

HEALTH OF THOSE WHO HAVE SERVED

EXECUTIVE SUMMARY

NOVEMBER 2016

The full report is available at
www.americashealthrankings.org

JOIN THE CONVERSATION



EXECUTIVE SUMMARY

OVERVIEW

Our nation is grateful for the dedication of those who have served in the United States Armed Forces and for the sacrifices they have made to keep our country safe. From enlistment through retirement, the health of these individuals is a high priority for all of us.

United Health Foundation is committed to helping communities across the country understand the similarities and differences between the health of those who have served and those who have not served (hereafter referred to as “civilians” for the purposes of this document). *America’s Health Rankings® Health of Those Who Have Served Report* reflects United Health Foundation’s commitment to offering data-driven insights that can stimulate dialogue and action that continues to advance the health of those who have served, and builds upon the United Health Foundation’s philanthropic initiatives to support members of the U.S. Armed Forces, veterans, and their families across the country.

America’s Health Rankings, in partnership with Military Officers Association of America (MOAA), collaborated with an advisory steering group of leading military and veterans and public health organizations to develop a holistic study of the health of those who have served in the U.S. Armed Forces compared with the health of civilians. The report establishes a baseline portrait of the health of those who have served, analyzing 24 health measures from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS)—the world’s largest, annual population-based telephone survey of more than 400,000 people.

THOSE WHO HAVE SERVED, WHILE REPORTING BETTER OVERALL HEALTH, FACE DISTINCT HEALTH CHALLENGES

The report highlights that *those who have served are more likely than civilians to report that their health is very good or excellent.*

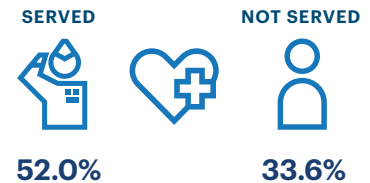
MEN WHO HAVE SERVED ARE **11% MORE LIKELY** TO REPORT BEING IN **VERY GOOD OR EXCELLENT HEALTH** THAN MEN WHO HAVE NOT SERVED



WOMEN WHO HAVE SERVED ARE **10% MORE LIKELY** TO REPORT BEING IN **VERY GOOD OR EXCELLENT HEALTH** THAN WOMEN WHO HAVE NOT SERVED



HISPANICS WHO HAVE SERVED ARE **55% MORE LIKELY** TO REPORT BEING IN **VERY GOOD OR EXCELLENT HEALTH** THAN HISPANICS WHO HAVE NOT SERVED



This is true for both men and women, as well as many minority populations. For example, significantly better health is reported among non-Hispanic black, Hispanic, and non-Hispanic American Indian/Alaska Native individuals who have served than individuals in these groups who have not served.

However, *despite reporting better overall health, those who have served face distinct health challenges, including higher rates of coronary heart disease, heart attack, and cancer* than their civilian peers:

RATE OF SELECT POOR HEALTH OUTCOMES (%) BETWEEN THOSE WHO HAVE SERVED AND THOSE WHO HAVE NOT SERVED

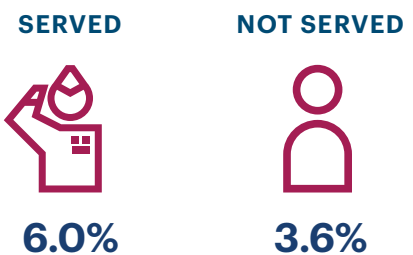
	SERVED	NOT SERVED
CORONARY HEART DISEASE	5.5%	3.4%
HEART ATTACK	6.0%	3.6%
CANCER	11.1%	9.8%

Across several chronic conditions, differences in rates between those who have served and civilians increase with age. For example:

- Slightly more than one out of five individuals 80+ years of age who served have coronary heart disease, compared to about one out of eight civilians in that age cohort.
- Nearly half of people 80+ years of age who served have been diagnosed with cancer, compared with roughly one-third of civilians.

