

Supporting Military and Veteran Caregivers from All Eras

Insights from RAND's Research

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Supporting Military and Veteran Caregivers from All Eras: Insights from RAND Research

Statement of Terri Tanielian¹
The RAND Corporation²

Before the Committee on Veterans' Affairs
United States House of Representatives

February 6, 2018

There are more than 20 million veterans living in the United States today, many of whom have service-connected conditions or disabilities that require ongoing support and care. Supporting these wounded, ill, and injured warriors are the nation's "hidden heroes"—caregivers who provide unpaid, informal support with activities that enable current and former U.S. servicemembers to live fuller lives. These caregivers are an essential, but often overlooked, component of the nation's care for returning warriors.

Starting in 2010, new federal programs were created to ensure improved support for caregivers; however, at the time, little was known about the characteristics and needs of this population. My comments today derive from three studies sponsored by the Elizabeth Dole Foundation and conducted by the RAND Corporation. In this statement, I highlight some of the notable findings and recommendations from this work in an effort to help the Committee consider specific opportunities to improve existing federally supported programs that support military and veteran caregivers.

Shaping Program Support Based on the Characteristics of Military and Veteran Caregivers

RAND's first study, *Hidden Heroes: America's Military Caregivers*,³ was the first to rigorously assess how many caregivers were aiding current and former servicemembers, the characteristics of these caregivers, the value they contribute to society, and the risks they face as a result of their caregiving roles. We estimate that there are 5.5 million military and veteran

¹ The opinions and conclusions expressed in this testimony are the author's alone and should not be interpreted as representing those of the RAND Corporation or any of the sponsors of its research.

² The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest.

³ Rajeev Ramchand, Terri Tanielian, Michael P. Fisher, Christine Anne Vaughan, Thomas E. Trail, Caroline Batka, Phoenix Voorhies, Michael Robbins, Eric Robinson, and Bonnie Ghosh-Dastidar, *Hidden Heroes: America's Military Caregivers*, Santa Monica, Calif.: RAND Corporation, RR-499-TEDF, 2014. We use the term *military and veteran caregiver* to include both those caring for a current member of the military (including active-duty, reserve, and National Guard members) and those caring for a former member of the military (commonly referred to as a veteran).

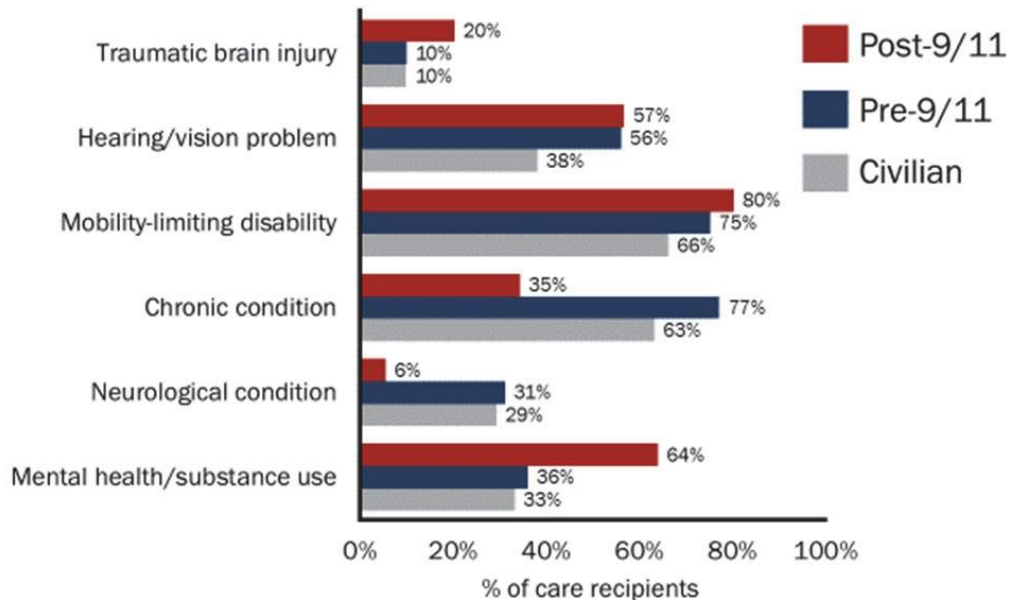
caregivers in the United States. Of these, 19.6 percent (1.1 million) are caring for someone who served in the military after the terrorist attacks of September 11, 2001 (*post-9/11 caregivers*). The remaining 4.4 million are providing caregiving support to veterans who served prior to September 11 (*pre-9/11 caregivers*).

