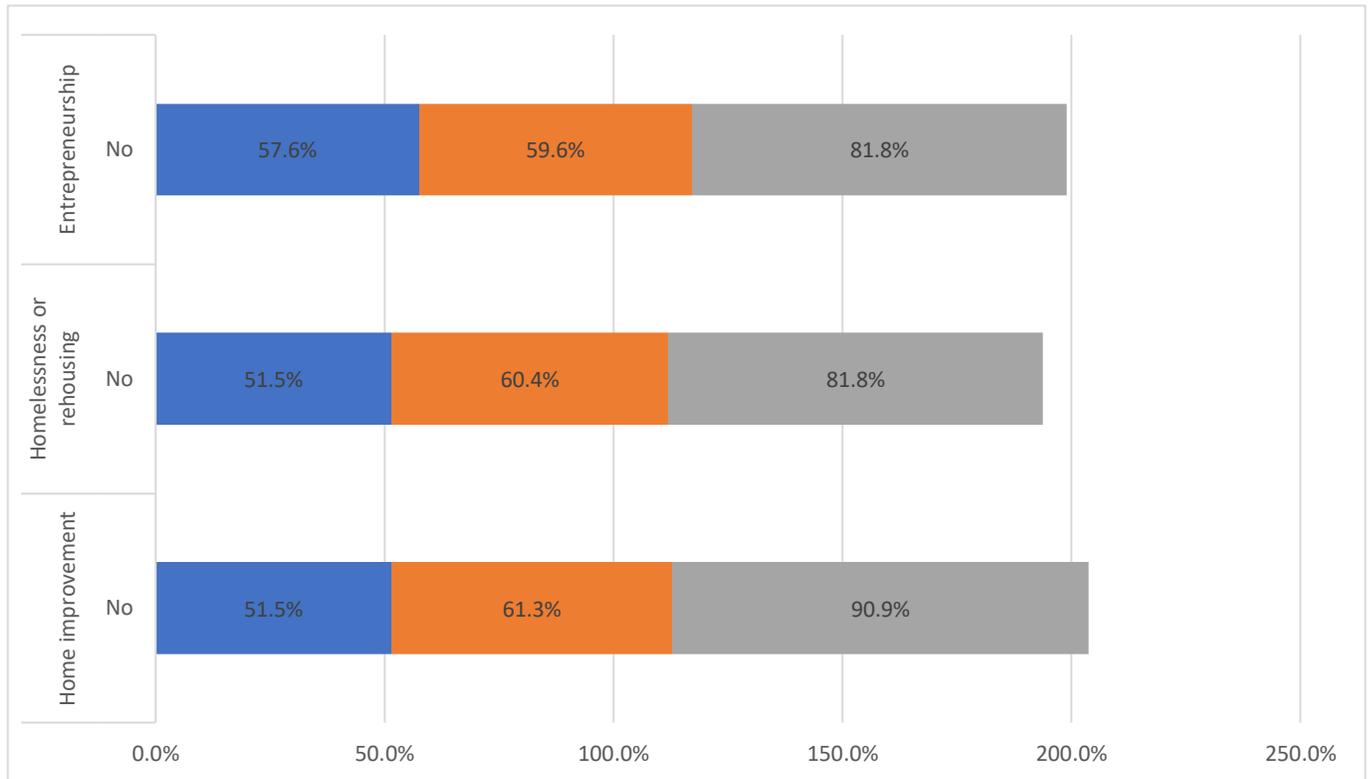


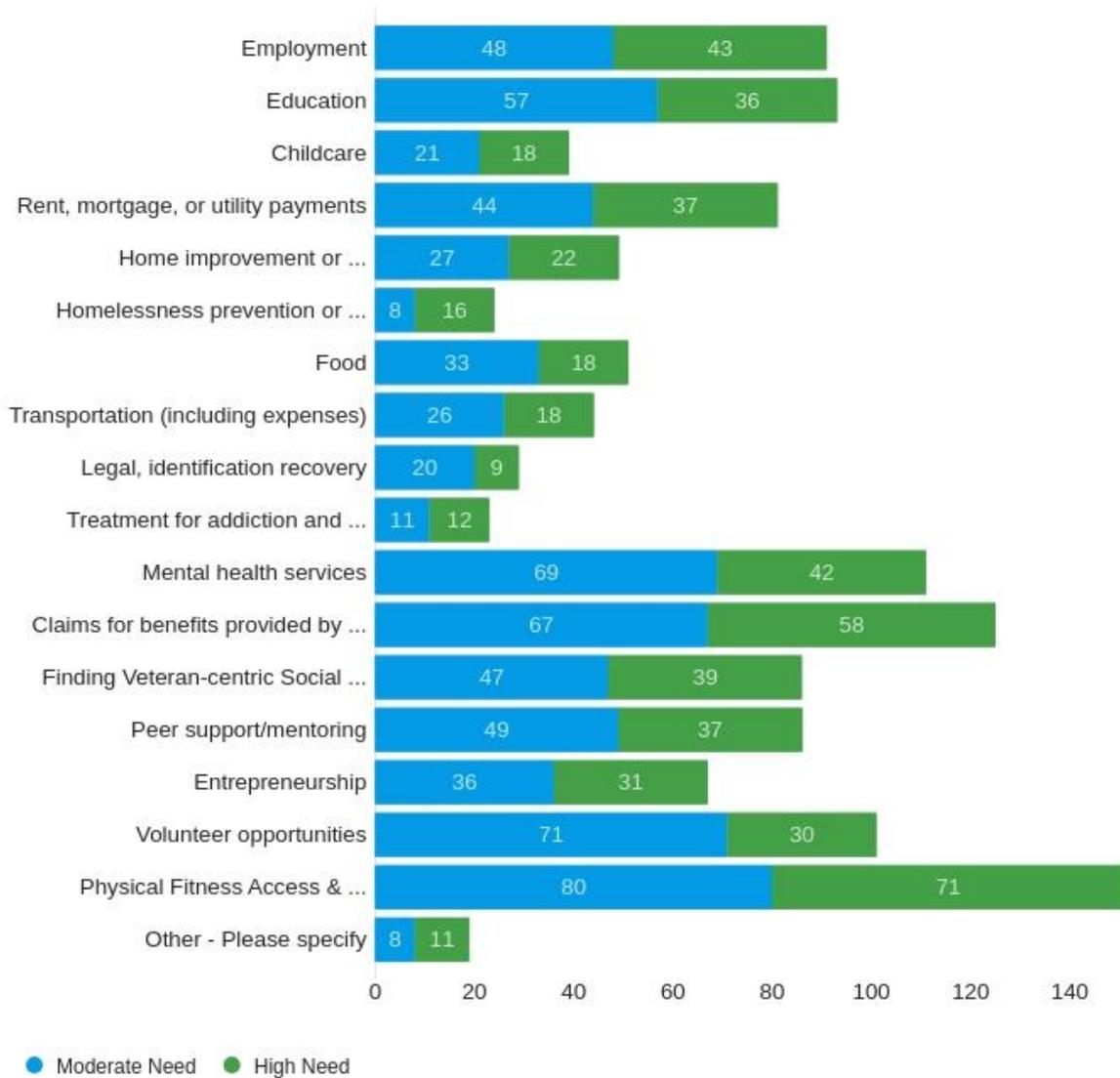
Chart 6 shows that relative to their need, Hispanic Veterans were less likely to be receiving help – particularly with their medical needs – than other Veterans. This disparity was possibly due to a language barrier. When isolated, the Hispanic/Latino veterans had a higher overall percentage of moderate to high need, with the African or Black races following closely.

Chat 6.1: Percentage of Veterans by Ethnicity with Top Three Needs NOT Receiving Services (N=274)



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 a significant unmet demand for services in these areas. Help with VA Claims, employment and physical fitness and wellness were the top three described with moderate to high need.

Chart 7: Number of Veterans with Difficulty Getting Assistance for Needs (N=356)



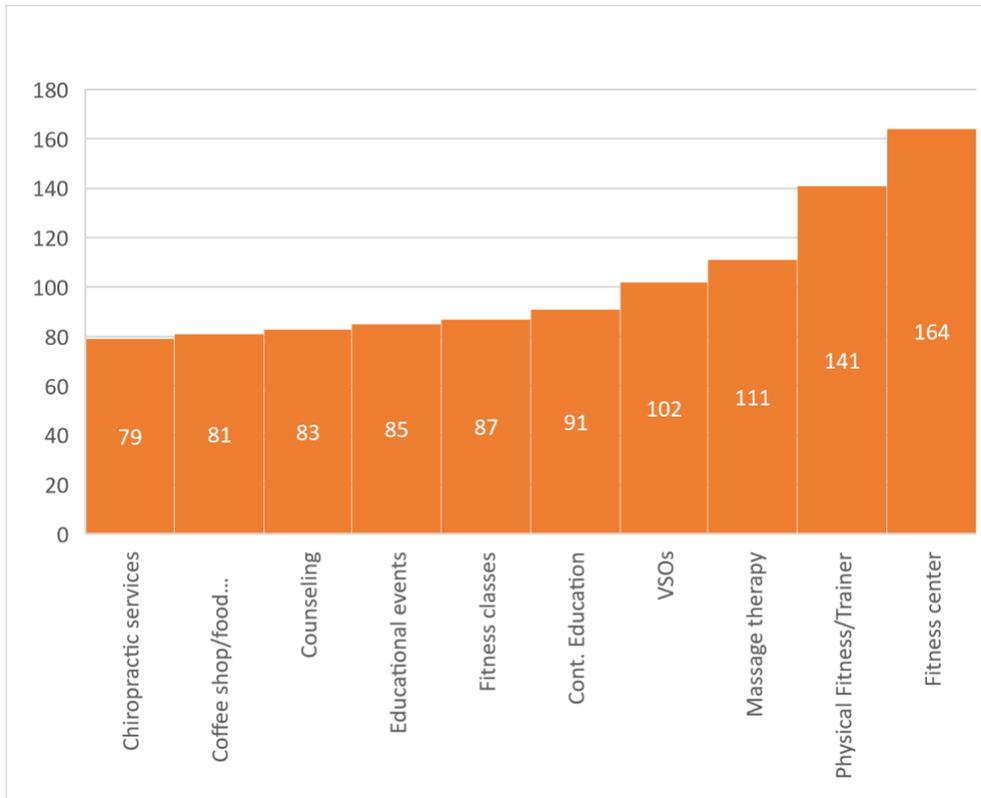
A consistent finding from the analyses of needs was that help with physical fitness facility access would have an immediate and significant impact. Assistance navigating the VA claims process would also likely improve the lives of those eligible for benefits.

Veteran Wellness Center Services

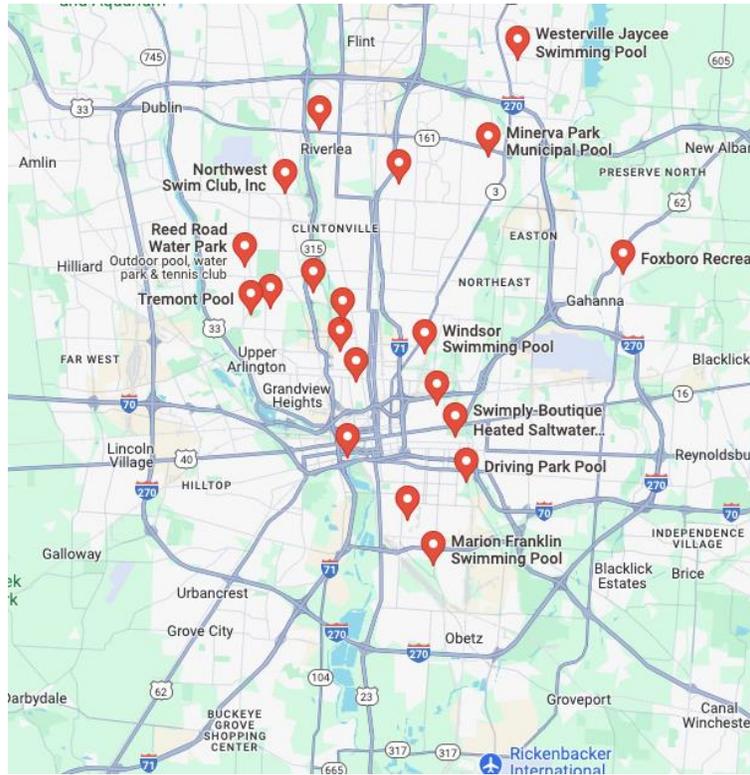
Survey respondents were presented with a list of services that may be offered at a Veteran Wellness Center and asked to identify those that they would likely use. Respondents were given the opportunity to select multiple services. As shown in **Chart 8**, Veteran Service Organizations, a fitness center, and fitness classes were all selected by half or more of the Veterans who responded (N=260). 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 courts, horseshoes, kayak launch, and a mountain bike park / trail were also suggested. **Maps 1, 2, and 3** present the existing Columbus metropolitan area infrastructure with regards to public indoor pools, city park trails, and regional greenways, respectively. Other ideas included employment and small business services, art, social events, and LGBTQ+ support.

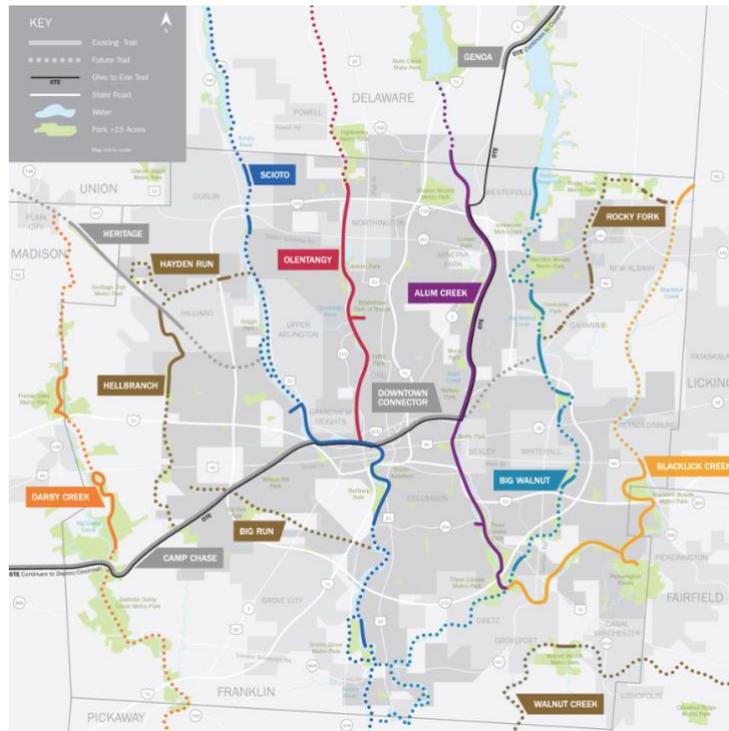
Chart 8: Ten Highest Demand Wellness Center Services among Veterans (N=260)



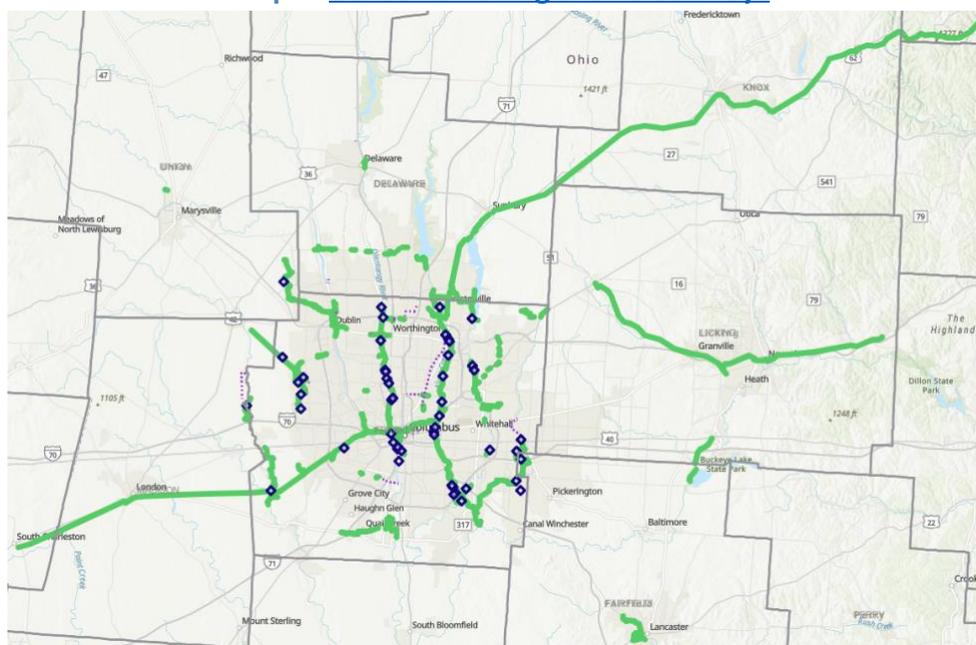
Map 1. Public Indoor Pools in Columbus



Map 2. Franklin Co. Municipal Trails



Map 3. Central Ohio Regional Greenways

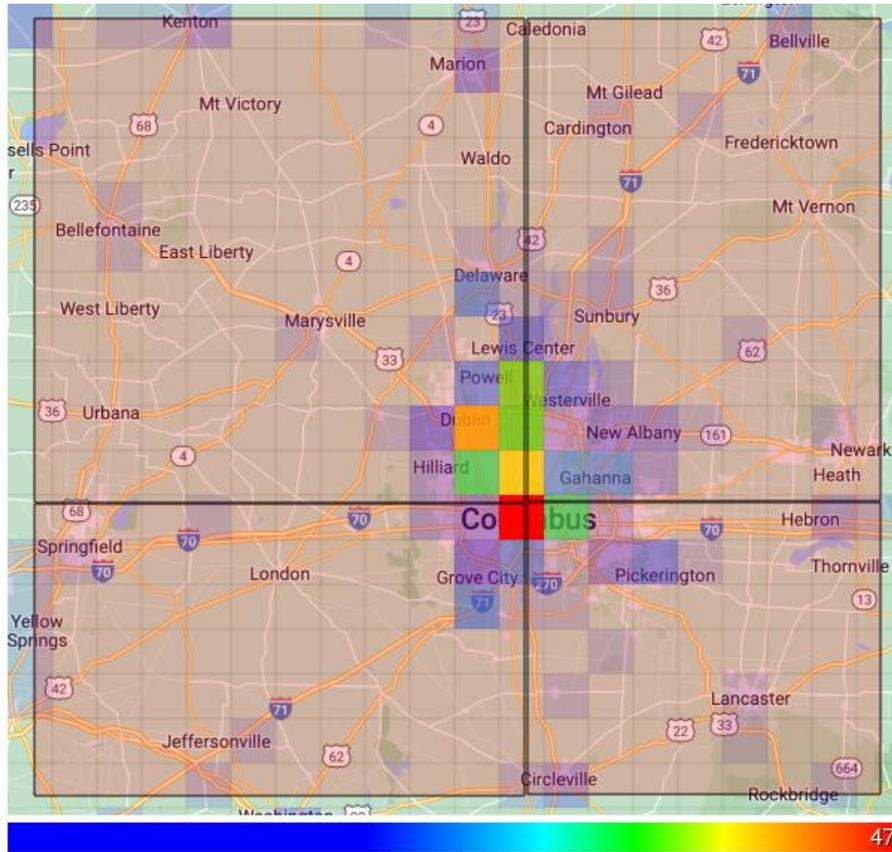


Wellness Center Location

Survey respondents were presented with a map of the central Ohio region and able to drop a pin in the location they would most prefer for a Veterans Health & Wellness Center. A heat map of respondents' preferred locations is presented in **Map 4**. The red block (i.e., highest density of responses) is situated over downtown Columbus; the yellow region adjacent to downtown corresponds to the Ohio State University district. The orange region to the northwest covers a populous inner suburb (i.e., inside the I-270 outer-belt that encircles the city). The overlay of quadrants is useful to understand the larger distribution of responses: 101 respondents dropped a pin in the northwest region of the map, 60 in the northeast quadrant, 58 in the southeast, 41 in the southwest, and 25 in a location outside the central Ohio region captured by the quadrant overlay.

During our supplemental conversations with Veterans and military-connected individuals during the needs assessment, the research team heard many folks express concern about accessibility of the center; transportation and distance is often a concern in our geographically large and sprawling city. While the central (i.e., downtown) location poses challenges of its own (most notably, parking), it is the most accessible point by bus, the city's sole public transit option. **Map 5** presents the Central Ohio Transit Authority's (COTA) service lines to provide context for the location preferences of the respondents.

Map 4. Preferred Wellness Center Locations



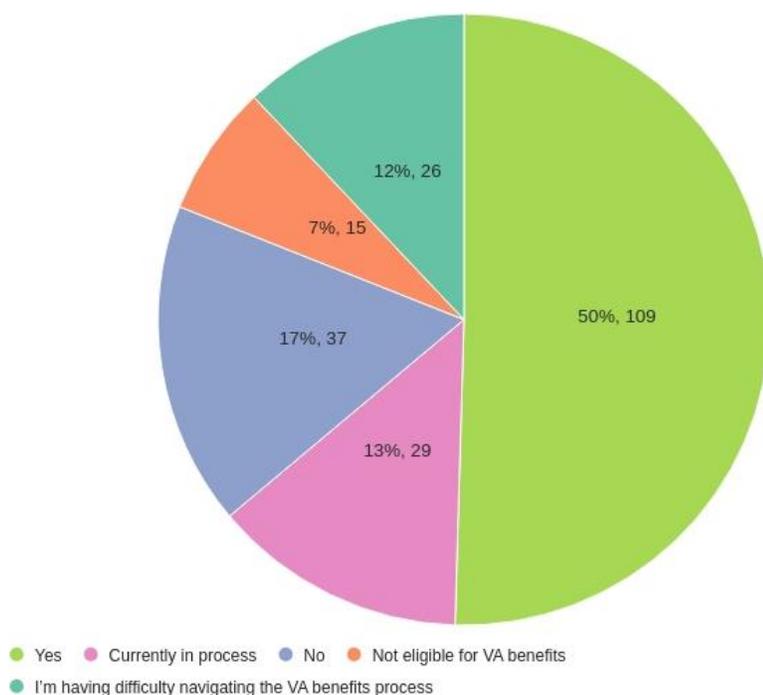
Map 5. Central Ohio Transit Authority Service Map



VA Claims

About half of the Veterans from the sample have completed the VA claims process and another 13% have the process underway. 29% have not completed the VA claims process.

