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MEASURING OUR COMMUNITIES

The State of Military and Veteran Families in the United States

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MEASURING OUR COMMUNITIES

The State of Military and Veteran Families in the United States

Welcome to the 2026 edition of Measuring Our Communities: The State of Military and Veteran Families in the United States. This report highlights key trends and insights on the well-being of individuals connected to the military, covering all ten domains included in our Measuring Communities Data Portal, along with a special section focusing on veterans residing in U.S. territories and tribal lands.

Recent events have shaped the nation, including sweeping legislative and policy changes brought in by the new administration over the past year and a half, the start of an active conflict in Iran in February 2026 and continued economic turbulence. While these developments affect all American families, military service members, veterans and their families feel these impacts in acute and unique ways. For instance, while the entire country feels the effects of war, military families are feeling a much more direct impact, as many are experiencing increased separations as service members deploy to overseas conflicts and domestic unrest.

INTRODUCTION 3

DEMOGRAPHICS 6

COMMUNITY 8

FINANCIAL 10

HOUSING 12

EMPLOYMENT 14

MEDICAL 16

BEHAVIORAL HEALTH 18

K-12 EDUCATION 20

POSTSECONDARY EDUCATION 22

LEGAL 24

SPECIAL TOPIC 26

REFERENCES 28



With elevated tensions at home and around the world, it is important to understand the current state of military and veteran families, because a strong, resilient military force depends on the well-being of its members and their families. This report gives an update on the state of military and veteran families in the United States, while also providing actionable recommendations to better support this community.

In this Report

This report is broken down into the ten domains found in the Measuring Communities Data Portal: demographics, community, financial, housing, employment, medical care, behavioral health, K-12 education, postsecondary education, and legal. This report also includes a special topic section on veterans living on U.S. territories and tribal lands. Within each section, the *What We Know* subsection highlights key findings and trends, followed by a deeper exploration of the latest data. Each section closes with a *Call to Action* subsection that offers practical, evidence-informed recommendations to strengthen support systems and address barriers facing military-connected families.

This report predominantly utilizes data from 2023 to 2025, incorporating the most current information available for each subject area. In certain instances, recent data may be unavailable. For example, in the Housing section, 2024 PIT count data is referenced, as 2025 data was not available from the Department of Housing and Urban Development (HUD) when this report was written.

Key Findings

Notable findings in this report include:

- **Veteran Demographic Subgroups Shift:** While the overall veteran population is declining, certain subgroups are expanding, including women and racial and ethnic minority groups.
- **Poverty Levels by Age:** Since pre-COVID (2019), the percentage of veterans living in poverty improved for younger veterans (aged 18-64) and worsened for older veterans (aged 65+). If this trend continues, these rates are projected to intersect.
- **Financial Well-Being:** Service members and their families face unique financial challenges, with lower-enlisted personnel experiencing financial hardship at higher rates.
- **Veteran Homelessness Continues On:** While efforts to reduce homelessness continue to expand, providing shelter for all homeless veterans remains a work in progress.
- **Military Spouse Unemployment Remains a Challenge:** Military spouses have entered the workforce at higher numbers in recent years, but the unemployment rate for this group has remained high.

- **Service Members and Veterans by Health Insurance:** Approximately 10% of selected reserve service members report no health insurance, a consistent pattern since at least 2019.
- **Suicide is a Major Concern:** Suicide rates continue to rise, with suicide being the second leading cause of death for veterans under 45.
- **Military-Connected Kids**: Approximately 6.2 million children live in a household headed by a veteran, and about 75% of these children are aged 6-18.
- **Veteran Educational Engagement and Degree Attainment:** When looking at postsecondary education, educational engagement and attainment among veterans varies across demographics, geography and service-related characteristics.
- **Veterans Treatment Courts (VTCs):** VTCs may be an influencing factor in the declining number of incarcerated veterans; however, it is difficult to track the overall number of VTCs and access to VTCs varies widely depending on location.
- **Data Accessibility and Availability Issues:** Historically, data is limited for veterans living on U.S. territories, while data for veterans living on tribal lands requires a great amount of skill to access and attain.

ABOUT THE MEASURING COMMUNITIES REPORT SERIES

This document marks the conclusion of our three-year report series, which began with the 2024 publication of the Measuring Communities Spotlight Report: The Financial Well-Being of Military and Veteran Families in the United States. In 2025, we released the Measuring Communities Spotlight Report: The Health, Legal, and Educational Landscape of Military and Veteran Families in the United States. Each of these Spotlight Reports explored five out of ten key domains that shape the military experience, providing focused analyses and practical insights. Now, the final report covers all ten domains to deliver a comprehensive overview, offering an integrated look at the current state of military and veteran families throughout the United States.

Get Connected to the Data

We encourage you to explore the findings in this report and dive deeper into the data using the Measuring Communities Data Portal. This free tool is designed to help military-connected leaders, advocates and professionals understand evolving trends and needs for their unique communities, shaping and informing policy, programming and funding decisions. Visit measuringcommunities.org to create a free membership profile. For questions or assistance, contact us at mcinfo@purdue.edu.

COMMONLY USED ABBREVIATIONS IN THIS REPORT

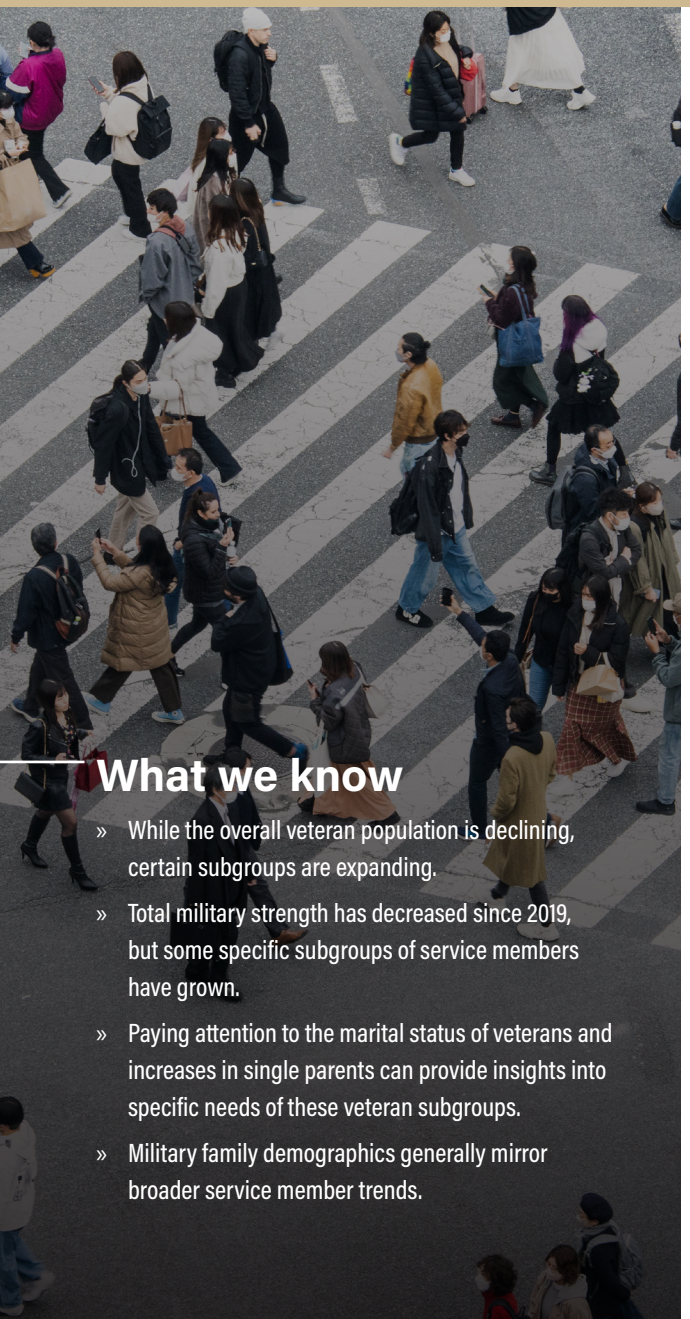
ACP: Affordable Connectivity Program
ADSS: Active Duty Spouse Survey
ALICE: Asset Limited, Income Constrained, Employed
BAH: Basic Allowance for Housing
BEAD: Broadband Equity, Access, and Deployment
DEA: Digital Equity Act
DHA: Defense Health Agency
DMDC: Defense Manpower Data Center
DOD: Department of Defense
DOW: Department of War
ESSA: Every Student Succeeds Act
HCC: Home Community Care
HPSA: Health Professional Shortage Area
HUD: Housing and Urban Development
JROTC: Junior Reserve Officers' Training Corps
MSI: Military Student Identifier
MOLD: Military Occupancy Living Defense Act
NDAA: National Defense Authorization Act
NTCRC: National Treatment Court Resource Center
PACT Act: The Sergeant First Class Heath Robinson Promise to Address Comprehensive Toxics Act of 2022
PCS: Permanent Change of Station
PGIB: Post-9/11 GI Bill
PIT: Point In Time
PSS: Purple Star Schools
RCSS: Reserve Component Spouses Survey
RUCA: Rural Urban Commuting Area
S2S: Student 2 Success
SCD: Service-Connected Disability
SCRA: Servicemembers Civil Relief Act
SNAP: Supplemental Nutrition Assistance Program
USDA: U.S. Department of Agriculture
VA: Department of Veterans Affairs
VetPop Model: Veteran Population Projection Model
VTC: Veterans Treatment Court

MAJOR DEFINITIONS

- **Incarcerated veterans in adult correctional facilities:** Incarcerated veterans in adult correctional facilities: veterans who are residing in federal detention centers, federal and state prisons, local jails and other municipal confinement facilities, correctional residential facilities, or military disciplinary barracks and jails
- **Military dependents:** Spouse, child and/or family members who are eligible, according to the DOW definition
- **Military population:** Members who are on active duty and part of the selected reserve
- **Nonveteran:** Those who are not currently serving, which excludes active duty or selected reserve, as well as those who have never served in the military
- **Rural communities:** Defined by the USDA's Rural-Urban Commuting Area (RUCA) codes (as primary RUCA code 10), which are coded at the census tract level
- **Postsecondary educational degree attainment:** Bachelor's degree or higher degree attainment in a higher educational institution
- **Postsecondary educational engagement:** Engagement in a higher educational institution that results in either some level of college completed, an associate's degree, a bachelor's degree, or higher degree
- **Selected reserve:** Members who are part of the National Guard or Reserve
- **Service-connected disability (SCD) ratings:** Ratings assigned based on the severity of a service member's or veteran's service-related condition which determines benefits and compensation
- **Tribal land:** A geographically-coded area based on reservation land that is designated as 'Tribal Census Tracts'



DEMOGRAPHICS



What we know

- While the overall veteran population is declining, certain subgroups are expanding.
- Total military strength has decreased since 2019, but some specific subgroups of service members have grown.
- Paying attention to the marital status of veterans and increases in single parents can provide insights into specific needs of these veteran subgroups.
- Military family demographics generally mirror broader service member trends.

Veteran Demographics and Subgroups

Overall, the veteran population continues to decline. An exception is veterans who served in Gulf War 2001 or later, traditionally called Post-9/11 veterans, which is growing. The largest age group of the Post-9/11 veterans are ages 35-54.[1]

The different age groups in this era are likely to have different needs, with younger veterans likely needing more support for education, financial planning and family care, while older veterans likely have more health-related needs.

Service Member Demographics are Shifting

Understanding the shifting demographics of the service member population helps us to better understand the force and support needs. According to the 2024 Department of Defense (DOD) Demographics report, there are 2,022,141 military personnel, which is a decline over past years; however, the Defense Manpower Data Center (DMDC) quarterly strength report from September 2025 shows a total of 2,093,310 service members, representing a 3.5% increase from 2024.[2,3]

This comes as the Department of War (DOW) reports exceeding recruitment targets for both active duty and reserves in 2025. The DOW reported recruitment levels at their highest point in the past decade, attributing strong growth to several factors including reduced wait times from the time the recruiter submits paperwork to potential service member clearance.[4]

Additionally, some subgroups of service members also seem to be increasing. The proportion of women in the service member population has increased over time. In 2019, 16.9% of active-duty service members and 20.6% of selected reserve were women, compared to 17.9% among active-duty and 22.3% among selected reserve members in 2024.[5] The number of women in leadership ranks increased between 2019 and 2024, with 7 more women earning O7-O9 ranks, a total increase of 11% in the officer ranks, and an 11.7% increase in women among the highest noncommissioned officer ranks.

Racial and ethnic minority groups grew as a share of the service member population between 2019 and 2024. When looking at active-duty service members, 31% were reported to be part of racial and ethnic minority groups in 2019, compared to 32.5% in 2024.[3,6] When looking at members of the selected reserve, 26.4% were reported to be part of racial and ethnic minority groups in 2019, compared to 28.4% in 2024.

The percentage of service members who have never married continued to rise in both the active-duty and selected reserve populations. In 2019, 44.4% of active-duty service members had never married, along with 49.7% selected reserve members.[6] Both groups saw an increase by 2024, with 47.4% of active-duty and 50.8% of selected reserve having never married.[3] Although the number of service members who are married decreased, the percentage of service members in dual-military marriages increased, where an active-duty service member is married to either another active-duty service member, or a selected reserve member. In 2019, 6.8%

of active-duty service members were in dual-military marriages.[6] While the Army did not report dual-military marriages in the 2024 Demographics report, the other service branches showed an almost 4.8% increase in these marriages.[3]

Veteran Marital Status and Single Parents

While the percentage of service members who are married has decreased, the marital status of veterans shows a different trend. Young veterans (18-34) have both higher marital and divorce rates than their nonveteran peers.[1] Nonveterans who started out with lower marriage rates at young ages catch up with veterans by midlife and later adulthood.

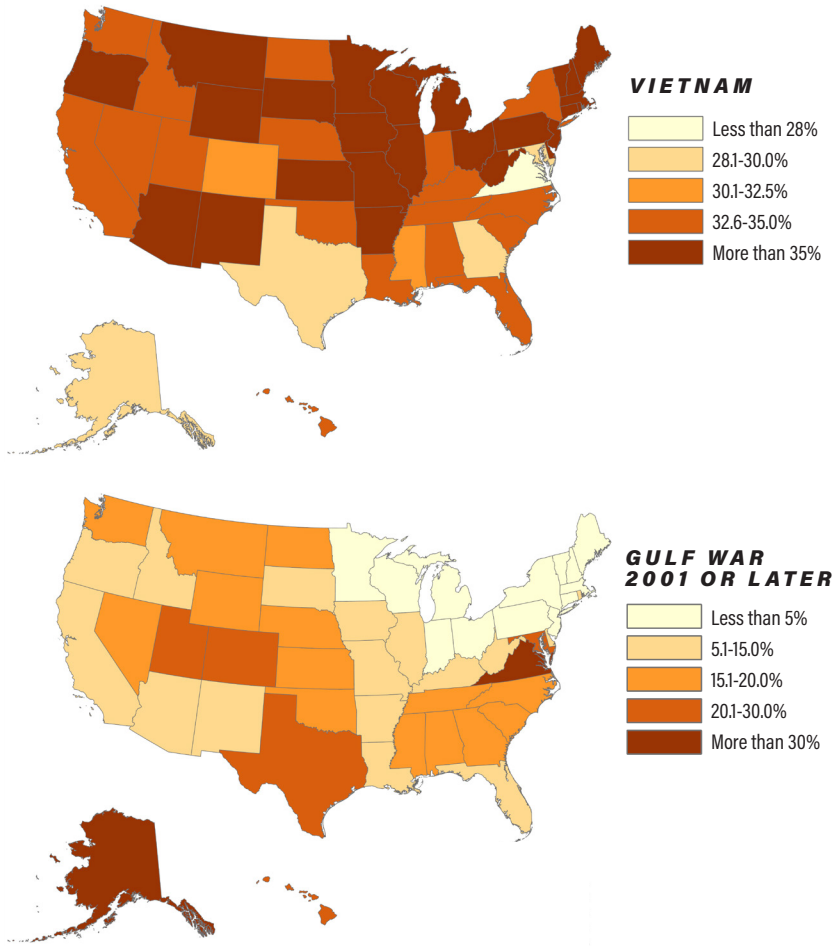
The high rate of divorce in the 35-54 age range may indicate the growth of another subgroup of veterans, single parents. A recent RAND analysis indicated that of the 2.5 million veterans aged 18-59 who indicated they had a child under the age of 18, about 12% were single parents.[7] The report does not indicate if these veterans had ever married or were married and then divorced. Most of these single parents (72.2%) were between the ages of 30 and 49. Among the civilian population of the same age, just 66.1% of them are single parents.

