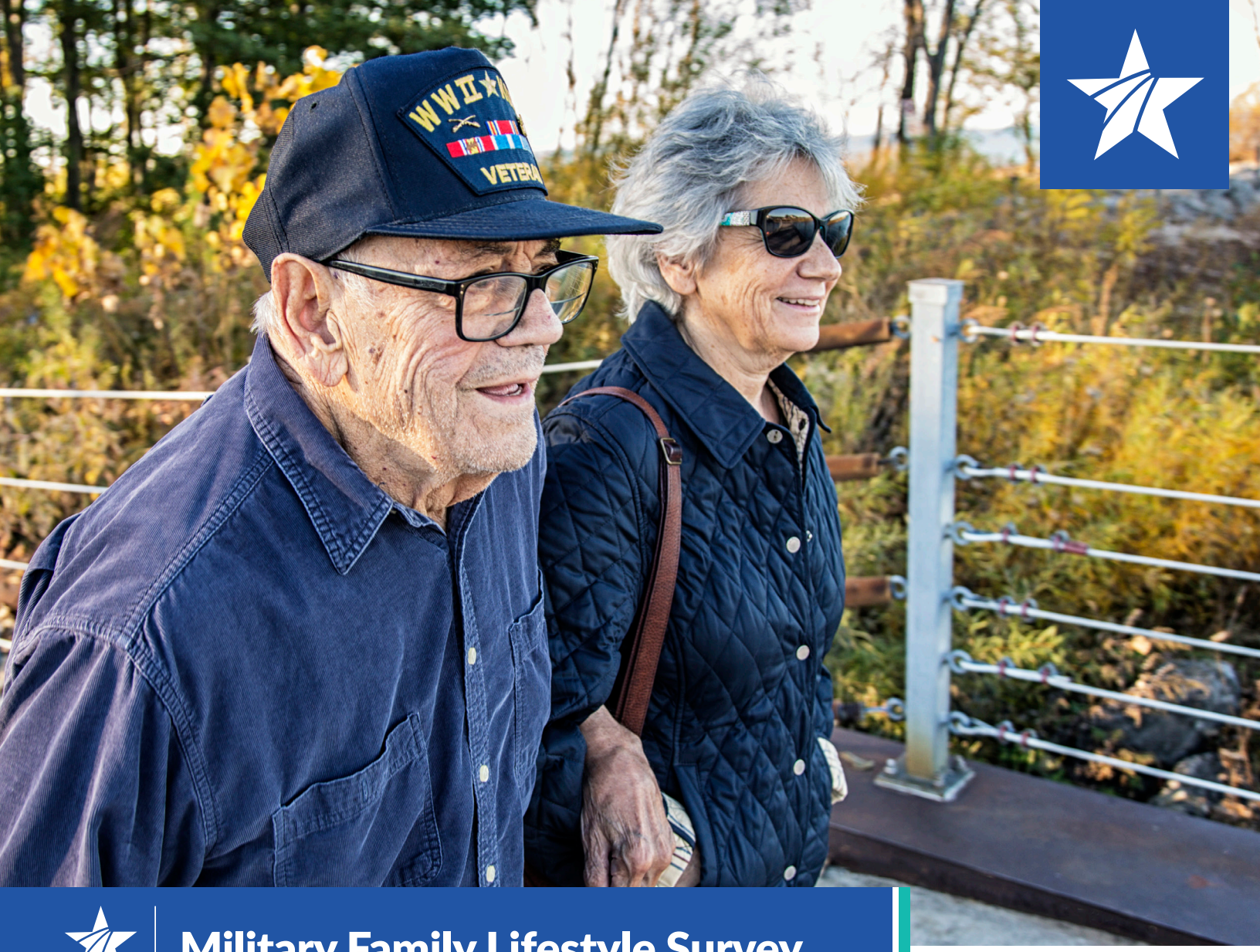


Military Family Lifestyle Survey

Community and Social Context

2022 Comprehensive Report

Veteran Health Care and Social Support

In collaboration with

Syracuse University
D'Aniello Institute for Veterans & Military Families
JPMorgan Chase & Co., Founding Partner

