



# HEALTH OF WOMEN WHO HAVE SERVED REPORT

EXECUTIVE SUMMARY

NOVEMBER 2017

The full report is available at  
[www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org)

# EXECUTIVE SUMMARY

## OVERVIEW

Our nation is grateful for the service of all the men and women who have served, or continue to serve, in the United States (U.S.) Armed Forces. From enlistment through retirement, the health of these individuals continues to be a high priority for the public health community. 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.

Today, in addition to the nearly 2 million female veterans, over 200,000 women serve on active duty.<sup>1,2</sup> As more women join the military to serve their country, the percent of female veterans is expected to increase to 16.3 percent by 2043 from 9.4 percent today<sup>2</sup> – making it all the more urgent to better understand and monitor the unique health challenges experienced by this population.

This year, United Health Foundation, in partnership with the Military Officers Association of America (MOAA), takes a closer look at the health differences between women who have served and women who have not served (hereafter referred to as “civilians”) in releasing the *America’s Health Rankings® Health of Women Who Have Served Report*. This distinctive study, developed in collaboration with an advisory group of leading military, veterans, and public health organizations, establishes a baseline portrait of the health of women who have served in the U.S. Armed Forces compared to the health of civilians, with additional comparisons by age and race/ethnicity.

The report analyzes 23 health measures from three publicly-available data sources: the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) and the National Health Interview Survey (NHIS), and the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health (NSDUH). The measures included are indicators of behaviors, health outcomes, clinical care, community and environment, and policy.

The research builds on the *America’s Health Rankings Health of Those Who Have Served Report*, released in 2016. That report also examined how the health and health care experiences of both men and women who have served differ from their civilian counterparts across a wide range of key health indicators.

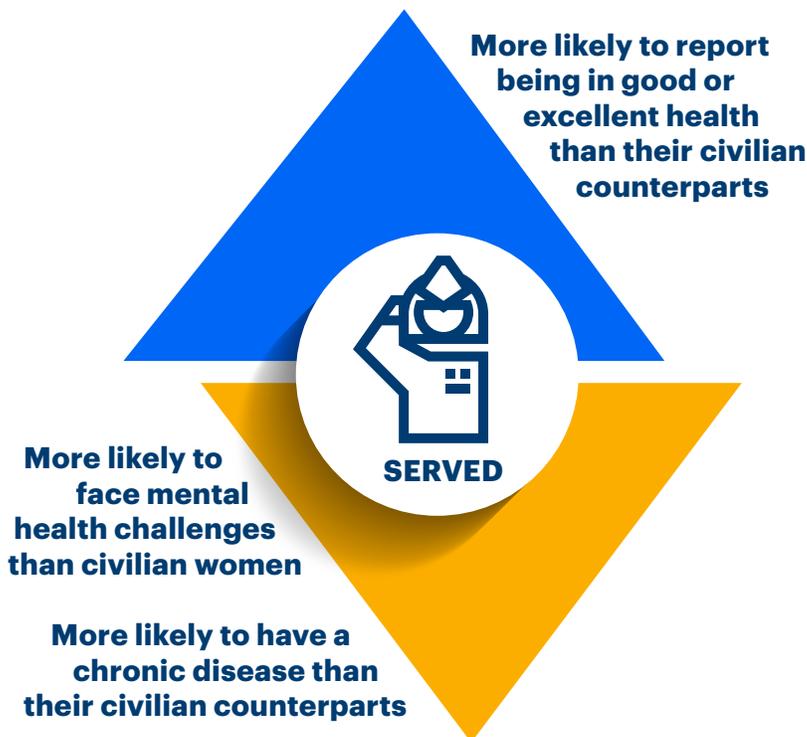
<sup>1</sup> Department of Defense. 2015 Demographics: Profile of the Military Community. Available at: <http://download.militaryonesource.mil/12038/MOS/Reports/2015-Demographics-Report.pdf>.

<sup>2</sup> Department of Veterans Affairs. Women Veterans Report: The Past, Present, and Future of Women Veterans. February 2017. Available at: [https://www.va.gov/vetdata/docs/SpecialReports/Women\\_Veterans\\_2015\\_Final.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf).