Military Families

Overall, the trends among military families between 2019 and 2024 are the same as the trends seen among the general service member population.[3,6] During this time, as the size of the U.S military declined, there was also a 9.4% decrease in total military family members.

While the number of military spouses overall decreased by 2.3% during this time, there was a 58% increase in the number of active duty military spouses who are men.[3,6] The number of selected reserve spouses who are male decreased by 3.3%. When looking at military members with children, the percentage decreased from 38.1% to 35%.[3,6]

ERAS OF SERVICE

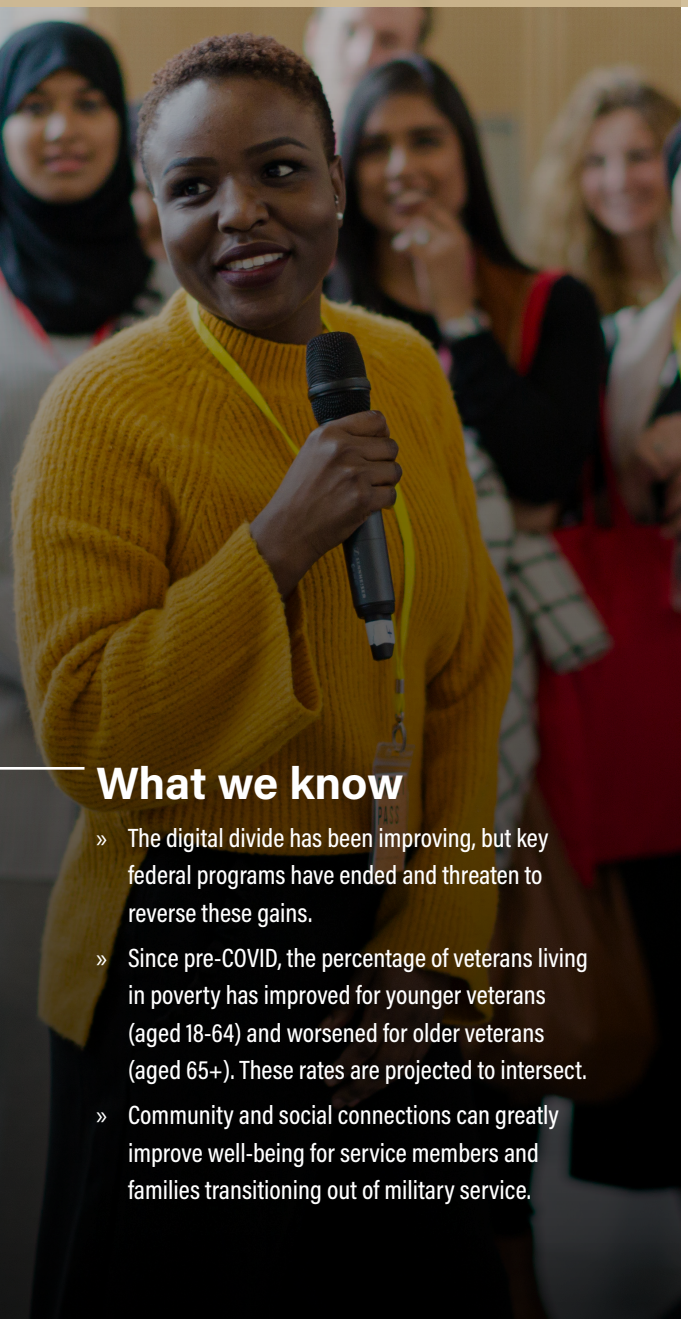


Source: U.S. Census Bureau (2024)

Call to action

- Gain a deeper understanding of the mix of veteran demographics in your state/community. Each era or subgroup of veterans may have different needs. This understanding will help make programming outreach more targeted and effective.
- Help identify community supports that could benefit single veterans or veteran single parents. Supports to reduce social isolation and assist with family needs might need to be expanded.
- Advocate to ensure that military family programming addresses the increasing presence of male military spouses and their unique needs. Community level programming can help address this shift.

COMMUNITY



What we know

- The digital divide has been improving, but key federal programs have ended and threaten to reverse these gains.
- Since pre-COVID, the percentage of veterans living in poverty has improved for younger veterans (aged 18-64) and worsened for older veterans (aged 65+). These rates are projected to intersect.
- Community and social connections can greatly improve well-being for service members and families transitioning out of military service.

The Digital Divide

Staying connected is critical for military-connected families, many of whom live far from loved ones. The "digital divide" has been improving in recent years. In 2020, roughly 33% of counties with a Digital Divide Index score experienced a "high digital divide"; by 2024, that number dropped to 13% of counties.[8] Although this percentage decreased from 2020 to 2024, the index in 2024 was slightly higher than its lowest point of 9% in 2023. Specifically among the military-connected population in 2024, approximately 8,000 active-duty service members, 10,000 selected reserve service members, and 200,000 veterans lived in counties with a high digital divide.[1]

Three major federal initiatives launched in 2021 and may explain the Digital Divide Index improvements from 2020 to 2023: the Digital Equity Act (DEA),[9] which supported state, tribal, and local planning and programs to expand digital literacy and device access; the Affordable Connectivity Program (ACP),[10] which lowered costs through monthly broadband subsidies and device discounts for eligible households; and the Broadband Equity, Access, and Deployment (BEAD) program,[11] which targets rural connectivity gaps by funding last-mile broadband infrastructure in unserved and underserved communities. As of this report, both DEA and ACP have ended, leaving BEAD as the only federal program continuing to invest in rural broadband projects. Without DEA and ACP investments, the outlook for digital access in many areas is uncertain, and the share of U.S. counties with a high digital divide increased from 2023 to 2024.[8]

Rural Communities and Poverty

Many veteran families across the nation live within a rural community, but estimating how many can sometimes be hard to capture because "rural" is defined in different ways. Each definition carries implications for programming and support. In this report, we use the Rural Urban Commuting Area (RUCA) codes developed by the U.S. Department of Agriculture (USDA). Using RUCA codes, approximately 4.3 million veterans lived in a rural community in 2024.[12] This number declined by approximately 86,000 veterans from 2023.

The communities where veterans live are related to the socioeconomic challenges they face, but perhaps differently for older and younger veterans. In 2024, the percentage of veterans aged 65 and older who report an income below the poverty line was slightly higher for those living in rural communities than those living in urban communities.[1] The opposite was true for younger rural veterans aged 18-64.

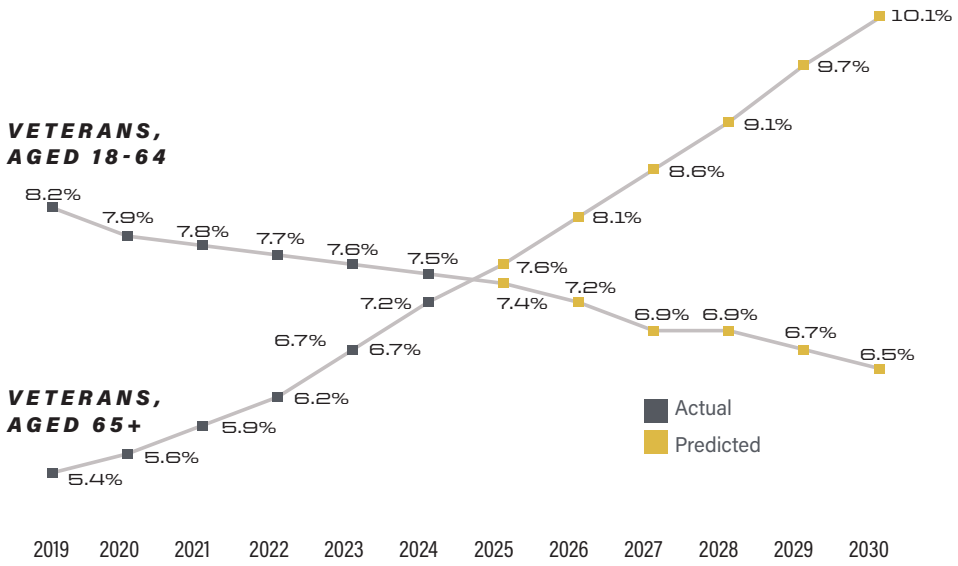
Generally, *trend lines* for veterans with an income below the poverty line – regardless of the rural/urban community they reside within – look different, based on age. In 2024, 7.5% of veterans aged 18 to 64 and 7.2% of veterans aged 65 and over reported an income below the poverty line.[1] However, between 2019 and 2024, the rate of poverty for younger veterans aged 18 to 64 improved by 0.7 percentage points, while the rate of poverty for older veterans aged 65 and older worsened by 1.8 percentage points.[13] These rates are likely to intersect.

It also is important to note that, adjusted by age, nonveterans experience poverty – regardless of rural/urban community – at higher rates than the veteran population.[13]

Community and Social Connections

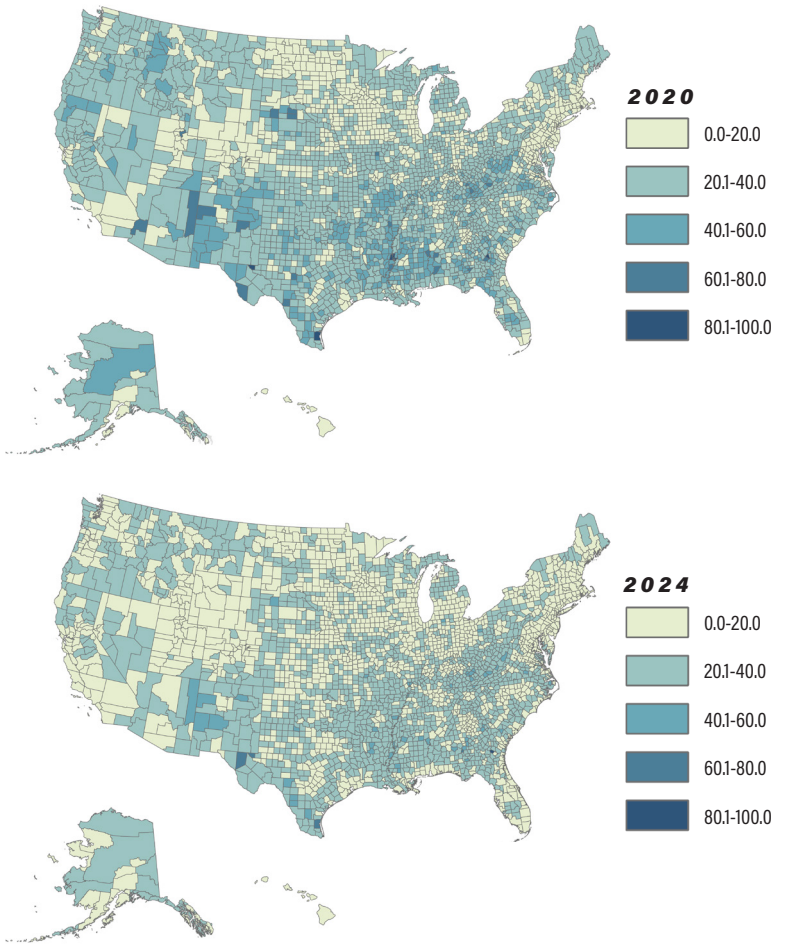
Connections provide an important safety net for service members and their families, especially when they are transitioning from military service. In 2024, Blue Star Families reported that veteran respondents were generally more likely to report thriving when they felt prepared for their transition, enjoyed where they were living and felt a sense of belonging within their community.[14] This finding highlights a point of intervention (and opportunity) for military resources to focus efforts on military transition periods as an avenue for bolstering satisfaction and well-being for those entering their new civilian role and community. Blue Star Families also reported that discussions with peers are the most valued resource for navigating these transitions.[14]

VETERANS WITH AN INCOME BELOW POVERTY LINE BY AGE



Source: U.S. Census Bureau (2019-2024), with projection analyses for 2025-2030

DIGITAL DIVIDE SCORE

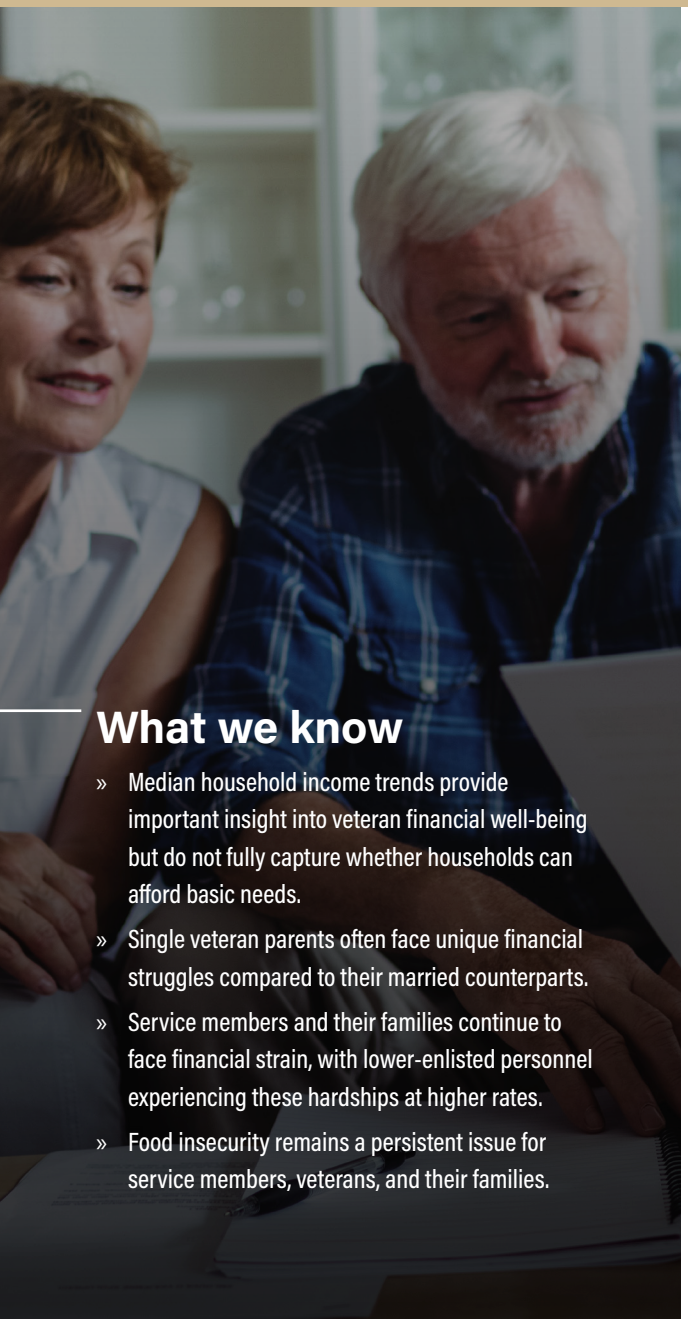


Source: Purdue Center for Regional Development (2020-2024)

Call to action

- Identify the characteristics of the communities in which you serve (e.g., demographics about risk for digital access issues) and bolster existing resources to support military-connected families, particularly as major federal initiatives have ended and the digital divide is increasing.
- Support the economic stability of older veterans, especially veterans living in rural communities, by connecting them with the Department of Veterans Affairs (VA). If they are not already VA-connected and eligible for benefits, older veterans may receive pension or disability payments, which may offset some financial challenges.
- Facilitate and leverage peer-to-peer discussions between military-connected individuals, especially during high-stress times, like military transitions, or for rural veterans[15], to connect veterans with support services

FINANCIAL



What we know

- Median household income trends provide important insight into veteran financial well-being but do not fully capture whether households can afford basic needs.
- Single veteran parents often face unique financial struggles compared to their married counterparts.
- Service members and their families continue to face financial strain, with lower-enlisted personnel experiencing these hardships at higher rates.
- Food insecurity remains a persistent issue for service members, veterans, and their families.

