

Children of Military Caregivers **IMPACT FORUM REPORT**



Elizabeth Dole Foundation
CARING FOR MILITARY FAMILIES



**NATIONAL
MILITARY FAMILY
ASSOCIATION**





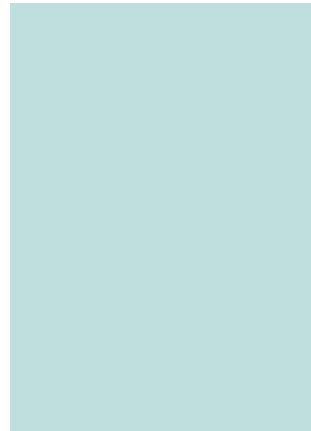
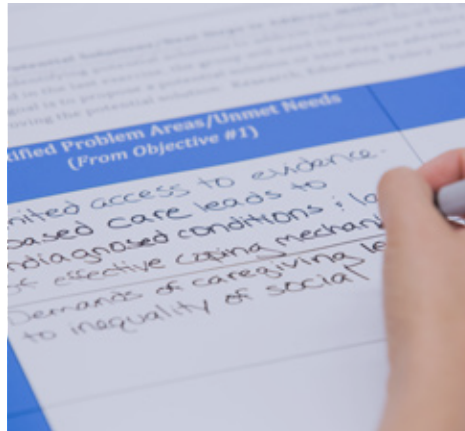
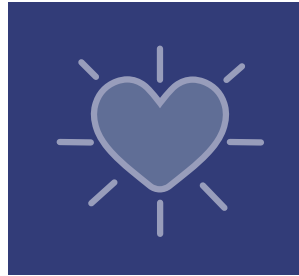
“

A generation of children has witnessed first-hand the physical and emotional effects of war. Their childhood has seen more stress, anxiety, frustration and heartache than most of us will see in our lifetimes. They have been forced to grow up too fast. And like their caregiver moms and dads, these hidden helpers are proud to be a part of their family, but the load they carry is heavier than any our nation should let them bear.

Today, we continue that great American tradition of joining together to solve a problem greater than ourselves. We should all remember that mutual pledge made at the birth of our nation and do everything in our power to give our caregiver kids the life of innocence and endless potential that every child deserves.”

— **Senator Elizabeth Dole,**
Founder of the Elizabeth Dole Foundation

Children of Military Caregivers Impact Forum, July 11, 2018



Executive Summary

On July 11, 2018, with funding from Wounded Warrior Project (WWP), the Elizabeth Dole Foundation (EDF) and the National Military Family Association (NMFA) convened more than thirty leaders in the military and veteran arena to discuss key issues facing the children of military caregivers, and to develop a plan for collecting further information and advancing support for these hidden heroes. The following report summarizes key takeaways from the event's proceedings and outlines several recommendations and next steps that support organizations should adopt to facilitate greater support for this hidden population.

A special thank you to Wounded Warrior Project for their sponsorship of the Impact Forum, and for their ongoing commitment to furthering comprehensive research and programmatic initiatives that address the needs of children of military caregivers. And thank you to The Independence Fund for their support and pledge to also drive forward solutions to the recommendations laid out in this report. We are grateful to KPMG for generously providing the space to host the Impact Forum event, and for facilitating the essential discussions that took place throughout the day's proceedings. Finally, thank you to the nonprofit organizations, researchers, and Dole Caregiver Fellows who contributed their time and expertise to this essential discussion.



Introduction & Background

The Elizabeth Dole Foundation's Hidden Heroes campaign brings vital attention to the untold stories of military caregivers and seeks to provide solutions for the long-term challenges they face. In addition to caregivers, the children of our wounded warriors and caregivers are also unspoken heroes in the story of caregiving.

A 2017 research blueprint, commissioned by the Elizabeth Dole Foundation and conducted by the RAND Corporation, revealed that no published studies exist exploring the impact of caregiving on the children of caregivers. Nevertheless, we understand that the family dynamic is markedly different where one parent is injured, and the other a caregiver. The RAND blueprint ranked research on the impact of caregiving on children as one of the highest priorities for improving military caregiver support going forward.

With the Children of Military Caregivers Impact Forum, the Elizabeth Dole Foundation and the National Military Family Association, along with our partners at WWP, brought together support organizations, subject mat-



ter experts, and caregivers to begin a discussion on the fundamentals of a shared action plan to address the needs and gaps in support related to the wellbeing of military children. The forum was designed to increase understanding of the impact of caregiving on military and veteran children in order to encourage more research and effective support of this critical and often overlooked community and included two panel discussions. The Military Caregiver Parent Panel discussed how caregiving responsibilities have impacted their children, parenting challenges associated with military caregiving and gaps in community support.

