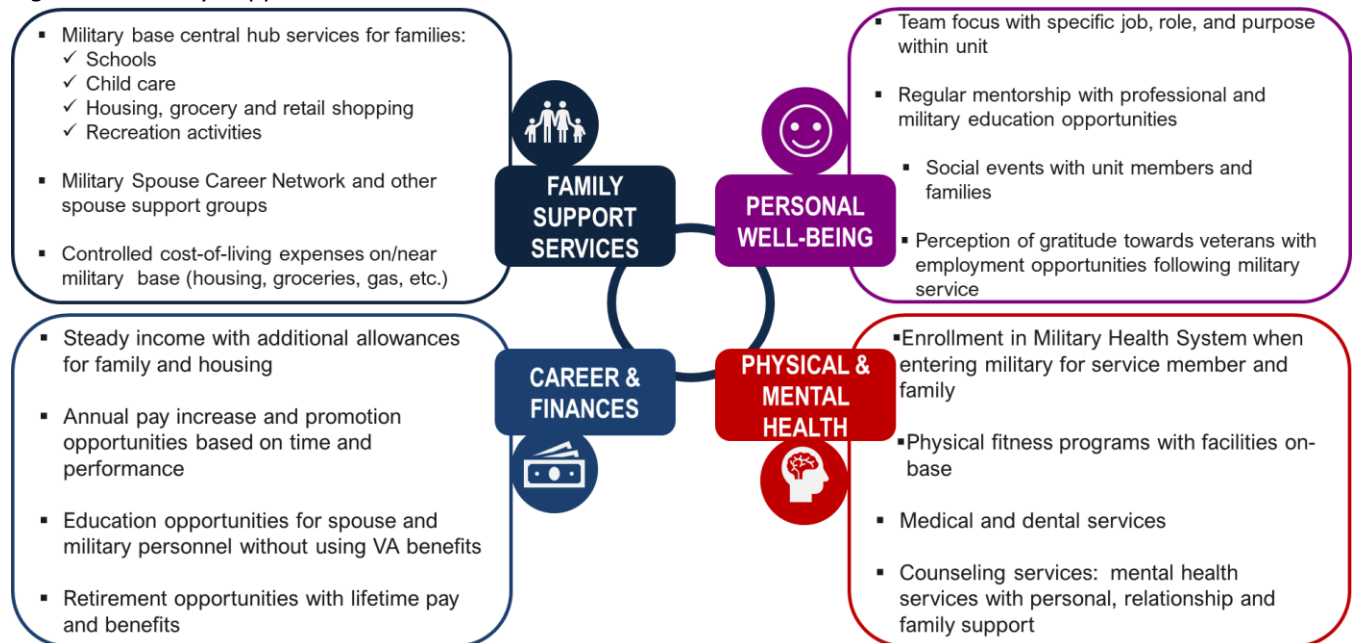


How to Ease the Cultural Transition for Veterans and Their Families

Each branch of the Department of Defense (DoD) has its own culture, characteristics, and lifestyle routines for active-duty military. These habits and values are engrained into service members' character during basic training and continue during the progression of their careers. However, the military lifestyle is finite and must nearly always come to an end with a transition to civilian life. For some, this transition to the role of "veteran" – a service member who has left the military, comes easily, while others struggle to form a new support system and ease into a civilian routine. An article published in 2016 by the National Institute of Health found that 44% of military retirees reported difficulty transitioning to civilian life, with the most common problems being strains on family life, outbursts of anger, post-traumatic stress, and loss of interest in daily activities (Gregg, Howell, & Shordike, 2016).

Many see leaving the military as a career transition, but data suggest it's mostly a cultural one, fueled by the change in lifestyle and services available. It is critical that the Department of Veterans Affairs (VA) realizes the nuances of this transition and determines how to address it to best support the veterans it serves. To understand the needs and challenges of veterans, the VA and other agencies must understand the environment and culture that heavily influenced active-duty service members and their families. The Military Support Model below, developed by [A-G Associates](#) on the basis of the personal military experiences, research conducted, and conversations with veterans—represents the full scope of the services and support available to active-duty service members and their family members.

Figure 1: Military Support Model



DoD spending can be mapped to this model, showing how the agency invests billions of dollars annually to support active-duty service members and their families. Examples of DoD spending in Fiscal Year 2017 include:

- Nearly \$4 billion on Morale, Welfare, and Recreation (MWR) programs. MWR services include programs for social support, recreation and family support, childcare, spousal employment, and grocery shopping. (US GAO, 2008)

- Approximately \$15 billion on the Military Health System, which provides care for active-duty service members and their families. (US Military Health System, 2007)
- More than \$2 billion on contracts for leadership training and career development to enable service members to grow their professional skills. (USAspending.gov, 2019)

Although the services offered in the Military Support Model are helpful for active-duty military and their families, there is a disconnect between the services provided to active-duty service members and services provided to veterans. The transition from active duty to veteran life can serve as a shock to veterans and their families, with the potential to create unrealistic expectations and result in a lack of understanding of what life may be like outside of the military.

According to the VA, as of 2017, approximately 18 million veterans (National Center for Veterans Analysis and Statistics, 2019) were living in the U.S., with approximately 48% of veterans employing at least one kind of VA benefit (National Center for Veterans Analysis and Statistics, 2017). These statistics indicate that the VA has a significant opportunity to interact with veterans and gather data that will help inform policy and spending, and implement optimal services, using a similar approach to the Military Support Model. These data will help the DoD and VA determine how to best invest in programs that will help veterans and ease the transition from having access to active-duty benefits to making use of veteran benefits. These opportunities in data collection and support begin with the VA's healthcare providers.

Input from healthcare providers is essential for developing meaningful VA policy and strategic program spending decisions. To supply quality data and patient-centered care, providers need to understand the medical, psychological, and social challenges veterans face when transitioning to civilian life. The VA must ensure its healthcare providers are trained to understand the complex challenges veterans and their families face and be prepared to provide the appropriate support where needed.

This process begins with assessment tools like the VA's Personal Health Inventory, but requires a commitment from providers to use this tool to help veterans develop a personal health plan and encourage dialogue between the two parties (Office of Patient Centered Care and Cultural Transformation, 2013). The health plan will help veterans stay accountable and can serve as an opportunity for providers to discuss the connection between physical and mental health, and determine strategies that will lead to a new support system. The health plan is also a channel for providers to collect input and data on how DoD and VA can best support veterans.

Patient-provider conversations are not only supportive to veterans, but are a rich source to inform meaningful DoD and VA policy and program planning. Data about investment decisions should be collected frequently and evaluated often. Having the data isn't enough—reviewing and benchmarking the effectiveness of program spending is essential. Engaging and training healthcare providers on how to best support veterans, while also providing important data, will allow policy makers to make informed decisions about how to best protect millions of veterans and their families.

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For more information on the cultural transition from military to veteran status, please visit a-gassociates.com or rbmanagementconsultants.com.

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