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Engaging Military Veterans in the Public Health Workforce: An Environmental Scan

Produced by Trailhead Institute in partnership with Informing Veterans and Dependents, LLC and Black Ladies in Public Health

Table of Contents

Acknowledgement

Informing Veterans and Dependents (IVAD) LLC and Black Ladies in Public Health (BLIPH) are two collaborating organizations that carried out this environmental scan with funding, research design, and community-based engagement partnership from the Trailhead Institute.

IVAD is a minority and Veteran-owned consulting company with a focus on assisting Veterans, their dependents and coordinating with stakeholders to support their futures. Black Ladies in Public Health, LLC (BLIPH), is a dynamic, women- and minority-owned business specializing in providing transformative equity-centered capacity building, technical assistance, consulting, and advisory services in support of the public health workforce and outcomes.

Together, we are a cadre of diverse and transdisciplinary leaders with decades of service to the U.S. military and public health workforce. We are grateful to Trailhead Institute for making it possible for us to develop this foundational perspective for engaging military Veterans in public health and environmental health careers in Colorado.

The authors deeply appreciate the collaboration of Trailhead Institute's Workforce Programs and Initiatives staff, as well as representatives of Veteran, public health, and environmental health organizations with whom we met to discuss the current state of intersectional work and future opportunities. We extend immense gratitude to the many individuals working with the Colorado Veteran community for participating in the discovery interviews and focus groups.

As we prioritize the stories of Colorado's public health, environmental health, and Veteran communities, we do so in acknowledgement of the indigenous people of the ancestral land: The Apache, Arapaho, Cheyenne, Pueblo, Shoshone tribe, and Ute nations. We honor and affirm other formative stewards of the land, including the Comanche, Kiowa, and Navajo tribes, who also inhabited parts of the land. The foundation of our work in truth-telling begins with recognition and respect for Native contributions to the past, present, and future of the people and environment of Colorado.

Lastly, we are mindful and proactive in framing the communication surrounding the prioritization of Veterans. In the spirit of meaningful engagement and in accordance with the Veterans Administration, we will use the preferred style choice of capitalizing the first letter of the word Veteran in any and all contexts.

Executive Summary

Veterans have long been a valued part of the American workforce, bringing their unique skills and experiences to every industry they touch. Recently, attention has turned to the ways in which Veterans help address critical public health and environmental health issues across the country. Experts in these fields are joining forces to explore how we can better support and serve Colorado's Veterans and improve health outcomes for all, taking Colorado to new heights.

Trailhead Institute is the leading, supportive and empowering catalyst that enables communities to make important decisions and enact critical initiatives aimed at delivering healthier futures and more positive environments. Trailhead Institute's Workforce Programs & Initiatives (WPI) activate public and environmental health career entry pathways and innovative workforce sustainability strategies to help develop and advance the evolving public and environmental health workforce. With an approach oriented toward equity and inclusion, WPI efforts engage partners across multiple sectors and interdisciplinary areas that influence public and environmental health.

Facilitated by Trailhead, more than 20 statewide Collaborative members together identified four focus areas in *RESTORE: The Colorado Blueprint for Innovative Public Health Workforce Development*. The Blueprint guides the development of unique and innovative action plans across Colorado. The focus areas are offered as evidence-informed strategies to develop, advance, modernize, and transform the public health workforce. Emerging from the Blueprint priorities concerning equitable recruitment was the opportunity to explore strategies to engage military Veterans in the public health workforce. Trailhead sought partnership with Informing Veterans and Dependents (IVAD) and Black Ladies in Public Health (BLIPH) to increase capacity to lead community-based engagement throughout Colorado.

Aim: This environmental scan addresses the following core questions:

- How can military Veterans meaningfully engage in the public health and environmental health workforce?
- How can the experience be supportive of Veteran interests and needs?

To support our understanding of how Veterans can meaningfully engage in the public health and environmental health workforce in Colorado, we were intentional about identifying programs, policies, and partners supporting the intersections of Veteran engagement, public health, environmental health, and workforce development. Contextualizing this phenomenon involved pursuing diverse ways of knowing. Mixed-methods approaches were used to collect data and get input from stakeholders. These methods included evidence-based literature from local, state, and federal agencies about Veteran considerations, a review of the current public health and environmental health workforce landscape in Colorado, a review of policies that affect the current state of Veteran support in the state, and focus groups and in-depth interviews with key stakeholders to get a more complete and nuanced picture.

Key findings

- Colorado is strongly suited for Veteran prioritization in public health and environmental health workforce.
- Veterans rely on other Veterans as sources of credible information and resources.

- Public Health efforts are often supported by Veterans through volunteerism and social affiliations outside of direct employment.
- Veterans in public health and environmental health don't see prioritization in the field.
- Incentives for recruitment and retention differ for Veterans.
- Discrimination and stigma may be exacerbated for Veterans, particularly in the workplace where it often goes unaddressed.
- Veteran concerns and motivations for belonging and economic stability mirror that of their non-Veteran population (within and outside of Colorado Veteran community).
- Innovation addressing workforce barriers must reach all Veteran communities.
- Public health / environmental harms "real or perceived" are barriers to recruitment of military Veterans into the workforce.

Veterans have unique opportunities to show up in the fields of public health and environmental health. They represent diverse identities, communities, and experiences that shape both individual and collective memories and the meaning of our national circumstances. The rhetoric at the intersections of public health, environmental health, workforce development, and Veteran communities often position Veterans as the recipients of service. This context rivals the reality of the Veterans' lived experiences of honor in service to the nation. The prevailing discourse surrounding active duty military includes a community of protectors with capabilities to lead, secure, and defend a nation, whereas Veterans narratives center on characteristics of identity, isolation, injury, inferiority, incompetence, invisibility, intolerance, and irrelevance. The challenge and benefits of meaningful engagement of Veterans in the field should begin with coordinated stakeholder support and a collective understanding of how and why such shifts in relations are expressed and upheld.

Current overarching disadvantages inherent to Veteran workforce training initiatives for the public health and environmental health sectors include a lack of understanding of the field, a lack of understanding of military and Veteran culture, underfunding, fragmentation, and overextension.

A Veteran-led and Veteran-centered community response to maximizing equitable recruitment, retention, and overall workforce and health outcomes should be developed through a collaborative and iterative process. Lastly, investment in actionable evaluation of processes and outcomes must support these strategies.

Definitions

Accessibility: The design, construction, development, and maintenance of facilities, information and communication technology, programs, and services so that all people, including people with disabilities, can fully and independently use them. Accessibility includes the provision of accommodations and modifications to ensure equal access to employment and participation in activities for people with disabilities; the reduction or elimination of physical and attitudinal barriers to equitable opportunities; a commitment to ensuring that people with disabilities can independently access every outward-facing and internal activity or electronic space; and the pursuit of best practices such as universal design.[1]

Active duty: Full-time duty in the active military service of the United States. It includes such federal duties as full-time training duty, annual training duty, and attendance while in active military service, at a school designated as a service school by law, or by the Secretary of the military department concerned. It does not include full-time National Guard duty.[2]

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[1] The White House. 2021. "Executive Order on Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce | the White House." The White House. The White House. June 25, 2021. https://www.whitehouse.gov/briefing-room/presidential-actions/2021/06/25/executive-order-on-diversity-equity-inclusion-and-accessibility-in-the-federal-workforce/.

Defense Sector: Formally, the Defense Industrial Base Sector is the worldwide industrial complex that enables research and development as well as the design, production, delivery, and maintenance of military weapons systems, subsystems, and components or parts to meet U.S. military requirements. The Defense Industrial Base partnership consists of Department of Defense (DoD) components; more than 100,000 Defense Industrial Base companies and their subcontractors who perform under contract; companies providing incidental materials and services to the Department of Defense; and government-owned, contractor-operated, and government-operated facilities. The sector provides products and services that are essential to mobilize, deploy, and sustain military operations.[2]

Meaningful Engagement: This is a respectful, dignified, and equitable process of integrating individuals with lived experience across a range of processes and activities. Meaningful engagement involves transferring power to people, valuing lived experience as a form of expertise, and applying this to improve health outcomes.[3]

Diversity The practice of including the many communities, identities, races, ethnicities, backgrounds, abilities, cultures, and beliefs of the American people, including underserved communities.[1]

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, particularly individuals who belong to underserved communities that have been denied such treatment.[1]

Enlisted: A person enlisted in, or inducted, called, or conscripted into, an armed force in an enlisted grade.[2]

Environmental Health: Environmental health is the branch of public health that focuses on the relationships between people and their environment; promotes human health and well-being; and fosters healthy and safe communities.[4]

Health Equity: Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices, overcome economic, social, and other obstacles to health and healthcare, and eliminate preventable health disparities.[5]

Inclusion The recognition, appreciation, and use of the talents and skills of employees of all backgrounds.[2]

Officer: Commissioned or warrant officer.[6]

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[2] "DOD Report: Consolidation of Defense Industrial Base Poses Risks to National Security." 2022. U.S. Department of Defense. 2022. https://www.defense.gov/News/News-Stories/Article/Article/2937898/dod-report-consolidation-of-defense-industrial-base-poses-risks-to-national-sec/.

[3] World, 2021. "Co-Creating the WHO Framework for Meaningful Engagement of People Living with Noncommunicable Diseases and Mental Health Conditions" Who.int. World Health Organization: WHO. October 23, 2021. https://www.who.int/news-room/articles-detail/meaningful-engagement-framework-consultation.

[4] "Environmental Health." 2022. Apha.org. 2022. https://www.apha.org/topics-and-issues/environmental-health#:~:text=Environmental%20health%20is%20the%20branch,any%20comprehensive%20public%20health%20system..

[5] Office of Disease Prevention and Health Promotion (2021, August 11). Healthy People 2020: Disparities U.S. Department of Health and Human Services Retrieved August 13, 2021, from https://www.Health ypeople.gov/2020/about/foundation-Health -measures/Disparities

[6] "32 USC 101: Definitions." 2018. House.gov. 2018. https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title32-section101&num=0&edition=prelim#sourcecredit.

Public Health: Through the provision of essential public health services, the field of public health responds to public health and environmental health needs and emergencies to prevent injury, disease, and premature mortality in the community.[7]

Rank: The order of precedence among members of the armed forces.

Total Military: Total military population, including active duty, reserve, and guard forces, and civilian personnel who support the DoD.[6]

Veteran: Title 38 of the Code of Federal Regulations defines a Veteran as "a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable."[8]

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[7] "Section 1 -Purpose and Authority for Rules." n.d. Accessed May 2, 2023.
https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=4380#:~:text=%22Public%20Health
%22%20means%20the%20prevention.
[8] The Code of Federal Regulations (CFR) is the official legal print publication containing the codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.

Introduction

Underlying Values

This report is guided by Trailhead Workforce Programs & Initiatives' (WPI) commitment to meaningful engagement of military Veterans within the public health and environmental health workforce. Our team of public health professionals and military Veterans who supported this environmental scan is intentional about anchoring our efforts on values that emphasize shared purpose, trust, and impact. As such, we've developed the following priorities to guide our process throughout this collaboration:

- Center military Veterans, placing value in humanity, not labor.
- Honor military Veterans' knowledge and diverse ways of knowing.
- Acknowledge military Veterans as both contributors and beneficiaries of environmental and Public Health workforce capacity.
- Amplify the diversity of Colorado's military Veterans. (Including but not limited to Veterans representing all military components (with exception of Space Force), military rank, disability, as well as diversity of gender, sexual orientation, race, and career).
- Recognize the complexity of military Veteran relationships with institutions of public health and environmental health (histories of harm vs. potential for health, safety, and security).
- Utilize anti-stigma, anti-discrimination approaches as we carry out the environmental scan.

Findings will unveil and inform partnerships, policies, initiatives, and programs that support pathways for military Veterans to meaningfully engage in the public health and environmental health workforce.

Background

The country's awareness and understanding of public health and environmental health are rapidly expanding given accelerated access to issues spanning local to global significance. Complex concerns such as COVID-19, gun violence, and global warming continue to highlight the importance of investing in a strong public health infrastructure as well as the need to address the causes of long-standing health inequities. This environmental scan is an incredible opportunity to study Colorado's current public health workforce infrastructure with the aim of providing leverage point recommendations and long-range improvements for engaging military Veterans in the state's public health system.

According to Healthy People 2030, "public health infrastructure provides the necessary foundation for all public health services – from vaccinations and chronic disease prevention programs to emergency preparedness efforts. A strong public health infrastructure includes a capable and qualified workforce, up-to-date data and information systems, and agencies that can assess and respond to public health needs." The public health workforce serves as the first line of health promotion and disease prevention for the public. The specialties and health focus areas are expansive and welcoming to an array of backgrounds and experiences. Veterans who have benefited from training and development during their military service possess a wide variety of skills and experiences, as well as the motivation for public service. As such, there is great potential for leveraging a highly skilled and experienced Veteran workforce from a variety of disciplines and fields due to the diverse and dynamic missions of the U.S. military.

Veterans have served and sacrificed parts of their young, and early-adult years to serve the country. When they complete their service, it is often more challenging than anticipated for them to re-enter civilian life and find employment. Public health organizations can significantly benefit from the enhanced recruitment and promotion of employment opportunities for Veterans within the sector.

Methods

Methods - Phase 1

Phase 1 of the environmental scan includes information that supports timely and relevant content made available between December 2022 and April 2023. We gathered and synthesized information from published and gray literature, including stakeholder reports (specifically Colorado-based and Veteran-specific workforce content), state and federal databases, as well as nonprofit and media content. A resource repository (see Appendix A) was developed to collect and display current information that contributes to our understanding of the current public health and environmental health workforce landscape and the future prospects of meaningfully engaging Veterans in Colorado.

The tabs within the database account for content related to:

- Workforce - American Jobs Center (~50)
- Public//Environmental Health Academic Programs (~95)
- Health and social services (~50)
- Professional Development (~60)
- Resources for Colorado Vets (~55)
- Online databases of resources (~20)
- Policy Information (~20)

While not an exhaustive list, the resource repository includes roughly 350 supports for Veteran engagement with the civilian workforce in Colorado's public health and environmental health sectors. The entities invested in providing service and support were also public and private organizations, state and federal affiliates, as well as nonprofits. Careful consideration was given to resources that respond to long-standing barriers to Veterans entering the civilian workforce, and stakeholders focused on the intersections, diversity, equity, inclusion, and accessibility of these sectors. Brief descriptions and information on how to access support are also provided.

Methods - Phase II

Our qualitative discovery process was carried out through focus groups and in-depth interviews with key stakeholders from each sector, including Veterans and people who support Veterans (spouses, along with personnel in workforce development, healthcare, academia, and Veteran-serving organizations).
We employed a snowball recruiting strategy to complete phase 2. These recruitment techniques build participation by actively involving the participants in the identification of other potential participants. Stakeholders were provided an overview of the process and, upon expressing interest, were given official invitations to participate. The invitation articulated the goal of the effort along with details about our team and the sponsoring agency. Participants were provided with the following guarantees:

- A welcome email;
- A consent form to complete and sign prior to the interview;
- A Google calendar invitation and Zoom meeting link;
- A copy of the interview questions prior to the interview;
- Incentive upon completion of the report;
- Notification of findings and recommendations; and
- Notification of subsequent presentations of their contribution from our team.

Interviews were estimated to last 45 minutes to 1 hour, and focus groups approximately 90 minutes. The discussion questions were divided into three domains: (a) personal and workforce experiences relevant to career, military, and Veteran life; (b) public health and environmental health experiences, knowledge, attitudes, behaviors, and skills (KABS); and (c) workforce strategies in consideration of equity-centered recruitment and retention of Veterans meaningfully engaged in public health and environmental health.

A total of 19 individuals participated in the focus groups and interviews, of which included thirteen Veterans; a spouse of a Veteran; and five employees (three of whom were Veterans) of Veteran Serving Organizations (VSOs) in academia, public health, and environmental health. There were five female and nine male participants affiliated with the military: three Navy, four Army, five Air Force, and two Marine Corps. The average time of service for the participants was 21 years. There was a total of four participants from public health who represented the Colorado Public Health Association, the Veteran Health Administration, and the Colorado Department of Public Health and Environment. Three participants represented the workforce and academic support through Veterans Affairs (VA) and community organizations. We oversampled historically minoritized and marginalized groups to better understand the layered impact of inequities on Veterans obtaining and sustaining employment in the civil sector. Their intersectional identities offered a great deal of nuance to the findings.

Methods - Phase III

Phase three provided the opportunity to explore the literature, resources, data, and policies in the context of the lived experiences and collective vision of Veterans and key stakeholders. The multi-method approach alleviates the singular focus on quantitative or qualitative information. The richness of details in stakeholder experiences, their reflections of the public health and environmental health workforce, and their perspectives of the Colorado landscape for meaningful engagement of Veterans in the field revealed nine key findings.

Results of Phase 1

Phase 1 of the environmental scan includes information that supports timely and relevant content made available between December 2022 and April 2023. We gathered and synthesized information from published and gray literature, including stakeholder reports (specifically Colorado-based and Veteran-specific workforce content), state and federal databases, as well as nonprofit and media content. A resource repository (see Appendix A) was developed to collect and display current information that contributes to our understanding of the current public health and environmental health workforce landscape and the future prospects of meaningfully engaging Veterans in Colorado.

Context of Colorado

Demographics

Colorado's demographic shifts are set to have a profound impact on the state's social and cultural fabric in the years ahead. According to the US Census Bureau's Decennial Census, Colorado's population increased by 13% between 2010 and 2020, or by 745,000 people. It is anticipated that Colorado's current population of 5.8 million will increase to approximately 8.7 million by 2050 due to continued growth.[9]

Colorado's population growth is overwhelmingly attributed to newcomers to the state seeking economic, educational, and environmental opportunities and resources. Colorado is currently positioned favorably across many social and economic assessments and overall community rankings.[10] Notable localized achievements across the state are also recognized nationally. For example, the counties of Douglas and Broomfield are listed as 3 and 9, respectively, in the top 500 healthiest communities nationwide, outperforming 490+ U.S. counties across 10 categories that drive community health.[11]

The US News & World Report Healthiest Communities ranking utilizes 10 categories that drive community health. Colorado was ranked as follows in all 10 categories:

10 Categories That Drive Community Health:

Population Health: 14.2% Equity: 12.23% Education: 12.15% Economy: 11.1% Housing: 9.5%	Environment: 8.6% Public Safety: 8.5% Community Vitality: 7.6% Infrastructure: 7.5% Food & Nutrition: 8.8%

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[9] "Colorado - Place Explorer - Data Commons." 2023. Datacommons.org. 2023.
https://datacommons.org/place/geoId/08?utm_medium=explore&mprop=count&popt=Person&hl=en.
[10] "Community Needs Assessment (ACS2020) - SparkMap." 2023. SparkMap. February 7, 2023. https://sparkmap.org/assessment-acs2020/?REPORT
[11] "These Are the Healthiest Communities in America." 2022. @USNews. 2022. https://www.usnews.com/news/Health iest-communities/rankings.

