



Health of Those Who Have Served Report

2016





America's Health Rankings[®] and *America's Health Rankings*[®] *Health of Those Who Have Served Report* were built upon the World Health Organization definition of health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

The *America's Health Rankings* model reflects that determinants of health—Behaviors, Policy, Clinical Care, and Community and Environment—directly influence health outcomes.

The *Health of Those Who Have Served Report* focuses on three of the four determinants: Behaviors, Clinical Care, and Policy to provide a picture of veterans' health. We anticipate that future editions of this report will also include an analysis of Community and Environment determinants to provide a more comprehensive portrait of the health and well-being of those who have served this country.

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

SERVED



56.9%



NOT SERVED



51.1%

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

SERVED



55.9%



NOT SERVED



51.0%

Executive Summary

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 the Military Officers Association of America (MOAA), collaborated with an advisory steering group of leading military, 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 Considerable 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**. 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:**

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.

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

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%).

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.

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 less,¹ receive more preventive health care services,² and experience better health outcomes¹ than those without a personal health care provider.

Uptake of Key Health Care Services Between Those Who Have Served and Those Who Have Not Served (%)

	Served	Not Served
Colorectal cancer screening	72.7	64.9
Dental visits	69.5	63.7
Flu vaccine	50.3	36.5

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

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 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.

1 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.

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

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%



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Introduction

Nearly 23 million Americans living today have served on active duty in the U.S. Armed Forces—1.3 million of whom are currently on active duty¹ and 21.6 million retired.² Our health and well-being in many ways are dependent on the service of these men and women who have risked their lives for the safety and security of our nation and its people. However, how much do we know and understand about their health and well-being?

Those who have served are an evolving population group facing a unique set of circumstances and needs. Following a gradual decline in population size over the past three decades, the number of veterans in America is projected to decrease to 17 million by 2024.² At the same time, the median age of veterans will rise, and they are projected to be more likely than non-veterans to be diagnosed with many chronic health conditions. Further, the proportion of female veterans is projected to increase from 8% to 11% between 2014 and 2024. With this increase, the burden of health conditions more common among women is also likely to rise. In addition, veterans are expected to become more racially and ethnically diverse, as the share of non-Hispanic white males in the veteran population is expected to decrease from 80% to 74% from 2014 to 2024.

The health and well-being of veterans are topics of growing concern. In particular, how does service in the U.S. Armed Forces differentially affect the physical and psychosocial health of

those who have served? What are the short- and long-term consequences of service in the U.S. Armed Forces for health and health care utilization? How do the health and health care needs of those who have served compare with that of civilians who have never served? And as the active duty and veteran populations evolve, how will their health and health care needs change?

America's Health Rankings Health of Those Who Have Served Report provides a national portrait of the health and well-being of those who have served on active duty in the U.S. Armed Forces. It is intended as a resource for advocates, policymakers, government officials, and constituents at the national, state, and local levels to:

- Describe the health of those who have served across 24 measures to better understand how service in the U.S. Armed Forces influences behaviors, clinical care, and outcomes overall and in comparison with those who have never served by age, gender, race and ethnicity, and income.
- Provide a benchmark to monitor trends over time for those who have served overall and in comparison with those who have never served by age, gender, race and ethnicity, and income.
- Build awareness of the breadth of health issues facing those who have served and how those issues compare with the general population.
- Stimulate dialogue and action to inform health priorities and improve the health of those who have served, recognizing that the population who has served on active duty is evolving demographically and may face unique health care needs over the next decade.

In this report, **those who have served** are defined as individuals who have ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard. Active duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War.

1. Department of Defense. *2014 Demographics: Profile of the Military Community*. Available at: http://www.militaryonesource.mil/footer?content_id=279104.

2. RAND Health. *Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs*. Research Report, 2015. Available at: http://www.rand.org/pubs/research_reports/RR1165z1.html.

Design

America's Health Rankings Health of Those Who Have Served Report was developed with guidance from a panel of experts representing military, veteran, and public health organizations who informed the selection of health measures and other methodological features of the report. For more information on the expert panel, see page 79.

This study builds on data from the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the world's largest, annual population-based telephone survey system tracking health conditions and risk behaviors in America since 1984. With an annual sample of nearly half a million, BRFSS also has one of the most robust samples of individuals who have ever served in active duty (nearly 60,000 annually).

The selection of the 24 BRFSS indicators that make up *America's Health Rankings® Health of Those Who Have Served Report* was driven by three factors:

- Overall measures represent health conditions, behaviors, and care issues most pertinent to those who have ever served on active duty.
- Individual measures have sufficient sample and cell sizes to assure reliable estimates for those who have served and not served by age, gender, race and ethnicity, and income.
- Each selected measure is amenable to change. In other words, each measure can be modified by policy or intervention to see measurable change or improvement.

With the change in BRFSS survey methodology in 2011, data prior to this year cannot be compared with more recent years. As such, estimates generated for this report serve as an important benchmark for subsequent years.

60,000

This study builds on data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). BRFSS has one of the most robust samples of individuals who have ever served in active duty (approximately 60,000 annually).

This report utilizes four years of data, 2011 to 2014, which were weighted and pooled into two-year periods (yielding a total sample of nearly one million per period) and are presented as follows:

- Baseline 2011 to 2012: provides a baseline by which to compare trends over time; and
- Current 2013 to 2014: provides the most current year's data and an opportunity to measure change since the baseline year.

Those who have served on active duty are generally older than those who have not served. For example in 2014, 75% of veterans were 55 years or older, as compared with only 34% of non-veterans in this age group. The BRFSS sample also follows a similar age distribution. To prevent age from skewing results, the BRFSS data were age-adjusted to a U.S. Standard Population. This assumes that both groups have the same age structure, leading to fairer, more realistic comparisons. Age-adjusted prevalence estimates should be understood as relative estimates, not as actual measures of burden. For details on age-adjustment, see detailed methods on page 64.

Findings

Overview

This report provides a comparative, national portrait of the health of those who have served in the U.S. Armed Forces and those who have not. Findings highlight the positive health experiences as well as health challenges faced by individuals who have served. In particular, key findings from 2013 to 2014 data indicate that as compared with individuals who have not served, those who have served have:

- Lower overall rates of physical inactivity yet higher rates of other unhealthy behaviors such as smoking, excessive drinking, and insufficient sleep.
- Significantly higher overall rates of health insurance coverage and preventive service utilization, yet lower rates of having a personal health care provider.
- Better overall self-reported health status, yet significantly higher rates of coronary heart disease, heart attack, cancer, stroke, and other chronic conditions.
- Slightly lower overall rates of depression and frequent mental distress, though among females who have served rates are considerably higher.

Behaviors

Those who have served report lower rates of physical inactivity than those who have not served; however they report higher rates of smoking, excessive drinking, and insufficient sleep. More detailed findings on these health behavior measures show that:

- Males and females and those of all ages who have served are less physically inactive than those who have not served.
- Unhealthy behaviors such as smoking, excessive drinking, and insufficient sleep are particularly common among individuals aged 18 to 39 years who have served.
- Rates of smoking and especially excessive drinking have declined since 2011 to 2012 among those who have served.

- While no significant differences exist in the overall rate of obesity among those who have and have not served, the rate is highest for those aged 40 to 59 years who have served.

Policy

Those who have served report higher rates of health insurance coverage than those who have not. Nine in 10 males and females who have served report having health insurance as compared with roughly eight in 10 of those who have not served. More detailed findings show that:

- Rates of health insurance are significantly higher for many minorities who have served as compared with minorities who have not.
- Hispanics who have served have higher rates of health insurance than those who have not served (87.9% vs. 66.5%, respectively).
- Rates of health insurance increased by roughly 3% from 2011 to 2012 to 2013 to 2014 for both those who have served and not served.
- Rates of coverage are lowest among people with incomes less than \$25,000 annually. However, even in this income bracket those who have served still have a significantly higher rate of coverage than those who have not (75.6% vs. 67.3%, respectively).

Higher rates of insurance coverage among those who have served are likely the result of policies that provide unique health insurance options for those who have served in the U.S. Armed Forces. These include TRICARE for those currently serving or who have retired from military service and U.S. Department of Veterans Affairs (VA) health benefits for those who have served and were discharged other than dishonorably.

Clinical Care

Despite reporting higher rates of health insurance coverage, lower unmet medical need due to cost, and higher usage rates of certain preventive services, those who have served are less likely

to report having a personal health care provider than those who have not served (73.5% vs. 75.5%, respectively). Having someone that people see as their personal doctor or health care provider is an important predictor of having a usual source of care when needed and is linked to better health outcomes. Following are more detailed findings on these measures:

- Those who have served aged 18 to 39 years are least likely to report having a personal health care provider (59.3%) when compared with other segments of the population.
- Hispanics are the only race/ethnic group for which those who have served are significantly more likely to have a personal health care provider than those who have not served (74.2% vs. 62.3%, respectively).
- Unmet medical need due to cost is lower among all groups of individuals who have served than not served. Between 2011 to 2012 and 2013 to 2014, unmet medical need due to cost declined significantly for both those who have and have not served, especially for those aged 18-39 years, a decline that may coincide with the health insurance expansions implemented by the Affordable Care Act.
- Those who have served report higher overall rates of flu vaccine (50.3% vs. 36.5%), colorectal cancer screening (72.7% vs. 64.9%), and dental visits (69.5% vs. 63.7%) than those who have not served. Rates for these measures are also significantly higher for most minorities who have served than not served.

Health Outcomes

Individuals who have served report better overall health status, yet they are diagnosed with chronic conditions at higher rates than those who have not served. Detailed findings indicate that:

- Those who have served are more likely to report being in excellent or very good health than those who have not served (56.5% vs. 51.2%).

STRENGTHS AMONG THOSE WHO HAVE SERVED

56.5%

Those who have served are more likely to be in excellent or very good health than those who have not served (56.5% vs. 51.2%).

90.4%

Those who have served are more likely to have health insurance than those who have not served (90.4% vs. 82.8%).

19.6%

Those who have served are less likely to be physically inactive than those who have not served (19.6% vs. 25.2%).

CHALLENGES AMONG THOSE WHO HAVE SERVED

43.1%

Those who have served are more likely to get insufficient sleep than those who have not served (43.1% vs. 35.1%).

21.8%

Those who have served are more likely to smoke than those who have not served (21.8% vs. 17.8%).

6.0%

Those who have served are more likely to have had a heart attack than those who have not served (6.0% vs. 3.6%).

- Those aged 18 to 39 years who have served are more likely to report being in excellent or very good health than those of the same age who have not served (67.2% vs. 57.8%).
- Minorities, particularly blacks (51.0% vs. 42.3%), Hispanics (52.0% vs. 33.6%), and American Indians/Alaska Natives (50.3% vs. 40.1%) who have served report better overall health than those who have not served.
- As a whole, those who have served report slightly lower rates of depression (16.1% vs. 17.7%) and frequent mental distress (10.9% vs. 11.6%) than those who have not served. However, the rate of depression is especially high among females (25.5%) and those earning less than \$25,000 annually (29.3%) who have served.
- Males and females who have served report higher rates of many chronic conditions than those who have not served.
- Rates of coronary heart disease (5.5% vs. 3.4%) and heart attack (6.0% vs. 3.6%) are significantly higher for those who have served than not served.
- Cancer is more commonly diagnosed among those who have served. Nearly half of those aged 80 years and over who have served have been diagnosed with cancer as compared with roughly one-third (34.1%) of those who have not served in the same age group.
- The rate of diabetes is slightly higher for those who have served than not served (9.9% vs. 9.2%). However, nearly one in four individuals aged 60 to 79 years who have served (24.2%) say they have diabetes—a rate higher than all other groups.
- Males and females who have served are more likely to report having a functional impairment. While the rate of functional impairment is generally higher at older ages, among those aged 18 to 39 years the rate is significantly higher for those who have served than not served (16.3% vs. 11.8%).

Health Strengths and Challenges of Those Who Have Served

Findings from this report reveal the many positive health experiences of those who have served, while also shedding light on the health challenges they face. This section summarizes these strengths and challenges across the measures on Health Behavior, Policy, Clinical Care, and Health Outcomes. These results are intended to serve as general markers of overall health of those who have and have not served, with more detailed findings for each measure provided in the next section on Measures.



Strengths Among Those Who Have Served, 2013 to 2014

Those who have served report better health experiences on nine Behavior, Policy, Clinical Care, and Health Outcome measures than those who have not served.

	Served	Not Served
Behaviors		
Physical Inactivity	19.6%	25.2%
Policy		
Health Insurance	90.4%	82.8%
Clinical Care		
Cancer Screening	72.7%	64.9%
Dental Visit	69.5%	63.7%
Flu Vaccine	50.3%	36.5%
Unmet Medical Need	9.5%	16.2%
Health Outcomes		
Health Status	56.5%	51.2%
Depression	16.1%	17.7%
Frequent Mental Distress	10.9%	11.6%



Challenges Among Those Who Have Served, 2013 to 2014

Those who have served face greater challenges across 12 Behavior, Clinical Care, and Health Outcome measures than those who have not served.

	Served	Not Served
Behaviors		
Excessive Drinking	20.4%	18.1%
Insufficient Sleep	43.1%	35.1%
Smoking	21.8%	17.8%
Clinical Care		
Health Care Provider	73.5%	75.5%
Health Outcomes		
Cancer	11.1%	9.8%
Coronary Heart Disease	5.5%	3.4%
Heart Attack	6.0%	3.6%
Stroke	3.2%	2.7%
Diabetes	9.9%	9.2%
COPD	6.5%	6.0%
Functional Impairment	24.9%	20.9%
Arthritis	24.4%	23.5%

Excessive Drinking

Excessive alcohol use, which includes both chronic heavy drinking and episodic binge drinking, kills 88,000 Americans annually and shortens the lives of those who die by an average of 30 years. Excessive alcohol use increases risk for liver and heart disease, stroke, and certain cancers. Risk for alcohol-related disease is higher for women than men. As past studies on veterans show, excessive drinking is more common for those who have served in combat or experienced military trauma. Many veterans with mental disorders like post-traumatic stress disorder (PTSD) also misuse alcohol, at times attempting to self-medicate symptoms of mental distress. However, research indicates that excessive drinking worsens PTSD and depressive symptoms and can make recovery more difficult.

Highlights:

- The overall rate of excessive drinking is higher for those who have served than not served.
- Excessive drinking rates have declined since 2011 to 12 for both those who have and have not served.
- Whites have high rates of excessive drinking. However, Hispanics, blacks, and Asians who have served have significantly higher rates of excessive drinking than Hispanics, blacks, and Asians who have not served.
- By age, rates of excessive drinking are highest for those aged 18 to 39 years who have served.

Excessive Drinking for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

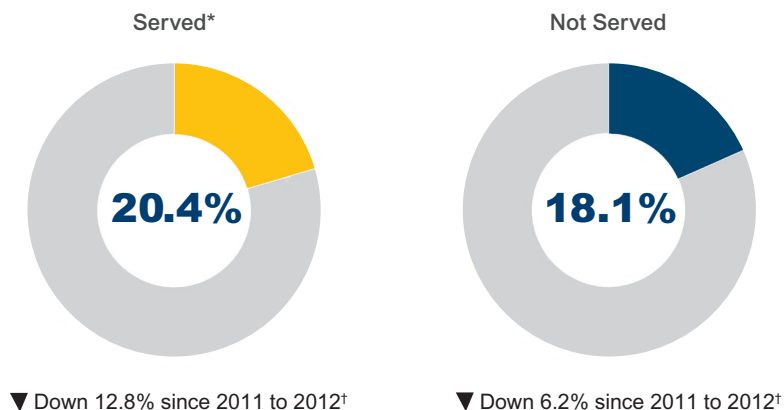
Percentage of adults that report either binge drinking (consuming four or more [women] or five or more [men] alcoholic beverages on a single occasion in the past 30 days) or chronic drinking (consuming eight or more [women] or 15 or more [men] alcoholic beverages per week)

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	23.4%	20.4%	-12.8%†	19.3%	18.1%	-6.2%†
Gender						
Male	25.0%	21.7%	-13.2%†	25.0%	23.5%	-6.0%†
Female	14.4%	12.8%	-11.1%	14.2%	13.6%	-4.2%†
Race and Ethnicity						
White	24.8%	21.6%	-12.9%†	21.5%	20.5%	-4.7%†
Black	16.9%	15.1%	-10.7%	14.1%	12.8%	-9.2%†
Hispanic	23.9%	21.7%	-9.2%	17.7%	16.4%	-7.3%†
Asian	19.1%	16.8%	-12.0%	10.5%	10.3%	-1.9%
Hawaiian/Pacific Islander	29.1%	18.6%	-36.1%†	16.3%	16.4%	0.6%
American Indian/Alaska Native	21.7%	21.1%	-2.8%	18.1%	16.1%	-11.0%
Age						
18 to 39 years	33.0%	27.2%	-17.6%†	27.0%	25.0%	-7.4%†
40 to 59 years	20.5%	18.8%	-8.3%	17.9%	17.0%	-5.0%†
60 to 79 years	11.4%	11.4%	0.0%	7.7%	7.8%	1.3%
80+ years	4.3%	4.7%	9.3%	3.2%	3.3%	3.1%
Income						
Less Than \$25,000	22.8%	20.1%	-11.8%	16.8%	15.3%	-8.9%†
\$25,000 to \$49,999	23.8%	19.7%	-17.2%†	19.4%	18.2%	-6.2%†
\$50,000 to \$74,999	22.4%	21.6%	-3.6%	21.1%	20.3%	-3.8%
\$75,000 or More	25.1%	21.6%	-13.9%	23.8%	23.2%	-2.5%

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Excessive Drinking Rate, 2013 to 2014

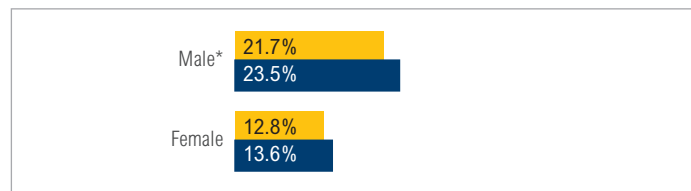
Percentage of adults that report either binge drinking (consuming 4 or more [women] or five or more [men] alcoholic beverages on a single occasion in the past 30 days) or chronic drinking (consuming eight or more [women] or 15 or more [men] alcoholic beverages per week)



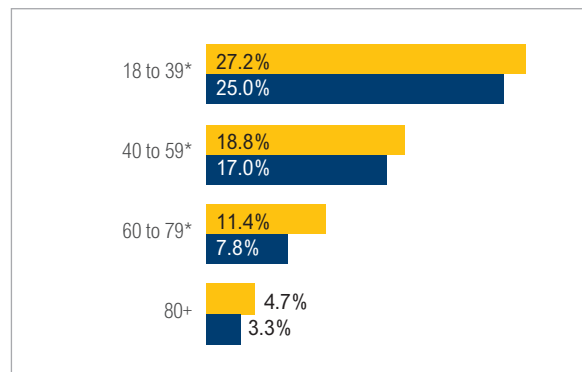
Disparities in Excessive Drinking, 2013 to 2014

■ Served ■ Not Served

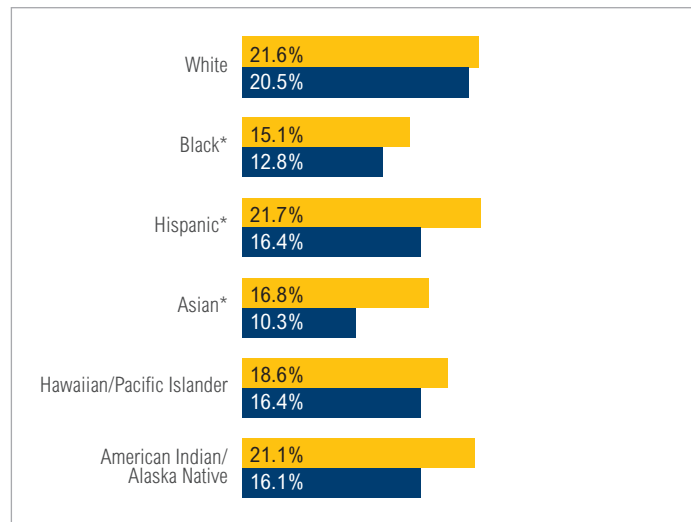
Excessive Drinking by Gender



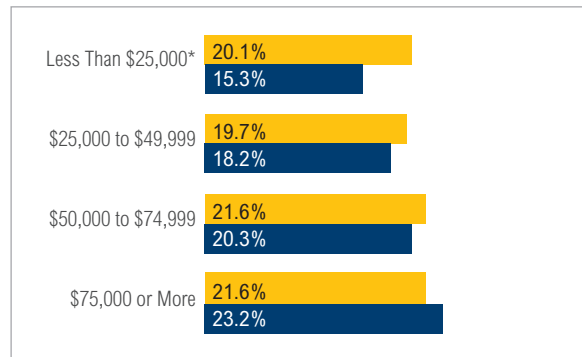
Excessive Drinking by Age



Excessive Drinking by Race and Ethnicity



Excessive Drinking by Income



* Statistically significant difference between served and not served
 † Statistically significant difference between 2011 to 2012 and 2013 to 2014

Insufficient Sleep

Chronic sleep problems affect about 60 million Americans. People who experience trouble sleeping are about twice as likely to have other serious health conditions, such as stroke, heart disease, and asthma. Past studies have shown that roughly half of veterans report trouble falling or staying asleep, and one in five report averaging fewer than five hours of sleep nightly. Sleep disruption is a core feature of several health problems that commonly affect those who have served, including PTSD, depression, substance use, and traumatic brain injury. Greater numbers of military deployments are also associated with reduced hours of sleep in some groups of veterans.

Highlights:

- Insufficient sleep is more common among those who have served, overall and in most subgroups.
- Insufficient sleep is more common among racial and ethnic minorities and at lower incomes, especially for those who have served.
- Half of adults aged 18 to 39 years who have served report insufficient sleep as compared to roughly one-third of those who have not served.

Insufficient Sleep for Those Who Have Served and Not Served, 2013 to 2014

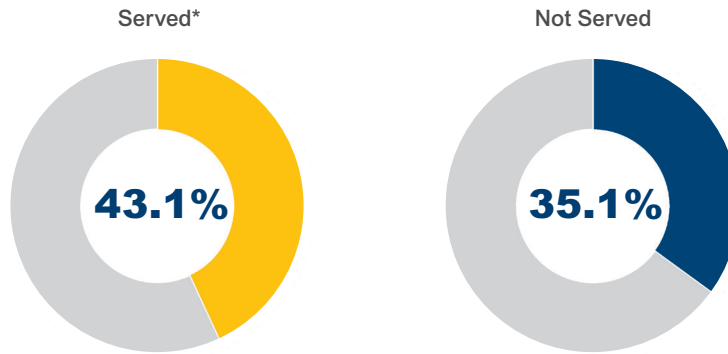
Percentage of adults who self-report sleeping fewer than seven hours in a 24-hour period, on average*

	Served % 2013–14	Not Served % 2013–14
Overall	43.1%	35.1%
Gender		
Male	43.4%	35.0%
Female	42.5%	34.9%
Race and Ethnicity		
White	40.7%	33.3%
Black	50.4%	45.8%
Hispanic	47.1%	34.3%
Asian	46.7%	36.6%
Hawaiian/Pacific Islander	55.1%	46.0%
American Indian/Alaska Native	49.0%	41.0%
Age		
18 to 39 years	49.8%	35.8%
40 to 59 years	45.4%	38.3%
60 to 79 years	28.2%	29.4%
80+ years	21.5%	25.6%
Income		
Less Than \$25,000	48.9%	41.0%
\$25,000 to \$49,999	45.0%	36.5%
\$50,000 to \$74,999	42.9%	33.3%
\$75,000 or More	40.6%	29.5%

* National data are only available for 2013 to 2014.

Overall Insufficient Sleep Rate, 2013 to 2014

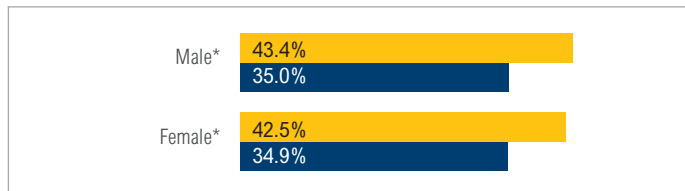
Percentage of adults who self-report sleeping fewer than seven hours in a 24-hour period, on average



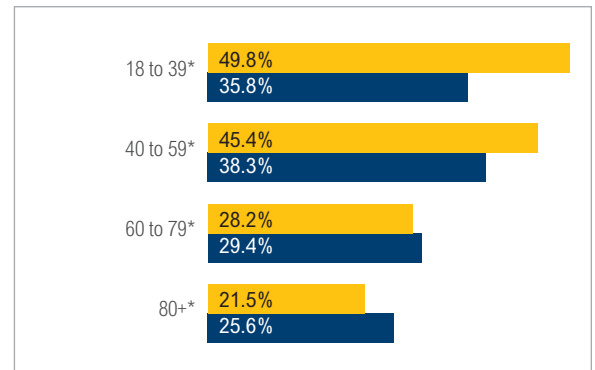
Disparities in Insufficient Sleep, 2013 to 2014

■ Served ■ Not Served

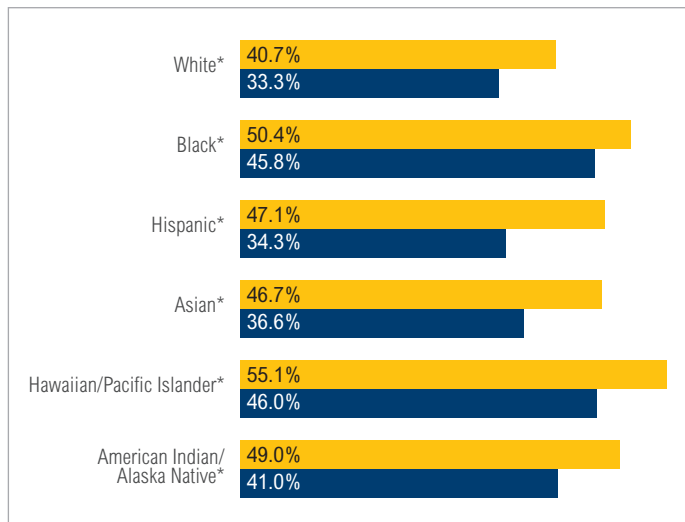
Insufficient Sleep by Gender



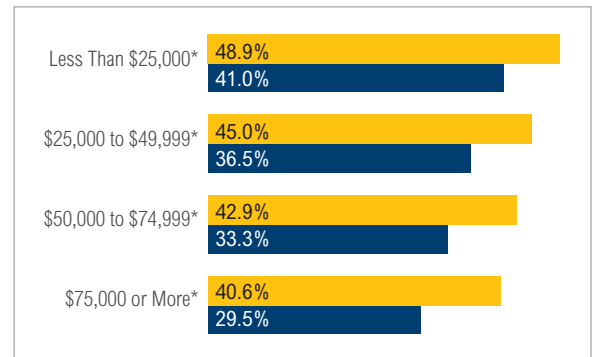
Insufficient Sleep by Age



Insufficient Sleep by Race and Ethnicity



Insufficient Sleep by Income



* Statistically significant difference between served and not served

Obesity

Obesity rates in America have nearly tripled over the last 50 years. Obesity currently affects nearly 79 million Americans, or about one-third of the population. Several leading causes of preventable death are obesity-related, including heart disease and diabetes. As many as 400,000 deaths annually are attributable to obesity. Obesity rates in veterans are equal to non-veterans, even though veterans are more likely to be physically active. Research suggests some veterans may experience a period of rapid weight gain in the first few years after military discharge, followed by gradual return to normal patterns of weight gain with age observed in the general population.

Highlights:

- Overall rates of obesity are the same for those who have served and not served.
- Females who have served have a significantly lower rate of obesity than those who have not.
- Blacks who have served have a significantly lower rate of obesity than blacks who have not, while Asians who have served have an obesity rate more than double that of Asians who have not served.
- Obesity is most common among adults aged 40 to 59 years, especially for those who have served.
- Among those with incomes below \$25,000 annually, the rate of obesity is lower for those who have served. However, for those with incomes higher than \$75,000 annually, the obesity rate is much higher for those who have served.