Chart 9: Veteran Completion of the VA Claims Process (N=216)

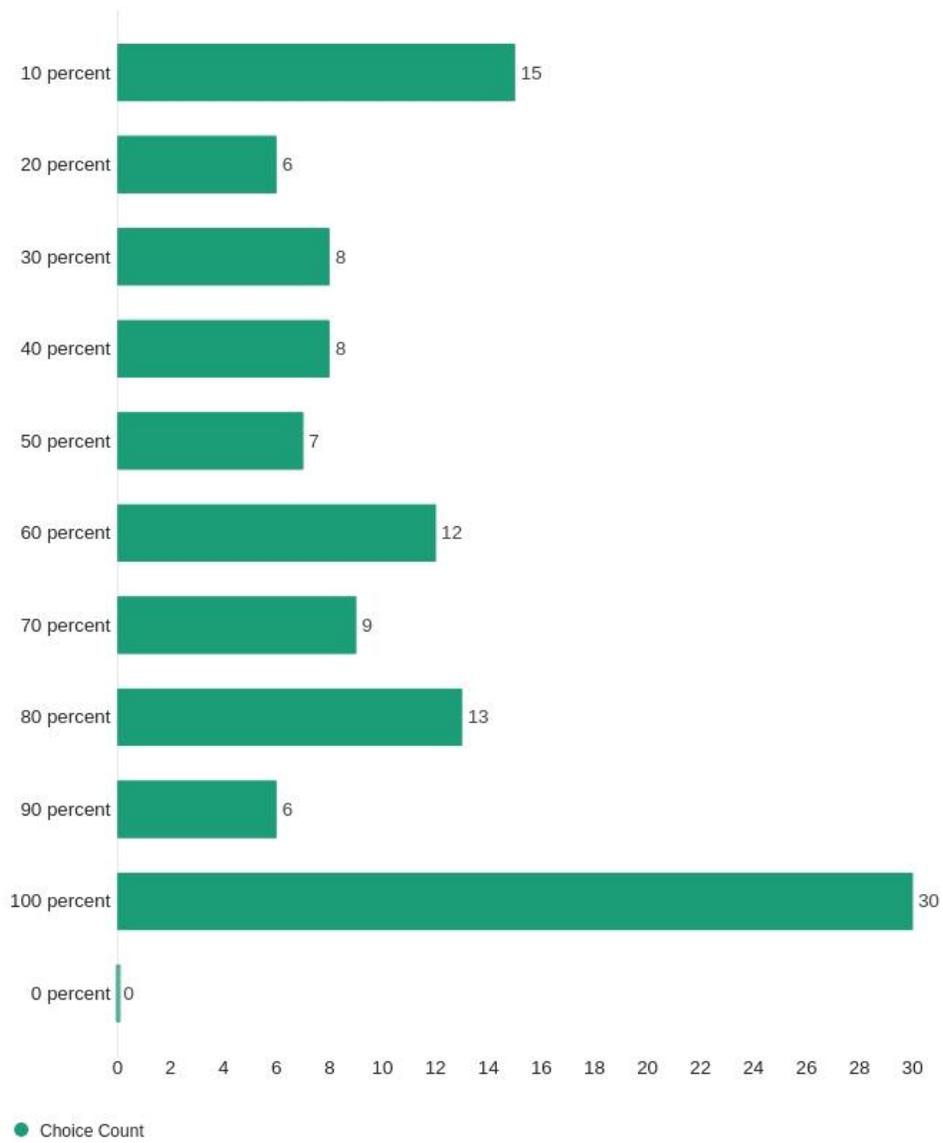


Service-Connected Disability Rating

The Veteran’s service-connected disability rating is a pivotal factor influencing their disability pay and access to various VA benefits. Notably, over one-fourth of veterans disclosing their service-connected disability rating carry a maximum rating of 100 percent, underscoring the significant proportion of individuals grappling with severe disability. Additionally, a substantial majority, accounting for 55.8% (as illustrated in **Chart 10**), hold disability ratings of 70 percent or higher, signaling a sizable portion facing significant challenges and limitations due to service-connected disabilities. The prevalence of high disability ratings highlights the critical need for comprehensive assistance and specialized care, extending beyond the individual veterans to encompass their families and support networks.

Furthermore, the average disability rating falling between 60 and 70 percent indicates a diverse spectrum of disabilities, with a majority falling within this range. This mid-range prevalence emphasizes the complexity of addressing the varied needs of veterans, calling for a nuanced and adaptable support system. In conclusion, the distribution of service-connected disability ratings underscores the necessity for a robust and responsive system of benefits and support services to ensure the well-being and quality of life for veterans and their families, with the data inviting a deeper examination of specific health conditions contributing to these ratings and reinforcing the ongoing responsibility to enhance tailored support mechanisms for this demographic.

Chart 10: Counts of Veteran's Service-Connected Disability Rating (N=114)



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 (Selected Reserve)
- Ohio Out-of-State Tuition Waiver
- Tuition Assistance (Active duty)
- Survivors and Dependents Educational Assistance
- Military Spouse Career Advancement Accounts
- Children & Spouses of Deceased or Disabled Veterans Scholarship Program (CSDDV)
- Veteran Readiness & Employment

There were 121 Veterans who said that they did not have access to or used any educational benefits. 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 but are not informed about resources that might be available to them. The most common benefit to which Veterans had access is the Post 9/11 GI Bill (N=88), followed by the Montgomery GI Bill for Active-duty (N=42), and Veteran Readiness & Employment (N=36).

The pattern of use of these benefits mirrors the pattern of access. A total of 162 Veterans reported using an education benefit. Of these respondents, about half (54%) had used the Post 9/11 GI Bill, 26% used the Montgomery GI Bill for Active-duty, and 22% used the Veteran Readiness & Employment Benefit. 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 half (51%) reported that they have a family member who has taken advantage of these benefits. The large majority (57%) of family members have used some form of the GI Bill.

Given the high percentage of Veterans who have already obtained a bachelor's degree or higher, it is not surprising that only 2% of the 295 respondents who answered this question indicated they were enrolled in a degree or vocational program at the time of the survey. [Table 4](#) provides a breakdown of enrollment.

Table 4: Distribution of Veterans Currently Enrolled in Education Programs (N=73)

Vocational Certificate

5%

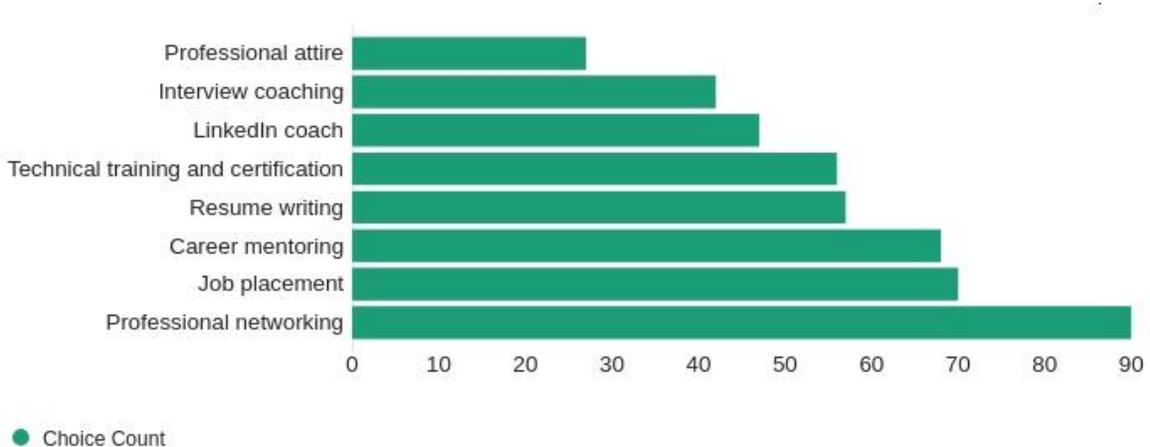
Professional Certificate	3%
Associate degree Program	4%
Bachelor’s Degree Program	51%
Master’s Degree Program	17%
Doctoral Program	12%
Other	8%

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 188 who answered questions relating to employment needs is detailed in the chart below. Networking opportunities (48%) and help with preparing a resume (37%) lead the list of needs. Respondents could choose more than one option if they had multiple needs.

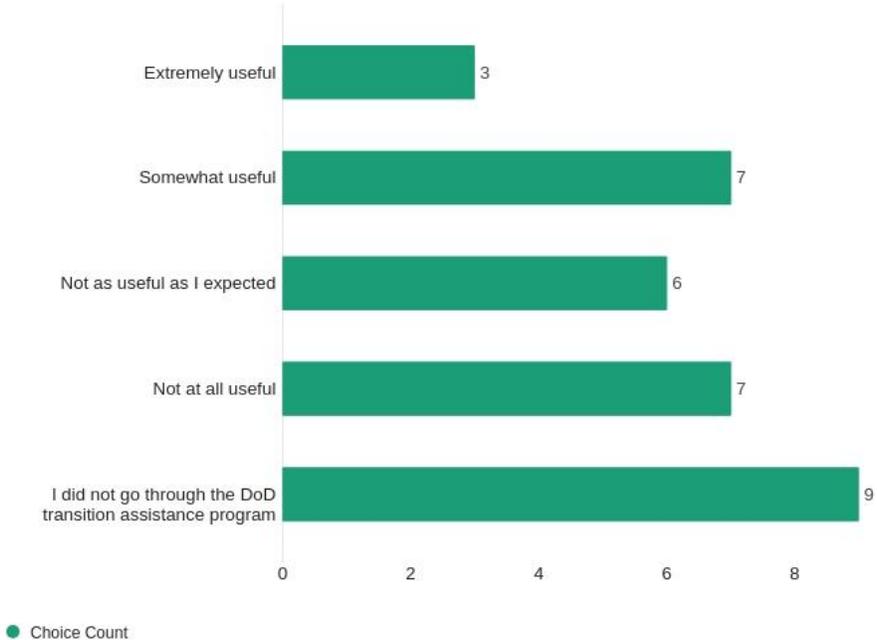
Veterans were asked specifically about their transportation needs, and almost all respondents reported that they had their own vehicle, and that this vehicle was their primary mode of transportation.

CHART 11: Counts of What Type of Employment Support Veterans Need (N=188)



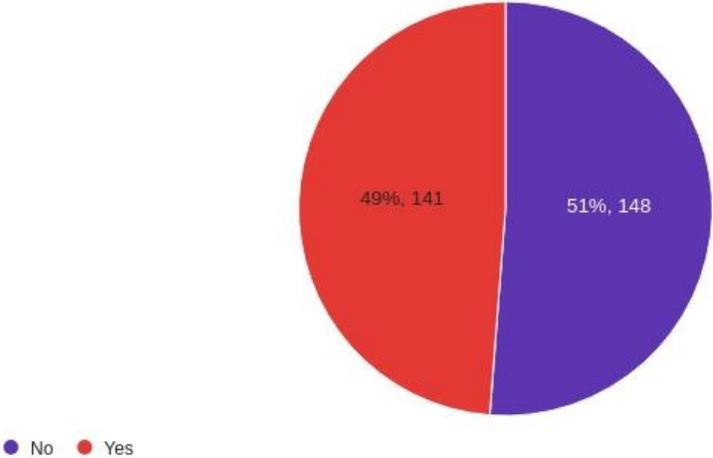
Respondents who had recently transitioned out of the military were asked if the Department of Defense transition assistance program was useful in their search for employment. As [Chart 12](#) shows, responses were mixed, with the more emotional responses associated with not being useful at all.

Chart 12: Veteran Respondents' Assessment of Utility of DoD's Transition Assistance Program (N=32)

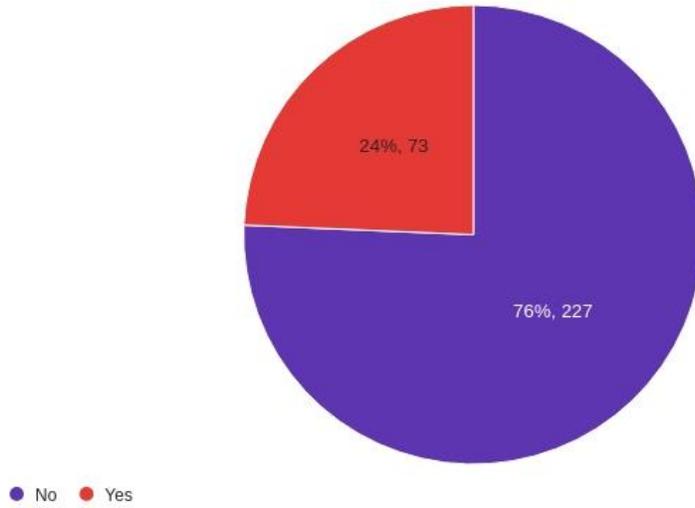


A little over one-third of Veterans (39%) expressed interest in mentoring and training to improve their employment outlook.

Chart 13: Percentage of if the Veteran Interested in Mentoring / Training (N=289)



**Chart 14: Percentage of if the Veteran Planning to Leave Central Ohio to Find Employment
(N=300)**

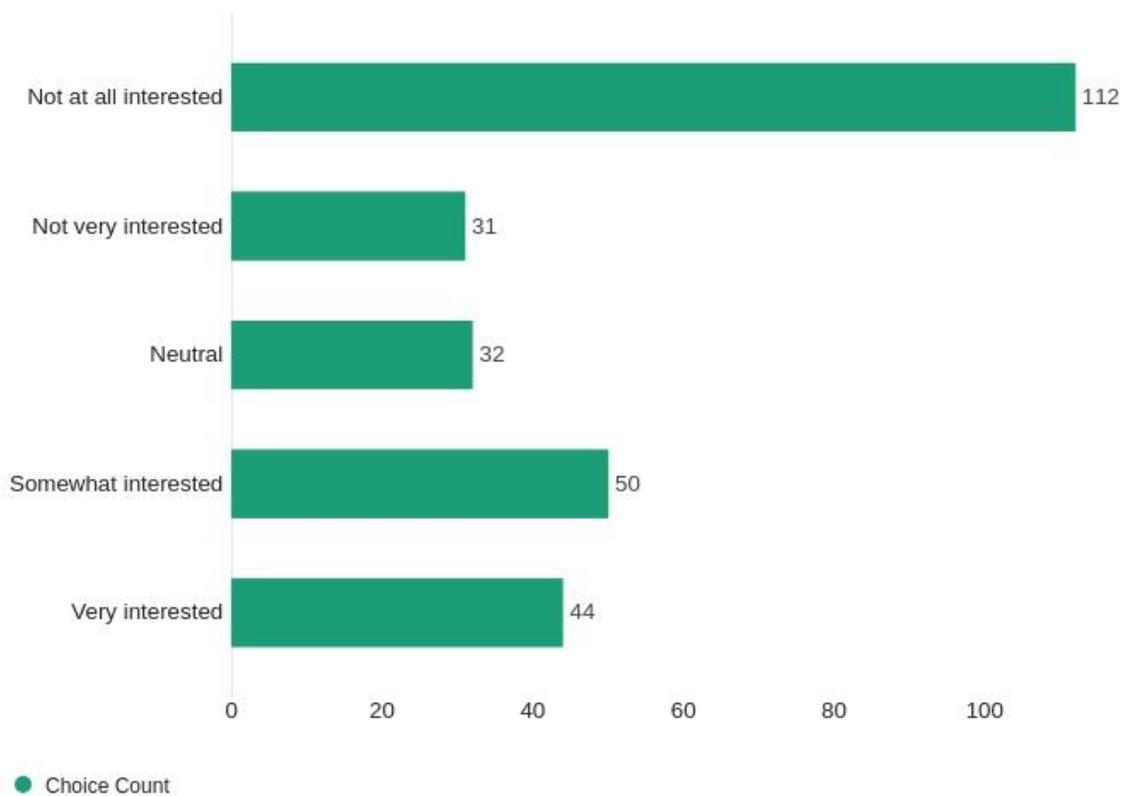


Business Ownership

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, 8% said that they did. Among those who did not operate a small business, over a third of Veterans (40%) 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 technology business was the most common response, but other responses ranged from retail to health or social services.

Chart 15: Veteran Respondents’ Level of Interest in Starting a Small Business (N=269)



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. Almost half (49%) of Veterans who responded to a question about service-related injury reported that they have such an injury. Additionally, a large majority (92%) of Veterans said they were enrolled with the VA health system, and half (50%) reported that they had utilized VA medical services in the past six months.

Chart 16: Percentage of Veterans that Have Service-Related Injury (N=242)

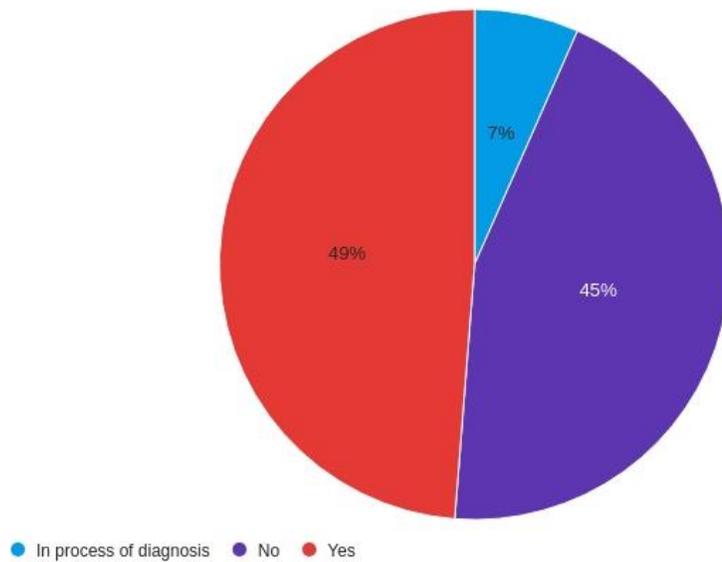


Chart 17: Percentage of Veterans Enrolled in the VA Health Care System (N=118)

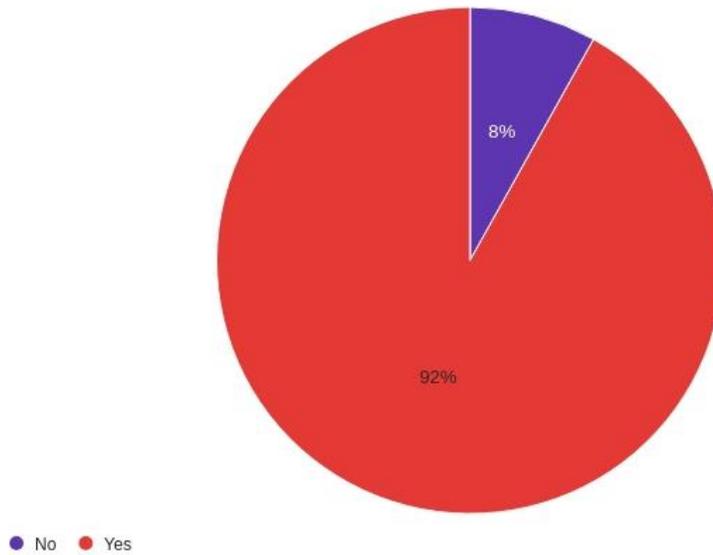
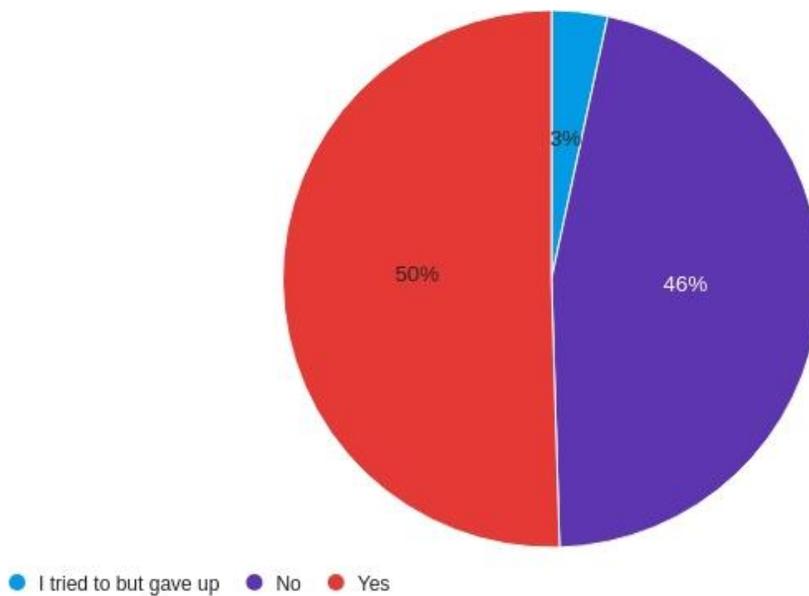


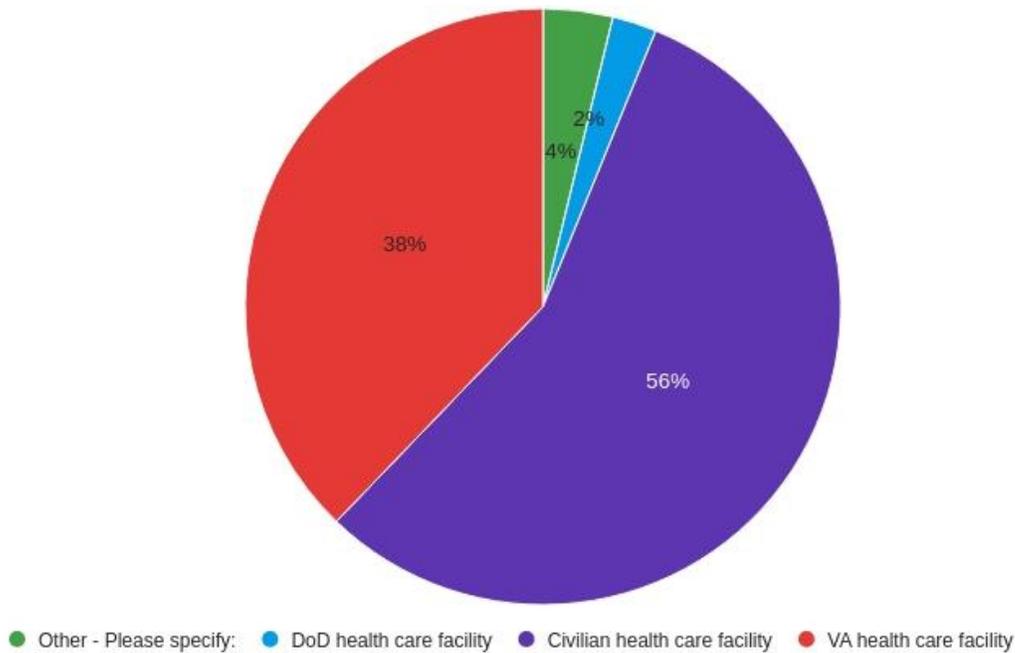
Chart 18: Percentage of Veterans Who Used VA Services in the Past Six Months (N=208)



Half of the Veteran survey participants reported seeking care primarily at civilian healthcare facilities. Thirty-nine percent reported utilizing VA facilities, and 2% used other DoD facilities.