“ *You can't live in a household with somebody suffering and not have it affect everybody in the household.*

Because there has been minimal research to date on children of military caregivers, the Academic Researcher Panel relied on studies of other family populations dealing with stress and/or illness or injury to help us better understand the potential impact of trauma and military caregiving on children, the support needed to ensure the success of the military caregiver family, and future research needs.

Key Findings

Caregivers shared numerous challenges their children face as well as parenting challenges related to their service member's injuries and their own caregiving responsibilities. There were three areas where Academic Researchers indicated the literature on families supports the issues raised by our Caregiver panelists:

1. MENTAL AND PHYSICAL HEALTH CHALLENGES

Caregiver panelists noted a variety of mental health challenges and physical health issues among their children. While the diagnoses varied, all caregivers discussed how the physical, emotional and behavioral symptoms have a direct impact on their children's quality of life.

Liz: *The kids have really suffered from that because we didn't – I didn't – understand what was happening to my husband. I didn't know what was going on. You can't live in a household with somebody suffering and not have it affect everybody in the household.*

Jacqueline: *It's heartbreaking as a parent to watch your child sit at something that should be a normal childhood experience, a Sunday School class, is nearly impossible for him because of his issues...What memories are they going to have of their life besides trauma*

and besides freaking out in a crowded room? That's not what we want. But it's what we have right now.

Dr. Bui: *I was really struck by hearing...what you (the caregiver panel) shared about the physical health burdens within these families. There is something to be said about the stress response, the physiological stress response.*

Academic expert panelists noted the literature on families would predict higher rates of behavioral health challenges in children of military caregivers. Family Systems Theory provides an understanding of how family contextual factors influence individuals within the family unit. It says that a change or stressor in one family member – in this case, a combat injury – impacts the entire family since all the individuals are interrelated. Family Systems Theory says we would expect a combat injury and subsequent caregiving situation to impact children within the family.

Dr. Shepherd-Banigan: *Some of that can feed into stress for the child, some of that can feed into stress for the caregiver. You really can't understand an individual in isolation. The family is larger than the sum of each individual part. All parts of the family are interrelated. Any change in the family situation can lead to stress.*

Dr. Bui: *In addition to stressing the family system, becoming a caregiver is also decreasing the role of being a [parent] and so that also has an impact.*



The research-based Family Stress Model suggests the impact of stressful events on kids comes through their parents. Researchers developed the Military Family Stress Model to address added emotional aspects military families face. These models suggest that stressful situations, such as combat injuries and ongoing caregiving responsibilities, can sometimes lead to negative interactions between parents and children resulting in emotional and behavioral issues in kids.

“Some of that can feed into stress for the child, some of that can feed into stress for the caregiver. You really can't understand an individual in isolation.

Dr. Gewirtz: We've developed a Military Family Stress Model because we believe that, we've tested this, that things like PTSD and TBI and other stressors related to deployment impact families not just because they stress parents and parents are shorter and more negative with their kids but also because of the incredible anxiety related to fear and danger...We felt very strongly that you need to understand not just behavioral but also emotional events.