Obesity for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

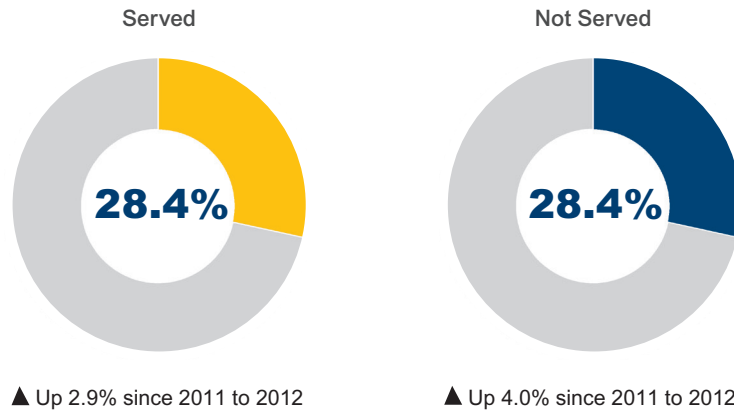
Percentage of adults who are obese by self-report, with a body mass index (BMI) of 30.0 or higher

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	27.6%	28.4%	2.9%	27.3%	28.4%	4.0% [†]
Gender						
Male	28.1%	29.0%	3.2%	27.5%	28.2%	2.5% [†]
Female	25.0%	25.1%	0.4%	27.1%	28.5%	5.2% [†]
Race and Ethnicity						
White	26.8%	27.3%	1.9%	25.7%	26.8%	4.3% [†]
Black	30.8%	31.7%	2.9%	38.3%	39.0%	1.8%
Hispanic	28.9%	32.5%	12.5%	31.0%	32.7%	5.5% [†]
Asian	15.9%	22.1%	39.0%	9.1%	9.2%	1.1%
Hawaiian/Pacific Islander	30.1%	32.4%	7.6%	26.1%	30.2%	15.7%
American Indian/Alaska Native	33.2%	30.0%	-9.6%	34.1%	34.4%	0.9%
Age						
18 to 39 years	19.6%	20.7%	5.6%	23.9%	24.5%	2.5%
40 to 59 years	36.9%	37.4%	1.4%	31.5%	33.2%	5.4% [†]
60 to 79 years	31.2%	31.9%	2.2%	29.4%	30.5%	3.7% [†]
80+ years	14.0%	14.9%	6.4%	16.4%	17.9%	9.1% [†]
Income						
Less Than \$25,000	30.7%	29.9%	-2.6%	33.4%	34.4%	3.0% [†]
\$25,000 to \$49,999	27.8%	29.0%	4.3%	28.8%	30.7%	6.6% [†]
\$50,000 to \$74,999	27.6%	28.1%	1.8%	26.8%	27.4%	2.2%
\$75,000 or More	25.3%	27.9%	10.3% [†]	20.2%	21.7%	7.4% [†]

[†] Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Obesity Rate, 2013 to 2014

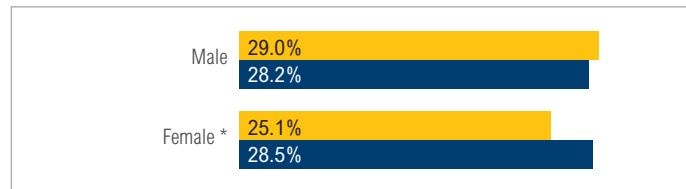
Percentage of adults who are obese by self-report, with a body mass index (BMI) of 30.0 or higher



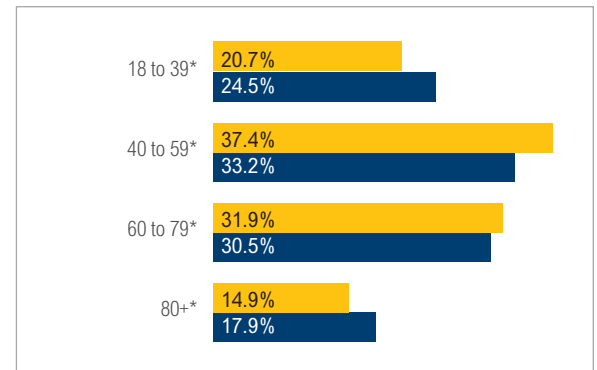
Disparities in Obesity, 2013 to 2014

■ Served ■ Not Served

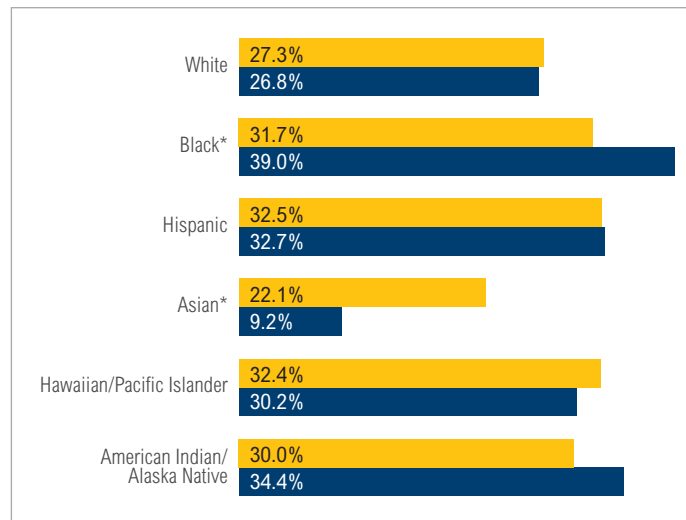
Obesity by Gender



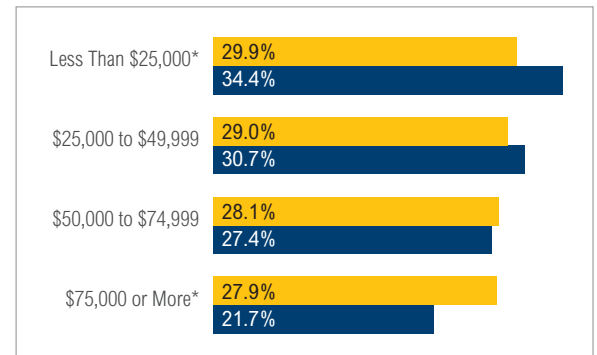
Obesity by Age



Obesity by Race and Ethnicity



Obesity by Income



* Statistically significant difference between served and not served
 † Statistically significant difference between 2011 to 2012 and 2013 to 2014

Physical Inactivity

People who lead physically inactive lifestyles are at high risk for obesity, heart disease, stroke, diabetes, depression, and premature death. Only 20% of American adults engage in the minimum recommended level of moderate-to-vigorous physical activity (150 minutes per week). Research confirms that civilian adults are more likely to be physically inactive than those with military service. One reason for this difference may be that physical fitness is a key component of military training and service, and those with military experience tend to maintain physically active lifestyles over time even after leaving the Armed Forces. Among combat veterans, physical activity may improve quality of life and reduce post-traumatic stress symptoms.

Highlights:

- Physical inactivity rates are significantly lower for those who have served, overall and in most subgroups.
- Racial and ethnic minorities who have served report lower rates of physical inactivity than minorities who have not served.
- Physical inactivity rates are generally higher at older ages and lower incomes.

Physical Inactivity for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

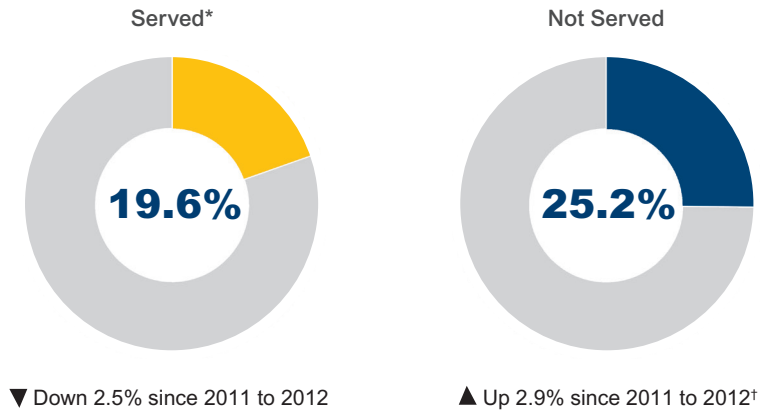
Percentage of adults who self-report doing no physical activity or exercise other than their regular job in the last 30 days

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	20.1%	19.6%	-2.5%	24.5%	25.2%	2.9% [†]
Gender						
Male	19.9%	19.3%	-3.0%	23.0%	23.6%	2.6%
Female	21.8%	21.9%	0.5%	25.5%	26.2%	2.7% [†]
Race and Ethnicity						
White	19.5%	19.1%	-2.1%	21.7%	22.1%	1.8% [†]
Black	21.5%	21.9%	1.9%	30.1%	30.9%	2.7%
Hispanic	19.9%	20.5%	3.0%	31.6%	32.5%	2.8%
Asian	20.7%	16.4%	-20.8%	21.7%	23.1%	6.5%
Hawaiian/Pacific Islander	13.7%	25.1%	83.2% [†]	25.2%	26.0%	3.2%
American Indian/Alaska Native	23.2%	19.9%	-14.2%	28.8%	28.2%	-2.1%
Age						
18 to 39 years	13.3%	12.8%	-3.8%	19.9%	20.7%	4.0% [†]
40 to 59 years	23.0%	21.7%	-5.7%	25.0%	25.7%	2.8%
60 to 79 years	26.8%	27.7%	3.4%	30.3%	30.4%	0.3%
80+ years	33.4%	32.8%	-1.8%	41.4%	41.6%	0.5%
Income						
Less Than \$25,000	29.3%	30.7%	4.8%	34.5%	35.8%	3.8% [†]
\$25,000 to \$49,999	23.1%	21.7%	-6.1%	25.4%	27.0%	6.3% [†]
\$50,000 to \$74,999	16.7%	17.8%	6.6%	19.9%	20.2%	1.5%
\$75,000 or More	12.8%	12.0%	-6.3%	13.6%	14.1%	3.7%

[†] Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Physical Inactivity Rate, 2013 to 2014

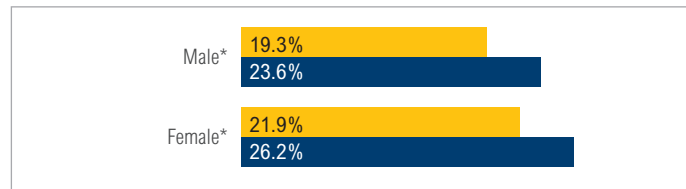
Percentage of adults who self-report doing no physical activity or exercise other than their regular job in the last 30 days



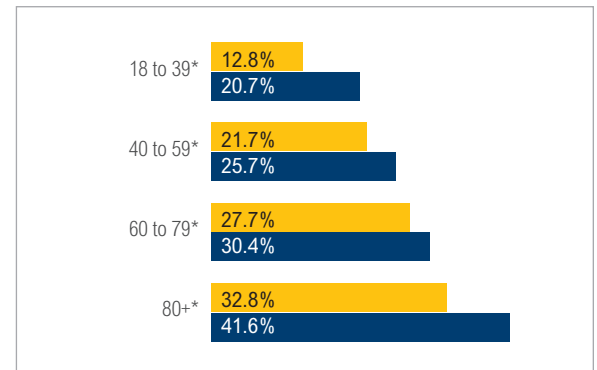
Disparities in Physical Inactivity, 2013 to 2014

■ Served ■ Not Served

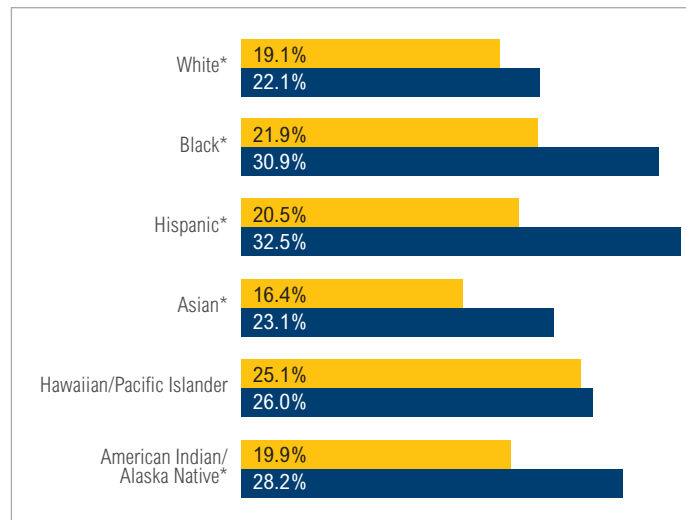
Physical Inactivity by Gender



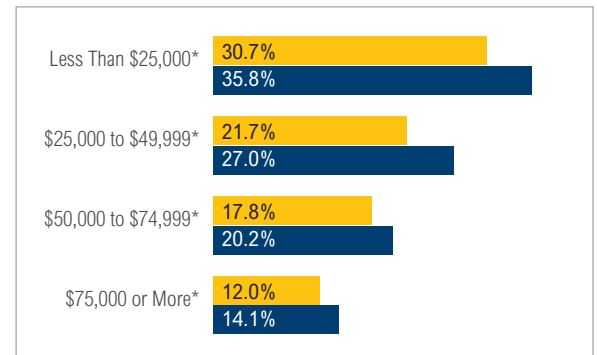
Physical Inactivity by Age



Physical Inactivity by Race and Ethnicity



Physical Inactivity by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Smoking

Smoking is the leading cause of preventable death in the nation, contributing to more than 480,000 deaths annually. While smoking has declined in the last decade, nearly 40 million American adults still smoke and more than 16 million live with smoking-related illnesses like heart disease, stroke, and cancer. Tobacco use has long been pervasive in military culture. Many smokers who have served report their smoking began during military service, and veterans often say they continue smoking to cope with poor moods or stress. Research shows half of veterans with heart disease report being a current smoker, and veterans living with psychiatric and substance use disorders have some of the highest smoking rates.

Highlights:

- Smoking rates are significantly higher for those who have served, overall and in most subgroups.
- Since 2011 to 2012, smoking rates declined for both those who have served and those who have not.
- Smoking rates are especially high for those aged 18 to 39 years who have served and those earning less than \$25,000 annually who have served.

Smoking for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

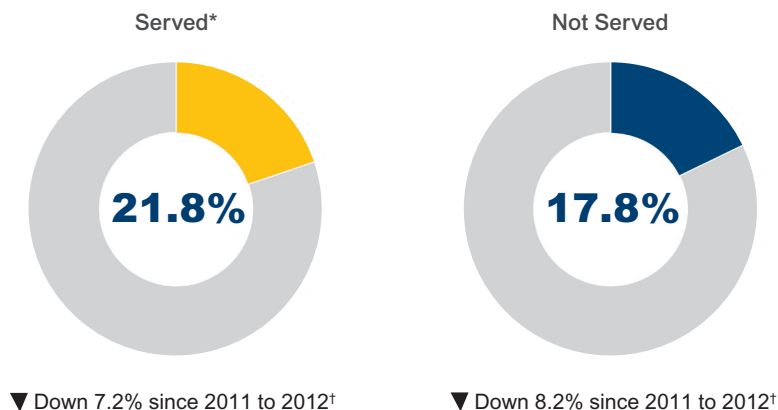
Percentage of adults who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke)

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	23.5%	21.8%	-7.2%†	19.4%	17.8%	-8.2%†
Gender						
Male	24.1%	22.7%	-5.8%	21.4%	19.9%	-7.0%†
Female	20.0%	17.5%	-12.5%	17.6%	16.0%	-9.1%†
Race and Ethnicity						
White	24.4%	23.3%	-4.5%	21.1%	19.5%	-7.6%†
Black	20.9%	20.1%	-3.8%	21.3%	19.5%	-8.5%†
Hispanic	18.0%	16.8%	-6.7%	14.3%	13.1%	-8.4%†
Asian	16.0%	15.4%	-3.8%	7.7%	8.3%	7.8%
Hawaiian/Pacific Islander	23.8%	19.1%	-19.7%	18.4%	17.8%	-3.3%
American Indian/Alaska Native	31.2%	27.6%	-11.5%	31.1%	31.0%	-0.3%
Age						
18 to 39 years	27.4%	25.2%	-8.0%	23.0%	20.7%	-10.0%†
40 to 59 years	26.0%	23.7%	-8.8%†	21.1%	19.6%	-7.1%†
60 to 79 years	14.3%	14.4%	0.7%	11.5%	11.1%	-3.5%
80+ years	3.5%	3.7%	5.7%	3.3%	3.4%	3.0%
Income						
Less Than \$25,000	36.0%	32.8%	-8.9%	29.3%	27.1%	-7.5%†
\$25,000 to \$49,999	28.4%	25.4%	-10.6%	20.8%	19.8%	-4.8%†
\$50,000 to \$74,999	20.3%	20.6%	1.5%	15.5%	14.7%	-5.2%
\$75,000 or More	15.3%	14.4%	-5.9%	10.2%	9.5%	-6.9%†

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Smoking Rate, 2013 to 2014

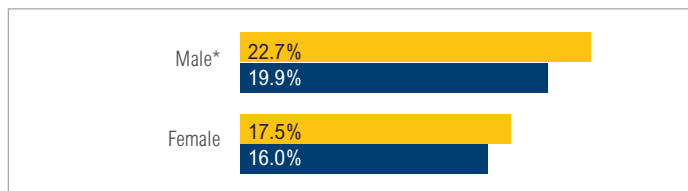
Percentage of adults who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke)



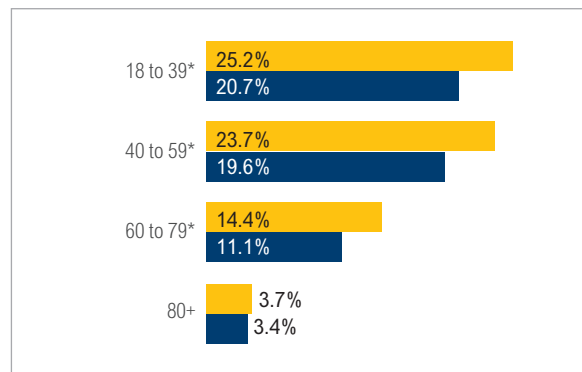
Disparities in Smoking, 2013 to 2014

■ Served ■ Not Served

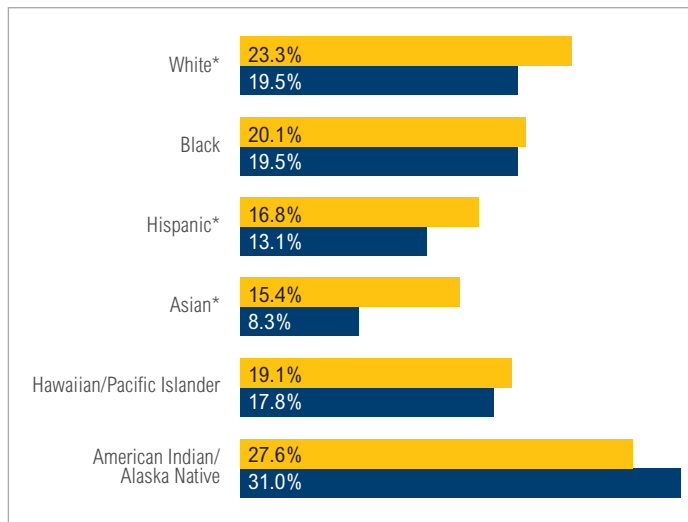
Smoking by Gender



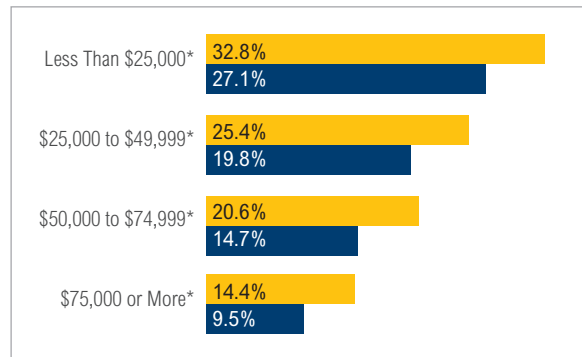
Smoking by Age



Smoking by Race and Ethnicity



Smoking by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Health Insurance

Health insurance is a major determinant of access to health care. Since the passage of the Affordable Care Act, 20 million Americans gained health insurance and the nation's uninsured rate fell below 10%. Those who have served have health insurance options not available to the general population. These include TRICARE for those currently serving or who have retired from military service and U.S. Department of Veterans Affairs (VA) health benefits for those who have served and were discharged other than dishonorably. Still, more than 1.5 million veterans remain uninsured. Veterans who lack insurance are often unable to afford medical care and are less likely to make routine visits to a doctor.

Highlights:

- Overall rates of health insurance are significantly higher for those who have served.
- Since 2011 to 2012, overall rates of health insurance have increased.
- Rates of health insurance are generally higher for minorities—especially Hispanics—who have served than not served.
- Adults aged 18 to 39 years and those with annual incomes below \$25,000 are less likely to have insurance. However, those who have served in these groups have significantly higher rates of health insurance than those who have not served.

Health Insurance for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

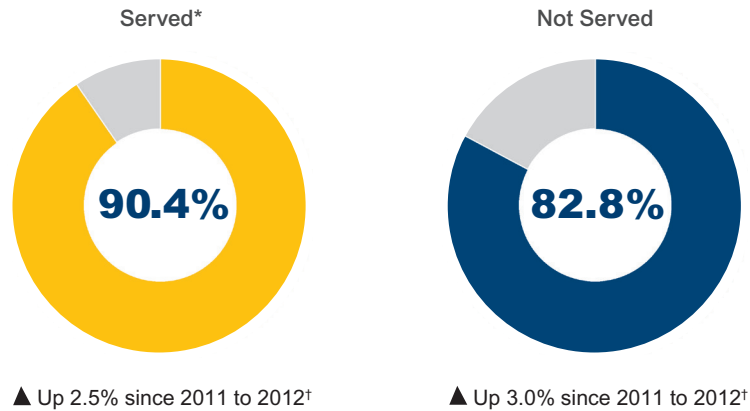
Percentage of the population that has health insurance privately, through their employer, or through the government

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	88.2%	90.4%	2.5% [†]	80.4%	82.8%	3.0% [†]
Gender						
Male	88.2%	90.3%	2.4% [†]	77.6%	80.6%	3.9% [†]
Female	88.7%	91.4%	3.0% [†]	82.8%	84.7%	2.3% [†]
Race and Ethnicity						
White	89.3%	91.2%	2.1% [†]	85.6%	88.1%	2.9% [†]
Black	85.8%	89.5%	4.3% [†]	76.0%	79.4%	4.5% [†]
Hispanic	86.8%	87.9%	1.3%	62.7%	66.5%	6.1% [†]
Asian	85.9%	89.3%	4.0%	87.8%	89.2%	1.6%
Hawaiian/Pacific Islander	88.0%	90.9%	3.3%	81.5%	81.0%	-0.6%
American Indian/Alaska Native	85.5%	88.5%	3.5%	79.2%	82.8%	4.5% [†]
Age						
18 to 39 years	84.3%	87.4%	3.7% [†]	72.1%	75.6%	4.9% [†]
40 to 59 years	87.8%	89.7%	2.2% [†]	80.9%	83.1%	2.7% [†]
60 to 79 years	95.7%	97.0%	1.4% [†]	94.5%	95.3%	0.8% [†]
80+ years	97.9%	98.4%	0.5%	97.6%	98.3%	0.7% [†]
Income						
Less Than \$25,000	70.6%	75.6%	7.1% [†]	62.8%	67.3%	7.2% [†]
\$25,000 to \$49,999	87.7%	89.6%	2.2%	78.8%	80.8%	2.5% [†]
\$50,000 to \$74,999	93.4%	93.6%	0.2%	91.2%	92.0%	0.9% [†]
\$75,000 or More	96.2%	96.4%	0.2%	95.6%	96.3%	0.7% [†]

[†] Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Health Insurance Rate, 2013 to 2014

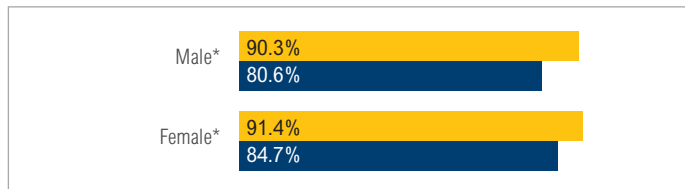
Percentage of the population that has health insurance privately, through their employer, or through the government



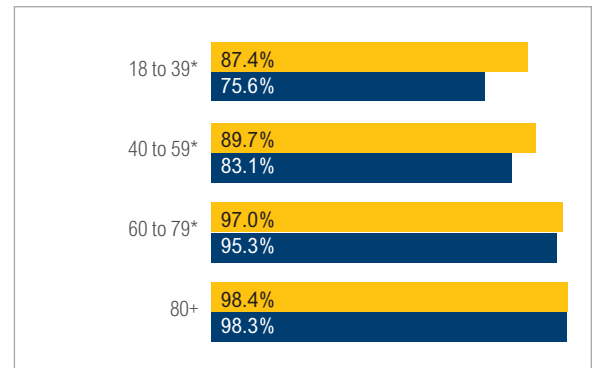
Disparities in Health Insurance, 2013 to 2014

■ Served ■ Not Served

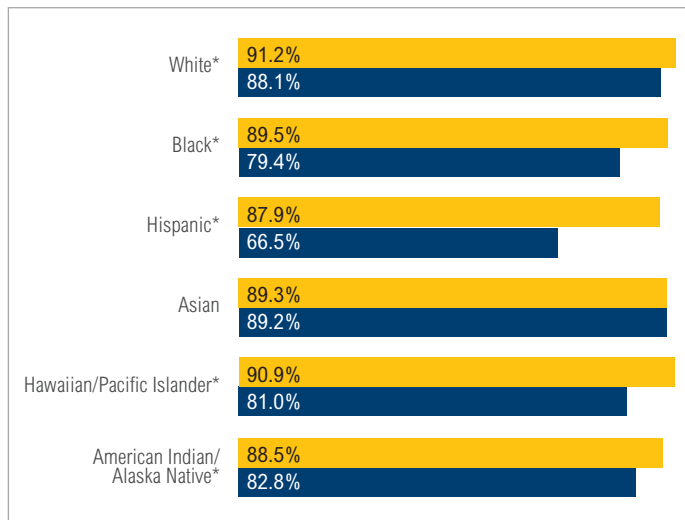
Health Insurance by Gender



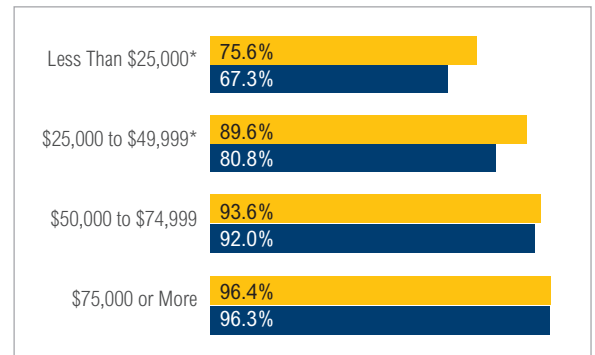
Health Insurance by Age



Health Insurance by Race and Ethnicity



Health Insurance by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Colorectal Cancer Screening

Colorectal cancer is the second leading cause of cancer death among cancers that affect both men and women. The United States Preventive Services Task Force recommends regular colorectal cancer screening for all adults aged 50 to 75. Screening can increase the chance of detecting precancerous lesions or early stage cancers that can be treated with less extensive methods, and is known to help reduce mortality from colorectal cancer. Previous research has shown that veterans and non-veterans generally have similar colorectal cancer screening rates, with a sizeable proportion of both populations not up-to-date with screening recommendations.

Highlights:

- Overall, individuals who have served report a significantly higher rate of colorectal cancer screening than those who have not served.
- Many minorities who have served have significantly higher rates of screening than those who have not served.
- Colorectal cancer screening rates are generally higher at higher incomes.