Colorado has enjoyed the status of being considered among the country's "youngest states" in recent years. To date, Colorado is the 12th youngest state in the nation sharing the median age of 39 with Kansas (10) and Georgia (11). [12] It ranks 6th in the nation among states with the lowest population of 65 and older.[13] Technology, tourism, and outdoor recreation have been credited for the large influx of young professionals seeking to balance careers with quality lifestyles amidst abundant natural beauty. The age of a population can impact several political, social, and cultural aspects of society. Younger populations signify an opportunity for increased economic productivity for the state as more people are in the workforce, contributing to a larger tax base. Young populations are also attractive because of the larger, often more educated, and energetic workforce. About 42% of the adult population (25+) in Colorado has bachelor's degrees, compared to 33% of the U.S. average. The state's per capita income is $4,500 more than the U.S. average, with over 67% of the state's population participating in the labor force.[14]

While the trends in Colorado's population signal economic growth and promise more diversity, there are significant implications for existing and potential inequities. Timely and culturally relevant responses to the lingering inequities are needed, considering population trends.

Achieving equity in the midst of this transformative phase presents unique challenges. Historically minoritized populations are expected to become the majority population of Colorado by 2050. Of significant note, is the increasing number of young Latinos living in Colorado. Latinos currently make up over 21% of the statewide population, with a median age of 27 compared to 42 for their white counterparts. It is estimated that by 2040, approximately 33% of Coloradans will be Latino. Currently, 6% of the state's population, ages 5+, has limited English proficiency, and about 9.5% are foreign-born. Population changes not only transform current society but also shape the future for generations ahead.

Health

Based on the Community Needs Assessment 2020, Colorado's rates for various health indicators such as drinking, food insecurity, low birth rates, STDs, suicide and unintentional deaths, and preventive health such as diabetes screenings are worse than national averages. Within the state differences emerge for minoritized populations and rural Coloradans. They face numerous barriers to shared economic mobility, and, for the sake of this environmental scan, health inequities in socio-economic status markers like per capita income levels or educational attainment rates that contribute to vast disparities across demographic groups.

In Colorado, 20% of adults self-report excessive drinking in the last 30 days. The state has 1,303 retailers of packaged alcoholic beverages and 23 liquor stores per 100,000 residents, which is double the national average. Additionally, more than 650,000 Coloradoans lived in food deserts, with a total of 173 of the state's census tracts classified as food deserts by the USDA. There were 41,066 infants born with low birth weight, representing 9.1% of the total live births compared to the U.S. average of 8%. Fourteen percent of live births born to Black people were low birthweight, compared to 8% of White and 9% of Latino births.

Premature death resulted in 9,854 years of potential life loss (YPLL) for Black Coloradans, 7,178 years for Latinos, and 5,853 years for White Coloradans. Furthermore, a total of 6,245 deaths were due to suicide. The five-year age-adjusted rate (2016-2020) of death due to suicide in Colorado was 21.3 per

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[12] "Youngest States 2023." 2023. Worldpopulationreview.com. 2023. https://worldpopulationreview.com/state-rankings/youngest-states.
[13] U.S. Census Bureau. 20 23. "Explore Census Data." Census.gov. 2023.
https://data.census.gov/table?tid=ACSST5Y2020.S0101&g=010XX00US$0400000
[14] "Community Needs Assessment (ACS2020) - SparkMap." 2023. SparkMap. February 7, 2023. https://cares.page.link/SVzs.

100,000 total population, much higher than the national average rate of 13.8. Male rates far exceeded female rates (32.8 per 100,000 males and 9.8 per 100,000 females).[15]

Understanding the Culture and Community of Veterans

The priority population for this scan is Colorado Veterans, a subgroup of the national Veteran population. We begin by establishing a clear definition of a Veteran for a practical understanding of key Veteran characteristics contextualized in this environmental scan.

Title 38 of the Code of Federal Regulations defines a Veteran as "a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable." This definition provides the standard for designation and the foundation for our scan. However, it is important to note the diversity of people and experiences that are reflected in the population. We implore programmatic framing that prioritizes equitable opportunities for all Veterans. Equity-centered considerations related to social determinants of health, legacies of systematic marginalization and discrimination, military experiences like rank, occupation, duration of service, military component, and Veteran experiences, such as disability status, location, and socioeconomic status, should be prioritized when engaging Veterans. This rationale is modeled by the actions of the Colorado Department of Labor and Employment[16] (CDLE) and guided by the national mandate for priority service to Veterans, outlined in U.S. Code Title 38. CDLE expands on priority of service to Veterans through intentional investment in staff and intensive employment services to individuals with Significant Barrier to Employment, including:

- Disabled Veterans;
- Wounded Warriors;
- Veterans experiencing homelessness;
- Formerly incarcerated;
- Vietnam Era;
- Recently separated;
- Low-income;
- Lacking a high school diploma;
- Between ages 18-24;
- Receiving public assistance; and
- Living in isolated rural areas.

Population: Colorado's Defense Sector & Veterans

Defense Sector

As we account for growth in Colorado's population, we must note the relationship to shared trends within the defense sector, specifically military and Veteran populations. Since World War II, the defense sector, including military bases, aerospace companies, and high-tech industries, has played a large role in attracting skilled workers from around the world. Defense sector contributions to Colorado surpass those

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[15]"Community Needs Assessment (ACS2020) - SparkMap." 2023. SparkMap. February 7, 2023. https://cares.page.link/WnPN.

https://www.coHealth maps.dphe.state.co.us/colorado_community_inclusion/general_indicators/

[16]Colorado Board of Veterans Affairs | Colorado Division of Veterans Affairs." 2023. Colorado.gov. 2023. https://vets.colorado.gov/colorado-board-of-Veterans-affairs.

found within this report. It is with this understanding that we provide a brief introduction to the sector and prioritize a subset of the population, military Veterans.

Colorado's defense sector positions it as one of the most patriotic and military-friendly states in the country. The Department of Veteran Affairs, Department of Defense contractors, the National Guard, the Reserves, military retirees, Veterans, and military installations are just a few organizations and services that make up the defense sector, which spans jurisdictions, branches, and components.

Colorado's robust Veteran population is directly connected to the strong military infrastructure within the state. The total military force within the defense sector of Colorado accounts for 52,354 individuals across seven Army and Air Force installations located throughout Colorado, inclusive of the United States Air Force Academy, the country's premier public institution and military service academy for developing leaders of character within Air and Space Forces, and the U.S. Army Pueblo Chemical Depot (PCD), which reports to the U.S. Army Chemical Materials Activity (CMA) and is one of two remaining Army installations in the United States responsible for safe and secure storage of the chemical weapons stockpile.

Installations:

- Army: Fort Carson and Pueblo Chemical Depot
- Air Force Bases: Air Force Academy AFB, Buckley Air Force Base, Cheyenne Mountain, Peterson Air Force Base, and Schriever Space Force Base

The attractiveness of Colorado to the defense sector stems from many of the same attributes that draw most individuals to the state, including environmental and social promise. In fact, the Department of Military and Veterans Affairs' analysis of Colorado's Comprehensive Military Value and Economic Impact reflected a promising rating for the defense sector based on 11 attributes.[17]

Department of Defense Military Value Criteria:

- Community interaction
- Contingency mobilization
- Availability and condition of land
- Surge capability and capacity
- Facility infrastructure
- Economic impact
- Manpower implications and personnel availability
- Military capabilities
- Availability and condition of airspace
- Cost of operations
- Future total force requirements

Colorado's defense spending makes up nearly 3% of the state's GDP; the economic impact of the sector accounts for 14.4 billion in Federal Defense spending, of which 4 billion is directed to payroll and 8.4 billion to contracts in Colorado. In Veteran-specific benefits, more than $400 million went to education

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[17] "Report on the Comprehensive Military Value and Economic Impact of Department of Defense Activities in Colorado Prepared by the Department of Military and Veterans Affairs." 2015.
https://dmva.colorado.gov/sites/dmva/files/CO%20Mil%20Value%20Study%20Unabridged%20Report%20FINAL%202015.pdf.

and employment readiness, and more than $1.5 billion was expended on medical care in Colorado during the 2021 year.

Veteran Demographics

Given Colorado's standing in community and military assessments, it is no surprise that it is one of America's most Veteran-empowering states. The history of Veteran employment in Colorado dates back to the post-World War II era, when returning Veterans were provided with vocational rehabilitation services by the federal government. Over time, Colorado's economy shifted from its reliance on agriculture and mining to a more diversified industry base, including healthcare, technology, and tourism. This transition created new opportunities for Veterans and prompted the state to invest in workforce development programs that catered specifically to their needs.

There are numerous local, state, and federal organizations with distinct roles in providing service support of Colorado's nearly 400,000 Veterans, some of which include:

- The Veteran & Military Affairs Committee in the Senate;
- Veterans Military Affairs Committee in the House of Representatives;
- The Colorado Board of Veterans Affairs;
- Department of Military and Veteran Affairs;
- Division of Veteran Affairs;
- Veteran Administration Colorado Health Care Systems (Eastern and Western);
- Western Region One Source;
- Three National Cemeteries;
- Veteran Service Organizations;
- Colorado Department of Labor and Employment Workforce Development - Veteran Employment Representatives and Disabled Veteran Outreach Program Specialist; and
- Personnel supporting Veteran access to education within the 470 institutions across the state.

Local infrastructure contributing to Veteran specific services includes:

- VetSuccess program at the University of Colorado, which is one of 104 sites throughout the United States;
- Veteran Readiness and Employment services;
- 47 American Job Centers;
- 13 comprehensive workforce centers[18];
- 605 military and Veterans organizations[19];
- Four national and state cemeteries;
- Four state Veterans Community Living Centers;
- Four in-patient care sites; and
- 25 outpatient care sites.

Additionally, Veteran-prioritized funding through the Colorado Board of Veteran Affairs Veterans Trust Fund Grant currently supports 23 grantees, and the Colorado Veteran Assistance Grant (VAG) supports

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[18] "County Veterans Service Offices | Colorado Division of Veterans Affairs." 2023. Colorado.gov. 2023. https://vets.colorado.gov/county-Veterans-service-offices.
[19] Cause IQ. 2018. "Top 20 Veteran Organizations in Colorado." Causeiq.com. 2018. https://www.causeiq.com/directory/Veteran-organizations-list/colorado-state/.

26 nonprofits / governmental entities throughout the state.[20] Combined, Colorado's Veteran serving organizations employ 344 people, earn more than $21 million in revenue each year, and have assets of $41 million.[21]

Local accolades were extended to the city of Colorado Springs – home to The United States Air Force Academy, Cheyenne Mountain Air Force Station, Peterson Space Force Base, Schriever Air Force Base, and Fort Carson Army Base – for its hiring, supporting, and advancing the careers of Veterans and military spouses. Colorado Springs ranks 10th for the Top 10 Military Friendly Employer ® in the government/nonprofit category, and 2nd for the Top 10 Military Spouse Friendly Employer ® in the government/nonprofit category, with over 16% of the city employees identifying as Veterans. [22]

Veteran Diversity and Equity

Remarkably, the Veteran population of Colorado has continued to evolve, and encompasses people from various backgrounds. It's vital to acknowledge and respect the unique experiences service members offer to the Colorado community. While 2% of the nation's Veteran population resides in Colorado, they represent approximately 9% of the state's adult population (greater than the national average of about 7%). Much like the overall population of the state, Colorado has a younger population of Veterans, with 42% over 65 compared to 48% nationally. By 2045, only 38% of Colorado's Veterans will be 65 or older.[22] Approximately 23% of Veteran households have children under the age of 18. Currently, around 13% of Veterans are retired, and only 1% receive pensions.

Colorado Veterans are on par with national trends in going to college (38% to 38%) but are more likely to have a bachelor's degree or higher (39% to 30%). As a result of education and strong Veteran support, poverty impacts approximately 6% of Colorado's Veterans. This is 2% lower than the national average for Veterans and 7% lower than non-Veteran rates nationally (13%). The United States Department of Housing and Urban Development estimates that approximately 738 Colorado Veterans are homeless.[23] Twenty-six percent of Colorado Veterans receive disability compensation, which is more than the national percentage of 23%. Forty-two percent (114,878) of Colorado Veterans are enrolled in the VA health care system, lower than the national percentage of 49%.[24]

Race and Ethnicity

Twenty-three percent of Veterans in Colorado were classified as non-white minoritized groups in 2019. By 2048, it is estimated that approximately 40% of Colorado's Veterans will be non-white. Consistent with the demographics of the state, Latino Veterans make up the subsequent majority, followed by Black Veterans. Access to healthcare at Colorado VA facilities provides particular opportunities for historically minoritized communities to pursue optimal health. In 2021, 79% of Black Veterans, followed by 72% of Hispanics and 70% of American Indian and Alaska Native Veterans with a service-connected disability were more likely to access their VA healthcare benefits when compared to their white peers (69%).[25]

[20] "County Veterans Service Offices | Colorado Division of Veterans Affairs." 2023. Colorado.gov. 2023. https://vets.colorado.gov/county-Veterans-service-offices.

[21] Cause IQ. 2018. "Top 20 Veteran Organizations in Colorado." Causeiq.com. 2018. https://www.causeiq.com/directory/Veteran-organizations-list/colorado-state/.

[22] "State Summaries—Colorado." 2023. Va.gov. 2023. https://www.data.va.gov/stories/s/f8id-9phi.

[23] "2022 AHAR: Part 1 - PIT Estimates of Homelessness in the U.S." 2022. Hudexchange.info. 2022. https://www.hudexchange.info/resource/6802/2022-ahar-part-1-pit-estimates-of-homelessness-in-the-us/.

[24] cbva annual report

[25] Center, National. 2022. "Percentage of Service-Connected Disabled Veterans Who Used via Health Care, by Race/Ethnicity, FY 2021." Va.gov. March 18, 2022. https://www.data.va.gov/dataset/Percentage-of-Service-Connected-Disabled-Veterans-/k8a2-inaa.

Rural Gap

Approximately 4.8 million, or one quarter, of U.S. Veterans live in rural areas throughout the country. In 2020, 66,000, or about 14% of the Colorado Veterans, lived in rural Colorado. A Rocky Mountain PBS investigation found that nearly one in five Colorado Veterans who live in rural Colorado do not get the same care as Veterans in metropolitan areas. And even though the state government and Colorado counties help fund the gaps in Veteran care with transportation, nursing care, and advocacy for services, rural Veterans are still lacking.[26] In 2020–2021, the state provided $781,408.42 in grants to nonprofit organizations and Veterans Community Living Centers throughout the State through the Veterans Trust Fund. In addition, the Colorado Department of Military and Veterans Affairs (DMVA) Veterans Assistance Grant, which provides $850,000 from the general fund and $157,886 from the VAG Cash Fund, was utilized to build capacity for nonprofit or governmental agencies providing assistance to Veterans in the state. Of the total grantees, 40% were from rural areas of the state.

Minoritized and marginalized Colorado Veteran populations face vulnerabilities that reflect the intersections of racism, sexism, classism, transphobia, ableism, and more. Acknowledgment of intersectional impacts should guide the process of uncovering the socioeconomic and historical forces of marginalization to better contextualize the engagement of diverse military Veterans in the public health and environmental health workforce and improve health outcomes for all. The increase in minoritized Veterans, regardless of race or gender, will be critical to preparing for future endeavors.

With the growing diversity among the state's military population, it is vital to acknowledge and respect the unique experiences service members from diverse backgrounds offer to the Colorado community. Embracing diversity, equity, inclusion, belonging, and accessibility in the military infrastructure of Colorado is important to understanding and building on these concepts for Veteran communities.

The qualifications for Veteran services and support depend on various factors, including the decisions made while in the military. The aforementioned demographics of personal and professional identities while serving in the military and as a Veteran are considered within an ever-changing social and political environment. These determinants can dictate eligibility for critical support and have huge implications. As such, it is important to continuously integrate practices and policies, acknowledge harm, account for implications, and address disparities through investment in diversity, equity, inclusion, belonging, and accessibility (DEIBA).

Gender and Sex

A recent example of this process is the "Restore Honor Act" SB21-026 in 2021 in which the Colorado Senate unanimously approved a bill to remedy the denial of state benefits due to receiving a less than honorable discharge due to gender identity, gender expression, or sexual orientation (lesbian, gay, bisexual, transgender, queer, gender non-conforming, and non-binary LGBTQ+). As a result of the act, LGBTQ+ Veterans dismissed from the military under these conditions will now be eligible for these state programs and benefits.[27] In addition, there is also a LGBTQ+ Veteran Care Coordinator (LGBTQ+ VCC) hired in every Veteran Health Authority (VHA) facility to help Veterans of the LGBTQ+ community access the affirming and inclusive care needed within the VHA.[28]

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[26]Ferrugia, John. 2017. "Finding Care for Veterans in Rural Colorado." The Journal. 2017.https://www.the-journal.com/articles/finding-care-for-Veterans-in-rural-colorado/.

[27] "Restoration of Honor Act | Colorado General Assembly." 2023. Colorado.gov. Colorado General Assembly. 2023. https://leg.colorado.gov/bills/sb21-026.

[28] US. 2014. "VA.gov | Veterans Affairs." Va.gov. 2014. https://www.patientcare.va.gov/LGBT/VAFacilities.asp#Colorado.

Eleven percent of Colorado's Veterans are women. Increases in women serving in the military are estimated to result in an increase in women Veterans for the state of Colorado of as much as 18% by 2045. In 2022, the Colorado Veteran Board of Affairs acknowledged the need to prioritize hiring staff to adequately support women Veterans, specifically by hiring Women Service Officers and a program for women Veterans' staff. Supporting women Veterans' unique employment needs is crucial to ensuring their successful transition back into civilian life. Women Veterans often face additional challenges compared to their male counterparts, such as a lack of access to healthcare providers trained in women's health and disproportionate rates of unemployment, homelessness, and poverty. In addition, women are more likely to experience sexual harassment or assault during their military service, which can have lasting effects on their mental health and career trajectory.[29] Despite vacancies in roles of importance to women, Colorado has federal support for ensuring the prioritization of women Veterans through the Center for Women Veterans' (CWV).

Disability in Context of Service and Resulting Support

Considerations of social and environmental context cause lingering issues for Veterans. These contextual factors are used as descriptors to signal the services and support to be afforded to the Veteran. Many descriptors are positioned to respect the mission or period of service; examples include, "World War II, Korean War, Vietnam War, Gulf Wars/Gulf War I and II, post 911." However, other descriptors account for harm and trauma experienced by Veterans; examples include, "Veterans exposed to Agent Orange" or "Veterans exposed to a burn pit in Iraq." These descriptors distinguish segments, or cohorts, of the Veteran population.[30] As such, distinctions tied to the outcomes of these experiences emerge, specifically issues of disability and disability compensation.