Veteran Income

Any measure of veteran financial well-being should consider the collective income from the entire household. Many measures look only at veteran median income, which does not give a complete sense of how the veteran might be doing. U.S. Census Bureau data from 2024 indicates that 63.4% of veterans are married, compared to 61.6% of nonveterans, suggesting that some veterans may benefit from additional income sources.[1] From 2019 to 2024, veteran median income rose 21%, slightly outpacing the 20.4% growth seen among nonveteran households.[16] Income gains also varied by age. Veterans aged 55-64 experienced the largest increase in median income (27.2%) followed by those 18-34 and 75 and older (26%).[1]

Veteran Financial Well-being

Broader measures of financial well-being reveal that income alone does not determine whether veterans can meet basic needs. While median household income provides important context, many households with earnings above the federal poverty line still struggle to afford basic necessities such as housing, food, transportation, healthcare, and childcare. These pressures can limit financial stability even as income measures improve.

One framework that better captures this gap between earnings and affordability is ALICE, which stands for Asset Limited, Income Constrained, Employed.[17] The ALICE framework highlights households that earn more than the federal poverty threshold but do not earn enough to cover the cost of basic needs in their community. According to 2022 data provided by United for ALICE, 26% of all counties would not support a family of three on a wage of $15 per hour, and 93% of counties for a family of four at that wage level.[17] Veterans and their families live in these communities and may face persistent cost pressures despite being employed or earning wages above poverty thresholds. A 2022 research brief estimated that approximately 3.6 million veterans would fall into the ALICE category, underscoring the scale of financial strain that may not be visible through income measures along.[18]

Financial Health of Veteran Single Parents

Veteran single parents face disproportionate financial challenges compared to their married counterparts. Median income for a single veteran parent is approximately 30% lower than that of a married veteran, and the overall household income is about 43% lower.[7] Veteran single parents likely rely more on supplemental forms of income such as Social Security and retirement benefits. These patterns suggest that financial education and support programs may need to place greater emphasis on helping single veterans access additional monetary assistance to supplement income and address financial challenges.

Service Members and Financial Challenges

Financial strain remains a top concern for both active-duty and selected reserve service members and spouses. The 2024 Blue Star families Military Family Lifestyle Survey reported a sharp rise in concern about military pay among active-duty families, increasing from 28% of respondents in 2020 to 46% in 2024.[14]

According to the 2024 Active Duty Spouse Survey (ADSS), the number of active-duty spouses reporting financial stability is shrinking.[19] While 60% of active-duty spouses overall describe their financial situation as comfortable, only 43% of lower-enlisted spouses reported the same, and 23% reported their situation as uncomfortable. Among senior enlisted families, 31% reported that their financial situation had worsened over the past year, up from 22% in 2022.

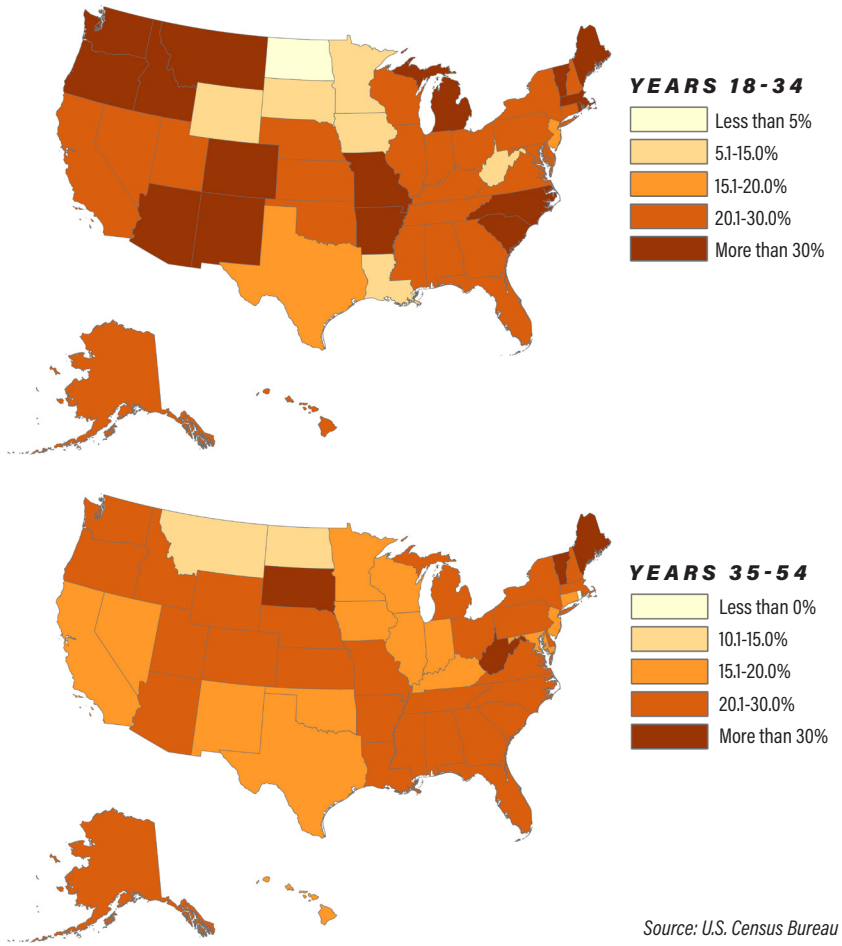
Recent federal action aims to address these challenges. The House Armed Services Committee recommended a 15% pay increase for junior enlisted members after its 2024 Quality of Life Panel Report found that lower enlisted pay has not kept up with economic challenges, including inflation.[20] The 2025 and 2026 National Defense Authorization Acts (NDAA) provided pay increases of 4.5% and 3.8% respectively.[21,22] The 2025 NDAA included a 10% pay increase specifically for junior enlisted service members, putting their overall pay increase at 14.5%.[21,22]

Food Insecurity For Military-Connected Families

Income constraints are closely linked to food security. Nationally, 3.7% of U.S. households experience food insecurity.[23] Among military-connected families, estimating food insecurity is challenging due to a reliance on supplemental food programs and other forms of nutrition assistance. The 2024 ADSS reports that 13% of active-duty spouses used some sort of nutritional assistance, with that figure rising to 19% among families living on base.[19] The 2023 Survey of Reserve Component Spouses (RCSS) reported that 22% of spouse respondents were food insecure.[24]

Food insecurity is particularly pronounced among veteran single-parent households. RAND estimates that 18.4% of veteran single parents rely on SNAP benefits.[7] In 2024, approximately 1.12 million veteran households nationwide received SNAP benefits. Women-led veteran households are disproportionately affected, with approximately 10% receiving SNAP benefits compared to 7% of male-led veteran households. This has been a consistent pattern since at least 2019.[13]

MEDIAN HOUSEHOLD INCOME BY VETERAN BY PERCENT INCREASE



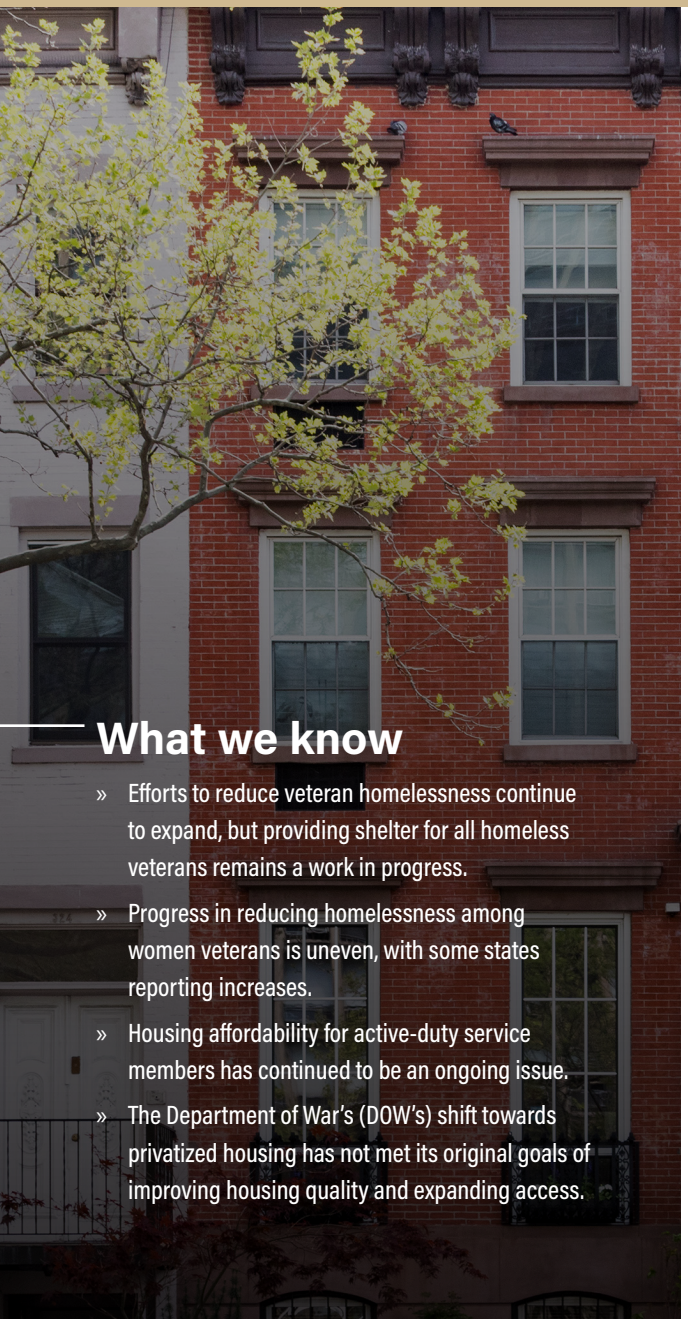
Source: U.S. Census Bureau (2024)

Call to action

- When identifying veterans who might be experiencing financial distress, move beyond income-only measures and include additional risk factors to more accurately identify these veterans.
- Financial education and support for single veteran parents may need to include information about how to access additional monetary assistance to supplement income and address financial challenges.
- Provide information and targeted nutrition support programs for veteran single parents with special focus on women-led veteran household.
- Monitor the impact of recent military pay increases to assess whether they meaningfully reduce financial strain and provide financial relief for junior enlisted service members.

At the time of the report writing, the 2025 Point in Time Count data had not yet been released by Housing and Urban Development (HUD).

HOUSING



What we know

- Efforts to reduce veteran homelessness continue to expand, but providing shelter for all homeless veterans remains a work in progress.
- Progress in reducing homelessness among women veterans is uneven, with some states reporting increases.
- Housing affordability for active-duty service members has continued to be an ongoing issue.
- The Department of War's (DOW's) shift towards privatized housing has not met its original goals of improving housing quality and expanding access.

Veterans Experiencing Homelessness

Homelessness in the United States remains a concern, as homelessness for many subgroups has risen over the past four years, with record numbers reported in 2024.[25] Specifically, the total number of unhoused individuals in 2024 was 771,480, an 18% increase compared to 2023.[26] Homelessness has increased for the nonveteran population by 33% since 2020. This trend is driven in part by the widening gap between home prices and household incomes.[27] While homelessness has been increasing for the general population, homelessness rates among veterans are showing improvement. Compared to 2023, the number of veterans experiencing homelessness was down 8% in 2024 .[26] Veterans accounted for about 5.3% of adults experiencing homelessness in 2024, down from 6.6% in 2023 and 6.8% in 2024.

A major concern is the percentage of veterans who are unsheltered, as this number has been increasing. However, there is good news to report here, as the PIT count reports more than a 10% decrease in the number of unsheltered veterans from 2023 to 2024.[26]

States have experienced differing levels of success in their efforts to reduce homelessness among the veteran population. In 2024, five states – California, Hawaii, New Mexico, Oregon and Washington – each reported that more than half of their homeless veteran population was unsheltered.[26] California and Oregon showed modest improvement from 2023 to 2024, with California reporting 1,026 less unsheltered veterans and Oregon's unsheltered share declining from 56.4% to 54.7%. In contrast, Hawaii, New Mexico and Washington each experienced a 5% increase during this time, with New Mexico reporting that over 60% of its homeless veterans were unsheltered.

Women Veterans Experiencing Homelessness

In 2024, women accounted for 10.1% of veterans experiencing homelessness nationwide, down slightly from 11.2% the year before.[26] While the overall number of women veterans experiencing homelessness is decreasing, several states and territories saw an increase, including Puerto Rico, Illinois, Iowa, Vermont, Alabama and New Jersey. In addition, eight states and territories reported that women made up 13% or more of their homeless veteran population, well above the national average: Washington, Puerto Rico, Delaware, New Jersey, Alabama, Vermont, Massachusetts and New Mexico. Since 2022, seven states—Alabama, Illinois, Iowa, Nevada, Oregon, Puerto Rico and Virginia—reported decreases in the number of male veterans experiencing homelessness while the number of women veterans experiencing homelessness increased.

The Department of Veterans Affairs (VA) has identified factors contributing to women veterans increasing homelessness, including trauma, military sexual assault, intimate partner violence, poverty and single parenthood.[28] These challenges highlight the need for gender-specific interventions and support systems.

Severe Housing Cost Burden

Housing cost burden occurs when household members spend more than 30% of their household income on housing costs, and severe housing cost burden occurs when this exceeds 50%. Renters are disproportionately impacted by this as compared to homeowners.[29]

The DOW provides a Basic Allowance for Housing (BAH), a tax-free housing allowance as part of the overall military compensation for those who cannot access government quarters. Currently, BAH covers 95% of median rental costs and is calculated for a specific housing type allocated to each rank and whether the service member has dependents or not.