Colorectal Cancer Screening for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

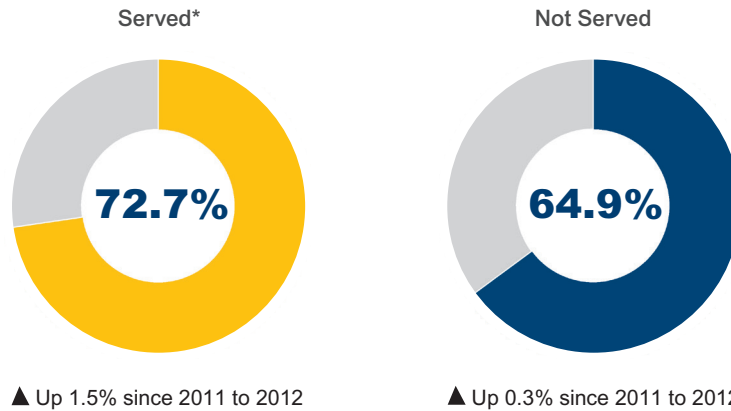
Percentage of adults aged 50 to 75 years who self-report receiving recommended colorectal cancer screening using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	71.6%	72.7%	1.5%	64.7%	64.9%	0.3%
Gender						
Male	71.2%	72.2%	1.4%	62.3%	62.3%	0.0%
Female	75.0%	76.2%	1.6%	66.5%	66.6%	0.2%
Race and Ethnicity						
White	71.1%	71.8%	1.0%	66.3%	66.7%	0.6%
Black	73.3%	76.9%	4.9%	66.1%	66.8%	1.1%
Hispanic	75.7%	70.5%	-6.9%	54.6%	53.3%	-2.4%
Asian	68.4%	77.2%	12.9%	65.3%	62.2%	-4.7%
Hawaiian/Pacific Islander	59.0%	77.7%	31.7% [†]	51.4%	69.8%	35.8% [†]
American Indian/Alaska Native	61.4%	68.3%	11.2%	53.8%	53.8%	0.0%
Age						
40 to 59 years	62.7%	64.3%	2.6%	54.7%	54.5%	-0.4%
60 to 79 years	80.6%	81.2%	0.7%	74.7%	75.2%	0.7%
Income						
Less Than \$25,000	62.9%	64.5%	2.5%	52.4%	54.3%	3.6% [†]
\$25,000 to \$49,999	69.3%	70.1%	1.2%	63.4%	62.6%	-1.3%
\$50,000 to \$74,999	71.8%	75.4%	5.0%	70.1%	69.0%	-1.6%
\$75,000 or More	79.3%	79.7%	0.5%	74.7%	74.7%	0.0%

[†] Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Colorectal Cancer Screening Rate, 2013 to 2014

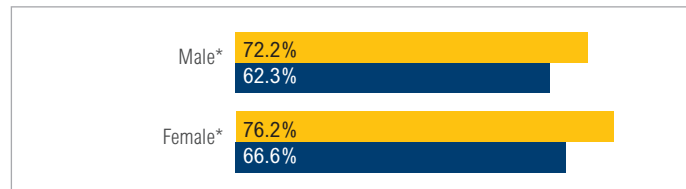
Percentage of adults aged 50 to 75 years who self-report receiving recommended colorectal cancer screening using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy



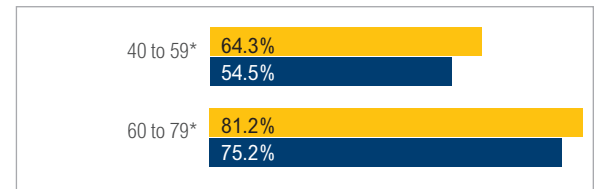
Disparities in Colorectal Cancer Screening, 2013 to 2014

■ Served ■ Not Served

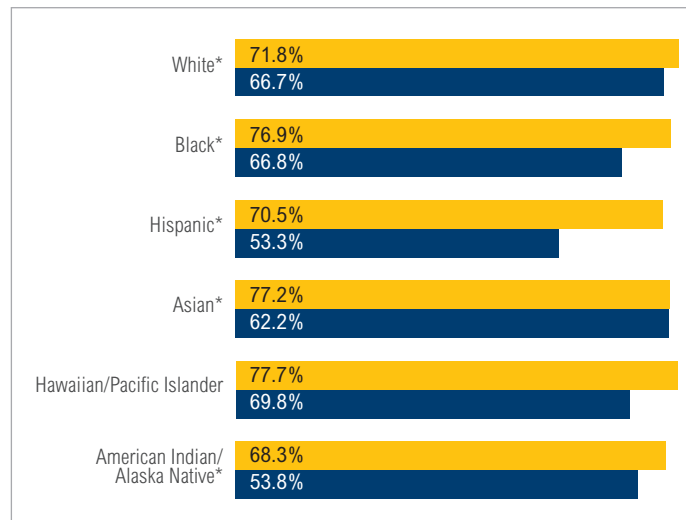
Colorectal Cancer Screening by Gender



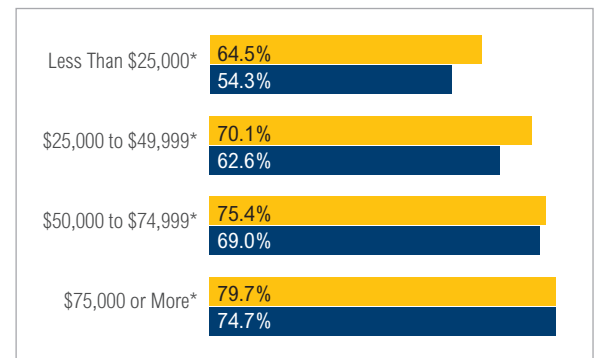
Colorectal Cancer Screening by Age



Colorectal Cancer Screening by Race and Ethnicity



Colorectal Cancer Screening by Income



* Statistically significant difference between served and not served
 † Statistically significant difference between 2011 to 2012 and 2013 to 2014

Dental Visit

Oral health is closely linked to physical health, chronic disease, and a person's psychological and social well-being. Regular dental visits enable prompt identification of dental problems, promote good oral hygiene, and can help prevent disease. People who visit the dentist regularly throughout their life report better oral health status, and have fewer missing teeth and cavities. Research has shown that roughly two-fifths of veterans perceive their oral health status as fair or poor, compared with around one-third of non-veterans. Older veterans in particular report difficulties in some oral care activities including bleeding gums, difficulty or pain during brushing and flossing, and forgetting to brush or floss.

Highlights:

- Those who have served are more likely to have visited the dentist in the past 12 months than those who have not served.
- Blacks, Hispanics, and Asians who have served are more likely to have had a recent dental visit than blacks, Hispanics, and Asians who have not served.
- Adults aged 18 to 39 years who have served are most likely to have visited a dentist recently.
- For those earning less than \$50,000 annually, those who have served are more likely to have had a dental visit than those who have not served.

Dental Visit for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

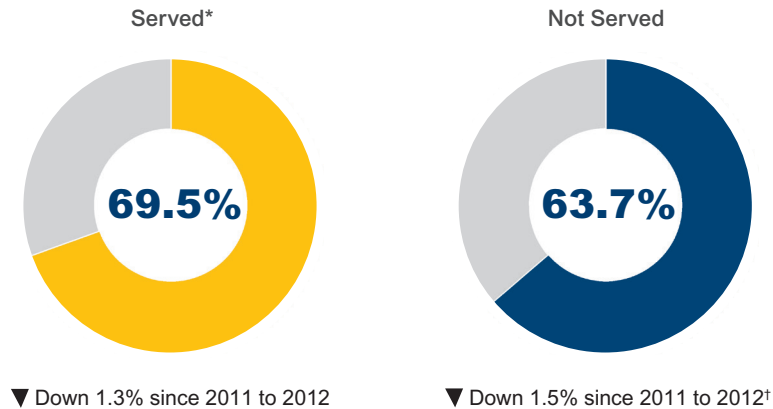
Percentage of adults who self-report visiting the dentist or dental clinic within the past year for any reason

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	70.4%	69.5%	-1.3%	64.7%	63.7%	-1.5%†
Gender						
Male	69.8%	68.7%	-1.6%	60.6%	59.8%	-1.3%
Female	73.8%	73.9%	0.1%	68.0%	66.6%	-2.1%†
Race and Ethnicity						
White	70.6%	70.1%	-0.7%	68.8%	67.9%	-1.3%†
Black	67.5%	66.5%	-1.5%	55.8%	54.9%	-1.6%
Hispanic	68.8%	71.2%	3.5%	54.1%	53.4%	-1.3%
Asian	78.7%	75.0%	-4.7%	71.0%	69.2%	-2.5%
Hawaiian/Pacific Islander	69.3%	57.7%	-16.7%†	64.3%	58.7%	-8.7%
American Indian/Alaska Native	65.5%	57.7%	-11.9%	55.3%	52.9%	-4.3%
Age						
18 to 39 years	75.4%	73.9%	-2.0%	62.4%	61.3%	-1.8%
40 to 59 years	66.5%	66.4%	-0.2%	66.5%	65.2%	-2.0%†
60 to 79 years	67.2%	66.9%	-0.4%	66.8%	66.5%	-0.4%
80+ years	66.7%	64.1%	-3.9%	64.4%	63.2%	-1.9%
Income						
Less Than \$25,000	50.1%	48.5%	-3.2%	45.8%	45.3%	-1.1%
\$25,000 to \$49,999	65.7%	66.2%	0.8%	62.8%	60.6%	-3.5%†
\$50,000 to \$74,999	75.4%	72.1%	-4.4%	74.5%	72.6%	-2.6%†
\$75,000 or More	82.6%	80.5%	-2.5%	83.0%	81.4%	-1.9%†

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Dental Visit Rate, 2013 to 2014

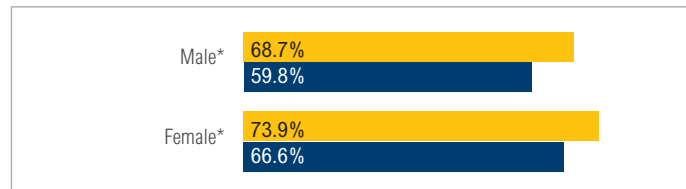
Percentage of adults who self-report visiting the dentist or dental clinic within the past year for any reason



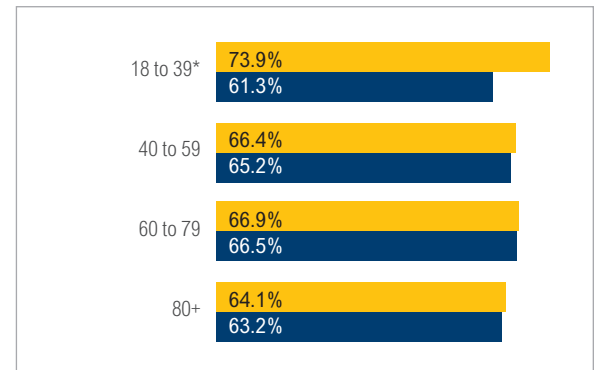
Disparities in Dental Visit, 2013 to 2014

■ Served ■ Not Served

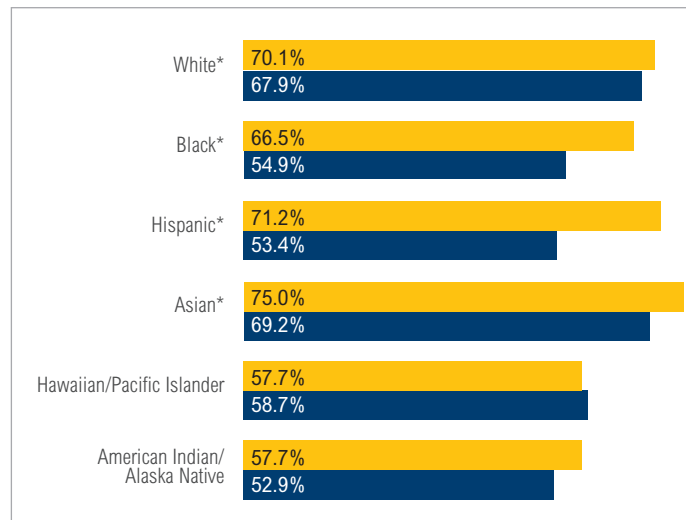
Dental Visit by Gender



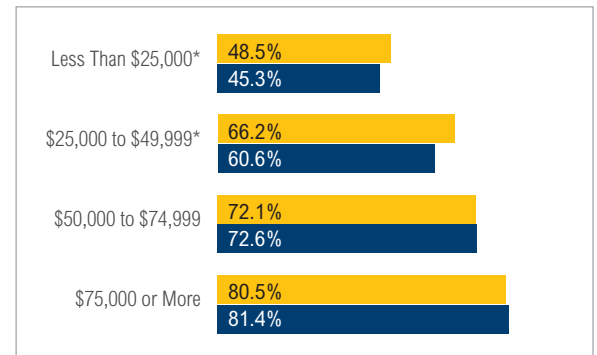
Dental Visit by Age



Dental Visit by Race and Ethnicity



Dental Visit by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Flu Vaccine

Seasonal influenza, or flu, is a potentially serious viral illness. Thousands of Americans die from flu or related complications every year. Up to 90% of flu-related deaths occur in adults aged 65 and older. To minimize the likelihood of flu infection, the CDC recommends nearly all people receive an annual flu vaccine. In 2015 to 2016, fewer than half of working-age adults obtained a flu vaccine, while six in ten people aged 65 and older were vaccinated. Flu vaccine rates below 50% have been observed in the VA patient population, but some VA clinics have piloted initiatives that have nearly doubled their proportion of immunized patients.

Highlights:

- Overall flu vaccine rates are significantly higher for those who have served than those who have not served.
- Minorities who have served receive flu vaccines more often than those who have not served. Asians who have served have the highest flu vaccine rate of any minority group.
- Older adults are most likely to be vaccinated for the flu. Among adults aged 18 to 39 years, those who have served were vaccinated at twice the rate of those who have not served.
- At all income levels, those who have served have higher vaccine rates than those who have not served.

Flu Vaccine for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

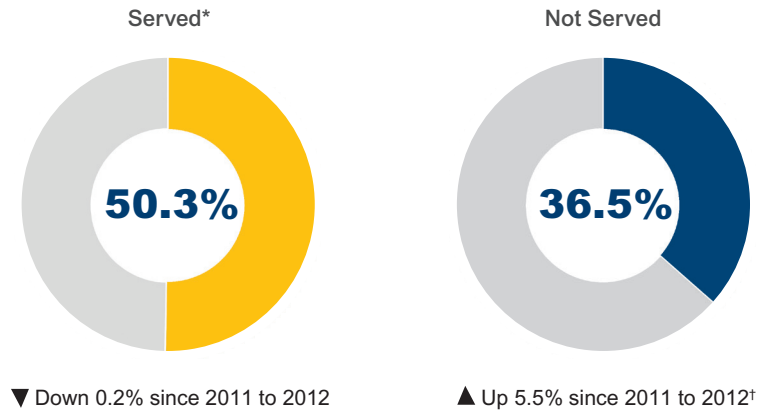
Percentage of adults who self-reported receiving a flu vaccine in the last year

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	50.4%	50.3%	-0.2%	34.6%	36.5%	5.5% [†]
Gender						
Male	49.8%	49.9%	0.2%	30.7%	32.4%	5.5% [†]
Female	55.0%	52.8%	-4.0%	38.0%	40.1%	5.5% [†]
Race and Ethnicity						
White	50.7%	50.1%	-1.2%	36.1%	38.1%	5.5% [†]
Black	50.3%	50.2%	-0.2%	28.7%	30.6%	6.6% [†]
Hispanic	49.6%	49.9%	0.6%	30.8%	33.1%	7.5% [†]
Asian	54.1%	61.0%	12.8%	39.7%	43.4%	9.3% [†]
Hawaiian/Pacific Islander	50.8%	51.9%	2.2%	33.6%	35.2%	4.8%
American Indian/Alaska Native	46.0%	49.5%	7.6%	37.9%	38.9%	2.6%
Age						
18 to 39 years	55.2%	53.8%	-2.5%	24.6%	26.9%	9.3% [†]
40 to 59 years	39.3%	40.4%	2.8%	32.6%	34.6%	6.1% [†]
60 to 79 years	56.9%	57.3%	0.7%	54.9%	55.9%	1.8% [†]
80+ years	67.6%	67.5%	-0.1%	63.7%	64.8%	1.7%
Income						
Less Than \$25,000	42.2%	42.6%	0.9%	30.1%	32.2%	7.0% [†]
\$25,000 to \$49,999	49.3%	50.7%	2.8%	32.3%	33.7%	4.3% [†]
\$50,000 to \$74,999	51.6%	51.3%	-0.6%	36.0%	36.9%	2.5%
\$75,000 or More	55.8%	50.8%	-9.0% [†]	40.9%	43.2%	5.6% [†]

[†] Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Flu Vaccine Rate, 2013 to 2014

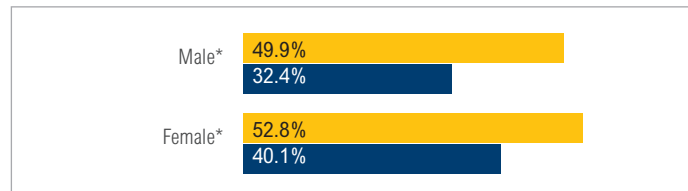
Percentage of adults who self-reported receiving a flu vaccine in the last year



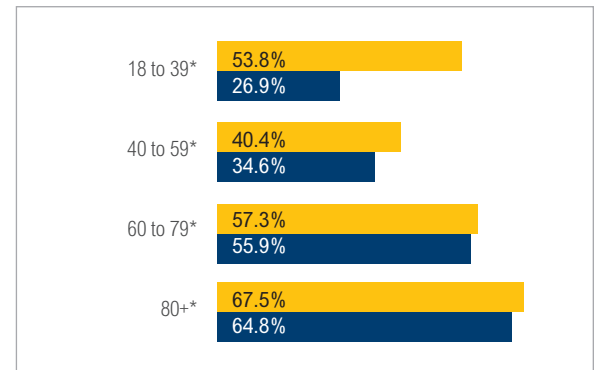
Disparities in Flu Vaccine, 2013 to 2014

■ Served ■ Not Served

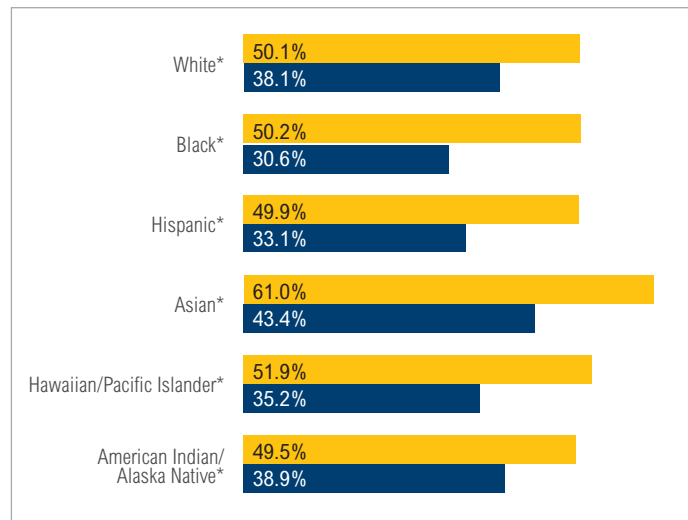
Flu Vaccine by Gender



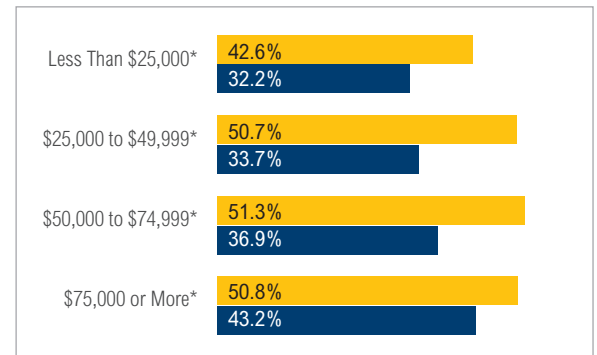
Flu Vaccine by Age



Flu Vaccine by Race and Ethnicity



Flu Vaccine by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Personal Health Care Provider

People with a personal health care provider experience better health outcomes. They are more likely to access care when they need it, communicate well with their provider, and follow medical advice. As in the general population, uninsured veterans are least likely to have a personal health care provider. While an estimated 883,000 veterans use VA health care primarily or exclusively, many veterans do not use VA services and doctors. Research documents that some seek care outside the VA system of care.

Highlights:

- A slightly smaller percentage of those who have served than those who have not served say they have a personal health care provider, and these rates have only slightly changed since 2011 to 2012.
- Females generally report having a personal health care provider more often than males.
- Some minorities (e.g., Hispanics) who have served are more likely to have a personal health care provider than those who have not served.
- Adults aged 18 to 39 years and those with annual incomes below \$25,000 are much less likely to have a personal health care provider.

Personal Health Care Provider for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

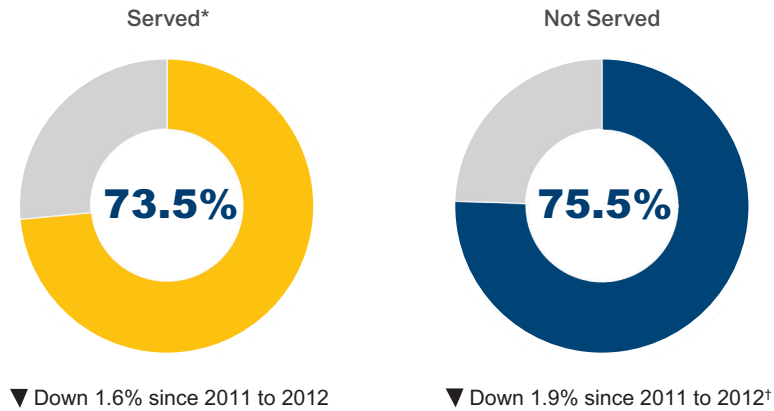
Percentage of adults who report having one or more people they think of as their personal doctor or health care provider

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	74.7%	73.5%	-1.6%	77.0%	75.5%	-1.9%†
Gender						
Male	73.5%	71.7%	-2.4%	71.0%	69.6%	-2.0%†
Female	81.1%	82.6%	1.8%	82.4%	80.7%	-2.1%†
Race and Ethnicity						
White	74.7%	73.0%	-2.3%	81.1%	79.7%	-1.7%†
Black	75.9%	75.5%	-0.5%	75.6%	75.6%	0.0%
Hispanic	74.6%	74.2%	-0.5%	63.6%	62.3%	-2.0%
Asian	71.7%	73.3%	2.2%	78.6%	76.4%	-2.8%
Hawaiian/Pacific Islander	70.3%	69.2%	-1.6%	77.7%	77.1%	-0.8%
American Indian/Alaska Native	73.9%	72.1%	-2.4%	71.6%	68.2%	-4.7%†
Age						
18 to 39 years	59.8%	59.3%	-0.8%	64.1%	61.9%	-3.4%†
40 to 59 years	80.9%	78.7%	-2.7%†	81.5%	80.5%	-1.2%†
60 to 79 years	92.4%	91.4%	-1.1%†	93.6%	92.8%	-0.9%†
80+ years	94.6%	94.3%	-0.3%	96.2%	95.5%	-0.7%†
Income						
Less Than \$25,000	65.2%	64.4%	-1.2%	66.3%	65.7%	-0.9%
\$25,000 to \$49,999	73.1%	71.7%	-1.9%	76.0%	73.8%	-2.9%†
\$50,000 to \$74,999	79.1%	76.6%	-3.2%	83.6%	81.4%	-2.6%†
\$75,000 or More	80.3%	76.9%	-4.2%	86.9%	85.1%	-2.1%†

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Personal Health Care Provider Rate, 2013 to 2014

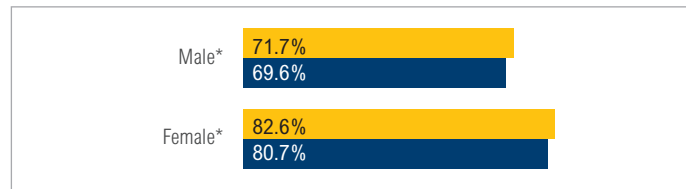
Percentage of adults who report having one or more people they think of as their personal doctor or health care provider



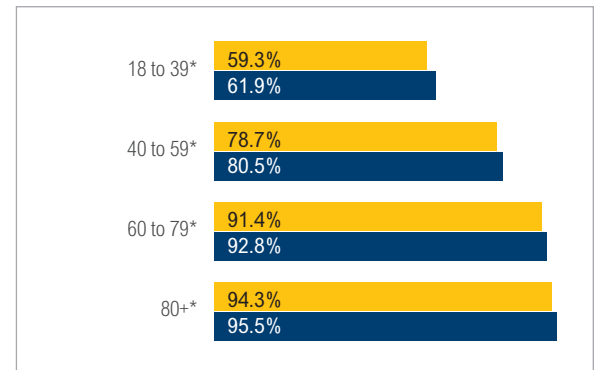
Disparities in Personal Health Care Provider, 2013 to 2014

■ Served ■ Not Served

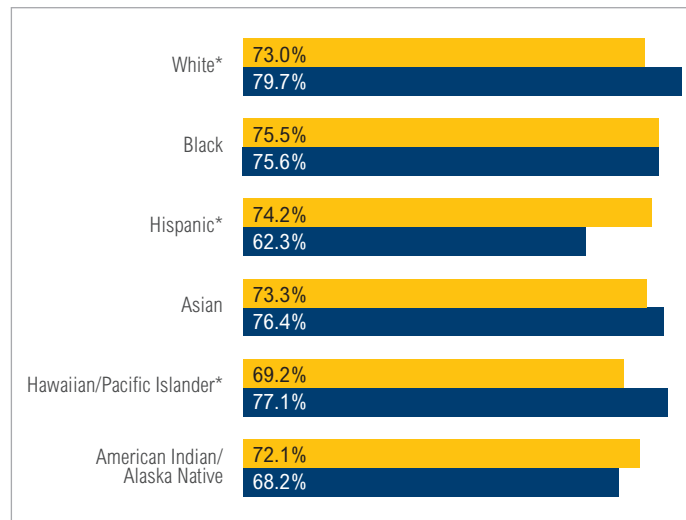
Personal Health Care Provider by Gender



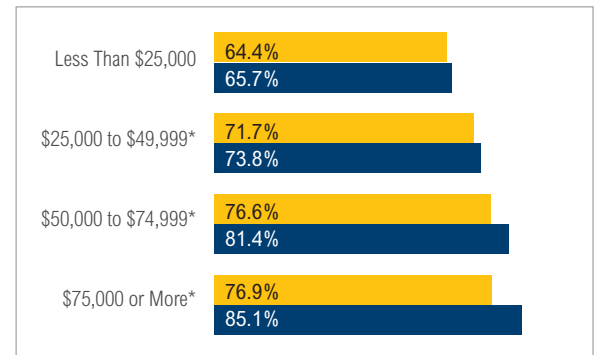
Personal Health Care Provider by Age



Personal Health Care Provider by Race and Ethnicity



Personal Health Care Provider by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Unmet Medical Need

High out-of-pocket health care costs, such as premiums, copays, deductibles, and prescription drugs, can prevent people from seeking needed health care. Cost concerns may lead people to forego screenings and treatment for minor problems that can worsen into serious disease. Usually, eligible veterans can obtain free or low-cost health services through the VA. In veterans, as in the general population, insurance status is a key predictor of medical cost barriers. According to national data, uninsured veterans delay seeking medical care due to cost at four times the rate of insured veterans, and 41% of uninsured veterans say they have unmet medical needs.

Highlights:

- Individuals who have served are less likely to have unmet medical need due to cost than those who have not served.
- Unmet medical need declined significantly since 2011 to 2012 for both those who have and have not served.
- For blacks and Hispanics who have served, unmet medical need is less than half that of blacks and Hispanics who have not served.
- Unmet medical need is more common among adults aged 18 to 39 years and those with incomes less than \$25,000. Still, within these groups those who have served have lower rates of unmet need than those who have not served.

Unmet Medical Need for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

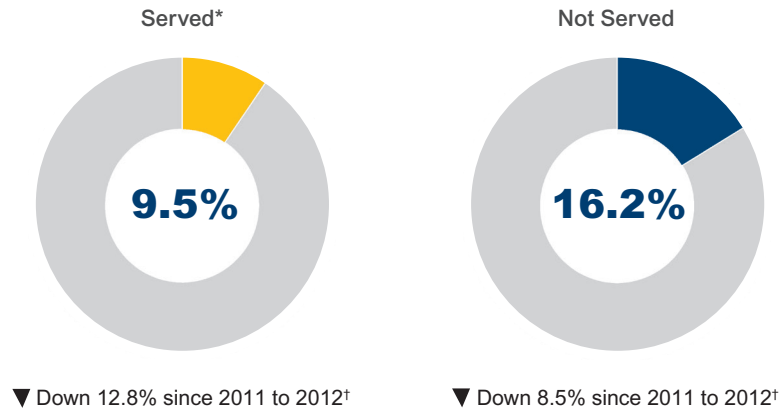
Percentage of adults who report there was a time in the past 12 months when they needed to see a doctor but could not because of cost

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	10.9%	9.5%	-12.8%†	17.7%	16.2%	-8.5%†
Gender						
Male	10.3%	9.0%	-12.6%†	16.2%	14.4%	-11.1%†
Female	14.1%	12.5%	-11.3%	19.1%	18.0%	-5.8%†
Race and Ethnicity						
White	9.7%	8.9%	-8.2%	14.6%	13.3%	-8.9%†
Black	13.2%	10.4%	-21.2%	23.1%	20.7%	-10.4%†
Hispanic	12.5%	12.1%	-3.2%	26.5%	24.6%	-7.2%†
Asian	10.4%	6.8%	-34.6%	12.5%	10.9%	-12.8%
Hawaiian/Pacific Islander	12.5%	9.1%	-27.2%	20.6%	16.6%	-19.4%
American Indian/Alaska Native	16.4%	18.4%	12.2%	22.2%	20.6%	-7.2%
Age						
18 to 39 years	12.4%	10.2%	-17.7%†	21.7%	19.5%	-10.1%†
40 to 59 years	12.9%	11.7%	-9.3%	19.4%	18.2%	-6.2%†
60 to 79 years	5.1%	5.2%	2.0%	8.4%	7.7%	-8.3%†
80+ years	3.4%	2.9%	-14.7%	3.6%	3.8%	5.6%
Income						
Less Than \$25,000	28.4%	23.1%	-18.7%†	33.0%	30.8%	-6.7%†
\$25,000 to \$49,999	12.1%	9.9%	-18.2%†	19.4%	18.0%	-7.2%†
\$50,000 to \$74,999	6.2%	9.1%	46.8%	10.2%	9.4%	-7.8%
\$75,000 or More	3.6%	3.6%	0.0%	4.8%	4.6%	-4.2%

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Unmet Medical Need Rate, 2013 to 2014

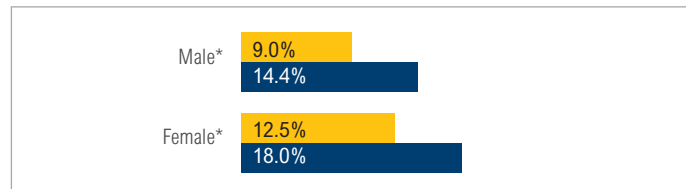
Percentage of adults who report there was a time in the past 12 months when they needed to see a doctor but could not because of cost



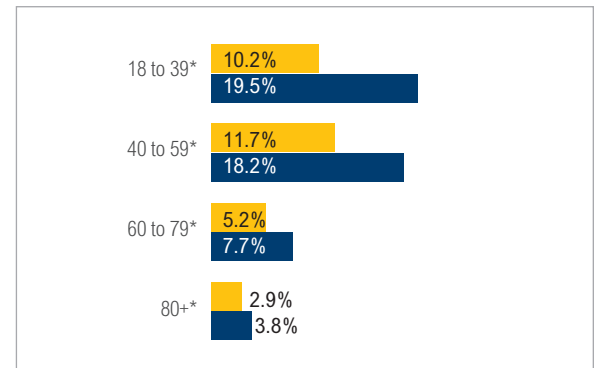
Disparities in Unmet Medical Need, 2013 to 2014

■ Served ■ Not Served

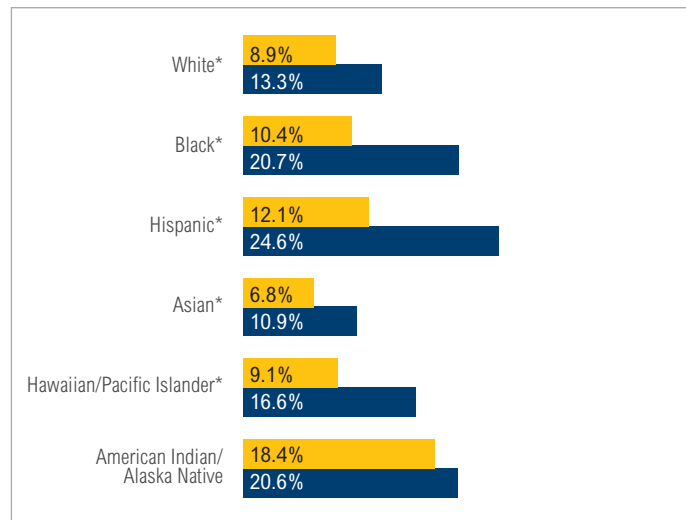
Unmet Medical Need by Gender



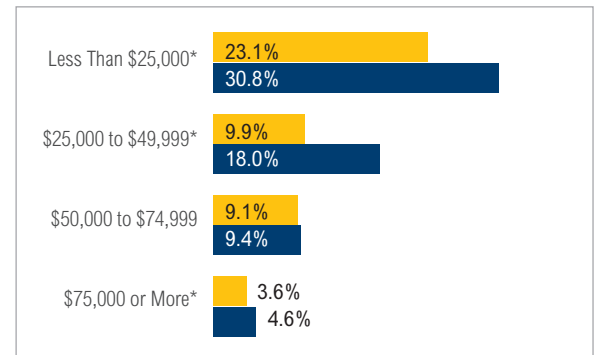
Unmet Medical Need by Age



Unmet Medical Need by Race and Ethnicity



Unmet Medical Need by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Arthritis

More than 52 million Americans have arthritis, a condition that can cause severe, chronic joint pain. Arthritis is a leading cause of disability among American adults, and more than half of people living with arthritis say it interferes with their daily activities. Research shows that arthritis affects those with military service more often than civilians, and tends to have a younger age of onset among those who have served. Carrying heavy loads, long periods of sitting or crouching, and traumatic or overuse injuries incurred during combat are aspects of military service that may predispose those who have served to developing arthritis. Arthritis is also frequently diagnosed among veterans who are overweight or obese.

