



Department of Veterans Affairs  
Veterans Health Administration  
Office of the Assistant Deputy Secretary Under Health for Policy and Planning

# Executive Summary

## 2005 Survey of Veteran Enrollees' Health and Reliance Upon VA

With Selected Comparisons to the 1999 - 2003 Surveys

September 2006

# Executive Summary

## Discussion

The 2005 Survey of Veteran Enrollees' Health and Reliance Upon VA provided some interesting insights into the Veterans Health Administration (VHA) enrollee population. The purpose of this report is to provide decision makers with descriptive information about enrollees collected from the VHA 2005 survey, with selected comparisons to the similar VHA surveys in 1999, 2002, and 2003. The reports comparing the results of the 1999/2002, and 2003 surveys can be found on the intranet at <http://vaww.va.gov/vhaopp> and at <http://www.va.gov/vhareorg/> on the VA internet. Both reports focus on the areas that show interesting differences and have the potential to help inform VA leadership in its development of VHA policies and strategic planning, including the following: socioeconomic characteristics of the enrollee population, public and private insurance coverage, health status measures, and future use of VA health care services by the veteran enrollee population. Each of the six chapters describes the survey results at the national level analyzed by Priority, Age, and Income Groups, and then reports similar results at the Veterans Integrated Service Network (VISN) level.

## Purpose

The purpose of this document is to provide a synopsis of the information collected by the Office of the Assistant Deputy Under Secretary for Health (ADUSH) for Policy and Planning in the 2005 Survey of Veteran Enrollees' Health and Reliance Upon VA. This document also compares the 2005 data to the data collected in the previous surveys at the national level. VISN level data spreadsheets are provided at the end of each section.

The Survey of Veteran Enrollees' Health and Reliance Upon VA is the fifth in a series of surveys of VHA enrollees conducted by ADUSH for

Policy and Planning under multi-year Office of Management and Budget (OMB) authority. All five VHA surveys of enrollees consisted of telephone interviews with stratified random samples of enrolled veterans.

## Survey Overview

The Survey of Veteran Enrollees' Health and Reliance Upon VA is the fifth in a series of surveys of VHA enrollees conducted by ADUSH for Policy and Planning under multi-year Office of Management and Budget (OMB) authority. All five VHA surveys of enrollees consisted of telephone interviews with stratified random samples of enrolled veterans. Each time the survey has been conducted, modifications were made to the survey instrument to reflect management's need for specific data and information on enrolled veterans.

In 2005, the method for selecting enrollees for the sample was improved. The Beneficiary Identification and Records Locator Subsystem (BIRLS) Death File, Health Eligibility Center (HEC) file, and Social Security Administration (SSA) Death Master File were utilized to exclude enrollees who have died. If a death date was found in any of these files, the enrollee was excluded from the sample. Previously, data from these files were not available; therefore, deaths were not necessarily excluded from the preceding enrollee populations (1999, 2002, and 2003). Because this is the first time this method was utilized, there appears to be a difference in the number of enrollees.

The focus of this document is on results of the latest 2005 survey, with selected comparisons to the 2003, 2002, and 1999 survey data. In 2005, 42,094 enrollees completed the survey for a 72.7 percent cooperation rate. This was an increase from 63.7 percent in 2003 and 59.4 percent cooperation rate in 2002. (Figure 1)

Figure 1

2005 Survey of Veteran Enrollees' Health and Reliance Upon VA	
Weighted to represent the population of veteran enrollees'	6,704,149
Weighted population as of:	12/31/04
Stratified sample size: By VISN, enrollment Priority, and new or past user enrollee	57,870
Number of completed interviews	42,094
Overall cooperation rate	72.7%
Interviews conducted during the following timeframe	Oct-Dec 2005