Rising housing demand combined with limited supply has driven rental costs higher across the country. Although Realtor.com reported that the pace of rent increases slowed in 2025, rental costs are still up over 15% from 2020.[30] The DOW has increased BAH rates by 5.4% in 2024 and 2025 and by 4.2% in 2026, but these increases have not kept pace with inflation, leaving many service members with rising out-of-pocket expenses.[31] The 2024 House Armed Services Committee Quality of Life report found that BAH often fails to fully cover rental costs and that housing allowances were miscalculated in 40% of housing markets, further reducing their effectiveness.[20]

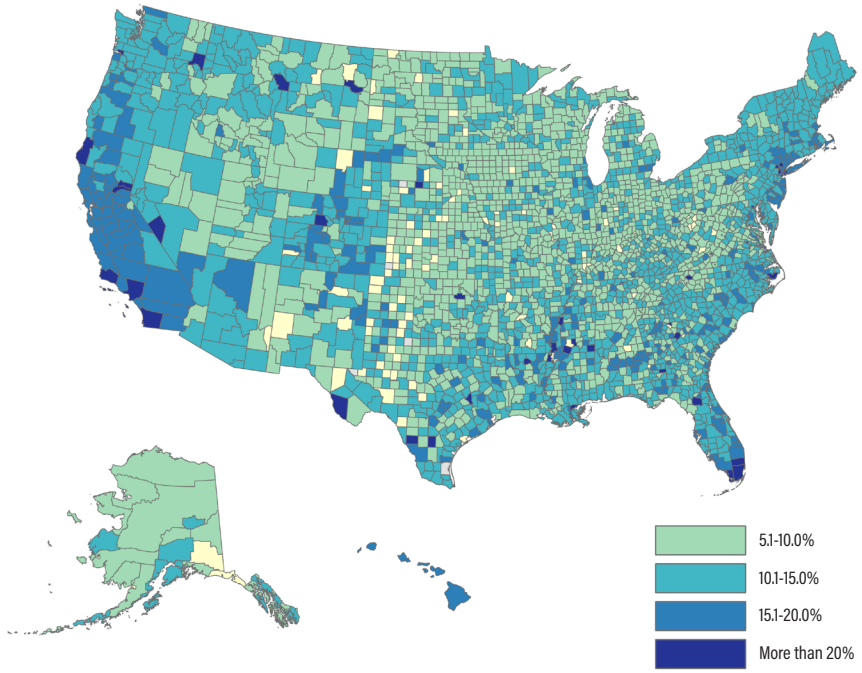
Privatized Housing Challenges

The quality and availability of military housing directly impact the financial security, physical safety, and long-term retention of service members.[32]

In 1996, the Department of War (DOW) began implementing the new Military Housing Privatization Initiative by partnering with private-sector developers and property management companies, which was intended to improve living conditions while reducing government costs.[33] However, as reliance on privately managed housing increased and the availability of government-owned units decreased, many families faced limited choices and were forced to accept the first available unit.[34] Although housing quality may vary significantly, service members are charged the full amount of their BAH, resulting in rents that do not reflect differences in unit size, condition, or maintenance.

Rank-based housing was designed to align housing size and quality with the service members' designated BAH amount. In practice, however, these expectations are often unmet. Housing conditions can vary significantly within the same installation, yet there are no effective ways to adjust rent when conditions fall short. Long waitlists and limited supply have also blurred traditional distinctions between officer and enlisted housing, with placement driven by availability rather than rank.

SEVERE HOUSING COST BURDEN



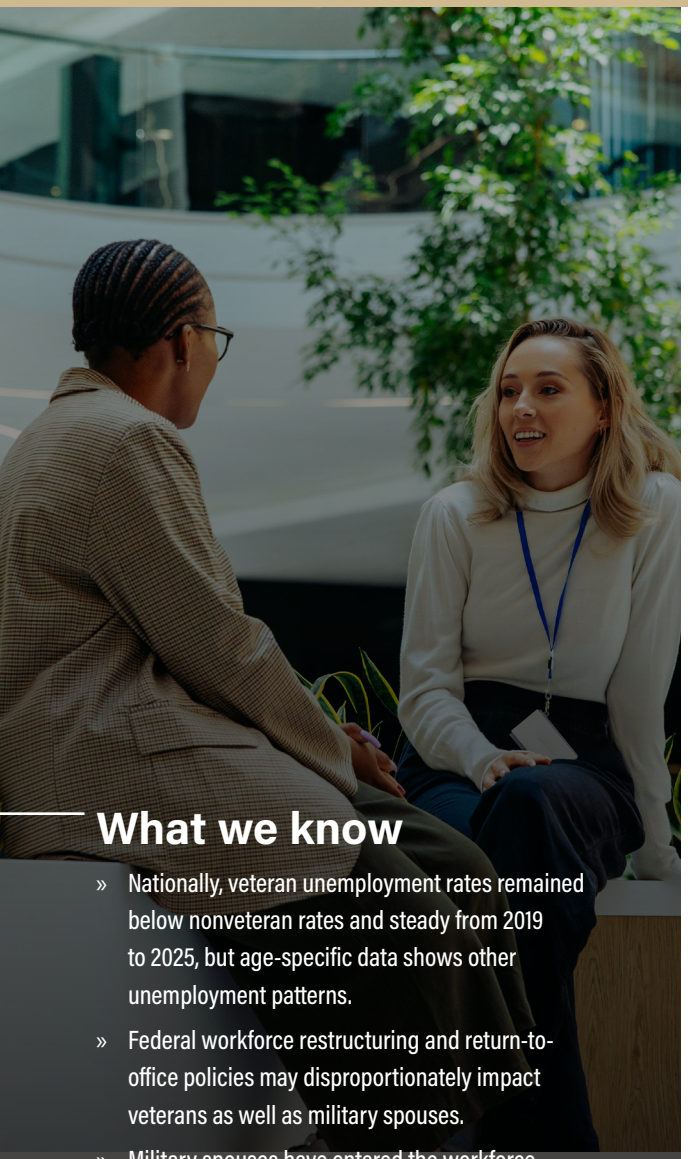
Source: County Health Rankings (2025)

Families may incur additional expenses while waiting for on-base housing, even when full BAH is used once housing is assigned. Families who must seek off-base housing often find that BAH is insufficient to cover their rent and utilities, regardless of housing quality. As a result, families of the same rank may face very different financial pressures depending on their duty station.[35]

Call to action

- Account for differences in risk factors and pathways into homelessness for women veterans. Use state-level data to better understand and address women veterans' distinct circumstances when designing gender-specific programs or outreach.
- Identify state- and community-level conditions that may increase homelessness risk for women veterans, and assess whether existing prevention, housing, and support systems are aligned to address those factors.
- Advocate for affordable housing options for service members and families in areas where there is a large concentration of active-duty families. Identify community supports to help off-set out-of-pocket costs for housing.

EMPLOYMENT



What we know

- Nationally, veteran unemployment rates remained below nonveteran rates and steady from 2019 to 2025, but age-specific data shows other unemployment patterns.
- Federal workforce restructuring and return-to-office policies may disproportionately impact veterans as well as military spouses.
- Military spouses have entered the workforce at higher numbers in recent years but the unemployment rate has remained high.

Veteran Unemployment Patterns

Historically, veteran unemployment rates have been below nonveterans rates. From 2019 to 2025, excluding the COVID spike of 2020, the Bureau of Labor Statistics reported monthly veteran unemployment rates ranging from 2.1% to 5.8%, compared to 3.1% to 6.8% for nonveterans.[36] While the overall unemployment rates for veterans were consistently better than rates for nonveterans, there were differences by gender, age, and geography.

From 2019 to 2025, unemployment rates for veteran men ranged from 2.7% to 4.4%, while veteran women experienced similar rates, ranging from 2.8% to 4.6%.[36] Veteran women experienced lower unemployment rates than veteran men from 2015 until mid-2024, when this trend shifted and women experienced higher unemployment rates than men. Additionally, in 2025, the unemployment rate was higher among veteran women than nonveteran women (4.6% vs. 4.0%).

Location also influences employment trends, as veteran unemployment rates vary widely by state.[1] For example, California consistently shows some of the highest unemployment rates, exceeding 5% in every age group and reaching 7.8% among veterans aged 18-34 in 2024. Delaware also reported high veteran unemployment, particularly among veterans aged 18-34 at 7.2% and 55-64 at 6.0% in 2024. In contrast, Vermont had the lowest veteran unemployment rates across all age groups, followed by Nebraska and North Dakota.

Age is another key factor in shaping unemployment trends. Younger veterans typically have higher unemployment rates, but recent Census Bureau data shows some interesting national trends.[1] Younger veterans aged 18-34 have the widest range of unemployment rates across states, ranging from 1.1% in Vermont to 15.5% in Puerto Rico. Veterans aged 35-55 generally have the lowest overall rates of unemployment. Older veterans aged 55-64 have seen an improving unemployment rate, decreasing from 4.1% in 2019 to 3.6% in 2024.

Overall, labor force participation among veterans remained stable from 2019 to 2024.[37] Participation was highest among veterans aged 35-54 but declined slightly. During the same time, veterans aged 55-64 displayed the greatest increase in labor participation, suggesting that many older veterans are returning to the workforce.

Federal Workforce Reduction Impacts Veterans and Family Members

The federal workforce contains a significantly higher percentage of individuals with military backgrounds than the civilian sector. While veterans represent approximately 5% of the overall U.S. workforce, they are substantially more prevalent within federal employment, largely due to hiring policies that facilitate entry for military-affiliated individuals. As of early 2025, military-connected individuals constituted 30% of the government workforce.[38] As a result, reductions in federal staffing had an outsized impact on this group.

The federal workforce shrunk by over 13% in 2025, affecting more than 317,000 employees, including those who accepted the deferred resignation program.[39,40] In January 2026, veterans in the federal workforce dropped by almost 13,000, falling from 580,814 in December 2025 to 567,920.[41]

Another issue faced by military-connected people in the workforce is the reduction in telework arrangements in positions with the federal government and private companies. For example, there was a 75.2% reduction in remote and teleworking arrangements for federal government employees.[42] Other large companies such as Amazon, IBM, Home Depot and Bank of America also reduced telework arrangements.[43]

Military Spouse Employment Trends and Issues

Spousal employment was one of the main factors in military life satisfaction, according to the DOW 2024 Active Duty Spouse Survey (ADSS).[19,44] Employment difficulties may cause financial strain for families, increasing the risk of leaving military service. The 2024 House Armed Services Quality of Life Report cited challenges with spousal employment as a reason families consider leaving active-duty service.[20]

The military spouse unemployment rate has remained relatively stable over the past decade, hovering around 20%, while labor force participation among active-duty spouses steadily increased from 2012 to 2024.[3] In 2024, nearly 69% of active-duty spouses of enlisted members and officers were in the labor force, compared to 2019, when only 63% and 61%, respectively, were participating.

Frequent relocations continue to be a barrier for military spouses seeking employment. According to the 2024 ADSS, spouses who experienced a permanent change of station (PCS) reported moderate to significant challenges in finding employment and loss or decrease in income.[19] About 24% of survey respondents said it took up to seven months to find work, 9% said it took up to ten months or more, and 10% said they were unable to find work.

Recent efforts aim to address these challenges. The Military Spouse Career Accelerator program, now permanent under the 2025 National Defense Authorization Act (NDAA), offers paid fellowships to connect military spouses with participating employers.[45,46] The DOW provides stipends for the spouses in the fellowship, and the initiative is aimed at translating experience into full-time employment. Legislative changes include the Military Spouse Hiring Act, which works to amend the Internal Revenue Code of 1986 to make employers of military spouses eligible for the Work Opportunity Tax Credit (WOTC).[47]

ANNUAL AVERAGE UNEMPLOYMENT RATES

Year	Women Veteran	Women Nonveteran	Male Veteran	Male Nonveteran
2015	5.36	5.02	4.48	5.28
2016	5.03	4.60	4.17	4.83
2017	4.12	4.14	3.58	4.33
2018	3.00	3.72	3.52	3.82
2019	3.74	3.47	2.97	3.65
2020	6.83	8.29	6.47	7.85
2021	4.18	5.12	4.38	5.52
2022	2.76	3.53	2.84	3.66
2023	3.18	3.37	2.72	3.76
2024	3.56	3.77	2.87	4.07
2025	4.62	4.02	3.34	4.29

Source: Bureau of Labor Statistics (2025)

STATE VETERAN UNEMPLOYMENT RATES

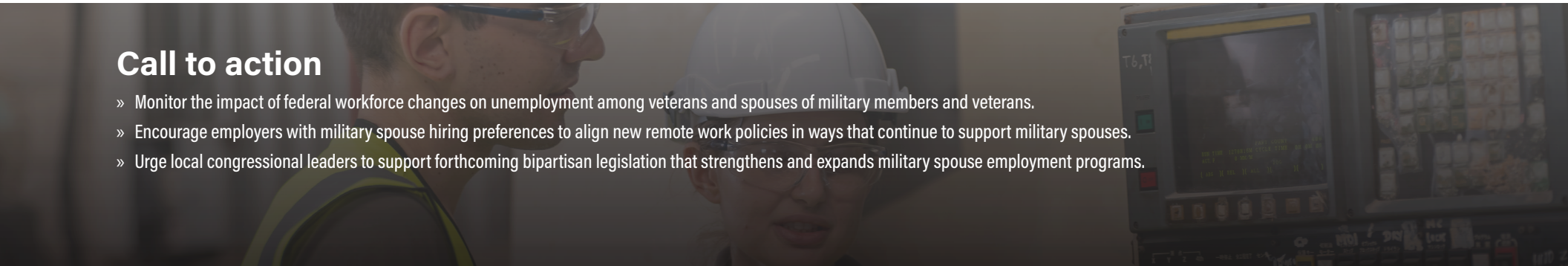
States with the highest rates (7.0%+)

PUERTO RICO ***15.5%***
MISSISSIPPI ***9.8%***
CALIFORNIA ***7.8%***
DELAWARE ***7.2%***
MAINE ***7.1%***
NEW YORK ***7.0%***

States with the lowest rates (<3%)

VERMONT ***1.1%***
UTAH ***2.5%***
NORTH DAKOTA ***2.6%***
MISSOURI ***2.9%***

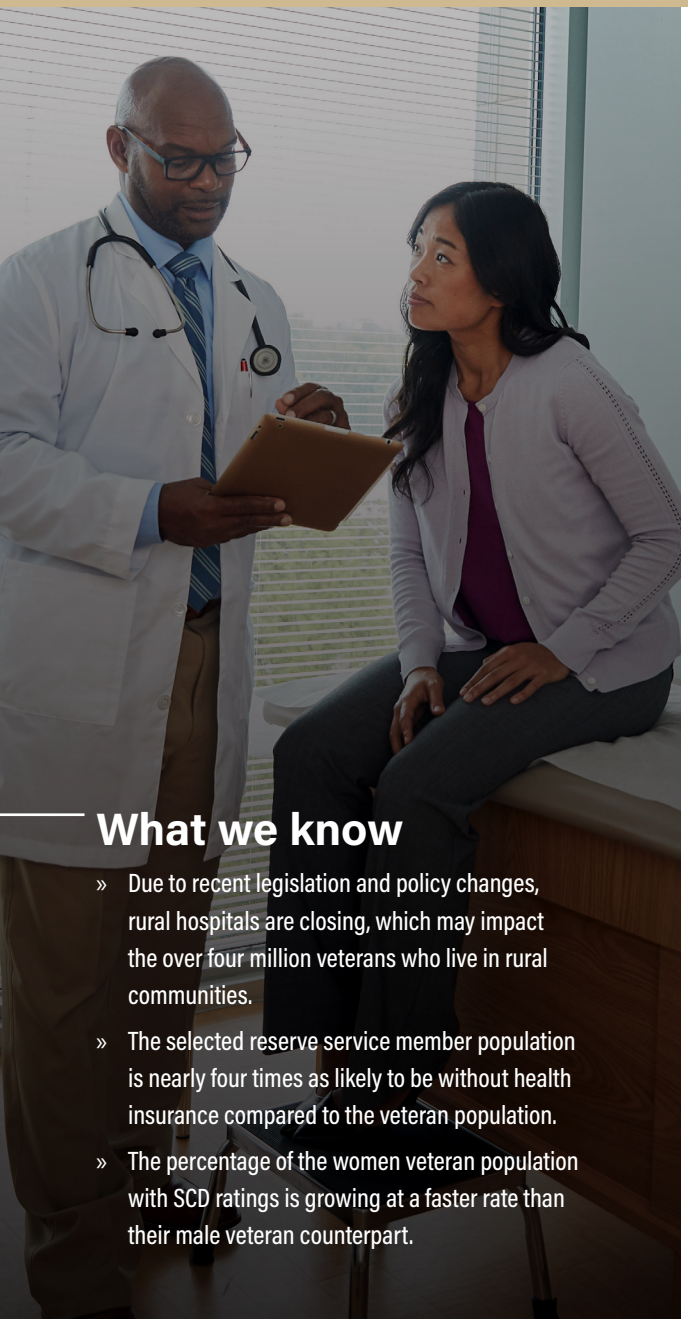
Source: County Health Rankings (2025)



Call to action

- Monitor the impact of federal workforce changes on unemployment among veterans and spouses of military members and veterans.
- Encourage employers with military spouse hiring preferences to align new remote work policies in ways that continue to support military spouses.
- Urge local congressional leaders to support forthcoming bipartisan legislation that strengthens and expands military spouse employment programs.