Veterans claimed they were most likely to use Civilian health care facilities for prescriptions and specialty care in the future with VA health care facilities following behind it. 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: Percentage of Where Veterans Go for Health Care (N=304)

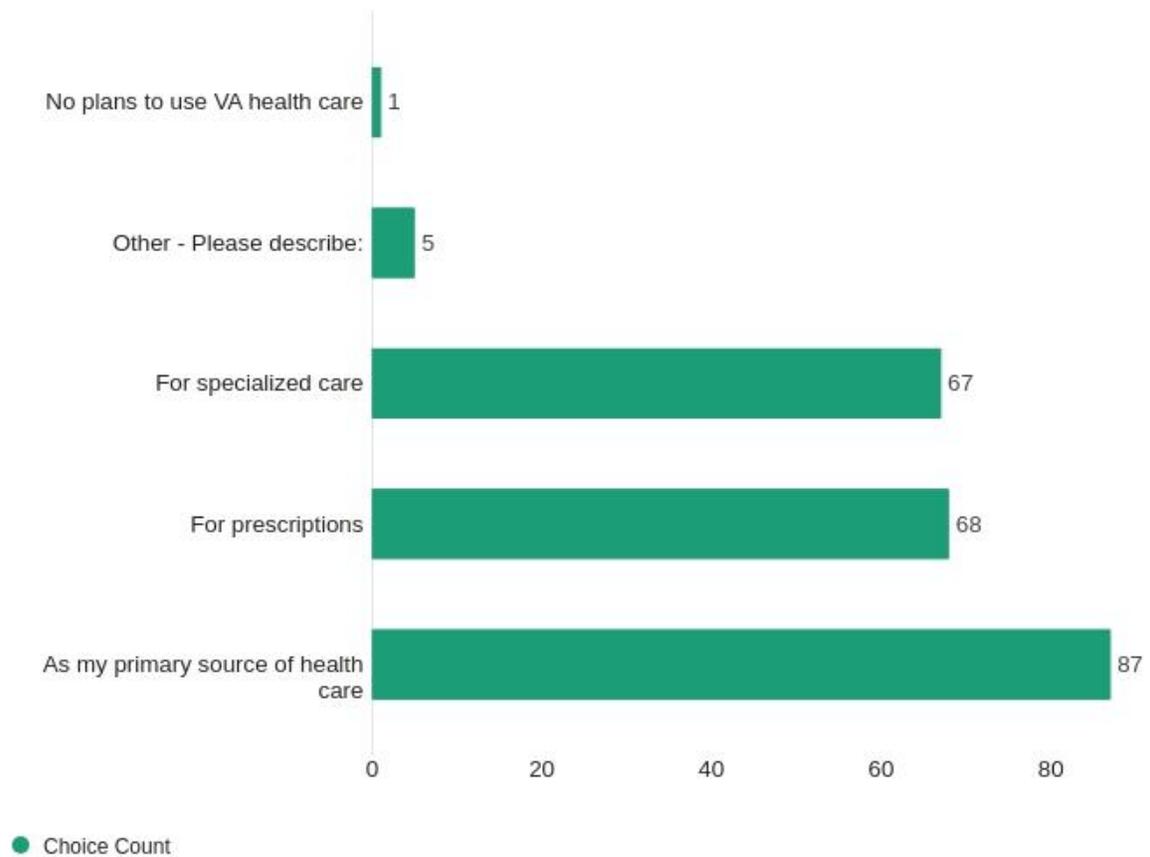


Veterans were asked how they would utilize VA healthcare services in the future. Only 1 Veteran had no plans to use the VA facilities in any way. Other respondents chose from a list of services they could use the VA for:

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

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

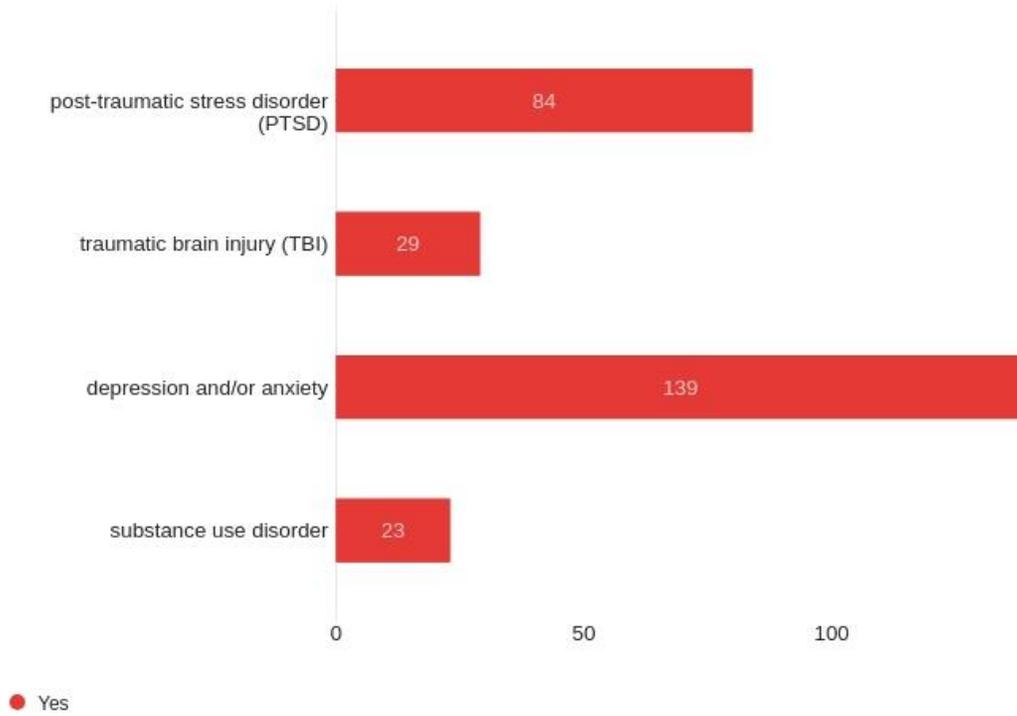
Chart 20: Count of Veteran Future Use of VA Healthcare Facilities (N=103)



Mental Health

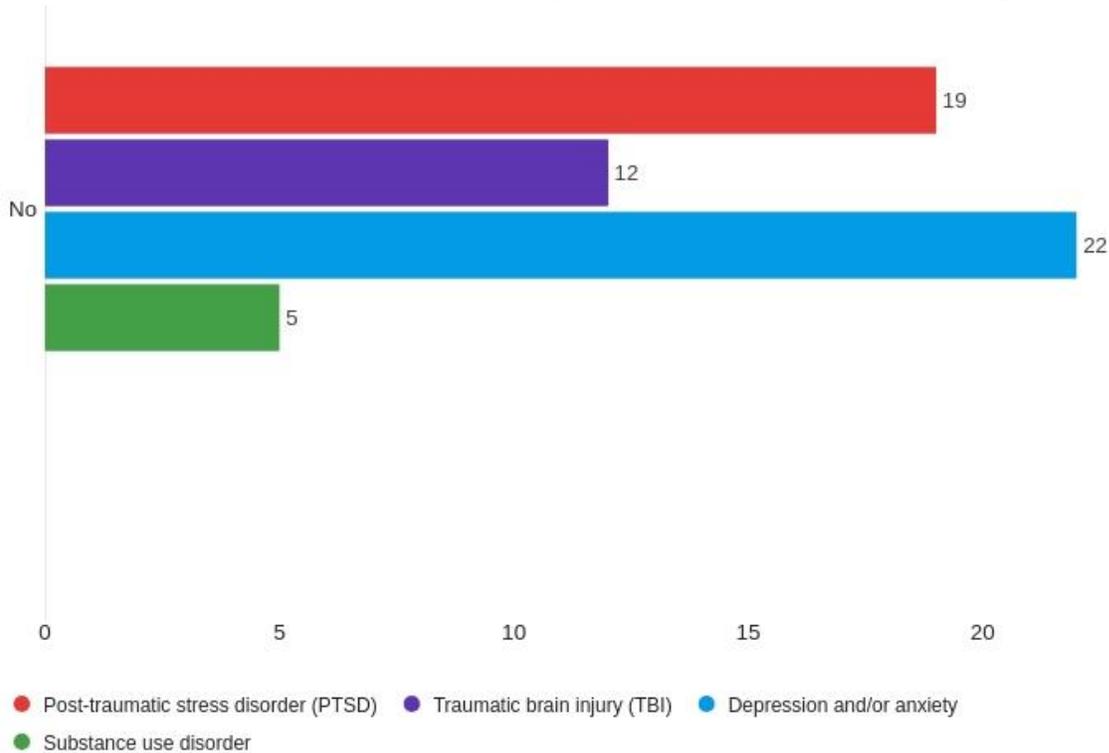
Veterans were also asked if they had received a mental health diagnosis. Among those who answered questions about various diagnoses, 139 reported a diagnosis of depression and / or anxiety, which constitutes 46.3% of those answering. There were 84 Veterans who have been diagnosed with Post Traumatic Stress Disorder (PTSD), which constitutes 28% of those answering. There were also 29 diagnoses (9% of those answering) for traumatic brain injuries (TBI), and 23 diagnoses (8% of those answering) of substance abuse disorder.

Chart 21: Number of Respondents with Mental Health Diagnoses (N=300)



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: Counts of Veterans Not Receiving Treatment for Mental Health Diagnoses (N=156)



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: Number of Respondents Claiming Specific Obstacles to Depression / Anxiety Treatment (N=22)

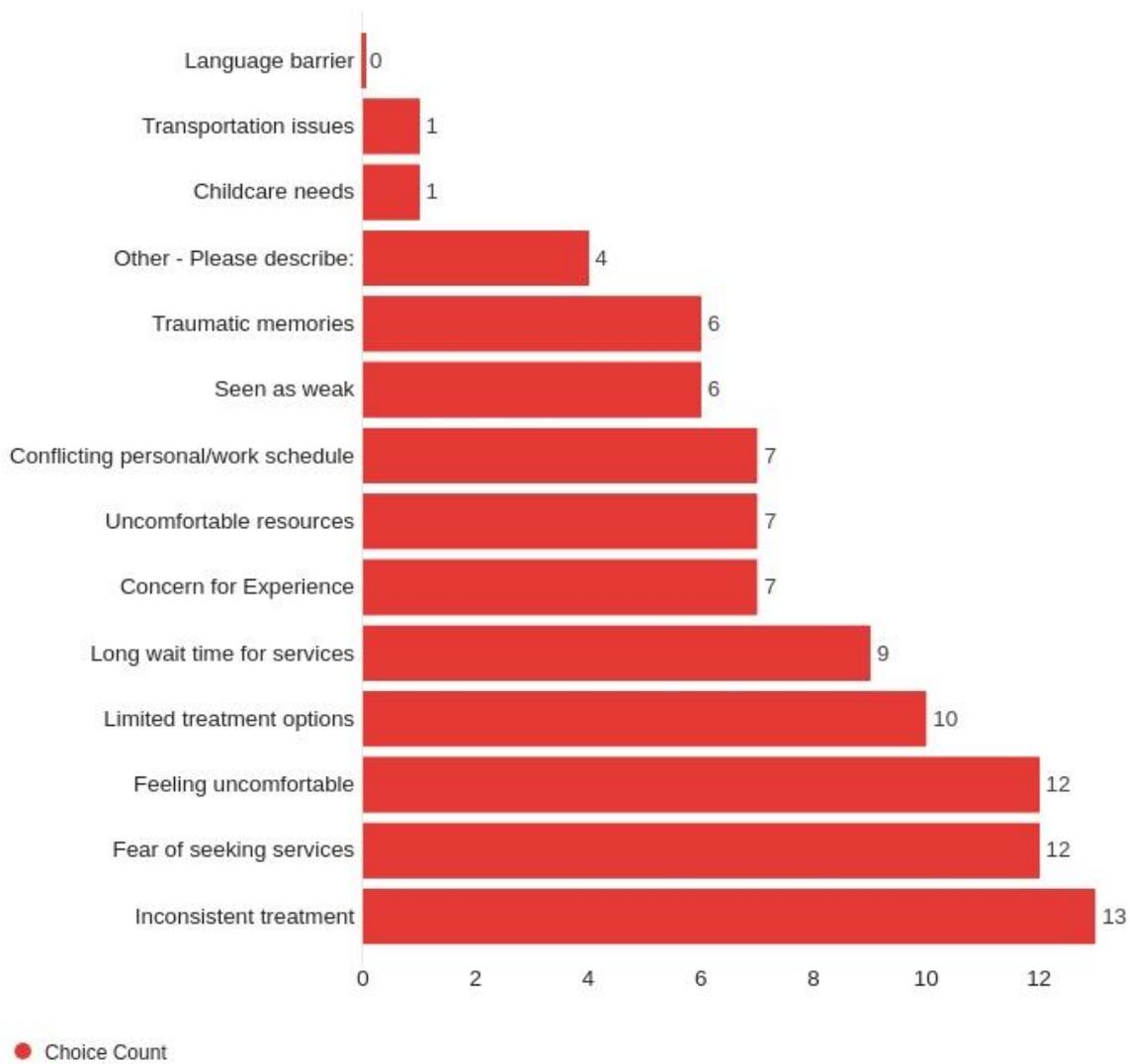
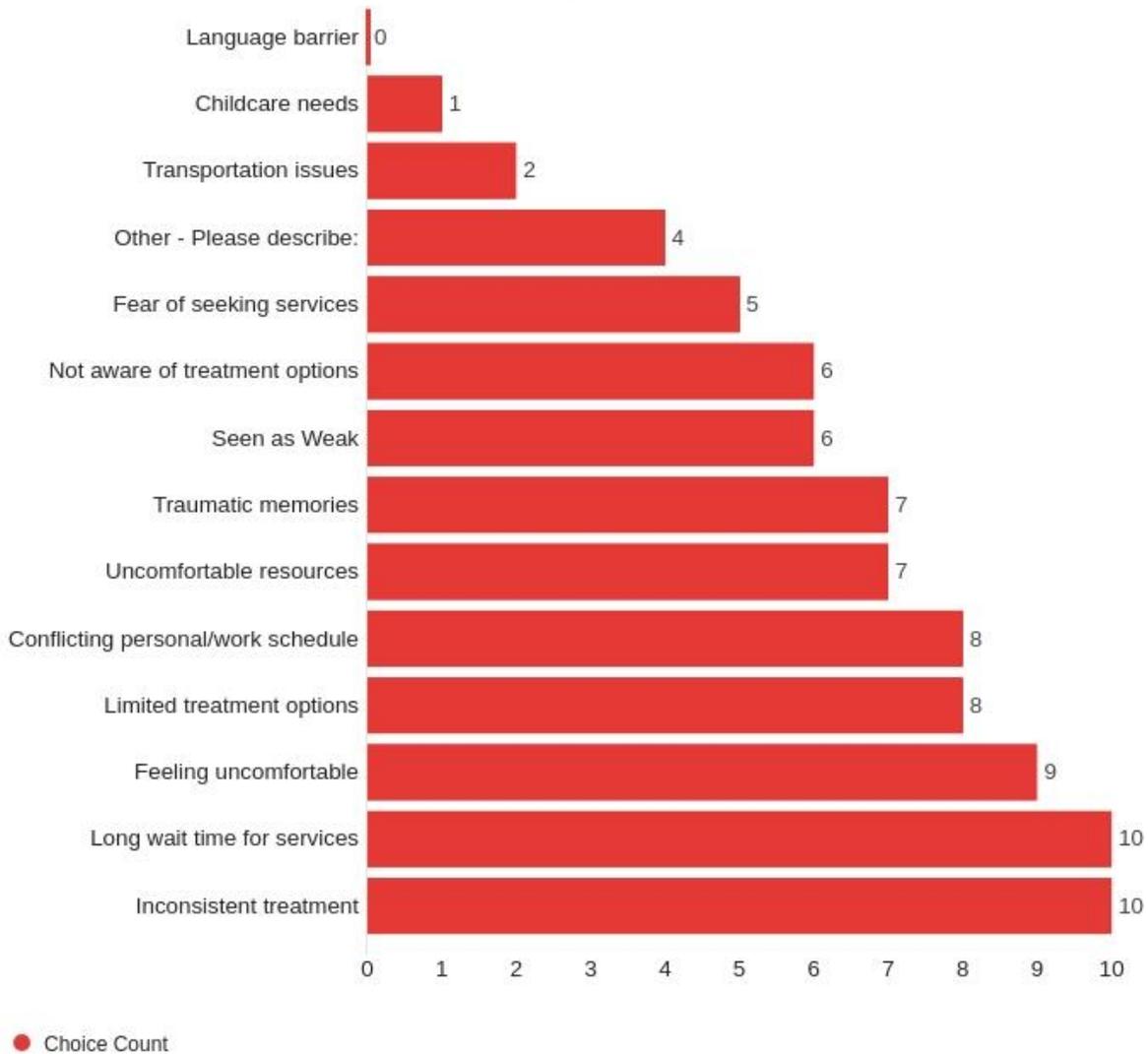


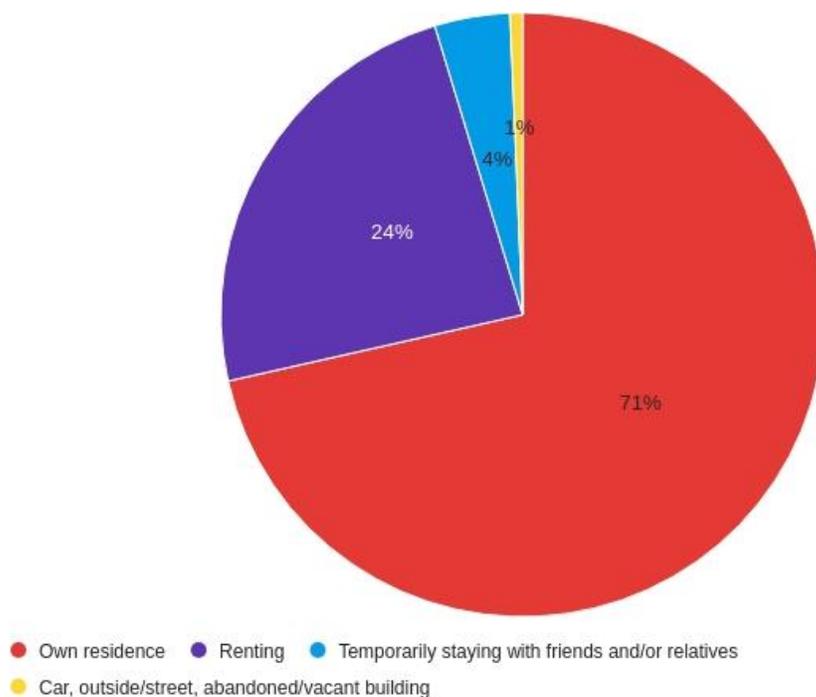
Chart 24: Number of Respondents Claiming Specific Obstacles to PTSD Treatment (N=18)



Housing

At the time of the survey, most of the Veterans (71%) lived in their own residence and another 24% rented. Only a small group were experiencing unstable housing (8%). Of those, most were staying with others (4%), but there were respondents who were living in a homeless shelter or on the street (1%). 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: Percentage of Veteran’s Current Housing Situation (N=302)



Respondents were also asked if they thought they were at risk of losing their current housing within the next six months. Of the 302 Veterans who answered this question, 6% reported that they might lose their housing with about 29% of those experiencing unstable housing reporting that this instability was chronic, persisting for more than a year.