The distinction between disability and being a Veteran has many implications. Veterans with service-connected disabilities are those with a disability status that resulted from injury or disease incurred in or aggravated by military service. Veterans who were disabled through experiences with VA healthcare or VA Veteran readiness and employment may also receive service-connected disability ratings.[31] Disability is based on the severity of the disability and rated in percentages on a scale from 10% to 100%. Disability compensation is considered a benefit. Disability is not stigmatized to the same degree within the Veteran community as it is among the general population. In fact, it is frequently viewed as recompense for the sacrifice of military service. Disability compensation is provided "monthly as benefits to Veterans in recognition of the effects of disabilities, diseases, or injuries incurred or aggravated during active military service. The program also provides monthly payments to surviving spouses, dependent children, and dependent parents in recognition of the economic loss caused by a Veteran's death during military service or, after discharge from military service, as a result of a service-connected disability."

In Colorado, disabled Veterans can receive additional benefits that include property tax relief and support from Disabled Veteran Outreach Specialists for services related to housing, employment, training, education, counseling, life skills, wellness, and transition. Also, the Colorado VETS-2-TRUCKS Program allows Veterans with necessary military experiences to receive a Colorado Commercial Driver License (CDL) without having to take the commercial driver skills test. Other benefits include easy access to car registrations, license plate replacements, and disability military license plates online across all 64 counties

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[29] Center. 2023. "VA.gov | Veterans Affairs." Va.gov. 2023. https://www.va.gov/womenvet/.

[30] and, Compensation. 2014. "VA.gov | Veterans Affairs." Va.gov. 2014. https://www.benefits.va.gov/COMPENSATION/types-compensation.asp.

[31] "Welcome to Benefits.gov | Benefits.gov." 2023. Benefits.gov. 2023. https://www.benefits.gov/benefit/289.

at mydmv.colorado.gov. (There are numerous additional license plates available depending on the Veteran's experiences in service.)[32]

As separate entities, the federal government, state of Colorado, military, and Veteran-specific entities within the state have institutionalized their commitment to supporting equity, diversity, inclusion, and accessibility (DEIBA) in the community as well as the workplace. As a result, DEIBA is reinforced throughout agencies across the state. These actions are especially important in understanding and supporting Veteran health and the Veteran workforce within the public health and environmental health fields (see Appendix B).

Veteran Health / Public Health & Environmental Health

Veteran Health

Colorado's public health infrastructure is a vital aspect of the state that aims to improve the health and well-being of its citizens. Furthermore, specific sectors of public health, such as environmental health, focus on the relationships between people and their environment, promote human health and well-being, and foster healthy and safe communities. As the state of Colorado continues to prioritize public health and environmental health, there is a growing need for a workforce that is equipped to handle the challenges that come with protecting the public and environment.

Select Colorado Initiatives for Veterans' Health

The core functions of public health and environmental health, juxtaposed with emerging health burdens, interconnected challenges, and determinants of adverse health, have become the composite responsibilities of professionals in the field. Collaboration, community co-leadership, and capacity building have become required strategies for navigating and redefining the trajectory of a post-COVID-19-impacted public health and environmental health field. Consequently, the prioritization of meaningful engagement allows for actions and outcomes with reciprocal effects. These strategies are implemented in response to the strain on the public health and environmental health workforce that existed prior to the pandemic as a result of widespread retirements, labor shortages, and personnel departures. Likewise, the informed leadership of the community serves to inform community support and adequately respond to community needs. Among the other positive results of meaningful engagement, the collective communities of Veterans, public health, environmental health, and workforce development can unite around shared goals, earn trust, shift power to the community, build capacity, and improve the health of the sectors, community, and people.

As with any community, Veterans benefit from specialized and culturally appropriate care that is tailored to their needs. Many Veterans experience physical or psychological injuries related to combat or service-related trauma while serving in the military. Health disparities among Veterans are a significant challenge that has yet to be fully addressed. Furthermore, these health disparities are often exacerbated by other factors, such as social factors and geographic differences in the delivery of and access to quality care; which encompass differences in prevention, diagnosis, screening, outreach, and clinical service delivery.[33] We've identified several pressing issues that are priorities for Veteran communities and are being

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[32] "2022 Annual Report Colorado Board of Veterans Affairs." n.d. Accessed May 2, 2023.
https://vets.colorado.gov/sites/vets/files/CBVA%20annual%20report%202022%20final_0.pdf.
[33] "National Veteran Health Equity Report." 2023. Va.gov. 2023. https://www.data.va.gov/stories/s/3a67-rjkm.

addressed through local initiatives that may serve as entry points for awareness and activity within the public health and environmental health spaces.

Homelessness

A Veteran specific project set to be completed in 2023 is the Garden of the Gods VA Clinic, which will have vocational rehabilitation and care for Veterans experiencing homelessness. Currently, Colorado has a Homeless Program Clinic within VAs located throughout the state. National efforts, such as the Call Center for Homeless Veterans at (877) 4AID-VET (877-424-3838), support state efforts.

Funding to address housing includes the Supportive Services for Veteran Families (SSVF)[34] grant. The SSVF initiative was "founded on the principle that no Veteran should be forced to live on the streets and every Veteran has a right to safe, permanent housing." SSVF grantees are dedicated to ending Veteran homelessness by fostering a well-coordinated and efficient local community system that assures Veteran homelessness is rare, brief, and non-recurring.

Homes for All Veterans (HAV) is funded by SSVF awarded to Rocky Mountain Human Services by the U.S. Department of   Affairs (VA) to support housing for Veterans. HAV provides outreach, case management, and support in accessing community and mainstream resources to more than 1,000 Veteran households each year who are experiencing literal homelessness or are in danger of homelessness throughout the state of Colorado.

Volunteers of America Colorado Branch also has program efforts through the SSVF Program.

Homeless Veterans' Reintegration Program (HVRP) helps Veterans experiencing homelessness gain meaningful employment via services that include job placement, career counseling, workshops, and resume writing assistance.

National Coalition for Homeless Veterans is the resource and technical assistance center for a national network of community-based service providers and local, state and federal agencies that provide emergency and supportive housing, food, health services, job training and placement assistance, legal aid, and case management support for hundreds of thousands of homeless Veterans each year.
Other major health concerns are outlined in the County Health Rankings and the National Center for Health Statistics.[35]

Suicide

Suicide is a leading cause of death for Colorado's Veterans. The suicide rate among Veterans is more than double the rate of non-Veterans. While Veterans make up only 10% of the population, Veterans represent 20% of all suicides in Colorado. In 2021, Colorado experienced 23 suicide deaths per 100,000 people.[36] Several state initiatives have been developed with the community and Veterans alike. Major efforts incorporate collaborations between state and local agencies along with infrastructure and programmatic advances to address suicide in Colorado. We highlight a few efforts below:

Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families was developed in partnership of Substance Abuse and Mental Health Services Administration (SAMHSA) and

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[34] "SSVF Initiatives." 2022. Va.gov. 2022. https://www.va.gov/homeless/ssvf/ssvf-initiatives/.
[35] "Colorado." 2023. 2023. https://www.cdc.gov/nchs/pressroom/states/colorado/co.htm.
[36] "CDC WONDER." 2023. Cdc.gov. 2023. https://wonder.cdc.gov/.

the United States Department of Veterans Affairs (VA) to develop and implement statewide suicide prevention best practices using public health approaches.[37]

The ASCEND surveillance program: Assessing Social and Community Environments with National Data (ASCEND) for Veteran Suicide Prevention is a cross-sectional survey of US Veterans that aims to serve, through recurring administration, as a surveillance system to document prevalence and trends over time in NF-SSDV among Veterans across the US, regardless of their use of VA healthcare funded by the VA Office of Mental Health and Suicide Prevention.[38]

The Suicide Prevention Commission seeks to prevent suicidal despair, suicide attempts, and deaths by suicide for individuals throughout Colorado. Senate Bill 2014-088 established the Commission which exists to provide public (government) and private (businesses and non-governmental organizations) leadership for suicide prevention in Colorado. The Commission sets state priorities for suicide prevention and recommends suicide prevention strategies that are supported by data; by the lived experiences of people whose lives have been impacted by suicide, including people who have attempted suicide or lost a loved one to suicide; by professionals working across Colorado in multiple fields; and by leading national suicide prevention organizations. The Commission also advises the Office of Suicide Prevention at the Colorado Department of Public Health and Environment (CDPHE) to make sure that our state's efforts to prevent suicide meet the needs of all Coloradoans.

Veteran Suicide Prevention S.A.V.E. ("Signs", "Ask", "Validate", "Encourage", and "Expedite") trainings. S.A.V.E. is a one- to two-hour gatekeeper training program provided by VA suicide prevention coordinators to Veterans and those who serve Veterans. Optional role-playing exercises are included. The VA Eastern and Western Colorado Health Care Systems offer free S.A.V.E. training to anyone who knows, works with, lives with, or cares for Service members, Veterans, and their families. Training can be provided virtually or in person, and the time commitment is 75 minutes.

The Follow-Up Project is a collaboration between CDPHE's Office of Suicide Prevention, Rocky Mountain Crisis Partners, Colorado Department of Human Services' Office of Behavioral Health, and health systems across the state. Supported by grant funding from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention, the Follow-Up Project seeks to close gaps in care and support people who are transitioning out of hospital care. Follow up services are telephonic caring contacts offered to clients discharging from an emergency department after experiencing a mental health crisis or overdose event. These contacts typically occur weekly for 30 days, a high-risk time period post-discharge.

The Next Chapter is a Veteran suicide prevention pilot program funded through the Colorado Behavioral Health Administration (BHA). This community collaboration is a partnership between the BHA, UC Health, and Mt. Carmel Veterans Service Center.

These statewide efforts are further supported by national initiatives for suicide prevention, including the 988 Suicide & Crisis Lifeline which is a national network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, seven days a week in the United States.[39]

[37] "Governor's and Mayor's Challenges to Prevent Suicide among Service Members, Veterans, and Their Families." 2019. Samhsa.gov. 2019. https://www.samhsa.gov/smvf-ta-center/mayors-governors-challenges.
[38] Hoffmire, Claire A., Nathaniel V. Mohatt, Ryan Holliday, Sean M. Barnes, Lisa A. Brenner, and Lindsey L. Monteith. 2022. "ASCEND for Veteran Suicide Prevention: Enhancing Surveillance to Save Lives." *Psychiatry Research* 310 (April): 114432. https://doi.org/10.1016/j.psychres.2022.114432.
[39] "Home." 2023. 988lifeline.org. 2023. https://988lifeline.org/.

Firearm Safety

Suicide is connected to approximately 74% of deaths involving firearms.[40] Firearm safety is another major public health issue being addressed with Veterans that is central to both outcomes and impact. Death due to incidents involving firearms ranks among the top three causes of preventable injury in Colorado. In addition to suicide, firearm deaths also contributed to 22% of homicides between 2018 - 2020 (N=2,657 deaths). Differences in intent of death categorization reveal the need for diverse firearm safety strategies. Among the firearm-related deaths for Black Coloradans, 27% were suicides and 73% were homicides. For Asian and Pacific Islander communities, 63% were suicides and 37% were homicides. For American Indian/Alaskan Native Coloradans, 48% of firearm-related deaths were suicides and 52% were homicides, and for white Coloradans', 80% of firearm-related deaths were the result of suicide, and 17% due to homicides, amongst other intents. Hispanic ethnicity (for all races) revealed 51% of firearm related deaths resulting from suicides and 43% from homicides.

The Colorado Firearm Safety Coalition as well as the Support Team Assisted Response are examples of public health and community centered collaborative efforts to address important issues impacting Veterans. The Colorado Department of Public Health & Environment provides numerous supports for firearm safety, including youth-led initiatives, state, and national agency information.

The Colorado Firearm Safety Coalition is a group of gun shop owners, firearm safety instructors, and public health professionals who came together with a shared goal of educating firearm retailers, range employees, and the general public about suicide prevention and firearm safety.

Support Team Assisted Response is a community-led effort to bring a non-police crisis alternative to Denver, inspired by programs across the country.

Substance Abuse

Other mechanisms of injuries and deaths for Veterans and Coloradans at large, include those resulting from intentional and unintentional toxic exposure to legal and illicit drugs. The WISQARS database categorizes deaths related to accidental and intentional drug overdoses as Drug Poisoning deaths. While Colorado has the sixth-lowest rate of overdoses in the country, between 2018-2020, 88% of Drug Poisoning deaths were unintentional, while 11% were intentional and thus classified as suicide.[41] Emerging concerns in Colorado point to trends in Cannabis use disorders that should be considered given state legalization and trajectory. Disparities in Cannabis use disorder diagnosis have been found to impact black VA patients relative to White patients. Specifically, Black patients ages 18–34 and 65 or older experienced a significantly greater increase in cannabis use disorder diagnoses.[42]

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[40] "Injury Data Visualization Tools | WISQARS | CDC." 2023. Cdc.gov. 2023. https://wisqars.cdc.gov/data/explore-data/explore/selected-years?ex=eyJ0YmkiOlsiMCJdLCJpbnRlbnRzIjpbIjAiXSwibWVjaHMiOlsiMjA4OTAiXSwic3RhdGUiOlsiMDgiXSwicmFjZSI6WyIxIiwiMiIsIjMiLCI0Il0sImV0aHVjIjpbIjEiLCIyIl0sImV0aG5pY3R5R3JvdXBzTWF4IjpbIjE5OSJdLCJjdXN0b21BZ2VzTWluIjpbIjAiXSwiY3VzdG9tQWdlc01heCI6WyIxOTkiXSwiZnJvbVllYXIiOlsiMjAxOCJdLCJ0b1llYXIiOlsiMjAyMCJdLCJhZ2VSYW5nZSI6WyIxAifQ%3D%3D.

[41] "Injury Data Visualization Tools | WISQARS | CDC." 2023. Cdc.gov. 2023. https://wisqars.cdc.gov/data/explore-data/explore/selected-years?ex=eyJ0YmkiOlsiMCIsIjEiXSwiaW50ZW50cyI6WyIwIl0sIm1lY2hzIjpbIjIxMTcwIl0sInN0YXRlIjpbIjA4Il0sInJhY2UiOlsiMSIsIjIiLCIzIiwiNCJdLCJldGhuaWN0eSI6WyIxIiwiMiIsIjMiXSwic2V4IjpbIjEiLCIyIl0sImFnZUdyb3Vwc01pbiI6WyIwMC0wNCJdLCJhZ2VHcm91cHNNYXgiOlsiMTk5Il0sInN1c3RvbUFnZXNNaW4iOlsiMCJdLCJjdXN0b21BZ2VzTWF4IjpbIjE5OSJdLCJmcm9tWWVhciI6WyIyMDIwIl0sInRvWWVhciI6WyIyMDIwIl0sInlwbGxGcmVzIjpbIjE1Il0sIm1ldHJvVjpbIjEiLCIyIl0sImZzWmJ1dHRuIjoiNVlyIiwiZ3JvdXBieTEiOiJBR0VVHUCJ9.

[42] "Understanding Cannabis Use Disorder Diagnoses in the U.S. Veterans Health Administration in the Era of Legalization." 2020. American Journal of Psychiatry. 2020. https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.20220675.

Existing evidence of substance use and abuse disparities among Veterans supports Veteran prioritized strategies. Stressors during and after military service related to deployment, combat, and civilian reintegration are linked to a greater risk of substance use disorders (SUD). Eleven percent of Veterans seeking care from the VHA for the first time meet the criteria for a SUD diagnosis. Veterans with SUDS commonly meet the criteria for co-occurring mental health disorders such as PTSD, depression, and anxiety.[43]

The Colorado Behavioral Health Administration's anti-stigma public awareness campaign "Lift the Label" incorporates features of Coloradans, sharing their personal stories of overcoming the stigma associated with addiction, proving that there is hope for recovery. The campaign is funded through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).[44] The campaign includes assets for social media, print, and apparel. The "Recovery Cards Project" also emerged from the campaign to include partnerships and products made by local and national artists to celebrate recovery, the efforts of those working to achieve it, and the people who support and encourage them every day.[45]

PTSD & Mental Health

In July 2021, Colorado House Bill 22-1278 passed to establish the duties of a new cabinet member-led agency within the State of Colorado, the Behavioral Health Administration (BHA). BHA is housed within the Department of Human Services and is designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs. The BHA is instrumental in achieving the state's vision to have a comprehensive, equitable, accessible, affordable, and effective continuum of behavioral health services that meets the needs of all people in Colorado in the right place, and at the right time, to achieve whole-person health and wellbeing.

The National Center for PTSD supports the local Colorado programs located at all VA Medical Centers. All VA Medical Centers offer PTSD treatment, even if there is no specific PTSD program. Many Veteran Centers and VA Community Based Outpatient Clinics also offer PTSD treatment.

Geographic Gaps in Care

Gaps in access to services for Veterans are both a concern at current capacity and a result of projected shifts in demographics. The VA Eastern Colorado Health Care System (ECHCS) recently hosted a ribbon-cutting at Premier Health Plaza in Colorado Springs to signal the expansion of services into southern Colorado. The rationale for additional support for the El Paso County and greater Colorado Springs metro area is because "the area is expected to grow by 25% within the next few years with our Veteran community" explained VA ECHCS Director Michael Kilmer to the Colorado news channel KKTV.

The Veterans Health Equity Action Plan advanced through the VA as a result of the Executive Order (E.O.) 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government is a recent policy reflecting national commitment to advancing health equity for Colorado's Veterans. This plan includes a comprehensive scan of the Veteran population to better understand the diversity of their needs and the public health issues faced by Veterans.[46]

[43]National Institute on Drug Abuse 2019. "Substance Use and Military Life DrugFacts | National Institute on Drug Abuse." National Institute on Drug Abuse. October 23, 2019. https://nida.nih.gov/publications/drugfacts/substance-use-military-life#ref.

[44] "Lift the Label." 2023. Lift the Label. March 2, 2023. https://liftthelabel.org/about/.

[45] "Recovery Cards Project." 2023. Recovery Cards Project. April 3, 2023. https://recoverycardsproject.com/.

[46] "VA.gov | Veterans Affairs." 2016. Va.gov. 2016. https://www.va.gov/HEALTHEQUITY/Health_Equity_Action_Plan.asp.

Following the signing of Executive Order 13985, the VA claims to have taken the following measures:

- Embedded equity through policy and operational changes;
- Advanced equity through grantmaking and research and development;
- Used the Veterans' voice as their North Star; and
- Innovated in stakeholder engagement to underserved communities.[47]

Environmental Health

There are unique opportunities in Colorado's environmental health system, which presents perhaps the greatest opportunity for accelerated Veteran priority, representation, and influence. One is the Environmental Justice Action Task Force ("EJATF" or "Task Force") which consists of 22 members, none of whom are Veterans. This may explain why their proposed legislative actions to improve the environment make no reference to Veterans or their priorities. The Task Force recommendations were the result of having 33 subcommittee meetings spanning 77 hours, receiving over 300 written public comments and survey responses, and hearing from dozens of community members in verbal public comments and during focus groups, coffee chats, and cafecitos, which were presented to the Governor and the Colorado Department of Public Health & Environment (CDPHE)[48]. Given that the Colorado Environmental Justice Act (HB21-1266), Governor Polis, the legislature, and Colorado's two tribal governments created and supported the taskforce, it is likely to have a great deal of influence. Together, they can appoint up to 27 members to the taskforce. A very actionable improvement that could be made is to add more members who reflect the many different Veteran communities.