Highlights:

- Overall, arthritis is more common among those who have served.
- Females, especially those who have served, have higher rates of arthritis than males.
- American Indian/Alaska Natives who have served have a higher rate of arthritis than people of all other race/ethnic groups.
- In adults under age 60, arthritis is more common for those who have served. In adults age 60 and older, arthritis is more common for those who have not served.
- By income, those who have served earning less than \$25,000 annually have the highest rate of arthritis.

Arthritis for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

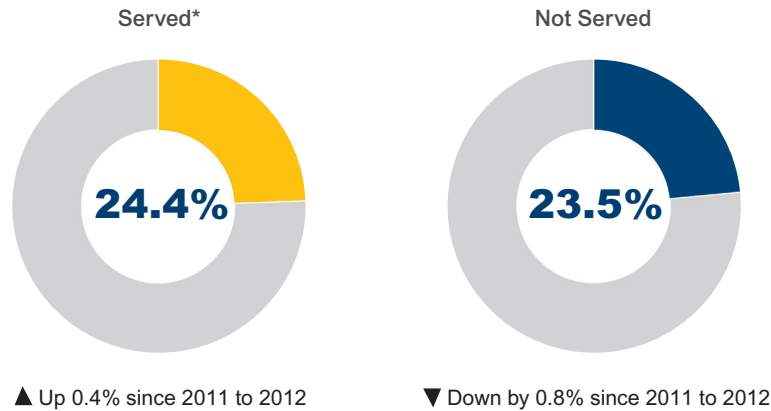
Percentage of adults who self-report being told by a health professional that they had arthritis

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	24.3%	24.4%	0.4%	23.7%	23.5%	-0.8%
Gender						
Male	23.6%	23.7%	0.4%	19.9%	19.6%	-1.5%
Female	30.9%	29.9%	-3.2%	26.0%	25.9%	-0.4%
Race and Ethnicity						
White	24.2%	24.5%	1.2%	24.8%	24.7%	-0.4%
Black	24.2%	24.1%	-0.4%	25.1%	25.4%	1.2%
Hispanic	22.2%	21.1%	-5.0%	19.5%	18.5%	-5.1%
Asian	18.6%	17.3%	-7.0%	14.3%	15.4%	7.7%
Hawaiian/Pacific Islander	27.3%	24.3%	-11.0%	26.2%	23.2%	-11.5%
American Indian/Alaska Native	30.1%	31.9%	6.0%	31.7%	30.7%	-3.2%
Age						
18 to 39 years	9.5%	9.9%	4.2%	7.3%	7.1%	-2.7%
40 to 59 years	27.9%	27.7%	-0.7%	24.9%	24.5%	-1.6%
60 to 79 years	45.2%	45.6%	0.9%	51.0%	50.5%	-1.0%
80+ years	50.5%	49.7%	-1.6%	59.4%	60.1%	1.2%
Income						
Less Than \$25,000	31.2%	32.9%	5.4%	29.7%	29.6%	-0.3%
\$25,000 to \$49,999	25.6%	25.4%	-0.8%	23.8%	23.9%	0.4%
\$50,000 to \$74,999	22.7%	23.3%	2.6%	21.6%	21.6%	0.0%
\$75,000 or More	21.1%	20.6%	-2.4%	18.9%	18.6%	-1.6%

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Arthritis Rate, 2013 to 2014

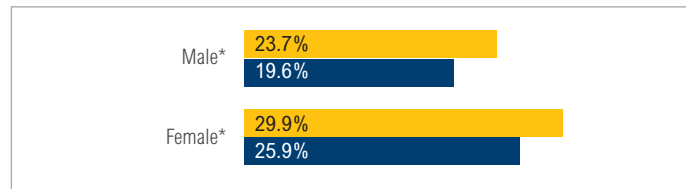
Percentage of adults who self-report being told by a health professional that they had arthritis



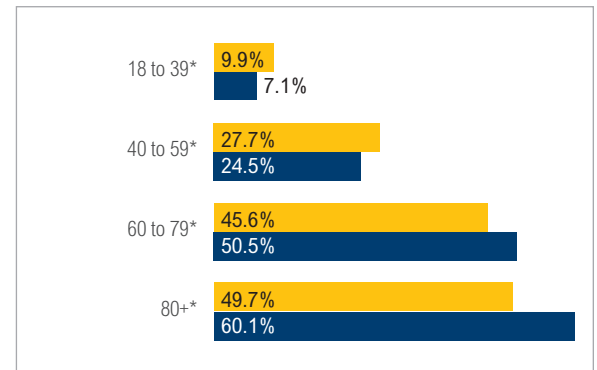
Disparities in Arthritis, 2013 to 2014

■ Served ■ Not Served

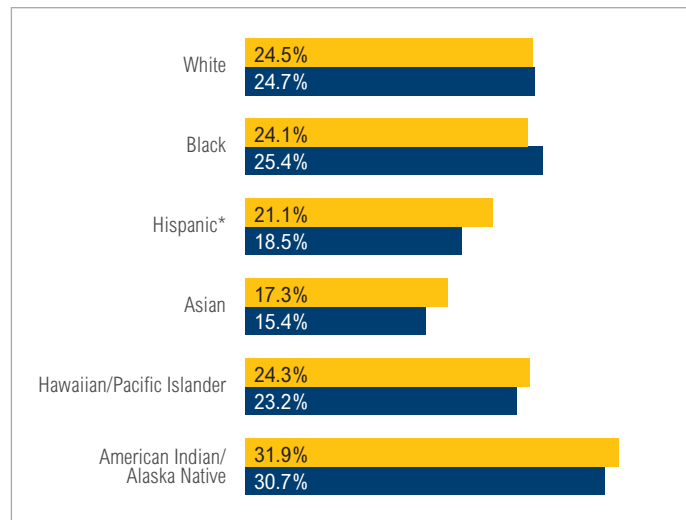
Arthritis by Gender



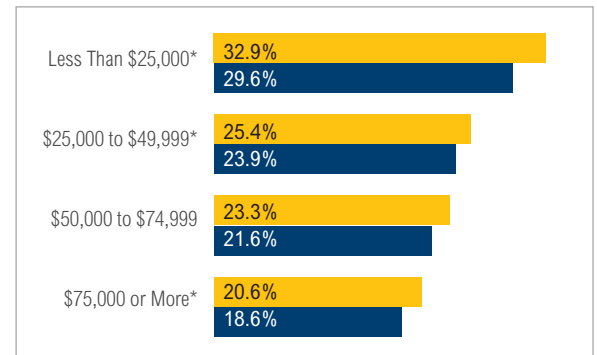
Arthritis by Age



Arthritis by Race and Ethnicity



Arthritis by Income



* Statistically significant difference between served and not served
 † Statistically significant difference between 2011 to 2012 and 2013 to 2014

Cancer

In recent decades, cancer diagnoses have declined nationwide and survivorship is on the rise. However, cancer remains the second-leading cause of death in both the general population and veterans, trailing only heart disease. Among VA patients, the most frequently diagnosed cancers are prostate (32%), lung (19%), and colorectal (9%). Some cancers may be related to environmental exposures unique to military service. For example, the CDC's *Selected Cancers Study* found exposure to the Vietnam-era herbicide Agent Orange is associated with a 50% increase in risk for non-Hodgkin's lymphoma in Vietnam veterans. The study also noted relative cancer risk increased with length of service in Vietnam.

Highlights:

- Cancer rates are slightly higher among those who have served than not served, overall and for males and females.
- Whites and American Indian/Alaska Natives have rates of cancer higher than those of any other race/ethnic group.
- Adults aged 60 years and over who have served have much higher rates of cancer than adults of the same age who have not served.

Cancer for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

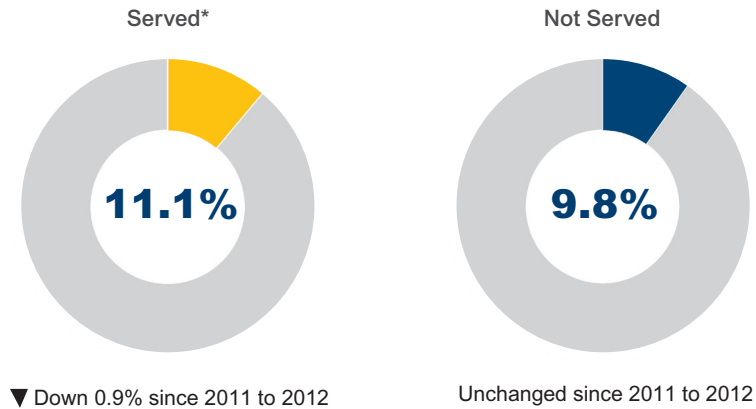
Percentage of adults who self-report being told by a health professional that they had some form of cancer

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	11.2%	11.1%	-0.9%	9.8%	9.8%	0.0%
Gender						
Male	10.7%	10.7%	0.0%	9.0%	8.8%	-2.2%
Female	13.1%	12.4%	-5.3%	10.8%	10.9%	0.9%
Race and Ethnicity						
White	12.0%	11.8%	-1.7%	11.5%	11.7%	1.7%
Black	7.5%	6.2%	-17.3%	4.9%	5.2%	6.1%
Hispanic	8.3%	7.7%	-7.2%	5.4%	4.9%	-9.3%
Asian	5.6%	5.4%	-3.6%	4.2%	4.3%	2.4%
Hawaiian/Pacific Islander	6.6%	5.0%	-24.2%	5.6%	5.5%	-1.8%
American Indian/Alaska Native	11.5%	10.0%	-13.0%	9.4%	8.5%	-9.6%
Age						
18 to 39 years	2.5%	2.3%	-8.0%	2.4%	2.2%	-8.3%†
40 to 59 years	7.6%	7.2%	-5.3%	8.5%	8.5%	0.0%
60 to 79 years	29.7%	30.0%	1.0%	24.4%	24.4%	0.0%
80+ years	47.6%	48.2%	1.3%	32.5%	34.1%	4.9%†
Income						
Less Than \$25,000	11.6%	11.2%	-3.4%	9.5%	9.4%	-1.1%
\$25,000 to \$49,999	10.7%	10.5%	-1.9%	9.7%	9.6%	-1.0%
\$50,000 to \$74,999	11.5%	10.8%	-6.1%	10.4%	10.3%	-1.0%
\$75,000 or More	12.1%	12.0%	-0.8%	11.3%	11.2%	-0.9%

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Cancer Rate, 2013 to 2014

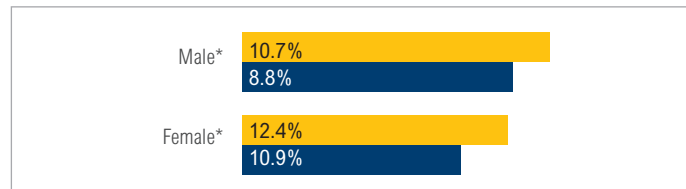
Percentage of adults who self-report being told by a health professional that they had some form of cancer



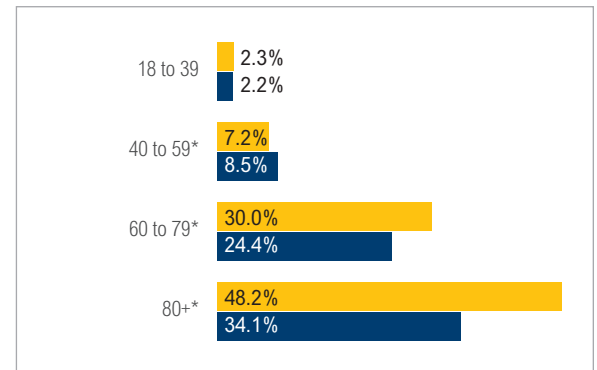
Disparities in Cancer, 2013 to 2014

■ Served ■ Not Served

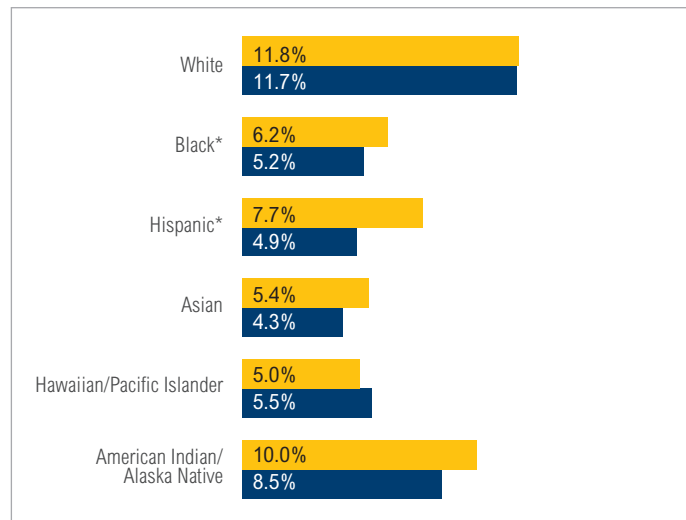
Cancer by Gender



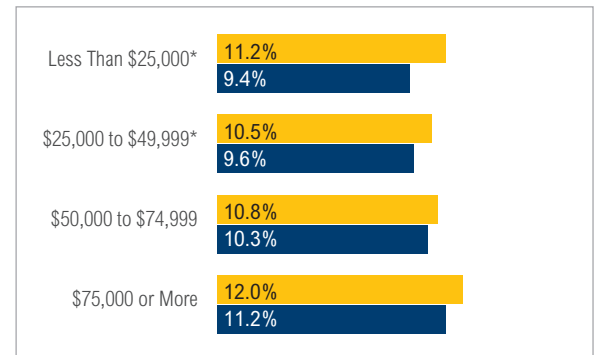
Cancer by Age



Cancer by Race and Ethnicity



Cancer by Income



* Statistically significant difference between served and not served
 † Statistically significant difference between 2011 to 2012 and 2013 to 2014

COPD

People with chronic obstructive pulmonary disease (COPD) experience persistent breathing problems and low respiratory function. Three quarters of COPD cases are linked to a history of smoking, with genetics and exposure to environmental irritants also contributing to the disease. Fifteen million Americans have been diagnosed with COPD, while 12 million more may have undiagnosed COPD. Veterans who have COPD are hospitalized more frequently and have higher rates of co-occurring diabetes, heart failure, heart attack, and cancer than veterans who do not. Tobacco use in active duty military and veterans, along with exposure to airborne hazards during deployment, may increase the burden of COPD among those who have served.

Highlights:

- Rates of COPD are slightly higher overall and for males and females who have served.
- Asians who have served have more than double the rate of COPD than Asians who have not served.
- Generally, COPD is more common among adults aged 60 years and over and those with lower incomes.
- Among individuals earning less than \$25,000 annually, COPD is more common for those who have served than those who have not.

COPD for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

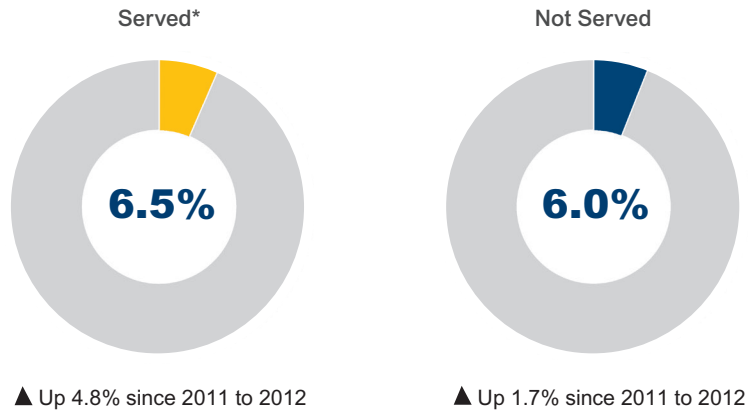
Percentage of adults who self-report being told by a health professional that they had COPD

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	6.2%	6.5%	4.8%	5.9%	6.0%	1.7%
Gender						
Male	5.9%	6.3%	6.8%	4.9%	5.1%	4.1%
Female	8.5%	8.7%	2.4%	6.6%	6.6%	0.0%
Race and Ethnicity						
White	6.5%	6.6%	1.5%	6.1%	6.3%	3.3%
Black	4.7%	4.9%	4.3%	6.6%	6.7%	1.5%
Hispanic	4.2%	5.8%	38.1%	4.1%	4.1%	0.0%
Asian	0.8%	4.6%	475.0% [†]	2.4%	1.8%	-25.0%
Hawaiian/Pacific Islander	4.9%	5.1%	4.1%	3.9%	5.4%	38.5%
American Indian/Alaska Native	8.6%	10.9%	26.7%	10.3%	9.7%	-5.8%
Age						
18 to 39 years	2.1%	3.0%	42.9%	2.8%	2.7%	-3.6%
40 to 59 years	7.0%	6.4%	-8.6%	6.1%	6.3%	3.3%
60 to 79 years	13.2%	13.7%	3.8%	11.6%	11.6%	0.0%
80+ years	10.7%	12.6%	17.8%	11.3%	11.9%	5.3%
Income						
Less Than \$25,000	12.7%	12.5%	-1.6%	10.5%	10.5%	0.0%
\$25,000 to \$49,999	6.7%	6.8%	1.5%	5.6%	5.8%	3.6%
\$50,000 to \$74,999	4.3%	4.6%	7.0%	3.7%	3.9%	5.4%
\$75,000 or More	3.0%	3.9%	30.0%	2.8%	2.6%	-7.1%

[†] Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall COPD Rate, 2013 to 2014

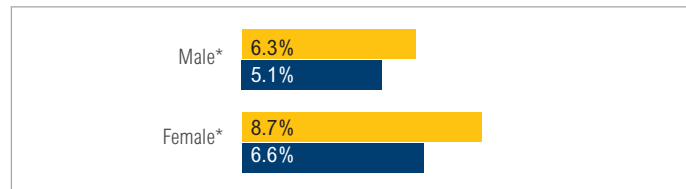
Percentage of adults who self-report being told by a health professional that they had COPD



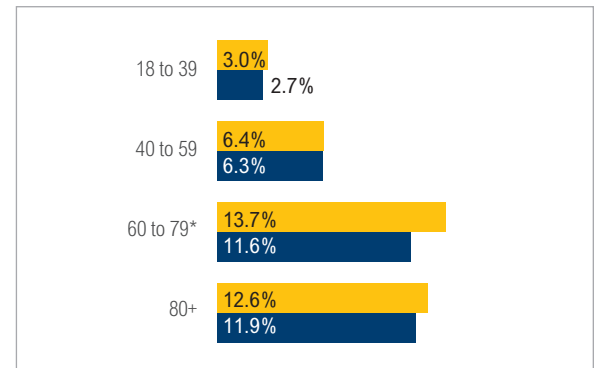
Disparities in COPD, 2013 to 2014

■ Served ■ Not Served

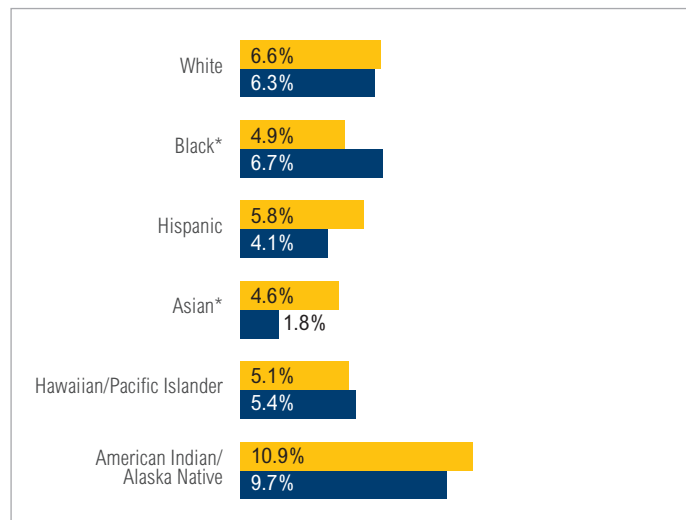
COPD by Gender



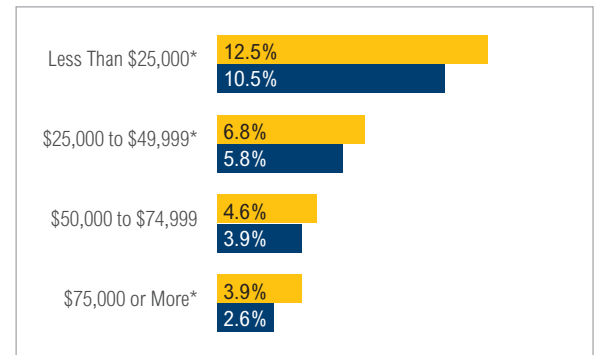
COPD by Age



COPD by Race and Ethnicity



COPD by Income



* Statistically significant difference between served and not served
 † Statistically significant difference between 2011 to 2012 and 2013 to 2014

Coronary Heart Disease

More than 27 million Americans live with heart disease, the leading cause of death in the nation. Coronary heart disease, the most common type of heart disease, kills more than 370,000 Americans annually. Studies document that those who have served have nearly twice the risk of developing heart disease as those who have not served, even after controlling for socioeconomic status, behaviors, body mass index, and depressive symptoms. More than half of veterans have either hypertension or high cholesterol, which are key risk factors for coronary heart disease. Physical inactivity, smoking, and obesity also contribute substantially to heart disease risk. And among veterans, past research shows that one in two with heart disease are overweight or obese.

Highlights:

- Those who have served have a higher rate of coronary heart disease than those who have not served. Rates slightly declined since 2011 to 2012.
- Males generally have a higher rate of coronary heart disease than females.
- Across most race and ethnic groups, those who have served have a significantly higher rate of coronary heart disease than those who have not.
- Among adults aged 60 years and over, the rate of coronary heart disease for those who have served is almost twice that of those who have not served.

Coronary Heart Disease for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

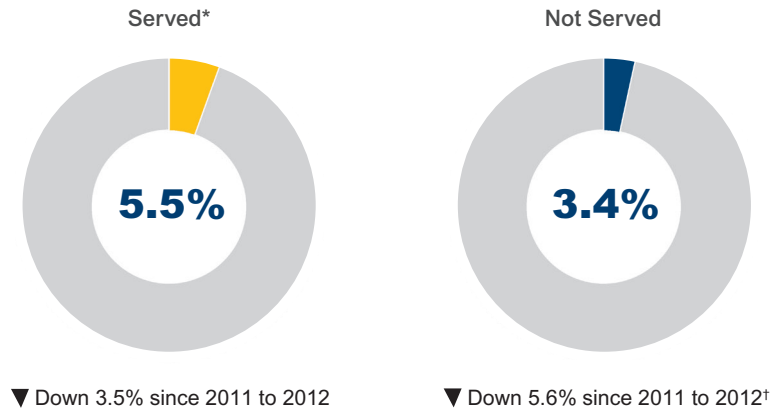
Percentage of adults who self-report being told by a health professional that they have angina or coronary heart disease

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	5.7%	5.5%	-3.5%	3.6%	3.4%	-5.6%†
Gender						
Male	5.7%	5.6%	-1.8%	4.8%	4.5%	-6.3%†
Female	3.6%	3.6%	0.0%	3.1%	2.9%	-6.5%
Race and Ethnicity						
White	5.9%	5.4%	-8.5%	3.5%	3.4%	-2.9%
Black	3.8%	4.8%	26.3%	3.9%	3.6%	-7.7%
Hispanic	4.9%	4.9%	0.0%	3.3%	3.2%	-3.0%
Asian	4.3%	5.0%	16.3%	2.7%	2.4%	-11.1%
Hawaiian/Pacific Islander	5.9%	5.2%	-11.9%	3.5%	3.9%	11.4%
American Indian/Alaska Native	8.3%	8.0%	-3.6%	5.9%	4.5%	-23.7%
Age						
18 to 39 years	0.7%	0.8%	14.3%	0.6%	0.5%	-16.7%
40 to 59 years	4.4%	3.9%	-11.4%†	3.0%	2.8%	-6.7%†
60 to 79 years	16.2%	15.7%	-3.1%	9.7%	9.2%	-5.2%†
80+ years	20.7%	21.1%	1.9%	13.2%	12.8%	-3.0%
Income						
Less Than \$25,000	8.0%	7.2%	-10.0%	5.6%	5.2%	-7.1%†
\$25,000 to \$49,999	5.6%	5.4%	-3.6%	3.4%	3.4%	0.0%
\$50,000 to \$74,999	5.7%	5.2%	-8.8%	2.9%	2.7%	-6.9%
\$75,000 or More	4.7%	4.9%	4.3%	2.5%	2.5%	0.0%

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Coronary Heart Disease Rate, 2013 to 2014

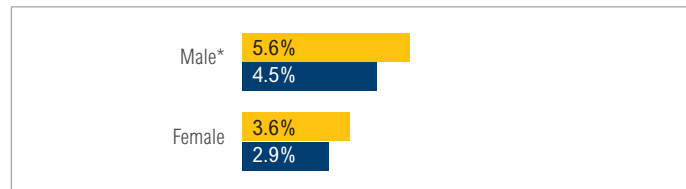
Percentage of adults who self-report being told by a health professional that they have angina or coronary heart disease



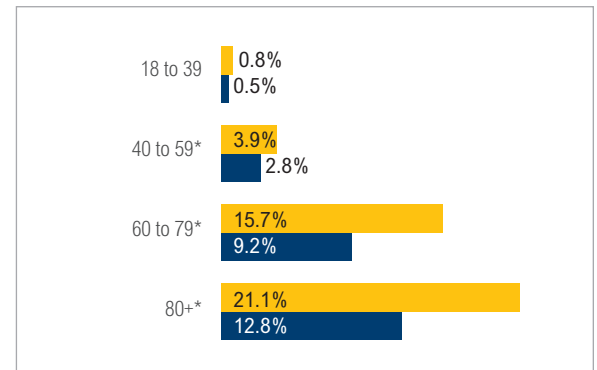
Disparities in Coronary Heart Disease, 2013 to 2014

■ Served ■ Not Served

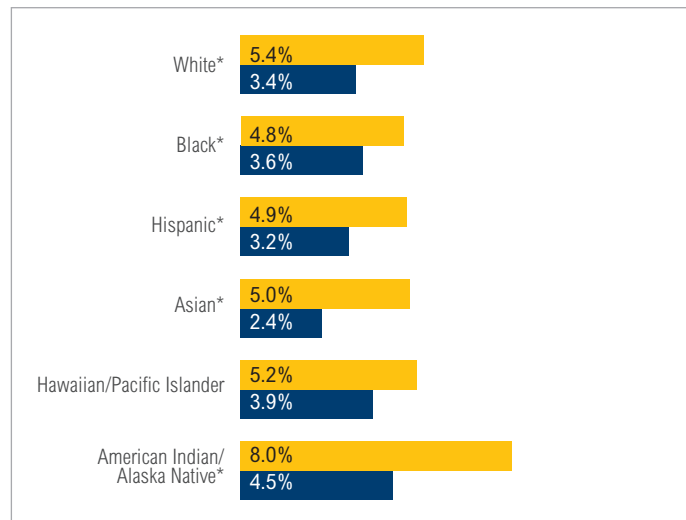
Coronary Heart Disease by Gender



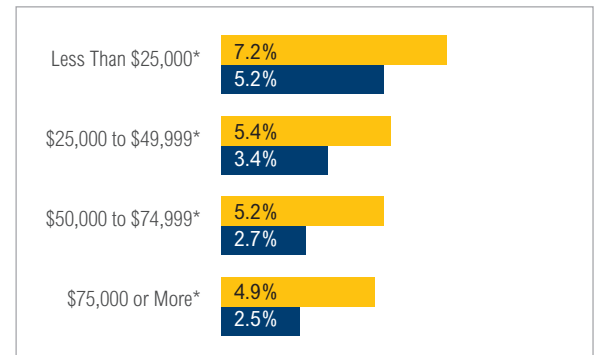
Coronary Heart Disease by Age



Coronary Heart Disease by Race and Ethnicity



Coronary Heart Disease by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Depression

Depression is one of the most prevalent and disabling mental disorders in the United States. Approximately 16 million adults, or 7% of the nation’s population, have experienced a major depressive episode in the past year, and about 17% will have depression at some point in their life. In veterans, depression often co-occurs with other mental illness like PTSD and anxiety. Mortality from depression is primarily due to suicide, and veterans with depression are four times more likely to report suicidal thinking than those without. Over a one-year period, approximately 4% of veterans report suicidal thinking, and of those, one in ten makes a suicide attempt.