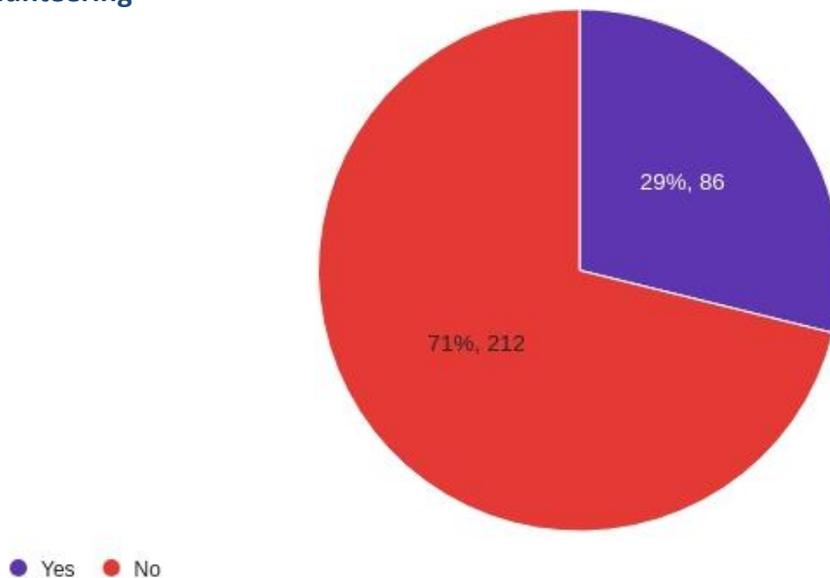
While a variety of services exists to help Veterans experiencing unstable housing, two-thirds of respondents reported they have not received any housing support in the previous year. Among those who did receive housing support, the most common benefits were received through VSOs. However, no housing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

Legal

About a third (29%) 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).

Chart 26: Percentage of Veterans Ever Been Involved in Legal Proceedings that Required Legal Counsel (N=298)

Volunteering

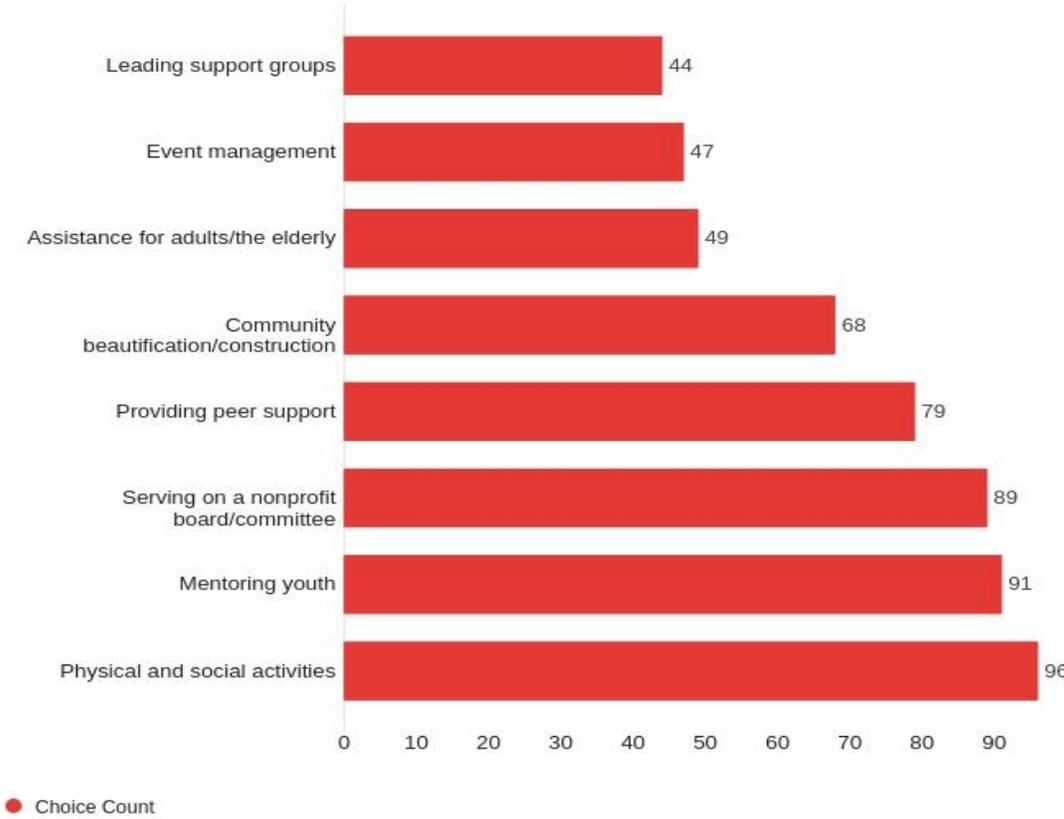


Respondents were asked if they volunteer with an organization that serves Veterans. Of those answering the question (N=294), 25.2% said that they volunteer. When asked to list the organization, respondents gave an exhaustive list of organizations with few duplicates. Among those frequently listed were:

- American Legion
- Connexions West
- USO
- Columbus VA
- Columbus Parks and Recreation

Veterans were also asked about the types of volunteer opportunities they would be most interested in the future. Since different numbers of respondents answered each prompt, [Chart 27](#) below displays the raw number (N) expressing interest in specific types of volunteer opportunities. The highest number of respondents indicated an interest in volunteering for physical and social activities, which is consistent with one of the greatest areas of respondents' self-reported need. The overlap in stated need, difficulty of access, and willingness to engage in volunteerism to support such activities suggest a substantial opportunity to invest in physical activity, fitness, and wellness services for this population.

Chart 27: Count of What Type of Volunteering Veterans are Interested In (N=263)



Family Members of Veterans or Active-duty Servicepeople

Demographics

A total of 139 respondents had the primary role of family member or close friend to a Veteran or an Active-duty service person. Over two-thirds answered the demographic questions. A summary of these demographics is presented in **Table 5**.

The Veterans in the study were 74.1% male, whereas the family members were split with male family members being 52.6% and 42.1% female with 5.3% identifying in another way. 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 5: Family Member Demographics

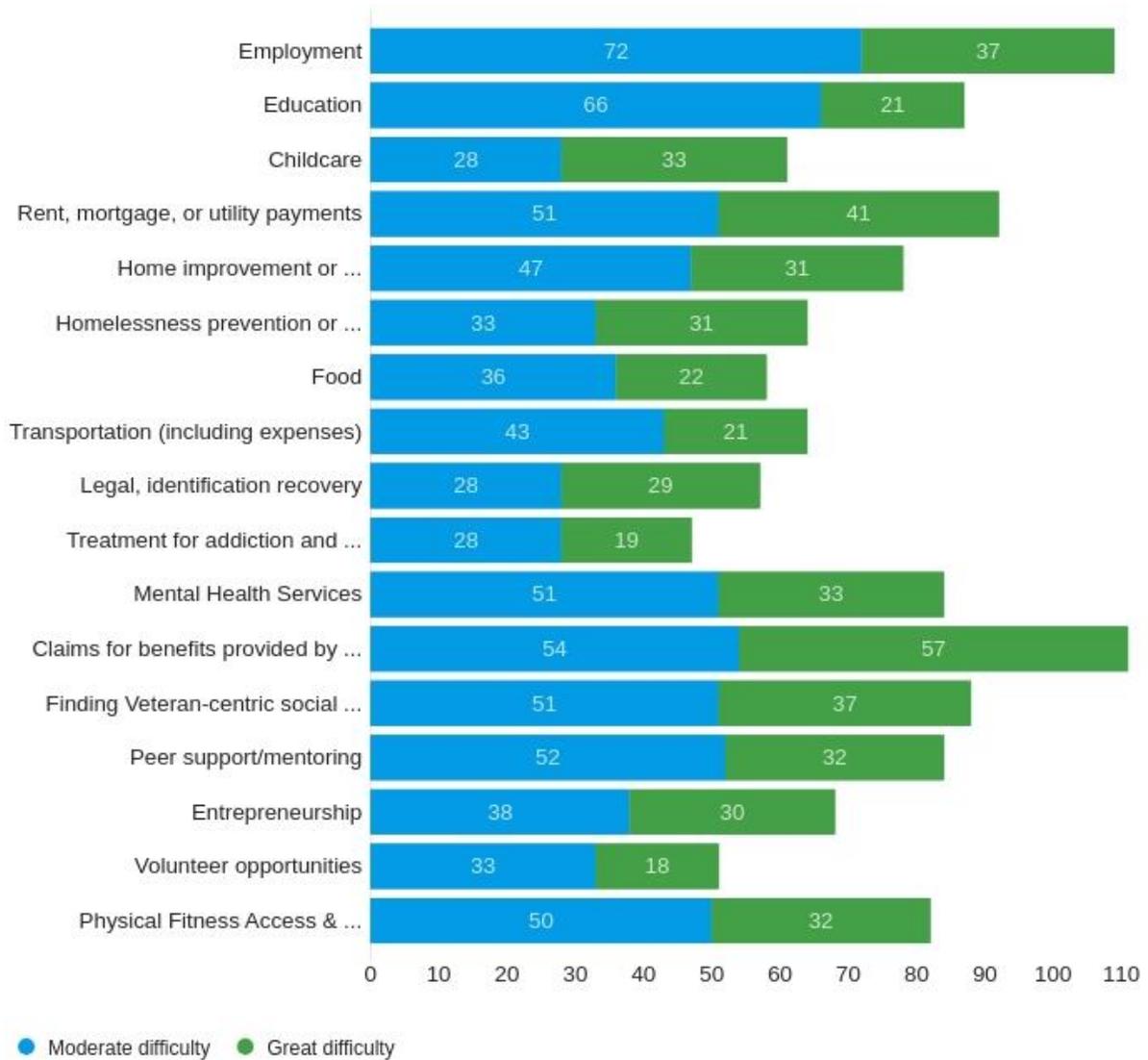
Age	N	88
	25 to 39	15.9%
	40 to 59	33.0%
	60 or older	51.1%
Gender	N	95
	Man	52.6%
	Woman	42.1%
	Other Identification	5.3%
Race	N	96
	White	81.1%
	Black	8.3%
	Hispanic	4.7%
	Other	5.9%
Marital Status	N	94
	Married	61.7%
	Single (Never Married)	12.8%
	Divorced	7.5%
	Other	18%
Education	N	94
	HS diploma or GED	10.6%
	Some College, AA or Technical Degree	18.1%
	Vocational	1.1%
	Bachelor's degree	28.7%
	Advanced degree / coursework	38.3%

	Other	3.2%
Employment	N	100
	Full Time/Part Time	58%
	Retired	15%
	Disabled	6%
	Other	12%
Income	N	107
	Under \$50,000	21.3%
	\$50,000 - \$99,999	25.5%
	\$100,000 or more	35.1%
	Prefer Not to Answer	18.1%

Service Needs

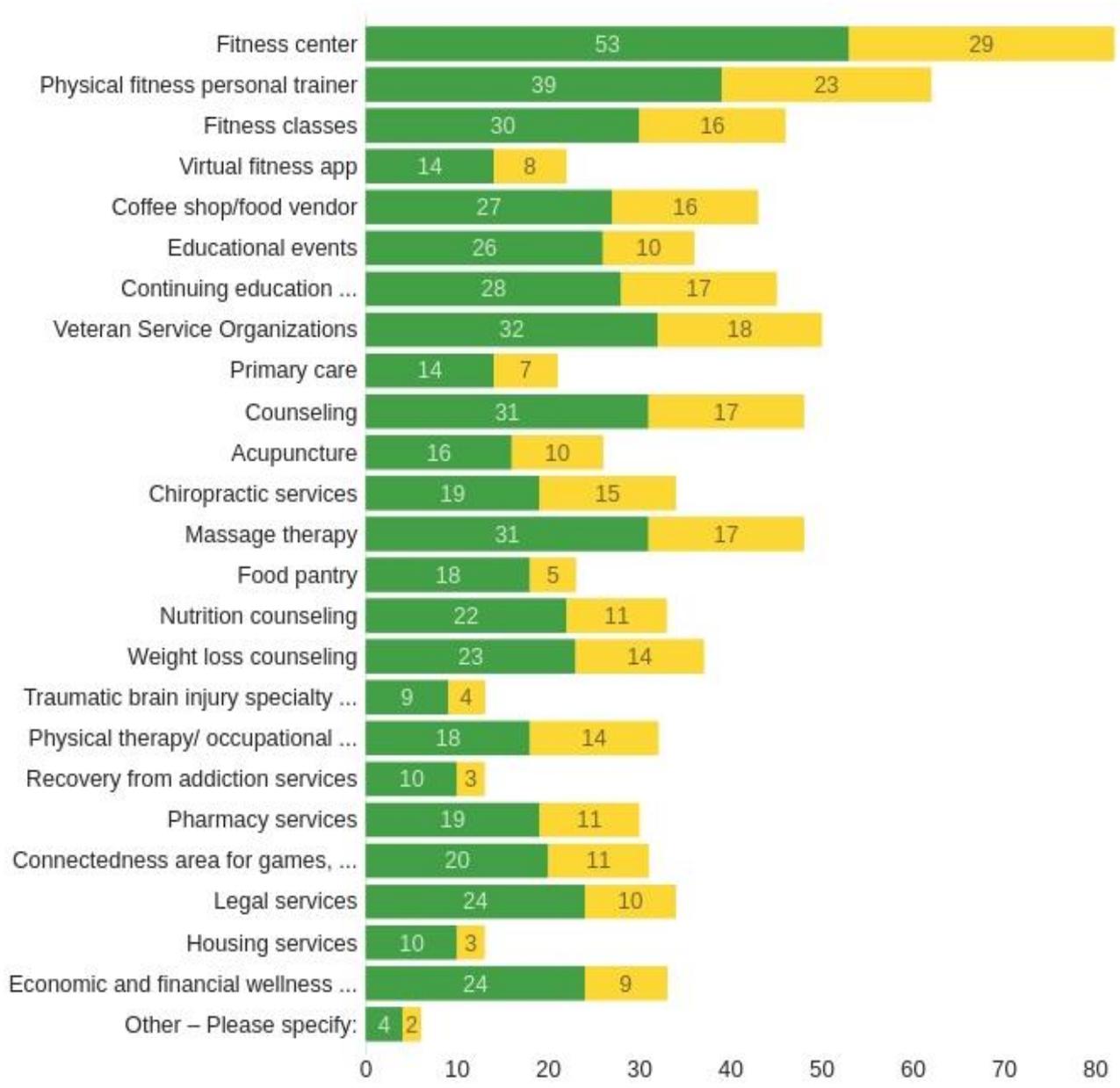
Family members were also asked about their needs using the same questions given to the Veterans. The distribution of needs appears in the chart below. Employment and VA benefits assistance needs topped the list, with the most often cited item being VA benefits support. The distribution of needs was similar, but the family members were more likely to express need than the Veterans on every item on the scale.

Chart 28: Percentage of Family Members Expressing Need for Various Items (N=290)



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: Percentage of Family Members to Likely Use Each Service (N=60)



- Family or close friend of a Veteran
- Family or close friend of someone currently serving on active duty or reserves (i...

Active-duty

51 survey respondents were Active-duty service members. At the time of the survey, 26 served in the Army, 18 served in the National Guard, 5 served in the Air Force, and 2 served in the Navy. Demographically, the Active-duty respondents were younger than the Veterans in the survey, as one would expect. The average age of the those who responded (20), was 43.1 years old. Like the Veterans, the majority were white (79%) and male (69.4%). Exactly half (50%) had a household income of less than \$50,000 annually. Of those who answered the question about education, about half (42.1%) reported having at least a bachelor's degree or higher.

Caregivers

There were 11 survey respondents who had the primary role of caregiver. These people individuals ranged in age from 33 to 106 years old. Of those who answered the question about their race, eight were white, two were Black, and none were Hispanic. Three of the caregivers reported a household income under \$50,000 per year. Finally, four of ten reported having at least a bachelor's degree.

Employees, Supervisors, and Co-workers

There were 83 (20%) survey respondents who were employees, supervisors, or coworkers of Veterans or Active-duty service members. Over half of the respondents of this category were white (58%) and male (42.2%). Just over half (51%) had a household income of more than \$50,000 annually. Of those who answered the question about education, just under half (46%) reported having at least a bachelor's degree or higher.

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 29 agencies serving Veterans were represented. Five 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 and overall budgets: small (less than 100 employees or less than \$100,000), medium (100 to 250 employees or \$100,000-\$999,999), and large (500+ employees or over \$1,000,000).

Small VSOs were represented by the most agencies at 14, while medium and large VSOs had seven and eight respondents, respectively. The number of employees was used in combination with the overall budget to classify VSO size because of missing data in either category (either purposely omitted or the respondent was unaware). However, the reported budget figures appeared to be relatively correlated with the size of the organization.

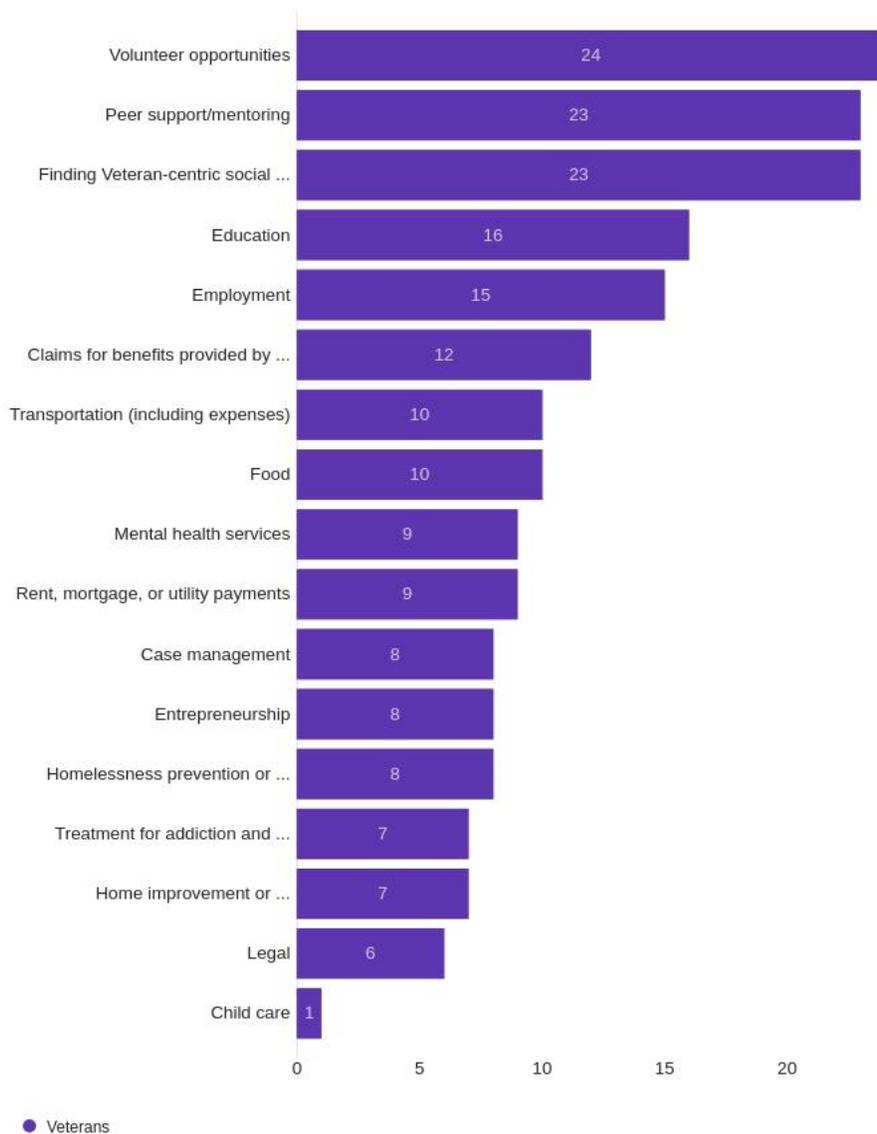
Of the 14 small VSOs, nearly half had less than 20 employees and only four had 50 to 99 employees. Three of the small VSOs served all seven central Ohio counties, while an additional four served only Franklin, two served Franklin and Delaware, one served Franklin, Delaware, and Union, and three served other areas. The majority (78.6%) of small VSOs classified themselves as non-profit with two congressionally chartered organizations and one government entity. Regardless of classification, they all served Veterans and nine served the families and caretakers of Veterans, four of which serve the public, as well. A small majority did not serve those with bad conduct or dishonorable discharge while the other half served Veterans of any discharge status.

Only two of the large sized VSOs and one of the medium VSOs served all core central Ohio counties – Franklin, Delaware, Union, Licking, Madison, Fairfield, Pickaway. Six of the remaining large VSOs served at least Franklin County, while the other two served other areas. All but three of the remaining medium-sized VSOs served at least Franklin County. Three of each, medium and large sized VSOs, reported accepting all discharge statuses. Of the medium-sized group, four were non-profit, two were government entities, and one was an informal social group. In the large-sized category, half were non-profit, and half were government entities.

VSO Services

The VSO respondents reported offering a wide variety of services to Veterans in central Ohio. In fact, every type of service listed in the survey was provided by at least one VSO. The top services offered were volunteer opportunities, 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, general medical, or childcare.