The report also finds that people aged 18-39 who have served have lower rates of certain chronic conditions such as diabetes, but they sleep less and smoke more than civilian peers.

HEART ATTACKS



+67% DIFFERENCE

PHYSICAL INACTIVITY LOWER FOR THOSE WHO HAVE SERVED AT ALL AGES

The report finds good news for service members when it comes to physical inactivity. **Those who have served are less likely to be physically inactive than civilians**, a pattern that cuts across all age groups from 18-39 year olds to those 80+ years of age.

While overall obesity rates are generally similar for those who have served and civilians, obesity is less common among service members with incomes below \$25,000 than for civilians in the same income range (29.9% vs. 34.4%).

ACROSS ALL AGE GROUPS,
PHYSICAL INACTIVITY IS
22% LOWER
AMONG PEOPLE WHO HAVE SERVED IN THE U.S.
ARMED FORCES THAN THOSE WHO HAVE NOT

SERVED



19.6%

NOT SERVED



25.2%

THOSE WHO HAVE SERVED HAVE HIGHER RATES OF HEALTH INSURANCE COVERAGE AND USE OF PREVENTIVE SERVICES, BUT ARE LESS LIKELY TO HAVE A PERSONAL HEALTH CARE PROVIDER

The report also considers key indicators of health care access, including health insurance coverage, likelihood of having a personal health care provider, and utilization of preventive services. **Those who have served are more likely to be covered by health insurance than civilians.**

THOSE WHO
HAVE SERVED IN THE U.S.
ARMED FORCES HAVE
**HIGHER RATES
OF HEALTH
INSURANCE
COVERAGE** THAN
THOSE WHO HAVE
NOT SERVED

SERVED



90.4%

NOT SERVED



82.8%

+9% DIFFERENCE

Notably, Hispanics who have served have particularly higher rates of insurance coverage than Hispanics who have not served (87.9% vs. 66.5%).

Across all age groups, **people who have served are less likely to have a personal health care provider than civilians** (73.5% vs. 75.5%). The rate is lowest for 18-39 year olds, as only 59.3% of individuals in this age group who have served have a personal health care provider, compared with 61.9% of civilians in the same age group. Research has shown that individuals with a usual source of care use the emergency room lessⁱ and receive more preventive health care servicesⁱⁱ, and experience better overall health outcomes than those without a personal health care provider.

Looking at key health care services, uptake tends to be significantly high among those who have served when compared to civilians:

UPTAKE OF KEY HEALTH CARE SERVICES BETWEEN THOSE WHO HAVE SERVED AND THOSE WHO HAVE NOT SERVED (%)		
	SERVED	NOT SERVED
COLORECTAL CANCER SCREENINGS	72.7%	64.9%
DENTAL VISITS	69.5%	63.7%
FLU VACCINES	50.3%	36.5%

ENGAGING POLICYMAKERS AND THOUGHT LEADERS TO SUPPORT THE HEALTH OF THOSE WHO HAVE SERVED AND THEIR FAMILIES

The health of those who have served is an important area of focus for policymakers, health officials, and community leaders. Through this report, the United Health Foundation and MOAA aim to share important insights related to the health of this population – including their perceptions of personal health, their experiences with the health care system, and their health outcomes. United Health Foundation and MOAA encourage others to use these findings to help improve the lives of service members and their families and to help improve the health of the communities in which these individuals live.

ⁱ Liaw W, Petterson S, Rabin D, Bazemore A. The impact of insurance and a usual source of care on emergency department use in the United States. *International Journal of Family Medicine*. 2014. doi:10.1155/2014/842847.

ⁱⁱ Access to Health Services. *Healthy People 2020*. <http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>. Accessed January 28, 2016.



For more information, contact:

L.D. Platt

United Health Foundation

(202) 654-8830

ld_platt@uhg.com

To read the full version of *America's Health Rankings® Health of Those Who Have Served* or explore more research from America's Health Rankings®, visit

www.americashealthrankings.org

JOIN THE CONVERSATION