The Environmental Justice Advisory Board similarly positions itself as another powerful entity that would benefit from having Veterans represented on the board. The Governor and Executive Director of CDPHE appoint its twelve members to the Board, which serves in coordination with the Environmental Justice Ombudsperson in advising CDPHE on best practices for engaging disproportionately impacted communities; responding to environmental justice policy matters referred by the Governor's Office or CDPHE; and creating and overseeing an environmental justice grants program. Considerations must be given to include the diversity of perspectives Veterans have on environmental issues, specifically pertaining to their health and well-being. Veterans have the knowledge and experience to help shape strategies targeting health disparities among the disregarded and burdened populations. Efforts to address health equity issues for Veterans must center their voices. Examples include the Veterans Health Equity Plan and Colorado Health Institute's Veteran engagement processes.

The Colorado Health Institute (CHI) is an organization dedicated to improving public health. Through the work of their Veteran engagement team, they are committed to promoting health equity and working with the community to make the state a better place for Veterans. The team provides a variety of services, such as a scanning process to understand the needs of Veterans, developing a diverse workforce, and offering educational and training opportunities. CHI also strives to increase awareness of Veteran health concerns and promote equality for Veterans in the public health system. With the help of their dedicated team, CHI is working to ensure that all Veterans in Colorado receive the access to health services they deserve.

Veterans in Environmental Health Workforce

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[47] "Equity - United States Department of Veterans Affairs." 2022. United States Department of Veterans Affairs. April 15, 2022. https://www.va.gov/equity/.
[48] Final EJATF Recommendations.pdf. 2019. "Final EJATF Recommendations.pdf." Google Docs. 2019. https://drive.google.com/file/d/1l4rN-o3h3OJg8TciUzh-qxytULvyD_NE/view.

The workforce initiatives for Veterans in environmental health roles are more promising. One initiative that has successfully engaged Veterans in the environmental health workforce is the Veterans in Environmental Health Program. The Colorado Department of Public Health and Environment created this program to connect Veterans with employment opportunities in environmental health. The program provides Veterans with training and support to help them transition to civilian life and find meaningful employment. The Veterans in Environmental Health Program has been successful in placing Veterans in a variety of positions, including environmental scientists, water quality specialists, and hazardous materials inspectors. The program has also helped Veterans develop career pathways within the environmental health field, providing them with opportunities for advancement and professional growth.

Overall, the engagement of Veterans in the environmental health workforce of Colorado is a positive development for both Veterans and the state. By leveraging the skills and experience of Veterans, Colorado can create a skilled and dedicated workforce that is equipped to tackle the challenges of environmental health. At the same time, Veterans can find meaningful employment opportunities that allow them to continue serving their community and making a positive impact on the environment.

Select Colorado Initiatives for Veterans and the Health Workforce

Veterans bring a unique set of skills and experiences to any profession, including public health and environmental health. They have undergone rigorous training, developed leadership and problem-solving skills, and have a deep understanding of teamwork and collaboration. These qualities make them ideal candidates for public health roles where they can contribute to the service of and for the community. Academic institutions, organizations, and leaders in the field, such as CDPHE have implemented initiatives to increase the recruitment and retention of Veterans in Public Health jobs. Programs, scholarships, work readiness initiatives, and Veteran-friendly policies are critical to creating equity-centered opportunities for Veterans. These initiatives have contributed to the employment of Veterans working in health-specific roles across Colorado.

By connecting Veteran employment opportunities with solutions focused on improving public health outcomes, these Colorado-based efforts underscore how modifying workforce policy can address vital human needs holistically across communities, health domains, and sectors, all while positively impacting diverse stakeholders beyond just individual job seekers.

Employers seeking to provide opportunities or services to Veterans in Colorado may contact the local Community Employment Coordinator (CEC) (see Table 1).

Table 1.

Eastern Colorado HCS (Denver)	CO	Emma Armstrong	emma.armstrong@va.gov
Eastern Colorado HCS 554GE (Colorado Springs/Pueblo)	CO	Cory Wilson	cory.wilson@va.gov
Grand Junction	CO	Christopher Fick	christopher.fick@va.gov

The Department of Regulatory Agencies (DORA) launched a portal for military and Veteran programs focused on career transition and credential mobility. DORA licenses and regulates more than 50

professions and occupations in the state of Colorado and also provides professional support and customer service to Veterans.[49]

The Department of Labor and Employment, Colorado Rural Workforce Consortium's (CRWC) Veteran/employer partnership within workforce centers provides Veteran-specific support and services such as assessments, job listings, targeted marketing and outreach to Veteran candidates, pre-screening access to hiring and training incentives, and cost-savings programs for companies that partner. The CRWC represents the Workforce Centers located in ten Colorado sub-areas including: Broomfield, Eastern, Northwest, Pueblo, Rural Resort, South Central, Southeast, Southwest, Upper Arkansas, and Western.

The Colorado Office of Just Transition (OJT) and the Office of Economic Development and International Trade (OEDIT) have partnered to provide Coal Transition Community Programing and Grants to communities whose economies have traditionally relied on the coal industry. These grants are intended to support regional economic and workforce development activities that expand local businesses, create new good-paying jobs, and create more diversified and strong local economies.

Veterans in the Public Health Workforce

Colorado currently has a significantly lower overall unemployment rate when compared to the U.S average.[50] Colorado ranks second in the number of people employed per capita[51]. Likewise, it is the second lowest Veteran unemployment rate at roughly 3% in Colorado. As of 2022, there were 206,000 Veterans in the Colorado labor force, 199,000 were employed.

Furthermore, there are approximately 275 approved programs in educational institutions, apprenticeships, and on-the-job training sites that offer educational and training programs to Colorado service personnel, Veterans and their dependents. These supports were initiated as far back as 1952 when the Colorado State Approving Agency for Veterans Education & Training was established by the State Legislature to ensure access to training opportunities that could otherwise be difficult to come by. The public health workforce landscape is diverse, and there remains a need to ensure Veterans are prioritized.

Classified state employees in Colorado are those who work in some position that is competitive and merit based. This means that appointees compete for promotions and appointments based on a similar standard. While Colorado ranks 2nd for employment per capita, it is 35th in the country for the number of state employees per 10,000 people[52]. Upon review of the State of Colorado employee workforce data, it is revealed that there were 26,975 classified state employees in 2022. This is a reduction in workforce, down from 28,500 total classified state employees the previous year.[53] Meanwhile, new hires from the previous year were almost eight years younger than the existing average age of the workforce at 37.1 years.

The vast majority of the state's classified workforce were below 57 years of age, with only 19% representing the Baby Boom generation. The public health workforce in particular was even younger (43.1 years). The public health employees represented the third youngest department within the State with a slightly older average age than the General Assembly (40) and the Department of Health Care and

[49] "Military & Veterans Program HOME | Division of Professions and Occupations." 2023. Colorado.gov. 2023. https://dpo.colorado.gov/Military.
[50] "State Employment and Unemployment Summary - 2023 M03 Results." 2023. Bls.gov. 2023. https://www.bls.gov/news.release/laus.nr0.htm.
[51] "Place Rankings - Data Commons." 2023. Datacommons.org. 2023. https://datacommons.org/ranking/Count_Person_Employed/State/country/USA?h=geoId%2F08&pc=1&scaling=100&unit=%25.
[52] "Public Employees per 10,000 of Population - Economic Variable Profile." 2021. Richstatespoorstates.org. 2021. https://www.richstatespoorstates.org/variables/public_employees_per_10000/.
[53] Workforce Data | DHR." 2021. Colorado.gov. 2021. https://dhr.colorado.gov/dhr-resources/workforce-data.

Policy (42.7). Likewise, public health employees had the lowest average years of service to the state (7.2 compared to the state average of 9.5).

Demographic data included in the document revealed that white employees make up 64% of the total employee base, while African Americans make up just 5%, Hispanics comprise 17.6% of the workforce, and Native Americans /Pacific Islanders and Asians made up less than 3% collectively.

The Colorado Department of Public Health and Environment had 1,776 classified employees compared to the other young departments, with 61 employees representing the General Assembly and 662 in health policy, making it the youngest department in the state. On average, these employees received higher than average salaries across the state. Despite the youth of the department, 1,547 of the 1,776 CDPHE employees (87%) are eligible to retire within the next five years.[54]

Only 155 of the total classified workforce were with Veteran Affairs, yet it's an increase of 23 employees for this department. While many Veterans Affairs employees are Veterans, Veteran status is not required. While we understand the responsibility of public health and environmental health to the Veteran community, the importance of Veterans to the field by way of workforce is not well documented for public understanding. In fact, despite the Veteran priority process and assumed preference, it is not clear how many state employees are Veterans. An intensive search for Veteran representation in public health agencies did not yield results.

Veteran Pathways to Public and Environmental Health

The vibrant Veteran community within Colorado represents a vast pool of skilled workers that contribute significantly to the state's economy when given access to appropriate support and opportunities. Veterans should be well represented in Colorado's public health infrastructure given the significant presence of Veterans in Colorado, the opportunity for Veteran preference, and the significant number of military occupations aligned with public health and environmental health.[55]

The Public Health Accreditation Boards' (PHAB) recent 2022 version of the PHAB Standards & Measures included extensive guidance for a public health workforce that represents the community it serves.[56] An example includes the following language:

> *"A workforce could be diverse as it relates to, for example, race or ethnicity, culture, language, age, gender, or a specific geographic area of the health department's jurisdiction. Health Departments could conduct outreach to recruit, for example, Veterans, individuals with disabilities, or those with lived experiences, such as people in recovery (substance use program areas) or breastfeeding mothers (peer counselors, MCH). The Health Department may seek to recruit and hire a workforce that reflects the characteristics and demographics of the population using Health Department services."*

In addition, the Colorado Department of Public Health and Environment acknowledges that "generations-long social, economic, and environmental inequities result in adverse health outcomes, all of which affect communities differently and have a greater influence on health outcomes than either individual choices or one's ability to access healthcare. Reducing health disparities through policies, practices, and

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[54]DHR-WFR10 DPA DHR Workforce Report FY2022-Final-Web.pdf. 2022. "DHR-WFR10 DPA DHR Workforce Report FY2022-Final-Web.pdf." Google Docs. 2022. https://drive.google.com/file/d/1aMrCpHCX6HalIHMHf9l7LoJanUgBcoh4/view

[55] "Civilian-To-Military Occupation Translator| Business Center | CareerOneStop." 2023. Careeronestop.org. 2023. https://www.careeronestop.org/BusinessCenter/Toolkit/civilian-to-military-translator.aspx?&keyword=Health %20Informatics%20Specialists.

[56] Public-Health -Accreditation-Board. 2022. "Version 2022 - Public Health Accreditation Board." Public Health Accreditation Board. August 16, 2022. https://phaboard.org/accreditation-recognition/version-2022/.

organizational systems can help improve opportunities for all Coloradans." Thus, the state government has provided funding opportunities for education and training aimed at empowering individuals with the knowledge and skills needed for public health work.

Colorado is taking some strategic steps to ensure its public health and environmental health workforce is diverse and inclusive because a workforce and leadership reflecting all people in Colorado can best achieve health equity outcomes. For example, they have a statewide initiative focused on the health of all Veterans.

Within Colorado, state agencies have a distinct role in working towards health equity for all Veterans. In addition to providing health care, public health organizations leverage resources to support Veterans' health and wellness. CDPHE, for example, has implemented a scan to identify and address public health issues among Veterans.[57] This scan helps to identify disparities in health care access and health outcomes, as well as areas where public health organizations can target their resources. The Colorado Certified Water Professionals Program is an example of equity centered and Veteran prioritization.[58]

Veteran Pathways to Public and Environmental Health - Academic

Moreover, community-based care programs promote collaboration among healthcare providers, government agencies, and nonprofit organizations on both national and local levels. This integrated approach creates a more efficient system of support for Veterans while improving overall public health outcomes. Community partners work together to coordinate care across different sectors, such as housing assistance, employment training, or education, so that all potential problems are addressed before they escalate further. Creating cohesive systems of community-based care helps improve not only the lives of individual Veterans but also strengthens entire communities by increasing access to resources across different sectors in order to empower returning service members with the tools necessary for long-term success outside of the military.

Colorado is well positioned to educate and train Veterans who wish to join its public health and environmental health workforces. Colorado has more than 90 educational institutions in the state that offer a wide range of degrees and certificate programs within several fields (see Appendix A). These programs, supported by financial resources and policies from both the state and federal governments, eliminate numerous barriers to accessing and affording additional training for careers in public health and environmental health. The programs highlight the diversity and scope of traditional public health and environmental health offerings at the post-secondary level, while researchers and publications reflect the priority of Veteran population health and an array of place-based expertise.

Appendix A: Public and environmental health fields offering degree and certificate programs.

- Community Health Services/Liaison/Counseling
- Environmental Health
- Environmental/Environmental Health Engineering
- Vocational Rehabilitation Counseling/Counselor
- Water Quality and Wastewater Treatment

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[57] "Story Map Series." 2023. State.co.us. 2023. https://www.coHealth maps.dphe.state.co.us/colorado_community_inclusion/vision_resources/.
[58] "CCWP: Welcome to the Water Industry | Department of Public Health & Environment." 2016. Colorado.gov. 2016. https://cdphe.colorado.gov/ccwp-welcome-to-the-water-industry.

One participant of the Phase II interview made an impactful statement about the connections between education and military service, sharing, "They [the federal government and the state] pay for you to go to college; [therefore] most people join for the education benefits alone." This sentiment is important because it underscores both rationale for service as well as the expectation of positive residual effects of education and employment opportunities.

Veterans receive up to the maximum of 48 months of education, training, and expenses covered (in excess of the Veteran Readiness and Employment (VR&E) benefits) through the Montgomery GI Bill, which has been around since 1944, and the Post-9/11 GI Bill developed after September 11, 2001. These benefits help qualifying Veterans pay for college, tutoring, technical training, and more. Benefits can also be transferred to a spouse or child.[59] If a Veteran from out of state enrolls in a Colorado school, they may also have the option to take advantage of the Yellow Ribbon Program. Colorado has 78 Yellow Ribbon Schools that provide additional support for Veterans to pay for higher out-of-state, private school, foreign school, or graduate school tuition and fees that the Post-9/11 GI Bill will not cover. Through the Yellow Ribbon Program, Colorado institutions of higher learning voluntarily enter into an agreement with the Department of Veterans Affairs to contribute funds to a Veteran's unmet tuition and fee charges.[60]

The state and federal programs are supplemented by additional Veteran-friendly policies that Veterans can leverage for training. In 2022, the Colorado General Assembly supported House Bill 22-1407, "requiring higher education institutions that have a policy allowing a person to audit a course for no credit to permit a Veteran to audit courses for no credit if space is available and may charge a fee of no more than $10 per audited course. Institutions without a course audit policy are encouraged to allow Veterans to audit courses." Other legislation supporting Colorado Veterans and opportunities for talent development include:

- SB22-116 – Increase Occupational Credential Portability, which authorizes a regulator of a profession or occupation to approve an application for licensure, certification, registration, or enrollment by endorsement, reciprocity, or transfer from out of state supported by the Department of Regulatory Agencies (DORA).[61]
- HB22-1107 – Inclusive Higher Education Opportunities.
- SB22-140 – Expansion of Experiential Learning Opportunities.
- HB20-1002 – College Credit for Work Experience, which provides credit for postsecondary education based on work-related experience that will be developed by an existing council within Department of Higher Education.
- HB18-1343 – Veterans' Service-to-Career Program, which supports providing quality training, employment and wrap-around services through the workforce centers. A focus is given to development-related services tailored to the unique needs and talents of Veterans, spouses, and other eligible Coloradans.

In addition, Colorado has scholarship opportunities available to eligible undergraduate students. The Colorado Opportunity Scholarship Initiative (COSI) is focused on addressing financial barriers to postsecondary education for underserved students in the state. During the 2022–2023 academic year, COSI awarded $15 million to fund more than 5,800 undergraduate students. Funding priorities were given to counties, colleges, and universities, as well as priority workforce needs programs. Forty-eight

counties received $4,985,606 million, 28 colleges and universities received $1,468,702, and $1,020,500 was awarded to other workforce development programs.

Veteran Pathways to Public and Environmental Health - Apprenticeships

Workforce training through apprenticeship programs is another avenue for Colorado Veterans to pursue careers in public health and environmental health.[62] The U.S. Department of Labor invests in apprenticeship programs to build critical technical skills needed in the U.S. labor market. In 2022, the Department of Labor awarded more than $130 million in grants to develop, modernize, and diversify registered apprenticeship programs in 15 states, which included a $10 million grant to the state of Colorado.

The Colorado higher education system invests in apprenticeship programs as a pathway towards career-focused education and training to build public health and environmental health workforce capacity. Two such programs in Colorado are the Public Health Pre-Apprenticeship Program and the Public Health AmeriCorps Community Health Worker Program. The Public Health Pre-Apprenticeship Program is offered through the Center for Public Health Practice at the Colorado School of Public Health. The Public Health AmeriCorps Community Health Worker Program is a partnership between Serve Colorado who administers AmeriCorps Colorado and Tailhead Institute for Public Health Innovation. The potential for building a strong apprenticeship program infrastructure in Colorado is codified into law through HB21-1007: State Apprenticeship Agency (SAA) of 2021, providing an expansion of registered apprenticeships and access to earn-and-learn programs.

The U.S. Department of Labor also supports 47 Workforce Development Centers through the Colorado Department of Labor and Employment. Each center has employees designated to support Veterans, including Veteran Service Officers. Colorado Veterans and their spouses are provided with career transition services, such as employment and training. The centers are funded through the Training to Workforce programs in Colorado.

Colorado Workforce Development Council also has prioritized Work-Based Learning (WBL) to support pathways to employment for students and job-seekers.[63] They highlight a Work-based Learning Continuum which is designed to illustrate the variety of work-based learning activities that can be pursued, as well as the dynamics of which activities are housed primarily within educational entities and which are located on a job site (see Table 2). This statewide effort is not solely focused on Veterans, but is a supplemental opportunity for Veterans.

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[62] "US Department of Labor Awards More than $130M in Grants to Support Registered Apprenticeship Programs; Increase Employment Opportunities." 2021. DOL. 2021. https://www.dol.gov/newsroom/releases/eta/eta20210622.

[63] "Work-Based Learning | Colorado Workforce Development Council." 2023. Colorado.gov. 2023. https://cwdc.colorado.gov/strategies/work-based-learning.