Chart 30: Counts of VSOs who Reported Various Services Offered to Veterans



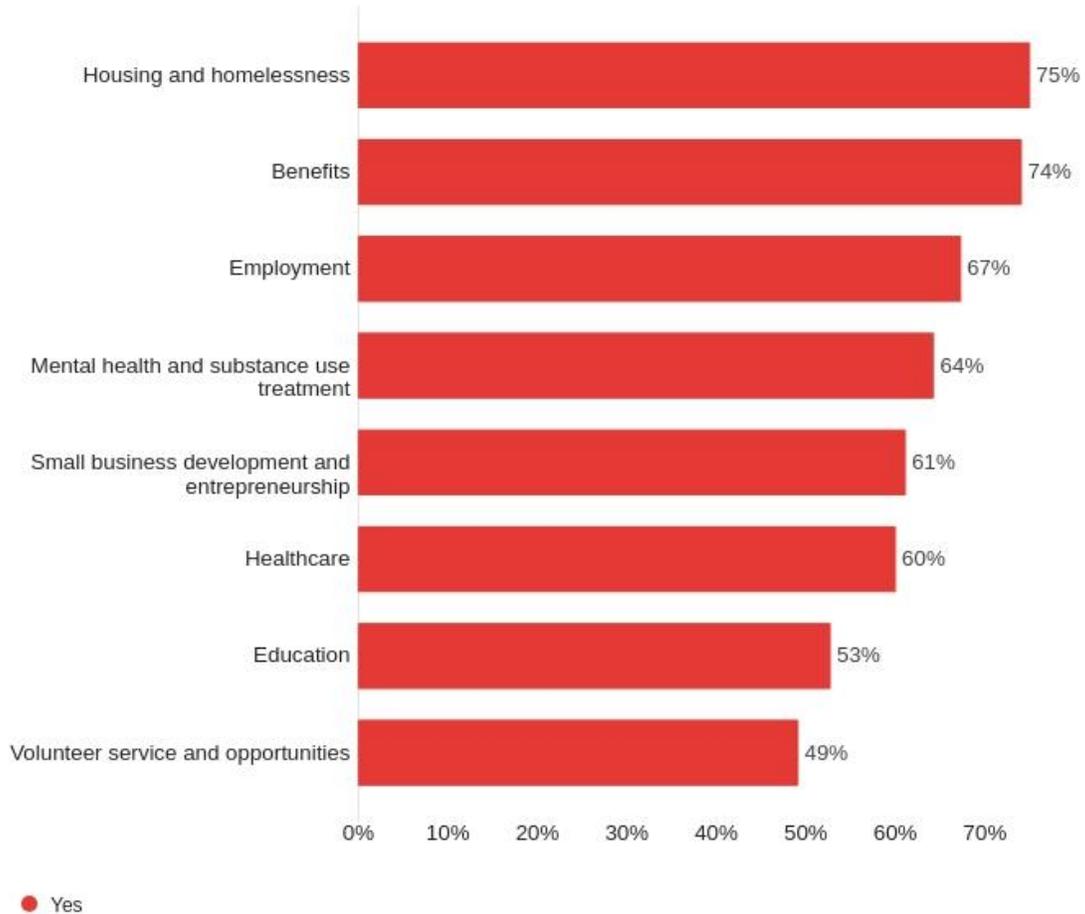
Gaps in Services for Veterans

In assessing the service landscape for Central Ohio Veteran Service Organizations (VSOs), it becomes evident that housing and homelessness represent a prominent area of concern, with a

substantial perceived service gap (see **Chart 31** below) This underscores the urgent need for heightened support and resources to address the challenges faced by veterans experiencing housing insecurity. Benefits also emerge as a critical domain, indicating potential difficulties in accessing essential benefits and assistance programs for veterans in the region.

Conversely, volunteer service and opportunities exhibit a comparatively lower perceived service gap, suggesting a relatively better level of support and available opportunities for veterans to engage in volunteer activities, at least from the perspective of the VSOs. These findings highlight the importance of understanding and prioritizing specific service areas to effectively channel resources and efforts in enhancing the overall support system for veterans in central Ohio. Addressing the identified gaps is paramount in ensuring comprehensive and targeted assistance for veterans across various aspects of their lives.

Chart 31: Percentage of VSOs who reported gaps in service for Veterans



Supplemental Context & Analysis

Ohio's Population & Economy

While it is beyond the scope of this report to provide a complete picture of Ohio's larger demographic and economic conditions, it is useful to have a general understanding of the state context within which the needs assessment was conducted. Drawing from KFF's State Health Facts summary of CPS data¹ and Endeavors' summary of Ohio's Veteran landscape (**Appendix F**), a set of core measures that are relevant to the Veteran population are presented in **Table 6**.

Table 6: Ohio Demographics v. Ohio Veterans

	Ohio	Ohio Veterans
Population	11.5 million residents	745,000 Veterans, Active-duty, National Guard, Reserves
Most populous counties	Franklin (Columbus) Cuyahoga (Cleveland) Hamilton (Cincinnati)	Montgomery (Dayton) Greene (Dayton) Stark (Akron)
Adults aged 65+	18.3%	50%
Race	76% white 24% any other race, including 12% Black	86% white 14% any other race
Living in poverty	12.7% of adults 19-64 13.4% total population	7.2%
Median household income	\$62,000/year	\$55,000/year
Unemployment	5%	4.1%
Homelessness	11,386 experiencing homelessness in 2023	unavailable
Criminal justice involvement	70,900 incarcerated, 2019 244,100 under community supervision	unavailable

Note: The KFF and Endeavors estimates come from different sources, using different methodologies. The measures are therefore not completely comparable. (For example, the unemployment estimates are generated based on different models and time periods.) However, they do provide a general picture of how Ohio's Veterans fit in the broader demographic picture.

¹ State Health Facts. (2024). "Demographics and the Economy," Kaiser Family Foundation. <https://www.kff.org/state-category/demographics-and-the-economy/>

Health, Coverage and Access in Ohio

Compared to the national average, Ohioans generally report worse mental health and substance use measures. The opioid overdose crisis has hit Ohio particularly hard, along with the rest of the country's rust belt. Drawing again from KFF and Endeavors, a comparison of the general Ohio population and its Veterans along key measures of behavioral health are presented in **Table 7**.

Table 7: Mental Health & Substance Use in Ohio²

	Ohio	US
Adults reporting mental illness in past year	23.6%, any 6.3%, serious	19.9%, any 4.9%, serious
Adults reporting serious thoughts of suicide in the past year	6.1%	2.6%
Suicides per 100,000 population	14.6	14.1
Adult smokers (most or every day)	15.4%	11.7%
Alcohol abuse or dependence	5.5%	5.7%
Drug abuse or dependence	3.4%	3%
Opioid abuse or dependence	4.3%	3.7%
Drug overdose deaths per 100,000 population	48.1	32.4

Medicaid Expansion & Coverage in Ohio

Most of Ohio's non-elderly adults (19-64) have health insurance coverage through their employer: 64.5% in 2022, which is slightly higher than the national level (60.9%). According to the Kaiser Family Foundation analysis of American Community Survey (ACS) data³, a little less than a fifth of Ohio's non-elderly adults (18.4% of 19-64) are covered by Medicaid. Higher levels of coverage through employers and Medicaid mean that fewer adults are covered through the non-group market (6% compared to 8.4% nationally) and – importantly – that fewer adults are uninsured than the national average: 7.9% versus 11.3% nationally. Only 1% of Ohio adults are covered by TRICARE (1.5% nationally).

In the last decade, the picture of coverage in Ohio has been most heavily impacted by the expansion of Medicaid. Specifically, the State of Ohio opted to expand Medicaid for low-income

² State Health Facts. (2024). "Mental Health & Substance Use," Kaiser Family Foundation. <https://www.kff.org/state-category/mental-health/>

³ State Health Facts. (2024). "Health Coverage & Uninsured Indicators," Kaiser Family Foundation. <https://www.kff.org/state-category/health-coverage-uninsured/>

adults up to 138% of the federal poverty level (FPL) under the terms of the Affordable Care Act. The expansion went into effect on January 1, 2014. One decade into expansion, the increased coverage for low-income adults is substantial: According to the Health Policy Institute of Ohio's analysis of state-federal Medicaid enrollment data, adults in the expansion category (referred to as Group VIII) accounted for 975,000 of Ohio Medicaid's 3.6 million enrollees in 2023.⁴ Expansion has thus markedly reduced the rate of uninsured in the state, as nearly all of these individuals were previously uninsured because of the cost of coverage. Furthermore, Ohio's Medicaid program (in concert with the state's OhioCares program) covers a wide range of mental health and addiction services.

Of course, health insurance coverage does not guarantee access to services. While it is beyond the scope of this report to discuss the details of geographic and provider contract variation across the state that affect access, an overview of the state's public infrastructure for health services, particularly behavioral health services, is worth touching on. Ohio has 113 local public health districts across its 88 counties (larger urban centers are likely to have a health department specific to their municipality, in addition to the county or regional district within which they are located). Because local public health depends heavily on local tax funding (a product, in part, of Ohio's home rule governance structure), the range of services offered at each department varies. However, local districts generally provide access to birth and death records, health education, immunizations, well-baby visits, pre-natal care, health screenings, and disease surveillance, and core environmental health services such as food and pool safety inspections.⁵

Additionally, Ohio's localities operate 50 Behavioral Health Authorities (often referred to as Alcohol, Drug Addiction, and Mental Health or ADAMH Boards) across the 88 counties, including 31 single-county boards and 19 multi-county boards. Local ADAMH Boards work to meet local behavioral health needs by conducting local needs assessments and developing infrastructure plans, engaging communities and stakeholders in participatory governance, recruiting local financial support and securing supplemental funding, and contracting with local providers to provide services.⁶

⁴ Health Policy Institute of Ohio. Ohio Medicaid Basics 2023. May 2023.

<https://www.healthpolicyohio.org/files/publications/ohiomedicaidbasics2023.pdf>

⁵ See the Ohio Department of Health, "Local Public Health," for more on local public health services, provision, and governance in Ohio. <https://odh.ohio.gov/find-local-health-districts>

⁶ See the Ohio Association of County Behavioral Health Authorities, "ADAMH Boards: Your County Mental Health and Addiction Leaders," for more on local services. https://www.oacbha.org/docs/ADAMH_Boards-Your_County_Mental_Health_and_Addiction_Leaders_11.2022.pdf

Ohio's expanded Medicaid program and local health infrastructure is essential to understanding the needs of its military-connected population. Medicaid and public mechanisms are essential to the delivery of health services in the state, particularly for individuals living at or below the median income level. This includes a substantial proportion of the state's military-connected individuals and families. A Wellness Center would offer valuable complementary services to this population; its financial sustainability would also be aided by the ability to bill Medicaid for many of its services. That revenue stream would also justify investing in navigation services for eligible clients to enroll in Medicaid if they have not already done so.

Veteran Service Context

In their overview of the Veterans Landscape of Ohio (**Appendix F**), Endeavors provides a fuller picture of Veterans services in Ohio. However, given the need for navigation of benefits (especially VA benefits) identified by respondents to the central Ohio survey, it is useful to have snapshot of the infrastructure that Veterans need to navigate.

VA in Ohio

There are **5** VA Medical Centers, **4** outpatient clinics, **30** community-based outpatient clinics, **7** Vet Centers, **1** Veterans Integrated Service Network (in Mason, part of the Cincinnati metropolitan area), and **3** Veterans Benefits Administration Offices.⁷

In addition to the VA, Veterans can access services, particularly benefit navigation, through their county Veteran Service Commission; the Ohio Department of Veterans Services (ODVS) has one local office in each of Ohio's 88 counties.⁸ Colleagues in the Franklin Co. Veteran Service Commission have shared their 2023 Assistance data (**Appendix D**), which provides additional insight on local needs and utilization in Franklin County.

The state also operates two Veterans Homes, one in Georgetown (southwest Ohio) and the other in Sandusky (north central boarder of Lake Erie). These homes provide skilled nursing and memory care; the Domiciliary at Sandusky provides community living facilities for those who are able to live independently. The state is in preliminary discussions to bring another State Veterans Home to central Ohio. If the effort advances, this new facility would be a joint federal-state venture and investment of about \$100 million. Ohio currently ranks 50th of 53 states and territories in ratio of nursing beds to Veterans (see **Appendix E** for more).

⁷ <https://www.va.gov/directory/guide/state.asp?dnum=ALL&STATE=OH>

⁸ <https://dvs.ohio.gov/resources-for-veterans/find-a-cvso/>

Notable differences to North Florida Needs Assessment Respondents

Compared to respondents to the North Florida Veteran Needs Assessment, Veterans and Active-duty service people responding to the central Ohio assessment were younger, more educated, more likely to plan to leave the state after their service, and more likely to be working (full- or part-time; less likely to be retired). These differences are notable because of their impact on areas of need, especially as it related to employment and educational services. Additionally, the lack of stated need for dental care may be explain both by age (fewer elderly respondents) and by Ohio’s more robust dental care network and coverage through Medicaid (see below for more on health care coverage and access in Ohio).

Network Insights: Potential Partners & Collaborators

For any community-serving organization, cultivating local relationships is essential. No social services organization can afford to go it alone because no organization can provide all the services that their priority population needs. In central Ohio’s Veteran and military-connected community, the key to any new venture will be to build and leverage relationships with those organizations that represent existing infrastructure in addressing Veteran and military-connected individuals’ needs.

While conducting the Central Ohio Needs Assessment, the Battelle Center team connected with over 100 local organizations that have military connections and/or provide services that survey respondents identified as being in demand in their community. **Table 8** categorizes the organizations that we think are likely to make exceptionally good partners, particularly under an innovative and holistic Veterans wellness model. Specific points of contact are noted when available. Of course, Veteran Service Organizations that responded to the survey are also natural partners; the list of those organizations (categorized by size) is provided in **Table 9**.

Table 8: Likely Collaborators in High-Demand Services

Physical Fitness & Wellness	YMCA of Central Ohio
	YWCA of Central Ohio
	Mid-Ohio Regional Planning Commission
	City of Columbus Recreation & Parks

Mental Health Support	<p>The Grief Recovery Institute (Ed Owens, Lois Hall)</p> <p>OSU Suicide and Trauma Reduction Initiative for Veterans (AnnaBelle O. Bryan)</p> <p>OSU Brain and Spine Hospital</p> <p>OSU Wexner Medical Center (broad range of services, providers)</p> <p>ADAMH Board of Franklin County (Erika Clark-Jones)</p> <p>Delaware-Morrow Mental Health Recovery Services Board</p> <p>Mental Health & Recovery Board for Licking & Knox Counties</p> <p>Fairfield County ADAMH Board</p> <p>Paint Valley ADAMH Board</p> <p>Mental Health & Recovery Board of Clark, Greene & Madison Counties</p> <p>Mental Health & Recovery Board of Union County</p>
Professional Networking, Volunteerism, and Entrepreneurship	<p>Think Veterans First (Regina Rembert)</p> <p>Military Women’s Museum (Judy Pearson)</p> <p>OSU Military & Veterans Services Community Advocates Program (Marcella Pfaff)</p> <p>Legacy of Valor, Hispanic Medal of Honor (Armando Telles)</p> <p>Economic & Community Development Institute (Anthony Berin)</p> <p>JP Morgan Chase Vets Business Resource Center</p> <p>Veterans Memorial, New Albany</p> <p>Volunteers of America, Ohio & Indiana</p> <p>Troops to Teachers program</p>
Veterans Benefits, Navigation	<p>Lutheran Social Services Faith Mission</p> <p>Franklin Co. Veterans Services Commission (Buck Bramlish, Matt Zelnik)</p> <p>Central Ohio Stand Down (Dan Willis)</p> <p>Ohio National Guard Military & Family Readiness (Angela Dyer)</p> <p>Legal Aid Society of Columbus (Dianna Parker)</p> <p>VA of Central Ohio (Dr. Edward Bope)</p>

Table 9: Veteran Service Organizations Responding to Survey (N=29)

<p>Small VSOs < 100 employees or < \$100,000</p>	<p>Morrow Co. Veterans Services Morrow Co. Joint Veterans Council Ohio State University MVS-MCA Program Student Veterans of America Rolling Thunder, Inc. Chapter 5 Team Red, White & Blue The Overwatch Partnership Marine Corps League Veteran Companion Animal Service American Legion American Red Cross Healing Of Our Veterans Equine Services (HOOVES) Military Community Advocates Wauseon American Legion</p>
<p>Medium VSOs 100-250 employees or \$100,000-\$999,999</p>	<p>National Veterans Leadership Foundation Veterans of Foreign Wars Ohio Army National Guard Family Services Ohio Veterans Hall of Fame Foundation Board Ohio State University Military & Veterans Services AMVETS Department of Ohio JP Morgan Chase Vets Business Resource Group</p>
<p>Large VSOs 500+ employees or > \$1,000,000</p>	<p>Ohio Department of Veterans Services Franklin Co. Veterans Services Commission Department of Veterans Affairs The Chalmers P. Wylie Outpatient Clinic, Columbus VA National Veterans Memorial and Museum Adaptive Sports Connection Disabled American Veterans Honor Flight Columbus, Inc.</p>

Insights from Key Informants

“The government doesn’t care when you leave – you have no value.”

*- Carl, Veteran in attendance
 at Central Ohio Stand Down*

Sadly, Carl’s sentiment is something the Battelle Center team heard repeatedly at the Stand Down event and in our other conversations with Veterans and their families while conducting this needs assessment. At Stand Down in particular, which draws many of central Ohio’s most in-

need Veterans, informants expressed a feeling of betrayal, or at least apathy, from the government and society that they had sacrificed to serve. Mirroring key findings in the survey, the majority of these men and women had service-connected disabilities and other residual health issues that impact their ability, not just to work, but to otherwise reintegrate into society. This sentiment speaks to the **need to bring a holistic, integrated perspective to Veteran wellness and well-being.**

“My wife does everything for me, but Vet services don’t do anything for her.”

*- John, Veteran in attendance
at Central Ohio Stand Down*

Tears streamed down John’s cheeks as he talked about his “angel” of a spouse. Like many other Veterans we heard from, he said he was happy with the level and accessibility of care he received at the VA. But his wife, he said, had chronic health issues that she wasn’t able to properly manage, given her lack of sufficient health care coverage and access. They made too much for her to be eligible for Medicaid, were too young for her to get onto Medicare, but didn’t have the money for high-quality insurance coverage. Moreover, John said that he knew she must be tired – being a caregiver to him and many other members of their family must be draining. “I wish I could afford to give her a week at a spa – a week off,” he said. While the survey instrument did not ask respondents about these sorts of nuanced needs, it’s something our team heard repeatedly: **Veterans want more support for those who have supported them.**

“They took the oath to serve. We have an obligation to serve them.”

*- Buck Bramlish, Executive Director,
Franklin County Veteran Service Commission*

Director Bramlish’s sentiments exemplify the attitude we both heard and observed from VSOs and other service organizations while conducting this needs assessment. Those who are involved in the provision of services for Ohio’s Veterans, Active-duty, and other military-connected personnel have a deep sense of gratitude and loyalty to their population. Many of these professionals are Veterans themselves, but not all – the commitment to honor Veterans *through concrete actions*, not symbols or platitudes, was a consistent message we heard from our stakeholders and informants. **Investing in physical spaces and services built specifically around the needs of Veterans as whole people** is a “show, rather than tell” form of honor.

“The old infrastructure is dying. Legacy organizations are dying out.

They aren’t adapting to the NOW.”

*- Dan Willis, Executive Director,
Central Ohio Stand Down*

The documented needs of younger Veterans (see [Parker, et al. 2019](#) and [Morgan, et al. 2020](#) for example) – vocational, legal, financial, housing, and health services, and social relationship

support – are reflected in findings from this survey. In our conversation, Stand Down Director Willis drew particular attention to *the way* in which younger Veterans want and need to engage with these services. Many of them have families (again, consistent with our survey results) and need services – especially related to social and vocational programming – that are offered in environments friendly to and accessible by families. “I can’t go down to the VFW to drink beer and smoke with the old guys if I want to stay married and be present for my kids,” he recounted one of his clients saying.

Furthermore, Dir. Willis articulated a sentiment we heard from many young Veterans and Active-duty service people: language and framing of services matters. “We focus on building confidence, psychological safety, personal value, and empowerment through service and team building,” Willis said, especially for Veterans in the 25-44 age category. Like all inclusion and accessibility efforts, *all people* will benefit from measures that employers and communities take to reduce stigma and increase a sense of belonging and empowerment in their Veterans. The traditional model of sectioning off Veterans – “giving [them] a place to *escape* rather than *engage*,” as one Veteran told us – does not meet the needs of Veterans and their families in this time and place. A proactive, sustainable, innovative model of Veteran support services is one that **provides Veterans with a pathway to continued service and engagement with their country and community.**

CONCLUSION

This report presents an assessment of the needs and challenges faced by Veterans, family members, and Active-duty service members in central Ohio. The survey data provide insights into demographic variations, service access, and gaps in support, but also into the existing strengths of central Ohio and its communities. The feedback we heard from our key informants about the quality and reliability of Ohio’s VA system is backed up by the survey data, which indicate a relatively low level of unmet need the services offered through the VA. The state has also made significant investments in health care coverage and behavioral health services, which provide a strong infrastructure for new partners to tap into. Furthermore, central Ohio has a robust population of enthusiastic, highly educated, and entrepreneurial Veterans and military-connected individuals who are eager to continue to engage with and serve their communities.

Despite these relative strengths, survey respondents, including Veterans Service Organizations, identified VA benefit and claims support and mental health services as areas of significant need. This suggests that a high-value investment would be in the provision of *service navigation*, particularly within a model that is co-located or linked with other services that respondents report needing but having difficulty accessing: physical fitness and wellness, employment, peer

support and mentoring, and volunteer opportunities. A consistent message in both the survey responses and in conversations with our informants is the need to bring a holistic, integrated approach to Veteran wellness and well-being.

The survey's findings emphasize the urgent need for collaborative initiatives among the public, private, and nonprofit sectors to bridge identified gaps and create strong linkages to services and resources. Moreover, supplemental evidence brought to bear on the findings through key informant conversations and contextual analysis indicates that a valuable – and innovative – approach to serving Veterans will build on principles of human-centered design (i.e., addressing the latent and unmet needs of the end user) and serving those who have served *in the way in which they wish to be served*. For example, designing services for Veterans with multiple marginalized identities (e.g., Black, women, Hispanic, LGBTQ+), who report higher levels of unmet need on many dimensions, will consider systemic barriers and forms of discrimination they are likely to face in health care, housing, employment, and small business lending.

Another winning strategy is to honor Veterans and service people through service delivery design – that is, by building spaces and designing services that are built around supporting the whole person, including their families and other loved ones. A common theme in our conversations with key informants was their desire to have more support for those who have supported them. Designing family-friendly, accessible, vibrant community spaces through which Veterans *and their loved ones* can access services and support would represent a desirable change in approach and practice of Veteran service provision. Similarly, providing Veterans with a pathway to continue to serve and engage with their country and community – by contributing to the development, maintenance, and use of outdoor spaces, for example – is good for body, mind, and soul. Services through service could be the rallying cry for modern VSOs.

The consistent calls for volunteering, mentoring, networking, and entrepreneurial activities, as well as the embarrassment and resistance to asking for help that Central Ohio Stand Down Director Dan Willis noted, indicate that Ohio's Veterans – especially those who have served post-9/11 – want to be useful; they want to continue to be of service. Investing in Veterans and the rest of the military-connected community in central Ohio is not an act of charity, but rather an act of reciprocity and gratitude.