MEDICAL



What we know

- Due to recent legislation and policy changes, rural hospitals are closing, which may impact the over four million veterans who live in rural communities.
- The selected reserve service member population is nearly four times as likely to be without health insurance compared to the veteran population.
- The percentage of the women veteran population with SCD ratings is growing at a faster rate than their male veteran counterpart.

Healthcare in Rural Communities

Veterans living in rural areas often have limited access to healthcare and face unique healthcare-related challenges. Over the past decade, nearly 100 rural hospitals have closed, raising ongoing concerns about access to care for the approximately 4.4 million veterans living in rural communities.[48] More recently, a series of federal legislative and administrative changes have introduced additional uncertainty for rural healthcare systems. These include changes affecting Medicaid coverage and reimbursement, shifts in federal workforce capacity, and new investments intended to strengthen rural health infrastructure. While the ultimate impact of these policies will depend on implementation and future funding decisions, estimates from some national health organizations suggest that reductions in Medicaid funding and coverage could place further strain on rural providers, with downstream implications for veterans who rely on these systems for care.

Adding to the challenges rural veterans face, many rural areas have a shortage of healthcare professionals. In the United States, 2,790 counties have a health professional shortage area (HPSA) score, and 2,202 (79%) of these counties are rural.[49] Approximately 293 (13%) of these rural counties have an HPSA score of 19 or higher, which indicates a high need.[50] Over 412,000 veterans live in these 293 counties.

While the Department of Veterans Affairs (VA) offers services and support for veterans living in rural communities — such as their Veteran Community Care Program, which use a VA health care benefit to expand access to care in rural communities[51] — many veterans living in rural areas still face barriers to care, and gaps exist, especially for those needing specialty services for conditions like post-traumatic stress disorder, traumatic brain injuries and other service-related health issues.[52]

Health Insurance Coverage

ACTIVE DUTY AND RETIREES

All active-duty service members have access to health insurance through TRICARE, but the program is undergoing changes that may affect access to care. For example, regional contract adjustments have impacted care and providers' willingness to accept TRICARE, as well as Medicaid and Medicare, impacting approximately 16,000 health care providers and more than one million beneficiaries across six states.[53,54] In addition, the Department of War (DOW) has reduced the number of pharmacies authorized to fill prescriptions , which could cause ripple effects in access to medications.[55] Looking ahead, military retirees using TRICARE are expected to see health care costs to increase during the 2026 period, with the largest increases affecting the cost of prescription drugs.[56]

SELECTED RESERVE

Selected reserve service members are more likely to lack health insurance than any other military-connected group, which may have implications on military readiness and retention.[1] In 2024, 10.1% reported no health insurance — a pattern that has remained consistent since at least 2019.[13] This disparity likely reflects several factors that make health insurance options such as TRICARE confusing, costly, or difficult to navigate for Reserve and Guard members.[57] For one, there tends to be an underlying assumption that Reserve and Guard members have health insurance coverage through at least part-time civilian employment, though that assumption does not always

hold. In addition, TRICARE eligibility varies by duty status, and some service members may not know their options. Rising TRICARE costs may also be a barrier.[56] Not all Reserve or Guard members qualify for VA healthcare benefits under Title 10 or Title 32, and even those that do qualify many may not know about these options at all.[58] Lastly, there is also the possibility that some Reserve and Guard members may get their health insurance from their spouse's employer, a situation that is not captured in this data.

VETERAN POPULATION

In 2024, just over half (51%) of the veteran population had Medicare.[1] The breakdown of insurance type for the rest of the veteran population is as follows: 39% have VA healthcare, 20% have TRICARE, 10% have Medicaid, 0.4% have Indian Health Service, and 2.8% have no health insurance.

While the percentage of veterans with Medicare, Medicaid, Indian Health Services and no coverage has stayed the same between 2019 and 2024, the percentage of veterans with VA healthcare and TRICARE has grown.[13] In 2019, 35% of the veteran population had VA healthcare and 17% had TRICARE, compared to 39% with VA healthcare and 20% with TRICARE in 2024. Increases in VA healthcare use could be due to increases in outreach strategies or recent policy/legislative changes in connecting veterans with the VA (since VA connection acts as a protective factor for overall health, well-being, and suicide). Increases in TRICARE use could be due to rises in rates of military disability retirements, where those who were medically retired retained their TRICARE benefit, as well as these medically retired service members using a combination of available benefits to best treat their injuries.

Veteran Service-Connected Disability (SCD) Ratings

While the overall veteran population in the United States declined by approximately two million between 2019-2024, the number of veterans with a SCD rating increased over the same period and the percentage of veterans with any SCD rose from 23% in 2019 to 30% in 2024.[13] Some of this increase might be attributed to the PACT Act covering presumptive conditions related to burn pits and toxic exposure. In 2024, the states and territories with the highest percentage of veterans with a SCD rating are:[1] Puerto Rico (40%), Oklahoma (40%), Nebraska (38%), and Texas (36%). By gender, a higher share of women veterans have a SCD rating compared to men, and the number of women with SCD ratings grew more rapidly than that of men between 2019 and 2024.[13]

SERVICE MEMBERS AND VETERANS BY HEALTH INSURANCE TYPE

	Medicare	Medicaid	Tricare	VA Healthcare	Indian Health Service	No Insurance
Active Duty			100%			
Selected Reserve	1.0%	12%	22%	8%	0.5%	10%
Veterans	51%	10%	20%	39%	0.4%	2.8%

Source: U.S. Census Bureau (2024)

VETERANS WITH A SERVICE-CONNECTED DISABILITY RATING BY SEX

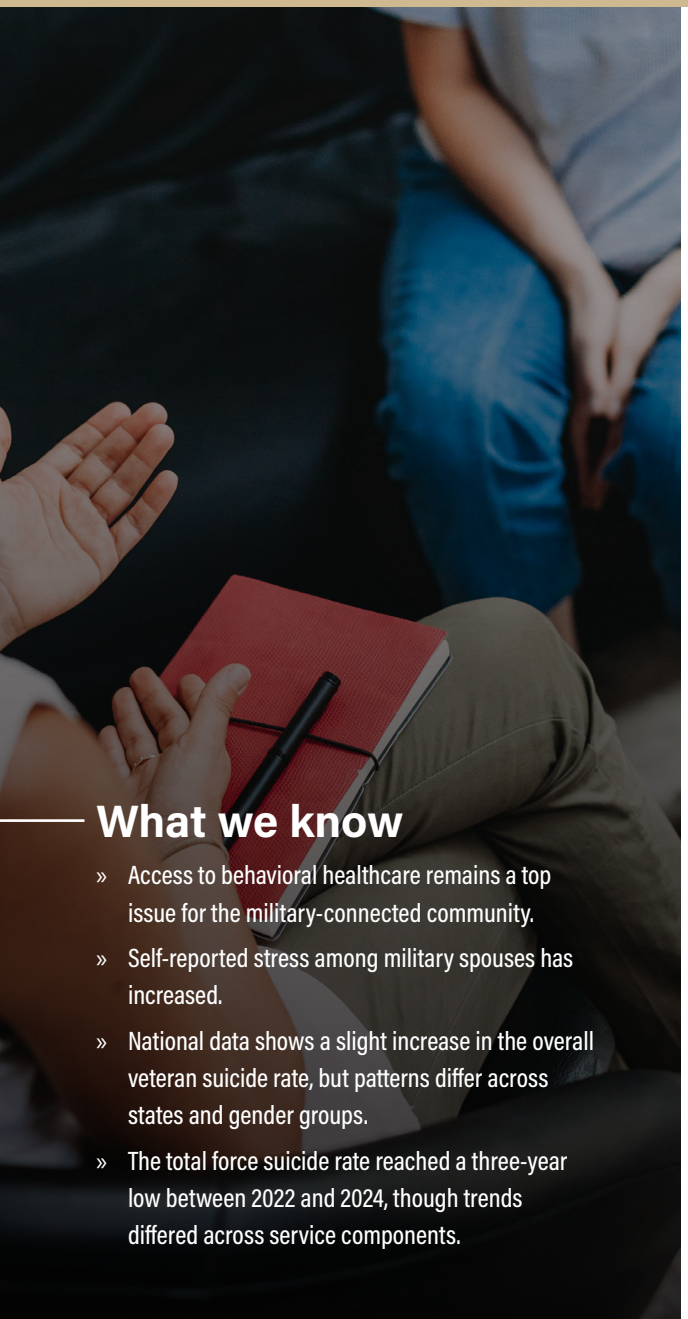


Source: U.S. Census Bureau (2019-2024)

Call to action

- Continue to connect veterans with VA healthcare, especially those living in rural communities.
- Work to educate National Guard and Reserve service members about their health insurance options – and support efforts that close coverage gaps for these service members and their families, such as the Reserve Component Healthcare Access and Expansion Act[59] or Healthcare for Our Troops Act.[60]
- Recognize and highlight the unique care needs of women veterans with a SCD rating and make services, such as maternity care and mammography,[61-63] easier for women veterans to access.

BEHAVIORAL HEALTH



What we know

- Access to behavioral healthcare remains a top issue for the military-connected community.
- Self-reported stress among military spouses has increased.
- National data shows a slight increase in the overall veteran suicide rate, but patterns differ across states and gender groups.
- The total force suicide rate reached a three-year low between 2022 and 2024, though trends differed across service components.

Behavioral Health Care Challenges

Caring for the mental health of military-connected people remains a top priority, but accessing behavioral health care and support can be a challenge due to a variety of factors such as affordability, frequent moves, and shortages of behavioral health professionals. Military-connected families live in all areas of the nation, with many living in places where provider shortages have been identified. Nationally, 537 counties have a behavioral health professional shortage score of 19 or higher, which indicates an area that has the highest need for health care professionals.[49] These shortages directly affect military-connected people. A RAND report cited a study stating that 35% of service members live in areas where there is a shortage of mental health clinicians, and 6% live in areas with no access to psychiatric care.[64] More than 2.1 million veterans are living in these extreme shortage areas.[49] Even in the ten states that have no counties with a score of 19 or higher, challenges may still occur with provider capacity and access to provider networks.[49]

For current service members and their families, timely access to mental health care is a primary concern. The House Armed Services Committee's 2024 Quality of Life Report indicated that referrals to civilian behavioral health providers were taking up to 23 days for urgent needs.[20] Additionally, Blue Star Families reported that 21% of active-duty family respondents experienced a disruption in medical or mental health services since January 1, 2025.[65]

To help improve access to mental health for service members, the Defense Health Agency (DHA) has implemented a new care model. *My Military Health* provides a suite of digital tools, including access to virtual appointments, to streamline health care access.[66] This is especially important for those living in areas where access to care at a military installation is not always feasible.[67]

Increase in Reported Spousal Stress

Findings from the 2024 Active Duty Spouse Survey and the 2023 Reserve Component Spouse Survey highlight increased mental health concerns among spouses.[19,24] Spouses cited ongoing financial pressures, employment challenges and childcare stressors as key contributors to elevated stress. More than half of all spouses surveyed reported feeling nervous, anxious or on edge. Satisfaction with military life among active-duty spouses, an important factor in service member retention, is declining. Satisfaction among active-duty spouses declined (65% in 2021 to 48% in 2024), and satisfaction among reserve components declined (63% in 2021 to 53% in 2023).[19,24]

Veteran Suicide Trends

Suicide among veterans remains a major public health concern. Overall, the suicide rates for veterans and nonveterans continue to rise. The VA reports that suicide is the second leading cause of death for veterans under 45.[68] While the suicide *rate* for younger veterans is much higher than it is for older veterans, nearly 60% of the total *number* of veteran deaths in 2023 were veterans aged 55 and older. From 2022 to 2023, veteran suicide rates increased in 33 states, while 17 states stayed consistent or declined.[69] Of the 33 states that saw increases, 23 saw increases in both veteran and nonveteran suicide rates, indicating a broader mental health issue, while ten states saw veteran rates increase while nonveteran rates decreased, potentially indicating veteran-specific challenges. When looking at longer term trends, at least four states made significant progress in reducing veteran suicide rates between 2018 and 2023: South Dakota, Maryland, New Hampshire and Alabama.[69]

Suicide rates for veteran women have continued a downward trend since 2014. Despite the overall decrease, their suicide rate remains nearly double the rate for nonveteran women. Suicide rates for both veteran and nonveteran men have increased almost continuously since 2001.[69]

Service Member Suicide Trends

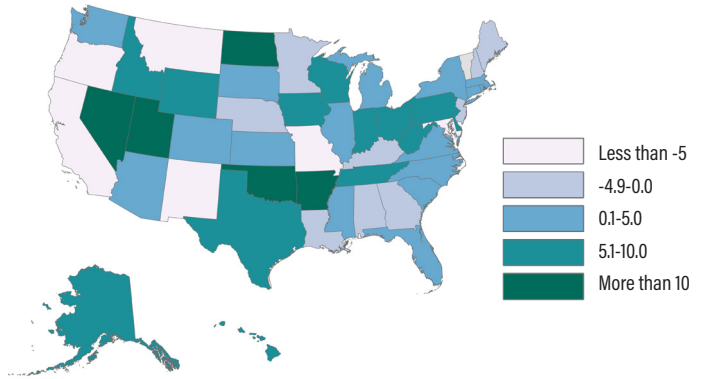
Historically, suicide rates among active-duty service members have steadily increased since 2011, while rates among National Guardsmen and reservists have remained relatively consistent during this time.[70] However, between 2023 to 2024 specifically, the suicide rate among the total military force declined from 26.0 to 23.2. While the overall decrease is not statistically significant, it represents approximately 60 fewer suicide deaths compared to the prior year, possibly indicating a slight break from historic patterns. Unfortunately, the National Guard experienced a 13% increase in suicide deaths during this time.