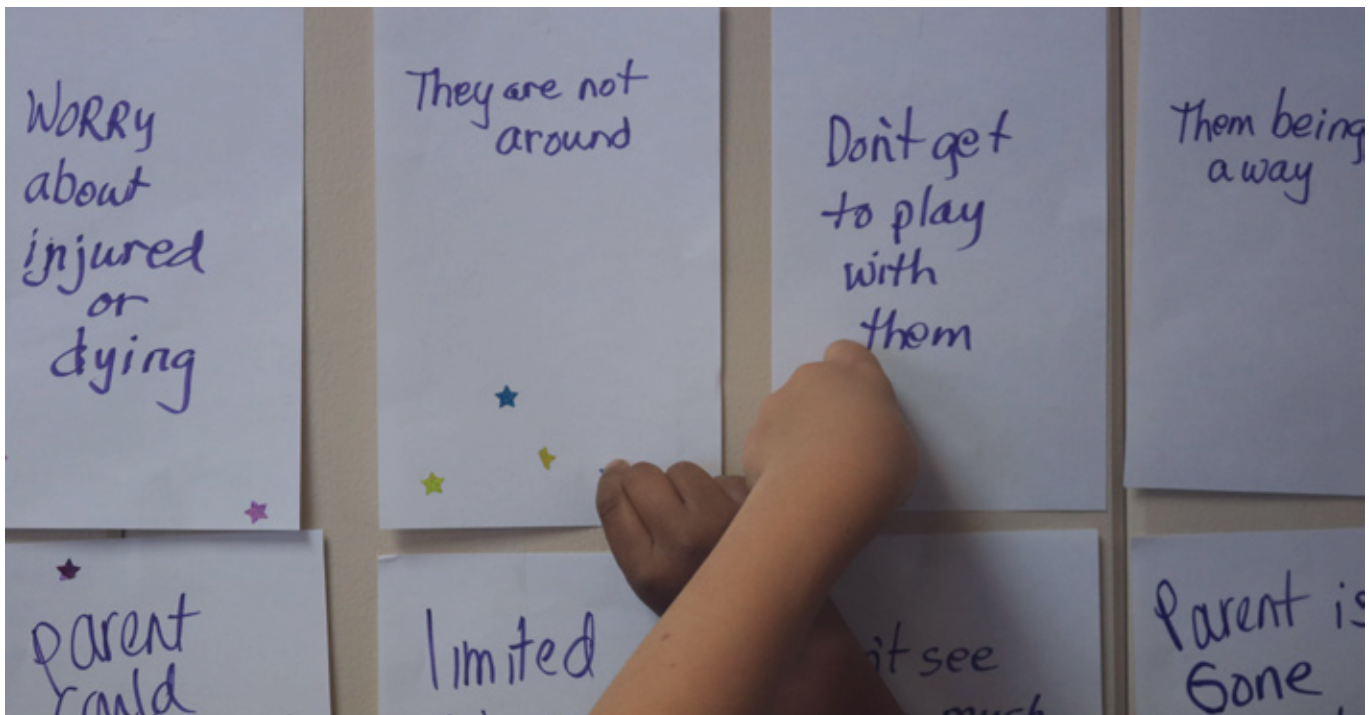
2. RISK OF SOCIAL ISOLATION

Although caregivers were not asked directly about the issue, many of their comments pointed to the risk of social isolation for their children. Impact Forum attendees were particularly struck by this issue and identified it as a key problem for children of military caregivers.

Jacqueline: Our daughter was 3 at the time (of her father's combat injury) and now she has an anxiety disorder and it affects her being able to be around crowds or be away from us, so she can't go to a regular school. She has to school online at home.

“You have to make those conscious choices to do that for your kids and for yourself as a caregiver and kind of like not let your entire life be limited by the person you're caring for. It can be a very unhealthy dynamic sometimes.

Hannah: I remember a few years ago we planned a trip to Yellowstone. Yellowstone is an hour and a half from our home. My husband was going to go, we were all excited, we were all going as a family. And then that morning he didn't want to go and there was a moment in time where I actually thought we all weren't going to





go. And I thought, why am I making this choice? He will be okay for “x” amount of hours by himself and I can have someone check on him. We’re going to Yellowstone because that’s what the plan was. And so, you have to make those conscious choices to do that for your kids and for yourself as a caregiver and kind of like not let your entire life be limited by the person you’re caring for. It can be a very unhealthy dynamic sometimes. It’s very, very easy to lapse into that, where everything revolves around the person you are caring for to the detriment of the children or the caregiver themselves.

Academic researchers validated concerns about social isolation, citing a VA Caregiver Program study that showed 75% of caregiver respondents engaged in the community three times or less in the past month.

“ *He’s not late to school because he’s oversleeping. He’s late to school because he’s having a severe panic attack in the bathroom and he won’t come out.*

Dr. Shepherd-Banigan: *If you can think about a parent having engaged in the community three times or less in the past month, it really goes to your point of limited involvement and ability to engage in school and extracurricular activities.*

Caregivers also spoke extensively about the military-civilian divide and how that contributed to their family’s isolation due to a lack of support from their communities, schools, medical providers, and others.



Liz: *I try to explain to the school everything that my son deals with. The panic attacks. He’s not late to school because he’s oversleeping. He’s late to school because he’s having a severe panic attack in the bathroom and he won’t come out. We’ve had so many issues with him. And the school...we just had difficulty explaining why these things are happening. They can’t understand it. They kind of label them as problem children. You know, they don’t get what’s wrong, but they don’t get that kids can have anxiety.*

3. COMMUNICATION

Caregivers discussed the importance of communicating effectively with their kids regarding the service member or veteran’s injury. They recognize it is critical for children to understand what is happening within the family and, more importantly, that negative situations resulting from their parent’s injury are not a reflection on them or their parent’s feelings for them. They also recognize the importance of letting their children define the situation in their own (age-appropriate) terms, to help them feel more comfortable with shifting family dynamics.

Liz: We made it very clear to them what daddy's injuries are, what he needs. I think it's very important to make sure we speak to our children openly and honestly and engage them and involve them. They need to know because they are not oblivious to what's happening.

“

I think it's very important to make sure we speak to our children openly and honestly and engage them and involve them. They need to know because they are not oblivious to what's happening.

Hannah: One day I overheard my daughters referring to their dad as a hermit crab, so I asked them about it. They explained it to me like this - hermit crabs are really happy and when their needs are met they can be very happy creatures crawling around, enjoying the beach. And when they are feeling threatened, they retreat into their shell. If you don't leave them alone when they're in their shell, then they're going to pinch you. This is the metaphor they kind of use to describe their dad's behavior because there are times when he's very withdrawn from the family unit. He isn't active really, in the traditional sense, in their lives. Maybe there's a Christmas program at the school and they've invited him to go and he's assured them he's going, and we go to get in the vehicle and he's not going. It's moments like that where it's kind of a coping mechanism they've used to

kind of describe his behavior and that it's not personal. It isn't about them. He's not doing it because he doesn't want to go and support them. He's doing it because it's what he needs to do to feel safe, he needs to do to feel his world is under control. I wanted to share that with you all because I think it's amazing how resilient kids are, their minds, and how they can justify and cope with situations that adults have difficulty understanding and coping with.