CONTRIBUTIONS & ACKNOWLEDGEMENTS

For the Battelle Center for Science, Engineering and Public Policy:

- Maya Sivakumaran, candidate for a Bachelor of Science in Aerospace Engineering, assisted with promotion and dissemination of the survey and conducted preliminary analysis of the survey results.
- Ethan Combs, candidate for a Master of Public Administration, provided additional analysis of the survey data and completed the bulk of the writing of the final report and creation of data visualizations.
- Kevin Cullen and Michael Pires provided daily support of promotion and distribution of the survey, collection of results, management of relationships with key stakeholders; they also reviewed various drafts of the report.
- Lisa Frazier served as principal investigator on the project and finalized the content of the report and supplemental analyses.

The Battelle Center team thanks the authors of the North Florida Needs Assessment for the excellent template and model they provided for this report. The work of Rick Phillips (Associate Professor of Sociology), Jeffrey A. Will (Director and Professor of Sociology), Timothy Cheney, and Tracy Milligan of the Northeast Florida Center for Community Initiatives at the University of North Florida was invaluable to organizing the Central Ohio Needs Assessment and its results.

We thank our colleagues at several central Ohio VSOs, especially Dan Willis of Central Ohio Stand Down and Buck Bramlish and Matt Zelnick of the Franklin Co. Veteran Services Commission, for generously sharing their time and expertise with us as we worked to synthesize the results of the survey and build a complete picture of the experiences and needs of military-connected individuals in central Ohio.

We are grateful for the feedback, review, and support of this work from our colleagues Preston Phillips and Jack Laraway at the John Glenn College of Public Affairs.

Bill Butler (Colonel, US Army, Retired) at the National Veterans Memorial and Museum was a faithful and supportive partner and an exceptional tour guide.

This needs assessment was commissioned and made possible through a partnership with Endeavors. We are appreciative of the opportunity to help the Veterans and military-connected residents of central Ohio share their voices, and of the relationship we built with Benjamin Miranda and Tyler Williams.

Most importantly, we are grateful to the hundreds of Veterans, Active-duty personnel, and military-connected friends and family who we met, talked with, and heard from – both through the survey and in our daily conversations – who contributed to the findings presented in this report. We thank you for your service, then, now, and always.

APPENDIX A: Survey Sample and Methodology

The Central Ohio Veterans Needs Assessment survey employed an availability sample; the Battelle Center team and our partners recruited eligible respondents from the priority population to take the survey. This sampling strategy differs from random sampling approaches, in which every member of the population has an equal likelihood of being selected. The primary limitation of availability sampling is the limitation on generalizability to the broader population of interest; respondents who have deliberately chosen to take the survey may not reflect the characteristics of the population from which the sample is drawn – i.e., the selection effect yields an unrepresentative sample. 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 central Ohio, and thus acquiring a representative sample of the region's Veterans would start with a comprehensive screening survey of the entire central Ohio population from which a random sample of Veterans could be drawn. 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 private firm. The process of constructing a representative sample comprised of the family members, caregivers, and colleagues 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 Columbus 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 and find that the survey respondents do not differ significantly from the census findings.

The survey also includes a large number of Veterans. Thus, while the sample is not representative, the number of respondents increases the likelihood that variability in the priority population is reflected in the sample. The survey has 481 total respondents, including 264 Veterans (55% of respondents). For comparison, 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 central Ohio.

Finally, this survey is similar in scope and size to others used to assess similar needs among Veteran populations in other regions. The central Ohio survey has a comparable number of respondents to similar studies used by policymakers in Austin and El Paso, Texas, though fewer than the survey collected in Jacksonville, Florida.

APPENDIX B: Promotional Events Information

Event Name: [Luncheon to celebrate the launch of the 2023 Ohio Veteran Needs Assessment](#)

Date: September 25, 2023 11:00AM

Location: National Veterans Memorial and Museum | 300 W Broad St | Columbus, OH 43215

Number of attendees: 21

Descriptive overview of attendees (organization, population): Central Ohio military community in the region. Includes VA Central Ohio Healthcare System, Franklin County Veterans Service Commission, and American Legion Post and VFW Posts

Purpose of event: Official kickoff announcement

Event Name: [Community Conversation: An Innovative Model of Holistic Veterans Wellness](#)

Date: September 26, 2023 4-6pm

Location: John Glenn College of Public Affairs | Page Hall | 1810 College Rd | Columbus, OH 43210

Number of attendees: 28

Descriptive overview of attendees (organization, population): Ohio State University Students, faculty, and staff from various colleges and departments including Military Veterans Services

Purpose of event: Endeavors leadership will talk about the Endeavor's model of well-being as an example of innovation in the public's interest and about their career pathways in public services. This event will provide students from across the university with an opportunity to see themselves making a difference in veterans well-being and success while also allowing students the opportunity to meet/network with members of the veterans-involved community at the university.

Event Name: [Central Ohio Stand Down](#)

Date: October 31, 2023 9am-2pm

Location: National Greater Columbus Convention Center | 400 N. High Street | Columbus, Ohio 43215

Number of attendees: 700+

Descriptive overview of attendees (organization, population): Some of our partners are Veterans Administration, Franklin County Services, Alcohol Drug and Mental Health Board of Franklin County (ADAMH), American Red Cross, Central Ohio Area Agency on Aging (COAAA), Columbus Aids Task Force (CATF), Columbus Coalition for the Homeless, Columbus Legal Aid Society of Columbus, State of Ohio Job and Family Services, plus many more.

Purpose of event: At Stand Down, a Veterans only program, many of the guests' health, housing, and job issues can be helped by one of the 100 plus social service agency representatives. Guests are able to speak to a "real Person" and get much-needed answers toward solving their challenges. The event provides services to Veterans such as food, shelter, new clothing, VA health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services. Included in these services are housing, employment and substance abuse treatment, education and jobs. The annual event is a time to support and celebrate our Veterans living in Ohio Counties: Franklin, Delaware, Fairfield, Knox, Licking, Madison, Marion, Morrow, Pickaway, Union

Event Name: Women Veterans Advisory Committee Meeting

Date: October 27, 2023 12.30-3.30pm

Location: Department of Veteran Services | 280 E. Broad Street | Columbus, Ohio 43215

Number of attendees: 35

Descriptive overview of attendees (organization, population): In addition to members of the state's Women Veterans Advisory Committee (chaired by the Deputy Chief in the Ohio Department of Veteran Services), representatives from several VSOs were in attendance to engage in conversation about the unique needs, challenges, and assets of Ohio's women Veterans.

APPENDIX C: Military and Veterans Services Student Data (Ohio State University)

From Kevin Cullen | November 21, 2023

- In addition to all of our ROTC heritage, the OSU Veterans Day ceremony has been part of the university tradition for 105 years.
- Ohio State, Colonel Converse, and Converse Hall represent the birthplace of the ROTC curriculum nationwide.
- The university's Office of Military & Veterans Services was one of the first in the nation to be established and just passed 10 years of service.
- The MVS office serves 2,100+ military-connected students (Veterans, ROTC cadets/midshipmen, National Guard, Reserves, Active-duty, and military family members)
- On behalf of the university, MVS manages 5 Veterans Lounges (1 on the Cbus campus and 4 on the Regional campuses) plus a Veteran's House
- The university recently was part of Ohio's first cohort of Collegiate Purple Star designations for military inclusiveness; the first program of its kind in the nation.
- The university is 1 of 15 Pat Tillman Foundation University Partners and 8 of our students have been recognized as Tillman Scholars
- The university is 1 of 16 National Veterans Leadership Foundation (NVLF) Alliance members and 2 of our students have been recognized as NVLF Fellows
- The university has a local chapter of the National Student Veterans of America
- In addition to our student population, the university has 1400+ more faculty/staff who are veterans.

APPENDIX D: 2023 Assistance Data (Franklin County Veterans Service Commission)



Monthly Summary – December 2023

	Assistance Requests	Request Approvals	Approval %
Financial	827	819	99.0%
Food	434	430	99.0%
Rent	41	38	92.6%
Mortgage	9	8	88.8%
Utilities	33	33	100%

Unique Veterans	Client Touchpoints	Inbound Phone Calls	Male	Female	Transgender Female	Veteran Average Age
1,184 (1,615)	3,980 (5,179)	1,463 (1,253)	1,026 (1,396)	156 (217)	2 (1)	60.4 (61.1)

PT	WW II	WW II - E	KW	KW-E	VN	VN-E	PG	PG-E
363 (498)	0 (1)	0 (0)	9 (10)	9 (11)	81 (120)	250 (340)	172 (202)	163 (229)

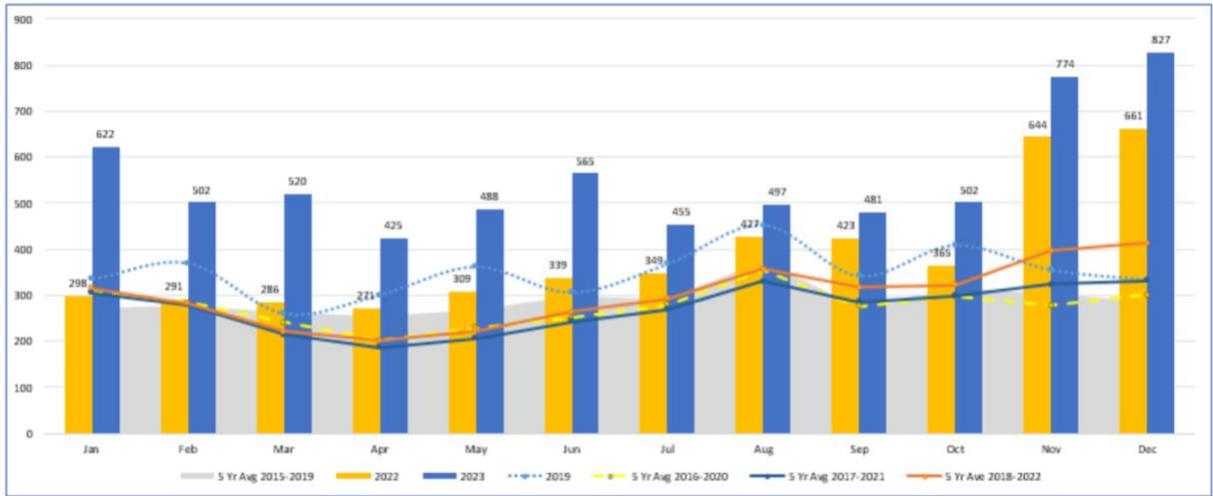


Military Demographics– July 2023

Grade	Avg Months Served	Veterans
O-1	23.50	2
O-2	39.00	2
O-3	68.25	4
O-4	108.00	3
O-5	23.00	2
O-6	232.00	1
E-1	27.39	127
E-2	24.62	109
E-3	32.37	166
E-4	43.18	269
E-5	55.55	82
E-6	84.26	23
E-7	110.78	9
E-8	29.00	1

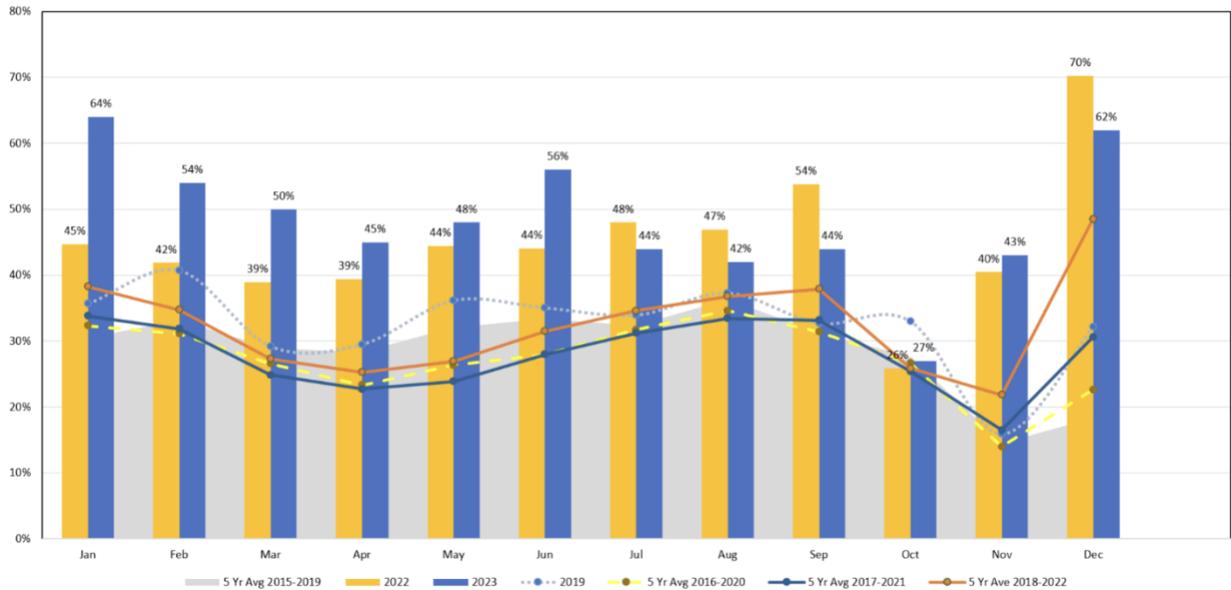
Branch	Avg Months Served	Veterans
Air Force	51.84	115
Air Force Reserves	13.67	3
Air National Guard	7.00	2
Army	35.19	412
Army National Guard	28.67	18
Army Reserves	23.00	9
Coast Guard	91.80	5
Marine Corp Reserves	6.00	1
Marine Corps	40.60	106
Navy	42.72	127
Era	Avg Months Served	Veterans
KW	44.20	5
KW E	38.29	7
OIF/OEF	37.00	1
PG	54.81	136
PG E	47.99	150
PT	35.08	259
VN	31.74	61
VN E	30.18	179
WW II	45.00	1
WW II E	22.00	1

Financial Assistance Applications

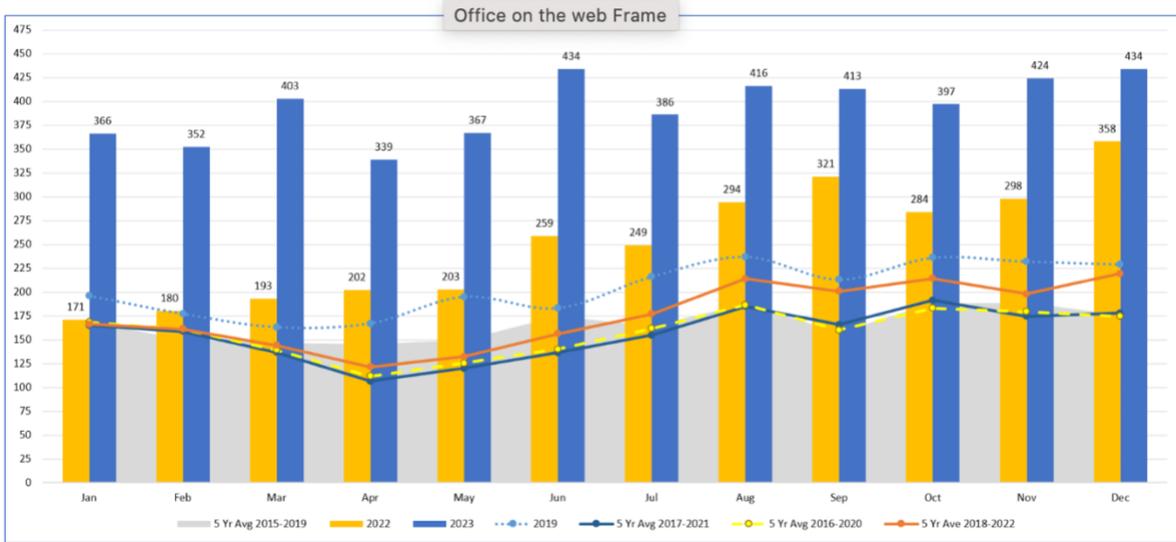


2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Utilities	33	33	37	29	23	40	34	36	28	35	35	33	396
Rent	46	46	44	36	37	56	49	51	38	46	27	41	517
Mortgage	2	5	5	9	1	6	4	5	9	6	3	9	64
Food	366	352	403	339	488	434	386	416	413	397	424	434	4,852

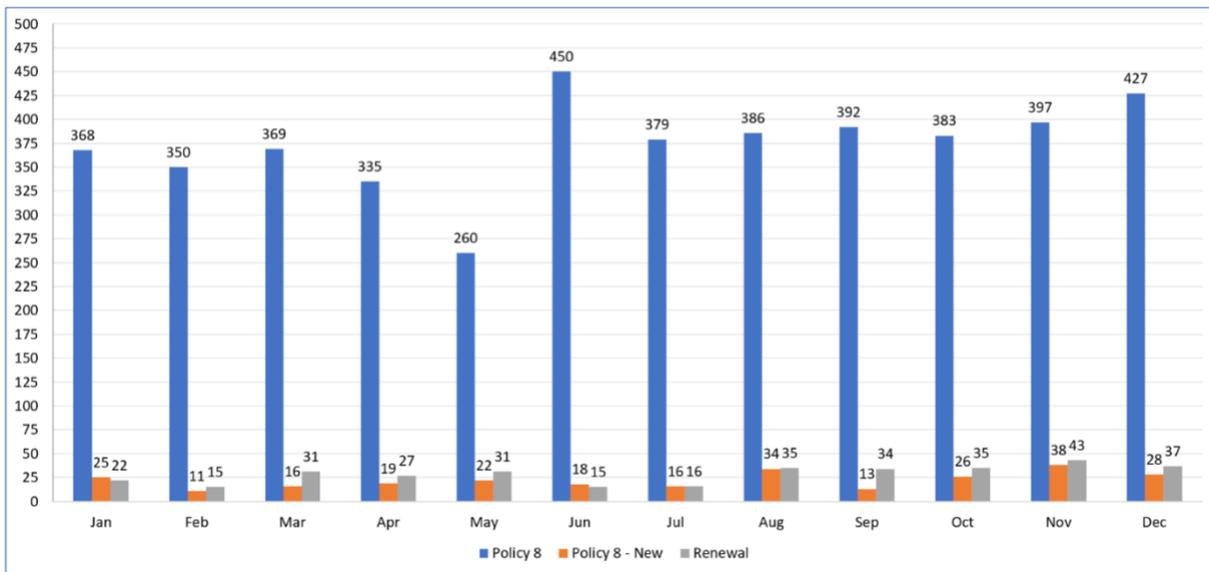
% of Clients Seeking Financial Assistance