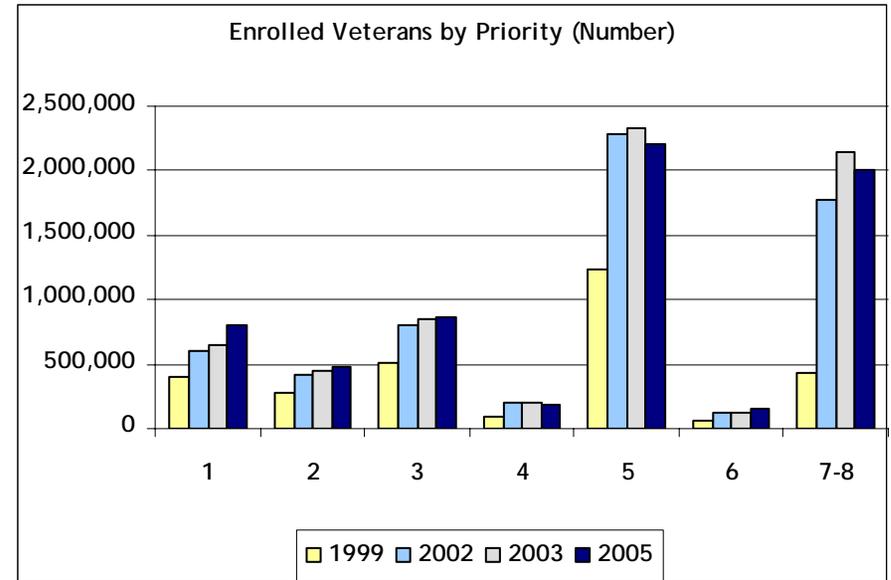
### Findings

There were a number of interesting and useful findings in the 2005 survey. Listed below is a summary of the main findings from the report.

Although there was explosive growth in VHA enrollment between 1999 and 2002, more recently there has been a slowdown in this growth. The slowdown is due in part to the suspension of enrollment of Priority 8 veterans. The slowdown is also tempered by the number of deaths in the Priority 8 enrollee population.

The data showed a large increase in enrollees in the Priority 7-8 Group between 1999 and 2002, however, there was smaller change between the 2002 and 2003 survey results for Priority 7-8 enrollees. And between 2003 and 2005, there was a decrease in the Priority 7-8 population. For the most part, demographics have changed very little from those reported in the 2003 survey report. (Figure 2)

Figure 2



As mentioned above, demographics of the enrollee population have remained relatively unchanged. When comparing Priority Groups, Priority 1 shows the biggest growth, from 9.6 percent in 2003, to 12.1 percent in 2005. (Figure 3, 4)

There was a slight decrease in the percent of enrollees age 65 or over, from 47.3 percent in 2003 to 45.0 percent in 2005. There was an increase in the percent of enrollees in the High Income Group, from 23.5 percent in 2003 to 26.8 percent in 2005. (Figure 3, 4)

In addition, as found in the results of the 2003 survey, the majority (66.8%) of the enrollee population is married.

Figure 3

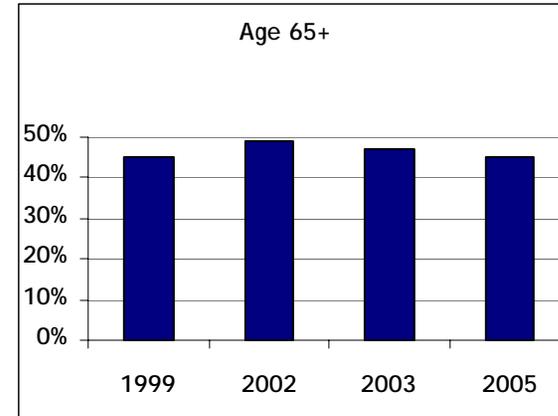
2003 Weighted to Represent the Population of 6.7 Million Veteran Enrollees 12/31/02			
Priority Group			
1 - 3	4 - 6	7 - 8	National
1,944,512	2,659,327	2,138,837	6,742,676
28.8%	39.4%	31.7%	
Age Group			
< 45	45 - 64	65 +	National
925,877	2,626,337	3,190,462	6,742,676
13.7%	39.0%	47.3%	
Income Group			
Low	High	DK/Ref	National
4,337,904	1,586,741	818,031	6,742,676
64.3%	23.5%	12.1%	