Academic researchers cited research from other populations supporting how important it is for children to understand the parent has an injury or illness, so the child knows they aren't the cause of their parent's actions or choices.

Dr. Gewirtz: We actually have a lot of literature on that from children of schizophrenic parents – that sounds like a really different kind of literature – but the idea that kids of schizophrenic parents who did well, did well because they understood their parent had an illness. And the kids of schizophrenic parents who did not do well felt that kind of mommy and I are one and that they had to be part of the parent's delusion in a way.

Although not discussed by the Academic Researcher panel, Caregivers surfaced several additional important points related to their children and families:

4. FINANCIAL CHALLENGES

Although these may not seem like children's issues, financial pressures can have an enormous impact on a military caregiver child's life. Financial issues take a variety of forms from barriers to caregiver and/or veteran employment to increased TRICARE copays for mental health care to lack of health care coverage altogether.

Jacqueline: To echo that, I can't work. For a while, it was simply because of taking care of my husband, but now because of my kids' issues, they can't go to regular school. Online school at home is the only option for us per many doctors and therapists. We're stuck, we don't have that extra income. We're all home with just his VA disability income. Sometimes you just don't have an option.



Hannah: *It also took years for us to go through the VBA claims process. My husband was at first unwilling to go through that process – didn't want any benefits, didn't think he deserved them, other people deserved them more, those kinds of things. When he eventually three years out decided, yes, we needed to do this because we were financially struggling – we had lost our house to foreclosure, all sorts of things that were just really, really tumultuous in our lives. When he finally did go through the VBA process, he was given a 100% disability rating.*

“ *We did go through a real difficult time period where I had to quit my job to take care of him and when I quit my job we had no health care coverage, my entire family. He did through the VA, I should say, but myself and my children did not.*

Jacqueline: *They (our children) need therapy to deal with living with the effects of war. But one thing that happened recently, though, was we had to cut our son's therapy in half because TRICARE doubled our copay. So, he's not getting the amount of mental health care and our daughter can't get anything beyond what she's just getting at the TBI clinic because we just can't pay for it... It devastated us.*

Hannah: *I was employed at the time my husband was injured so therefore my family was covered through my insurance. We also had TRICARE because my husband was serving in the Army. Although he was grievously wounded and has two Purple Hearts and so on, he was honorably discharged as opposed to medically discharged. This makes a huge difference for health care reasons. You do not have TRICARE coverage after someone is honorably discharged if they have not put in 20 years. We did go through a real difficult time period where I had to quit my job to take care of him and when I quit my job we had no health care coverage, my entire family. He did through the VA, I should say, but myself and my children did not.*

“ *One of the biggest parenting issues that I have is when my husband needs assistance– my kids are still quite small–I can't watch them as I help my husband all the time.*



5. NEGATIVE IMPACT OF CAREGIVING RESPONSIBILITIES ON PARENTING

Caregivers discussed the relentless tasks and responsibilities associated with balancing caregiving, parenting, medical appointments, and household tasks. They are concerned that caregiving duties can sometimes interfere with their ability to parent by making it difficult to prioritize their children's needs and be the parent they want to be.

Megan: *One of the biggest parenting issues that I have is when my husband needs assistance – my kids are still quite small – I can't watch them as I help my husband all the time. Recently, a few things have come up, it's really hit me, that can turn dangerous quickly. It just happened this past weekend, we were at an event and the grass was kind of steep and not very level and again I was helping my husband and there were a ton of people there and my kids, I couldn't hold my kids' hands because I needed to be there for my husband to balance on me. And I was so afraid my kids were just going to get lost in the mass of people, but then I also didn't want my husband to fall.*

Jacqueline: *Initially, when we were only dealing with my husband's injury, that was bad enough. We were in and out of doctor's offices all day long, all day long in command meetings. We did not stop going. So that meant our youngest wasn't able to go to preschool be-*

cause we had to constantly be available to drive back and forth to the hospital or the WTU. He actually has long lasting developmental issues from just not being able to go to preschool.

Liz: The hard part is I feel like sometimes I don't get to be that loving mom or that loving person as much because it's this constant management, it's constant management from the minute you wake up even throughout the middle of the night.

Hannah: I do think in the case of many veterans who were seriously wounded, they really don't have the ability to co-parent in the way that we think of co-parenting – that they're sharing equally the burdens of parenting with their spouse or significant other or however that looks. So that remark where you said you feel like a single parent, I've often felt like a single parent also. When my husband returned from Iraq, it was really apparent he had difficulties caring for himself, so how was he going to help care for a newborn baby? This is absurd.