Data from the 2024 Department of War (DOW) report revealed that a mental health diagnosis was present for approximately 47% of active duty and 31.6% of National Guard and reserve service members who died by suicide.[70] Of those with a diagnosis, only about 35% Active Duty and 12.7% of National Guard and Reserve had an outpatient behavioral health visit in the 90 days prior to death, which may reflect ongoing challenges related to access to care, engagement in services, or reluctance to seek support. Relationship issues and workplace challenges were the two most frequently identified factors in suicide deaths.

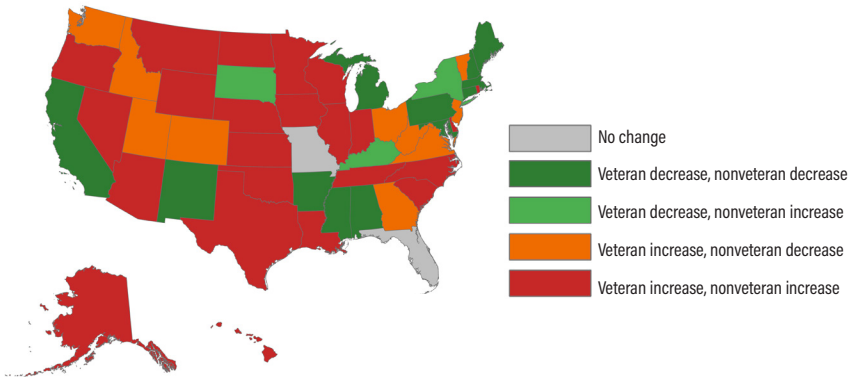
Military Family Member Suicide Trends

The rate of suicide deaths among spouses has also shown some concerning long-term trends. According to the DOW, there has been a statistically significant increase in military family member suicide rates since 2011.[70] Male spouses account for a disproportionately large share of suicide deaths among military spouses despite representing a smaller portion of the spouse population. In 2024, 64 male spouses died by suicide compared to 34 women spouses.[70] Also, nearly 60% of spouses who died by suicide had prior military service, suggesting that individual service-related experiences may play an important role. Overall, there were 48 dependent suicide deaths in 2024.[70] Just over 60% of those deaths were male and the majority (64.6%) were children under the age of 18.

SUICIDE RATE CHANGE 2018-2023



SUICIDE RATE CHANGE 2018-2023 COMPARISON

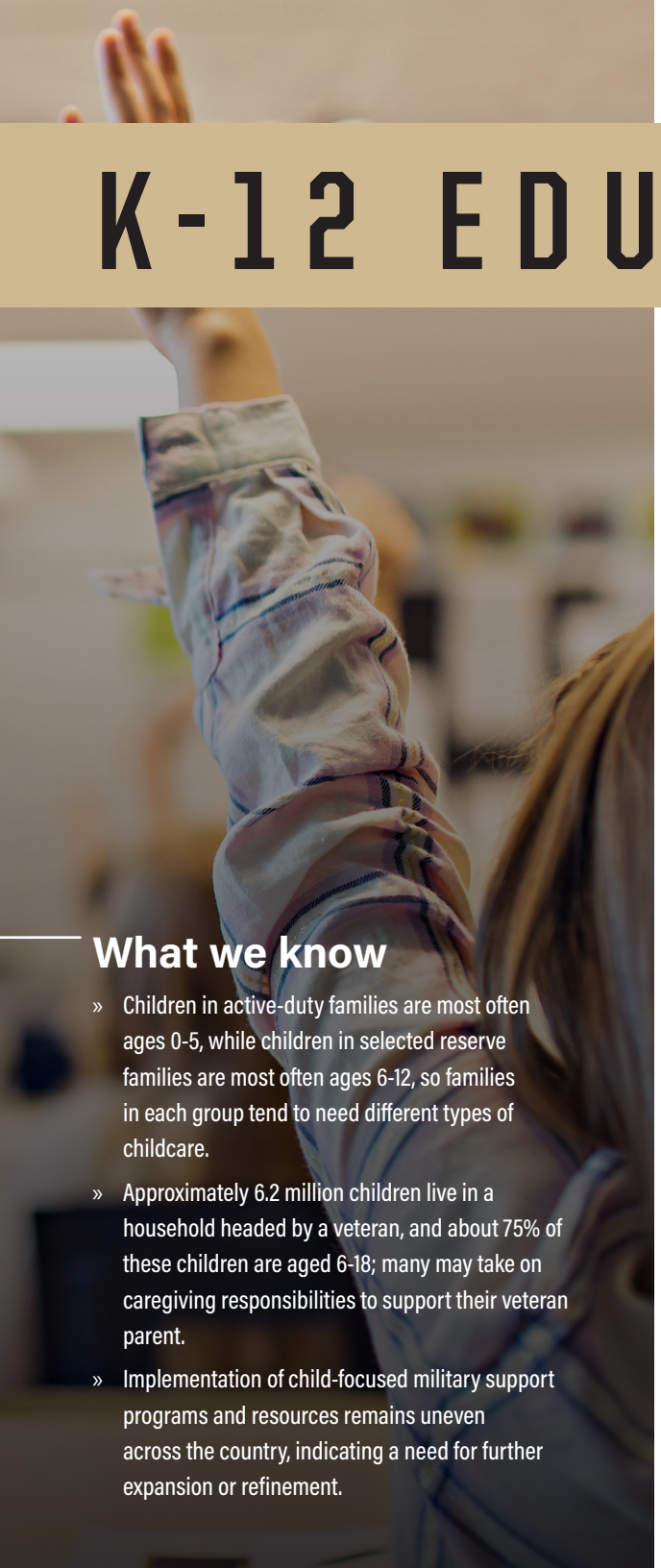


Source: VA National Suicide Data Appendix 2018-2023

Call to action

- Encourage local communities to support military spouses and families under stress. Partner with community organizations to offer family focused services that address employment, financial strain, and deployment related stressors.
- Monitor the implementation of MyHealth to determine if the program improves medical and mental health care access for service members and families.
- Target veteran suicide prevention efforts at the local level to tailor strategies, focusing resources on populations with the highest rates, including rural communities, older veterans, and male veterans.
- Leverage state and local leadership to scale effective veteran suicide prevention strategies by identifying successful state and community initiatives and replicating those approaches in other states.
- When providing behavioral health services to military spouses, pay close attention to prior military service for male spouses who seem to be at an outsized risk, and advocate for suicide screening of these individuals.

K-12 EDUCATION



What we know

- Children in active-duty families are most often ages 0-5, while children in selected reserve families are most often ages 6-12, so families in each group tend to need different types of childcare.
- Approximately 6.2 million children live in a household headed by a veteran, and about 75% of these children are aged 6-18; many may take on caregiving responsibilities to support their veteran parent.
- Implementation of child-focused military support programs and resources remains uneven across the country, indicating a need for further expansion or refinement.

Children in Active-Duty Families

There are approximately 836,000 children in active-duty families, with children ages 0-5 comprising the largest group.[3] Nearly half (43%) fall below school age, highlighting a strong demand for consistent, reliable childcare. Pay grades are an important factor in shaping childcare needs and access. Among families with children aged 0-5, 43% of these children have enlisted E5-E6 parents and 20% have parents E1-E4.[3] Families in lower pay grades who have young children may experience heightened issues with childcare affordability and other child-related expenses, though these issues are not unique to military family communities.

The Department of War (DOW) sees childcare accessibility as a military readiness and retention issue, yet issues still persist in accessing childcare.[71] Recently, the RAND Corporation reviewed the military-funded childcare system and identified one of the largest reasons for a long childcare waitlist is a shortage of qualified childcare staff.[20,71] The review also led RAND to provide key recommendations, including developing a centralized data system and expanding data collection on family needs.[71]

Children in Selected Reserve Families

Approximately 527,000 children are part of selected reserve families, a population that has steadily declined since at least 2010.[3] The largest percentage of these children are aged 6-12. Of these children, most have parents in the E5-E6 pay grade, followed by the second largest portion of children in this group having parents who are part of the E7-E9 pay grade.

For this group, childcare needs are slightly different. The largest portion of children from selected reserve families are of school age, meaning that childcare needs are mostly centralized on the weekends and over the summer, especially during typical 'drill weekends.' Access to childcare remains a significant barrier for many selected reserve families, especially those with working spouses, dual-military households, or single parents. To help, the National Guard Bureau created a program called the Army National Guard Weekend Drill Child Care Program, which launched in May 2024.[72] It offers no-cost care across 20 states for children aged 6 weeks to 12 years. For Air Force Reservists and Guard members specifically, the Air Force Home Community Care (HCC) program childcare for Unit Training Assembly weekends is free or considerably less than non-HCC childcare.[73]

Veteran Households with Children

According to 2024 Census data, approximately 6.2 million children live in veteran households.[1] Most live with veterans aged 35-54, who account for 61% of veteran households with children, highlighting the prevalence of family and child-related responsibilities among veterans in this age group.

Among veterans with children, 16% are aged 18-34, 12% are aged 55-64, and 10% are 65 or older.[1] The more than 600,000 children living with veterans aged 65 and older may face increased family responsibilities, including caregiving for their parents. Most children living in veteran households are school-aged. About 26% are aged 0-5, while 37% are aged 6-12 and another 37% are aged 13-18.[1] This age distribution suggests that many children in veteran households balance school and extracurricular responsibilities, and research

indicates that about 40% of military- and veteran-connected children under 18 in caregiver households help with caregiving tasks.[74]

School Supports for Military-Connected Students

Schools play an important role in supporting the academic success and well-being of military-connected children, particularly given the mobility and transition-related challenges many of them face. Across the K-12 landscape, several school-based programs and data systems aim to improve school support, ease transitions, and better identify student needs. One widely adopted effort is the Purple Star Schools program which recognizes schools that demonstrate a commitment to supporting military-connected students and families. As of 2025, approximately 5,640 Purple Star Schools operate across 41 states.[75] Nearly half (45%) are elementary schools, followed by high schools (24%) and middle schools (21%). Adoption varies widely by state, with Connecticut, Florida, North Carolina and South Carolina each reporting more than 400 Purple Star Schools, while several states have not yet implemented the program.[76]

Other school-based supports focus on connection and belonging. Student 2 Success (S2S) is a peer-led program designed to welcome new students, create positive school environments, and ease transitions for military children.[77] Roughly 1,135 S2S programs are currently in place nationwide. In addition, JROTC programs, which provide leadership development and engagement opportunities, are available in all 50 states and several territories.

Beyond programs, identifying military-connected students in school systems is important for ensuring the necessary supports. The Military Student Identifier (MSI), established under the Every Student Succeeds Act (ESSA) of 2015, requires states and school districts to track and report the academic performance of students with a parent serving in the military. While ESSA formally recognizes military-connected students as a distinct subgroup, its definition excludes many children of selected reserve members, creating gaps in identification and potentially access to services.

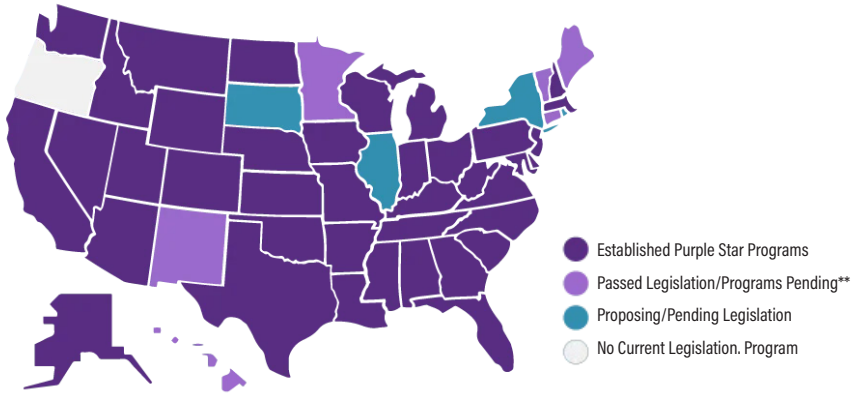
When implemented consistently, the MSI can help schools better address the social, emotional, academic, behavioral and mental health needs of highly mobile military-connected students.[74] However, inconsistent implementation across schools and definitions that exclude subgroups of students limits its effectiveness.

MILITARY-CONNECTED CHILDREN BY AGE

	Aged 0-5	Aged 6-12	Aged 13-18
Active Duty	43%	34%	24%
Selected Reserve	35%	35%	30%
Veterans	26%	37%	37%

Source: Department of War (2024) and U.S. Census Bureau (2024)

PURPLE STAR SCHOOLS



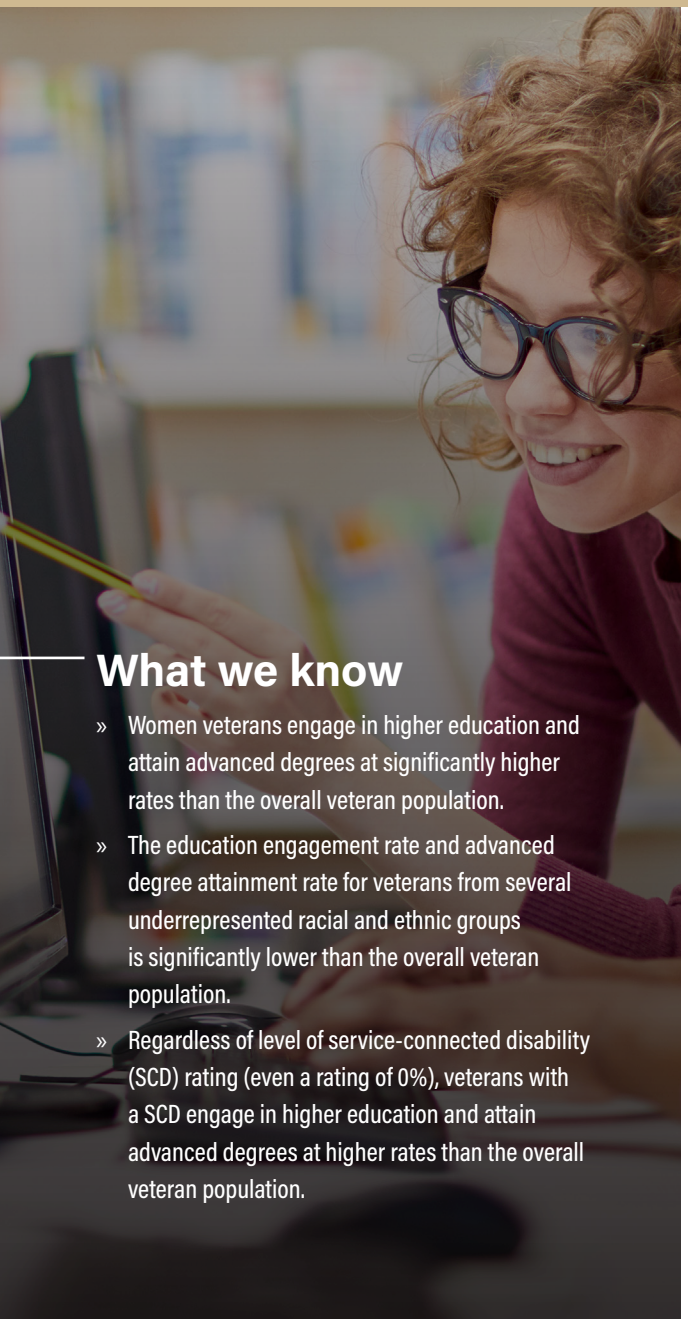
Source: Military Child Education Coalition (2026)

Efforts are underway to improve identification, including federal legislation to officially include selected reserve children in legal definitions. Additional strategies recommended by Military OneSource include integrating the MSI as a reportable demographic within statewide longitudinal data systems, regularly training school administrations and enrollment personnel on the MSI, and maintaining websites with state-level information on the MSI and related resources.[78] Strengthening these systems is key to ensuring that school-based supports reach all military-connected students who could benefit from them.