Highlights:

- Adults who have served have a lower overall rate of depression than those who have not served, and both rates have increased since 2011 to 2012.
- Females, especially those who have served, have substantially higher rates of depression.
- Rates of depression vary by race and ethnicity. For some minorities, such as Asians, depression is more common for those who have served.
- Lower income individuals have the highest depression diagnosis rates, especially those who have served and earn less than \$25,000 annually.

Depression for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

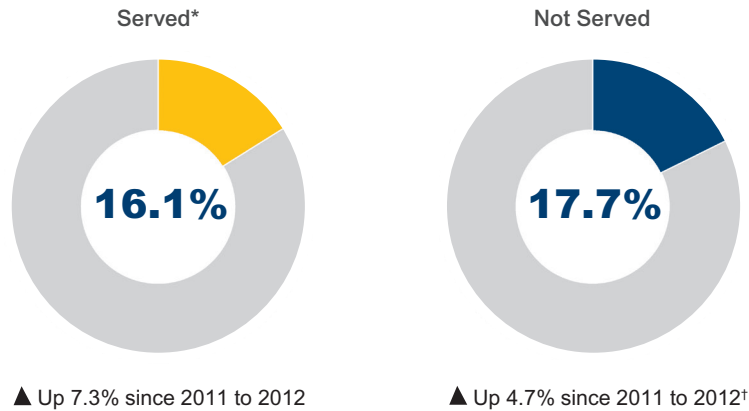
Percentage of adults who self-report being told by a health professional that they had a depressive disorder, including depression, major depression, dysthymia, or minor depression

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	15.0%	16.1%	7.3%	16.9%	17.7%	4.7%†
Gender						
Male	13.8%	14.7%	6.5%	12.1%	12.5%	3.3%
Female	23.6%	25.5%	8.1%	20.7%	22.0%	6.3%†
Race and Ethnicity						
White	15.0%	16.2%	8.0%	18.9%	20.2%	6.9%†
Black	13.6%	14.4%	5.9%	13.2%	14.7%	11.4%†
Hispanic	15.4%	16.1%	4.5%	14.8%	14.9%	0.7%
Asian	8.5%	10.6%	24.7%	6.6%	6.7%	1.5%
Hawaiian/Pacific Islander	17.7%	17.2%	-2.8%	13.0%	12.6%	-3.1%
American Indian/Alaska Native	22.3%	24.0%	7.6%	23.6%	24.5%	3.8%
Age						
18 to 39 years	13.4%	15.7%	17.2%†	15.7%	16.6%	5.7%†
40 to 59 years	18.2%	18.2%	0.0%	19.3%	19.8%	2.6%
60 to 79 years	14.0%	14.7%	5.0%	16.6%	17.8%	7.2%†
80+ years	7.8%	8.7%	11.5%	10.0%	12.0%	20.0%†
Income						
Less Than \$25,000	28.2%	29.3%	3.9%	25.3%	26.7%	5.5%†
\$25,000 to \$49,999	15.7%	18.1%	15.3%†	15.9%	17.0%	6.9%†
\$50,000 to \$74,999	11.7%	13.4%	14.5%	13.9%	14.4%	3.6%
\$75,000 or More	9.0%	10.1%	12.2%	11.3%	12.1%	7.1%†

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Depression Rate, 2013 to 2014

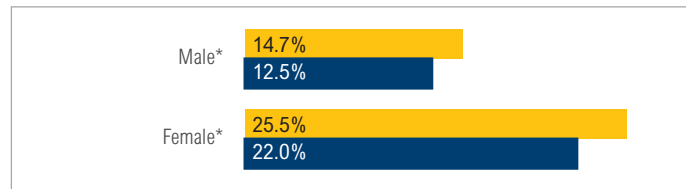
Percentage of adults who self-report being told by a health professional that they had a depressive disorder, including depression, major depression, dysthymia, or minor depression



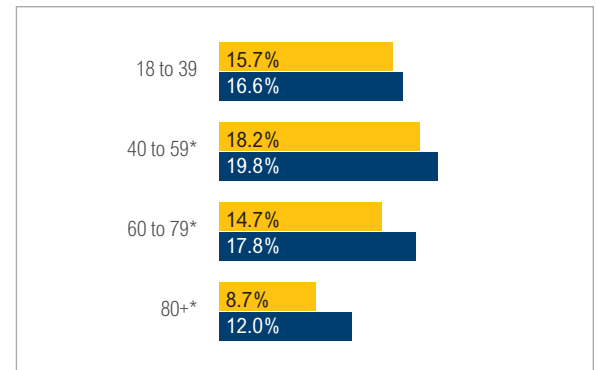
Disparities in Depression, 2013 to 2014

■ Served ■ Not Served

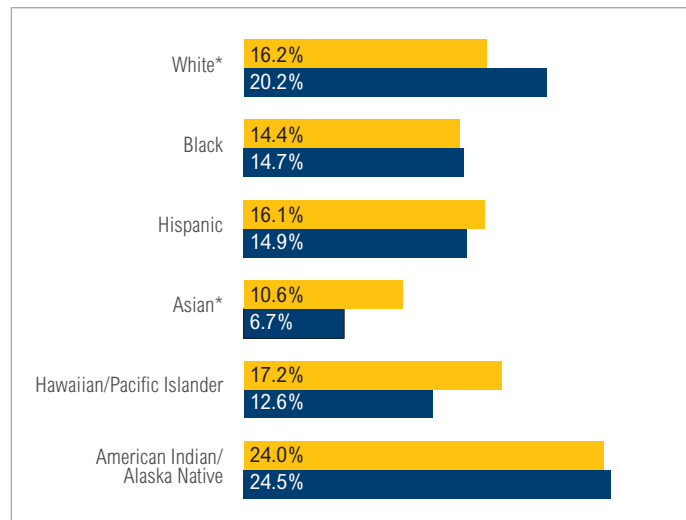
Depression by Gender



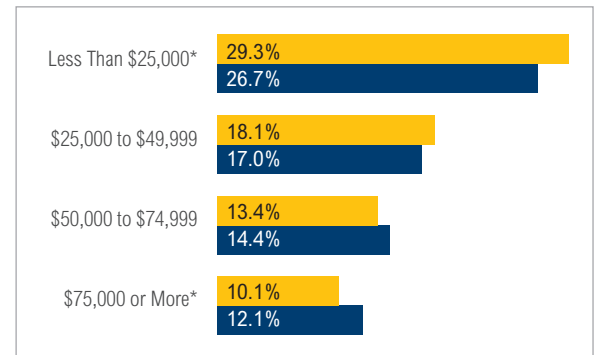
Depression by Age



Depression by Race and Ethnicity



Depression by Income



* Statistically significant difference between served and not served
 † Statistically significant difference between 2011 to 2012 and 2013 to 2014

Diabetes

More than 29 million Americans live with diabetes, the seventh-leading cause of death in the nation. People with diabetes undergo two-thirds of all lower limb amputations, are two to four times more likely to have cardiovascular disease or a stroke, and also experience higher rates of kidney failure and blindness. Many veterans are at risk of diabetes due to being overweight or having hypertension. As many as one quarter of people with diabetes may not be aware they have the condition, making it likely that diabetes estimates among both veterans and non-veterans underestimate the actual prevalence.

Highlights:

- Those who have served have a slightly higher overall rate of diabetes than those who have not.
- Rates of diabetes for males and females who have served and not served are similar.
- Rates of diabetes vary by race and ethnicity, with minorities generally having higher rates.
- Diabetes is less common at higher incomes. Still, among people earning at least \$75,000 annually, those who have served have a significantly higher rate than those who have not served.

Diabetes for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

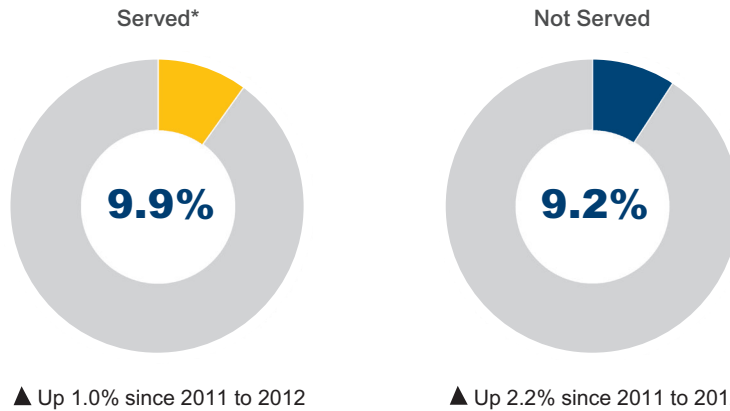
Percentage of adults who self-report being told by a health professional that they have diabetes (excludes pre-diabetes and gestational diabetes)

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	9.8%	9.9%	1.0%	9.0%	9.2%	2.2%
Gender						
Male	9.8%	10.0%	2.0%	10.0%	10.0%	0.0%
Female	9.3%	8.7%	-6.5%	8.6%	8.9%	3.5% [†]
Race and Ethnicity						
White	8.6%	8.6%	0.0%	7.5%	7.5%	0.0%
Black	13.9%	13.4%	-3.6%	14.0%	14.4%	2.9%
Hispanic	13.0%	14.9%	14.6%	13.6%	13.8%	1.5%
Asian	13.7%	12.1%	-11.7%	9.4%	9.8%	4.3%
Hawaiian/Pacific Islander	10.3%	11.9%	15.5%	11.9%	17.2%	44.5% [†]
American Indian/Alaska Native	14.9%	13.5%	-9.4%	14.3%	14.7%	2.8%
Age						
18 to 39 years	1.4%	1.5%	7.1%	2.5%	2.3%	-8.0%
40 to 59 years	11.0%	11.1%	0.9%	9.7%	10.0%	3.1%
60 to 79 years	24.2%	24.2%	0.0%	20.7%	21.3%	2.9%
80+ years	20.9%	21.5%	2.9%	17.4%	19.1%	9.8% [†]
Income						
Less Than \$25,000	13.4%	13.6%	1.5%	13.5%	14.0%	3.7%
\$25,000 to \$49,999	10.2%	10.8%	5.9%	9.0%	9.2%	2.2%
\$50,000 to \$74,999	9.4%	8.9%	-5.3%	7.0%	7.4%	5.7%
\$75,000 or More	7.5%	7.6%	1.3%	5.3%	5.4%	1.9%

[†] Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Diabetes Rate, 2013 to 2014

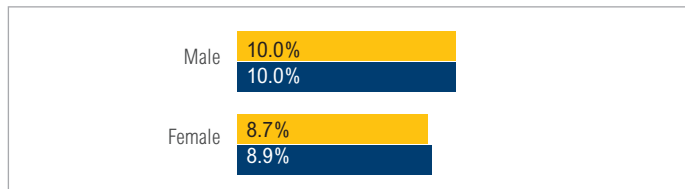
Percentage of adults who self-report being told by a health professional that they have diabetes (excludes pre-diabetes and gestational diabetes)



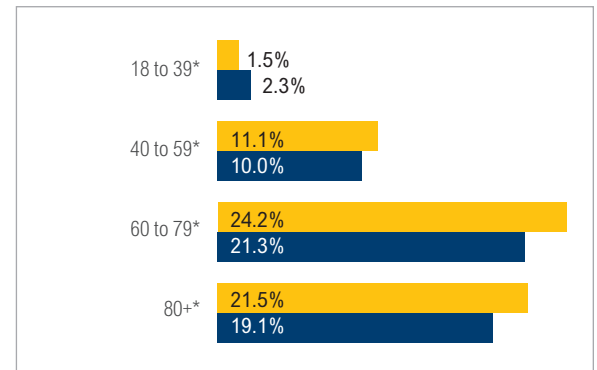
Disparities in Diabetes, 2013 to 2014

■ Served ■ Not Served

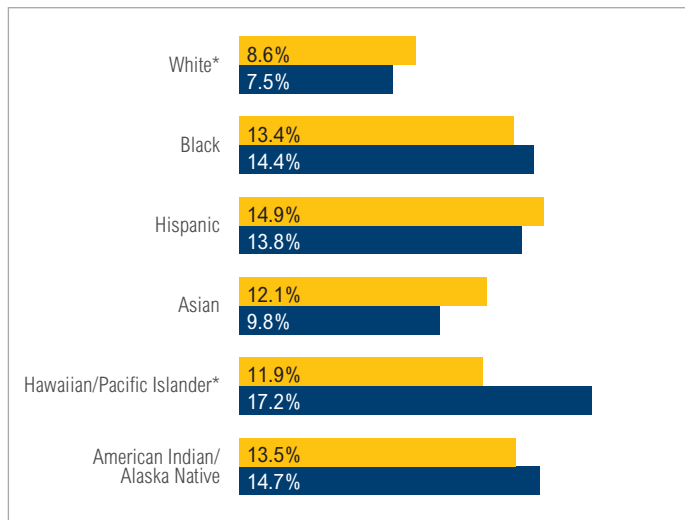
Diabetes by Gender



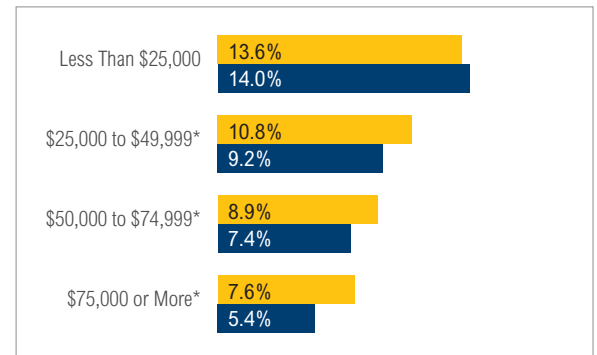
Diabetes by Age



Diabetes by Race and Ethnicity



Diabetes by Income



* Statistically significant difference between served and not served
 † Statistically significant difference between 2011 to 2012 and 2013 to 2014

Frequent Mental Distress

Frequent mental distress occurs if an individual says he or she has had 14 or more mentally unhealthy days in the previous month. It is not specific to any mental health diagnosis or symptoms. Nationwide, frequent mental distress has increased gradually over the past two decades. Frequent mental distress among veterans is closely linked to social factors like income and education. Past research indicates unemployed veterans have three times greater odds of reporting frequent mental distress than employed veterans, while veterans who say they have adequate social and emotional support have decreased odds of experiencing frequent mental distress. Insufficient sleep is also common among veterans with frequent mental distress.

Highlights:

- Overall rates of frequent mental distress are similar for those who have served and those who have not, and have slightly declined since 2011 to 2012.
- Females are generally more likely to report frequent mental distress than males.
- Across most race and ethnic groups, frequent mental distress is generally lower among those who have served. Among Asians, however, frequent mental distress is nearly twice as high for those who have served.
- Frequent mental distress is generally higher at lower incomes and for individuals under the age of 60 years.

Frequent Mental Distress for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

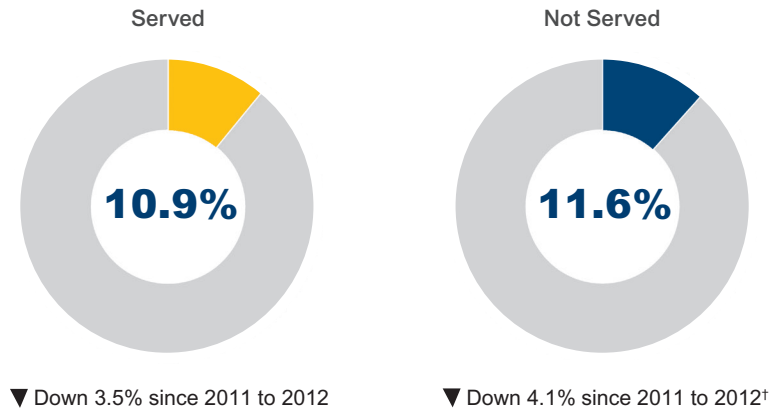
Percentage of adults who self-reported 14 or more poor mental health days in the past 30

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	11.3%	10.9%	-3.5%	12.1%	11.6%	-4.1% [†]
Gender						
Male	10.9%	10.3%	-5.5%	10.0%	9.4%	-6.0% [†]
Female	14.6%	14.5%	-0.7%	13.9%	13.4%	-3.6% [†]
Race and Ethnicity						
White	10.9%	10.5%	-3.7%	11.9%	11.6%	-2.5%
Black	11.2%	11.5%	2.7%	13.7%	13.6%	-0.7%
Hispanic	11.1%	11.0%	-0.9%	13.4%	11.9%	-11.2% [†]
Asian	9.3%	10.4%	11.8%	6.2%	6.3%	1.6%
Hawaiian/Pacific Islander	16.2%	8.9%	-45.1% [†]	12.0%	11.8%	-1.7%
American Indian/Alaska Native	20.8%	16.5%	-20.7%	19.2%	18.2%	-5.2%
Age						
18 to 39 years	11.5%	11.5%	0.0%	12.6%	12.2%	-3.2%
40 to 59 years	13.4%	12.4%	-7.5%	13.6%	12.9%	-5.1% [†]
60 to 79 years	8.0%	7.7%	-3.8%	9.2%	8.7%	-5.4%
80+ years	6.0%	5.7%	-5.0%	6.7%	6.7%	0.0%
Income						
Less Than \$25,000	22.3%	21.4%	-4.0%	20.9%	19.8%	-5.3% [†]
\$25,000 to \$49,999	12.3%	11.4%	-7.3%	10.9%	10.9%	0.0%
\$50,000 to \$74,999	7.8%	9.6%	23.1%	8.4%	8.4%	0.0%
\$75,000 or More	6.8%	6.5%	-4.4%	6.2%	6.0%	-3.2%

[†] Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Frequent Mental Distress Rate, 2013 to 2014

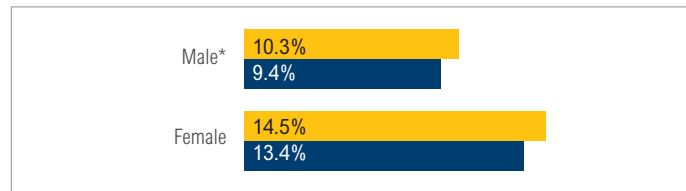
Percentage of adults who self-reported 14 or more poor mental health days in the past 30



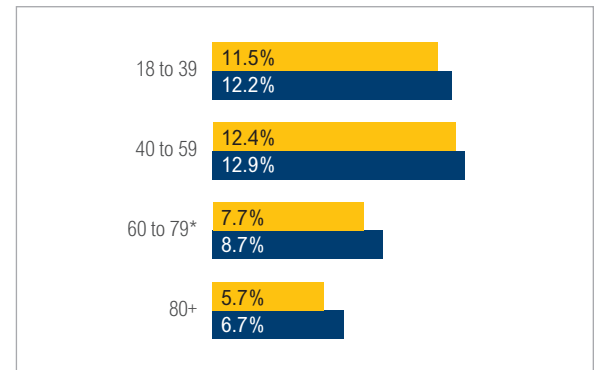
Disparities in Frequent Mental Distress, 2013 to 2014

■ Served ■ Not Served

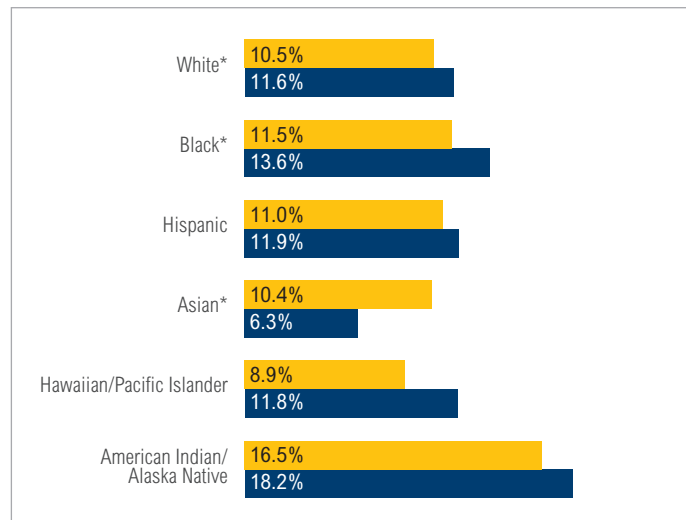
Frequent Mental Distress by Gender



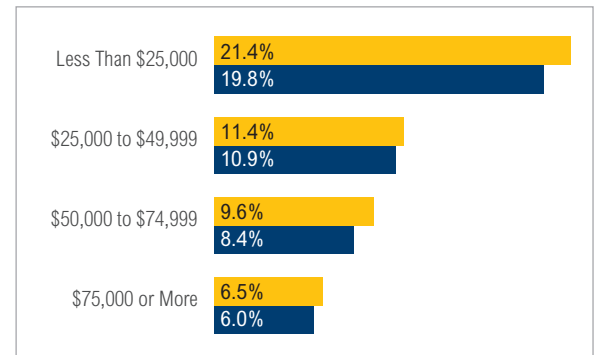
Frequent Mental Distress by Age



Frequent Mental Distress by Race and Ethnicity



Frequent Mental Distress by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Frequent Physical Distress

Frequent physical distress occurs if an individual says he or she has had 14 or more physically unhealthy days in the previous month. It is not specific to any health behavior or condition. Research suggests that veterans report frequent physical distress more often than non-veterans, while active duty service members do so less often than civilians. In both veterans and non-veterans, chronic illness, unhealthy behaviors, and old age are associated with frequent physical distress. People with limited health care access report frequent physical distress more often, and about 18% of people with frequent physical distress are uninsured. Veterans who have frequent physical distress have four times the odds of also reporting frequent mental distress.

Highlights:

- Overall rates of frequent physical distress are the same for those who have and have not served.
- Frequent physical distress varies by race and ethnicity. It is reported most commonly by American Indians/Alaska Natives, and least often by Asians.
- Generally, frequent physical distress rates are higher for older adults and those with lower incomes.

Frequent Physical Distress for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

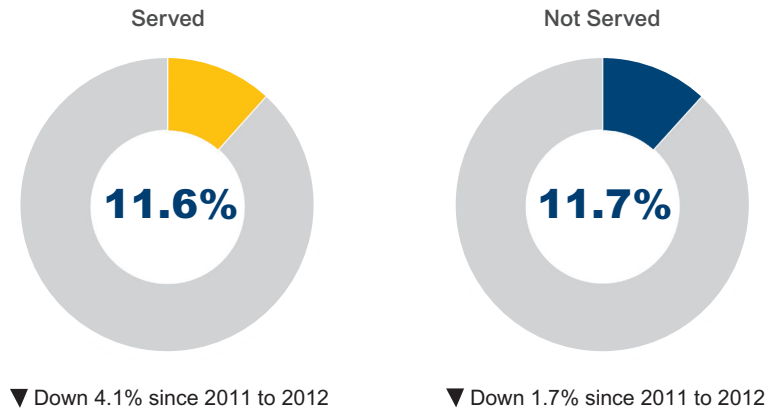
Percentage of adults who self-reported 14 or more poor physical health days in the past 30

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	12.1%	11.6%	-4.1%	11.9%	11.7%	-1.7%
Gender						
Male	11.9%	11.3%	-5.0%	10.8%	10.5%	-2.8%
Female	13.2%	13.4%	1.5%	12.7%	12.6%	-0.8%
Race and Ethnicity						
White	11.5%	11.2%	-2.6%	11.1%	11.0%	-0.9%
Black	12.0%	11.2%	-6.7%	13.5%	13.4%	-0.7%
Hispanic	13.0%	13.6%	4.6%	15.5%	14.6%	-5.8%
Asian	9.6%	6.5%	-32.3%	6.5%	6.7%	3.1%
Hawaiian/Pacific Islander	15.0%	10.1%	-32.7%	13.6%	11.8%	-13.2%
American Indian/Alaska Native	19.8%	17.0%	-14.1%	18.7%	18.6%	-0.5%
Age						
18 to 39 years	7.8%	8.0%	2.6%	7.3%	7.1%	-2.7%
40 to 59 years	14.0%	12.9%	-7.9%	13.5%	13.6%	0.7%
60 to 79 years	16.5%	16.0%	-3.0%	17.3%	16.9%	-2.3%
80+ years	19.2%	18.1%	-5.7%	20.6%	18.7%	-9.2% [†]
Income						
Less Than \$25,000	23.5%	23.1%	-1.7%	21.4%	21.1%	-1.4%
\$25,000 to \$49,999	13.2%	12.0%	-9.1%	10.4%	10.6%	1.9%
\$50,000 to \$74,999	8.1%	10.0%	23.5%	7.6%	7.3%	-3.9%
\$75,000 or More	6.9%	6.0%	-13.0%	5.5%	5.2%	-5.5%

[†] Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Frequent Physical Distress Rate, 2013 to 2014

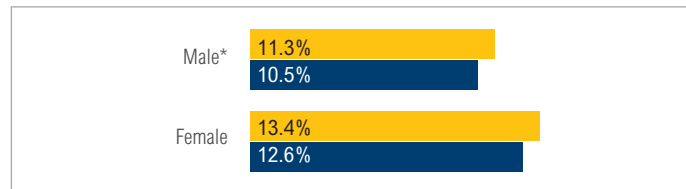
Percentage of adults who self-reported 14 or more poor physical health days in the past 30



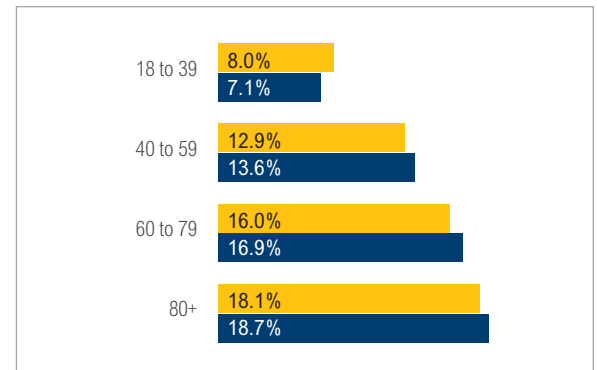
Disparities in Frequent Physical Distress, 2013 to 2014

■ Served ■ Not Served

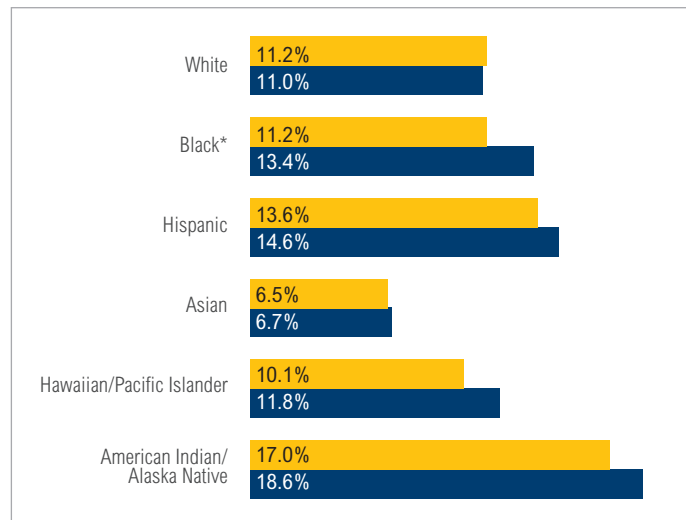
Frequent Physical Distress by Gender



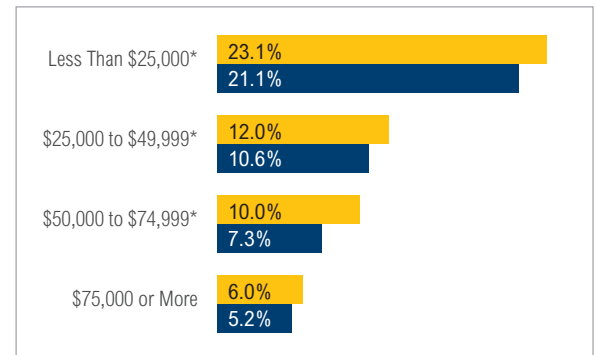
Frequent Physical Distress by Age



Frequent Physical Distress by Race and Ethnicity



Frequent Physical Distress by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Functional Impairment

More than 53 million Americans live with a functional impairment or disability. Disability can impact physical, mental, emotional, intellectual, or cognitive function and may limit a person’s ability to perform basic activities like personal care or household chores. Generally, disability becomes more prevalent with age in both veteran and non-veteran populations. Past research suggests that visual impairments and independent living limitations may impact veterans substantially more than the general population. According to national data, nearly two-thirds of veterans with disabilities have disabilities that are considered partially or fully *service-connected*; that is, any disability, disease, or injury that was incurred or aggravated during time in the military.