## WOMEN WHO HAVE SERVED REPORT BETTER HEALTH THAN CIVILIAN WOMEN

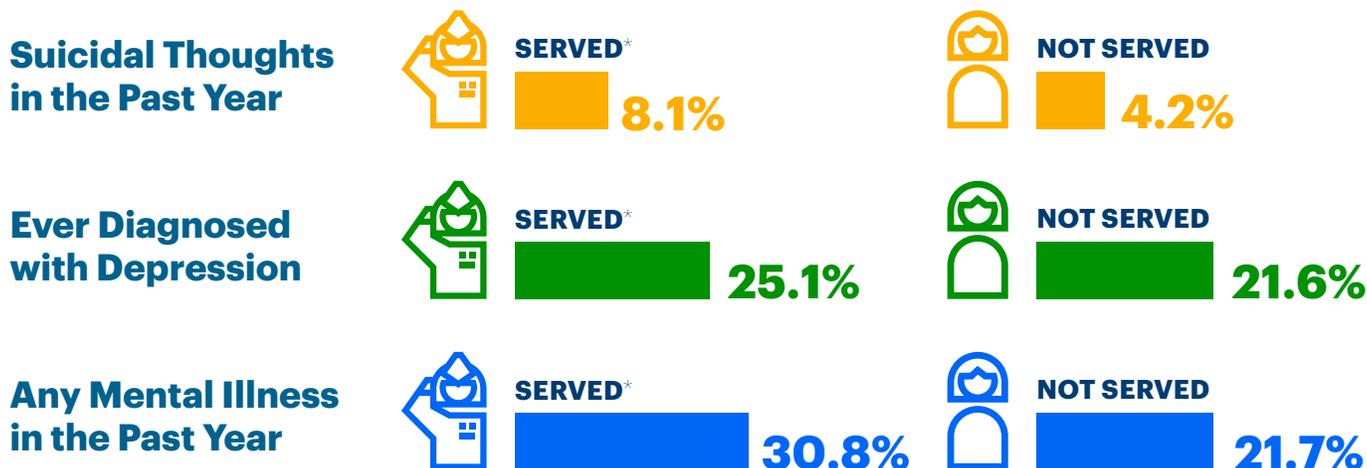
When it comes to overall health, women who have served are more likely to report being in very good or excellent health than their civilian counterparts. Among women who have served, 56.4% report being in very good or excellent health, compared to slightly more than half of civilian women (50.8%).

Key differences in overall health are particularly pronounced among minority women. For example, blacks, Hispanics, Hawaiians/Pacific Islanders, and American Indians/Alaska Natives report significantly higher rates of high health status among women who have served than their civilian counterparts.



## MENTAL HEALTH CHALLENGES PRESENT CONCERNS FOR WOMEN WHO HAVE SERVED

Despite reporting better overall health than their civilian counterparts, women who have served are more likely to face mental health challenges. In fact, women who have served are almost twice as likely to have had suicidal thoughts in the past year than civilian women. Further, women who have served are significantly more likely to have ever been diagnosed with depression than civilian women. Additionally, more than 30% of women who have served have had a mental illness in the past year, compared to about 22% of civilian women.

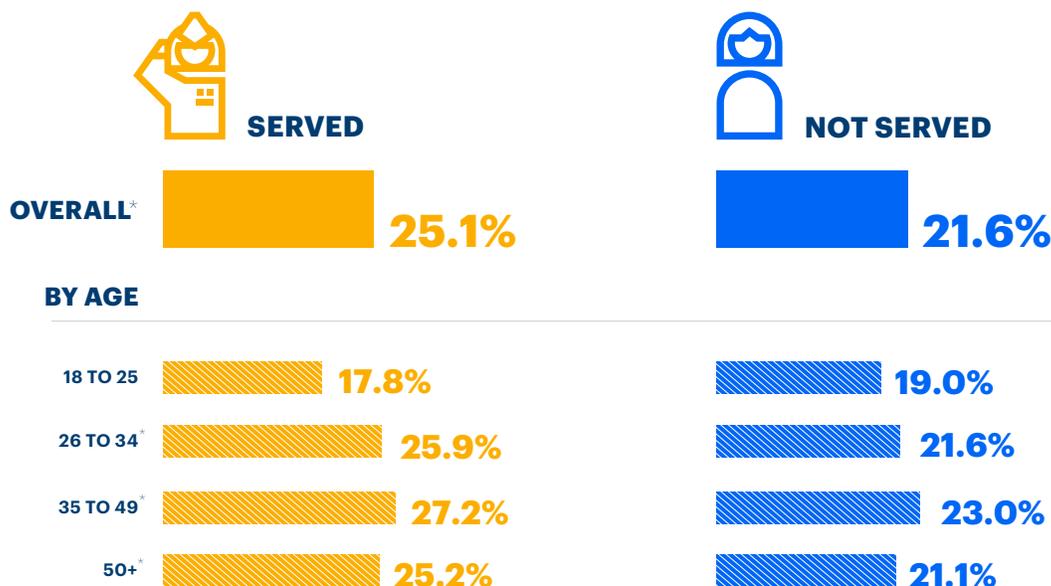


\* Statistically significant difference between served and not served.