Table 2: Colorado's Work-Based Learning Continuum
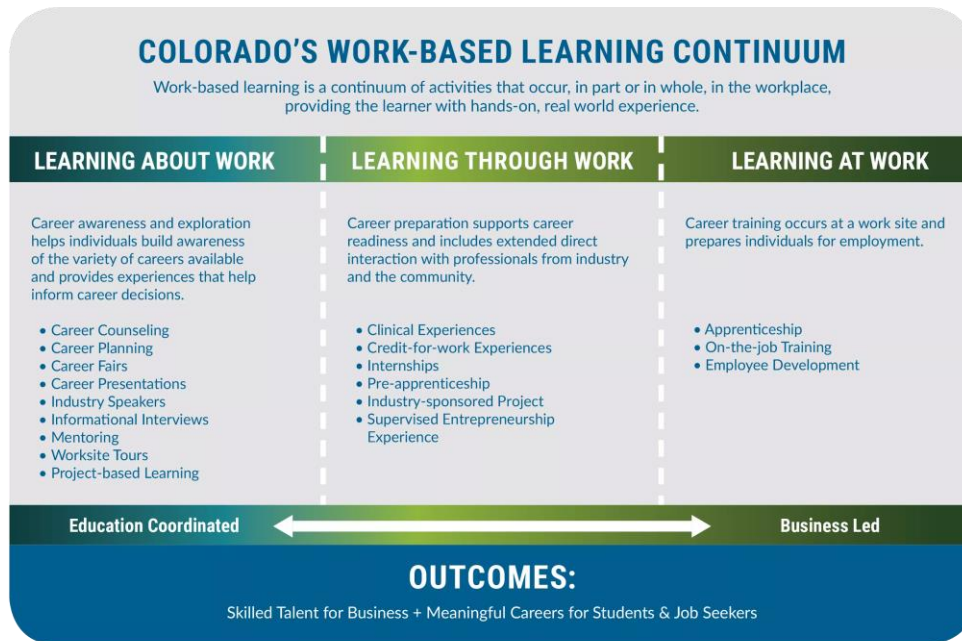
It is apparent that the state of Colorado has recognized the importance of supporting Veteran employment, and, as a result, has implemented various workforce policies that aim to provide Veterans with opportunities for education and training, ultimately leading to employment. These policies have the potential to not only benefit individual Veterans but also contribute to strengthening the state's economy.

While support is upheld in policy and potential, Veteran support and service in Colorado are not fully realized in current processes or programs. In a 2022 audit of the Colorado Department of Labor, opportunities for improvement were highlighted for Veteran Service Officers (VSO) as deficiencies were identified in planning for, supervising, and supporting Veterans services. The audit went on to explain that the Division lacked an adequate training and certification program to ensure that VSOs had the necessary skills to provide quality assistance to Veterans. It also called out indicators that showed access to Veterans services was not uniform across the state, as intended by state law.[64]

It is important to have continuous and internal monitoring and evaluation of workforce policies, practices, and programs to ensure equity and effectiveness in achievement of intended goals.

Veteran Pathways to Public and Environmental Health - Veteran Preference

The VSO officers are also responsible for supporting the Veteran priority in employment processes. Veteran Priority is another major benefit to Veterans for the purpose of career transitions. "Veteran

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[64] "Office of the State Auditor | Colorado General Assembly." 2023. Colorado.gov. Colorado General Assembly. 2023. https://leg.colorado.gov/agencies/office-of-the-state-auditor.

preference" provides pathways to new career opportunities for those who have dedicated themselves to military service. It is authorized at the federal level through Public Law 107-288 (Jobs for Veterans Act) and 20 CFR Part 1010 (Priority of Service for Covered Persons; Final Rule). Overall, it is supposed to give Veterans priority over non-Veterans for federal and state employment. Additionally, Veteran preference helps employers attract and retain talent, reduce unemployment among skilled Veterans, and provide invaluable support for the challenging move from active duty to the civilian sector.

Colorado's HB21-1065 Veterans' Hiring Preference Act of 2021 extended the authority beyond the federal and state governments to allow "a private employer's Veterans' Preference Employment policy to also include the preferential hiring of a Veteran who has been discharged from active duty within the last 5 years, a spouse of a Veteran killed in the line of duty within five years after the death, and a Veteran with a disability within 10 years after the date of discharge. This act creates a rebuttable presumption that a private employer that adopts a program that gives preferences to Veterans or their spouses is not committing a discriminatory or unfair labor practice."

Veteran preference is not always as easy as it sounds. Specific requirements must be met through appropriate documentation. Eligibility is often determined by length of service, reserve status, discharge type, and disability rating. Veterans who were honorably discharged after completing at least 180 days of active duty or who served during wartime are considered eligible in Colorado and under most state policies. Spouses and surviving family members of disabled or deceased Veterans may also be eligible for preference. Navigating the intricacies of Veterans preference in state job applications can be a daunting task for both Veterans and employers alike.

Once provided, Veterans will receive additional points on civil service examinations over other candidates with similar scores during the hiring process. Veterans being serviced by Colorado's Department of Labor are said to receive additional intentional support via the practice of placing Veterans at the top of all referrals retrieved from the state's online employment site "Connecting Colorado" and through priority workforce development assistance.[65] The CDPHE has streamlined the application process for Veterans and created a Veterans Hiring Preference Program that gives preference to Veterans in the hiring process. Evaluation data related to Veteran employment is not publicly available.

Discussion

From the COVID-19 epidemic to the current MOU between the Environmental Protection Agency and the Colorado Department of Public Health and Environment, public health and environmental health discussions have heated up across the state. Even more, minoritized and marginalized populations are freely raising issues of public health and environmental health in everyday social and equity discourse across varying mediums and platforms. This study, conducted in the prime of transition to COVID-19 endemicity, provides a unique lens into emergent strategies, best practices, and next/exceptional practices that shape the current status of Colorado Veterans' engagement in the public health and environmental health workforce.

Strengths

This inquiry resulted in the establishment of a repository of assets for facilitating Veteran health and employment pathways within public health and environmental health sectors. Numerous resources offer comprehensive assistance to employers and Veterans. However, many of the infrastructure advances intended to benefit all individuals, preferably those with the greatest need, will inadvertently and

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[65] "Priority of Service." 2023. Connectingcolorado.com. 2023. https://www.connectingcolorado.com/g_app_priority_of_service.html.

disproportionately benefit those with access to online resources, knowledge of complex search tools, and other health and social benefits. While not an exhaustive list, the resource repository includes roughly 350 supports for Veteran engagement with the civilian workforce in Colorado's public health and environmental health sectors.

- Workforce - American Jobs Center (~50)
- Public//Environmental Health Academic Programs (~95)
- Health and social services (~50)
- Professional Development (~60)
- Resources for Colorado Vets (~55)
- Online databases of resources (~20)
- Policy Information (~20)

Weaknesses/Threats

Likewise, empirical data and gray literature point to several weaknesses and threats to Veteran engagement in the public health and environmental health field, all of which are being addressed within Colorado state agencies and can benefit from additional efforts to create synergies across sectors and settings. It is well documented that Veterans face unique barriers to employment. Current disadvantages inherent to public and Veteran workforce training and pathways to public health and environmental health include underfunding, fragmentation, and overextension. There is also a need for public and specific data related to the Veteran community within the fields of public health and environmental health, along with a better understanding of Veteran culture within the professions across Colorado. Informed, accurate, and timely communication of this data is central to understanding key opportunities for change.

While special programs and funding have been outlined in the scan, there are improvements and contextual framing that contribute to unfulfilled potential in these sectors, specifically for Veteran pathways and meaningful engagement in the workforce.

Employer demands for skilled workers have also grown dramatically, as has the disadvantage of having few skills necessary for entry into career fields. Department of Labor records indicate that funding levels for employment and training programs have dropped by over 90% since 1979 relative to the size of the economy and is less than 0.03% of GDP. This pales in comparison to other developed countries that on average spend three times more. Simultaneously, the economy has more than doubled in size, and the workforce has grown by nearly half.[66] These conditions call for a concomitant increase in resource allocation for these programs.

Workforce training is overstretched. Existing programs now fund a wider range of services for a broader set of participants than they used to. This means that, while all workforce funding is lower, the decline in spending on under and unemployed Veterans, especially for direct employment or training, has been even more severe.

Workforce training is also fragmented in several ways. State expenditures on employment and training are scattered among many agencies with different agendas. The support available to Veterans who need assistance is often lodged in agencies and programs that range from federal to local management and are disconnected from one another. Veterans participating in one program may not have access to the resources of another program, no matter how closely related the training is or how closely located the facilities are.

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[66] OECD. 2021. "Public Expenditure and Participant Stocks on LMP." Oecd.org. 2021.
https://stats.oecd.org/index.aspx?DataSetCode=LMPEXP.

Securing funds to support these initiatives is also made more difficult because of the reduction in resources and the wider distribution of the various funding mechanisms.

The delivery of workforce services is also fragmented geographically. Agencies might provide different services to a range of populations within specific locations. Moreover, the capacity of these agencies to provide information and services about available jobs and training opportunities across state and organizational boundaries remains unclear. Differences between federal and state agencies, especially over control of funds, can also limit the ability of separate entities to fashion coherent workforce strategies.

Communication and clarity of knowledge and skills-based qualifications are important. While public health competencies and pathways to the profession have been adequately represented in educational programs, professionals in the workforce may not be aware of how experiences and training may be reflected in changing pathway provisions. An educational assumption on the side of Veterans may also impact these workforce sectors and mismatch in expectation of education for a position where experience would be more appropriate and attractive to those most impacted. Veterans may also miss out on these opportunities simply because they are unaware that they are a good fit. The lack of awareness may stem from the way that announcements are written or interpreted.

Furthermore, research indicates that even when Veterans are successful in securing employment, they are more likely to experience discrimination, negative stereotypes, stigma, identity distress, and a lack of adjustment. As part of their transition to civilian life, many Veterans struggle to integrate into the workplace for these and other reasons, which can sometimes result in their inability to maintain employment. The current employment and unemployment rates for Veterans are indicative of these issues, but the findings are not entirely solution-oriented. Organizations must identify opportunities to eliminate all forms of prejudice and stigma. Veterans should be included in all analyses of special populations for internal workplace culture assessments. These tactics, in addition to those established by Veteran personnel, should be employed to determine the retention factors of importance for Veterans.

Opportunities

COVID-19 will always be a consequential experience impacting the image, outcomes, and practice of public health. While the demand for a highly skilled and diverse public health workforce predates the issue of COVID-19, it amplified the need to acknowledge the need to reimagine the workforce of the future.

The evolving shifts in workforce development, recruitment, and retention reviewed in this scan facilitate new opportunities to align efforts across sectors and settings to improve education, experiences, and employment to save lives. Collaborative approaches should serve as baseline requirements for documenting, funding, implementing, monitoring, evaluating, and disseminating public health and environmental sector programs and processes. Community and collective impact are key features of capacity building and addressing the intersections of Colorado's Veterans' health, education, and workforce needs.

Meaningful engagement of Veterans in public health and environmental health creates promising opportunities for employment growth with social benefit overtones. It demonstrates how public health and environmental health can employ strategies to address dynamic societal issues by redistributing power to communities most impacted. This acknowledges its role as a part of the community and provides room to reach diverse communities.

Phase II

Our qualitative discovery process was carried out through focus groups and in-depth interviews with key stakeholders from each sector, including Veterans and people who support Veterans including spouses, along with personnel in workforce development, healthcare, academia, and Veteran Serving Organizations.

The discussion questions were divided into three domains: (a) personal and workforce experiences relevant to career, military, and Veteran life; (b) public health and environmental health experiences, knowledge, attitudes, behaviors, and skills (KABS); and (c) workforce strategies for equity-centered recruitment and retention of Veterans in public health and environmental health.

Personal and Workforce Experiences

Personal histories in military and Veteran experiences in workforce

A total of 19 individuals participated in the focus groups and interviews. The participants included 13 Veterans, a spouse of a Veteran, and five employees (three of whom were Veterans) of Veteran Serving Organizations (VSOs) and academic, public health, and environmental health institutions. Different branches of the military were represented, including three individuals from the Navy, four Army Veterans, five members of the Air Force, and two Marines. The average time of service for the participants was 21 years. The diversity of military occupations and years of experience converge to create the whole person's potential. It is often difficult to describe as a singular and specific career or occupation in the civilian sector due to the importance of rank and responsibility assumed based on clearance levels, mission, etc.

"Identity"

When considering career transitions, the Veterans acknowledged the importance of skills, values, and qualities that may be supportive of adequately reviewing applicant experiences vs. reliance on occupation names or specific degree preferences. Veterans consistently describe their military experiences as part of a collective identity. The following quotes are examples of the sentiment,

> *"Veterans are trained on so many different things; they're very multifaceted and very multi-dimensional." – Interview participant #5, a Navy Veteran spouse*

> *"They have so many unique experiences and training. I would say just diligence, multitasking, those things, being able to pivot at the drop of a dime." – Focus group participant #2, an Air Force Veteran*

> *"I feel that the stuff that we do in the military prepares us to be in any position that we want to." – Interview participant #4, an Army Veteran*

When discussing personal experiences, Veterans and support stakeholders often underscore the challenges of translating military service for civil service relevance and dissonance between value of skills and tangible referrals of degree, specific job titles, etc. Simply put by one participant,

> *"It was scary." – Interview participant #4, an Army Veteran*

Another Veteran describes their experience with the civil sector career search:

> "I already knew how to do it. I knew how to activate my post-9/11 GI Bill. I knew how to do all that stuff because I had to teach people how to do it. I was a recruiter, so that means that I knew all the resources." – Focus group participant #3, a VA Employee

While another Veteran describes their experience with civil sector work experience:

> "For me, being 27 years in the Air Force, we go through training on everything under the sun, and we get a lot of leadership and management training as you go up through the ranks. Although a person may not have, say, a bachelor's degree, they've been doing project management for 20 years; maybe take that into consideration because that may be the person." – Interview participant #2, an Air Force Veteran

Veterans' reflections sum up the dissonance in actionable value for military experience and transition programs. The lack of workforce recruitment and retention prioritization for Veterans creates circumstances that are more difficult to navigate in reality. One participant articulated this by stating that,

> "I think more should be done to hire Veterans and support them. It's hard to hear, 'Thank you for your service to our country, but you don't qualify to serve your community!' Because we have not spent the last five years in school. We spent it at war or even actually doing it." – Interview participant #6, a VA Employee

"Injured"

Veterans in public health and environmental health

Veterans saw themselves as working with other Veterans in service and support. One Veteran described this phenomenon in the following way:

> "I work... Human Resources, Employee, and Labor Relations, so I guess you would say I still work with Veterans. It's a ton of us that are still on the team and a ton of us that I exit out of the VA..." – Focus group participant #, an Air Force Veteran and VA Employee

Four participants from the public health and environmental health sectors were interviewed. They represented Trailhead, the Colorado Public Health Association, the Colorado Veterans Health Administration, and the Colorado Department of Public Health and Environment. Each discussed Veterans as important to the field of public health, yet they positioned Veterans through the lens of service to Veterans. Their sentiments were as follows,

> "They are dealing with suicide, substance use, domestic violence, homelessness..." – Interview participant #6, a VA Employee

> "Veterans are really burdened by the social determinants of health." – Interview participant #6, a VA Employee

Stakeholders were also clear about the importance of including Veterans in their support of other Veterans.

"We are the VA, so we have a lot of Veterans working with us. If they are not working in a department, we obviously involve them in various ways. We've created advisory boards where they provide input to the research and programs we develop." – Interview participant #6, a VA Employee

"Invisible"

When probed to consider Veterans as colleagues, all support stakeholders assumed there were peers working in the field who were also Veterans, but admitted to the lack of necessary information to confirm the Veteran status of colleagues. Veterans' status was known solely based on the Veterans' public or personal disclosure.

"We have Veterans working with us. I usually find out during Veterans Day." – Interview participant #6, a VA Employee

"I don't know. (If Veterans are employed in their department) I'm not a Veteran, and we don't specifically have to hire Veterans for the job… but since we are working to serve them, it would be nice." – Interview participant #6, a VA Employee

An overarching theme based on conversations with both Veterans and support stakeholders is that Veterans' status and the implications for disclosure or recognition in the civil sector are the responsibility of the Veteran. Simply put by a Stakeholder in public health and environmental health,

"Veterans kind of fly under the radar." – Interview participant #3, an Army Veteran and VA Employee

A Veteran provided additional perspective from a Veteran's point of view:

"You want Veterans' preference, but you don't want the stigma and stuff that come with it. You're damned if you do, damned if you don't" – Focus group participant #, an Air Force Veteran and VA Employee

The discussion of workforce considerations revealed many nuanced circumstances that deny Veterans the prioritization and support intended in policies and practices within the civilian workforce. This is particularly problematic in public health and environmental health, where Veterans are offered up as both deserving and yet disproportionately impacted by systems that have not prioritized their needs and factors that contribute to their well-being, including income, diversity, equity, inclusion, and accessibility.

"Intersectional Identity"

The appeal of the study was most realized through individuals who occupied multiple identities relevant to our understanding of the landscape. Three of the Veterans participants and one community stakeholder were employed to support Veteran-specific workforce or academic entities. We also oversampled Veterans and service providers from historically minoritized and marginalized groups to better understand the layered impact of inequities on Veterans obtaining and sustaining employment in the civil sector. The intersectional identities offered a great deal of nuance to the findings. Three participants represented the LGBTQ community, one of whom was open about their status. Discrimination, stigma, and changes in policies were cited as reasons for not disclosing. However, advocacy related to social determinants of public health was pursued, including housing, education, community support, and health care. The following quotes are examples of the importance of access to housing, education, and community support:

"When I first got out, I actually did work in a public health role because I was already volunteering in a public health role since 2004. When I came out in the LGBT community, it was 2004. I found a space called the _____. It's the part of public health to know how to connect yourself to the community. As a gay male and you need to know where not to go and stuff like that… They connected me with people who could tell me about HIV, education, getting a job, and getting something to eat." – Focus group participant #3, an Air Force Veteran

One veteran addressed access to healthcare:

"And I'm like, metformin costs like 15 cents a pill or something like that, five cents a pill to treat diabetes. You don't want to give people metformin, but then you don't want to pay the cost—what it costs to cut off their arms and legs because diabetes ate them up. So, it's for me; I always walk around with this in my head about how we should be providing health care." – Focus group participant #2, an Air Force Veteran

One Veteran who began volunteering with the Red Cross explained their interest in health education:

"I saw that we were the least race to actually go out and donate blood." – Focus group participant #1, an Air Force Veteran

"Inferior"

There were five female and nine male participants affiliated with the military; all of the women Veterans cited differences in experiences for Veterans based on gender; none of the males made such distinctions.

