



# Chicagoland Literature Review Summary

## Introduction

This report summarizes key findings from a literature review conducted to identify research on the needs and challenges of currently-serving military personnel and veterans living in the Chicagoland, Illinois area and their family members. Chicagoland, a metropolitan region comprising the city of Chicago (Cook County) and several suburban counties, has a population of roughly 10 million people; and, according to the U.S. Census Bureau, Chicago has just over 71,000 veterans (*Chicago city, Illinois; United States (2014-2018), 2019*). Unfortunately, no public data appeared to be available on the number of active-duty military personnel in Chicago; however, data from the Department of Defense estimate that the state of Illinois has roughly over 21,000 active-duty military personnel and approximately 25,000 National Guard and Reserve members (*Defense Manpower Data Center: Statistics & Reports, March 2020*).

## Methods

A literature review was performed between March 2020 and April 2020. Articles were included in the review if they focused on the development, implementation, or evaluation of supports, services, or resources available for currently-serving military personnel (active-duty, National Guard, and Reserve), veterans, and their family members (e.g., spouses and children). Articles had to be either peer-reviewed or comprise research with transparent and reproducible data collection procedures. To locate these prospective articles, keyword searches including appropriate theme-corresponding terms were performed on Google Scholar and JSTOR.

## Findings

A total of five articles meeting the literature review's inclusion criteria were found. Of note, none of the studies directly referenced the needs/challenges of active-duty personnel; instead, the studies focused exclusively on veterans and their families. Additionally, three of the studies are from the same research group (Sullivan/Kintzle). The **first study** was The Chicagoland Veterans Study, consisting of 1,294 Chicagoland veterans (Kintzle et al., 2016). Key findings were that many service members who leave the military and relocate to the Chicagoland area are not ready for the transition, and, accordingly, struggle during the process. The study further found that most Chicagoland veterans leave the service without a job (65% for post-9/11 veterans), and only 13.1% seek employment. Veterans also reported significant



housing distress and food insecurity; 19% of post-9/11 veterans reported being homeless in the past year, and 10% reported food insecurity (Kintzle et. al., 2016). The **second study** focused on a series of veterans' stakeholder working groups, addressing employment issues experienced by Chicagoland veterans (Miller and Sorenson, 2017). Key highlights from the working groups included arguments that it was important to: 1) develop specific metrics and goals around veteran employment and regularly assess progress against these

goals; 2) introduce a mentor relationship at the recruitment stage to serve as a bridge between veterans and hiring managers; and 3) establish a veterans' resource group to support both veteran employees and their families, and involve veterans' family members in programs.

The **third study** was a research project conducted with 218 Chicagoland veteran parents with a child attending K-12 (Sullivan, 2020). Key findings highlight that veterans' children may face adjustment issues in school and that "common stressors experienced by veterans (e.g., poor mental health, unemployment) can impact perceptions of their child's functioning." A central conclusion is that a school's climate can have a protective effect against this and that building capacity in this respect is essential. The **fourth study** was an investigation done with 594 male Chicagoland veterans (Sullivan et. al., 2018). Key findings indicate that "increases in veteran functioning deficits were associated with poorer perceptions of family functioning and more negative reports of child outcomes." Additionally, the researchers concluded that prevention and intervention services targeting family functioning can be valuable in disrupting "cascading negative effects" of veterans' health deficits. The **fifth and final study** was a study conducted by WalletHub, a financial wellness blog, looking at various metrics of quality of life among a sample of veterans (37,800) across America's 100 largest cities. Overall, Chicago ranked 93rd (out of 100 cities total) for "best" cities for veterans (WalletHub, 2020). The report further detailed the following rankings for Chicago: Employment (87th), Economy (79th), Quality of Life (62nd), and Health (83rd).

## Summary and Recommendations

Findings from this updated analysis suggest that many issues in Illinois, and by extension Chicagoland, previously reported remain heightened. Further, our data suggest that many of these challenges have indeed been intensified by COVID-19. Specifically, results from the 2020 Military Family Lifestyle Survey point to elevated levels of concern and stress in active-duty families in relation to household economic well-being, as well as personal health and mental health (both for respondents and their children). Many of the challenges being attributed to COVID-19 relate to Illinois/Chicago's unique, ongoing challenges in mitigating the spread of the pandemic, which has created substantial difficulties in terms of generating new cases and broad state/local-level economic impacts. Overall, while findings between Illinois respondents and the broader survey sample were largely comparable, Illinois respondents have had



elevated difficulties in the realm of child care. As the pandemic and its social and economic “aftershocks” continue, it is likely that greater disparities will emerge in this domain, as well as the previously referenced areas. Thus, efforts are needed to address existing issues and issues likely to surface in the post-pandemic period. These efforts can include providing guidelines and referrals for loans, mental health services, and facilitating opportunities for child care.

