Understanding the Health of Those Who Have Served

Tracy Malone, United Health Foundation
Presentation Objectives

• As a result of this activity, participants will deepen their understanding of the differences in health and well-being between those who have served in the U.S. Armed Forces and their civilian peers, including how these differences have changed over time.

• As a result of this activity, participants will be able to identify specific mental health concerns that are more prevalent among those who have served, including how the prevalence of these issues varies by gender, age and other population characteristics.

• As a result of this activity, participants will be better prepared to care for those who have served and will improve their ability to recognize potential health challenges unique to the military and veteran population.
Overview of America’s Health Rankings

Annual Report Since 1990

Seniors Aged 65+
Since 2013

Women and Children
Since 2016

Those Who Have Served
Since 2016

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Defining “Those Who Have Served”

– America’s Health Rankings focuses on the health of those who have ever served on active duty in the United States Armed Forces, either in regular military or in a National Guard or military reserve unit.

– Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

– This definition does not differentiate current active military from retired veterans.
Overview of Those Who Have Served

Shifting Demographics

23M  Americans living today have served on active duty in the U.S. Armed Forces.¹ ²

1.3M  Over the past 50 years, the number of active duty personnel has significantly declined, from 3.5 million during the military draft era to 1.3 million as part of today’s all-volunteer force.³

30%  The VA projects the veteran population will decrease by over 30% over the next two decades, from 19.2 million to 13.1 million.²

The changing face of military and veteran populations creates unique health challenges and new demands on the health care system.

¹ U.S. Department of Defense. 2018 Demographics Profile of the Military Community.
The 2016 and 2018 *Health of Those Who Have Served Reports* provide key insights about the similarities and differences in health between those who have served in the U.S. Armed Forces and their civilian counterparts.

The 2017 *Health of Women Who Have Served Report* provides distinctive insights into the health of women who have served compared to women without military service.

- All reports developed in partnership between the United Health Foundation and the Military Officers Association of America
- Analysis models developed in collaboration with two advisory steering groups of leading public health, military and veterans' organizations
- Reports are based on data from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) and other publicly-available data sources

Collectively, these reports provide objective data insights on opportunities to address the distinct health needs of military service members and veterans, and serve as benchmarks to monitor health and well-being over time.
Measuring the Health of Those Who Have Served

- 31 measures of behaviors, clinical care, policy, community and environment and health outcomes

- Data sources include CDC’s Behavioral Risk Factor Surveillance System (BRFSS) and the National Health Interview Survey (NHIS), as well as SAMSHA’s National Survey on Drug Use and Health (NSDUH)

* Measure also reported in the Health of Women Who Have Served Report
** Measure only reported in the Health of Women Who Have Served Report
Data and Analysis

Baseline, 2011 – 2012: provides a baseline by which to compare trends across editions, and over time;

Midpoint, 2013 – 2014: these rates were presented as the “current” rate in the 2016 Edition, and now represent an interim period in the trends analysis; and

Current, 2015 – 2016: provides the most current years’ rates and an opportunity to measure change since the midpoint and baseline years.

Age Adjustment

• Those who have served on active duty have a different age distribution than the general U.S. population

• To prevent age from skewing results, data included in this report were age-adjusted to the 2000 U.S. Standard Population
Key Findings

Those who have served are more likely to report that their health is *very good* or *excellent* – a difference that has generally *not changed since 2011-2012*. 

**SELF-REPORTED HEALTH STATUS AS VERY GOOD OR EXCELLENT**

- **Served**: 56.3%
- **Not Served**: 51.1%
But Are More Likely to Face Several Health Challenges than Civilians

<table>
<thead>
<tr>
<th>Common Chronic Diseases</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Served</strong></td>
<td><strong>Not Served</strong></td>
</tr>
<tr>
<td>Arthritis: 24.7%</td>
<td>Excessive Drinking: 21.4%</td>
</tr>
<tr>
<td>Cancer: 10.9%</td>
<td>Smoking: 19.9%</td>
</tr>
<tr>
<td>Cardiovascular Disease: 9.8%</td>
<td>Smokeless Tobacco: 8.7%</td>
</tr>
<tr>
<td></td>
<td>Not Served: 18.6%</td>
</tr>
<tr>
<td></td>
<td>Not Served: 16.6%</td>
</tr>
<tr>
<td></td>
<td>Not Served: 3.5%</td>
</tr>
</tbody>
</table>
Mental Health Challenges Among Those Who Have Served

Rates of anxiety, depression, and frequent mental distress are higher among both men and women who have served than their civilian counterparts.
Suicidal Thoughts in the Past Year

Those who have served have a significantly higher rate of suicidal thoughts than civilians

- Among those aged 35-49 who have served, the rate of suicidal thoughts is nearly double that of those who have not served (6.1% vs. 3.5%)
- Among college graduates, those who have served have almost twice the rate of suicidal thoughts than those who have not served (4.3% vs. 2.6%)
- Suicidal thoughts are most common among those who have served who earn less than $30,000 (8.7%)
Suicidal Thoughts and Anxiety Among Women Who Have Served

The rate of suicidal thoughts among women who have served has increased threefold in recent years.

The rate of anxiety among women who have served has increased 131% in recent years.
The Rate of Depression Among Women Varies by Age

Overall, women who have served have a **16% higher rate of having ever been diagnosed with depression** than civilian women.

**OVERALL**
- **SERVED**: 25.1%
- **NOT SERVED**: 21.6%

**BY AGE**
- **18 TO 25**
  - SERVED: 17.8%
  - NOT SERVED: 19.0%
- **26 TO 34**
  - SERVED: 25.9%
  - NOT SERVED: 21.6%
- **35 TO 49**
  - SERVED: 27.2%
  - NOT SERVED: 23.0%
- **50+**
  - SERVED: 25.2%
  - NOT SERVED: 21.1%

*Statistically significant difference between served and not served.*
Across several measures, those who have served fare better than their civilian counterparts.

- Colorectal Cancer Screening: 72.4% Served, 66.0% Not Served
- Flu Vaccine: 50.6% Served, 37.0% Not Served
- Dental Visit: 69.6% Served, 65.2% Not Served
- Unmet Medical Need Due to Cost: 8.7% Served, 14.1% Not Served
Taking Action to Improve Health
Preparing Health Providers to Care for Those Who Have Served

Few civilian health care providers have direct military experience or received specialized training in military culture.

Approximately 60 percent of U.S. veterans are eligible for VA care, based on length of service, service-connected injuries, service in designated combat theaters, and income.

Veteran Care a Unique Challenge to Non-VA Primary Care

- AAFP, February 2019

Community-Based Mental Health Providers Need More Preparation to Better Care for Veterans

- RAND, November 2014

RAND. Balancing Demand and Supply for Veterans’ Health Care, 2016
Thank You