

# Health of Those Who Have Served Report

## 2020

Executive Brief

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## Overview

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Men and women who serve in the United States Armed Forces play essential roles in maintaining the safety and security of our country. Nearly 22 million Americans living today have served on active duty in the U.S. Armed Forces — 2.6 million of whom are currently on active duty or in the National Guard and Military Reserves, and more than 19.5 million of whom are retired.<sup>1,2</sup> Those who have served continue to face unique health care challenges and needs.

The United Health Foundation, in partnership with the Military Officers Association of America (MOAA), is pleased to provide this year's *Health of Those Who Have Served Report*. Since 2016, the report has provided a national portrait of the health and well-being of those who have served in the U.S. Armed Forces. In so doing, it captures new trends, pointing to health-related priorities of growing concern for those who have served. It also highlights new trends and findings about the similarities and differences in health between those who have served and their civilian counterparts, as well as within groups of those who have served. Through ongoing collaboration with an advisory steering group of leading military, veterans and public health organizations, this important work builds on United Health Foundation's

ongoing commitment to leverage data to improve the health of men and women who have served.

This year's report features 29 markers of health that were selected to provide a comprehensive picture of the health of those who have served and offer data-driven insights into the strengths, challenges, and trends in health and well-being. All data are derived from three national sources: the Centers for Disease Control and Prevention's (CDC) *Behavioral Risk Factor Surveillance System (BRFSS)* and *National Health Interview Survey (NHIS)*, and the Substance Abuse and Mental Health Services Administration's *National Survey on Drug Use and Health (NSDUH)*. Data were analyzed for those who have served and those who have not, overall and by age, sex, race/ethnicity, education and income.

Today, as America battles the COVID-19 pandemic, addressing the health needs of those who have served takes on greater urgency. Over 63,000 veterans have been infected with COVID-19, and over 3,900 have lost their lives.<sup>3</sup> The CDC has identified older age and underlying chronic conditions as key risk factors for complications from COVID-19.<sup>4</sup>

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1. U.S. Department of Defense. 2018 Demographics: Profile of the Military Community. <https://download.militaryonesource.mil/12038/MOS/Reports/2018-demographics-report.pdf>  
 2. U.S. Department of Veterans Affairs. Veteran Population Projections 2020-2040. [https://www.va.gov/vetdata/docs/Demographics/New\\_Vetpop\\_Model/Vetpop\\_Infographic2020.pdf](https://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/Vetpop_Infographic2020.pdf)  
 3. AARP. Veterans Affairs System Coronavirus Deaths. <https://www.aarp.org/home-family/voices/veterans/info-2020/coronavirus-visitor-restriction.html>  
 4. Centers for Disease Control and Prevention. People at Increased Risk. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

Half of all U.S. veterans are 65 years or older<sup>2</sup>, and as this year's *Health of Those Who Have Served Report* highlights, our service members and veterans continue to face growing health challenges — placing them at heightened risk not only for contracting COVID-19, but also for more severe disease. As such, the *Health of Those Who Have Served Report* shines a bright light on the health and well-being priorities that must be addressed amid the pandemic — and beyond — to protect and care for those who have served.

## Key Findings

Since 2016, *America's Health Rankings* has identified important differences in the physical, social and behavioral health of those who have served in the U.S. military compared with those who have not served.

The 2020 *Health of Those Who Have Served Report* continues to build upon this work, providing updated information highlighting differences in health behaviors, social and economic circumstances, clinical care, and health outcomes. At the same time, the report highlights decline in rates of self-reported high health status and increase in specific physical and mental health challenges, raising new concerns about what it may mean for their health care needs.

In addition to overall differences between those who have and have not served, the report documents significant differences between specific subpopulation groups.

## High Health Status

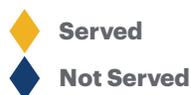
**Those who have served consistently report a more positive outlook on health than those who have not served. However, for the first time since the initial *Health of Those Who Have Served* analysis, the percentage reporting high health status has declined among both those who have and have not served.**

### High Health Status

**Those who self-reported health status as very good or excellent.**

54.6%

50.0%



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2017–2018

Self-reported health status is a measure of how individuals perceive their health and is used as an indicator of a population's health. It is a subjective measure of health-related quality of life and is not limited to certain health conditions or outcomes but instead is influenced by life experiences, the health of others in a person's life, support from family and friends, as well as other factors affecting well-being. Since the baseline reporting period (2011–2012), those who have served have had a higher prevalence of reporting that they have high health status, with 54.6% indicating their health is very good or excellent in 2017–2018 compared with 50.0% among those who have not served.