In our previous report, we highlighted existing research available on the well-being and health of Chicagoland military families, finding a broad lack of research into prospective challenges faced by military members/families in the area. Moreover, we determined there was especially little research coverage (if any at all) related to active-duty, National Guard, and Reserve service members and/or their families in Chicago. Further, female service members appear to be underrepresented in this research area, as do racial/ethnic minorities. In terms of actual reported findings from the studies included in the analysis, there appears to be outsized and persistent issues among Chicagoland veterans in regards to seeking, obtaining, and maintaining employment. There is also evidence that Chicagoland veterans may experience barriers in obtaining mental health support; this is a reality that may directly impact the psychosocial development and wellness of veterans’ children in school, and have secondary impacts on members’ job readiness and job-seeking tendencies. The data broadly align with core finance/employment findings from Blue Star Families’ 2019 Military Family Lifestyle Survey in Chicago, which found that roughly 77% of respondents experienced financial stress, and only 31% felt local employers were eager to hire military-connected employees (2019 Military Family Lifestyle Survey – Chicago, 2020). Based on the available evidence and results from the Military Family Lifestyle Survey, it is important to consider how we might best get upstream of issues that come to plague veterans and their families in Chicago upon members’ return. That is, as prior in-depth research on reintegration has shown (Elnitsky et al, 2017), multidimensional macro- and micro-level challenges must be overcome, through reinforcement and expansion of supports, so that the foundational anchors of social and economic well-being are in place prior to transition. Moreover, a more robust understanding of how “homecoming theory” manifests for members in Chicago, considering the area’s unique social, economic, and political landscape, is essential to this undertaking. According to homecoming theory, returning members’ ability to reconnect with formal and informal networks may be most central to their ability to transition, and peer support may be critical in this regard (Ahem et al., 2015). In a qualitative study by Ahem and colleagues on the transitioning process (Ahem et al., 2015), a veteran who had successfully transitioned and provided support and advice as a “peer navigator” was often regarded as a vital resource; Chicago’s geographic density and ecological stressors may both enhance and hinder opportunities for the facilitation of such relationships.



In closing, our forthcoming needs assessment and focus groups should concentrate on further exploring the breadth, context, and nature of these local employment challenges and mental health maintenance, and also delve into more nuanced sub-themes in and outside of these spaces. For example, members' preferences for employer engagement, interest in mentorship, child-parent relationship-building, housing, and food insecurity. Furthermore, of note, this exploratory analysis was conducted prior to the COVID-19 pandemic. It is likely that many of the parameters observed in the research reviewed here — from financial stability and housing, down to family cohesion and personal mental health (PTSD symptomatology, in particular) — have been worsened by the pandemic, given that Chicago was an initial hotspot in the early phases of the crisis and had some of the most extensive lockdown policies in the country. More intensive research in this space, considering the overlap and potential extension of challenges before, during, and after the crisis, is thus warranted and necessary to understand how resilience in these communities may operationalize and be pressurized over time for Chicagoland members and their families.

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# 2021 Addendum: Impact of COVID-19

At the time of this writing (March 2021), Cook County, which includes the city of Chicago and the city's broader metropolitan region, has had just under 500,000 cases of COVID-19 and slightly over 10,000 deaths, with the state of Illinois possessing the 15th highest COVID-19 fatality rate in the country (Cumulative COVID-19 Cases and Deaths, n.d.). Chicago accounts for roughly half of all of Illinois' COVID-19 deaths and possesses the highest number of COVID-19 deaths in the Midwest. Due to its historic patterns of residential segregation and a steady, high degree of socioeconomic inequity, Chicago's COVID-19 cases, and deaths have been especially pronounced in Black, Latino/a/x, and lower-income areas in the city, with these groups lagging in terms of COVID-19 screening (Bryan et al., 2021). These groups also presently lag behind their White counterpart in terms of access to or uptake of COVID-19 vaccines (Kelly Bauer, 2021), the latter being a function of distrust of the vaccine's efficacy and misgivings about potential side effects (Hooper et al., 2021). Furthermore, these groups have historically been underserved in terms of health care access and health care quality (Link & Phelan, 1995; Phelan et al., 2010), putting them in a position of highlighting vulnerability to COVID-19.

