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# Access for Veteran Special Populations

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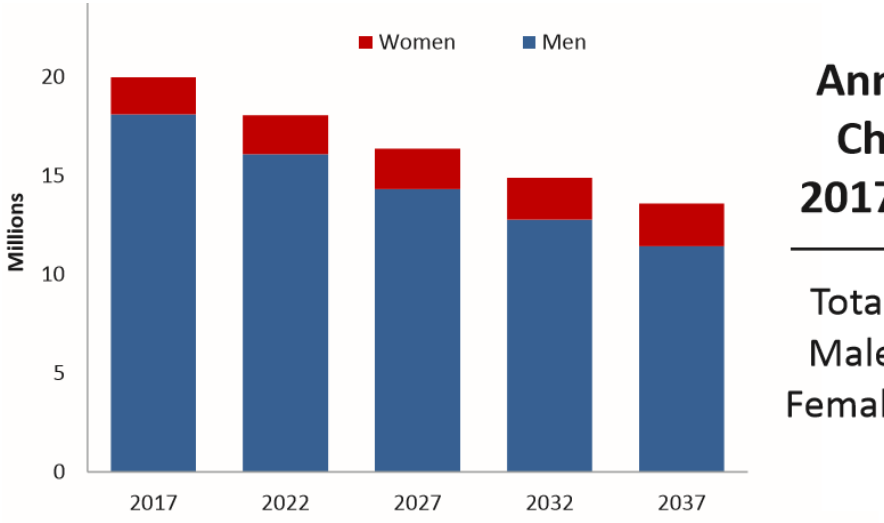
# The total Veteran Population is predicted to decline from 20.0 million in 2017 to 13.6 million in 2037

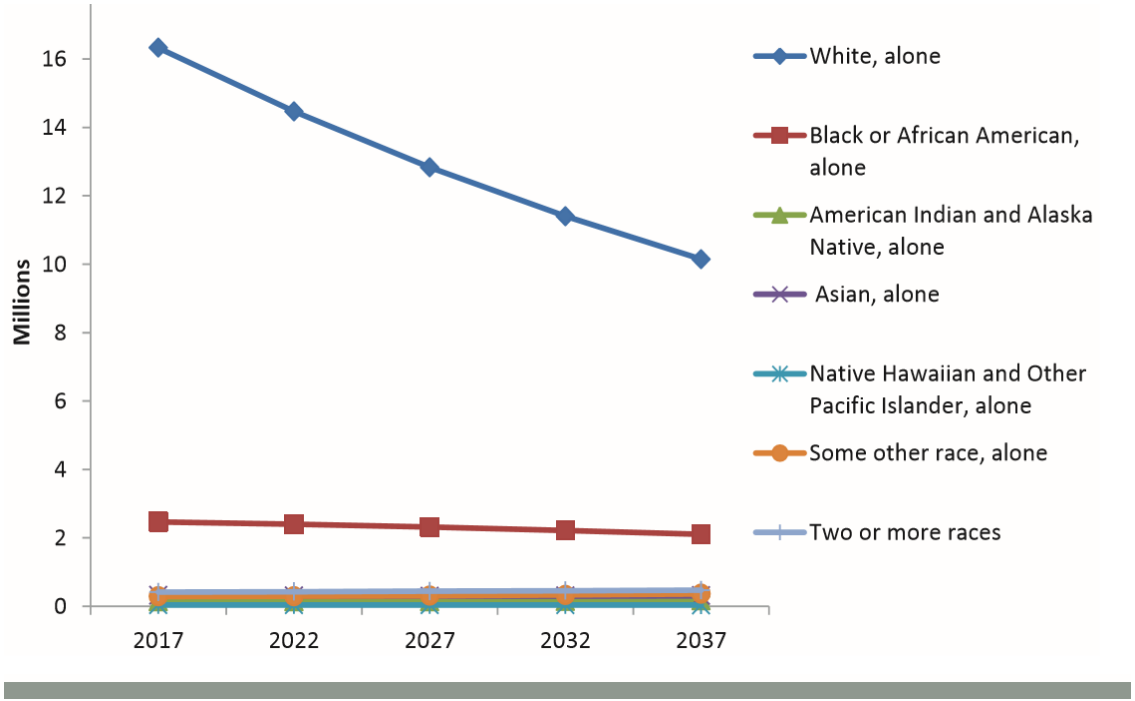



**Annual % Change 2017 - 2037**

Total: -1.9%
Male: -2.3%
Female: +0.7%

https://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/Vetpop_Infographic_Final31.pdf

# Veteran Population Projections 2017-2037




https://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/Vetpop_Infographic_Final31.pdf

# Veteran Population Projections 2017-2037

Minority Veterans are predicted to increase from 23.2 percent of the total Veteran population in 2017 to 32.8 percent in 2037. Hispanic Veterans will increase from 7.4 percent in 2017 to 11.2 percent in 2037. Minorities are all races/ethnicities except non-Hispanic White Veterans.

https://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/Vetpop_Infographic_Final31.pdf