“ The hard part is I feel like sometimes I don't get to be that loving mom or that loving person as much because it's this constant management, it's constant management from the minute you wake up even throughout the middle of the night.

6. POSITIVE OUTCOMES FOR KIDS OF MILITARY CAREGIVERS

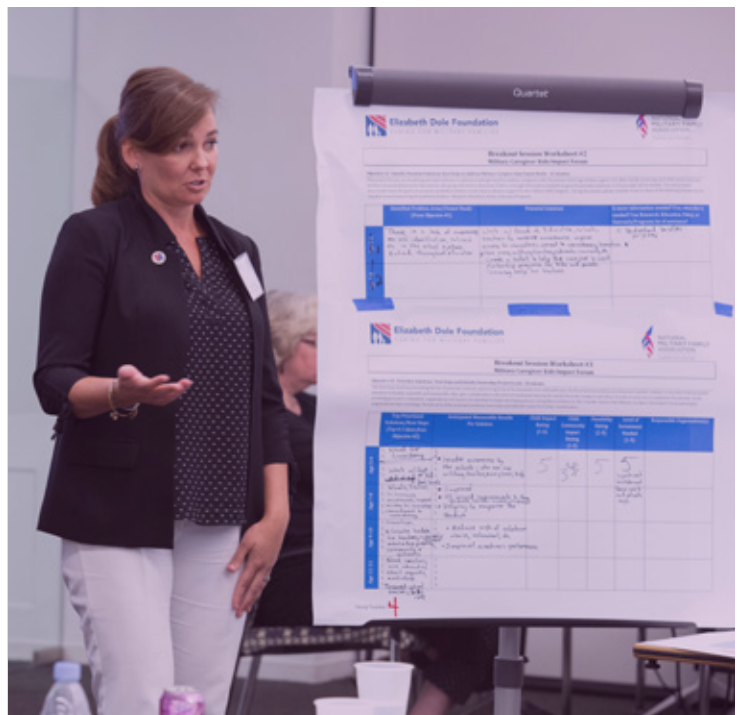
Caregivers recognize their children have developed positive attributes as a result of being part of a military caregiver family including compassion, self-sufficiency and resiliency.

Jacqueline: My kids, even with all of their issues, they are so compassionate. I think that's absolutely the best thing. I mean, they just they care so much about other people because they've seen suffering, they've lived through trauma, they understand what pain is so the idea that somebody else is in pain, it just wrecks them.

Liz: The struggle becomes I'm trying to give my kids attention, but also manage his (my husband's) health care and get him fed and make sure he's taking his medicines and I'm waking up to do those things. And I feel bad because my kids have to wait. They either have to wait or they also step up... My 6-year old, from the time he was 4, knows how to make his own peanut butter and Nutella sandwiches. Puts more Nutella on than peanut butter but...he can make himself a sandwich because he knows I can't get to you right now.

“ My kids, even with all of their issues, they are so compassionate. I think that's absolutely the best thing. I mean, they just they care so much about other people because they've seen suffering, they've lived through trauma, they understand what pain is so the idea that somebody else is in pain, it just wrecks them.

Hannah: I just think the kids in this situation are incredibly resilient. They've had to deal with so much and they've seen so many changes in their parent, parents – both actually – and the family unit and they've had to adapt. They are just really very independent, compassionate, resilient kids and those are all qualities we want them to have. How they acquired them was difficult, but those are all upstanding qualities that I think just make them better people.

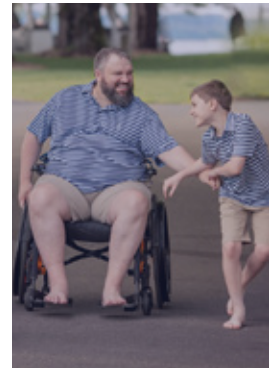


“ I just think the kids in this situation are incredibly resilient... They are just really very independent, compassionate, resilient kids and those are all qualities we want them to have. How they acquired them was difficult, but those are all upstanding qualities that I think just make them better people.

Recommendations

GUIDING PRINCIPLES

- Children of Military Caregivers have had their childhoods impacted by war and combat injuries. Research, policy and programming decisions should consider not only how to lessen that impact on the childhood experience but, perhaps even more importantly, how to minimize the impact on military caregiver kids' future development and opportunities.
- We must acknowledge that families dealing with primarily invisible wounds have an additional set of challenges than those with visible wounds. Both types of wounds (which are often comorbid) present similar challenges to family functioning – high, protracted stress levels, relentless demands on the caregiver parent, anxiety and other emotional issues for all family members. However, families dealing with primarily invisible wounds often face an additional layer of complexity due to external reactions including stigma, lack of compassion, barriers to accessing resources, and lack of understanding by the general public.
- Where possible, existing research, policies, and programs, should be adapted to support the children of military caregivers. As noted by the expert panel, established models like the Family Systems Theory can be applied to understand the context of the challenges facing this hidden population. Additionally, we can, and should, learn from other populations that are facing similar challenges, such as children in civilian families where one parent suffers from chronic physical or mental health challenges, and the other parent is a caregiver.