Highlights:

- Those who have served have a higher overall rate of functional impairment than those who have not served.
- Overall rates of functional impairment have declined since 2011 to 2012.
- Asians have the lowest rate of functional impairment of any race and ethnic group, while American Indians/Alaska Natives have the highest.
- Functional impairment is more common among those who have served at most ages.
- Those who have served and earn less than \$25,000 annually have the highest rate of functional impairment of any income group.

Functional Impairment for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

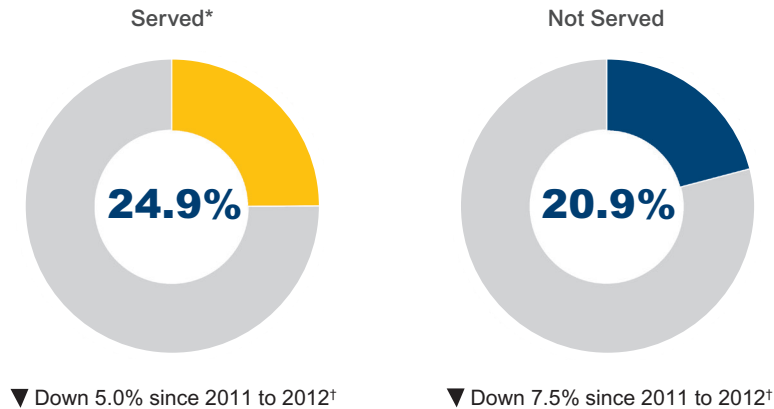
Percentage of the adult population who self-report being limited in any way in any activities because of physical, mental, or emotional problems or have any health problem that requires them to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone.

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	26.2%	24.9%	-5.0%†	22.6%	20.9%	-7.5%†
Gender						
Male	25.8%	24.5%	-5.0%	21.0%	19.7%	-6.2%†
Female	30.6%	27.8%	-9.2%	23.7%	21.8%	-8.0%†
Race and Ethnicity						
White	25.6%	24.5%	-4.3%	23.3%	21.7%	-6.9%†
Black	26.7%	24.1%	-9.7%	24.6%	23.6%	-4.1%
Hispanic	25.3%	24.0%	-5.1%	19.4%	18.1%	-6.7%†
Asian	17.9%	19.5%	8.9%	12.5%	10.8%	-13.6%
Hawaiian/Pacific Islander	27.4%	25.1%	-8.4%	19.5%	19.5%	0.0%
American Indian/Alaska Native	36.0%	33.3%	-7.5%	33.8%	31.0%	-8.3%
Age						
18 to 39 years	16.9%	16.3%	-3.6%	13.3%	11.8%	-11.3%†
40 to 59 years	30.1%	27.3%	-9.3%†	24.2%	22.7%	-6.2%†
60 to 79 years	35.4%	35.1%	-0.8%	35.2%	32.7%	-7.1%†
80+ years	46.5%	44.2%	-4.9%	47.6%	45.9%	-3.6%
Income						
Less Than \$25,000	42.3%	42.2%	-0.2%	33.7%	33.0%	-2.1%
\$25,000 to \$49,999	27.8%	25.5%	-8.3%	20.7%	19.6%	-5.3%†
\$50,000 to \$74,999	21.2%	21.9%	3.3%	17.8%	15.5%	-12.9%†
\$75,000 or More	18.9%	17.3%	-8.5%	15.4%	12.7%	-17.5%†

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Functional Impairment Rate, 2013 to 2014

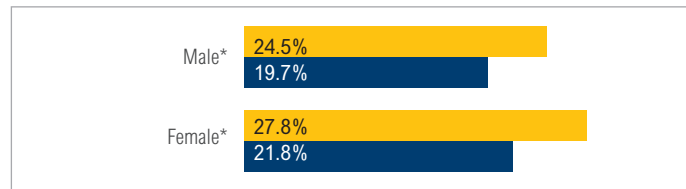
Percentage of the adult population who self-report being limited in any way in any activities because of physical, mental, or emotional problems or have any health problem that requires them to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone.



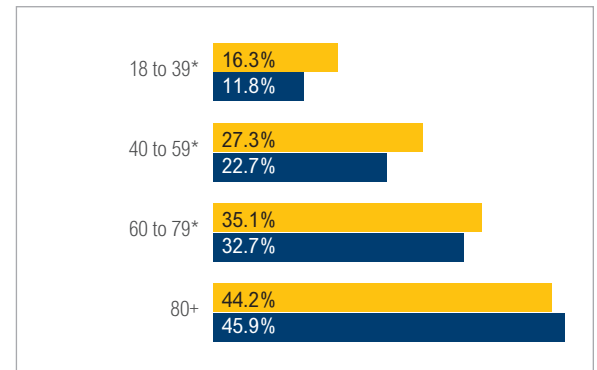
Disparities in Functional Impairment, 2013 to 2014

■ Served ■ Not Served

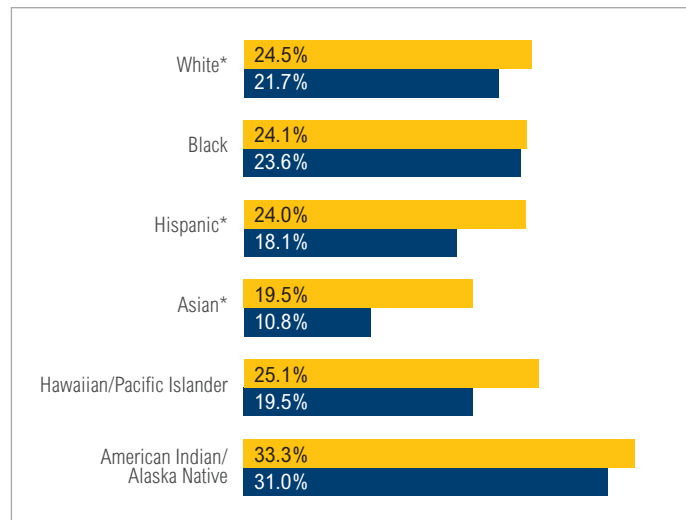
Functional Impairment by Gender



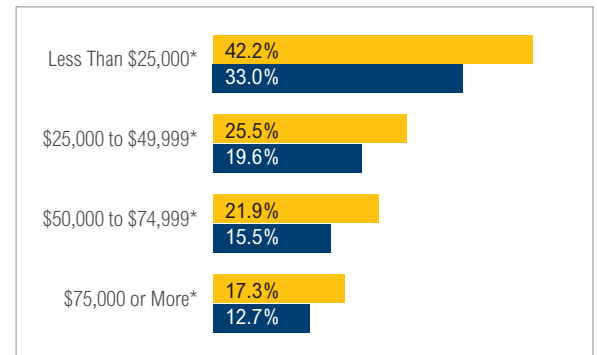
Functional Impairment by Age



Functional Impairment by Race and Ethnicity



Functional Impairment by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

High Health Status

Self-reported health status reflects a person’s opinion of their overall health, reported as poor, fair, good, very good, or excellent. It is generally a good predictor of future disability, hospitalization, and mortality. Adults who report one unhealthy behavior, such as smoking or excessive drinking, have double the odds of having fair or poor health, while odds of having fair or poor health are nine times greater among people reporting five unhealthy behaviors. Veteran populations with low health status also frequently report having multiple chronic diseases like diabetes, cancer, and heart disease. Non-health factors like social support and financial barriers to accessing care also correlate with lower health status in veterans.

Highlights:

- Those who have served, including both males and females, are slightly more likely to report excellent or very good health status than those who have not served.
- Blacks, Hispanics, and American Indian/Alaska Natives who have served report better health status than those who have not served. This difference in health status by service is greatest for Hispanics.
- Adults aged 18 to 39 years report better health status, especially those who have served.
- Generally, health status is higher at higher incomes. Even among those making less than \$25,000 annually, those who have served report better health status than those who have not.

High Health Status for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

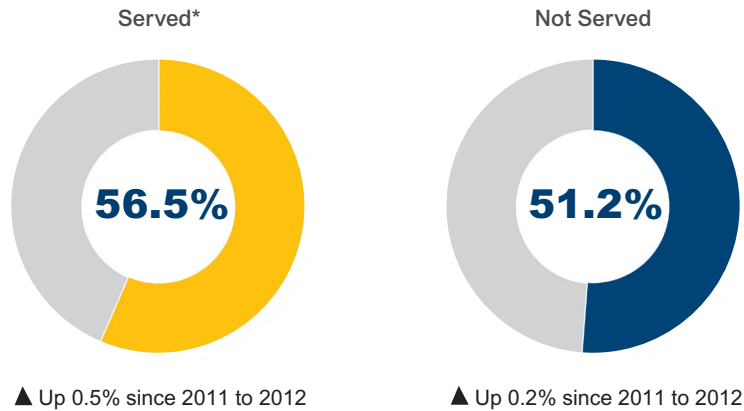
Percentage of adults who self-report that their health is very good or excellent

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	56.2%	56.5%	0.5%	51.1%	51.2%	0.2%
Gender						
Male	56.7%	56.9%	0.4%	50.4%	51.1%	1.4%
Female	54.1%	55.9%	3.3%	51.3%	51.0%	-0.6%
Race and Ethnicity						
White	57.7%	58.5%	1.4%	57.2%	57.5%	0.5%
Black	50.9%	51.0%	0.2%	42.3%	42.3%	0.0%
Hispanic	54.0%	52.0%	-3.7%	33.2%	33.6%	1.2%
Asian	57.2%	54.4%	-4.9%	54.4%	54.0%	-0.7%
Hawaiian/Pacific Islander	52.9%	56.7%	7.2%	47.8%	50.0%	4.6%
American Indian/Alaska Native	49.7%	50.3%	1.2%	38.5%	40.1%	4.2%
Age						
18 to 39 years	68.5%	67.2%	-1.9%	57.5%	57.8%	0.5%
40 to 59 years	51.2%	53.3%	4.1%	50.8%	49.8%	-2.0% [†]
60 to 79 years	42.8%	43.3%	1.2%	41.3%	42.9%	3.9% [†]
80+ years	34.4%	35.8%	4.1%	33.4%	34.3%	2.7%
Income						
Less Than \$25,000	40.1%	39.9%	-0.5%	31.6%	31.9%	0.9%
\$25,000 to \$49,999	51.4%	52.9%	2.9%	49.8%	48.8%	-2.0% [†]
\$50,000 to \$74,999	61.0%	57.5%	-5.7%	60.9%	59.9%	-1.6%
\$75,000 or More	69.2%	68.5%	-1.0%	70.5%	70.4%	-0.1%

[†] Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall High Health Status Rate, 2013 to 2014

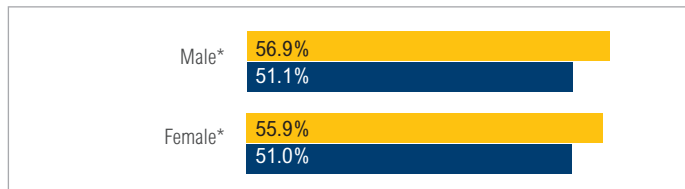
Percentage of adults who self-report that their health is very good or excellent



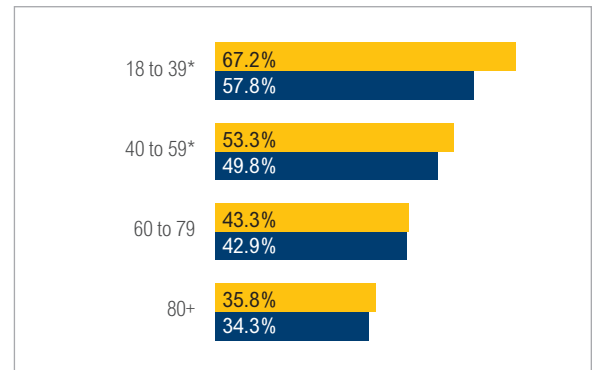
Disparities in High Health Status, 2013 to 2014

■ Served ■ Not Served

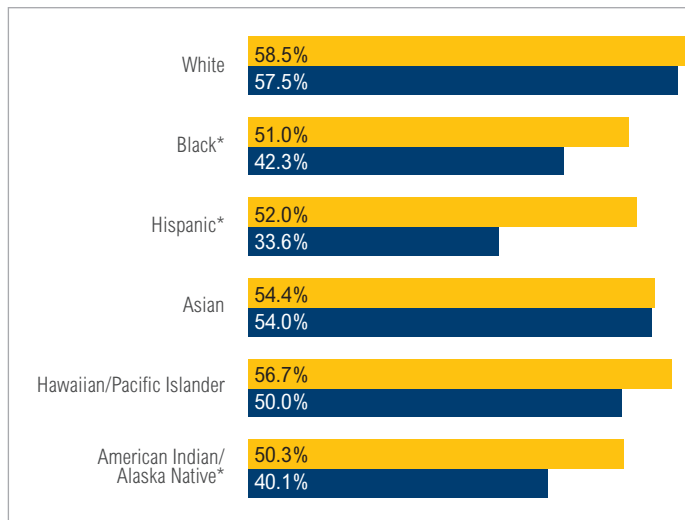
High Health Status by Gender



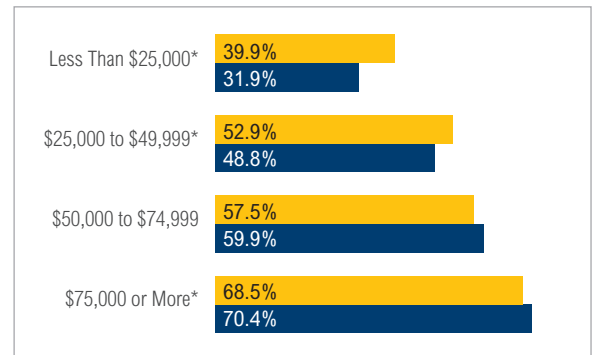
High Health Status by Age



High Health Status by Race and Ethnicity



High Health Status by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Heart Attack

Heart attacks can result from blockage or narrowing of blood vessels that carry blood to the heart, preventing it from receiving enough oxygen. Every year, 750,000 Americans have a heart attack, and about 15% of heart attacks are fatal. In veterans and non-veterans, most heart attacks are attributable to a handful of key risk factors, including smoking, high blood pressure, diabetes, unhealthy diet, physical inactivity, stress, and overuse of alcohol. Mental disorders including depression, anxiety, and PTSD have also been shown to contribute to heart attacks in veterans, and exposure to the Vietnam-era herbicide Agent Orange may also elevate heart attack risk.

Highlights:

- Those who have served report heart attacks at nearly twice the rate of those who have not served.
- Generally, the rate of heart attacks in males is about double the rate of females.
- Of all race and ethnic groups, American Indians/Alaska Natives who have served report the highest rate of heart attacks.
- Adults aged 60 years and over who have served are nearly twice as likely to report having a heart attack as those who have not served.
- At all income levels, the rate of heart attacks in those who have served is roughly double the rate of those who have not served.

Heart Attack for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

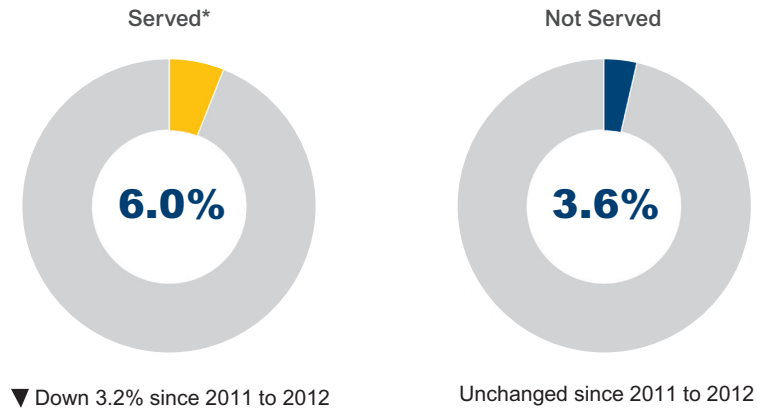
Percentage of adults who self-report being told by a health professional that they had a heart attack (myocardial infarction)

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	6.2%	6.0%	-3.2%	3.6%	3.6%	0.0%
Gender						
Male	6.3%	6.3%	0.0%	5.2%	5.1%	-1.9%
Female	3.8%	3.6%	-5.3%	2.7%	2.8%	3.7%
Race and Ethnicity						
White	6.2%	5.8%	-6.5%	3.4%	3.4%	0.0%
Black	5.0%	5.3%	6.0%	4.0%	4.1%	2.5%
Hispanic	5.9%	6.4%	8.5%	3.9%	3.8%	-2.6%
Asian	3.6%	5.2%	44.4%	2.1%	2.2%	4.8%
Hawaiian/Pacific Islander	5.7%	5.9%	3.5%	4.8%	3.2%	-33.3%
American Indian/Alaska Native	10.5%	10.2%	-2.9%	7.1%	6.5%	-8.5%
Age						
18 to 39 years	1.2%	1.1%	-8.3%	0.6%	0.7%	16.7%
40 to 59 years	5.3%	4.9%	-7.5%	3.1%	3.1%	0.0%
60 to 79 years	15.8%	15.6%	-1.3%	9.0%	8.7%	-3.3%
80+ years	22.9%	23.0%	0.4%	13.0%	13.1%	0.8%
Income						
Less Than \$25,000	10.3%	9.7%	-5.8%	5.9%	5.8%	-1.7%
\$25,000 to \$49,999	6.5%	6.0%	-7.7%	3.2%	3.4%	6.3%
\$50,000 to \$74,999	5.1%	5.1%	0.0%	2.5%	2.6%	4.0%
\$75,000 or More	4.0%	4.8%	20.0%	2.0%	2.1%	5.0%

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Heart Attack Rate, 2013 to 2014

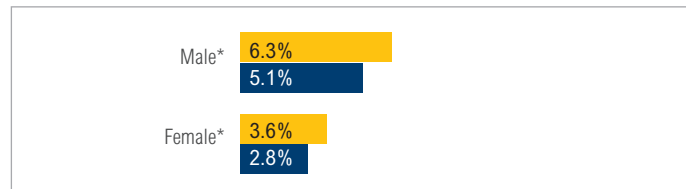
Percentage of adults who self-report being told by a health professional that they had a heart attack (myocardial infarction)



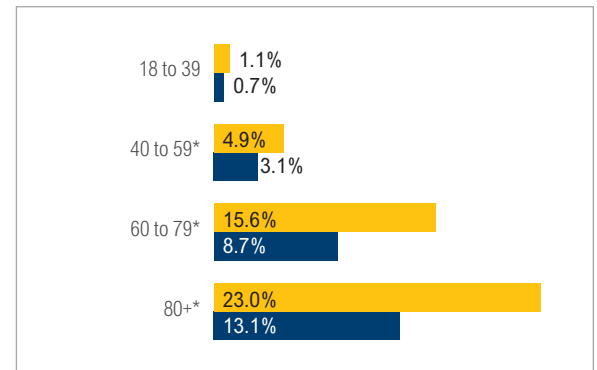
Disparities in Heart Attack, 2013 to 2014

■ Served ■ Not Served

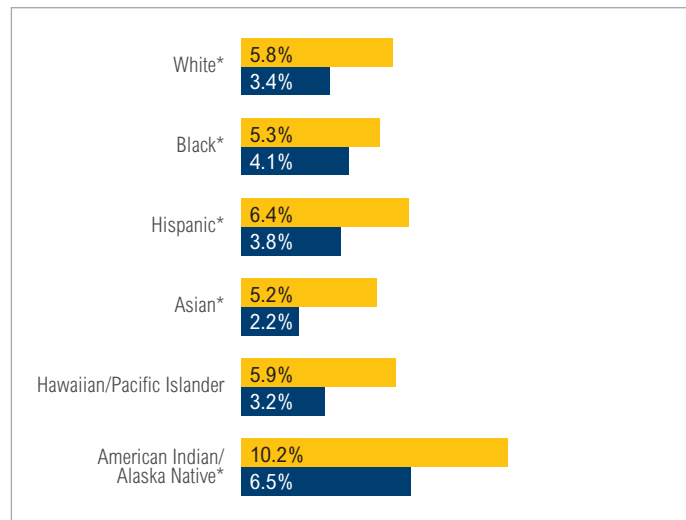
Heart Attack by Gender



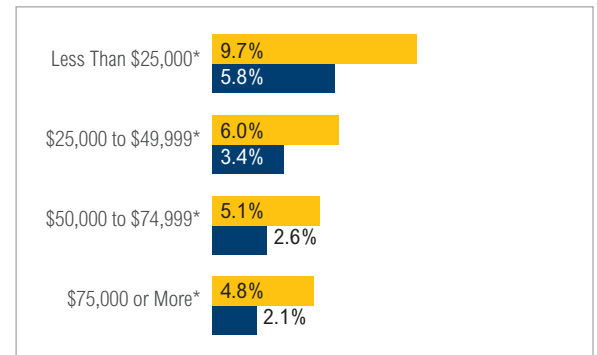
Heart Attack by Age



Heart Attack by Race and Ethnicity



Heart Attack by Income



* Statistically significant difference between served and not served
 † Statistically significant difference between 2011 to 2012 and 2013 to 2014

Stroke

Approximately 800,000 strokes occur in America every year. Strokes kill one person every four minutes, and are responsible for one out of every 20 deaths in the nation. Stroke is a leading cause of adult disability, with 15% to 30% of stroke survivors experiencing serious, long-term complications. Stroke risk increases with age, and is elevated among persons who have high cholesterol, high blood pressure, or a previous stroke. Hypertension, which affects 37% of veterans, is the leading risk factor for stroke among those who have served. Between 6,000 and 11,000 veterans are admitted to VA hospitals for stroke every year, and as many as 80,000 veterans are estimated to be stroke survivors.

Highlights:

- Those who have served have a higher rate of stroke than those who have not, especially among people aged 80 years and over.
- Stroke varies by race and ethnicity. Hispanics who have served report stroke at twice the rate of Hispanics who have not served.
- Stroke rates are higher at lower incomes. Those who have served earning less than \$25,000 annually report a higher rate of stroke than those who have not served.

Stroke for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

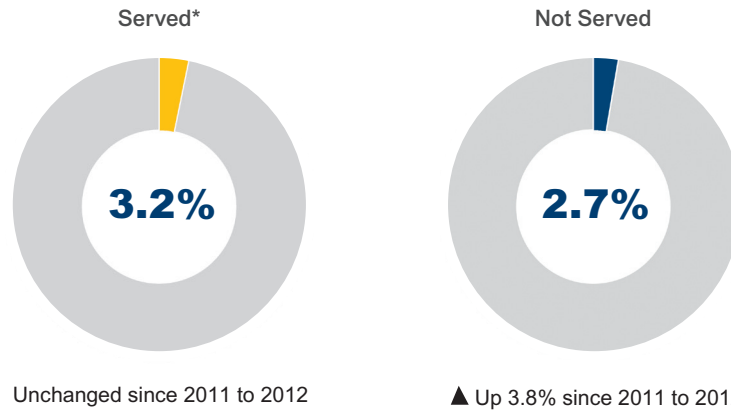
Percentage of adults who self-report being told by a health professional that they had a stroke

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	3.2%	3.2%	0.0%	2.6%	2.7%	3.8%
Gender						
Male	3.1%	3.3%	6.5%	2.6%	2.6%	0.0%
Female	4.0%	3.2%	-20.0%	2.6%	2.7%	3.8%
Race and Ethnicity						
White	2.9%	2.8%	-3.4%	2.4%	2.5%	4.2%
Black	3.9%	3.9%	0.0%	4.0%	4.2%	5.0%
Hispanic	3.2%	4.4%	37.5%	2.5%	2.3%	-8.0%
Asian	3.3%	1.1%	-66.7%†	2.1%	1.8%	-14.3%
Hawaiian/Pacific Islander	1.6%	3.8%	137.5%	3.3%	3.6%	9.1%
American Indian/Alaska Native	6.2%	5.5%	-11.3%	5.1%	5.0%	-2.0%
Age						
18 to 39 years	0.8%	1.1%	37.5%	0.7%	0.7%	0.0%
40 to 59 years	2.7%	2.7%	0.0%	2.2%	2.4%	9.1%
60 to 79 years	7.5%	7.3%	-2.7%	6.2%	6.1%	-1.6%
80+ years	11.5%	11.7%	1.7%	9.7%	10.0%	3.1%
Income						
Less Than \$25,000	5.6%	6.4%	14.3%	4.5%	4.7%	4.4%
\$25,000 to \$49,999	3.0%	3.2%	6.7%	2.2%	2.4%	9.1%
\$50,000 to \$74,999	2.1%	2.4%	14.3%	1.6%	1.7%	6.3%
\$75,000 or More	2.0%	1.8%	-10.0%	1.5%	1.3%	-13.3%

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Stroke Rate, 2013 to 2014

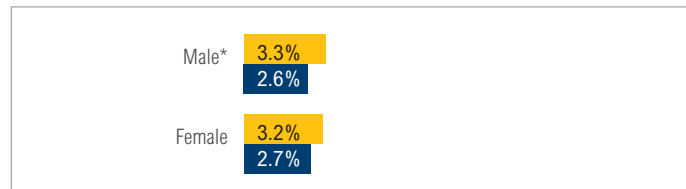
Percentage of adults who self-report being told by a health professional that they had a stroke



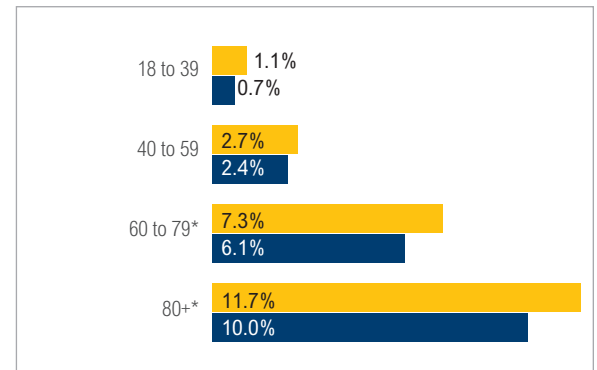
Disparities in Stroke, 2013 to 2014

■ Served ■ Not Served

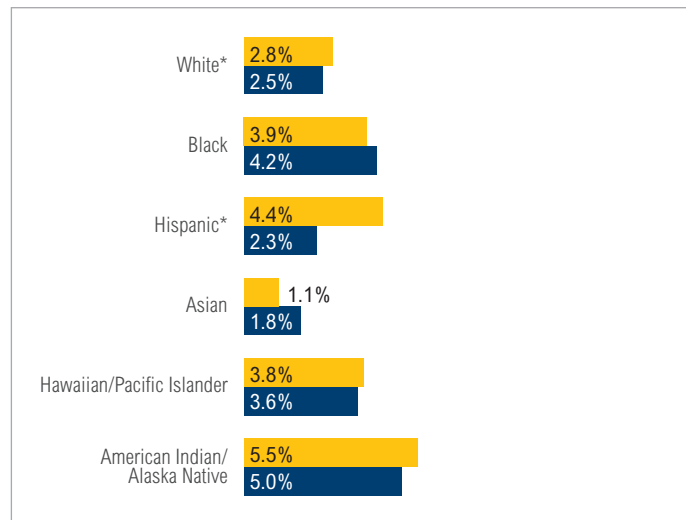
Stroke by Gender



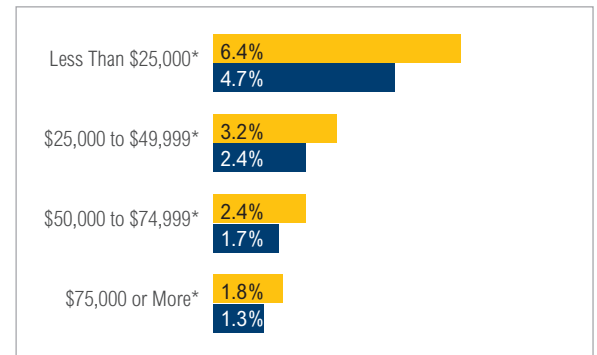
Stroke by Age



Stroke by Race and Ethnicity



Stroke by Income



* Statistically significant difference between served and not served
 † Statistically significant difference between 2011 to 2012 and 2013 to 2014

Teeth Extraction

People who have had six or more teeth removed are defined to have high teeth extractions. Loss of adult teeth can have serious consequences for quality of life. Missing teeth can make chewing difficult or painful, and is often a result of poor oral hygiene, tooth decay, or gum disease. Whereas adults in the general population have an average of 25 teeth, veterans have an average of 19 to 22 teeth. Generally, older adults, current smokers, and those with lower incomes and less education have fewer teeth than average.

Highlights:

- Overall rates of teeth extractions are the same for those who have served and not served, with no major differences by sex.
- Overall rates of teeth extractions declined since 2011 to 2012 for both those who have served and not served.
- Blacks and American Indians/Alaska Natives have the highest rate of teeth extractions of all racial/ethnic groups.
- Teeth extractions are generally more common among adults aged 60 years and over, and those with annual incomes below \$25,000.