We compared post-9/11 and pre-9/11 military and veteran caregivers with each other and with those providing care to nonveterans (*civilian caregivers*). Pre-9/11 military and veteran caregivers tend to resemble civilian caregivers in many ways. By contrast, post-9/11 caregivers differ systematically from the other two groups. Table 1 details some of the key differences among these populations, and Figure 1 highlights the variation in the types of conditions of their care recipients.

Table 1. Key Differences Across Caregiver Populations

	Post-9/11 Caregivers (%)	Pre-9/11 Caregivers (%)	Civilian Caregivers (%)
Caregiver characteristics			
Relationship to person being cared for	<ul style="list-style-type: none"> □ Spouse: 33 □ Parent: 25 □ Unrelated friend or neighbor: 23 	<ul style="list-style-type: none"> □ Child: 37 □ Spouse: 22 □ Parent: 2 □ Unrelated friend or neighbor: 16 	<ul style="list-style-type: none"> □ Child: 36 □ Spouse: 16 □ Parent: 10 □ Unrelated friend or neighbor: 13
Age 30 or younger	37	11	16
Married to and living with the care recipient	71	66	61
Employed	76	55	60
Have a support network (who share in the caregiving tasks)	47	71	69
Have health insurance	68	82	77
Have a regular source of health care	72	88	86
Met criteria for major depression	38	18.9	20.3
Assist with any activity of daily living	44	54	64
Assist with any instrumental activity of daily living	79	94	96
Spend more than 21 hours of care per week	33	27	37
Report having a child under age 18 living with them	39	20	27
Care recipient characteristics			
Have a disability rating from the U.S. Department of Veterans Affairs (VA)	58	30	n/a
Have a mental health or substance use disorder	64	36	33
Have a chronic condition, such as cancer, diabetes	35	77	63

Figure 1. Variation in Care Recipient Conditions, by Caregiver Population



Our study revealed that military and veteran caregivers provide critical assistance with activities that enable U.S. veterans to live more independently. It also documented that, while caregivers provide a valuable service to their loved ones and the United States, they also face unique challenges as result of their duties and may need an appropriate level of support to help reduce the burden. Understanding the differences between pre-9/11 and post-9/11 caregivers, and among other caregiver subgroups (for example, spouses and parents), is essential for targeting interventions that can most optimally support both caregivers and those for whom they are caring. For example, these caregivers may vary in terms of their demographics, rates of problems, and the nature of the conditions that they are caring for. Understanding and considering these differences can help ensure that educational content, benefits provided, and services offered can be tailored to specific subgroups. Doing so may improve the effectiveness of such interventions and increase the overall efficiency of programs.