Call to action

- Enhance the availability, accessibility and transparency of childcare-related data for active-duty and selected reserve families with children.
- Acknowledge and support the six million children living in veteran households who have elevated needs because of their veteran parent's military experience.
- Encourage consistent implementation of the MSI among school systems to improve systems of coordination for kids, and advocate for the inclusion of selected reserve families within legal definitions of military-connected students.

POSTSECONDARY EDUCATION



What we know

- Women veterans engage in higher education and attain advanced degrees at significantly higher rates than the overall veteran population.
- The education engagement rate and advanced degree attainment rate for veterans from several underrepresented racial and ethnic groups is significantly lower than the overall veteran population.
- Regardless of level of service-connected disability (SCD) rating (even a rating of 0%), veterans with a SCD engage in higher education and attain advanced degrees at higher rates than the overall veteran population.

Educational Attainment

Military service helps build an educated workforce, as many active-duty and selected reserve service members pursue higher education during or after their service.

In 2024, approximately 75% of veterans aged 18-54 had engaged in higher education, a rate that has remained stable since 2019 and, adjusted for age,* exceeds that of nonveterans.[13] While overall engagement in higher education has stayed consistent, the share of veterans in this age group who have earned a bachelor's or higher degree increased from 29% in 2019 to 34% in 2024.

Educational Attainment Across Veteran Subgroups

Educational engagement and attainment among veterans vary across demographic, geography and service-related characteristics, revealing where higher education systems may be effectively supporting veterans, as well as where gaps persist.

Across gender, women veterans consistently engage in postsecondary education and attain advanced degrees at higher rates than the veteran population overall.[13] This pattern mirrors trends seen among nonveterans and suggests both strong utilization of education benefits and sustained educational persistence among women veterans.

Differences also emerge by family status.** While overall patterns largely mirror those of the broader veteran population, recent data suggest modest growth in postsecondary engagement among veterans without family responsibilities.[13] This group now engages in higher education at slightly higher rates than veterans overall, indicating that family obligations may continue to shape access to and persistence in postsecondary education for some veterans.

Educational outcomes vary more sharply across race and ethnicity. Asian veterans engage in higher education and attain advanced degrees at substantially higher rates that the veteran population overall, which aligns with trends among Asian nonveterans.[13] Black or African American veterans largely follow overall veteran trends, though recent data point to small but meaningful growth in higher education engagement. Hispanic veterans similarly track overall engagement patterns but attain advanced degrees at lower rates.

By contrast, veterans who identify as American Indian, Alaska Native, Native Hawaiian, and Pacific Islander exhibit lower levels of postsecondary engagement and attainment compared to the overall veteran population.[13] While engagement among American Indian or Alaska Native veterans is increasing, advanced degree attainment remains notably low. Among Native Hawaiian or Pacific Islander veterans, postsecondary engagement has declined slightly over time, even as degree attainment shows modest growth. Veterans who identify as "Some Other Race" or "Two or More Races" in Census data generally show stable patterns year over year, though engagement and advanced degree attainment remain lower than overall veteran averages.

Geography also plays a role. Rural veterans tend to follow national veteran trends, but both postsecondary engagement and advanced degree attainment are significantly lower than veterans living in nonrural areas.[13] These disparities may reflect differences in access to institutions, program availability, or support services.

Service-related characteristics further shape education outcomes. Veterans with a service-connected disability (SCD) rating at any level (including a rating of 0%) engage in postsecondary education and attain advanced degrees at higher rates than veterans overall.[13] Higher SCD ratings are associated with increased postsecondary engagement, though this relationship does not consistently extend to advanced degree attainment. This pattern suggests that connection to Department of Veterans Affairs (VA) systems may act as an important entry point to educational resources and supports.

Finally, educational benefit use continues to evolve. While the overall number of veterans receiving education benefits increased between 2020 and 2024, use of the Post-9/11 GI Bill (PGIB) declined modestly during this period. Among new users in 2024, just over half (53%) applied their benefits toward a bachelor's degree, followed by two-year (18%), technical/vocational/non-college (18%), and graduate (12%) degree programs.[79] These distributions closely resemble 2020 patterns, though they suggest a slight shift toward four-year degree programs and a corresponding decline in two-year program use, with other categories remaining stable.

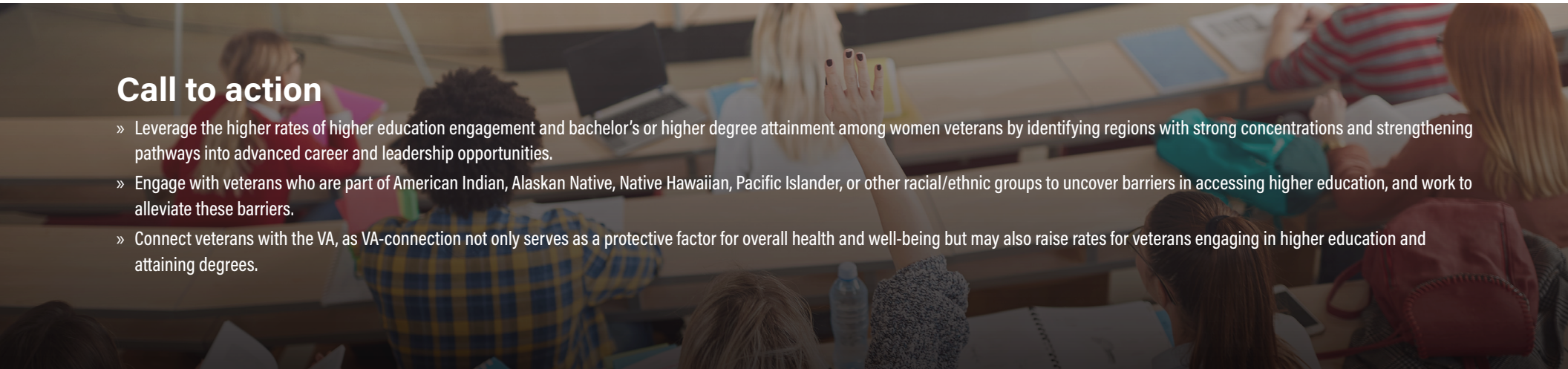
* This dataset is for veterans/nonveterans aged 18-54 – so is not skewed by a traditionally older veteran population

** "By family status" definitions: "without family responsibilities" = without a spouse and/or child(ren); "with family responsibilities" = with a spouse and/or child(ren)

EDUCATIONAL ENGAGEMENT & DEGREE ATTAINMENT RATES FOR VETERANS AGED 18-54

Racial/Ethnic Subgroups	Engagement Rate	Bachelor's or Higher Degree Attainment Rate
American Indian or Alaska Native	69%	23%
Asian	82%	50%
Black or African American	75%	33%
Hispanic	72%	30%
Native Hawaiian or Pacific Islander	71%	26%
Other Race	68%	27%
Two or More Races	78%	34%
White, Non-Hispanic	75%	34%
Total Veteran Population	75%	33%

Source: U.S. Census Bureau (2024)



Call to action

» Leverage the higher rates of higher education engagement and bachelor's or higher degree attainment among women veterans by identifying regions with strong concentrations and strengthening pathways into advanced career and leadership opportunities.

» Engage with veterans who are part of American Indian, Alaskan Native, Native Hawaiian, Pacific Islander, or other racial/ethnic groups to uncover barriers in accessing higher education, and work to alleviate these barriers.

» Connect veterans with the VA, as VA-connection not only serves as a protective factor for overall health and well-being but may also raise rates for veterans engaging in higher education and attaining degrees.

LEGAL



What we know

- The number of veterans in adult correctional facilities declined between 2019 and 2024, at a seemingly faster rate than the overall veteran population.
- Military housing standards and protections vary by installation and pose challenges when housing issues occur.
- House of Representatives members with military experience may be more effective in passing legislation and working between party lines than those with no military experience.

Incarcerated Veterans and VTCs

The number of incarcerated veterans in adult correctional facilities continues to decline nationwide. In 2019, approximately 108,000 veterans were incarcerated in adult correctional facilities, compared to approximately 78,000 in 2024 – a 28% decrease.[13] During the same period, the total veteran population declined by about 2 million veterans, or 11%. The differences between these rates suggest that the reduction in incarcerated veterans cannot be explained solely by the shrinking veteran population.

Veterans Treatment Courts (VTCs) may be one factor contributing to this trend. However, tracking the total number of VTCs nationally is challenging. In March 2025, the Department of Veterans Affairs (VA) reported more than 700 VTCs across the country, an increase of over 100 since 2021.[80] By contrast, the National Treatment Court Resource Center (NTCRC) analysis of VTCs lists this number at 552, while our 2026 analysis identified 537 total VTCs.[81,82] These discrepancies reflect the difficulty of maintaining accurate counts amid frequently changing state-level information.

Access to VTCs also varies widely between states. Our 2026 analysis finds that only three states, Connecticut, New Jersey, and West Virginia, currently lack any VTCs. When examined on a per-capita basis, Iowa and Oklahoma have the highest veteran population per VTC resource, indicating potential capacity restraints, while Alabama and Montana have the lowest veteran population per VTC resource, suggesting comparatively greater access.[82]

Housing-Related Legal Issues for Service Members and Veterans

Military service can expose families to housing-related legal challenges that differ from those faced by civilian households. Frequent relocations, mandatory moves, and deployments often place service members and their families in unfamiliar housing markets with limited bargaining power, making clear legal protections and accessible remedies especially important.

Housing-related legal issues for military families generally fall into two distinct categories, each governed by different legal frameworks and support systems: housing located on military installations and housing secured off installation in civilian communities.

On-installation housing, including both privatized and government-owned units, operates under a complex legal structure shaped by federal authority, private contracts, and installation policies. Recent reports from Congress, the Government Accountability Office, and the Department of War (DOW) Inspector General have focused heavily on problems in privatized military housing, particularly issues of accountability, oversight, inspection standards, and transparency.[83–85] In these settings, responsibility for addressing disputes can be unclear, limiting families' ability to pursue effective remedies. Government-owned housing presents different challenges, as state and local housing codes and enforcement mechanisms may have limited applicability on federal property, leaving families reliant on internal administrative processes that vary by installation.

By contrast, off-installation housing places military families squarely within state and local landlord-tenant systems. Although federal protections such as the Servicemembers Civil Relief Act (SCRA) and the Tenant Bill of Rights offer important safeguards, they do not resolve every housing dispute.[86] Frequent relocations across states can make it difficult for service members to understand their rights or access legal assistance, especially where military-specific tenant supports are limited. These challenges are less visible than on-installation housing failures but can significantly affect housing stability and family well-being.

Across both contexts, military families must navigate a layered and often fragmented legal landscape involving federal statutes, state and local laws, contracts, and installation policies. When legal authority is unclear or coordination is weak, families may struggle to identify appropriate remedies or sources of support. Strengthening legal education, transparency, and access to assistance across housing types remains critical to protecting military families and supporting readiness and stability.

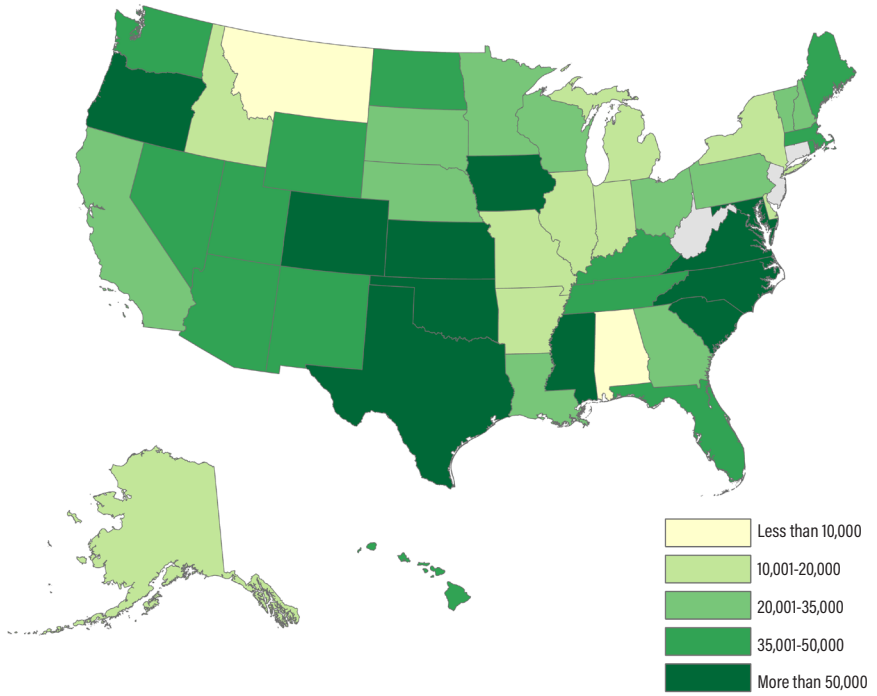
Military-Connected Legislators

At least 11 major veteran-related bills have been introduced in the 119th Congress, with one enacted to date, which may signal overall support for the military-connected community. Passage of one out of 11 bills aligns with typical measures of effective lawmaking.[87]

At the beginning of the 119th Congress, 98 members (18% of Congress) had military experience, the same proportion as was in the 118th Congress. This group includes 18 Senators and 80 Representatives. As of February 2025, five House members are still serving in the Reserves and three in the National Guard.

A study published in Political Research Quarterly suggests that members of the House of Representatives with military experience are more effective at passing legislation and more likely to work with colleagues across party lines.[88] The study analyzed 13 Congresses and found that lawmakers with military backgrounds were consistently more effective at advancing legislation. Even after accounting for other factors that influence effectiveness, such as seniority, committee positions, and party leadership, veteran status remained a positive predictor of legislative success. Additionally, the study found that veterans showed a greater tendency to cosponsor bills introduced by members of the opposite party.