Of note, COVID-19 has wielded ancillary impacts on Illinois' economy. Over the last year, just over 500,000 jobs in Illinois were lost (Statewide Unemployment Rate Down, Jobs Up in January 2021, 2021), with many places of employment, particularly those in the education, health, and leisure/hospitality industries — fields that frequently employ service members and their spouses — shuttering in response to sharp COVID-19-related declines in customer patronage. As of January 2021, the unemployment rate in Chicago was 8.7%, giving the city the 47th worst rate among the top 50 largest metropolitan areas in the U.S., as defined by the U.S. Bureau of Labor Statistics (Unemployment Rates for Large Metropolitan Areas, 2021).

Blue Star Families cut its 2020 Military Family Lifestyle Survey data by state, and Illinoisans' responses are similar to those of all active-duty family respondents. Like most active-duty family respondents, quality of life issues remain top issues for those in Illinois, with time away from family (49% vs. 47% of all active-duty family respondents), children's education (46% vs. 40% of all active-duty family respondents), and spouse employment (44% vs. 48% of all active-duty family respondents) included in the top five issues. Lack of child care (32% vs. 24% of all active-duty family respondents) and military pay (28% for both IL



respondents and all active-duty family respondents) were also among the top five issues for Illinoisans, but they did not rise to the top five among all active-duty family respondents. Among Illinois' veteran families, the top-cited issue was time away from family (34% vs. 38% of all veteran family respondents), followed by PTSD/Combat stress/TBI (33% vs. 30% of all veteran family respondents), veteran employment (30% vs. 20% of all veteran family respondents), military pay (30% vs. 31% of all veteran family respondents), and access to military/VA health care (25% vs. 28% of all veteran family respondents) (2020 Military Family Lifestyle Survey Comprehensive Report, 2021; COVID-19 Impacts Snapshot, December 2020).

COVID-19 appeared to both extend and exacerbate the concerns and attendant issues of Chicagoland military families. A total of 38% of Illinois' active-duty family respondents indicated COVID-19 had made their financial situation much worse or somewhat worse (vs. 32% of all active-duty family respondents), and 42% of Illinois' active-duty spouse respondents indicated COVID-19 had made their employment situation much worse or somewhat worse (vs. 34% of all active-duty spouse respondents). In terms of health, 43% of Illinois' active-duty family respondents indicated COVID-19 had made their personal health much worse or somewhat worse (vs. 42% of all active-duty family respondents), and 59% of both Illinois and all active-duty family respondents indicated COVID-19 had made their mental health much worse or somewhat worse (2020 Military Family Lifestyle Survey Comprehensive Report, 2021; COVID-19 Impacts Snapshot, December 2020).

Active-duty Illinoisan respondents identified particular issues in relation to the care, education, and mental well-being of their children, with 69% having a K-12 child enrolled in online/virtual schooling (vs. 52% of all active-duty family respondents), and just 12% were in-person (vs. 28% of all active-duty family respondents). Overall, 56% of active-duty Illinoisan respondents felt COVID-19 had made their child's education much worse or somewhat worse (vs. 57% all active-duty family respondents). A total of 79% of active-duty Illinoisan respondents indicated they were not always able to find child care that worked for their situation, compared to 74% of all active-duty family respondents. Relatedly, 19% of active-duty Illinoisan family respondents indicated they would like to receive mental health services but did not. Only 25 respondents provided a reason for not being able to obtain mental health care services, but among this group, "difficulty finding child care" was the most common response. Furthermore, 52% of both Illinois' and all active-duty family respondents indicated COVID-19 had made the mental health of their children much worse or somewhat worse. (2020 Military Family Lifestyle Survey Comprehensive Report, 2021; 2020 Military Family Lifestyle Survey Illinois Results, 2021; COVID-19 Impacts Snapshot, December 2020).



In sum, COVID-19 has acted upon, and in some cases accelerated, existing social, financial, and health issues faced by Chicago military families. These issues are likely to lead to long-term consequences on the well-being and functioning of this population. In preparation for potential future waves of COVID-19, and latent socioeconomic impacts from the pandemic, continued efforts are needed to get upstream of the issues identified here. In particular, there is a need to buffer employment and economic opportunities for military families, improve and expand child care options, and increase opportunities for military families to access general health and mental health services.





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