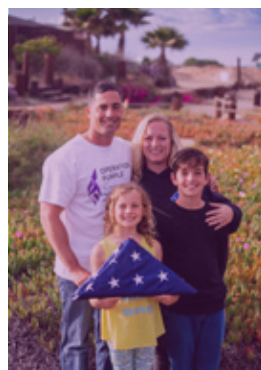


“ However, families dealing with primarily invisible wounds often face an additional layer of complexity due to external reactions including stigma, lack of compassion, barriers to accessing resources, and lack of understanding by the general public.

- Supporting children of military caregivers is an endeavor that will span decades. Research, policy and programming must be consistently updated to address evolving family needs as children age and mature, the wounded service member's needs change, and caregiver roles and responsibilities shift within the family.

MENTAL HEALTH

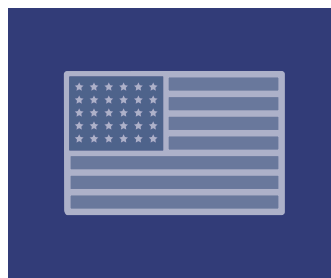
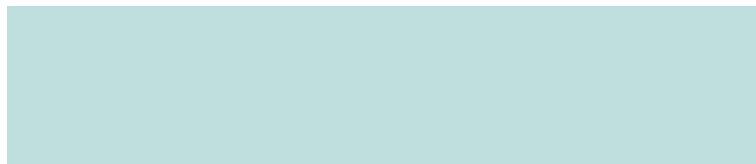
- A multifaceted effort is required to address mental health care affordability. Advocates must fight for lower TRICARE copays for outpatient mental health visits so therapy is affordable using the TRICARE health care benefit the service member earned through extraordinary sacrifice. For those families not covered by TRICARE, a fund should be established to provide grants to assist with costs for children's therapies. Finally, military caregiver families must be educated on health care coverage options potentially available to them (e.g., Medicaid, CHIP, CHAMPVA) if they are not TRICARE beneficiaries.



- Mental health care for military caregiver families should be expanded beyond traditional therapies and treatments. Many caregivers and their children need assistance in dealing with normal reactions to extreme and protracted stress, anxiety and overwhelming responsibility, not necessarily because they are suffering from a diagnosed mental illness. Within the traditional mental health care system, demand already outstrips supply. For caregivers and their families, non-traditional options such as preventive or parenting programs or telehealth options to connect geographically dispersed military caregiver kids and providers should be considered.

“ Supporting children of military caregivers is an endeavor that will span decades.

- Even for families with TRICARE, finding an appropriate behavioral health provider can be a stressful and time-consuming experience. Military caregiver families



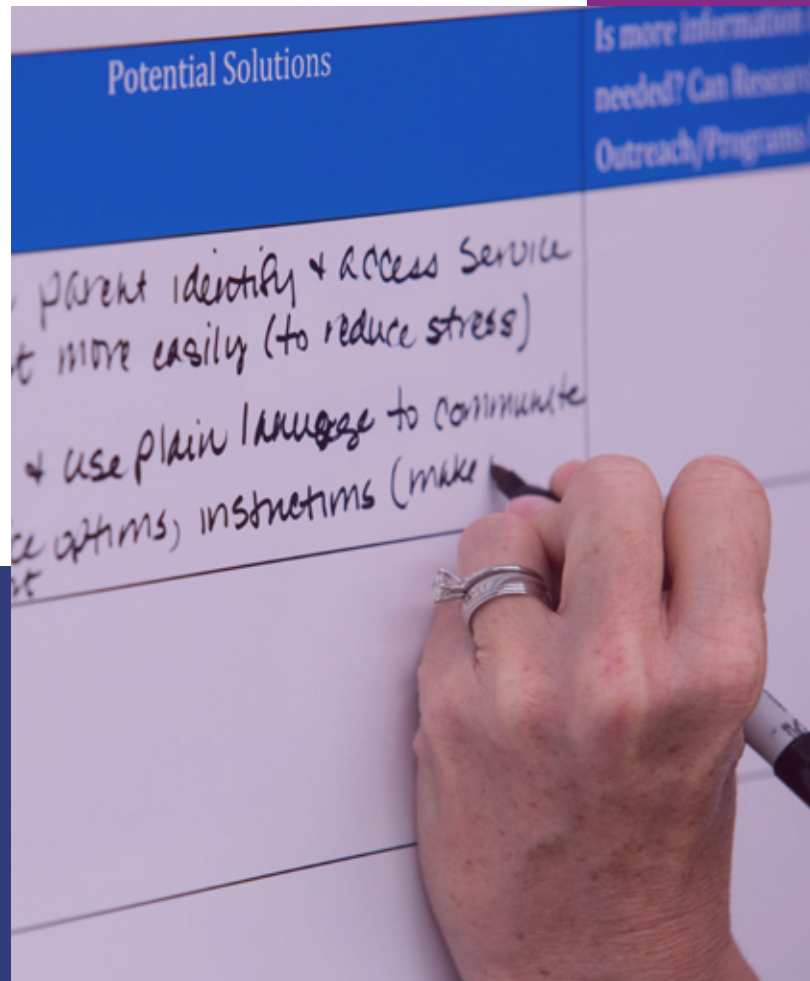
would benefit from a “how to” guide or concierge service to assist them with finding a provider with the right expertise and appointment availability to meet the family’s needs.