Teeth Extraction for Those Who Have Served and Not Served, 2011 to 2012 and 2013 to 2014

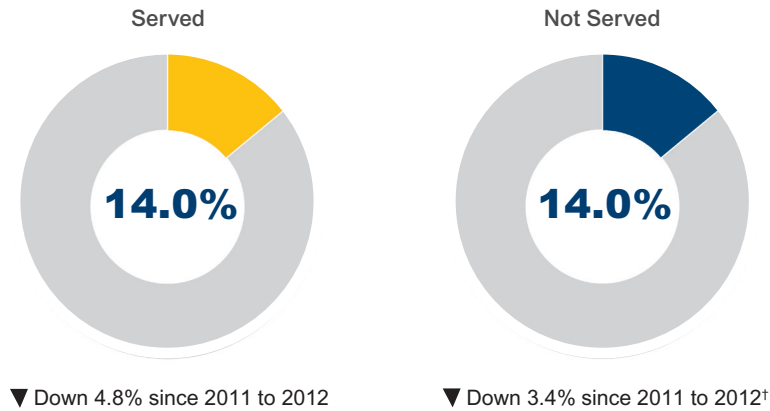
Percentage of adults who self-report having had six or more teeth extracted

	Served			Not Served		
	% 2011-12	% 2013-14	Change	% 2011-12	% 2013-14	Change
Overall	14.7%	14.0%	-4.8%	14.5%	14.0%	-3.4%†
Gender						
Male	14.8%	13.9%	-6.1%	14.5%	13.4%	-7.6%†
Female	13.7%	13.8%	0.7%	14.7%	14.4%	-2.0%
Race and Ethnicity						
White	14.5%	13.8%	-4.8%	13.8%	13.4%	-2.9%
Black	18.4%	16.6%	-9.8%	22.2%	21.0%	-5.4%
Hispanic	12.0%	11.0%	-8.3%	12.9%	12.8%	-0.8%
Asian	14.8%	10.8%	-27.0%	10.3%	9.0%	-12.6%
Hawaiian/Pacific Islander	16.7%	12.5%	-25.1%	14.4%	15.4%	6.9%
American Indian/Alaska Native	21.4%	20.0%	-6.5%	25.1%	22.7%	-9.6%
Age						
18 to 39 years	1.9%	2.5%	31.6%	3.3%	3.4%	3.0%
40 to 59 years	14.5%	13.0%	-10.3%	13.7%	13.3%	-2.9%
60 to 79 years	37.8%	35.5%	-6.1%†	34.7%	32.8%	-5.5%†
80+ years	44.3%	43.4%	-2.0%	44.5%	42.9%	-3.6%
Income						
Less Than \$25,000	24.6%	24.2%	-1.6%	24.5%	23.8%	-2.9%
\$25,000 to \$49,999	16.7%	16.0%	-4.2%	14.4%	14.4%	0.0%
\$50,000 to \$74,999	12.6%	11.5%	-8.7%	9.5%	9.4%	-1.1%
\$75,000 or More	8.1%	7.6%	-6.2%	5.8%	5.6%	-3.4%

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Overall Teeth Extraction Rate, 2013 to 2014

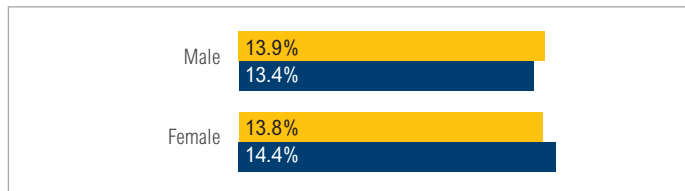
Percentage of adults who self-report having had six or more teeth extracted



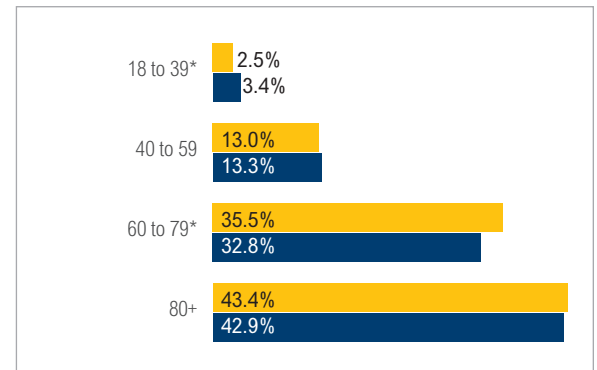
Disparities in Teeth Extraction, 2013 to 2014

■ Served ■ Not Served

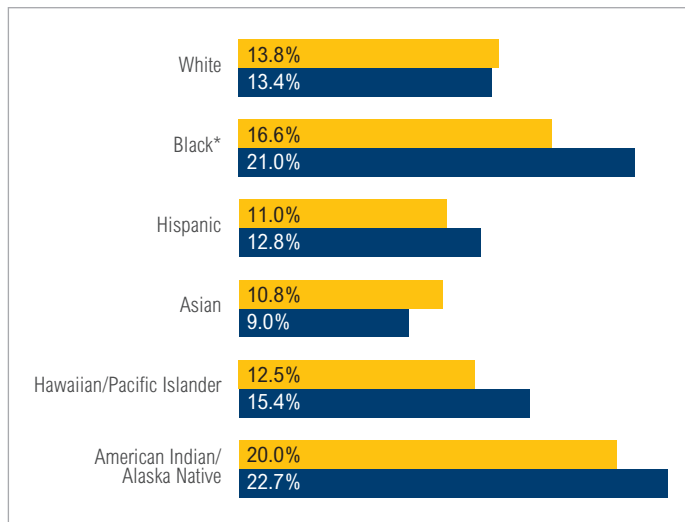
Teeth Extraction by Gender



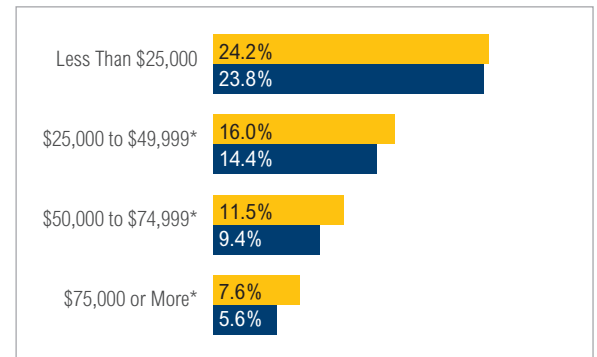
Teeth Extraction by Age



Teeth Extraction by Race and Ethnicity



Teeth Extraction by Income



* Statistically significant difference between served and not served

† Statistically significant difference between 2011 to 2012 and 2013 to 2014

Appendix

TABLE 1

Measures

All measures are from CDC's Behavioral Risk Factor Surveillance System for 2011 to 2014

Behaviors

Measure	Description
Excessive Drinking	Percentage of adults who self-report either binge drinking (having five or more [men] or four or more [women] drinks on one occasion) or heavy drinking (having more than two drinks [men] or more than one drink [women] per day)
Insufficient Sleep	Percentage of adults who self-report sleeping fewer than seven hours in a 24-hour period, on average
Obesity	Percentage of adults who are obese by self-report, with a body mass index (BMI) of 30.0 or higher
Physical Inactivity	Percentage of adults who self-report doing no physical activity or exercise other than their regular job in the last 30 days
Smoking	Percentage of adults who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke)

Policy

Measure	Description
Health Insurance	Percentage of the population that has health insurance privately, through their employer, or through the government

Clinical Care

Measure	Description
Cancer Screening	Percentage of adults aged 50 to 75 years who self-report receiving recommended colorectal cancer screening using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy
Dental Visit	Percentage of adults who self-report visiting the dentist or dental clinic within the past year for any reason
Flu Vaccine	Percentage of adults who self-reported receiving a flu vaccine in the last year
Personal Health Care Provider	Percentage of adults who report having one or more people they think of as their personal doctor or health care provider
Unmet Medical Need	Percentage of adults who report there was a time in the past 12 months when they needed to see a doctor but could not because of cost

Health Outcomes

Measure	Description
Arthritis	Percentage of adults who self-report being told by a health professional that they had arthritis
Cancer	Percentage of adults who self-report being told by a health professional that they had some form of cancer
Chronic Obstructive Pulmonary Disease (COPD)	Percentage of adults who self-report being told by a health professional that they had COPD
Coronary Heart Disease	Percentage of adults who self-report being told by a health professional that they had angina or coronary heart disease
Depression	Percentage of adults who self-report being told by a health professional that they had a depressive disorder, including depression, major depression, dysthymia, or minor depression
Diabetes	Percentage of adults who self-report being told by a health professional that they had diabetes (excludes pre-diabetes and gestational diabetes)
Frequent Mental Distress	Percentage of adults who self-reported 14 or more poor mental health days in the past 30
Frequent Physical Distress	Percentage of adults who self-reported 14 or more poor physical health days in the past 30
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.
Heart Attack	Percentage of adults who self-report being told by a health professional that they had a heart attack (myocardial infarction)
Health Status	Percentage of adults who self-report that their health is very good or excellent
Stroke	Percentage of adults who self-report being told by a health professional that they had a stroke
Teeth Extractions	Percentage of adults who self-report having had six or more teeth extracted

Methodology

Data in this report are obtained 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. Four years of data are included—2011, 2012, 2013, and 2014. To ensure adequate sample size for the number of people who have served, data are analyzed in two-year increments: 2011 to 2012 and 2013 to 2014.

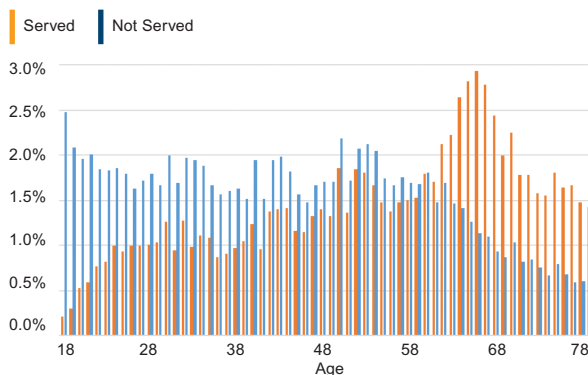
Sampling weights are adjusted to reflect the two-year combination of data. Given the different age distributions of those who have served and those who have not served, data are age-adjusted to the 2000 U.S. Standard Population to ensure meaningful comparison between groups.

Point estimates and 95% confidence intervals are calculated for those who have served and those who have not, overall and by gender (male and female), race and ethnicity (Hispanic, non-Hispanic white, non-Hispanic black, Asian, Hawaiian/Pacific Islander, and American Indian/Alaska Native), age (18 to 39 years, 40 to 59 years, 60 to 79 years, and 80+ years), and annual income (less than \$25,000, \$25,000 to \$49,999, \$50,000 to \$74,999, and \$75,000 or more). Age-adjusted rates are included in the body of the report, while unadjusted (crude) rates are provided on pages 65 to 76 of the Appendix.

TABLE 2
BRFSS Sample Size for Those Who Have and Have Not Served by Year

	2011	2012	2013	2014
Served	62,594	59,870	61,505	62,120
Not Served	441,365	415,210	429,527	401,561
Total	503,959	475,080	491,032	463,681

FIGURE 1
Weighted Age Distribution of Those Who Have Served vs. Have Not Served, BRFSS 2013 to 2014



Limitations

Given the large annual sample size of the BRFSS and the pooling of two years of data to produce estimates, the numbers presented on those who have served are backed by considerable statistical power. Further, the state-based sampling design of the BRFSS ensures not just representation by demographic variables such as gender, race and ethnicity, and age, but also by state and geographic regions within states.

However, there are limitations to interpreting data on those who have served. Since 2011, the BRFSS has asked only whether the respondent has served on active duty in the U.S. Armed Forces. As such, data in this report do not distinguish between those currently serving and those who have been discharged, the nature of discharges, involvement in active combat, or the era in which one served. In addition, given the small number of women in the BRFSS sample who reported service, data are not adjusted by gender and should be interpreted with caution. It is known that health profiles differ by gender and that males compose a disproportionately high number of those who have served. In some cases rates may be driven by this dynamic.

Caution should also be taken when interpreting data on specific health measures. Of note, data on inadequate sleep were collected in just six states during the 2011-12 time period and not included in this report. Additionally, the BRFSS questions on health outcomes often measure whether a respondent has been told by a health care professional that he or she has a disease, excluding those who may not have received a diagnosis.

Crude Rates

Behaviors

Excessive Drinking

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	17.3%*	15.9%*	-8.1%†	19.2%	17.9%	-6.8%†
Gender						
Male	17.5%*	16.2%*	-7.4%†	26.7%	24.6%	-7.9%†
Female	15.2%	12.6%	-17.1%	13.5%	12.8%	-5.2%†
Race and Ethnicity						
White	17.0%*	15.7%*	-7.6%†	20.3%	19.0%	-6.4%†
Black	15.4%	13.6%	-11.7%	14.8%	13.1%	-11.5%†
Hispanic	24.1%*	21.7%*	-10.0%	20.0%	18.5%	-7.5%†
Asian	20.1%*	16.0%	-20.4%	11.7%	11.8%	0.9%
Hawaiian/Pacific Islander	25.3%	21.7%	-14.2%	16.9%	18.2%	7.7%
Native American/Alaska Native	16.1%	16.9%	5.0%	19.2%	16.3%	-15.1%
Age						
18 to 39 years	34.2%*	28.2%*	-17.5%†	27.4%	25.3%	-7.7%†
40 to 59 years	20.2%*	18.3%*	-9.4%†	17.5%	16.6%	-5.1%†
60 to 79 years	11.4%*	11.4%*	0.0%	8.1%	8.3%	2.5%
80+ years	4.3%*	4.7%*	9.3%	3.2%	3.3%	3.1%
Income						
Less Than \$25,000	16.8%	15.7%	-6.5%	17.5%	15.6%	-10.9%†
\$25,000 to \$49,999	17.0%*	15.6%*	-8.2%	19.2%	18.0%	-6.3%†
\$50,000 to \$74,999	18.3%*	17.2%*	-6.0%	20.8%	19.8%	-4.8%
\$75,000 or More	19.3%*	17.3%*	-10.4%†	23.1%	22.5%	-2.6%

Behaviors

Insufficient Sleep

	2013–14	
	Served	Not Served
Overall	36.6%*	35.0%
Gender		
Male	35.9%	35.6%
Female	43.6%*	34.6%
Race and Ethnicity		
White	33.0%	32.7%
Black	47.9%	45.9%
Hispanic	47.3%*	34.1%
Asian	47.1%*	36.3%
Hawaiian/Pacific Islander	59.0%	46.0%
Native American/Alaska Native	44.3%	41.4%
Age		
18 to 39 years	50.4%*	35.5%
40 to 59 years	44.9%*	38.2%
60 to 79 years	28.1%*	30.0%
80+ years	21.5%*	25.6%
Income		
Less Than \$25,000	42.1%	40.5%
\$25,000 to \$49,999	36.3%	36.1%
\$50,000 to \$74,999	36.6%*	33.7%
\$75,000 or More	34.8%*	30.6%

† Statistically significant difference between 2011-12 and 2013-14.

* Statistically significant difference between those who have and have not served.

Crude Rates — continued

Behaviors

Obesity

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	29.1%*	29.8%*	2.4%	27.3%	28.4%	4.0%†
Gender						
Male	29.3%*	30.1%*	2.7%	27.5%	28.2%	2.5%†
Female	26.6%	26.2%*	-1.5%	27.2%	28.6%	5.1%†
Race and Ethnicity						
White	28.5%*	28.8%*	1.1%	26.0%	27.2%	4.6%†
Black	34.0%*	34.8%*	2.4%	38.0%	38.8%	2.1%
Hispanic	29.6%	32.6%	10.1%	30.2%	31.8%	5.3%†
Asian	16.5%*	24.4%*	47.9%	9.0%	8.8%	-2.2%
Hawaiian/Pacific Islander	32.5%	27.7%	-14.8%	24.2%	29.9%	23.6%
Native American/Alaska Native	35.7%	32.6%	-8.7%	34.5%	34.4%	-0.3%
Age						
18 to 39 years	21.4%*	22.2%	3.7%	23.2%	23.7%	2.2%
40 to 59 years	36.6%*	37.8%*	3.3%	31.6%	33.2%	5.1%†
60 to 79 years	31.4%*	32.0%	1.9%	29.9%	31.0%	3.7%†
80+ years	14.0%*	14.9%*	6.4%	16.4%	17.9%	9.1%†
Income						
Less Than \$25,000	29.2%*	29.2%*	0.0%	32.2%	33.5%	4.0%†
\$25,000 to \$49,999	28.6%	28.8%*	0.7%	29.0%	30.6%	5.5%†
\$50,000 to \$74,999	30.3%*	31.4%*	3.6%	28.4%	28.6%	0.7%
\$75,000 or More	30.2%*	31.8%*	5.3%	22.2%	23.5%	5.9%†

Behaviors

Physical Inactivity

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	24.3%	23.9%*	-1.6%	24.4%	25.1%	2.9%†
Gender						
Male	24.5%*	24.1%*	-1.6%	22.0%	22.8%	3.6%†
Female	22.1%*	22.4%*	1.4%	26.1%	26.8%	2.7%†
Race and Ethnicity						
White	24.6%*	24.0%*	-2.4%	22.3%	22.9%	2.7%†
Black	24.6%*	26.1%*	6.1%	29.3%	30.4%	3.8%
Hispanic	20.3%*	20.4%*	0.5%	30.1%	30.9%	2.7%
Asian	20.8%	18.2%	-12.5%	21.5%	22.5%	4.7%
Hawaiian/Pacific Islander	30.2%*	27.0%	-10.6%	28.4%	27.7%	-2.5%
Native American/Alaska Native	13.7%	13.9%	1.5%	23.3%	24.2%	3.9%
Age						
18 to 39 years	13.9%*	13.1%*	-5.8%	19.6%	20.4%	4.1%†
40 to 59 years	23.8%*	22.8%*	-4.2%	25.2%	25.9%	2.8%†
60 to 79 years	26.8%*	27.4%*	2.2%	29.8%	30.0%	0.7%
80+ years	33.4%*	32.8%*	-1.8%	41.4%	41.6%	0.5%
Income						
Less Than \$25,000	34.4%	35.2%	2.3%	33.5%	35.3%	5.4%†
\$25,000 to \$49,999	26.2%	25.8%	-1.5%	25.5%	27.0%	5.9%†
\$50,000 to \$74,999	20.1%	20.5%	2.0%	20.0%	20.3%	1.5%
\$75,000 or More	15.6%*	14.7%	-5.8%	13.2%	13.7%	3.8%

† Statistically significant difference between 2011-12 and 2013-14.

* Statistically significant difference between those who have and have not served.

Behaviors

Smoking

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	19.3%	18.3%	-5.2% [†]	19.5%	17.8%	-8.7% [†]
Gender						
Male	19.2%*	18.3%*	-4.7%	22.7%	20.8%	-8.4% [†]
Female	20.6%*	18.5%*	-10.2%	17.1%	15.5%	-9.4% [†]
Race and Ethnicity						
White	18.5%*	17.5%*	-5.4% [†]	20.5%	18.7%	-8.8% [†]
Black	23.0%	22.2%*	-3.5%	22.1%	19.8%	-10.4% [†]
Hispanic	18.5%*	16.7%*	-9.7%	15.3%	13.9%	-9.2% [†]
Asian	14.5%*	18.8%*	29.7%	8.4%	8.9%	6.0%
Hawaiian/Pacific Islander	27.2%	22.4%	-17.6%	21.2%	18.8%	-11.3%
Native American/Alaska Native	28.7%	25.9%	-9.8%	32.6%	31.6%	-3.1%
Age						
18 to 39 years	27.9%*	26.2%*	-6.1%	23.1%	20.6%	-10.8% [†]
40 to 59 years	26.7%*	24.7%*	-7.5% [†]	21.1%	19.6%	-7.1% [†]
60 to 79 years	14.5%*	14.1%*	-2.8%	12.1%	11.7%	-3.3%
80+ years	3.5%	3.7%	5.7%	3.3%	3.4%	3.0%
Income						
Less Than \$25,000	29.6%	28.4%*	-4.1%	28.6%	26.4%	-7.7% [†]
\$25,000 to \$49,999	21.1%	20.0%	-5.2%	20.7%	19.4%	-6.3% [†]
\$50,000 to \$74,999	16.9%	16.5%	-2.4%	16.3%	15.0%	-8.0% [†]
\$75,000 or More	12.0%*	12.0%*	0.0%	10.5%	9.7%	-7.6% [†]

Policy

Health Insurance

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	91.4%*	93.3%*	2.1% [†]	80.4%	83.1%	3.4% [†]
Gender						
Male	91.6%*	93.4%*	2.0% [†]	75.9%	79.4%	4.6% [†]
Female	88.3%*	91.4%*	3.5% [†]	83.8%	85.9%	2.5% [†]
Race and Ethnicity						
White	92.7%*	94.3%*	1.7% [†]	86.3%	88.9%	3.0% [†]
Black	87.1%*	90.6%*	4.0% [†]	74.5%	78.9%	5.9% [†]
Hispanic	87.7%*	88.8%*	1.3%	58.3%	62.9%	7.9% [†]
Asian	86.7%	90.3%	4.2%	86.6%	87.8%	1.4%
Hawaiian/Pacific Islander	88.7%	93.1%*	5.0%	79.6%	79.0%	-0.8%
Native American/Alaska Native	87.5%*	90.6%*	3.5%	78.0%	82.0%	5.1% [†]
Age						
18 to 39 years	84.0%*	87.3%*	3.9% [†]	71.9%	75.5%	5.0% [†]
40 to 59 years	87.7%*	89.7%*	2.3% [†]	81.3%	83.6%	2.8% [†]
60 to 79 years	95.5%*	97.2%*	1.8% [†]	93.5%	94.4%	1.0% [†]
80+ years	97.9%	98.4%	0.5%	97.6%	98.3%	0.7% [†]
Income						
Less Than \$25,000	79.9%*	83.9%*	5.0% [†]	63.6%	68.4%	7.5% [†]
\$25,000 to \$49,999	91.6%*	93.5%*	2.1% [†]	79.5%	81.9%	3.0% [†]
\$50,000 to \$74,999	95.7%*	96.3%*	0.6%	91.2%	92.2%	1.1% [†]
\$75,000 or More	97.6%*	97.6%*	0.0%	95.8%	96.5%	0.7% [†]

[†] Statistically significant difference between 2011-12 and 2013-14.
* Statistically significant difference between those who have and have not served.

Crude Rates — continued

Clinical Care

Cancer Screening

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	75.4%*	76.2%*	1.1%	64.2%	64.9%	1.1%
Gender						
Male	75.6%*	76.3%*	0.9%	60.0%	60.7%	1.2%
Female	72.7%*	75.2%*	3.4%	66.9%	67.5%	0.9%
Race and Ethnicity						
White	75.9%*	76.5%*	0.8%	66.2%	67.2%	1.5%†
Black	73.9%*	77.6%*	5.0%	65.0%	65.9%	1.4%
Hispanic	76.7%*	72.6%*	-5.3%	51.2%	50.8%	-0.8%
Asian	75.4%	76.5%	1.5%	63.6%	59.9%	-5.8%
Hawaiian/Pacific Islander	60.7%	70.0%	15.3%	51.9%	69.3%	33.5%
Native American/Alaska Native	61.5%	69.9%*	13.7%	52.2%	53.0%	1.5%
Age						
40 to 59 years	63.5%*	65.0%*	2.4%	55.2%	55.3%	0.2%
60 to 79 years	80.8%*	81.5%*	0.9%	74.0%	74.6%	0.8%
Income						
Less Than \$25,000	66.5%*	67.3%*	1.2%	52.6%	54.6%	3.8%†
\$25,000 to \$49,999	75.4%*	75.7%*	0.4%	64.3%	64.4%	0.2%
\$50,000 to \$74,999	76.3%*	80.0%*	4.8%	69.1%	69.0%	-0.1%
\$75,000 or More	81.0%*	81.0%*	0.0%	71.3%	72.2%	1.3%

Clinical Care

Dental Visit

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	68.1%*	67.3%*	-1.2%	65.1%	64.1%	-1.5%†
Gender						
Male	67.6%*	66.7%*	-1.3%	61.1%	60.3%	-1.3%
Female	73.9%*	73.7%*	-0.3%	68.2%	67.0%	-1.8%†
Race and Ethnicity						
White	68.7%	67.9%	-1.2%	69.3%	68.4%	-1.3%†
Black	65.0%*	63.7%*	-2.0%	56.6%	55.5%	-1.9%
Hispanic	67.8%*	70.3%*	3.7%	54.5%	53.4%	-2.0%
Asian	77.6%	71.6%	-7.7%	70.6%	68.4%	-3.1%
Hawaiian/Pacific Islander	66.4%	72.8%	9.6%	68.8%	59.1%	-14.1%
Native American/Alaska Native	62.1%	53.9%	-13.2%	55.9%	53.7%	-3.9%
Age						
18 to 39 years	73.6%*	71.8%*	-2.4%	62.6%	61.5%	-1.8%
40 to 59 years	66.1%	65.8%	-0.5%	66.8%	65.4%	-2.1%†
60 to 79 years	67.5%	67.1%	-0.6%	67.3%	67.0%	-0.4%
80+ years	66.7%	64.1%	-3.9%	64.4%	63.2%	-1.9%
Income						
Less Than \$25,000	46.7%	44.5%	-4.7%	46.7%	45.8%	-1.9%
\$25,000 to \$49,999	64.7%	64.9%*	0.3%	63.0%	61.0%	-3.2%†
\$50,000 to \$74,999	75.2%	72.7%	-3.3%	74.5%	72.5%	-2.7%†
\$75,000 or More	82.7%	81.9%	-1.0%	83.5%	81.9%	-1.9%†

† Statistically significant difference between 2011-12 and 2013-14.
* Statistically significant difference between those who have and have not served.

Clinical Care

Flu Immunization

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	52.3%*	53.0%*	1.3%	34.7%	37.1%	6.9%†
Gender						
Male	52.2%*	53.1%*	1.7%	28.1%	30.6%	8.9%†
Female	54.1%*	52.1%*	-3.7%	39.6%	42.0%	6.1%†
Race and Ethnicity						
White	53.4%*	54.3%*	1.7%	37.6%	40.1%	6.6%†
Black	47.9%*	48.1%*	0.4%	27.6%	29.9%	8.3%†
Hispanic	49.4%*	50.1%*	1.4%	27.1%	29.7%	9.6%†
Asian	55.8%*	59.3%*	6.3%	37.1%	40.2%	8.4%†
Hawaiian/Pacific Islander	54.7%*	52.8%*	-3.5%	31.2%	32.6%	4.5%
Native American/Alaska Native	44.3%*	51.5%*	16.3%	36.0%	38.2%	6.1%
Age						
18 to 39 years	54.1%*	53.1%*	-1.8%	24.4%	26.7%	9.4%†
40 to 59 years	39.5%*	40.8%*	3.3%	33.4%	35.5%	6.3%†
60 to 79 years	56.6%*	57.5%*	1.6%	53.7%	54.7%	1.9%†
80+ years	67.6%*	67.5%*	-0.1%	63.7%	64.8%	1.7%
Income						
Less Than \$25,000	48.3%*	48.5%*	0.4%	30.5%	32.9%	7.9%†
\$25,000 to \$49,999	53.4%*	54.8%*	2.6%	33.3%	35.2%	5.7%†
\$50,000 to \$74,999	52.9%*	54.4%*	2.8%	35.2%	37.3%	6.0%†
\$75,000 or More	52.6%*	53.4%*	1.5%	39.5%	42.4%	7.3%†

Clinical Care

Personal Health Care Provider

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	83.7%*	82.2%*	-1.8%†	77.2%	76.0%	-1.6%†
Gender						
Male	83.9%*	82.1%*	-2.1%†	68.8%	68.0%	-1.2%†
Female	81.4%*	82.8%	1.7%	83.5%	82.2%	-1.6%†
Race and Ethnicity						
White	85.1%*	83.8%*	-1.5%†	82.5%	81.6%	-1.1%†
Black	81.6%*	80.4%*	-1.5%	73.9%	74.8%	1.2%
Hispanic	76.8%*	73.7%*	-4.0%	58.7%	57.8%	-1.5%
Asian	76.4%*	75.5%*	-1.2%	75.8%	72.5%	-4.4%†
Hawaiian/Pacific Islander	65.3%	71.8%	10.0%	73.8%	72.2%	-2.2%
Native American/Alaska Native	81.0%*	73.8%	-8.9%	70.4%	67.8%	-3.7%
Age						
18 to 39 years	60.5%*	59.2%*	-2.1%	63.6%	61.3%	-3.6%†
40 to 59 years	81.6%	79.9%	-2.1%	82.1%	81.3%	-1.0%†
60 to 79 years	92.4%*	91.6%*	-0.9%	93.1%	92.3%	-0.9%†
80+ years	94.6%*	94.3%*	-0.3%	96.2%	95.5%	-0.7%†
Income						
Less Than \$25,000	76.7%*	74.7%*	-2.6%	66.1%	66.1%	0.0%
\$25,000 to \$49,999	82.6%*	81.2%*	-1.7%	76.7%	74.7%	-2.6%†
\$50,000 to \$74,999	86.6%*	85.3%*	-1.5%	84.0%	82.1%	-2.3%†
\$75,000 or More	88.3%	86.4%	-2.2%†	87.7%	86.2%	-1.7%†

† Statistically significant difference between 2011-12 and 2013-14.

* Statistically significant difference between those who have and have not served.