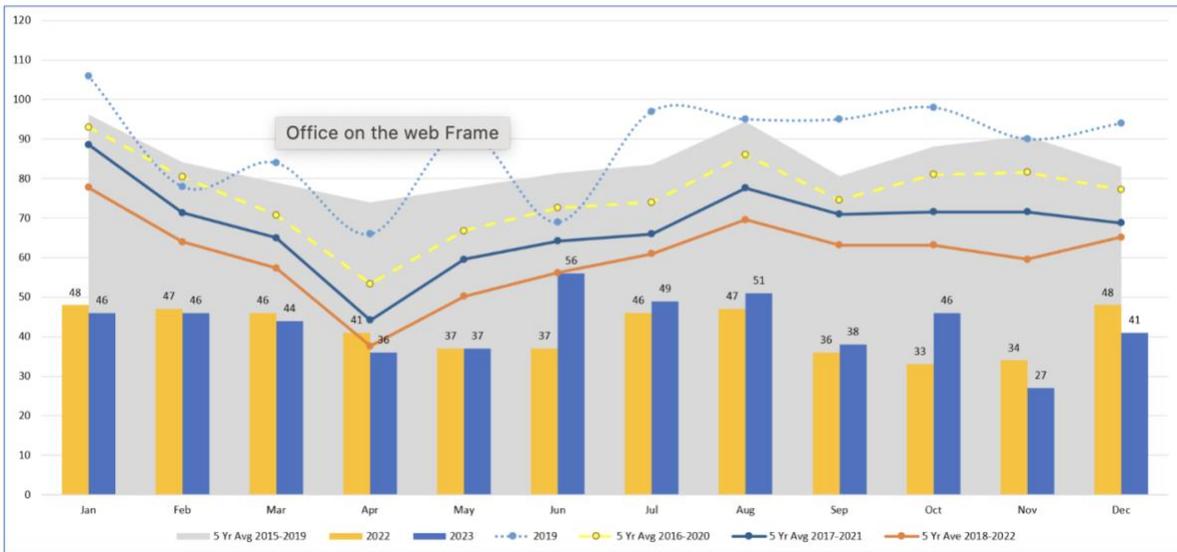
Food Assistance Requests



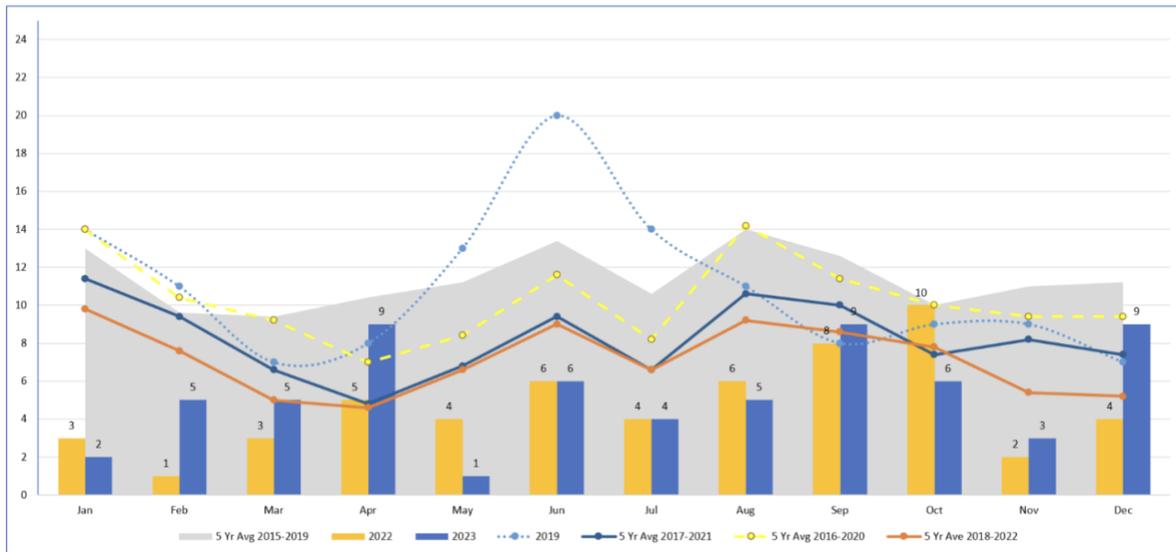
Policy 8



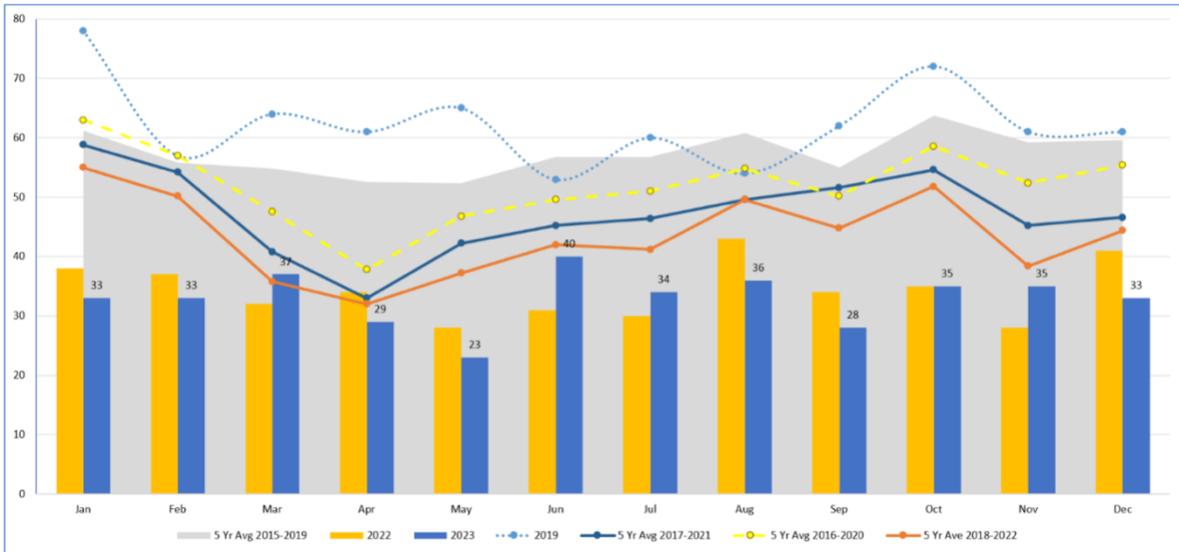
Rent Assistance Request



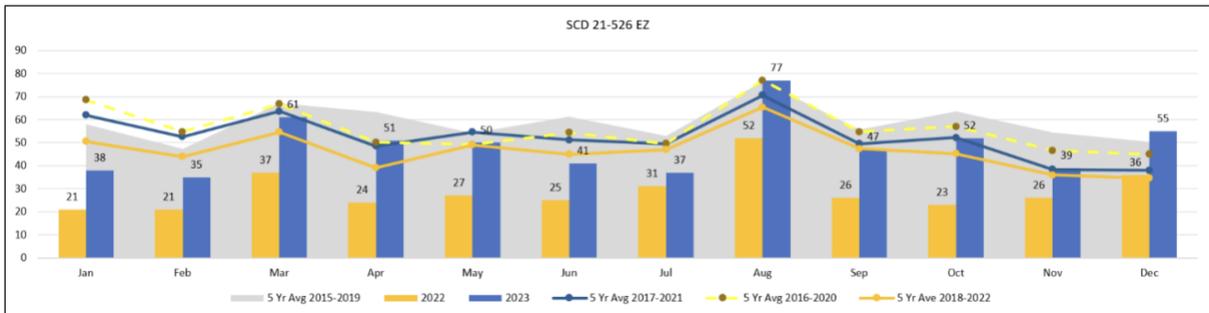
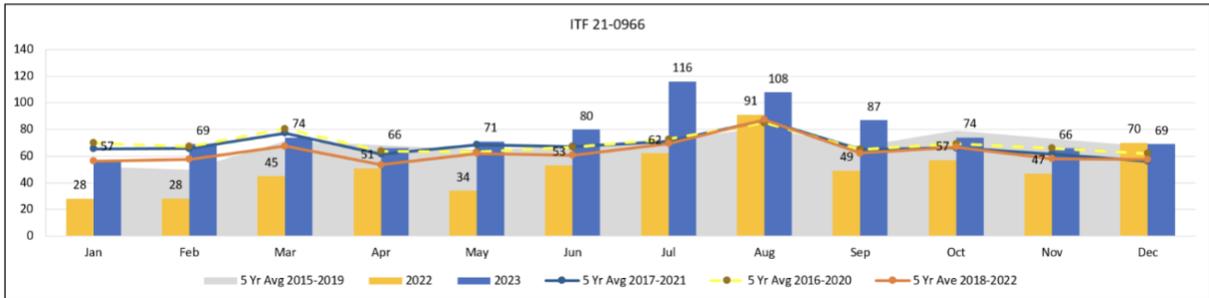
Mortgage Assistance Request



Utility Assistance Request



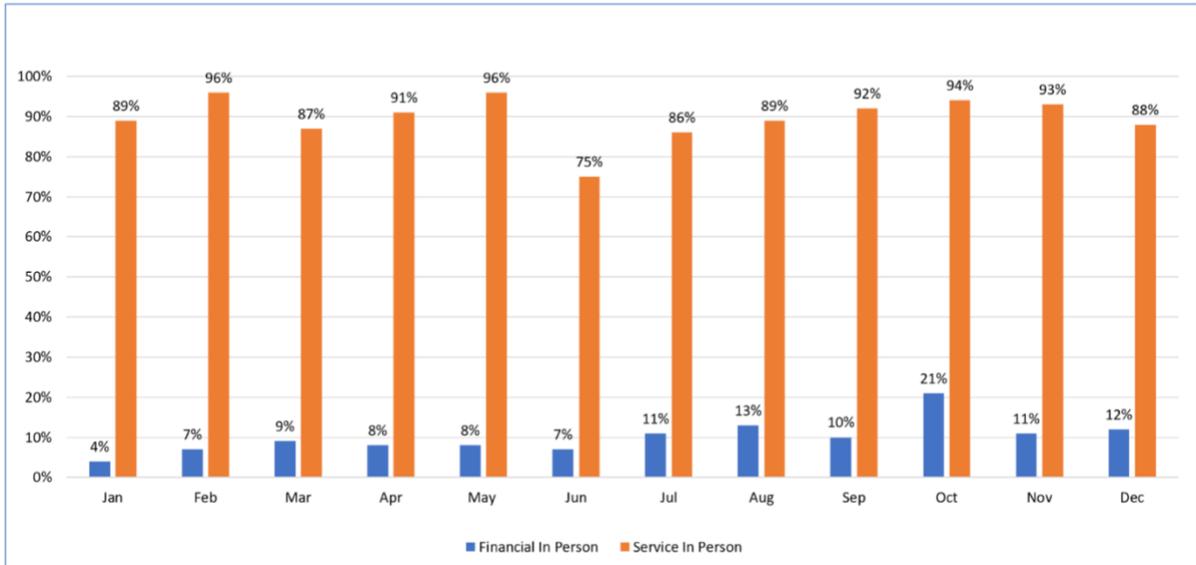
VA Service Work



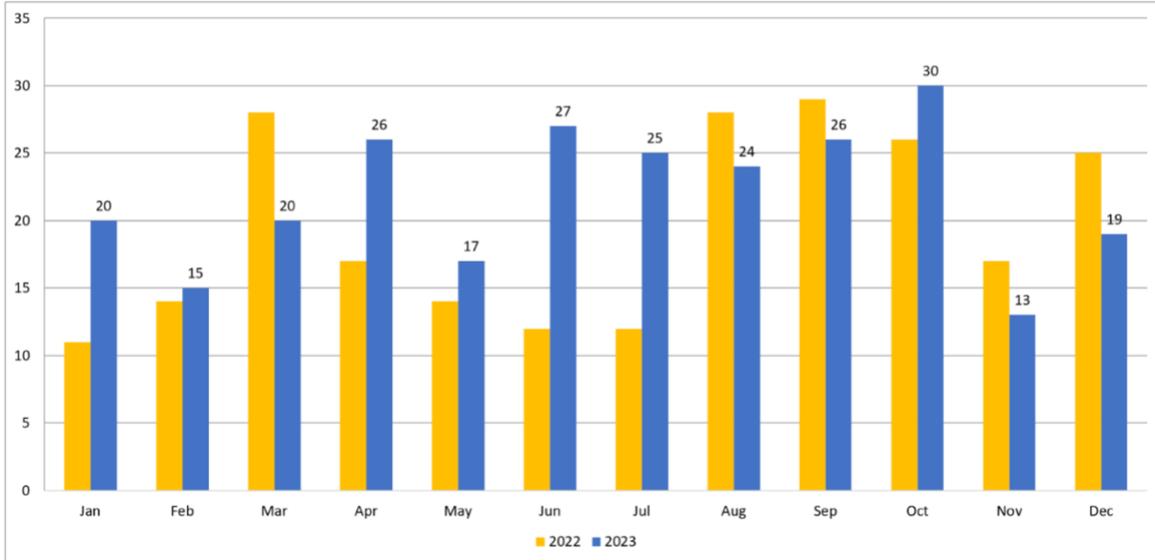
Service Work Distribution

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Service Assignments	103	101	120	95	92	84	79	125	150	124	124	122	1,319
New	48	50	63	48	52	51	48	85	99	76	83	80	783
Existing	55	51	57	47	40	33	31	40	51	48	41	42	536
VA Work Type													
Intent to File 21-0966	57	69	74	66	71	80	116	108	87	74	66	69	937
Disability Claim 21-526-EZ	38	35	61	51	50	41	37	77	47	52	39	55	583
Veterans Pension 21P-527	6	1	3	7	5	3	3	5	3	7	3	5	51
DIC & Survivors Pension 21P-534	2	7	6	5	4	9	0	5	2	5	3	4	52
VA Claim Appeal 20-0995	18	21	35	11	18	18	18	30	14	17	11	11	222
Burial Benefits 21P-530	0	2	6	0	4	0	0	3	2	1	0	0	18
POA 21-22	42	43	58	61	53	66	59	78	74	65	58	48	705
Higher Level Review 20-0996	0	1	0	2	3	3	3	2	0	1	1	4	20
Decision Review 10182	3	3	0	0	0	1	0	0	0	0	1	2	10

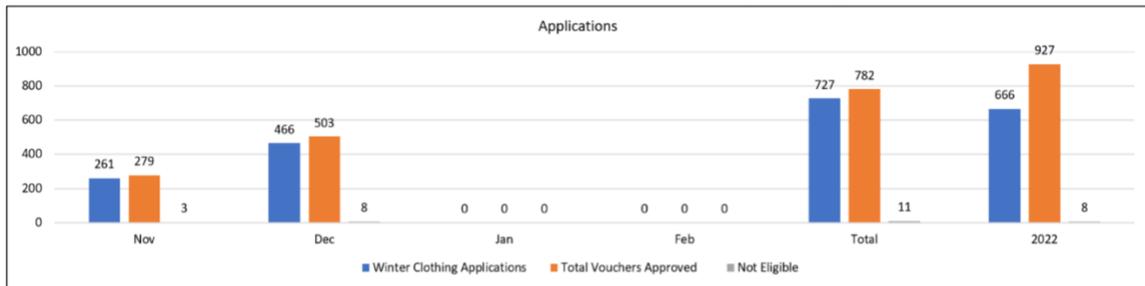
Client Appointment % – In person & Virtual