The difference in high health status between those who have and have not served is particularly pronounced among certain subpopulation groups. The prevalence of high health status is higher among Hispanic, Black, American Indian/Alaska Native and Hawaiian/Pacific Islander adults who have served compared with those who have not served. For example, high health status is 1.5 times higher among Hispanics who have served than Hispanics who have not served (51.1% compared with 34.4%). In addition, among those ages 18–49, those who have served also have a significantly higher prevalence of reporting high health status than those who have not served. This difference was not seen among those ages 50 and older. Among those ages 18–25 years old, those who have served report 1.3 times higher prevalence of high health status than those in this age group who have not served.

### High Health Status

**Individuals ages 35–49 who have served experienced a large decline in health status since 2015–2016.**



**High health status declined from 58.7% to 54.8%**

#### ◆ Served

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2015–2016 and 2017–2018

The rate of those who have served reporting excellent or very good health declined by 3% (56.3% to 54.6%) from the prior period of 2015–2016 — **the first decline in health status since the initial *Health of Those Who Have Served* analysis**. Among those who have served, the prevalence of high health status among males decreased 4% and decreased 7% among those ages 35–49 over the same period.

**The decline in health status comes as rates of chronic disease among those who have served remain higher than their civilian counterparts and mental health challenges for those with military service are increasing.**

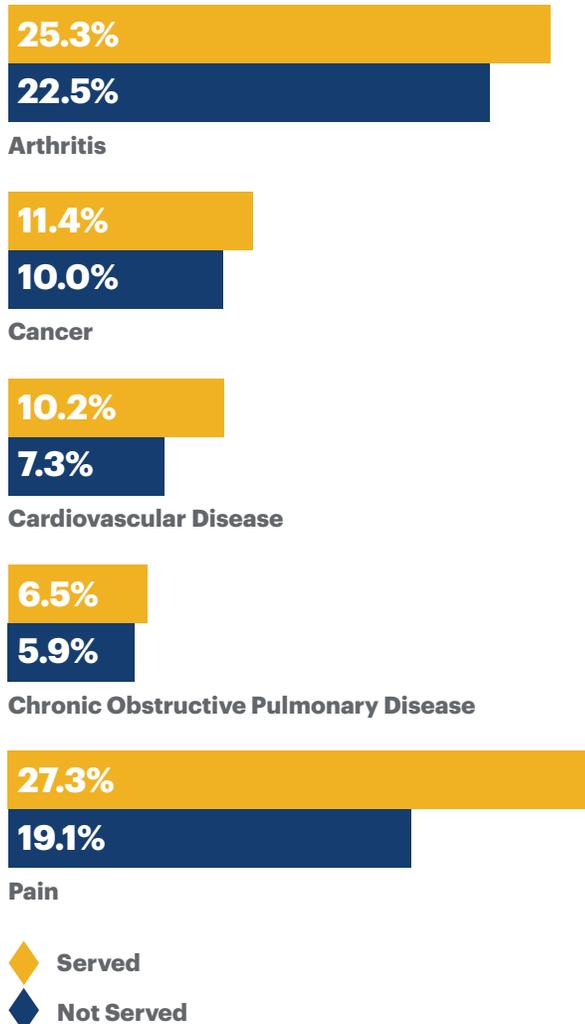
### Chronic Disease

**Despite reporting high health status, those who have served consistently report higher rates of chronic diseases than their civilian counterparts.**

Chronic diseases last for a year or more, may limit activities of daily living and may require ongoing medical attention. These diseases also contribute to many leading causes of death and disability — and are a large driver of health care costs. Since the baseline reporting period (2011–2012), those who have served have consistently reported higher prevalence of several chronic diseases than those who have not served, including arthritis, cancer, cardiovascular disease, chronic obstructive pulmonary disease and pain.

## Chronic Disease

The largest differences in chronic disease rates between those who have served and civilians.



Source: Centers for Disease Control and Prevention, National Health Interview Survey, 2018; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2017–2018

## Chronic Disease

Adults ages 50 and older who have served have higher rates of chronic disease than their civilian counterparts.