Funding for the 2022 Military Family Lifestyle Survey is provided through the generosity of our presenting sponsor The USAA Foundation, Inc. Supporting sponsors include JP Morgan Chase & Co., Lockheed Martin, CSX, AARP, Craig Newmark Philanthropies, Macy's Inc., BAE Systems, Northrop Grumman, American Council of Life Insurers, and Pratt & Whitney.

Health care needs, perceived health care access and quality, and perceived network resources differ for working-age and aging Veterans.

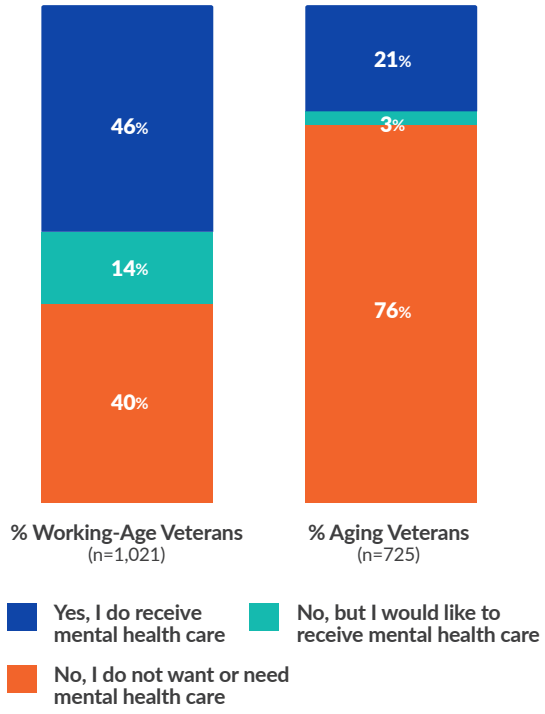
Supporting Veterans in healthful aging requires a holistic approach to health care that includes the delivery of culturally competent care within a formal health care setting as well as support and network resources from family and friends.

Health Outcomes and Health Care Needs of Veterans

Recent estimates suggest that by 2020, nearly 9 million Veterans, or 46% of the total Veteran population, will be 65 and older, an increase from the 2013 estimates (44%).[1,2] Given the demographic shifts within the Veteran population and an increase in the number of aging Veterans in the overall Veteran population, it is important to consider how the health needs of Veterans may be changing and how network resources can be used to support Veterans' healthful aging. Veterans have diverse and varying health care needs, which may differ in working-age (ages 21-64) and aging (65 years and older) Veteran respondents. In the present sample, a greater proportion (82%) of working-age Veteran respondents report having a service-connected disability than aging Veteran respondents (60%). Service-connected disabilities may impact both physical and mental health needs and range in severity.[3] For all Veterans, strengthening network resources, such as emergency financial support, advice, and assistance with activities of daily living can support their health care needs.

Figure 1: Do You Currently Receive Mental Health Care?

Veteran respondents by age group



Question Text: Do you currently receive mental health care?

In addition to the myriad of physical health needs of Veterans, both with and without service-connected disabilities, mental and behavioral health remain an important component in discussions of Veteran health, particularly in addressing Veteran suicide risks and in the wake of the COVID-19 pandemic.[a] This may be even more critical in younger Veterans: 41% of working-age Veteran respondents reported a current diagnosis of generalized anxiety disorder, and 33% reported major depressive disorder, compared with 14% and 11% of aging Veteran respondents, respectively. Anxiety and depression are known to be associated with increased risk of chronic illnesses which may have long-term impacts on aging.[4] Regular mental health screenings for working-age Veterans may lead to early intervention and increased support.[5]

[a] A recent panel recommended that all adults under age 65 should be screened for anxiety, following the sharp increase in anxiety and depressive symptoms since the start of the COVID-19 pandemic.