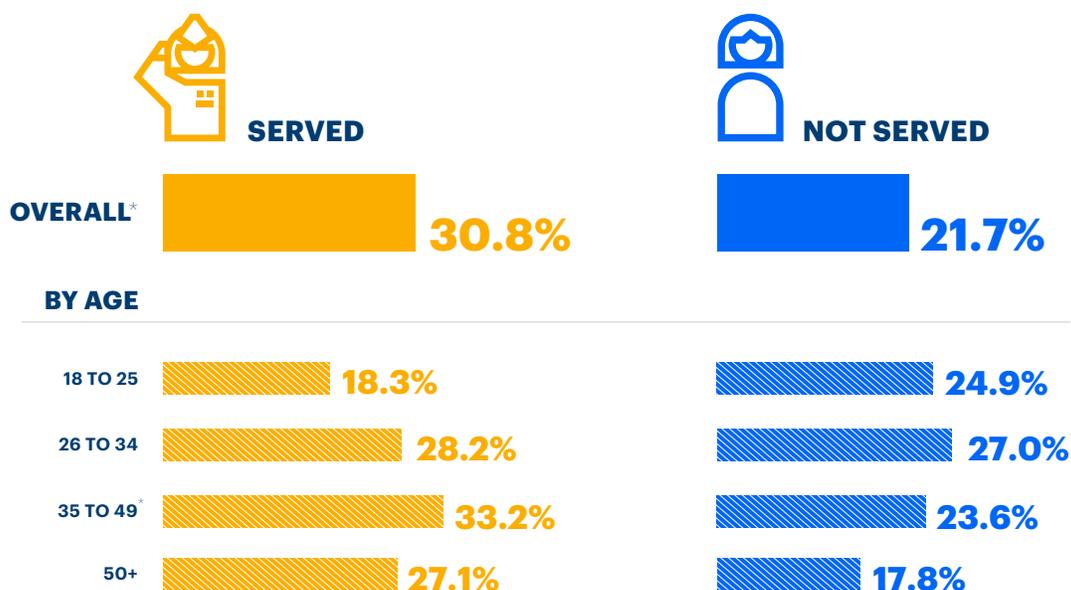
Data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) and National Health Interview Survey (NHIS), and the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (NSDUH).

Notably, the report finds large age-related differences in the rate of certain mental health conditions between women who have served and civilian women. For example, women aged 35 to 49 years who have served have significantly higher rates of having any mental illness in the past year (33.2% vs. 23.6%), and are more likely to report ever being told by a health professional that they have a depressive disorder (27.2% vs. 23.0%) than civilian women of similar age.

**Women who have served have a 16% higher rate of having ever been diagnosed with depression.**



**Women who have served have a 42% higher rate of having a mental illness in the past year.**



\* Statistically significant difference between served and not served.

Data from the Centers for Disease Control and Prevention's 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).

## WOMEN WHO HAVE SERVED HAVE GREATER ACCESS TO CARE, BUT FACE HIGHER RATES OF CHRONIC DISEASES THAN CIVILIAN WOMEN

The report also looks at how access to care differs between women who have served and civilian women. In general, women who have served tend to have greater access to care, including higher rates of health insurance and use of key cancer preventive screenings.

However, women who have served also experience higher rates of certain chronic diseases than their civilian counterparts, including higher rates of arthritis, cancer, cardiovascular disease, COPD, and functional impairment than civilian women. These findings are consistent with, and add dimension to, other studies showing that women veterans face both chronic physical and mental health challenges.

The *Health of Women Who Have Served Report* finds notable differences by race/ethnicity and age across these measures.

The report finds that many groups of minority women who have served have significantly higher rates of insurance coverage compared to civilian women; further, women aged 26 to 34 years who have served report nearly twice the rate of arthritis than civilian women in this age group (15.3% vs. 8.6%).

## CONTINUING OUR NATION'S COMMITMENT TO SUPPORT THE HEALTH OF WOMEN WHO HAVE SERVED AND THEIR FAMILIES

As the number of women serving our country grows, so too does the importance of understanding the contributors to their health and well-being. For policymakers, health officials, and community leaders, this report fills previously unaddressed gaps in better understanding the health of women in the U.S. Armed Forces. It also offers deeper insights into how needs may differ based on race/ethnicity and age among women who have served. In releasing this report, United Health Foundation and MOAA seek to inform efforts for improving the health and health care experiences of women who have served.

Women who have served have a **16% higher rate of arthritis, cancer, and cardiovascular disease; 19% COPD; and 29% functional impairment** than those who have not served.

### ARTHRITIS



### CANCER



### CARDIOVASCULAR DISEASE



### COPD



### FUNCTIONAL IMPAIRMENT†



\* Percentage of the adult population who self-report being limited in any way in any activities because of physical, mental, or emotional problems or have any health problem that requires them to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone.

† Statistically significant difference between served and not served.

Data from the Centers for Disease Control and Prevention's 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).



For more information, contact:

L.D. Platt

United Health Foundation

(202) 654-8830

ld\_platt@uhg.com

**[www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org)**