Figure 4

2005 Weighted to Represent the Population of 6.7 Million Veteran Enrollees 12/31/04			
Priority Group			
1 - 3	4 - 6	7 - 8	National
2,142,812	2,551,843	2,009,494	6,704,149
32.0%	38.1%	30.0%	
Age Group			
< 45	45 - 64	65 +	National
935,693	2,748,739	3,019,717	6,704,149
14.0%	41.0%	45.0%	
Income Group			
Low	High	DK/Ref	National
4,023,866	1,794,704	885,580	6,704,150
60.0%	26.8%	13.2%	

A slowdown in growth is also noted when comparing the enrollee population by age group. There had been an increase in the percent of enrollees age 65 or over between 1999 and 2002, and a small decrease in the percent of older enrollees between 2002 and 2003, and again between 2003 and 2005. (Figure 5)

Figure 5



The survey data showed very similar patterns to those described above in all other areas measured. In general, while major differences were reported between the 1999 and 2002 surveys, the rate of change slowed considerably between 2002 and 2003, and the growth trend declined between 2003 and 2005.

For example, although the surge of Priority 7-8 enrollees between 1999 and 2003 resulted in more enrollees with Medicare coverage, the changes between 2003 and 2005 were relatively minor. These trends are evident across most survey questions, with most showing decreases in percent and number of enrollees.

Over 22 percent of enrolled veterans under age 65 are enrolled in Medicare. This high percentage points out the sizeable population of younger disabled veterans enrolled in VHA. Conversely, almost 6.0 percent of enrollees age 65 or over do not have Medicare. (Figure 6)

Figure 6

2005 Enrollees with Various Medicare Coverage by Age			
	Age	Number	Percent
Medicare Part A without B	<65	347,437	9.4
	65+	614,873	20.4
Medicare Part A and B	<65	492,508	13.4
	65+	2,235,142	74.0
No Medicare	<65	2,844,488	77.2
	65+	169,702	5.6

There are 21.1 percent of the enrolled veterans with no public or private health insurance coverage; more than double the estimated rate of uninsurance for the general veteran population.

At the time of the survey, only 8.5 percent of enrollees planned to purchase Medicare Part D in 2006. In regards to medications, the average enrollee takes 1.5 over-the-counter medications per month, with 0.5 OTC medications provided by VA and 1.0 purchased independent of VA. Respondents were also asked about physician-prescribed medications. Again, the average enrollee takes 4.7 prescription medications per month, with 3.9 medications provided by VA and 0.8 purchased independent of VA.

A new question in the 2005 survey asked about the enrollees' active duty military service. The largest percentages of enrollees (36.0%) served during the Vietnam era, with the next highest percent (28.8%) serving just before that era, and 22.9 percent serving just after that era. World War II veterans make up 18.7 percent of the enrollee population, and 18.3 percent served during the Korean War. (Figure 7)

Figure 7

2005 Any Mentioned Active Duty Period of Service		
Period of Service	Number	Percent
Vietnam	2,411,379	36.0
Between Korea and Vietnam	1,930,755	28.8
Between Vietnam and Gulf War	1,532,225	22.9
WWII	1,256,753	18.7
Korea	1,228,492	18.3
Gulf War: 1991-2001	885,473	13.2
Between WWII and Korea	635,403	9.5
Gulf War: >2001	405,195	6.0
Before WWII	167,303	2.5