"We (females) have an entirely different experience when we get out. It's like people don't even consider a woman as someone who can be a leader and a Veteran. Like, oh, that's a thing. Maybe you come home and don't have as close of a relationship with your kids. People think your mom is their mom. Or you feel like a bad mom or a stranger trying to manage a new routine and role." – Interview participant #4, an Army Veteran

"You have PTSD or trauma from something that happened (in the military), but to them, you're a broken, angry woman. There's a lot of stuff that cannot be fixed because you are not seen as a woman, and you lose your humanity." – Interview participant #4, an Army Veteran

"You did a very complex job and were high ranking in the military, but you come home and they think all you can be is a teacher. There's nothing wrong with teaching, but I'm an NCO (non-commissioned officer) and engineer in the military. I have more knowledge through experience than whatever the four-year degree could get me at this point." – Interview participant #4, an Army Veteran

Additional implications resulted from stories of intersectional Veteran identities. Civilian workforce experiences were further classified by additional characteristics of their military service and the context of their transition.

Difference embedded in military culture:

"I still wanted to be in the field of helping personnel, but just didn't want to be in the medical side of it. Just seeing the difference of how officers and enlisted were treated. It was night and day. And I wanted to be in something where everyone would kind of be treated fairly. That there was

no O (officer), there was no E (enlisted). We were all one. We all had the same common goal." – Focus group participant #1, an Air Force Veteran

"Retiring is a stressor within itself due to the fact you are going from one way of life to a whole another way of life and it could become a culture shock because you're trying to turn yourself into a civilian from the way you walk, talk, think, communicate, everything. You see what I'm saying? 21 years of doing something a certain way, it can really take a toll on you. A lot of people retire and they take at least 6 to 12 months of digression. Some people even go to therapy to try to acclimate themselves to just civilian life. You see what I'm saying?" – Interview participant #2, an Air Force Veteran

Retirement and income were drivers of the perceived need for transition support.

"You can always get preparation and stuff like that. You can get prepared because they have transition assistant classes and stuff like that. I didn't really have to go through a transition assistant's class because it's not like I was getting out of the military without a retirement. There's a difference between military with a retirement and a disability and getting out of the military because you've had four or five years, and now you need to transition into a career so you can keep some type of income going on, you see what I'm saying? Or education and things." – Interview participant #1, a Navy Veteran

"That last three months and the retirement phase going through all the... Because you want to make sure everything is right because it can mess you up. It can mess you up for your disability, your pay could be messed up, everything. This is your last thing to do with the military to make sure everything is straight so you don't go through a back and forth thing for years and years to come after you get out." – Interview participant #1, a Navy Veteran

Veterans referenced Veteran engagement in the context of transitioning and supporting career opportunities. Veterans' desire for Veteran support is consistent with documented practices of meaningful engagement. The representation and social support provided by fellow Veterans are valued and needed from a Veteran's perspective. The following quotes are examples,

"Those briefings are real brief and real vague. It doesn't give you much of a roadmap on how to navigate the civilian world. It is helpful when you do have people who have been discharged in the military to come back and be able to give the real about what's really going on and what you really need to do." – Focus group participant #3, a Veteran Service Rep, Vocational Rehabilitation Counselor, Employment Coordinator

"I think every organization should have a Veteran-specific department or liaison to be able to deal with some of the challenges that Veterans may experience. I know some folks at (Fortune) 500 companies, they do. I've worked with their team regarding Veteran recruiting and retention. I do know, but I don't think all the agencies within various professions (do)." – Focus group participant #3, a Veteran Service Rep, Vocational Rehabilitation Counselor, Employment Coordinator

Public health and environmental health experiences, knowledge, attitudes, behaviors, skills (KABS)

Veterans' knowledge ranged from general competencies to specific concentrations and careers in public health and environmental health. Experiences at different points in their lives were often critical to their attitudes, behaviors, and skills relevant to the fields. The following quotes are examples,

"Health and policy come to mind." – Focus group participant #1, an Air Force Veteran

"To me, epidemiology, of course, being on active duty, you kind of knew a little bit of background of what public health did and all." – Anonymous Veteran participant

"There is an environmental health issue that's going on right now with the train derailment. You got the environment and public health all pulled into one their in... But I would say your environment… that's affecting your human health." – Interview participant #2, an Air Force Veteran

"An example of public health work is the response for COVID recently." – Interview participant #4, an Army Veteran

"Car safety and recalls on the cars and letting the public know what's going on." – Interview participant #4, an Army Veteran

"Like police reform and other public health crises that need to be reformed or fixed. It's geared toward helping people and their ability to live and thrive safely." – Interview participant #4, an Army Veteran

"We actually have environmentalists in the military as well in the government now. As a matter of fact, that was one of my hats as well. I was a hazard material storekeeper… stored all the hazardous material. I monitored all the shelf life of the housing material, made sure that it was environmentally-friendly and I made sure that it was destroyed or disposed of correctly so that it wouldn't affect our personnel or the environment." – Interview participant #3, a Navy Veteran

Many Veterans positioned the public health and environmental health fields as direct responses to barriers to health and in relation to power dynamics that shift to the community. One Veteran refers to their childhood, their identity within a marginalized group, advocacy, and environmental justice as a basis for their knowledge, attitudes, skills, and behaviors relevant to public health and environmental health as expressed in the following statement,

"I grew up with a paper mill just like floating over our head so inhaling and sucking in all that bad stuff...being a minority, I grew up in a predominantly black town...it (public health and environmental health) is like it's the water, it's the air. Its people being able to come in and just put a plant right next to your house and not even have to ask or apologize for doing it. So, I mean this whole thing about respecting the environment and I think that's one side of it from a corporate standpoint, but then even teaching us as consumers and then we're in this environment where we can do so. I always tell people I'm a tree hugger. I recycle. I walk up and down the street and pick up cans and stuff like that and put them in the recycling bin because I do care about the environment in that way." – Focus group participant #2, an Air Force Veteran

Others name organizations and systems that facilitate or create barriers to health:

"OSHA, EPA, people like that. The people that keep things from contaminating the water, food, and things like that." – Anonymous Veteran participant

"It is health care provided to the community without all of this stuff that goes with it, without this whole rigmarole about you're eligible, you're not eligible because we have a much healthier society. So, there's education, there's medicine, there's intervention, there's support." – Focus group participant #2, an Air Force Veteran

"Healthcare without all these strings attached to it? Is healthcare without all this red tape about eligibility that you have money, that you don't have money…" – Focus group participant #2, an Air Force Veteran

"Irrelevant"

Others considered the implications of public health for their military experiences.

"I just felt that we were like the test dummies in so many… I'm a product of receiving an anthrax shot multiple times. Another thing they brought back, and they started testing on us because they said, oh, well, just in case you do deploy, we're going to give you smallpox. I didn't go anywhere, but I had to get smallpox. So, it was a lot of stuff." – Focus group participant #1, an Air Force Veteran

Special considerations of the added stress and demands placed on Veterans whose transition experiences were impacted by the public health and environmental health experience of COVID-19, duty station, and home. Career opportunities, educational supports, systems requiring time to pivot and transition, were also influencing the capacity and successful execution of plans made by transitioning Veterans.

"Our active duty didn't have a choice when it came to the COVID-19 vaccine. It was either you take it or you get out. And to see, I know of a 19 year (number of years served) senior master sergeant. They ended up separating him. And the only reason why he didn't take it was because his son had health issues and he didn't want to compromise his son's home environment. And he pleaded with them and they said, no, it's a mandatory shot. And so, he lost his career behind a shot. 19 years." — Focus group participant #2, an Air Force Veteran

"COVID-19… when it became mandatory for all federal employees to receive the shot, and then you had those who they had the choice of religious preference or something else who opted out, and then you had to weekly go and get tested… I'll use the case… He ended up forging the signature of his COVID test." – Focus group participant #1, an Air Force Veteran

"Isolated"

Veterans often detailed the many stressors that converged as a result of COVID-19, shifting plans to thrive after military service to accounts of Veterans fighting to survive. One Veteran described the difficult circumstances of the unexpected impact of COVID-19 in the context of transitioning and having family responsibility:

"I thought I had a plan. Even though it wasn't a plan of a career right off the bat, but it was a plan. I was going to be saving all my money because I wasn't paying no rent. I was going back home. Just on my plan and then getting a house and all this stuff and everything because my grandmother, she still had her whole income. She went to work every day. That plan went south

three months of getting out. The same thing that was a problem to me, was bringing so much problems… which was the pandemic, which also hit her. Once she got COVID in July of 2021, that altered things because she eventually passed away from it. When she passed away from COVID, I was the main one to take care of all the funeral arrangements, everything, the finances, everything. I took care of everything. Did not ask about no question or nothing. Military was the last thing on my mind…" – Interview participant #1, a Navy Veteran

"Once everything was over and I went back to _____ and I'm going through the retirement process again, one week after my grandmother passed away, my immediate little brother Blood hung himself. Now here I am doing the same thing for my little brother, who was in the prison system…" – Interview participant #1, a Navy Veteran

"My last day in the Navy was October 31st. Here I am in October, sitting down and realizing that, wait, the little plan that I did have is gone. There is no plan. Once October 31st came in, I found myself back (home), sitting in my car in front of my grandmother's used to be house, homeless because now my finances had went through the ground because I was still waiting on the retirement to actually get kick in." – Interview participant #1, a Navy Veteran

"That's when it hit me hard and I found myself, October, let me see, November, December, January, still just here, literally just existing. Don't know which way to go. I'm just here. You know what I'm saying?" – Interview participant #1, a Navy Veteran

Despite many of the difficult experiences with health and public health for the Veterans, some found positive experiences with public health and environmental health through community health in their social lives outside of military service. These experiences were credited with their decision to transition to civil service within the field. The following quote is an example,

"What I did was I started planning. When it started getting mentally tolling me, I started planning as in, how would it look if I got out? What am I going to do? I had empowerment groups back home, which is where I'm at now, and stuff like that that could If I wanted to go into I was thinking maybe either JROTC, we're still working with youth and everything. But then I was like, I can go into public health because I was already volunteering and everything with the empowerment groups and everything. I had plenty of people that could show me that role and show me the path to take, the route to take, and everything." – Interview participant #1, a Navy Veteran

Workforce strategies in consideration of equity centered recruitment and retention of Veterans meaningfully engaged in public health and environmental health provided by Veterans often point to shifting culture and understanding the context of support needed for Veterans within the workforce. The following quotes articulate this notion:

"We are publicly acknowledged, we have ceremonies, we have obvious things that say we've done well and are appreciated. Things that actually demand respect and are embedded into the military culture. Now, (in the civilian sector) we barely get a raise and never receive public recognition." – Anonymous Veteran participant

"There is a need for seamless access to information and services to transitioning Veterans regardless of their personal circumstances. Providing comprehensive workforce support resources, i.e., mental health support and social services." – Anonymous interview participant

Recruitment:

Policies without accountability result in Veterans being prioritized in theory but not in practice. The following quotes amplify the sentiment,

> *"One thing I noticed by being an employment coordinator, and I noticed this at a job fair once, we have a lot of companies that say we give preference to Veterans but the reality of it is they really just want the best qualified person whether you are a Veteran or not." – Focus group participant #3, a VA Hospital, Veterans Business Administration - Veteran Service Rep, Vocational Rehabilitation Counselor, Employment Coordinator*

> *"The VA is big on. They do a lot of things. They do a lot of talk about we should be the employer of choice. We should really respect people in the workplace, we should value people. But it's not really practiced. Some initiatives I couldn't get behind. There are some that I do support and some that I'll teach the classes on. So, I think the biggest thing for the VA is stand behind the truth is, like, create a real culture of inclusivity, of openness and transparency and promote upward mobility. Stand behind people and don't. Because the VA can be very oppressive" – Focus group participant #2, an Air Force Veteran*

Veteran-specific considerations for recruitment and retention are articulated in the following quotes:

> *"Sometimes education may not line up with what you're looking for, but the person may be perfect for that role." – Focus group participant #2, an Air Force Veteran*

> *"One thing that I always say to myself is all money is not good money just because you're paying me X amount of dollars. Well, let me see exactly what it is that I may be walking into. Let me spend a day or two at the office to get an experience of what it may possibly be like." – Focus group participant #1, an Air Force Veteran*

> *"One thing that made me say, oh, this is my last day, was when I said, oh, Veterans Day is coming up. I'll get off work, and the young lady told me, she said, Veterans Day? There are no holidays." – Focus group participant #1, an Air Force Veteran*

> *"But at the same time, I was like, oh, my goodness, is this how the civilian sector is? I do not want to be part of it. They were cutthroat. I mean, cutthroat." – Focus group participant #1, an Air Force Veteran*

> *"It's different strokes for different folks. Like some people may ask, what does your health care plan look like? I don't ask for that. Some may ask for your dental. I don't ask for that. Because all of that's already taken care of from the military side of the house. So, I'm good over there. But I guess you could say the biggest thing for me would be what is my compensation?" – Focus group participant #1, an Air Force Veteran*

> *"But overall, I guess you would say it wouldn't be for medical, and it wouldn't be for dental, or it wouldn't be for any type of health or dental insurance. It would mainly be, let me spend time in this position for two days. Let me just shadow somebody for two days to see exactly if this is going to be the right fit for me. It may be great pay, but is it a right fit for me and my family?" – Focus group participant #1, an Air Force Veteran*

> *"A lot of us joined the military without any knowledge, any skill set or anything. We jump into it and we learn everything. I feel like most Veterans are quick learners and they can do possibly*

almost anything if they set their mind to it. But you got to have great management." – Anonymous Veteran participant

"Well, when I was in the military, a lot of us didn't understand the programs that the military had for us…I used to tell all my Soldiers, there are things that, especially today, that are in place that helps a person to get into that (civilian workforce) ... if you want to be in public health, there's so much stuff that the military have that can prepare you for that." – Anonymous Veteran participant

Veterans have gained a unique perspective on the value of accountability. They can grasp their place within an organizational framework, becoming responsible for subordinates' actions at higher supervisory levels. They know how policies and procedures enable an organization to exist. Loss of confidence, trust, leadership are cited as reasons for leaving positions. Very little is known about programs that support retention in the workplace, with the exception of things that simply value people and their contributions to the field. The following quotes highlight a myriad of reasons why Veterans leave the civilian workforce:

"I don't think why Veterans leave is so significantly different than why others would leave. A workplace is poor leadership, just inconsistent or questionable values of a healthcare system or an organization, unjust compensation. You don't feel like it's inadequate compensation. So, I think for Veterans, we leave for the same reason. …When I worked for the state of ____, I left because it was just the culture and the environment that I was working in. I just did not like it. But I think if anything, as a Veteran, you're more sensitive to that because especially if you had a good military career." – Focus group participant #2, an Air Force Veteran

"So, some of the experiences that I've had have caused me to walk. And I left my job as service chief just because I didn't have faith in my leadership anymore. And I just said, I don't want to do this anymore." – Focus group participant #2, an Air Force Veteran

"I believe that is truly a leadership management thing. I think people stay in jobs for their career. If they truly enjoy the job, and if they have good leaders and managers above them, that's allowing them to professionally develop themselves, allowing them to serve the community, allowing them to do other things, allowing them to work freely and not always looking over their shoulder. I think a lot of times when folks get out, those are some of the things they... The reason they get out… They had a horrible leader." – Interview participant #2, an Air Force Veteran

"Then when you're not getting that in your workplace, you're just going like, man, something is wrong. This is not fulfilling. This is not what I thought it was going to be. This is not what I like... in the military, you can handle million-dollar equipment…we would handle stuff that was so sensitive. And then when you get a job and they say, well, you can't have a computer…You look at them like, 'Are you crazy, man? In my last job, like, in the military, I handle this, I handle money, I handle this. I did all these things, people trusted me, and you telling me that I can't do X?' It's like, okay, this is crazy." – Interview participant #1, an Air Force Veteran

"Honest opinion, I don't feel that Veterans leave jobs. I think Veterans leave the management. So, if you're not a great leader and you're not a good manager, I feel like the Veterans leave because they're not managed correctly. It's never the job, because they'll go to do the job." – Interview participant #3, a Navy Veteran

"I know the VA focuses on helping Veterans to get jobs… I don't really know much about anything that others are doing to prevent Veterans from leaving." – Interview participant #3, a Navy Veteran

Innovative strategies for retention include Veteran-specific support, culture shifts that center Veterans, respect, trust, fairness, and equity. The following quotes are examples of such strategies:

> *"Creating workplace environments where Veterans can thrive is an excellent recruitment strategy." – Anonymous interview participant*

> *"Creating incentives for Veterans who assist in recruiting transitioning Veterans through their networks marketing public health and environmental health careers through Veteran employment assistance agencies." – Anonymous interview participant*

> *"Consider things that Veterans have to do, like going to doctor's appointments; we have lots of appointments during the day. Some jobs don't like it. But that is how we stay healthy. They don't have to pay for it." – Anonymous interview participant*

> *"Adopting the principle of reciprocity in creating diverse, equitable, and inclusive environments to attract and retain Veterans' understanding and valuing the diverse skill sets and experiences Veterans possess." – Anonymous interview participant*

> *"Ensuring equal compensation for work performed in similar jobs and duties, providing opportunities for Veterans to utilize their talents and skills, especially leadership, and actively encouraging and supporting Veterans to engage in career growth opportunities." – Anonymous interview participant*

The intersection between Veteran-supportive, public health, and environmental health workforce development in Colorado is essential for ensuring meaningful and reciprocal community support. It is important that strategies are put in place to help achieve shared goals, collective impact, and reciprocity. Strategies for moving Veteran-centered rhetoric into a space of Veteran-centered realities in public health, environmental health, and workforce development require Veteran-led and informed changes within workforce and sector policies, programs, and personnel. Steps towards an intentional culture shift require redistribution of power, prioritization of the whole person rather than reliance on exercises of targeted strategies, sustainable financing and investment, anti-stigma, anti-racist, anti-immigrant, diversity, inclusion, accessibility, and equity-centered commitments and practices.

Colorado has acknowledged the history of harm and the lasting effects of systemic and systematic discrimination. Disrupting and dismantling these systems requires the inclusion and active involvement of the communities most impacted. Veterans, who may be advantaged by the affiliation, are not absolved from these violations and are often exponentially burdened by Veteran-specific stigma with compounded effects. A remedy to loss of identity, invisibility, isolation, injury, inability, inferiority, incompetence, intolerance, and irrelevance would include meaningful engagement in a bi-directional relationship between industries and Veteran communities. Active and consistent participation in building powerful partnerships through trust, transparency, and thoughtful coordination and alignment. The engagement should be culturally relevant, convenient for, and centered on Veteran community strengths and opportunities for health and the workforce rather than weaknesses and threats.

Phase III

Phase three provided the opportunity to explore the literature, resources, data, and policies in the context of the lived experiences and collective vision of Veterans and key stakeholders. The multi-method approach alleviates the singular focus on quantitative or qualitative information. The richness of details in stakeholder experiences, their reflections of the public health and environmental health workforce, and perspectives of the Colorado landscape for meaningful engagement of Veterans in the field revealed nine key findings. A summary of evidence and examples are provided under each finding. Anonymized stakeholder comments are provided for context.