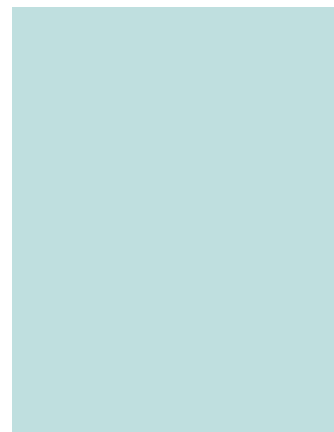
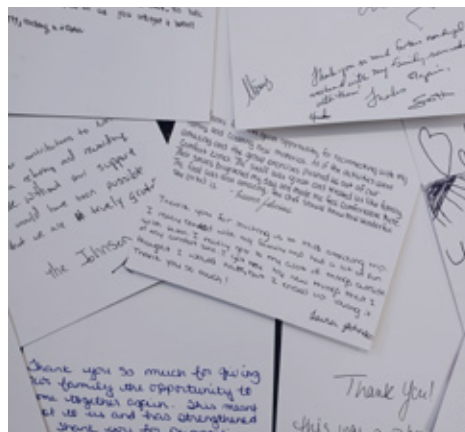
RESEARCH

- Conduct a large-scale quantitative study to assess the impact of military caregiving on kids’ physical and mental health and school performance among other factors. A large study will not only provide insights into the depth and breadth of military caregiver kids’ challenges, it will generate greater attention for the issue.
- Undertake additional qualitative or exploratory research to surface other issues facing military caregiver kids. Be sure to explore the needs of older kids and teens as well as younger children in caregiver families, including academic, social challenges, or peer support needs they may have.
- Because this population is hard to reach and time burdened, innovative approaches must be developed that provide benefits to caregiver families while allowing researchers to gather information (for example, holding focus groups at NMFA’s Operation Purple Healing Adventures or Buddy Camps.)
- Broadly disseminate research findings to ensure they are leveraged in policy and programming decisions.

OTHER RECOMMENDATIONS

- Improve awareness, self-identification, education, and outreach in school systems and with medical providers so they understand the challenges associated with being a military caregiver kid. Leverage the Elizabeth Dole Foundation's Caregiver Journey Map and the How to Help Military and Veteran Families publications from the Military Family Research Institute at Purdue University.
- Develop or leverage existing tools and resources to help parents communicate with children in an age-appropriate way about the service member's injuries and how they impact the family.
- Consider solutions that ease the overall burden on the caregiver parent. Academic literature and deployment specific studies provide rationale for supporting parents in order to help kids – kids have better outcomes when parents are doing well and have patience and sufficient bandwidth for parenting responsibilities.
- Help address military caregiver kids' social isolation by first targeting the source of the isolation (e.g. lack of resources, disconnect between the veteran family and the civilian community and logistical challenges. Then create partnerships and programs with civic and military organizations such as Boys & Girls Clubs of America, YMCA, Our Military Kids, The Independence Fund, and others to reduce or combat this sense of isolation.
- Develop programs that encourage family time and shared activities. For instance, form public-private partnerships with amusement parks, sports teams, movie theaters and other family-oriented activities to provide discounts to wounded warrior/caregiver families.
- Extend programs and support for children past age thirteen, so they have services to rely on as they transition to early adulthood. Consider programming to support children of caregivers as they transition into primary caregiver status and through their transition to adulthood regardless of whether they continue with their caregiving role.
- Develop a universally recognized and trusted Caregiver ID to streamline access to programs and resources.
- Improve access to respite and self-care opportunities to allow the caregiver parent to recharge and properly care for their own needs as well as the needs of their family.
- Create or leverage existing age-appropriate training programs to support children who might be taking on caregiving responsibilities, or who might inherit them in the future, such as family-based first aid or caregiver stress reduction programs.
- Collaborate with those working with populations facing similar challenges (e.g., medically fragile kids) for best practices and sharing lessons learned.