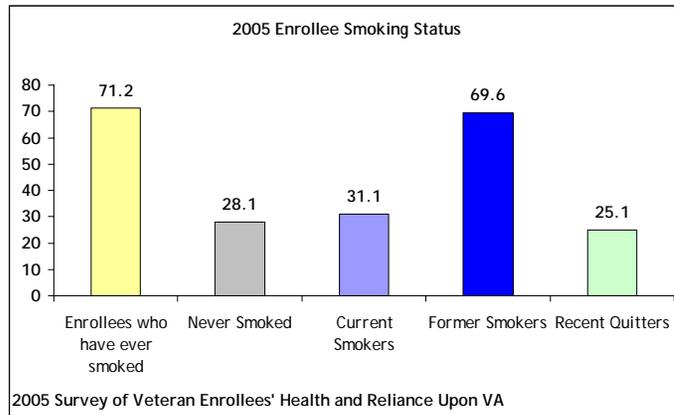
Another addition to this survey was an inquiry about the enrollees' Ethnicity and Race. Only 4.53 percent of the enrollees described themselves as Spanish, Hispanic, or Latino. Moreover, to the questions about race, 84.1 percent of the enrollees responded that they are white. Less than 3 percent of the enrollees chose more than one race option. This is consistent with Census 2000. (Figure 8)

Figure 8

2005 Any Race Mentioned		
Ethnicity/Race	Number	Percent
Ethnicity	303,407	4.5
White	5,638,224	84.1
Black/African-American	672,809	10.0
American Indian/Alaska Native	307,225	4.6
DK/Ref	199,206	3.0
Asian	49,540	0.7
Native Hawaiian/ Other Pacific Islander	31,154	0.5
Total enrollees who chose >1 race option	186,454	2.8

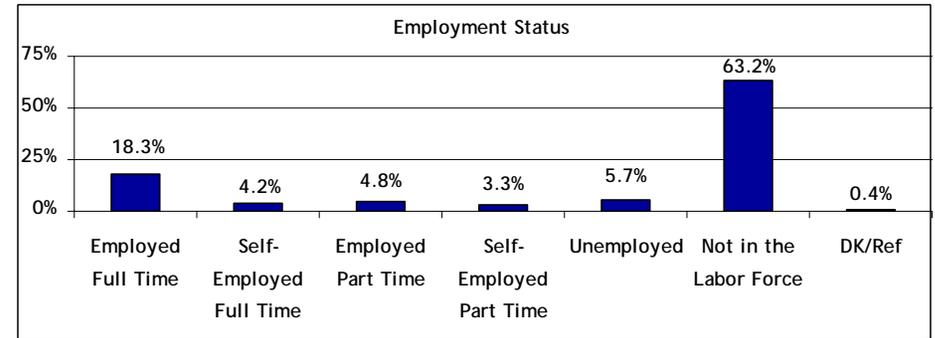
Further refinements to the survey were the questions regarding enrollee smoking status. A large percentage (71.2%) reported that they have at one time considered themselves a smoker. Of these, 31.1 percent are current smokers, and 25.1 percent reported that they have recently quit. It should be noted also that 28.1 percent of the enrollees reported that they have never smoked. (Figure 9)

Figure 9



Other refinements to the survey added the questions about the enrollees' employment status. The majority of the enrollee population (63.2%) is not in the labor force. Since many of our enrollee population are retired and/or disabled, this is understandable. Many are retired, or have physical or mental disabilities that prevent them from participating in the labor force. The enrollee self-reported unemployment rate is 15.6 percent, which is far higher than the average annual unemployment rate. This is further discussed in Chapter 1. (Figure 10)