Crude Rates — continued

Clinical Care

Unmet Medical Need

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	8.7%*	7.8%*	-10.3%†	17.7%	16.0%	-9.6%†
Gender						
Male	8.2%*	7.2%*	-12.2%†	17.1%	14.8%	-13.5%†
Female	14.7%*	12.8%*	-12.9%	18.2%	17.0%	-6.6%†
Race and Ethnicity						
White	7.3%*	6.7%*	-8.2%	14.1%	12.6%	-10.6%†
Black	13.2%*	10.2%*	-22.7%†	24.0%	21.1%	-12.1%†
Hispanic	12.3%*	11.9%*	-3.3%	28.2%	25.8%	-8.5%†
Asian	8.7%	6.3%*	-27.6%	13.3%	11.4%	-14.3%
Hawaiian/Pacific Islander	15.0%	7.5%	-50.0%	21.0%	16.3%	-22.4%
Native American/Alaska Native	16.0%*	15.3%*	-4.4%	23.1%	21.0%	-9.1%
Age						
18 to 39 years	13.0%*	10.5%*	-19.2%†	21.6%	19.3%	-10.6%†
40 to 59 years	13.0%*	11.8%*	-9.2%	19.2%	17.9%	-6.8%†
60 to 79 years	5.1%*	5.0%*	-2.0%	9.1%	8.4%	-7.7%†
80+ years	3.4%	2.9%*	-14.7%	3.6%	3.8%	5.6%
Income						
Less Than \$25,000	20.6%*	17.8%*	-13.6%†	32.0%	29.7%	-7.2%†
\$25,000 to \$49,999	8.4%*	7.1%*	-15.5%†	18.8%	17.2%	-8.5%†
\$50,000 to \$74,999	5.1%*	5.5%*	7.8%	10.4%	9.3%	-10.6%†
\$75,000 or More	2.6%*	3.1%*	19.2%	4.8%	4.5%	-6.3%

Health Outcomes

Arthritis

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	34.9%*	34.6%*	-0.9%	24.1%	24.2%	0.4%
Gender						
Male	35.2%*	35.0%*	-0.6%	17.6%	17.7%	0.6%
Female	31.5%*	30.8%	-2.2%	28.9%	29.2%	1.0%
Race and Ethnicity						
White	36.4%*	36.3%*	-0.3%	27.3%	27.9%	2.2%
Black	30.6%*	32.3%*	5.6%	22.6%	24.3%	7.5%†
Hispanic	24.2%*	21.7%*	-10.3%	14.3%	13.7%	-4.2%
Asian	23.2%*	19.8%*	-14.7%	11.6%	11.3%	-2.6%
Hawaiian/Pacific Islander	23.4%	23.1%	-1.3%	19.3%	17.3%	-10.4%
Native American/Alaska Native	42.3%*	39.0%*	-7.8%	30.3%	30.0%	-1.0%
Age						
18 to 39 years	10.1%*	10.2%*	1.0%	6.8%	6.7%	-1.5%
40 to 59 years	30.0%*	29.8%*	-0.7%	26.2%	26.1%	-0.4%
60 to 79 years	45.1%*	45.6%*	1.1%	50.1%	49.3%	-1.6%†
80+ years	50.5%*	49.7%*	-1.6%	59.4%	60.1%	1.2%
Income						
Less Than \$25,000	42.2%*	42.3%*	0.2%	29.2%	29.8%	2.1%
\$25,000 to \$49,999	36.9%*	36.3%*	-1.6%	25.1%	25.5%	1.6%
\$50,000 to \$74,999	32.4%*	32.9%*	1.5%	21.9%	22.6%	3.2%
\$75,000 or More	27.6%*	28.3%*	2.5%	17.6%	17.8%	1.1%

† Statistically significant difference between 2011-12 and 2013-14.
* Statistically significant difference between those who have and have not served.

Health Outcomes

Cancer

	Served			Not Served		
	% 2011-12	% 2013-14	Change	% 2011-12	% 2013-14	Change
Overall	20.4%*	20.3%*	-0.5%	9.9%	10.0%	1.0%
Gender						
Male	21.1%*	21.1%*	0.0%	6.9%	7.0%	1.4%
Female	12.5%	12.2%	-2.4%	12.1%	12.4%	2.5%
Race and Ethnicity						
White	23.6%*	24.0%*	1.7%	12.8%	13.4%	4.7%†
Black	9.6%*	8.8%*	-8.3%	4.4%	4.9%	11.4%†
Hispanic	9.3%*	7.3%*	-21.5%	3.9%	3.6%	-7.7%
Asian	7.1%	6.6%	-7.0%	3.2%	3.0%	-6.3%
Hawaiian/Pacific Islander	6.8%	4.7%	-30.9%	4.0%	3.3%	-17.5%
Native American/Alaska Native	17.7%*	13.9%*	-21.5%	8.9%	7.6%	-14.6%
Age						
18 to 39 years	2.3%	2.2%	-4.3%	2.3%	2.1%	-8.7%†
40 to 59 years	8.5%	8.2%*	-3.5%	9.0%	9.1%	1.1%
60 to 79 years	29.4%*	30.0%*	2.0%	23.4%	23.2%	-0.9%
80+ years	47.6%*	48.2%*	1.3%	32.5%	34.1%	4.9%†
Income						
Less Than \$25,000	21.4%*	19.4%*	-9.3%†	9.6%	9.6%	0.0%
\$25,000 to \$49,999	21.7%*	21.6%*	-0.5%	10.3%	10.5%	1.9%
\$50,000 to \$74,999	19.6%*	19.9%*	1.5%	9.6%	10.0%	4.2%
\$75,000 or More	17.5%*	18.5%*	5.7%	9.4%	9.8%	4.3%

Health Outcomes

COPD

	Served			Not Served		
	% 2011-12	% 2013-14	Change	% 2011-12	% 2013-14	Change
Overall	9.3%*	9.6%*	3.2%	6.0%	6.2%	3.3%
Gender						
Male	9.3%*	9.6%*	3.2%	4.6%	4.7%	2.2%
Female	8.5%	8.7%*	2.4%	7.2%	7.3%	1.4%
Race and Ethnicity						
White	10.2%*	10.3%*	1.0%	6.7%	7.0%	4.5%†
Black	6.1%	6.4%	4.9%	6.4%	6.7%	4.7%
Hispanic	4.6%*	5.9%*	28.3%	3.5%	3.4%	-2.9%
Asian	1.0%	6.0%*	500.0%†	2.0%	1.5%	-25.0%
Hawaiian/Pacific Islander	5.2%	9.7%	86.5%	3.4%	4.9%	44.1%
Native American/Alaska Native	11.0%	14.4%	30.9%	10.7%	10.2%	-4.7%
Age						
18 to 39 years	2.2%	2.9%	31.8%	2.7%	2.6%	-3.7%
40 to 59 years	7.7%*	7.3%	-5.2%	6.3%	6.6%	4.8%
60 to 79 years	13.1%*	13.5%*	3.1%	11.3%	11.3%	0.0%
80+ years	10.7%	12.6%	17.8%	11.3%	11.9%	5.3%
Income						
Less Than \$25,000	16.2%*	17.0%*	4.9%	10.3%	10.6%	2.9%
\$25,000 to \$49,999	10.2%*	10.2%*	0.0%	6.0%	6.2%	3.3%
\$50,000 to \$74,999	6.8%*	7.4%*	8.8%	3.8%	4.0%	5.3%
\$75,000 or More	4.3%*	4.8%*	11.6%	2.3%	2.4%	4.3%

† Statistically significant difference between 2011-12 and 2013-14.

* Statistically significant difference between those who have and have not served.

Crude Rates — continued

Health Outcomes

Coronary Heart Disease

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	10.5%*	10.1%*	-3.8%	3.6%	3.5%	-2.8%
Gender						
Male	11.2%*	10.8%*	-3.6%	3.8%	3.7%	-2.6%
Female	3.4%	3.3%	-2.9%	3.5%	3.4%	-2.9%
Race and Ethnicity						
White	11.9%*	11.3%*	-5.0%	4.0%	4.0%	0.0%
Black	5.1%*	7.0%*	37.3%	3.4%	3.4%	0.0%
Hispanic	6.0%*	4.8%*	-20.0%	2.3%	2.3%	0.0%
Asian	5.4%	4.6%*	-14.8%	2.2%	1.5%	-31.8%
Hawaiian/Pacific Islander	7.1%	5.9%	-16.9%	2.1%	2.4%	14.3%
Native American/Alaska Native	13.7%*	10.8%*	-21.2%	5.3%	4.1%	-22.6%
Age						
18 to 39 years	0.7%	0.6%	-14.3%	0.5%	0.5%	0.0%
40 to 59 years	5.1%*	4.6%*	-9.8%	3.2%	3.1%	-3.1%
60 to 79 years	16.1%*	15.7%*	-2.5%	9.4%	8.7%	-7.4%†
80+ years	20.7%*	21.1%*	1.9%	13.2%	12.8%	-3.0%
Income						
Less Than \$25,000	13.6%*	12.4%*	-8.8%	5.5%	5.3%	-3.6%
\$25,000 to \$49,999	11.5%*	11.0%*	-4.3%	3.6%	3.7%	2.8%
\$50,000 to \$74,999	9.5%*	9.4%*	-1.1%	2.6%	2.7%	3.8%
\$75,000 or More	7.3%*	7.4%*	1.4%	2.0%	1.9%	-5.0%

Health Outcomes

Depression

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	14.9%*	15.6%*	4.7%	17.1%	18.0%	5.3%†
Gender						
Male	14.0%*	14.5%*	3.6%	12.4%	12.8%	3.2%
Female	24.8%*	27.2%*	9.7%	20.7%	22.0%	6.3%†
Race and Ethnicity						
White	14.3%*	15.0%*	4.9%	19.0%	20.3%	6.8%†
Black	16.1%*	16.6%	3.1%	13.2%	14.8%	12.1%†
Hispanic	16.5%	16.9%*	2.4%	14.0%	14.2%	1.4%
Asian	8.7%	11.9%	36.8%	6.6%	6.7%	1.5%
Hawaiian/Pacific Islander	11.9%	21.2%	78.2%	13.5%	12.3%	-8.9%
Native American/Alaska Native	22.7%	25.4%	11.9%	24.5%	24.7%	0.8%
Age						
18 to 39 years	14.4%	16.7%	16.0%†	15.5%	16.5%	6.5%†
40 to 59 years	18.7%	18.9%*	1.1%	19.5%	20.1%	3.1%†
60 to 79 years	14.4%*	14.7%*	2.1%	17.2%	18.3%	6.4%†
80+ years	7.8%*	8.7%*	11.5%	10.0%	12.0%	20.0%†
Income						
Less Than \$25,000	24.9%	25.4%	2.0%	24.5%	26.2%	6.9%†
\$25,000 to \$49,999	14.6%*	16.5%	13.0%†	16.1%	17.2%	6.8%†
\$50,000 to \$74,999	12.7%*	13.8%	8.7%	14.4%	15.0%	4.2%
\$75,000 or More	9.4%*	10.0%*	6.4%	11.5%	12.4%	7.8%†

† Statistically significant difference between 2011-12 and 2013-14.

* Statistically significant difference between those who have and have not served.

Health Outcomes

Diabetes

	Served			Not Served		
	% 2011-12	% 2013-14	Change	% 2011-12	% 2013-14	Change
Overall	16.1%*	16.2%*	0.6%	9.2%	9.6%	4.3%†
Gender						
Male	16.7%*	16.9%*	1.2%	8.7%	9.0%	3.4%
Female	9.2%	8.7%*	-5.4%	9.6%	10.1%	5.2%†
Race and Ethnicity						
White	15.7%*	15.7%*	0.0%	8.3%	8.7%	4.8%†
Black	18.6%*	18.9%*	1.6%	12.7%	13.9%	9.4%†
Hispanic	14.8%*	15.8%*	6.8%	10.2%	10.5%	2.9%
Asian	14.9%*	14.6%*	-2.0%	7.6%	7.5%	-1.3%
Hawaiian/Pacific Islander	11.3%	11.9%	5.3%	8.2%	13.1%	59.8%
Native American/Alaska Native	23.0%*	18.7%	-18.7%	13.4%	14.3%	6.7%
Age						
18 to 39 years	1.4%*	1.4%*	0.0%	2.3%	2.1%	-8.7%
40 to 59 years	12.0%*	12.4%*	3.3%	10.2%	10.7%	4.9%†
60 to 79 years	24.1%*	24.5%*	1.7%	20.4%	20.9%	2.5%
80+ years	20.9%*	21.5%*	2.9%	17.4%	19.1%	9.8%†
Income						
Less Than \$25,000	20.4%*	20.4%*	0.0%	13.2%	14.2%	7.6%†
\$25,000 to \$49,999	17.5%*	17.7%*	1.1%	9.6%	9.8%	2.1%
\$50,000 to \$74,999	15.2%*	15.0%*	-1.3%	7.3%	7.8%	6.8%
\$75,000 or More	11.3%*	12.0%*	6.2%	5.1%	5.4%	5.9%

Health Outcomes

Frequent Mental Distress

	Served			Not Served		
	% 2011-12	% 2013-14	Change	% 2011-12	% 2013-14	Change
Overall	10.2%*	9.8%*	-3.9%	12.2%	11.6%	-4.9%†
Gender						
Male	9.8%	9.2%	-6.1%	10.3%	9.7%	-5.8%†
Female	15.3%*	15.0%*	-2.0%	13.7%	13.2%	-3.6%†
Race and Ethnicity						
White	9.3%*	8.8%*	-5.4%	11.8%	11.4%	-3.4%†
Black	12.8%	12.4%	-3.1%	13.9%	13.7%	-1.4%
Hispanic	12.2%	11.4%	-6.6%	13.0%	11.7%	-10.0%†
Asian	8.4%	10.6%	26.2%	6.3%	6.5%	3.2%
Hawaiian/Pacific Islander	12.2%	14.3%	17.2%	12.3%	11.6%	-5.7%
Native American/Alaska Native	20.2%	16.8%	-16.8%	19.8%	18.6%	-6.1%
Age						
18 to 39 years	12.1%	11.9%	-1.7%	12.6%	12.2%	-3.2%
40 to 59 years	13.6%	12.8%	-5.9%	13.6%	13.0%	-4.4%†
60 to 79 years	8.1%*	7.7%*	-4.9%	9.5%	9.0%	-5.3%
80+ years	6.0%	5.7%	-5.0%	6.7%	6.7%	0.0%
Income						
Less Than \$25,000	18.7%*	18.3%	-2.1%	20.2%	19.4%	-4.0%†
\$25,000 to \$49,999	10.3%	9.6%*	-6.8%	10.9%	10.7%	-1.8%
\$50,000 to \$74,999	7.6%	7.4%	-2.6%	8.7%	8.3%	-4.6%
\$75,000 or More	5.7%	5.7%	0.0%	6.2%	6.0%	-3.2%

† Statistically significant difference between 2011-12 and 2013-14.
* Statistically significant difference between those who have and have not served.

Crude Rates — continued

Health Outcomes

Frequent Physical Distress

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	14.7%*	14.0%*	-4.8%†	12.0%	11.8%	-1.7%
Gender						
Male	14.8%*	14.0%*	-5.4%†	10.2%	10.0%	-2.0%
Female	13.6%	13.3%	-2.2%	13.3%	13.2%	-0.8%
Race and Ethnicity						
White	14.5%*	13.8%*	-4.8%	11.7%	11.6%	-0.9%
Black	14.9%*	13.7%	-8.1%	12.8%	13.1%	2.3%
Hispanic	13.4%	13.8%	3.0%	13.3%	12.7%	-4.5%
Asian	9.3%	7.4%	-20.4%	5.9%	5.9%	0.0%
Hawaiian/Pacific Islander	13.4%	13.7%	2.2%	12.7%	9.6%	-24.4%
Native American/Alaska Native	24.8%*	20.8%	-16.1%	18.7%	18.4%	-1.6%
Age						
18 to 39 years	7.7%	8.2%*	6.5%	7.1%	6.8%	-4.2%
40 to 59 years	15.0%*	13.8%	-8.0%	13.9%	14.1%	1.4%
60 to 79 years	16.4%	15.8%*	-3.7%	17.3%	16.7%	-3.5%
80+ years	19.2%	18.1%	-5.7%	20.6%	18.7%	-9.2%†
Income						
Less Than \$25,000	26.4%*	25.6%*	-3.0%	20.4%	20.7%	1.5%
\$25,000 to \$49,999	15.1%*	14.2%*	-6.0%	10.6%	10.8%	1.9%
\$50,000 to \$74,999	10.5%*	10.1%*	-3.8%	7.6%	7.5%	-1.3%
\$75,000 or More	7.3%*	7.2%*	-1.4%	5.1%	5.0%	-2.0%

Health Outcomes

Functional Impairment

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	32.3%*	30.8%*	-4.6%†	22.8%	21.4%	-6.1%†
Gender						
Male	32.4%*	31.1%*	-4.0%†	19.7%	18.7%	-5.1%†
Female	31.0%*	28.5%*	-8.1%	25.2%	23.4%	-7.1%†
Race and Ethnicity						
White	32.6%*	31.3%*	-4.0%†	24.6%	23.2%	-5.7%†
Black	30.8%*	29.6%*	-3.9%	23.2%	23.1%	-0.4%
Hispanic	27.3%*	24.5%*	-10.3%	16.1%	15.3%	-5.0%
Asian	18.1%*	22.8%*	26.0%	10.9%	8.8%	-19.3%†
Hawaiian/Pacific Islander	25.8%	28.0%	8.5%	19.1%	16.9%	-11.5%
Native American/Alaska Native	44.2%*	39.4%*	-10.9%	33.5%	30.3%	-9.6%
Age						
18 to 39 years	17.5%*	17.4%*	-0.6%	13.0%	11.5%	-11.5%†
40 to 59 years	31.5%*	28.9%*	-8.3%†	24.9%	23.6%	-5.2%†
60 to 79 years	35.4%	34.9%*	-1.4%	34.9%	32.4%	-7.2%†
80+ years	46.5%	44.2%	-4.9%	47.6%	45.9%	-3.6%
Income						
Less Than \$25,000	47.5%*	47.0%*	-1.1%	32.8%	32.9%	0.3%
\$25,000 to \$49,999	32.9%*	31.3%*	-4.9%	21.4%	20.3%	-5.1%†
\$50,000 to \$74,999	27.0%*	25.9%*	-4.1%	17.8%	15.7%	-11.8%†
\$75,000 or More	22.2%*	21.1%*	-5.0%	14.3%	12.1%	-15.4%†

† Statistically significant difference between 2011-12 and 2013-14.
* Statistically significant difference between those who have and have not served.

Health Outcomes

Heart Attack

	% 2011-12	Served % 2013-14	Change	% 2011-12	Not Served % 2013-14	Change
Overall	11.0%*	10.6%*	-3.6%	3.5%	3.6%	2.9%
Gender						
Male	11.6%*	11.4%*	-1.7%	4.1%	4.1%	0.0%
Female	3.6%	3.2%	-11.1%	3.1%	3.2%	3.2%
Race and Ethnicity						
White	12.1%*	11.7%*	-3.3%	3.8%	3.9%	2.6%
Black	6.4%*	7.4%*	15.6%	3.6%	3.9%	8.3%
Hispanic	7.0%*	6.4%*	-8.6%	2.6%	2.7%	3.8%
Asian	3.4%	4.6%*	35.3%	1.7%	1.7%	0.0%
Hawaiian/Pacific Islander	5.9%	6.7%	13.6%	3.8%	2.1%	-44.7%
Native American/Alaska Native	17.1%*	14.3%*	-16.4%	6.5%	6.1%	-6.2%
Age						
18 to 39 years	1.2%*	0.8%	-33.3%	0.6%	0.7%	16.7%
40 to 59 years	6.0%*	5.7%*	-5.0%	3.3%	3.4%	3.0%
60 to 79 years	15.7%*	15.5%*	-1.3%	8.7%	8.3%	-4.6%
80+ years	22.9%*	23.0%*	0.4%	13.0%	13.1%	0.8%
Income						
Less Than \$25,000	16.8%*	15.4%*	-8.3%	5.8%	5.9%	1.7%
\$25,000 to \$49,999	12.1%*	11.9%*	-1.7%	3.4%	3.6%	5.9%
\$50,000 to \$74,999	8.9%*	9.2%*	3.4%	2.3%	2.5%	8.7%
\$75,000 or More	5.9%*	6.1%*	3.4%	1.5%	1.7%	13.3%

Health Outcomes

High Health Status

	% 2011-12	Served % 2013-14	Change	% 2011-12	Not Served % 2013-14	Change
Overall	48.3%*	49.2%*	1.9%	51.2%	51.2%	0.0%
Gender						
Male	47.9%*	48.6%*	1.5%	52.2%	52.5%	0.6%
Female	53.9%*	55.6%*	3.2%	50.4%	50.2%	-0.4%
Race and Ethnicity						
White	48.7%*	49.9%	2.5%	56.2%	56.4%	0.4%
Black	44.1%	44.3%	0.5%	43.5%	42.9%	-1.4%
Hispanic	51.7%*	50.8%*	-1.7%	35.9%	36.4%	1.4%
Asian	59.1%	50.7%	-14.2%	56.4%	56.5%	0.2%
Hawaiian/Pacific Islander	56.2%	55.4%	-1.4%	51.2%	54.4%	6.3%
Native American/Alaska Native	39.4%	45.1%	14.5%	39.0%	40.2%	3.1%
Age						
18 to 39 years	67.3%*	65.6%*	-2.5%	57.8%	58.2%	0.7%
40 to 59 years	49.6%	51.4%*	3.6%	50.3%	49.3%	-2.0%†
60 to 79 years	42.8%	43.4%	1.4%	41.9%	43.4%	3.6%†
80+ years	34.4%	35.8%	4.1%	33.4%	34.3%	2.7%
Income						
Less Than \$25,000	32.4%*	32.7%	0.9%	33.0%	32.8%	-0.6%
\$25,000 to \$49,999	43.8%*	45.6%*	4.1%	49.6%	48.8%	-1.6%
\$50,000 to \$74,999	53.5%*	52.6%*	-1.7%	60.7%	59.6%	-1.8%
\$75,000 or More	64.1%*	63.7%*	-0.6%	71.3%	71.0%	-0.4%

† Statistically significant difference between 2011-12 and 2013-14.

* Statistically significant difference between those who have and have not served.

Crude Rates — continued

Health Outcomes

Stroke

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	5.4%*	5.3%*	-1.9%	2.6%	2.7%	3.8%†
Gender						
Male	5.5%*	5.5%*	0.0%	2.1%	2.2%	4.8%
Female	3.8%	3.0%	-21.1%	3.0%	3.1%	3.3%
Race and Ethnicity						
White	5.6%*	5.4%*	-3.6%	2.6%	2.8%	7.7%†
Black	4.9%*	5.7%*	16.3%	3.6%	4.1%	13.9%
Hispanic	3.4%*	4.1%*	20.6%	1.8%	1.8%	0.0%
Asian	4.4%	1.5%	-65.9%	1.6%	1.2%	-25.0%
Hawaiian/Pacific Islander	1.5%	3.4%	126.7%	2.5%	2.4%	-4.0%
Native American/Alaska Native	9.7%*	7.9%*	-18.6%	5.0%	4.6%	-8.0%
Age						
18 to 39 years	0.8%	0.9%	12.5%	0.6%	0.7%	16.7%
40 to 59 years	3.0%*	3.2%*	6.7%	2.4%	2.6%	8.3%†
60 to 79 years	7.4%*	7.2%*	-2.7%	5.9%	5.8%	-1.7%
80+ years	11.5%*	11.7%*	1.7%	9.7%	10.0%	3.1%
Income						
Less Than \$25,000	9.3%*	9.6%*	3.2%	4.4%	4.8%	9.1%†
\$25,000 to \$49,999	5.7%*	5.6%*	-1.8%	2.3%	2.6%	13.0%
\$50,000 to \$74,999	3.6%*	4.0%*	11.1%	1.3%	1.5%	15.4%
\$75,000 or More	2.8%*	2.7%*	-3.6%	1.0%	1.0%	0.0%

Health Outcomes

Teeth Extraction

	Served			Not Served		
	% 2011–12	% 2013–14	Change	% 2011–12	% 2013–14	Change
Overall	25.6%*	24.0%*	-6.3%†	14.5%	14.2%	-2.1%
Gender						
Male	26.7%*	25.0%*	-6.4%†	12.0%	11.4%	-5.0%
Female	13.0%*	13.5%*	3.8%	16.4%	16.3%	-0.6%
Race and Ethnicity						
White	26.9%*	25.4%*	-5.6%	15.2%	15.0%	-1.3%
Black	24.6%*	24.1%*	-2.0%	19.8%	19.5%	-1.5%
Hispanic	14.6%*	11.8%	-19.2%	8.8%	9.3%	5.7%
Asian	18.0%*	14.9%	-17.2%	7.8%	6.6%	-15.4%
Hawaiian/Pacific Islander	13.6%	7.6%	-44.1%	9.4%	10.8%	14.9%
Native American/Alaska Native	32.9%*	28.0%	-14.9%	23.4%	22.2%	-5.1%
Age						
18 to 39 years	2.0%*	2.6%	30.0%	3.1%	3.1%	0.0%
40 to 59 years	16.8%*	15.4%	-8.3%	14.6%	14.3%	-2.1%
60 to 79 years	37.6%*	35.4%*	-5.9%†	33.2%	31.4%	-5.4%†
80+ years	44.3%	43.4%	-2.0%	44.5%	42.9%	-3.6%
Income						
Less Than \$25,000	40.3%*	40.1%*	-0.5%	23.7%	24.0%	1.3%
\$25,000 to \$49,999	30.0%*	27.8%*	-7.3%	15.3%	15.5%	1.3%
\$50,000 to \$74,999	20.6%*	20.1%*	-2.4%	9.4%	9.6%	2.1%
\$75,000 or More	12.6%*	11.7%*	-7.1%	4.7%	4.8%	2.1%

† Statistically significant difference between 2011-12 and 2013-14.

* Statistically significant difference between those who have and have not served.

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Appendix

America's Health Rankings Health of Those Who Have Served Report is available in its entirety at www.americashealthrankings.org. Visit the site to request or download the report. *America's Health Rankings* is funded by United Health Foundation (www.unitedhealthfoundation.org), a 501(c)(3) organization.

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Behavioral Risk Factor Surveillance System

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Please direct questions and comments on the report to United Health Foundation at unitedhealthfoundationinfo@uhg.org.

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America's Health Rankings Expansion

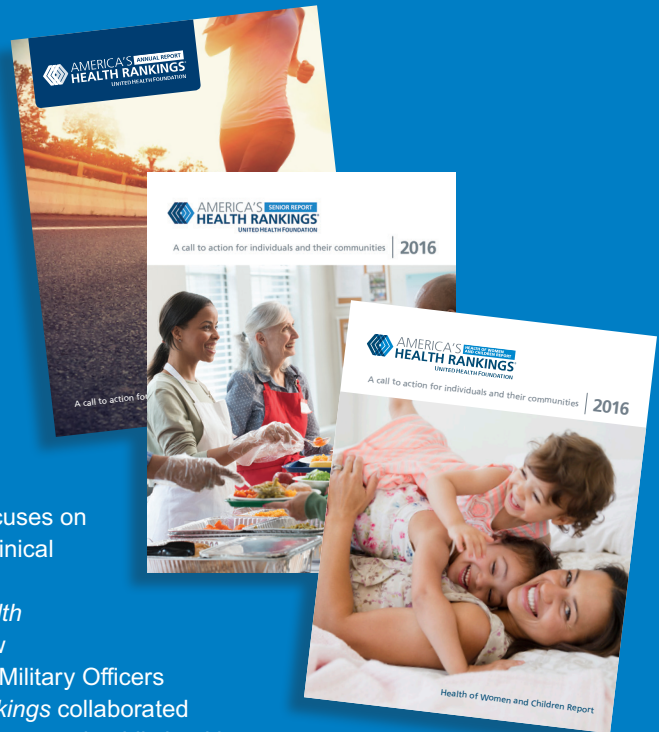
The expansion of *America's Health Rankings* in 2016 was two-fold; two new major population-level reports were introduced to accompany *America's Health Rankings Annual Report* and *America's Health Rankings Senior Report*, and two Spotlight reports were released.

America's Health Rankings Health of Women and Children was the first new population-level report to be introduced. In this report, *America's Health Rankings* provides a holistic scorecard of more than 60 measures of the health of women of reproductive age, infants, and children. Like *America's Health Rankings Senior Report* it focuses on behaviors, community & environment, policy, clinical care, and outcomes for each state.

This report, *America's Health Rankings Health of Those Who Have Served*, is the second new population-level report. In partnership with the Military Officers Association of America, *America's Health Rankings* collaborated with an advisory group of leading military, veterans and public health organizations to develop a study of the health of those who have served in the United States military compared with the health of those who have not served. The report analyzed 24 health measures that compares these two groups as a whole and by age, gender, race/ethnicity, and income.

The 2016 annual report will be released December, 2016. This report has become established as the nation's annual checkup since its inaugural edition in 1990.

Two Spotlights were also released. *Spotlight: Prevention* focused on the variation of clinical prevention measures across the states, and *Spotlight: Impact of Unhealthy Behaviors* quantified the impact of multiple unhealthy behaviors on the population's overall health status. The Spotlights complement, leverage, and amplify the information contained in the larger population reports.





Guided by a passion to help people live healthier lives, United Health Foundation provides helpful information to support decisions that lead to better health outcomes and healthier communities. The Foundation also supports activities that expand access to quality health care services for those in challenging circumstances and partners with others to improve the well-being of communities.



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