Next Steps: Elizabeth Dole Foundation & National Military Family Association

Through a grant from Wounded Warrior Project, the Elizabeth Dole Foundation and National Military Family Association are continuing our collaborative efforts to better understand and address the impact of caregiving on the children of military caregivers. This will be accomplished with three main elements:

1. Support The Impact of Caregiving on the Children of Military Caregivers: An Exploratory Study, an academic study already in progress.

NMFA and EDF have identified a research team with extensive expertise in adolescent health, military family health, and military caregivers. Belinda Her-

andez, Ph.D., behavioral scientist at the UTHealth at Houston School of Public Health (SPH), will serve as principal investigator. Melissa Peskin, Ph.D., behavioral scientist and epidemiologist at UTHealth SPH, and Roxana Delgado, Ph.D., interdisciplinary health scientist at UT Health at San Antonio School of Medicine

(SOM) and at the Military Health Institute, will serve as mentors and co-investigators. Dr. Delgado is also a 2015 Elizabeth Dole Foundation Fellow.

The purpose of their one-year pilot study is to better understand how caregiving impacts the health and well-being of military caregivers' children. This study will (1) assess the prevalence of psychological, social, behavioral, and academic adverse outcomes among military caregivers' children compared to military children whose parents do not require the assistance of a caregiver and (2) identify the correlates associated with adverse psychological, social, behavioral, and academic outcomes, while adjusting for other covariates, among military caregivers' children.

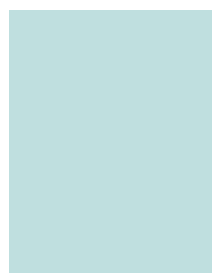
EDF and NMFA have worked with Dr. Hernandez to ensure that key discussion points from the Impact Forum are incorporated into the study design and questions. We will also lead efforts to disseminate Dr. Hernandez's survey by leveraging our program contacts and encouraging other organizations to do the same. EDF and NMFA will jointly create a social media toolkit and will work with funding partners like Wounded Warrior Project and The Independence Fund, as well as the organizations who attended the July Impact Forum to ensure widest dissemination of Dr. Hernandez's study.

2. Conduct qualitative research on military caregiver children's challenges and unmet needs by leveraging the EDF Caregiver Fellows network and NMFA's Operation Purple Healing Adventures® (OPHA).

NMFA's Operation Purple Healing Adventures (OPHAs) are an invaluable program for our wounded, ill, and injured families. At one of the 2019 OPHAs, we will incorporate new elements to enhance the focus on the specific needs of the children of military caregivers. This enhancement will involve engagement with a university-based research partner to provide a unique and targeted curriculum aimed at addressing some of the issues identified at our Children of Military Caregivers Impact Forum. The university partner will also work with NMFA and EDF to conduct qualitative research at the OPHA camp to better understand children's and parents' unmet needs.

3. Disseminate research findings via an EDF & NMFA Children of Military Caregiver Impact Forum follow-up convening, including a comprehensive communication plan that would further inform stakeholders.

EDF and NMFA will host a one-day follow-up Impact Forum event to discuss research findings of both Dr. Hernandez's study and qualitative findings from OPHA focus groups and interviews. The emphasis will be on next steps in terms of research, policy and programming, bringing together programmatic leaders as well as researchers with a focus on supporting military children. Additionally, we will create a comprehensive communications plan to educate a wider audience, leveraging community partnerships and building advocacy momentum for research within the VA.



PRESENTING SPONSOR



Thank you to Wounded Warrior Project for their sponsorship of the Impact Forum and their leadership and continuing support for the ongoing research and programmatic activities to study the impact of caregiving on military children.



A Special Thank You To The Independence Fund

For their pledge to support the ongoing research into this hidden population, and for driving forward solutions to the recommendations posed in this report.

Thank you to all the organizations who participated in the July Impact Forum, and for continuing to support the children of military caregivers.

AARP	KPMG
AFSC/Magellan Federal	Military Child Education Coalition
American Psychological Association	MFRI
Armed Services YMCA	MGH/Home Base
AUSA	MOAA
Beck Consulting	Red Cross/Military & Veteran Caregiver Network
Biden Foundation	Our Military Kids
Blue Star Families	PsychArmor
Bristol-Myers Squibb Foundation	Quality of Life Foundation
Bob Woodruff Foundation	RAND
Child Trends	Sesame Street for Military Families
Code of Support Foundation	University of Minnesota
Cohen Veterans Clinic - Easterseals DMV	UTHealth School of Public Health
Comfort Crew for Military Kids	U.S. Department of Veterans Affairs
U.S. Department of Defense	U.S. Department of Veterans Affairs Greater Los Angeles Healthcare System
Dole Caregiver Fellows	Wounded Warrior Project
Duke University	Yellow Ribbon Fund
Exceptional Lives	
The Independence Fund	

Thank you to KPMG for generously providing the space to host the Impact Forum event, and for facilitating the essential discussions that took place throughout the day's proceedings.