While the VA and other partners are, and have been, focused on increasing access to mental health care for Veterans,[6,7,8] a need still remains. Figure 1 shows nearly half (46%) of working-age Veteran respondents reported they were receiving mental health care at the time of survey fielding, however, 14% also said they would like to receive mental health care but were not currently receiving it. For aging Veteran respondents, 21% said they were receiving mental health care at the time of survey fielding and 3% said they would like mental health care but were not receiving those services (see the Veteran Financial Wellness Spotlight for additional information on utilization of medical care for the Veteran respondents).

Need for Continuous Culturally Competent Health Care

Previous research shows that there might be barriers to culturally competent care from civilian health care providers for Veterans.[9] Therefore, as Veterans continue to seek health care outside the VA,[10] it is important to consider the cultural competency of providers. Veteran respondents were asked to indicate their level of agreement with the statement: "My doctor/provider is knowledgeable of health needs faced by the military/Veteran populations." Among aging Veteran respondents who reported they use the VA to meet all their health care needs, 68% "agree" or "strongly agree" their doctor or provider is knowledgeable of health needs faced by the military and Veteran populations compared with 51% of their peers who said they do not use the VA for all care. Working-age Veteran respondents showed a similar pattern; 64% of those who use the VA to meet all care needs "agreed" or "strongly agreed" their doctor or provider is knowledgeable of health needs faced by the military and Veteran populations versus 42% of those who do not use the VA for all their health care needs. This is consistent with previous research that found Veterans are more likely to encounter providers who are not prepared to provide military- and Veteran-sensitive, culturally competent care when they use providers outside the DOD and VA health care networks.[11]

There are additional group disparities in reporting culturally competent care. Only 39% of female aging Veteran respondents "agreed" or "strongly agreed" that their doctor or provider is knowledgeable of health needs faced by the military and Veteran populations — compared with 60% of male aging Veterans, though there was not a gender difference in perceived culturally competent care among working-age Veterans respondents. More than half (53%) of both female and male working-age Veterans agreed their doctor or provider is knowledgeable of military/Veteran health needs.[b]

Additionally, a greater proportion of working-age Veteran respondents with a service-connected disability (55%) agreed that their provider was culturally competent regarding military/Veteran population health needs compared to their peers who did not report a service-connected disability (43%). This could be related to a difference in

[b] For the purpose of reporting, "female" respondents include those respondents who selected "woman" or "trans woman" and "male" respondents include those who selected "man" or "trans man" in response to the question "What is your gender?"

types of health care providers utilized: 39% of working-age Veterans with a service-connected disability reported receiving routine medical care from civilian providers, compared to 59% of working-age Veterans without service-connected disabilities.[c] There is little difference in the aging Veteran subsample, with 58% of those with a service-connected disability reporting they "agree" or "strongly agree," compared to 55% of those who do not have a service-connected disability.

Leveraging Social Ties and Network Resources as a Component of Veteran Health Care

Social ties, and the network resources they provide, can be leveraged to support the health and caregiving needs of Veterans and their families. Network resources may include financial support, emotional support, and short- and long-term caregiving support. The 2022 MFLS also assessed perceived access to four specific network resources by asking respondents to indicate if they had someone they could rely on for financial, emotional, and short- and long-term caregiving support. Previous research has demonstrated that as people age, it becomes increasingly difficult to access network resources due to smaller networks, declining physical health, and increased isolation.[12] Results from this survey also show that working-age Veteran respondents report lower perceived access to social support (see Table 1). Perceived access to these network resources is higher among married Veteran respondents compared with their divorced or single counterparts (73% of aging Veteran respondents are married and 67% of working-age Veteran respondents are married).