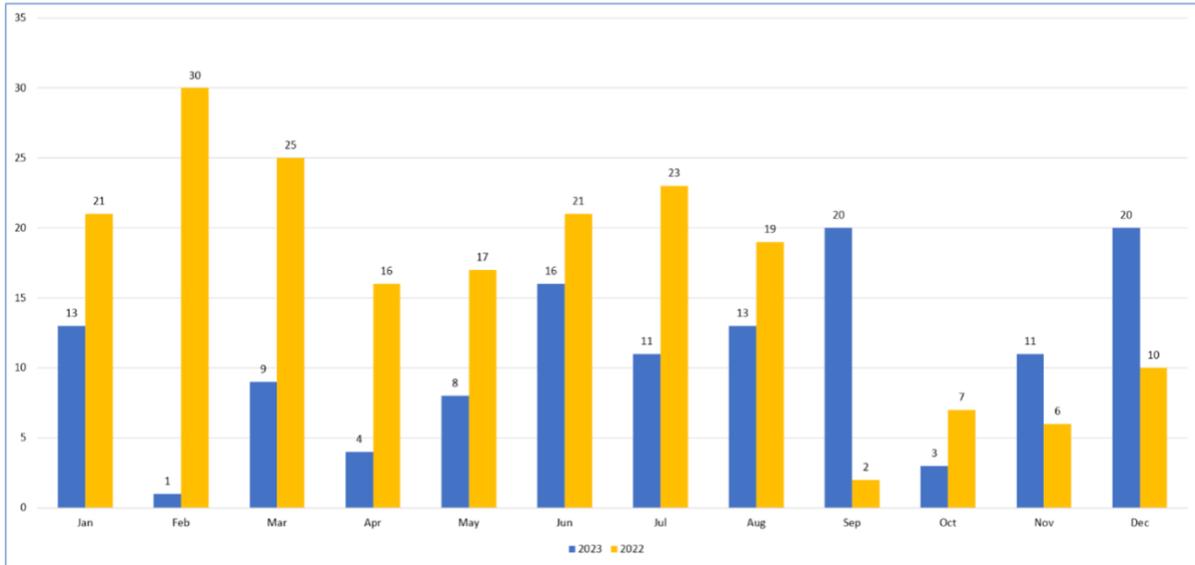
Financial Coach Appointments



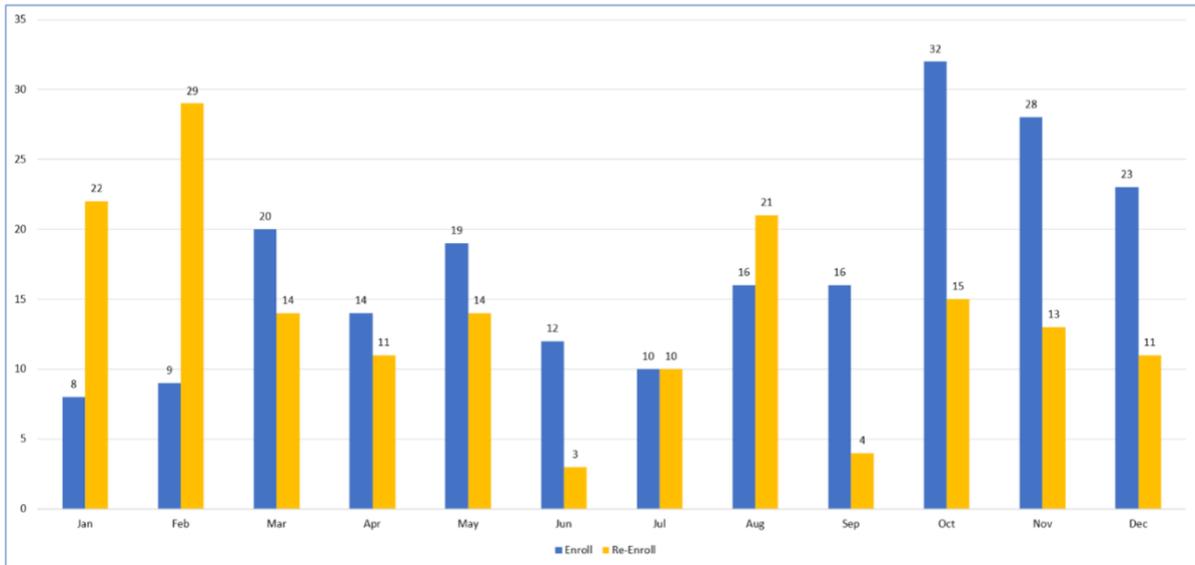
2023 – 2024 Winter Clothing Program



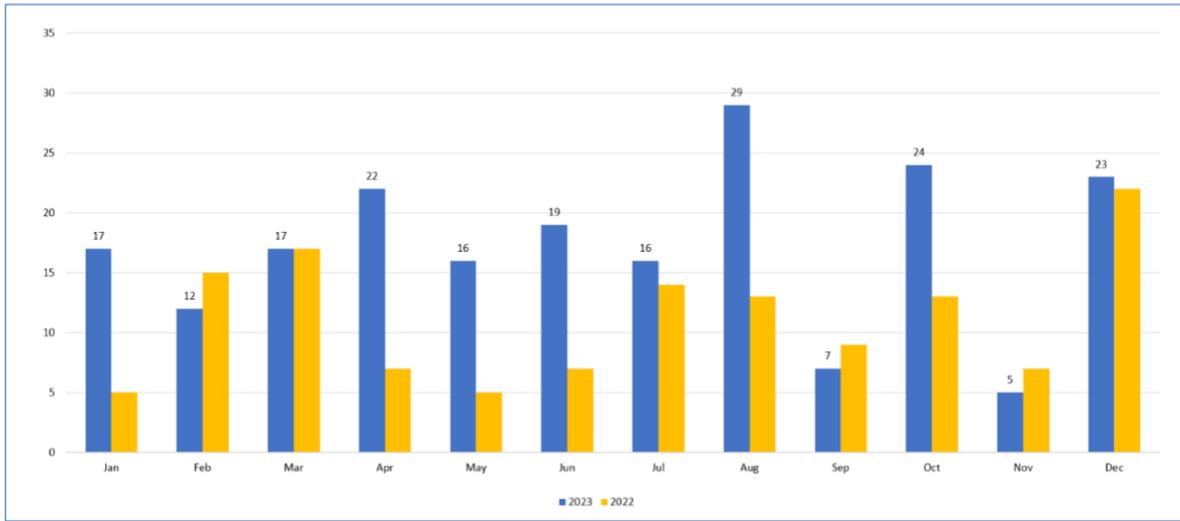
Enroll in Taxi Program



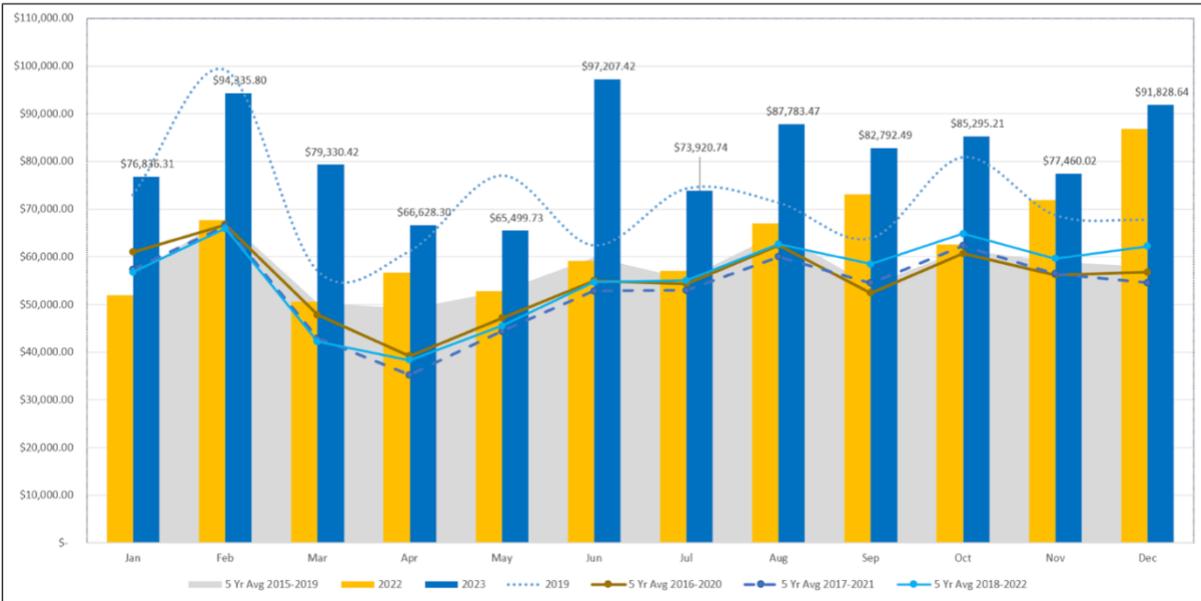
Dental Program



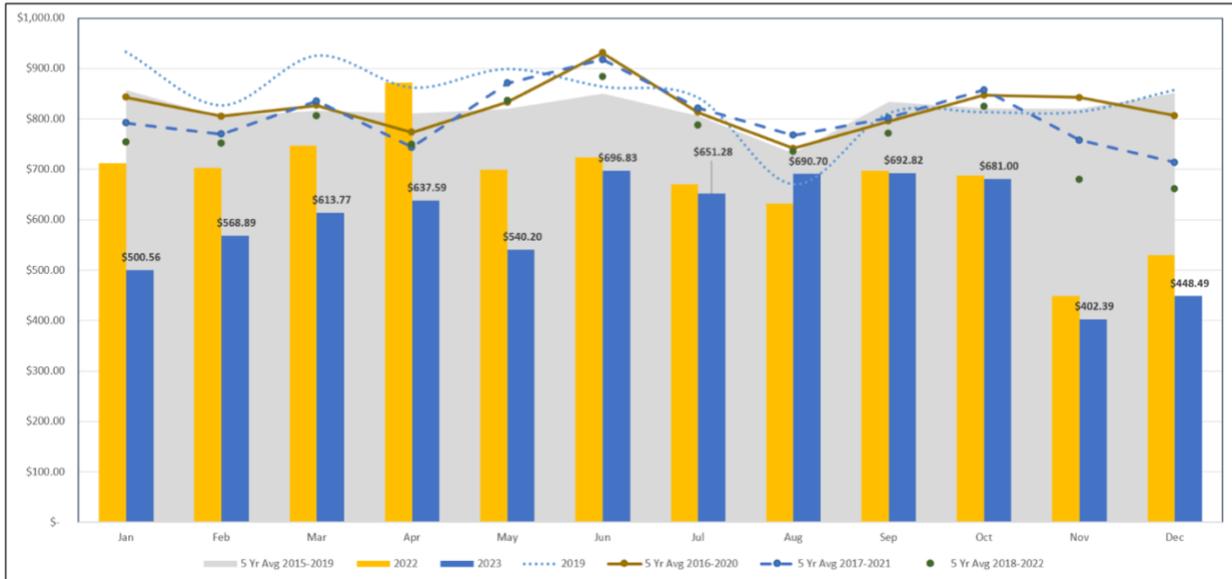
Indigent Burial



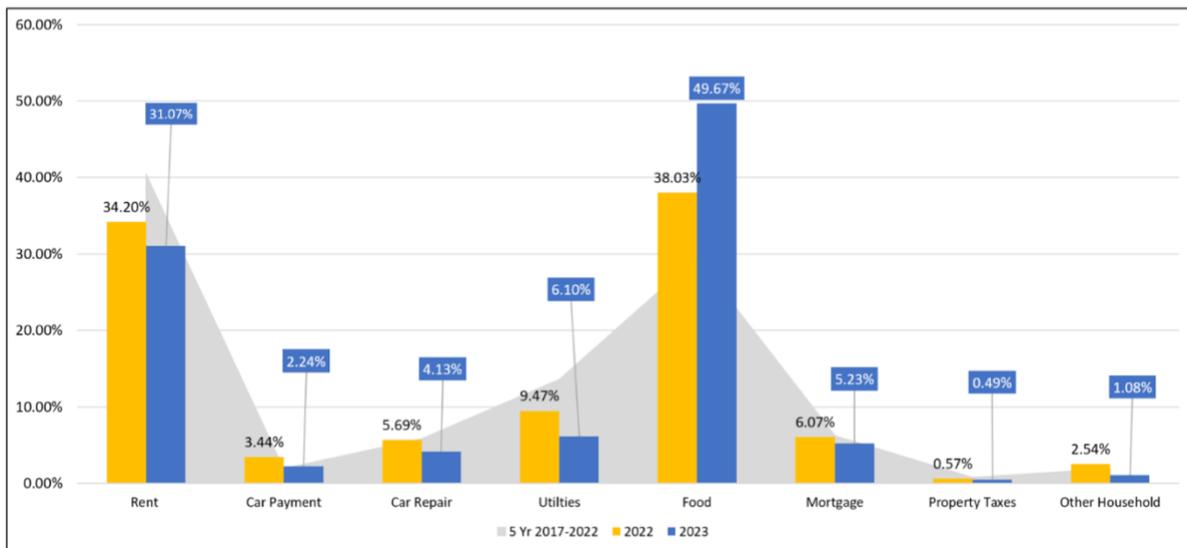
Weekly Average



Average Award



Financial Assistance Request Distribution



Financial Assistance Average Request



APPENDIX E: Overview of Ohio State Veterans Home (FCVSC)

Ohio needs a State Veterans Home (SVH) for Veterans requiring Skilled Nursing Care and domiciliary residence in Central Ohio. Out of the 163 SVH nationally, Ohio only has 2 homes; one each located in the most Northern and Southern Ohio counties. Our Wartime Veterans deserve a Veteran centric home to age in place. The **Sandusky Home** is in Erie County est 1888 & the **Georgetown Home** is in Brown County est 2003

Ohio is the 7th largest Veteran State with almost 700,000 Veterans. Central Ohio alone is home to 145,000 Veterans or 21% of the total Ohio Veteran population. This makes it one of the most dense Ohio Veteran populations.

These Veterans will not travel 2 hours from Central Ohio for their final years in a unfamiliar town miles from family and friends.

The Ohio 2023-2024 budget included \$65M in the operating budget to modernize our two current homes!

State Veterans Homes provide many advantages to Veteran care, health and morale. It starts with the camaraderie that Veterans felt when they were still serving their nation, an endeavor that for many included significant time away from family, exposure to harsh environments and injury or loss of fellow service-members and friends. Housed together in SVHs provides a collective knowledge of what many of them experienced in their lives, a collective understanding of how the VA operates to include benefits they may be eligible for, and reinforcement that their service made a difference in our great nation. Our 2 current homes receive significant resources, support and volunteers who lead morale activities from local Veteran Service Organizations—Veterans helping and loving Veterans—these are community homes allowing all citizens & Veterans to give back to their fellow Veterans

State Veteran Homes nuts and bolts: SVHs are state owned and operated by the Ohio Department of Veterans Services (ODVS); the ODVS director is on the Governor's cabinet. The SVH program is a federal-state partnership whereby the VA (VHA) provides assistance: grants to construct, per diem payments per Veteran for care, and funding to support states for hiring and retaining nurses. SVHs are state licensed.

SVH construction would be funded 35% from the state and 65% from the federal government; however, the 35% state portion must be in an approved budget before a state can get on the priority list for the additional 65% federal funding. Today's estimated construction cost is \$100M

Cost to a Veteran in Ohio who has \$1,500 monthly income would be approximately \$1,350 monthly for skilled nursing or even memory care. Cost for domiciliary care is approximately \$687 1/3 private care cost

Veteran Eligibility in Ohio includes: Ohio citizen, some type Honorable discharge, some type disability or incapable of earning a living, active-duty service and service during a war period or conflict

Ohio is not used to being behind, we rank last in # of SVH nursing beds vs. state Veteran population among our 5 contiguous states, ranking 50th in the nation. We have 28% of the nursing beds the VA estimates Ohio is eligible; and therefore should have

While we are so thankful state leadership is modernizing our current homes; building new homes takes time, we need to get on the VA priority list in the near future to see a new home in ten years

APPENDIX F: Ohio Veterans Landscape (Endeavors)



Ohio Veteran Landscape

As of 2/17/2022



Veteran Statistics

- **Veterans make up 7.5% of Ohio's population**
- **Approximately 700,000 Veterans reside in Ohio**
- **Veterans as % of State Population, Ohio ranks number 33 out of the 50 states**
- **Approximately 9,292 active duty service members and approximately 36,010 National Guard and Reserve members**

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Top Three Counties w/ Veteran Populations

- **Montgomery County** (38,803 Veterans)

- **World War II: 1,186, Korean War: 2,578, Vietnam war: 13,285, Gulf War (8/1990 to 8/2001): 9,024, Post 9/11: 7,619**

- **Stark County** (23,845 Veterans)

- **World War II: 829, Korean War: 2,041, Vietnam war: 8,554, Gulf War (8/1990 to 8/2001): 4,421, Post 9/11: 2,775**

- **Greene County** (15,544 Veterans)

- **World War II: 336, Korean War: 1,047, Vietnam war: 4,531, Gulf War (8/1990 to 8/2001): 5,058, Post-9/11: 5,392**



<https://stacker.com/ohio/counties-most-veterans-ohio>

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Veteran Statistics

Veteran Population (as of 9/30/2017)	Ohio	National
Number of Veterans	774,935	19,998,799
Percent of Adult Population that are Veterans	9.05%	6.60%
Number of Women Veterans	61,697	1,882,848
Percent of Women Veterans	7.96%	9.41%
Number of Military Retirees	47,428	2,156,647
Percent of Veterans that are Military Retirees	6.12%	10.78%
Number of Veterans Age 65 and Over	385,826	9,410,179
Percent of Veterans Age 65 and Over	49.79%	47.05%

National Center for Veterans Analysis and Statistics, Contact: www.va.gov/vetdata

Sources: VA Veteran Population Projection Model, VA Geographic Distribution of Expenditures, VA Annual Benefits Report, U.S. Census Bureau, American Community Survey

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Veteran Statistics

Population Change		Ohio	National
Veteran Population 2015		818K	20.8M
Veteran Population 2045		355K	12M
Annual Percentage Change		-2.74%	-1.82%

Ohio		9/30/2015	9/30/2020	9/30/2025	9/30/2030	9/30/2035	9/30/2040	9/30/2045
Age	Less than 40	101,203	90,056	75,678	64,553	61,303	61,385	61,528
	40-64	323,743	267,882	220,497	183,144	151,164	132,782	121,070
	65+	392,893	354,891	322,300	289,111	252,904	209,991	172,242

Ohio		9/30/2015	9/30/2020	9/30/2025	9/30/2030	9/30/2035	9/30/2040	9/30/2045
Gender	Male	756,355	651,089	556,667	475,231	404,529	344,650	297,157
	Female	61,485	61,740	61,807	61,577	60,842	59,508	57,682

Ohio		9/30/2015	9/30/2020	9/30/2025	9/30/2030	9/30/2035	9/30/2040	9/30/2045
Period of Service	WWII	37,319	11,767	2,349	292	21	1	0
	Korea	70,774	39,370	16,153	4,445	794	91	6
	Vietnam	277,148	239,099	194,045	144,028	93,003	49,134	19,897
	Gulf War	234,575	250,720	256,052	248,022	235,262	218,863	198,032

Note: The total for Period of Service does not equal the total Veteran Population because peace time veterans were excluded

Ohio		9/30/2015	9/30/2020	9/30/2025	9/30/2030	9/30/2035	9/30/2040	9/30/2045
Race	White, Not Hispanic	706,964	609,904	524,882	452,730	390,398	337,780	296,394
	Minority	110,876	102,925	93,592	84,078	74,973	66,379	58,445

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Veteran Statistics



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Veteran Statistics

VA Healthcare and Benefits (as of 9/30/2017)	Ohio	National
Number of Veterans Receiving Disability Compensation	134,742	4,552,819
Number of Veterans Receiving Pension	13,818	276,570
Number of Dependency & Indemnity Comp Beneficiaries	12,317	411,390
Number of Education Beneficiaries	21,251	987,577
Number of Enrollees in VA Healthcare System	342,986	9,116,200
Number of Unique Patients Treated	237,429	6,035,183

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SAMHSA Ohio FY 2022 Funding

Ohio Summaries FY 2022

[Discretionary Funds in Detail](#) | [Non-Discretionary Funds in Detail](#)

Formula Funding

Substance Abuse Prevention and Treatment Block Grant	\$65,081,199
Community Mental Health Services Block Grant	\$25,767,670
Projects for Assistance in Transition from Homelessness (PATH)	\$1,987,265
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	\$1,068,301
Subtotal of Formula Funding	\$93,904,435

Discretionary Funding

Mental Health	\$33,180,155
Substance Abuse Prevention	\$3,408,179
Substance Abuse Treatment	\$115,047,305
Flex Grants	\$0
Subtotal of Discretionary Funding	\$151,635,639

Total Funding

Total Mental Health Funds	\$62,003,391
Total Substance Abuse Funds	\$183,536,683
Total Funds	\$245,540,074

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Ohio Veteran Key Players

- **The Ohio Department of Veterans' Services**
- **Ohio Veteran Advisory Committee**
 - **The Ohio Women Veteran Advisory Committee**
- **Ohio Cares**
- **State Legislation**

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Ohio Department of Veteran Services

- **The Ohio Department of Veterans' Services is to provide opportunities and resources for our veteran community through advocacy, collaboration and partnerships.**
 - **Maj. Gen. Deborah Ashenurst, Director of Ohio Department of Veterans' Services**
 - **Located in Columbus, OH**



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Ohio Veterans Advisory Commission

- **Composed of 9 Commissioners**

- **Edward Zackery, Chairperson** (<https://dvs.ohio.gov/what-we-do/advisory-committee>)
- **Regular meetings are held once at 8:30 a.m. on the third Friday of each quarter in Ohio. (Time and place determined by the chairperson of the Ohio veterans advisory committee.)**

- **Ohio Women Veterans Advisory Committee**

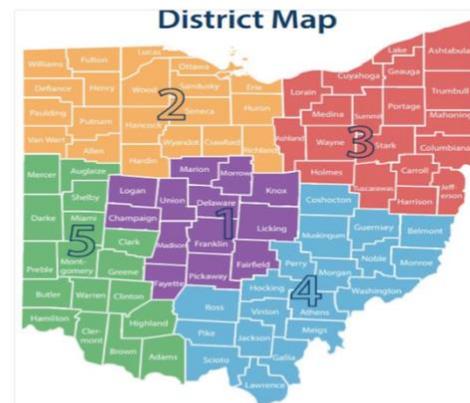
- Angela Beltz, Former Chair (position vacant at the moment)
- Upcoming meeting April 28, 2023 at 11:00am

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Ohio Veterans Advisory Commission

- **Represented in three Regions: Central, Northern, and Southern.**
- **Each Region corresponds to the geographic area of responsibility of the three VA Health Care Systems within the State of Ohio (VA Northern Ohio healthcare system, VA Central Ohio health care, and Southern Ohio VA Health Care System)**



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Ohio Veterans Advisory Committee

- **Focus Areas in Strategy Policy Directives Affecting Ohio Veterans**
 - **1. Facilitating access**
 - **2. Education, veteran courts and jobs**
 - **3. Healthcare and social welfare**
 - **4. Unique characteristics of sub-groups**
 - **5. Incentivization**

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Ohio Cares

- **OhioCares began as a collaboration of state and local agencies to support the behavioral health of Ohio National Guard members returning from deployments and their families. Today, OhioCares partners strive to connect all military personnel, veterans, military retirees, and their families to important behavioral health services**
- **Partners:**
 - **The Ohio National Guard**
 - **The Ohio Department of Veterans Services**
 - **The Ohio Mental Health & Addiction Services**

<https://ohiocares.ohio.gov>

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Ohio Cares

• Providers

• Local providers in Ohio play a critical role in supporting veterans, service members and their families (SMVF) who live in their communities. This site can help connect you to veteran/military cultural competency training opportunities as well as information on community care partnerships through organizations such as the U.S. Department of Veterans Affairs and Military OneSource. These resources can help you engage the SMVF community with confidence and equip you with information you can use to support their needs.

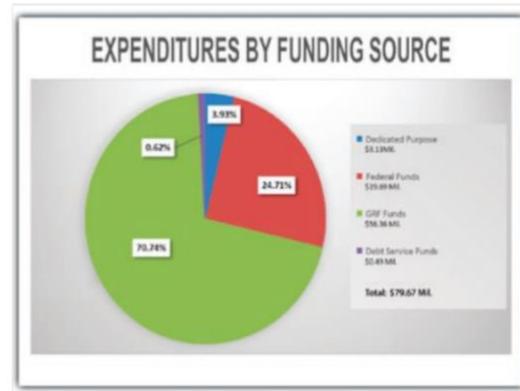
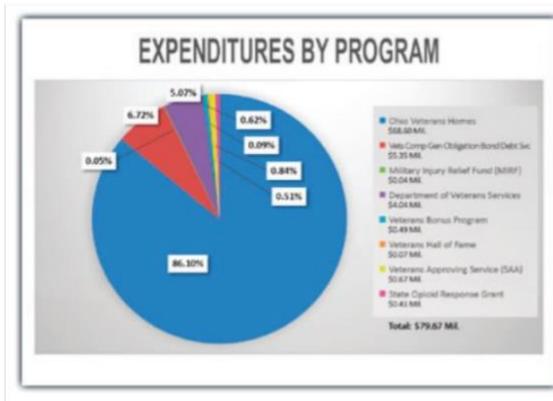
- **Star Behavioral Health Providers**
- **Governors Challenge Training Portal**
- **Military Onesource**
- **VA Community Care Providers**
- **Have you ever Served**
- **Health. Mil**
- **Make the Connection**
- **SAMHSA**

<https://ohiocares.ohio.gov/providers>

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Ohio Key Findings

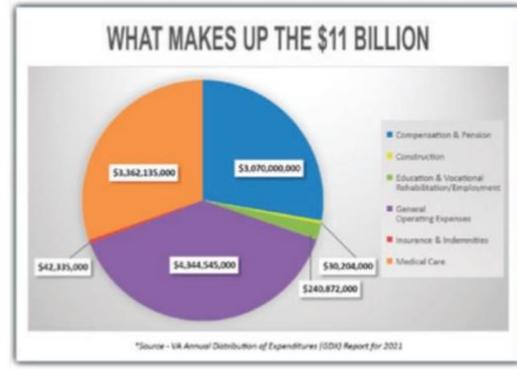


<https://dvs.ohio.gov/what-we-do/odvs-annual-reports>

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Ohio Key Findings

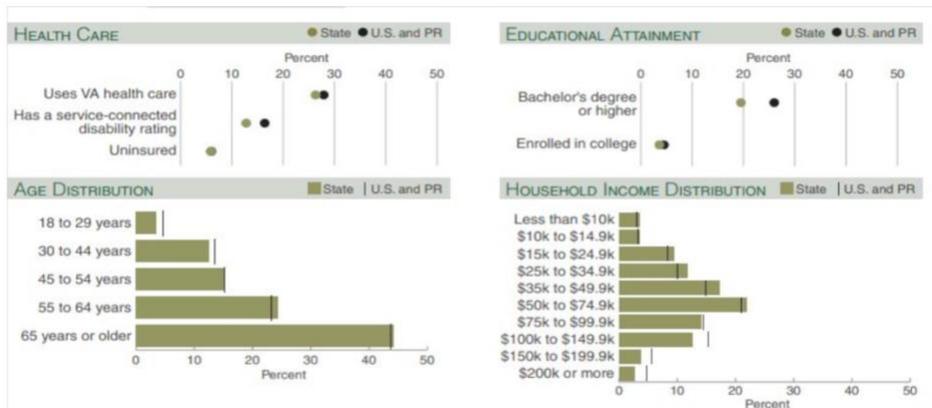


<https://dvs.ohio.gov/what-we-do/odvs-annual-reports>

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Ohio Key Findings



<https://www2.census.gov/library/visualizations/2015/comm/vets/oh-vets.pdf>

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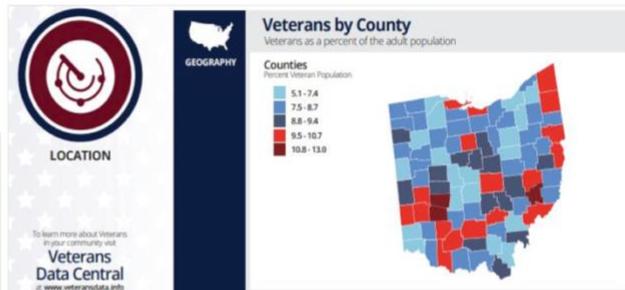
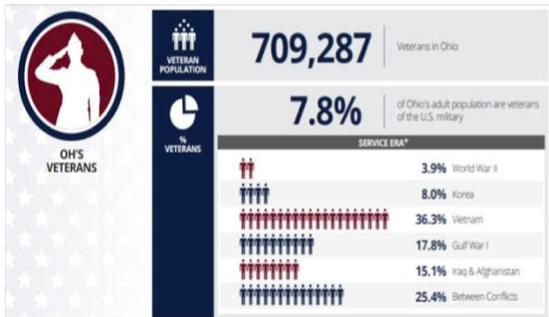
Ohio Key Findings



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Ohio Key Findings



<https://veteransdata.info/states/2390000/OHIO.pdf>

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State Legislation

- **Ohio House of Representatives' Armed Services and Veterans Affairs Committee**
 - **State Representative Mike Loychik, Chair**
 - **State Representative Steve Demetriou, Vice-Chair**

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SSVF in Ohio

Organization	Counties to be Served	Intake Phone Number	Intake Email	Award Amount
Family & Community Services, Inc	Ravenna, Ohio	330-297-7027	ssvf@fcohio.org	\$38,437,711
Volunteers Of America	Cleveland, Ohio Columbus, Ohio Dayton, Ohio	216-302-2602 614-629-9960 937-253-7042	veteransinfo@voaohio.org	\$71,329,028
Front Line Service	Cleveland, Ohio	216-674-6700	https://www.frontlineservice.org	\$55,830,524
The Salvation Army	Central Ohio	614-221-6561	https://easternusa.salvationarmy.org/southwest-ohio/central-ohio	\$12,956,239
St Vincent De Paul	Dayton, Ohio	1-888-751-1238	info@stvincentdayton.org	\$19,000,000
Great Lakes Community Action Partnership	Fremont, Ohio	419-333-4006	www.elcap.org	\$48,384,481

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Mental Health Facts

- **New 988 suicide and crisis lifeline is reaching more Americans in distress and connecting them to help faster than the old 10 digit suicide prevention line. 988 Lifeline is accessible nationally, with a national network of call centers, it essentially functions as a state-run system**
- **As of September 2021 the percent of need for mental health professionals met in Ohio is 38.3%, compared to the national percent of need met (28.1%).**
- **The share of adults in Ohio with any mental illness was 23.6% in 2018-2019, which was higher than the U.S. share (19.9%).**
- **According to Mental Health America, Ohio is ranked 22 out of the 50 states for providing access to mental health services**
- **The National Survey on Drug Use and Health (NSDUH) (SAMHSA, 2019/2020) indicates there are 2,043,388 persons, or 17.4% of the population with Any Mental Illness in Ohio**
- **The Ohio Department of Mental Health and Addiction Services (OhioMHAS) exists to provide statewide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued.**

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<https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/ohio/>

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Mental Health Resources

- **Veteran Affairs**
- **OHIOcares: Behavioral Health for Ohio Veterans and Military members**
- **Mental Health and Addiction Services**
- **Star Behavioral Health Providers (SBHP)**
- **Ohio Medicaid**
- **Ohio 211**
- **United Way**
- **NAMI Ohio**

<https://www.mhanational.org/issues/ranking-states#overall-ranking>

https://www.va.gov/directory/guide/fac_list_by_state.cfm?State=OH&dnum=ALL

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