VETERAN POPULATION BY VTC RESOURCES

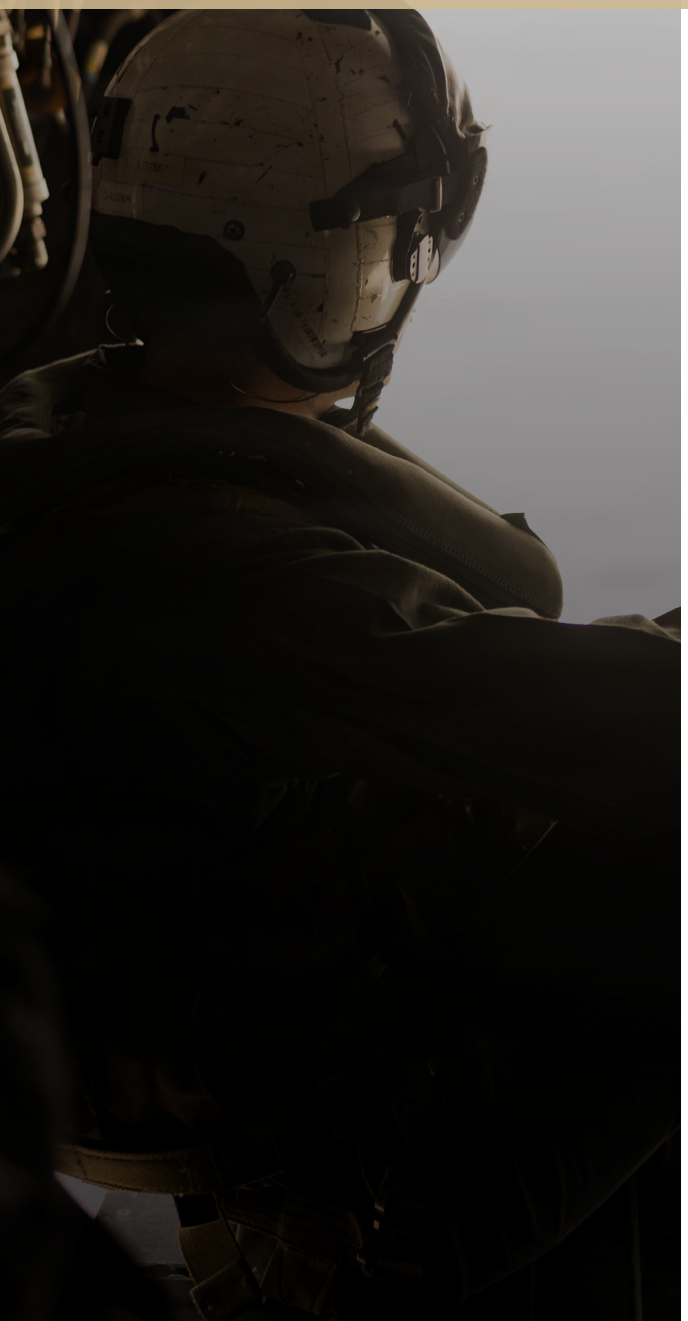


Source: Measuring Communities (2026)

Call to action

- Support VTCs and other veteran-focused alternatives to incarceration for veterans that work to continue to lower the incarceration rate among the veteran population.
- Work with local housing authorities, both civilian and military, to provide accurate information about housing protections, such as a region-specific handbook that supports military members and their families.
- Familiarize yourself with military-connected congressional representative members who are pursuing legislation that supports military and veteran families.

SPECIAL TOPIC



TERRITORIES AND TRIBAL COMMUNITIES

Data Accessibility and Availability Issues

Reliable data is essential for understanding and supporting veterans, but it can be difficult to find for the veteran population across the country. These challenges become even more pronounced when seeking data on veterans residing in U.S. territories and tribal lands. For example, while this section of the report was initially designed to explore in-depth data on veterans living in all five U.S. territories – American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands – the only one with in-depth, reliable, veteran-specific data available is Puerto Rico (via the U.S. Census Bureau), while limited Department of Veterans Affairs (VA) data using Veteran Population Projection Model (VetPop Model) estimates exists for the other four territories. Such difficulties are common with territorial data, which is frequently scarce, outdated, or unavailable entirely.

The Census Bureau annually reports data for the veteran population, which allows for a viewpoint of veterans living on tribal lands across the nation. Often the challenge with finding this data is due to accessibility issues – namely, that the data is available but requires a great amount of skill (likely from a data scientist) to locate, mine, and share broadly.

This special topic section aims to share the data that is currently available about these unique veteran populations and communities to better understand and support these veterans in an evidence-informed way. Key findings for veterans who are living in U.S. territories and on tribal lands are below.

American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands

Federal data for veteran populations in U.S. territories is limited. The Census Bureau does not regularly publish detailed veteran data for American Samoa, Guam, the Northern Mariana Islands, or the U.S. Virgin Islands. The VA's VetPop Model provides only total veteran population estimates for American Samoa, the Northern Mariana Islands, and the U.S. Virgin Islands. For 2024, the VA's VetPop Model estimates approximately 1,400 veterans in American Samoa, 830 in the Northern Mariana Islands, and 3,800 in the U.S. Virgin Islands.[89]

For Guam specifically, a larger yet still limited VA data projection set exists. The VA projects that in 2024, approximately 11,000 veterans lived in Guam. Roughly a quarter were aged 65 years and older, and 15% were women. Approximately 43% of the veteran population had a service-connected disability (SCD) rating.[90]

Puerto Rico

Data for veteran populations living in Puerto Rico is regularly reported by the Census Bureau. According to the Census, in 2024, over 64,000 veterans were living in Puerto Rico, making up about 2.4% of the territory's adult population.[1] This percentage is about three times smaller than national U.S. patterns, indicating that a much smaller percentage of the Puerto Rican population identifies as veterans. Of those veterans, 95% of them are male and 5% are female, which varies slightly from national U.S. veteran patterns.

The veteran population in Puerto Rico tends to skew older than national U.S. patterns, with 81% aged 55 years and older.[1] This could be due to a few contextual factors. Generally, research indicates that the total population in Puerto Rico is aging more rapidly than almost any country or territory, with 2020 estimates placing its population share of adults older than 65 as the tenth highest in the world.[91] Additionally, the territory is experiencing outmigration of its young people. This finding could also signal lower rates of military service among younger people in Puerto Rico. Puerto Rican veterans served disproportionately during the Vietnam War, with 37% serving during this period, while fewer served during the Gulf War era than national U.S. veteran patterns.[1,92]

Economic hardships remain a significant concern among Puerto Rican residents. Nearly two in five (38.8%) people living in the territory report incomes below the poverty line, compared to 11.4% nationally.[1] This difference is triple the national rate. Veterans living in Puerto Rico face similarly elevated poverty rates, though this pattern reflects broader economic conditions rather than a uniquely veteran issue. Specifically, 19.3% of veterans aged 18 to 64 and 17.8% of veterans aged 65 and older report incomes below the poverty line.

Service-connected disability (SCD) rates are also higher among veterans living in Puerto Rico. 40% of Puerto Rican veterans have an SCD rating, compared with 30% of the overall U.S. veteran population.[1] This difference may also reflect the older age of the Puerto Rican veteran population, a recurring and interconnected theme.

Tribal Communities

Data for veterans living on tribal land is regularly reported by the Census Bureau but requires a great amount of skill to mine and locate. According to the Census, in 2024, approximately 50,000 veterans were living on tribal land in the United States.[1] States with the largest *number* of veterans living on tribal land are Washington, Arizona, New Mexico, New York, Montana and California, while states that have the highest *percentage* of its veteran population living on tribal land are Montana, South Dakota, New Mexico, Wyoming, Idaho and North Dakota.

The gender distribution of veterans living on tribal lands mirrors that of the national U.S. veteran population, with veterans living on tribal land being 89% male and 11% female.[1] The ages of veterans living on tribal land are also similar to the national U.S. veteran population.

Approximately 83% of veterans living on tribal land served during a wartime era.[1] While similar to national U.S. veteran patterns, a higher percentage of veterans living on tribal lands served during the Vietnam era (37% vs 33%) and a smaller percentage served during the Gulf War eras (20% post-9/11 and 20% pre-9/11 vs 26% and 24% respectively).

Socioeconomic challenges are also present within the veteran population living on tribal land, with poverty rates exceeding national veteran patterns across age groups. Specifically, 12.3% of veterans aged 18-64 and 10.2% of veterans aged 65 and older report incomes below the poverty line.[1]

Overall, just over a quarter (26%) of veterans living on tribal land have an SCD rating, which is lower than national U.S. veteran patterns.[1] Of those with an SCD rating, approximately 41% have a rating of 70% or higher, which is significantly higher than any other rating level. This finding may suggest two things: veterans living on tribal lands may be less connected to the VA (as fewer veterans have any level of VA SCD rating, including 0%), and that for those who do have an SCD rating, health-related challenges or other healthcare-related needs may be especially prevalent and important to prioritize for the population.

Key Takeaway

Due to limited data on veterans living in U.S. territories and challenges accessing data about veterans living on tribal land, it can be difficult to present a clear picture of these veterans and their experiences. By investing in enhanced data collection and data accessibility efforts, and community partnerships, we can deepen our understanding of veterans living in these areas and ensure they receive the resources and support they need.

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ABOUT THE MEASURING COMMUNITIES DATA

The Measuring Communities data portal acts as both the framework for this report and as a free resource for professionals to explore on their own.

The data in the Measuring Communities data portal comes from over 30 credible national and local data sources. This data can be viewed at the state, congressional district and county level for U.S. states and territories. Data can also be viewed across different time periods. Users can create maps, tables, graphs, and snapshots, and can also download data into spreadsheets.

The Measuring Communities data portal is a hub where users can learn more about military-connected people in their communities. The data can be used to identify gaps in support or services, to build or adjust programming to better serve the community, and to make evidence-based decisions at all levels.

Data domains and topics

Data is housed in one of ten domain topics: behavioral health, community, demographics, employment, financial, housing, K-12 education, legal, medical care, and postsecondary education.

For example, users can view both the number of veterans who live in their community and the digital divide index score for their community. Users can also learn more about this veteran population, including the age ranges of veterans, the educational attainment of veterans, the veteran unemployment rate, and the diversity of their community.

Data sources and credibility

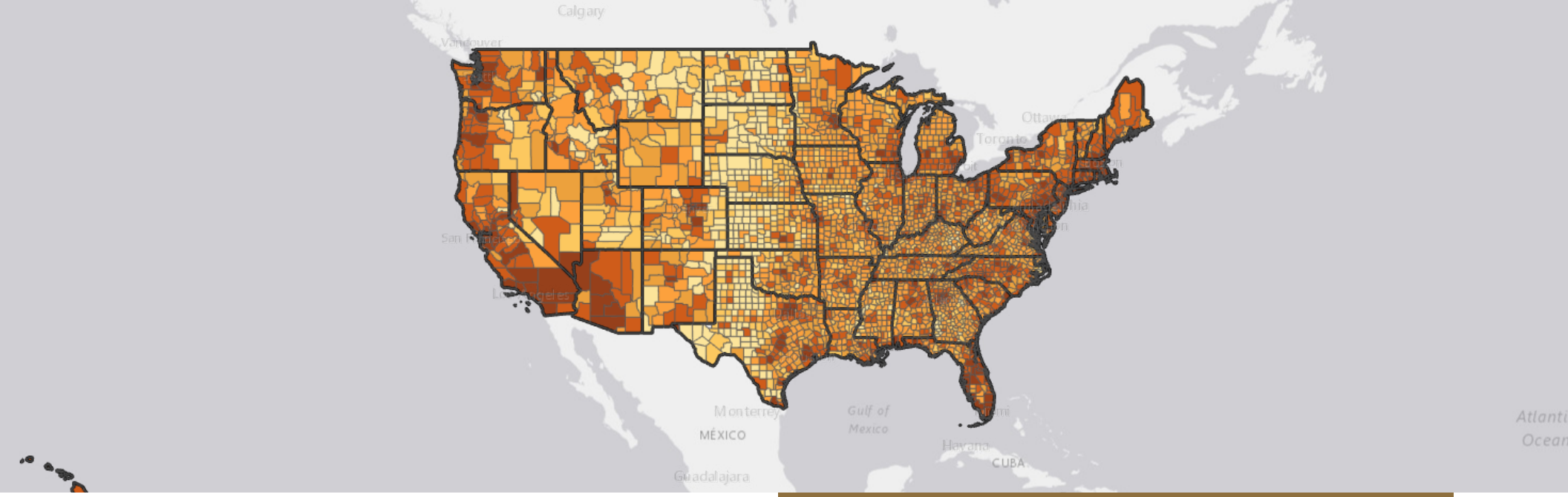
Data in the Measuring Communities data portal is mined and compiled from a variety of sources. Major data sources include the U.S. Census Bureau, the Department of Veterans Affairs (VA), the DOW's Defense Manpower Data Center (DMDC), the National Guard Bureau, the Department of Agriculture (USDA), The Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Because data sources vary in quality or collection methods, MFRI created a "Confidence Index" to assess the data in Measuring Communities. This tool is a scoring index, with a range of scores from one to five. It serves as a reminder that not all data can be used in the same manner. Generally, higher scores (such as 5-out-of-5 stars) imply higher quality data, because the source uses each one of the scoring criteria. Scoring criteria includes random or probability sampling methods, validated and reliable instruments, established norms for the instrument, a large and diverse sample, and, when appropriate, a weighted sample.

Users can feel most confident using five-star data when making organizational and strategic decisions. When confidence index scores are low, such as two stars, users can consider the information in an advisory capacity but may wish to verify that information in their local area with other sources.

MEASURING COMMUNITIES

Mapping Progress for Military & Veteran Families



HOW TO ACCESS LOCAL DATA IN MEASURING COMMUNITIES

Access to the Measuring Communities site is free. To sign up, contact email mcinfo@purdue.edu. You will be provided with a member ID.

One you're logged in with your member ID, you may explore data at the state, congressional district and county level. Use the data for:

- propelling community action
- tracking local progress
- sustaining attention to issues
- advocating for policies and programs

- Navigate to **www.measuringcommunities.org**
- Click **Explore Web Based Data**
- Enter your name, email and member ID
  - Use **Report26** if you do not have a member ID
- On the landing page, click the **Topics** tab
- Choose one of 10 topics
- Click **View Data**
- Select an indicator
- Refine your results by state, county and year
- Choose up to five data fields
- Click **Submit**
- View data in table, graph or map form

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PURDUE UNIVERSITY
Center for Regional Development

ABOUT THE PURDUE CENTER FOR REGIONAL DEVELOPMENT (PCRD)

PCRD seeks to pioneer new ideas and strategies that contribute to regional collaboration, innovation and prosperity. Founded in 2005, the center partners with public, private, nonprofit and philanthropic organizations to pursue applied research and engagement activities. Its key goals include: developing and strengthening access to high quality data and visualization tools to guide the development of local and regional plans; advancing the capacity of regions to pursue programs and projects that embrace the principles of collaboration, broad-based engagement and sound planning; developing and promoting the of programs and projects that build on the existing economic assets and emerging business development opportunities of regions; and exploring the mix of factors shaping the overall well-being of people and the local/ regional places in which they live.

PURDUE UNIVERSITY
Military Family Research Institute

ABOUT THE MILITARY FAMILY RESEARCH INSTITUTE (MFRI) AT PURDUE UNIVERSITY

MFRI conducts research on issues that affect military and veteran families and works to shape policies, programs and practices that improve their well-being. Founded in 2000, MFRI envisions a diverse support community that understands the most pressing needs of military and veteran families. To achieve this, MFRI collaborates to create meaningful solutions for them. This internationally recognized organization is located at Purdue University's College of Health and Human Sciences, in the Department of Human Development and Family Science.

Note: The appearance of U.S. Department of War (DOW) visual information does not imply or constitute DOW endorsement.



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Mapping Progress for Military & Veteran Families

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