Table 1: Veteran Respondents Perceived Network Resources
% of Veteran respondents who said "yes" to the following items:

	Working-Age Veterans	Aging Veterans
Suppose you had to borrow $250 for a few weeks because of an emergency. Is there someone you could ask for help?	**62%** (n=1,077)	**74%** (n=780)
Suppose you had a personal problem and wanted to talk to someone about it. Is there someone you could ask for help or advice?	**70%** (n=1,075)	**80%** (n=775)
Suppose you were sick and unable to take care of yourself for a week or more. Is there someone you could ask for help?	**71%** (n=1,069)	**83%** (n=779)
Suppose in the future, you needed help with basic personal care activities like eating or dressing. Is there someone who would be willing and able to help you over a long period of time?	**56%** (n=1,065)	**67%** (n=778)

While nearly a third of both working-age (28%) and aging Veteran respondents (28%) report they have someone who helps them with medical, household, and/or other personal needs, more than twice as many working-age Veterans (13%) reported wanting or needing someone to help (compared with 5% of aging Veterans). Also, many provide substantial resources to their spouses, family, and friends. For example, 22% of aging and 20% of working-age Veteran respondents consider themselves unpaid caregivers. This is on par with a national study

[c] Among aging-Veterans with (and without) a service-connected disability, 15% (vs. 7%) receive routine medical care from military health providers, 61% (vs. 32%) from VA providers, and 60% (vs. 70%) from civilian providers. For working-age Veterans with (and without) a service-connected disability, 16% (vs. 9%) receive routine medical care from military health providers, 74% (vs. 36%) from VA providers, and 39% (vs. 59%) from civilian providers. Respondents were asked to pick out all applicable medical providers that they receive routine medical care from therefore it is not clear which provider(s) the respondents may be referring to when they were asked about whether their health provider(s) is knowledgeable of health needs faced by the military/veteran populations.

that found approximately 20% of Veterans ages 60 and over are caregivers.[13] Aging Veteran respondents who considered themselves caregivers reported providing unpaid care to civilian spouses/partners (42%), parents or grandparents (18%), and Veteran spouses (15%). Of working-age Veteran respondents who identified as caregivers, 38% reported providing care to a parent or grandparent, 25% to a child under 18 years old, and 17% to their spouse/partner who is also a Veteran.

This finding suggests that many Veterans may need help developing a long-term plan of care for themselves and those they provide care for as well. Plans of care for long-term support may require family members to take on caregiving roles. The Program of Comprehensive Assistance for Family Caregivers has been expanded to include families from all service periods.[14] Additionally, understanding Veterans' perceived access to various network resources can assist VSOs in mobilizing community resources.

Limitations

Though the 2022 MFLS Veteran sample is comparable in many ways to the national Veteran population, results are not generalizable to the broader Veteran population. Blue Star Families and the VA worked together to share the survey links and provided the valuable opportunity to examine issues facing aging Veteran respondents, but this recruitment methodology limited the capacity to reach younger Veterans, Veterans who recently separated from service, and Veterans who do not use VA health care.

Additionally, culturally competent care is a multifaceted construct that is often defined and measured in multiple different ways in existing literature. However, for the purposes of the present study, a single-item was used to gauge a Veteran's perceptions of cultural competence as it refers to their provider's knowledge of military and Veteran health needs in receiving health care. This definition of culturally competent care does not address the important role of intersectionality, including race, gender, sexual orientation, etc., in understanding a Veteran's perception of the quality of care that they are receiving.

Policy Recommendations

For the VA

- Promote the delivery of culturally competent care that offers sensitivity and an understanding of the diverse health care needs of Veterans. Culturally competent care will consider how an individual's intersectionality may shape their health needs.
- Promote a holistic delivery of care (such as coordination with community-based organizations for social needs) for Veterans and their families.

For Congress

- Advocate for interagency data sharing protocols. Findings from our study suggest that future Veteran health research would benefit from administrative data being made available across agencies to provide a larger and more representative sample of Veterans.

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