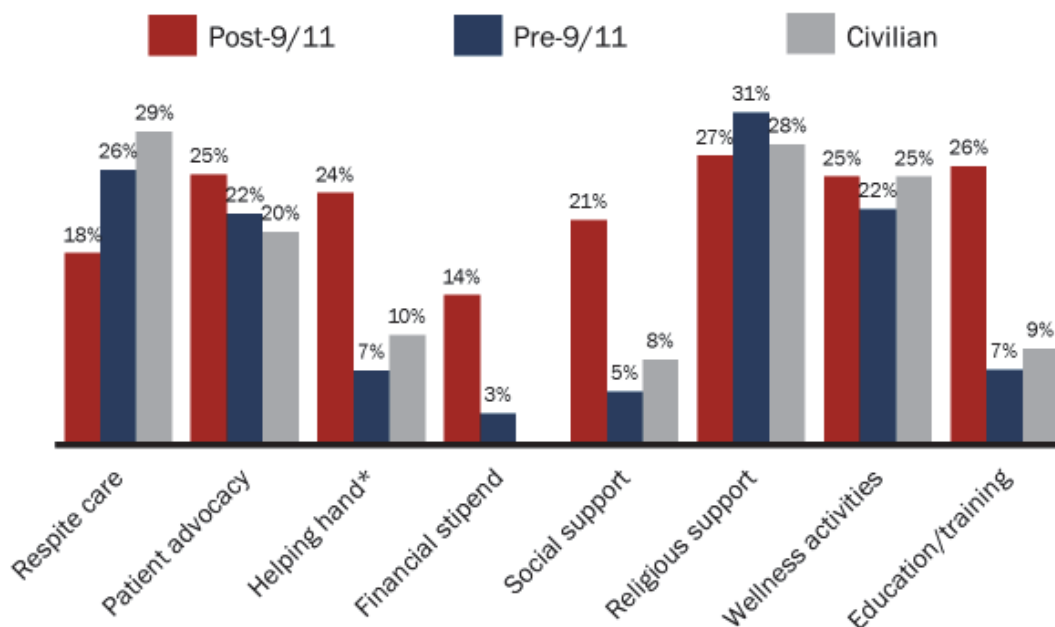
VA Caregiver Support Programs

The *Hidden Heroes* report also examined the existing programs and policies that support military and veteran caregivers and highlighted gaps in that support landscape. We identified 120 organizations that were delivering services, resources, or other programs for these caregivers. Among these organizations was the VA, which offers a wide array of services and benefits for military and veteran caregivers, including the Program of Comprehensive Assistance for Family Caregivers.

While our study documented the types of services offered through these organizations, we did not evaluate the efficacy or effectiveness of the services delivered. Thus, we do not have any data or findings to support specific recommendations for how to improve the VA's existing

programs that support caregivers. However, we did observe variation in eligibility for and utilization of available programs for caregivers (see Figure 2). For example, there is little uptake of stipends and social support for pre-9/11 military and veteran caregivers, while religious support is used by roughly one-fourth of all caregivers.

Figure 2. Program Utilization of Military and Veteran Caregivers



* Direct support, such as loans, donations, legal guidance, housing support, or transportation assistance.

Programs often have varying eligibility criteria or content areas of focus that may be applicable to only some subgroups of the caregiver population (e.g., those married to their recipients, those caring for someone over age 65). Understanding how all programs, including those that are publicly funded and those sponsored by nongovernmental entities, align across these characteristics allows not just for identifying gaps in service availability for the subgroups but also for understanding redundancies and how to better integrate and coordinate across sectors.

Moving Forward to Create Better Support for Military and Veteran Caregivers

Based on the characteristics and needs of caregivers, we made several recommendations for improving the overall landscape of programs that support military and veteran caregivers. These recommendations, outlined in *Hidden Heroes*, called for strategies that would empower caregivers, create more-supportive environments (in the workplace and in health care settings), fill specific gaps in existing programs (e.g., expand respite care services, align eligibility criteria, and evaluate program effectiveness), and plan for the future (in terms of ensuring caregiving continuity for veterans and enabling research to continually inform programs and policies).

While the overall recommendations were broad in terms of their objectives, the variability and nuances across the different subgroups of caregivers highlight the fact that there is no one-size-fits-all solution that will serve the needs of all caregiver subgroups equally. Our findings and recommendations indicate that, in order to be optimally effective, programs and resources need to be tailored to the specific needs of different populations. For example, a program that is focused on helping a caregiver attend to the needs of a care recipient who experiences posttraumatic stress disorder will not be appropriate for a caregiver who is attending to the needs of someone with a spinal cord disorder, and vice versa. Similarly, programs and services primarily designed for individuals who are married to or living with their care recipient may not be suitable for caregivers who have different relationships or live elsewhere.

In 2017, RAND conducted a follow-on study to *Hidden Heroes*, titled *Improving Support for America's Hidden Heroes: A Research Blueprint*.⁴ The goal of this study was to identify a series of research priorities to more efficiently fill remaining knowledge gaps and improve policies and programs. I shared insights from that study with the Senate Special Committee on Aging in May 2017.⁵ In that study's report, we reiterated a recommendation we also made in *Hidden Heroes* that ongoing research is needed to inform improvements in the policies and programs that support military and veteran caregivers. This is especially true because caregiving is a dynamic responsibility, with specific tasks and demands that shift over time, and the impacts associated with it also wax and wane. The *Blueprint* also outlined ten priority questions, all of which, if pursued, could provide empirical evidence and guidance on how to most effectively expand and improve programs. Those priority questions, and the other recommendations made in that report, are also relevant to your considerations, particularly as you consider specific recommendations to improve VA programs.

⁴ Terri Tanielian, Kathryn E. Bouskill, Rajeev Ramchand, Esther M. Friedman, Thomas E. Trail, and Angela Clague, *Improving Support for America's Hidden Heroes: A Research Blueprint*, Santa Monica, Calif.: RAND Corporation, RR-1873-TEDF, 2017. As of February 1, 2018: https://www.rand.org/pubs/research_reports/RR1873.html

⁵ Terri Tanielian, "Creating Better Support for Our Nation's Hidden Heroes: A Research Blueprint for Military and Veteran Caregivers," Santa Monica, Calif.: RAND Corporation, CT-478, 2017. As of February 1, 2018: <https://www.rand.org/pubs/testimonies/CT478.html>