Veterans, Like Other Working- and Middle-Class Americans, Increasingly Rely on Public Health Programs

In their article in this issue, Zelaya and Nugent (p. 361) demonstrate that the percentage of veterans who relied on the VA as their only source of care increased between 2000 and 2016. But their most compelling findings pertain to where former service members are turning for care and services: increasingly, they are relying on public programs, especially those geared toward military personnel and veterans. Here, I provide context for some of the author’s conclusions regarding the Department of Veterans Affairs (VA) health system, and propose some implications of the study.

RISING DEPARTMENT OF VETERANS AFFAIRS USAGE RATES

Zelaya and Nugent show that, between 2000 and 2016, the percentage of veterans who relied on the VA as their only source of coverage almost tripled—from 4% to 11.3%. They note that young veterans between the ages of 18 and 34 years were the most likely to be covered only by VA health care, rather than by TRICARE, Medicaid, or private insurance.

Previous research provides added perspective. A 2016 report from the RAND Corporation notes that although the veteran population has fallen 21% since 1980, the number of veterans who use VA health care has increased “substantially”; there were 2.5 million VA patients in 1995 and 5.9 million by 2014. Demand for VA services, according to the report, is likely to outpace supply through 2019, then to level off. Users of VA health care are generally older than other veterans, RAND researchers found, but those who rely most heavily on the system are relatively young.

POST-9/11 VETERANS

Data regarding newer veterans’ increasing reliance on the VA justify a deeper examination of this portion of the veteran population. Post-9/11 veterans, who accounted for 12.8% of former service members as of 2014, are generally less economically advantaged than veterans of earlier periods. Although post-9/11 veterans are less likely than non-veterans to be in poverty, they are more likely to be unemployed or impoverished than Vietnam-era and pre-9/11 veterans.

Those who study the VA health system and its beneficiaries know that it is difficult to compare the health care experiences of veterans of different periods, given variations in demographics of service members, conditions of military enlistment, exposure to battle tactics and hazards, and policies that shape veterans’ access to health care and other benefits. Still, one general historical reference point is thought-provoking. According to a study of Vietnam veterans released in 1988, among those who served “in theater,” 26% had accessed VA outpatient care, and 12% had accessed VA inpatient care. Compare that with post-9/11 veterans: between 2002 and 2015, 62% sought care from the VA.

Of course, that gap has to do with a variety of complex forces, including a diversification of VA services since the 1970s, but other factors are at play.

EXPLANATIONS FOR INCREASING USAGE


Additional VA policy changes help explain overall higher usage rates. Ben-Shalom et al. have shown that the largest recent increases in VA disability compensation have taken place among Vietnam-era veterans and post-9/11 veterans, and have linked those increases to new rules regarding service connection. Over the past two decades, for example, the VA has expanded the list of conditions linked to exposure to Agent Orange to include type 2 diabetes, Parkinson’s, and certain forms of leukemia; those diseases are now presumed to be service-connected for veterans who can prove they served in Vietnam. Similarly, in 2010, the VA adapted its rules so that veterans of any period who served in war zones, “in a job consistent with the posttraumatic stress disorder-causing event or events,” were eligible to receive service-connected posttraumatic stress disorder diagnoses.

It is imperative to look beyond VA-specific policies, too, and to consider how external social forces have an impact on the agency and its beneficiaries. RAND Corporation researchers point out that demographics and economics are crucial factors. VA patients who are low-income, live in rural areas, lack other sources of coverage, and have relatively poor self-reported health status get a higher percentage of their care from the VA than do other VA patients.

Veterans’ move to publicly funded programs and away from private insurance is hardly an aberration. A similar trend, Zelaya and Nugent note, was observed in the general population.

AN EXPLANATION FOR SYSTEMIC ISSUES?

The VA’s reportedly long wait times and alleged shortfalls in care are consistently linked to mismanagement and failed bureaucracy and used as justification for increasing access to privately based care. But to what extent are systemic issues also connected with increasing utilization? To what extent could they

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Racial/Ethnic Variations in Mortality in the VA Health Care System

See also Peterson et al., p. 368 and e1.

The Veterans Health Care System is the closest the nation has to an equal access to care provider. All veterans of the US armed forces with medical needs have full access to the VA health care system irrespective of race, ethnicity, or other sociodemographic factors. The system also approximates the concept of a population-based health care model. It has all the features of an accountable care organization. These include a centralized health care administration, an emphasis on preventive (primary) care as its foundation, an automated health information system that includes a national electronic patient record system, and an affordable, evidence-based medication prescription (pharmacy) plan. All are designed to provide care to a specific population of patients—veterans—within a congressionally predetermined budget.

SAFETY NET

Often less appreciated is the VA’s traditional role as a health care safety net. Racial/ethnic minorities represent almost a quarter of veterans.1 Compared with the private sector, the VA patient population has a disproportionately lower income, and is older, sicker, and more likely to suffer from mental and behavioral illness. Veterans with disabilities that result from war-related trauma often seek medical care at the VA. Furthermore, the VA continues to play an important role in educating future generations of health care providers. It performs this function by providing training to medical students from all over the country.

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