Key Findings
Presented in no particular order:

- Colorado is strongly suited for Veteran prioritization in the public health and environmental health workforce.
- Veterans rely on other Veterans as sources of credible information and resources.
- Public Health efforts are often supported by Veterans through volunteerism and social affiliations outside of direct employment.
- Veterans in public health and environmental health don't see prioritization in the field.
- Public health / environmental harms "real or perceived" are barriers to recruitment of military Veterans into the workforce.
- Innovation addressing workforce barriers must reach all Veteran communities.
- Incentives for recruitment and retention differ for Veterans.
- Discrimination and stigma may be exacerbated for Veterans. Particularly in the workplace where it often goes unaddressed.
- Veteran concerns and motivations for belonging and economic stability mirror that of their non-Veteran counterparts.

There is very robust data revealing the critical role that the Defense Sector, and, more specifically, Veterans play in creating the Colorado that we know and value today. The focus groups and in-depth interviews gave us a chance to hear the unique voices of some of those Veterans, along with those of stakeholders that support their career endeavors. This rich information has undoubtedly given us great confidence in interpreting our findings and making recommendations.

KEY FINDING: Colorado is strongly suited for Veteran prioritization in the public health and environmental health workforce.

Nationally, nearly 32% of Veterans work in public service or for charitable organizations, compared to 22% of non-Veterans. This dynamic points to a consistent theme threaded throughout the literature and our stakeholder discussions. For many Veterans, public service does not end with military responsibilities!

Aligning stakeholders' priorities for enhancing workforce solutions amongst Colorado's Veteran, public health, and environmental health communities has revealed shared interest in developing opportunities for better health outcomes and relationships.

Framework is familiar: While COVID-19 has exposed the inequities and fragility of services, supports, programs, preparation, and personnel in public health and environmental health, capacity building through strategic partnerships has long been a best practice for successfully impacting the health of a

community. In the years since, participatory approaches have been necessary to respond to the expanded scope and level of service required of practitioners and researchers alike. This new standard of practice has quickly replaced the exceptional privilege of community engagement at a critical time for the fields, when the workforce strain that predated COVID-19 met the unpredictable course of a global pandemic, quickly evolving science, and the need for trusted communication and collective action. The resulting shift in public health and environmental health provided opportunities for significant strides towards the redistribution of power, community power, co-leadership, and citizen scientists approaches. The appreciation of these strategies, which have been championed by minoritized, marginalized, and stigmatized communities, is now codified in empirical and evidence-based studies, funding mechanisms, community practices, and across programs in diverse domains and priorities of health. Participatory approaches benefit the capacity and capability of the field, expand the scope of practice, and reinforce diverse ways of knowing. In many ways, community involvement has visibly become a critical facilitator for both science and survival.

These constructs represent two priorities for meaningful engagement. Additional priorities necessary to enable meaningful engagement include sustainable financing, redistribution of power, elimination of stigma, and institutionalization of engagement.[67] Each of these elements is adequately supported and made possible through federal and state commitment to institutionalizing and increasing Veteran supportive policies, infrastructure, funding, and academic and employment pathways to success in fields of public service, such as public health and environmental health!

Reality vs. rhetoric: Colorado has a culture of reciprocity, reflection, and results. The state is intentional in developing community-led initiatives, valuing diversity, equity, inclusion, and accessibility, as evidenced through the numerous Veteran-specific programs, policies, and practices. Colorado has invested in reducing barriers to the workforce and, more specifically, invites and benefits from the Veteran community's support of the economy and health of the state. Federal support is amplified through state initiatives like scholarships, occupational license portability, Veteran health programs, and apprenticeships; funding for community grants for programs delivered by community for community; and workforce enhancements such as Veteran priority extensions for the private sector and personnel with distinct responsibility for equity-centered services for Veterans. Access to Veterans service and support is necessary as civilians and employees strengthen workforce culture, model approaches to addressing needs and achieving goals in the sectors, and also position Veterans at the center of transformative, innovative, and emerging practices for removing barriers to employment and health, while simultaneously addressing barriers to health and workforce for other marginalized communities. Veterans should be recognized as both contributors and recipients of the public health, environmental, and workforce development systems seeking to attract and retain their talents.

Veterans are knowledgeable about both public health and environmental health. The following quotes reflect examples of participant knowledge of the fields,

> *"Public health is having access and resources to things that affect our health and having those foot soldiers out there that's putting the information out of how to get to those resources." – Interview participant #1, a Navy Veteran*

> *"Environmental Health for me ...like I said, people that are analyzing the environment to see how we can actually live in a Healthy space." –Interview participant #1, a Navy Veteran*

The Veterans Health Administration provides wellness programs, research, and health services for Veterans within the Public Health Department. Public health and environmental health stories and job

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[67] UN Secretary-General's report on *Our Common Agenda*

openings are listed in the VA News and sent monthly via email. Some Veterans are described in relation to environmental health hazards, and others work in these areas during their military service. Beyond their specific military occupations, Veterans' familiarity with public health and environmental health points to their service within the DoD to support the health and wellbeing of the country. Their engagement in the military was centered around preventing and preparing for war or disasters, in addition to protecting and ensuring national security. One Veteran brought up a topic that is currently being addressed through the Colorado Department of Public Health and Environment: chemicals from Fire Fighting Foam[68]:

> *"Both an environmental health issue and a public health or public safety issue, as a firefighter, we deal with a lot of the chemicals and agents that we use to fight fires. So right now, one of our hot topics is the AFFF, which is the firefighting foam we use on our major crash vehicles to fight aircraft fires. Well, that foam has contributed to causing all kinds of different cancers in firefighters. And so right now, it's going through Congress. It's going through all the public health channels on how we remedy this situation and folks that have been exposed to it. And right now, this thing is at the executive levels of decision-making to where we're changing out the foams that we use. There are procedures for folks that have been exposed to go to the hospitals and get evaluated. Just a lot of things that have been put in place since then. Even some of that foam has contributed to contamination in different water tables and things when it absorbs into the ground. That's the only one I can think of right now. That's because that's a hot item and that's a public hot item, not just military." – Interview participant #2, an Air Force Veteran*

Veterans may not have the breadth and depth of all competencies, concentrations, or vernacular to discuss public health or environmental health at length, but they are familiar with and knowledgeable of the fields in ways that may advantage recruitment efforts. Direct recruitment prior to discharge and the use of online databases to connect with Veterans in specific military occupations are opportunities for the fields. This is reflected by the sentiment of one of the participants,

> *"Anything dealing with the public and the communities and the environment and the people." – Interview participant #2, an Air Force Veteran*

Moreover, recruitment and retention of Veterans are positioned as a boon for any field. We take a look at reasons why an employer should hire a Veteran, presented by the Colorado Department of Labor. These reasons include: (1) Veterans have an accelerated learning curve; (2) leadership; (3) teamwork borne out of responsibility to colleagues; (4) diversity and inclusion in action; (5) ability to perform under pressure; (6) respect for procedures; and (7) being conscious of health and safety.[69] These reasons were affirmed during the focus groups and in-depth interviews. Here we include a few quotes that support these reasons:

> **Accelerated Learning Curve:** *"We actualize plans to execute missions. That taught us to be self-reliant, to be able to adjust on the fly and do a lot of things. And that's the skillset we bring. What I like for a lot of the Veterans is you may not walk out that door with an actual MOS that will get you a job, but there are some real skills that you can use, such as being a leader, such as being a forward thinker, such as being independent and managed in that way." – Focus group participant #2, an Air Force Veteran*

> **Leadership:** *"There is a long list of uniqueness that comes out of there, but I would start out with the first one being growth, the second one being leadership, and the third one being opportunities." – Focus group participant #1, an Air Force Veteran*

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[68] "Chemicals from Firefighting Foam and Other Sources | Department of Public Health & Environment." 2022. Colorado.gov. 2022. https://cdphe.colorado.gov/pfas.

[69] "Hiring a Veteran | Department of Labor & Employment." 2023. Colorado.gov. 2023. https://cdle.colorado.gov/employers/recruiting-hiring/hiring-a-Veteran.

Teamwork: *"You approach your team leaders, and you discuss, 'Hey guys, what do you think about this?' I may not be asking for your buy-in, but I would like to bring it to your attention and what I can see, what I saw, what we can possibly do better." – Focus group participant #1, an Air Force Veteran*

KEY FINDING: Public Health efforts are often supported by military Veterans through volunteerism and social affiliations outside of direct employment.

Veterans are service-oriented and seek opportunities to serve even after their military service. They often engage in public health through means outside of official employment so they are not captured as a part of the workforce. Volunteerism and advocacy in areas of health education, environmental health (justice), and health policy are amongst the areas most frequently referenced on Veteran Service Organization websites and our stakeholder interviews. Veterans do not always attribute their work to public health activities, nor are they primarily interested in naming the activities as such. However, during the focus groups and in-depth interview discussions, most Veterans expressed interest in learning about public service career opportunities, including public health and environmental health careers.

The discussions also revealed that Veterans who volunteer in public health related activities do so out of a deep-seated appreciation of service to protect the health of others. Their military experience allows them to develop greater resilience and a sense of purpose. Providing volunteering opportunities for Colorado Veterans is a win-win for the public health system and the Veterans. Moreover, volunteerism proved to be an important stepping-stone for entry into public health and environmental health careers. Here, we share some of the direct quotations gathered through the focus groups and in-depth interviews with Veteran stakeholders. Their experiences, reflections, and perspectives reveal that Veterans engage in public health activities of their own volition to protect the health of their families and communities. The following quotes are examples of diverse ways Veterans engage in public health and environmental health work outside of formal employment:

"Yes, I did. I actually did work in a public health role because I was already volunteering in a public health role since 2004. When I actually came out in the LGBT community." – Interview participant #1, a Navy Veteran

"I like to bring information about different health problems to my family and community because there are a lot of family members with diabetes and also I like to share information with my…sorority sisters." – Focus group participant #1, an Air Force Veteran

"I know mental health is a big problem in our community and I would like to help because I am trained as a psychiatrist." – Focus group participant #2, an Air Force Veteran

"I'm here, I want to be available to my community. So, for me, that's my call… I know there are other people that are great statisticians. I know there are great people in some of these other things that are grant writers. There are people that create content and do those things and all that's good. I can do some of that. But as far as bringing the message and the helping aspect of it, I think that's where I need to be!" – Focus group participant #1, an Air Force Veteran

"...knowing myself, I would be the one who would lean towards Health policy. That would be me." – Focus group participant #1, an Air Force Veteran

"Environmental Health for me would be like science, like scientists and people, like I said, people that are analyzing the environment to see how we can actually live in a healthy space." – Interview participant #1, a Navy Veteran

"I always say, there's disparities that play the public or play in the community or things that we need to reduce when it comes down to the health of different communities, whether it's marginalized, minorities, or just the community as a whole, public health is having access and resources to things that affect our health and having those foot soldiers out there that's putting the information out of how to get to those resources." – Interview participant #1, a Navy Veteran

KEY FINDINGS: Veterans rely on other Veterans as sources of credible information and resources.

Veterans are both willing and in need of support from other Veterans. Veterans are building the capacity and capability of other Veterans as well as those industries employing and serving Veterans. Admittedly, they could do much more if they were engaged at all levels of decision-making and practice. Veterans want to help the communities that support them just as much as they want to be supported. Their insight would provide an understanding of the best and next practices for affirming, adequate, and appropriate support.

Veterans are trusted support systems for military personnel transitioning from military service as well as throughout their lives moving forward. Connections and experiences with Veterans provide valuable insights that inform decisions across various parts of life. Simply put by one participant,

"Every agency needs to have someone on their team or a few people that are Veterans. Transitioning can be a little bit intimidating. Sometimes we don't have the right people to connect with. You need that onboarding person that says, 'Hey, I've done this before. This is how we can transition this person. These are the jobs applicable to what this service member has done because they're trained in so many different things.'" – Interview participant #5, a Navy Veteran spouse

One of the challenges that all Veterans interviewed identified was having "the right" information about Veteran benefits. The focus groups and in-depth interviews revealed that fellow Veterans were instrumental in providing information about benefits including what and when benefits were available, along with where and how to access them. They especially valued passing on critical information relevant to benefits with their peers. Veteran participants in their reflections expressed many examples of how important and critical these experiences are for them during transition and beyond. The following quotes are examples of the importance of having accessible and accurate information:

"I've been working at the VA since 1999. I didn't know all the benefits that I had coming to me and things like that. The way I got most of my benefits were [in conversation with] other Vets that were my patients that I'm doing their intakes. I'm finding out what avenues to go through at the VA because of them." – Focus group participant #4, an Air Force Veteran

"You would not believe over the years the amount of Veterans who I've met who did not know that that was such a benefit. And I think that that's one of the shortcomings, we don't do enough of sharing the right information and marketing the right information in order for Veterans to get the right help that's needed in order to point them in the right direction." – Focus group participant #3, a Veteran Service Rep, Vocational Rehabilitation Counselor, Employment Coordinator

KEY FINDING: Veterans in public health and environmental health don't see prioritization in the field.

The military experience allows Veterans to see public health and environmental health from multiple angles. Veteran views of public health and environmental health may impact their interest and pursuit of the field. Yet, the challenge of centering Veterans while in service to public health and environmental health may not be well understood or possible in current workplace culture.

Non-Veteran public health professionals' views and understanding of Veterans within the area of public health centered service provisions and needs. When asked to consider Veteran colleagues, most acknowledged the lack of visibility of Veterans as a whole and thus, lack of knowledge of the support, or Veteran-specific services.

The environmental scan revealed Veterans employee views of their presence in public health and environmental health workforce as unappreciated, unexplored, and undercounted. As both a professional in the field and a Veteran, these individuals were keenly aware of the full potential of the Veterans in the workforce and clear on the implications that meaningful engagement would have on Veterans in the state as well as the community at large. They also cited examples of health burdens experienced by Veterans, were privy to institutional investment in prioritization or lack thereof of Veteran employees. Undercounting of Veterans was mentioned by both Veterans and non-Veterans due to missed opportunities to identify Veterans after they are onboard, some Veterans don't want their status to be known, a lack of observable data that identifies Veteran status, and the overall culture of civilian workplace and appropriate discourse.

Veterans knew of Veteran-specific resource groups, social media groups, and community organizations that provided the desired visibility and meaning to their work. Veterans described the diminished return of military service when considering their employment achievements and level in the civil sector. However, each believed their work was an extension of continued service to the community and country, just as a civilian.

KEY FINDING: Public Health / Environmental Health harms "real or perceived" are barriers to recruitment of military Veterans into the workforce.

Military experience allows Veterans to develop unique characteristics. Veteran views of health, strength, and perseverance are shaped by the military culture. The following quotes are examples of such views:

> *"Military culture of fighting it out, not going to sick calls or seeking help." – Focus group participant #2, an Air Force Veteran*

> *"Environmental Health isn't prioritized while serving in the military." – Focus group participant #4, an Air Force Veteran*

> *"For the black people, especially black men. Their problem with public health mistrust comes from the syphilis study." – Interview participant #4, an Army Veteran*

> *"There's a lack of information that's being disseminated and how it's disseminated by various agencies. (about public health or environmental health)" – Focus group participant #3, a VA Employee*
> *"Oh, no, I'm sorry. There were a lot of misconceptions out there when it comes to our public health. We were all confused. Even I was confused. We were all confused when it came to the COVID vaccination. Now what's happening? What now parents don't want their kids to get the*

shots that we used to get as kids going to school. They don't want them to get them now because, oh, it caused this or it caused that…But it's so many. It's so many misleading statements or reasons that are out there." – Focus group participant #1, an Air Force Veteran

Legacies of systemic marginalization and discrimination are factors that strongly impact minoritized populations perceptions of public health and environmental health agencies. The environmental scan revealed several things regarding Veterans and perceptions of public health and environmental health systems.

Given the history of structural and systemic discrimination against minoritized communities, public health and environmental systems, including the workforce, must be intentional about building trusting and transparent relationships that benefit the community. This intentionality supports the goals of the fields and the future of health and workforce throughout the country. Researchers, practitioners, and community members alike have put forth strategies to build and restore trust. The Colorado Department of Public Health and Environment is intentional in acknowledging the history of harm;

> *"Generations-long social, economic, and environmental inequities result in adverse health outcomes. All of which affect communities differently and have a greater influence on health outcomes than either individual choices or one's ability to access healthcare. Reducing health disparities through policies, practices, and organizational systems can help improve opportunities for all Coloradans."*

When considering building and maintaining trust with minoritized and marginalized communities, the Stanford Social Innovation Review proposes three domain strategies. These are: (1) building empathy, (2) nurturing self-awareness, and (3) developing skills. Building empathy calls for professionals to cultivate an appreciation and understanding of how things like racism, culture, and oppressions from the dominant culture influence how communities of color engage or fail to engage with agencies and governmental institutions. Professionals must develop self-awareness in order to become aware of their own biases, stereotypes, and attitudes towards individuals or groups of individuals from communities of color.

Moreover, professionals must engage in diverse ways to acquire critical knowledge, including training in cross-cultural communication, building capacity for communities, and centering community voice. Professionals must appreciate that trusted messengers play an important role in building meaningful relationships with communities of color. Thus, an active and intentional engagement of Veterans in positions of leadership and decision-making, within the ranks of public health and environmental health and supporting workforce development is key to recruiting and retaining Veterans.

KEY FINDING: Discrimination and stigma may be exacerbated for Veterans; particularly in the workplace where it often goes unaddressed.

Veterans come from diverse backgrounds and have unique experiences that can affect all domains of health. Providing services without understanding the nuances of a Veteran's background reinforces the inequitable and inadequate structures that are barriers to care and optimal outcomes. In addition, discrimination against Veterans can result in compounded negative impact for Veterans of marginalized and minoritized identities. The exacerbation of existing challenges for members of these communities may result in Veterans forgoing priority hiring status and participation in other programs intended to support Veterans in the workplace. For instance, one Veteran mentioned hiding their military status in the workplace for fear of being discriminated against based on additional stereotypes, such as suffering from Post-Traumatic Stress Disorder (PTSD) or as being potentially violent.

"Just being transparent and not having any type of stigma or preconceived notion when you go into it. Sometimes people think just because you're a Veteran that you have suffered from PTSD. Well, maybe you haven't or don't assume that this is going to be a trigger for someone or don't assume that they can't do something that they can do. I think just not taking those stigmas away is a good start." – Interview participant #3, a Navy Veteran

The State of Colorado Department of Personnel and Administration highlights the state's commitment and vision of equitable, diverse, and inclusive workplaces where*:*

"All employees and community partners, whatever their gender, race, ethnicity, religion, national origin, age, sexual orientation, gender identity, citizenship status, education, disability, socio-economic status, or any other identity, feel valued and respected."