# 1.5x

Higher rates of cardiovascular disease.  
21.5% of those who have served vs. 14.8% of civilians

# 1.2x

Higher rates of cancer.  
24.7% of those who have served vs. 21.1% of civilians

◆ Served

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2017–2018

## Mental Health Challenges

Men and women who have served continue to report mental health challenges — depression, frequent mental distress and any mental illness — that in some cases are worsening.

A healthy mental state is essential to overall positive health and well-being. Poor mental health is a leading cause of disability in the United States and affects an individual's ability to contribute to community and society. Mental illnesses range in severity from mild, occasional symptoms to debilitating impairments that can lead to persistent disability and premature death from chronic disease or suicide.

Among those who have served, 18.5% report experiencing depression and 12.8% report experiencing frequent mental distress. Since 2011–2012, the rate of depression increased 23% and the rate of frequent mental distress increased 13% among the served population — more than twice the rate of increase than civilians.

Males and females who have served face distinct mental health challenges. Females who have served report higher rates of any mental illness, depression and frequent mental distress than males who have served. This year's report also highlights that suicidal thoughts are 1.3 times higher among males who have served than those who have not served (5.3% vs. 4.0%).

## Mental Health

**Suicidal thoughts are 1.3X higher among males who have served than those who have not served.**

**5.3% of those who have served vs. 4.0% of civilians**

### ◆ Males Who Have Served

Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2017–2018

## Mental Health

**Females who have served experience higher rates of mental health challenges than males who have served.**

**1.7x**

**Higher rates of any mental illness.**

**30.5% of females who have served vs. 18.0% of males who have served**

**1.6x**

**Higher rates of depression.**

**27.7% of females who have served vs. 16.8% of males who have served**

**1.4x**

**Higher rates of frequent mental distress.**

**16.4% of females who have served vs. 12.0% of males who have served**

### ◆ Served

Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2017–2018; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2017–2018

## Mental Health

Since 2011–2012, those who have served experienced twice the rate of increase in depression and frequent mental distress than civilians.



23%

**Depression**

Compared with an 11% increase among civilians



13%

**Frequent Mental Distress**

Compared with a 5% increase among civilians

◆ Served

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011–2012 and 2017–2018

## Sparking Dialogue and Action to Improve the Health of Those Who Have Served

*The Health of Those Who Have Served Report* remains a leading national resource to monitor trends over time and identify key areas of concern and opportunities for improvement. United Health Foundation and MOAA encourage policymakers, health officials and community leaders to engage in meaningful dialogue about the findings of this report, especially exploring solutions to health challenges where little improvement

has been observed since the initial report in 2016.

The insights from this year's report can spark cross-sector collaboration and drive action in improving the lives of those who have served and the health of the communities where they live.

Today, as America battles COVID-19, the *Health of Those Who Have Served Report* provides key insights on urgent health priorities that must be addressed to protect and care for those who have served amid the pandemic and beyond.

## UNITED HEALTH FOUNDATION®

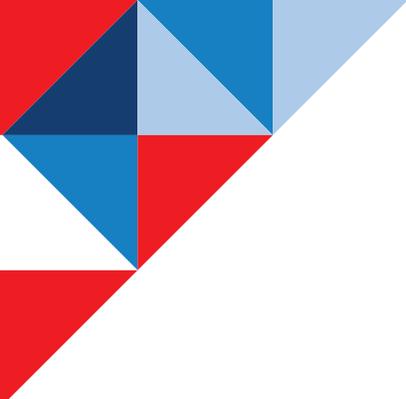
### About the United Health Foundation

Through collaboration with community partners, grants and outreach efforts, the United Health Foundation works to improve our health system, build a diverse and dynamic health workforce and enhance the well-being of local communities. The United Health Foundation was established by UnitedHealth Group (NYSE: UNH) in 1999 as a not-for-profit, private foundation dedicated to improving health and health care. To date, the United Health Foundation has committed more than \$500 million to programs and communities around the world. We invite you to learn more at [www.unitedhealthgroup.com](http://www.unitedhealthgroup.com)



### About Military Officers Association of America

Military Officers Association of America (MOAA) is the nation's largest and most influential association of military officers. MOAA is a powerful force speaking for a strong national defense and representing the interests of military officers and their families at every stage of their careers.



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