- Wide range of disparities across VA, esp medication adherence, surgery + other invasive procedures, processes
- Disparities likely affected by quantity and quality of patient-provider communication, shared decision making, and patient participation

- Saha, et al. Racial and ethnic disparities in the VA health care system: a systematic review. J Gen Intern Med 2008;23(5): 654-671

# Veterans Battling Substance Abuse

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- >1/10 veterans diagnosed with a substance use disorder, slightly higher than the general population.
- Overall prevalence of substance use disorders (SUDs) among male veterans was lower than rates among their civilian counterparts
- Veteran population is greatly impacted by issues related to substance use, such as pain, suicide risk, trauma, and homelessness.

https://www.drugabuse.gov/publications/drugfacts/substance-use-military-life

# Women Veterans



# Women Veterans' Use of VA

- Cross-sectional survey of 2174 women veteran VA users and VA-eligible non-users
- Reasons for VA use –
  - affordability (67.9%),
  - women's health clinic availability (58.8%),
  - quality of care (54.8%),
  - convenience (47.9%)

Washington DL, et al. To use or not to use. What influences why women veterans choose VA health care. J Gen Intern Med 2006;21 Suppl 3;S11-18

# Veteran Women and Men Comparisons

- Approx 31% of veteran women and 45% of veteran men have access to public and private healthcare insurance
- The largest cohort of male veterans served during the Vietnam Era (8/1964 – 4/1975) while the largest living cohort of female veterans served during the Post-9/11 period (9/2001 or later)
- Female veterans are more likely to have completed some college, a bachelor's or advanced degree, have a service-connected disability rating, less likely to use VA healthcare at all but more likely to use VA healthcare only, have no personal income, and live in poverty
- Employed female veterans are more likely to work in management, business, science, and arts occupations than employed male veterans

- www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2017.pdf

# Homeless Veterans

- Sheltered Homeless Individual Veterans (SHIV)

# Veteran Homelessness: Highlights

- Veterans are overrepresented among the homeless population:
  - In 2010, Veterans account for 10 percent of the total adult population and 16 percent of the homeless adult population. However, Veterans comprised 13 percent of sheltered homeless adults in 2010 and 16 percent of homeless adults at a given point in time.

- The SHIV demographic characteristics were mostly similar between FY 2009 and FY 2010.
  - SHIV population, however, were more likely to be White, non-Hispanic/non-Latino, and thus less likely to be a minority.

- The demographic characteristics between SHIV and non-Veterans were different in FY 2010.
  - SHIV tended to be older, more male and more disabled than non-Veterans.

# Care Use by Homeless Veterans

- Case control, nested cohort, comparison of 6 mos service use among 127 homeless and 106 non-homeless veterans newly enrolled in a med home model
- **25.4% of homeless and 18.1% of non-homeless veterans reported active substance abuse**
- Homeless veterans used significantly more services in first 6 mos
- **Homeless veterans who accessed primary care at higher rates (RRR=1.46) or used specialty + pri care (RRR=10.95) had reduced ED usage**

O'Toole TP, et al. New to care: demands on a health system when homeless vets are enrolled in a medical home model. Am J Publ Health 2013;103 Suppl 2:S374-379

# Care of Homeless Veterans

- Quasi exptl design comparing a usual VA care group (N=130) before demonstration clinic opened to an integrated care group (N=130)
- Demonstration clinic integrating homeless, pri care, and mental health services for homeless vets with serious mental illness or substance abuse
- **Integrated care group more rapidly enrolled in pri care, received more prevention services and pri care visits, and fewer ED visits**, and was not diff in inpatient utilization or physical health status over 18 mos

McGuire J, et al. Access to primary care for homeless vets w serious mental illness or substance abuse: a f/u eval of co-located pri care and homeless social services. Administration & Policy in Mental Health & Mental Health Services Research 2009;36(4):255-264

# Rural Veterans



# Mental Health Service Use in Rural Veterans

- 116 rural and 117 urban vets (OEF, OIF, OND) in Hawaii
- **Rural vets – higher PTSD, post-concussive syndrome, alcohol issues**
- Mental health service utilization correlated with higher education, PTSD, and lower mental-health-related QOL

- Whealin, Stotzer, et al. Deployment-related sequelae and treatment utilization in rural and urban war veterans in Hawaii. Psychological Services In the public domain 2014;11(1):114–123

# Being Rural Predicts Greater Declines

- Rural Veterans with PTSD/Depression have lower levels of function on every level than:
  - Rural Veterans without PTSD/Depression OR:
  - Urban Veterans with or without PTSD/Depression



# Donna L. Washington, MD, MPH, FACP – Assessing and Promoting Equity in VA Health Care

- VA HSR&D Center for the Study of Healthcare Innovation, Implementation, and Policy
- VA Greater Los Angeles Healthcare System

# Bevanne Bean-Mayberry, MD, MPH – Women Veterans' Access to VA

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# Evelyn T. Chang, MD, MSHS
# Optimizing and Assuring Continuity of Care for Those with Complex Conditions

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# Laura D. Taylor, LSCSW – Ensuring Integrated Care and Attention to Social Needs

- **VA National Director, Social Work**
- **Care Management and Social Work Service**