Moreover, Colorado has taken steps towards institutionalizing diversity, equity, inclusion, and accessibility in the workplace through the "Colorado For All" initiative intended to support an equity mindset at all levels of state government within systems, policies, and everyday work as public servants. Colorado For All is supported and upheld through policy, legislative priorities, and executive action.[70] Trailhead, along with several other organizations and collaboratives throughout Colorado are reinforcing diversity, equity, inclusion, belonging, accessibility (DEIBA) priorities at the local and state level.

Examples include the Colorado Equity Alliance, a collaborative comprised of representatives from both state agencies and community organizations, which aims to operationalize equity and make sure it is woven into the fabric of state governance[71]; One Colorado, the state's leading advocacy organization dedicated to advancing equality for lesbian, gay, bisexual, transgender, and queer (LGBTQ) Coloradans and their families[72]; and the ACLU of Colorado, the state's oldest and largest civil rights organization.[73] . Various workforce policies and programs that aim to amplify DEIBA and Veteran support have been outlined through opportunities for education, training, and employment. These policies not only benefit individual Veterans but also contribute to strengthening the state's economy. This commitment highlights the state's forward-thinking approach towards DEIBA within and in collaboration with military/Veteran infrastructure.

KEY FINDING: Innovation addressing workforce barriers must reach all Veteran communities.

While Veterans possess many valuable skills and experiences that make them well-suited for public health and environmental health careers in Colorado, they may face challenges that go beyond the individual level. Systems and infrastructure advances are necessary to complete equity-centered strategies. Veteran employees can only do as much as the systems that they are operating to support allow.

Critical needs for employment, such as educational and training programs, must not only be available, but accessible, appropriate, affordable, and affirming to Veterans. While there are numerous pathways to receiving education and training that meet these standards, the next requirement for true impact is Veterans' awareness of the available resources. Many of the services and supports for Veterans would benefit from innovative partnerships and promotional strategies.

[70] "Equity, Diversity, and Inclusion | Department of Personnel & Administration." 2021. Colorado.gov. 2021. https://dpa.colorado.gov/about-us/edi.

[71] Colorado Equity Alliance. 2023. "Colorado Equity Alliance." Google.com. 2023. https://sites.google.com/state.co.us/colorado-equity-alliance/home?authuser=0.
[72] "One Colorado — One Colorado." 2023. One Colorado. February 3, 2023. https://one-colorado.org/.
[73] "ACLU Colorado." 2023. ACLU Colorado. 2023. https://www.aclu-co.org/.

Online communities and social media engagement are strategies many unincorporated social groups and VSOs utilize to reach Veterans. Facebook has well over 100 groups with Colorado and Veteran in the name. Some groups have more than 1500 members, while others may have as few as 9 members (VETNET (Veteran's Business Networking) Colorado Springs and Veterans of Erie Colorado being two examples of such groups[74]). Topics of such groups range in purpose but provide place-based support for Veterans at their convenience and in real time.

Veterans in rural communities must be engaged and prioritized. Capacity building efforts of community-based organizations and VSOs address barriers due to social isolation and geographic limitations. One example includes VSO Operation Veteran Strong which is supported by the Veteran Administration as well the Colorado Public Health Department to provide free resources to Veterans in rural Colorado (specifically Northwest Colorado) and their families while also connecting Veterans with other Veterans. Employment opportunities for Veterans residing in isolated areas may reduce barriers to resource poor communities and increase access to much needed service and support. Programs may build on the evidence base of Community Health Worker models for increasing access to health information in rural communities.

KEY FINDING: Recruitment and retention incentives differ for Veterans.

Creating a Veteran-friendly environment in Colorado's public health and environmental health workforce is critical for attracting and retaining skilled Veterans. Veterans suggests prioritization and implementation of policies and practices that recognize the unique skills and experiences that Veterans bring to the workplace. Experiences within the military and as a Veteran may greatly influence expectations and standards of support for Veterans in the workplace. These Veteran-specific considerations will require prioritization and culture shifts. Albeit a huge undertaking, the findings are supported within evidence based public health and environmental health research for facilitating workplace health promotion efforts.[75]

One essential practice during recruitment is the recognition of military experience and training in hiring and promotion decisions. Doing so supports pathways for Veterans with military training and experience relevant to the field who do not have traditional public health or environmental health education or credentials. Placement of specific military occupations, usage of military vernacular, and placement of career opportunities within military and Veteran-specific platforms and channels should be prioritized. Other reasonable but unique accommodations for the retention of Veterans include personalized assessments of schedules, benefits, and tangible support.

Scheduling conflicts with the VA (which operates on traditional 9 a.m. to 5 p.m. schedules that coincide with work) or opportunities for limited specialty appointments with mental health providers were examples of considerations that Veterans have to balance with more traditional work schedule obligations. Flexible schedules or time off for medical appointments are often needed for Veterans to take advantage of affordable or free medical visits.

Veteran compensation for work in the civil sector should consider personal desire to be paid, but also to be paid fairly, in accordance with work experience, and in consideration of the need for health benefits. Veterans cite livable wages and access to benefits such as retirement plans, health care access, and paid time off as standards for employment. This expectation is certainly carried over from military standards.

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[74] "'Colorado Veteran' - Search Results." 2016. Facebook.com. 2016. https://www.facebook.com/search/groups/?q=%22colorado%20Veteran%22&sde=AbotKqEx6VFO7Xg9wiFDgE3hDSnw1teizHLB49vZpXF3b LbxyZ0OOuvrfrGEGCpzofDakrn8opGG9ML5UM4eRoBs.

[75] "Home." 2023. 2023. https://www.cdc.gov/workplacehealthpromotion/index.html.

Veterans acknowledge these benefits as signs of being valued and respected in the workplace – which is essential for retaining skilled professionals. Despite this sentiment, some Veterans may have health benefits through the VA. These Veterans may opt for increases in salary and forgo healthcare as an incentive. It is important to understand the needs of the Veteran.

Likewise, Veterans do not want to simply hear words of appreciation to feel welcomed and supported in the workplace. They point to explicit and tangible support such as mentorship programs, affinity groups, and other Veterans employed and engaged in amplifying and affirming Veterans in the workplace (see Appendix C for sample resources)

KEY FINDING: Veterans face unique transitional, recruitment, and retention challenges in the civilian workforce.

Many Veteran experiences are a reflection of military experiences. For example, the transition experience can differ depending on the Veterans branch of service, their occupation, education, and skills developed prior to or during military service. Other differences are reflective of personal preparation or readiness for transition.

Differences in transition experiences between military retirees and Veterans leaving for reasons other than retirement were often levers for civilian employment preparation. Retirees may have employment criteria that prioritize career satisfaction, personal passion rather than earnings. However, elements of respect, status, and trust emerge as major priorities for retirees. Simply put by one participant,

> *"Appreciation is different. We are used to getting pay increases, but where is the public affirmation or appreciation? It's a different culture." – A Marine interview participant*

There are gaps in resource development, accessibility, and utilization that must be resolved, in addition to long standing barriers to military Veteran success in the workplace. For example, many Veterans still believe it is difficult to translate their military skills and experiences into civilian careers in public health and environmental health. Websites such as CareerOneStop, My Colorado Journey, O*Net, and several other databases address these barriers and assist both the Veteran and employer in exploring career pathways. Some consider military occupations' transferability into civil sector careers, while others provide the inverse consideration of career alignment with certain military occupations. One participant articulated this challenge in the following statement,

> *"Converting a Veteran military career profile to a traditional resume profile is a bit hard. It's hard trying to capture all they've done within their military career that is applicable in the civilian world." – Interview participant #5, a Navy Veteran spouse*

KEY FINDING: Largely, Veteran concerns and motivations for belonging and economic stability mirror that of their non-Veteran population.

It is important to know what attracts Veterans to an organization or keeps them from leaving an organization or the workforce all together. This environmental scan revealed many unique considerations and contextual factors related to Veteran engagement, recruitment, and retention in public health and environmental health. However, Veterans fundamentally seek stability, opportunities to be valued and treated fairly, and compensated fairly in an environment Veterans can be proud of – one that upholds high ethical standards, builds strong communities and society, and is supportive of their families, futures, and other factors that ultimately define their Veteran experience. The environmental scan revealed many resources throughout Colorado that serve to support attracting, retaining, and engaging Veterans in the public health and environmental health workforce. One focus group participant put it plainly,

"I don't think why Veterans leave is so significantly different than why others leave the workplace. It's because of poor leadership, inconsistent or questionable values of a system or an organization, unjust compensation. When I worked for the state health department, I left because it was of the culture and the environment that I was working in. As a Veteran, you're more sensitive to that especially if you had a good military career." – Focus group participant #2, an Air Force Veteran

The most important development from the scan is embedded within the core aim of the study, the concept of meaningful engagement. The principles that support the foundation of meaningful engagement require placing Veterans at the center of priorities, processes, partnerships, programs, products, and progress. Thus, meaningful engagement of Veterans in public health and environmental health workforces begins with understanding Veterans, their relationship with or absence in the fields, and ends with Veterans leading and leveraging their power to define and design the future of the public health and environmental health workforce and outcomes—for all of Colorado!

Recommendations

Overall: Fully recognize, empower, reflect, resource, repair and build relationships between Veterans and public health, and environmental health workforces.

- Center Veterans in change and place Veterans at the forefront of change.

  - Center Veterans in both workforce and outcomes. Focus priorities, partnerships, policies, programs, etc., on efforts that result in Veterans not only surviving, but thriving.
  - Adopt the principle of reciprocity in creating diverse, equitable and inclusive environments to attract and retain Veterans in the field.
- Understand and value Veteran culture (consider language, military vernacular, communities, environment, and subcultures).
  - Embrace the diversity of Veterans to support diversity of the Colorado community. The diversity of Veterans in the public health and environmental workforce may facilitate progress in cultural competemility (competence and humility) and understanding of the traditions, values, beliefs, and customs of community members across the state.[76]
- Be intentional in systematic elimination of discrimination, along with stigmatizing language, actions, policies, and priorities. Veterans must be involved in the process to uncover issues that may not be apparent for those outside of the Veteran community.
  - Conduct an internal review and reflection of areas and ways stigma and discrimination against Veterans may show up in the workplace.
  - Work diligently to repair and build trust with Veterans from minoritized and marginalized backgrounds by investing in Veterans, acknowledging harm, and shifting power to Veteran-led and focused solutions.
- Partner with the Veteran service staff within the state to better understand and address barriers at the intersection of Veteran status and identity; Minority Veteran Program Coordinator (MVPC), LGBTQ+ Veteran Care Coordinator (LGBTQ+ VCC), and Women Veteran Service Officer located in Colorado.

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[76] "Cultural Competemility: A Paradigm Shift in the Cultural Competence versus Cultural Humility Debate – Part I | OJIN: The Online Journal of Issues in Nursing." 2023. Nursingworld.org. 2023. https://ojin.nursingworld.org/table-of-contents/volume-24-2019/number-1-january-2019/articles-on-previously-published-topics/cultural-competemility-a-paradigm-shift/.

Recruitment: Maximize equity-centered approaches for recruiting Veterans in public health and environmental health workforce and outcomes.

- Leverage existing mechanisms for centering Veteran voices in recruitment and in establishing transition support programs or services. This may include, but is not limited to, engaging Veteran membership organizations, Veteran Serving Organizations, places and locations where Veterans socialize together in-person or virtually.
- Build strong career bridge and apprenticeship programs to support Veterans in transitioning their military skills and experiences to public health and environmental health careers.
  - Example: Community health worker opportunity to support Veteran health priorities in programming such as Mental Health First Aid, or Veteran Suicide Prevention S.A.V.E. ("Signs", "Ask", "Validate", "Encourage", and "Expedite") training.
- Integrate infrastructure and support for translating military skills and volunteer experiences to align with career requirements in public health and environmental health into job / career announcements. (CareerOneStop resources and tools)
- Connect with service members through social organizations and volunteer opportunities – specifically those transitioning into the civil sector – to support the development of personalized career transition goals with a focus in public health and environmental health careers.
- Organize and mobilize a Veteran health community alliance to amplify tailored and targeted place-based partnerships and to integrate infrastructure to support Veteran services to build the much-needed workforce capacity in these fields.

Retention: Provide comprehensive support services for Veterans in the workplace and community.

- Establish innovative initiatives and programs to shift cultures, and perhaps infrastructure to better support complex, but equity-centered pay and benefit structures for Veterans.
- Implement high-performance work practices that are inclusive of Veteran workers, especially leveraging their leadership skills, comfort with learning on-the-job, and ability to effectively work in teams.
- Reinforce opportunities for professional development and continuous learning in diverse ways.
- Provide Veteran-conscious employment assistance programs, including peer mentors and Veteran support teams.
- Establish anti-stigma Veteran engagement and recognition practices in the workplace.
- Ensure Veterans are not isolated outside of work by connecting them to Veteran Serving Organizations and social groups and work that supports self-worth.
- Have a specialized team that can mediate and respond to crisis issues involving Veterans.
- Consider partnerships that Veterans may connect to for social services or support, including Veteran Serving Organizations providing access to adequate housing, transportation, and Health care services.

Appendix A

Resource Repository

Appendix B

In **May of 2022** The state of Colorado instituted the "Colorado For All" initiative, which is supported and upheld through policy, legislative priorities, and executive action.[77] Various workforce policies and programs that aim to amplify DEI and Veteran support have been outlined through opportunities for education, training, and employment. These policies not only benefit individual Veterans but also contribute to strengthening the state's economy. This commitment highlights the state's forward-thinking approach towards DEIBA within and in collaboration with military/Veteran infrastructure.

Federal & Military Actions

In **March of 2023,** the Department of Defense (DOD) and the Military Departments provided commentary during the Military Personnel Subcommittee hearing on the impact of Diversity, Equity, and Inclusion (DEI) Policies, Procedures, and Trainings within the Department of Defense. The hearing focused on the impact of DEI policies and training on the readiness, lethality, and cohesion of the military forces.[78]

In **2022**, the Department of Defense announced a new Defense Advisory Committee on Diversity and Inclusion.[79]

The DOD's Office for Diversity, Equity, and Inclusion is an organization aligned under the Office of the Under Secretary of Defense (Personnel and Readiness) that develops and executes diversity management and equal opportunity policies and programs affecting Active Duty and Reserve component military personnel, and DOD civilian employees.

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[77] "Equity, Diversity, and Inclusion | Department of Personnel & Administration." 2021. Colorado.gov. 2021. https://dpa.colorado.gov/about-us/edi.

[78] "Military Personnel Subcommittee Hearing: Diversity, Equity, and Inclusion: Impacts to the Department of Defense and the Armed Services." 2023. Armed Services Republicans. March 23, 2023. https://armedservices.house.gov/hearings/military-personnel-subcommittee-hearing-diversity-equity-and-inclusion-impacts-department.

[79] "DoD Announces New Defense Advisory Committee on Diversity and Inclusion." 2022. U.S. Department of Defense. 2022. https://www.defense.gov/News/Releases/Release/Article/3169272/dod-announces-new-defense-advisory-committee-on-diversity-and-inclusion/.

In **2022**, The Adjutant General of Colorado U.S. Army hired a chief diversity officer for the Colorado National Guard (CONG), with the State's Equal Employment Manager for Colorado National Guard. They serve as key advisors and managers of DEI for CONG and the Department of Military and Veterans Affairs. The CDO described her role as a DEI advisor as, "The Adjutant General on Diversity, Equity, Inclusion, and Belonging initiatives, policies and programs, serve as the organizations Executive Sponsor for the Employee Resource Groups, and advocate for our members," she further explains their commitment to DEI: efforts "Diversity, equity, and inclusion harness the collective capabilities, visions, ideas, human will-to-do, dreams, skill sets, contributions, and all those dynamics that makes us a pillar and cultural force of evolutionary positivism," Sanders said. "This organization can survive without diversity, but its potential, effectiveness, and true success will not be met."[80]

In June 2020, the Schriever Air Force Base, which supports both the Air Force and Space Force, created a diversity and inclusion task force, just one year after the inception of the U.S. Space Force. [81]

Special Note

Libraries across Colorado amplify DEIBA resources, information, and connections for patrons, communities, and library staff. They are provided via library services throughout Colorado.

The Colorado Military Diversity & Inclusion Councils across installations plays a significant role in promoting diversity initiatives like supporting underrepresented groups such as women Veterans, providing resources for families of transgender service members, addressing language barriers that may exist within the military community, and assisting with mental health services related to combat trauma or sexual assault. With consistent efforts toward acceptance and inclusion, they aim to make positive changes within the Colorado military community to help support all its members' needs better.

Executive Order on 14035 Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce. The law also charged the DAF to "define conscious and unconscious bias with respect to matters of diversity and inclusion, and provide guidance to eliminate such bias."

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[80] "Colorado National Guard Belonging Initiative Drives Employee Awareness." 2023. CO National Guard. January 5, 2023. https://co.ng.mil/News/Archives/Article/3260255/colorado-national-guard-belonging-initiative-drives-employee-awareness/.
[81] admin. 2020. "Schriever Showcases Diversity, Inclusion in Space Force." Colorado Springs Military Newspaper Group. November 9, 2020. https://csmng.com/2020/11/08/schriever-showcases-diversity-inclusion-in-space-force/.

Appendix C

Colorado Department of Military and Veterans Affairs' goal is to care for those who have served in our nation's military and for their families, caregivers, and survivors.

The National Resource Directory, a database of validated resources that supports recovery, rehabilitation, and reintegration for service members, Veterans, family members, and caregivers.

MakeTheConnection.net, an online resource, created by the U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention (OMHSP), designed to connect Veterans, their family members and friends, and other supporters with information, resources, and solutions to issues affecting their lives. The Center for Women Veterans was established by Congress in November 1994 by Public Law (P.L.) 103-446, to monitor and coordinate VA's administration of health care, benefits, services, and programs for women Veterans.

Veteran Readiness and Employment, formerly called Vocational Rehabilitation and Employment, provides assistance to Veterans who have service-connected disability that limits their ability to work or prevents them from working. The program helps Veterans explore employment options and address their education or training needs.

A Department of Veterans Affairs (VA) program, the VetSuccess on Campus (VSOC) program, aims to help Veterans, Service members, and their qualified dependents succeed and thrive through a coordinated delivery of on-campus benefits assistance and counseling, leading to completion of their education and preparing them to enter the labor market in viable careers.

The 78 Yellow Ribbon schools in Colorado help Veterans pay for higher out-of-state, private school, foreign school, or graduate school tuition and fees that the Post-9/11 GI Bill doesn't cover.

O*NET Web Services provides easy access to occupational data and career exploration tools for over 900 occupations, direct from one of the nation's primary sources of occupational information. O*NET Web Services is sponsored by the U.S. Department of Labor, Employment & Training Administration, and developed by the National Center for O*NET Development.

Colorado workforce centers provide a variety of free services to assist employers and job seekers. Services include job listings, computer and internet access, career counseling and training, recruitment of workers prescreening, and referral services, tax credits and training reimbursement for employers, etc.

Produced By:

<u>Trailhead Institute Workforce Programs & Initiatives</u>
<u>Black Ladies in Public Health</u>
Informing Veterans and Dependents