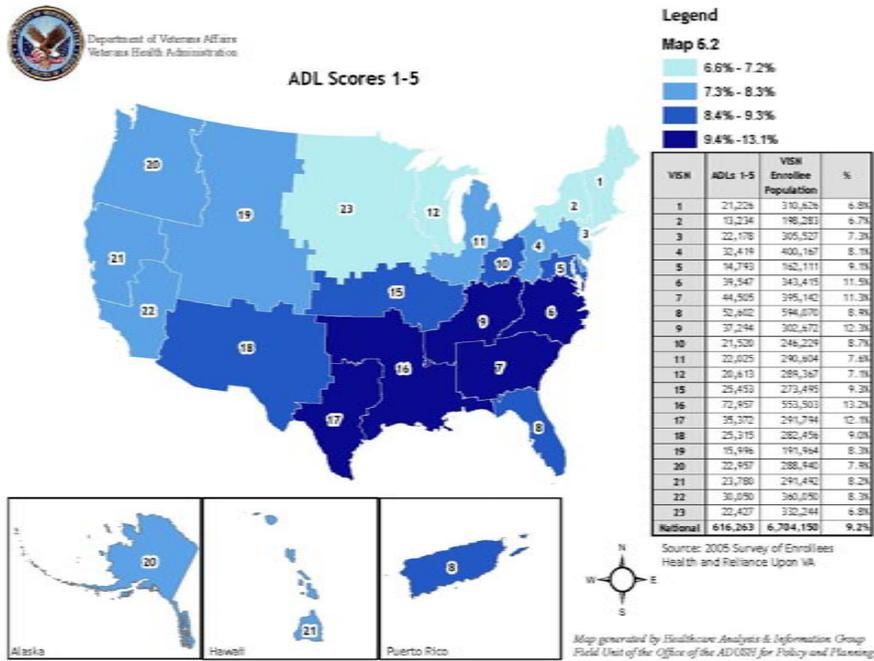
Figure 10



Other interesting highlights include the finding that the percent of enrollees under age 65 reporting fair or poor health increased, while the percent of enrollees age 65 and over reporting this health status actually decreased. Over 36 percent of all enrolled veterans reported fair or poor health status.

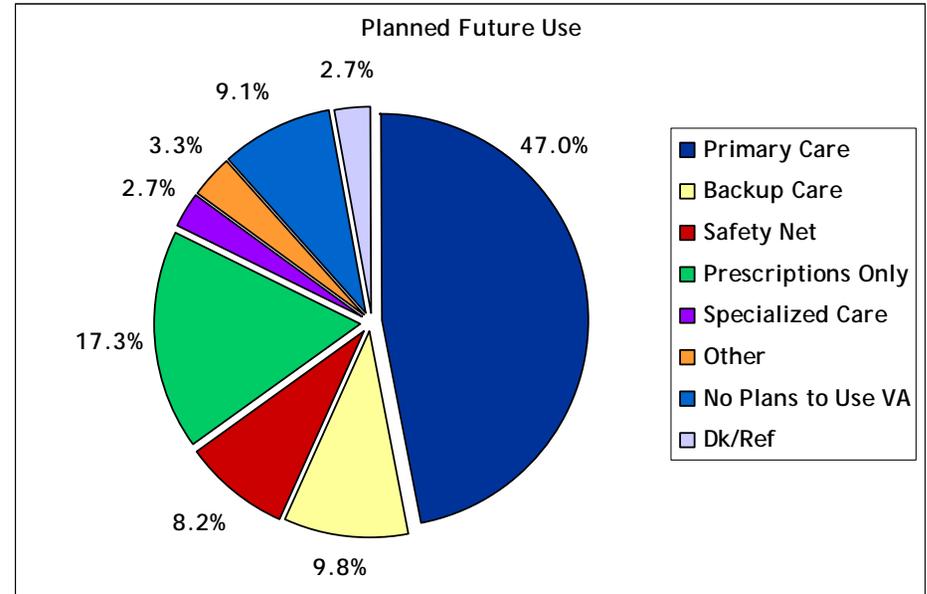
Approximately 5.6 million enrollees or 84.3 percent reported that they were healthy enough to bypass all of the Activities of Daily Living and Instrumental Activities of Daily Living screens. (Figure 11)

Figure 11



Finally, 47.0 percent reported they planned to use VA as their primary source of care, 9.8 percent as backup to non-VA care, and 17.3 percent for prescriptions only.

Figure 12



The data clearly show that VHA continues to care for a population that remains more impaired than the general veteran or civilian populations. In addition, enrolled veterans continue to be challenged by possessing a smaller amount of resources. These results demonstrate an ongoing need within VHA for visionary leadership and a strong commitment to the provisions of appropriate, timely, and high-quality services to our core veterans.

The full report is available at <http://vaww.va.gov/vhaopp> -- the Website for the Assistant Deputy Under Secretary for Health for Policy and Planning.