EXECUTIVE SUMMARY

The 2001 National Survey of Veterans (NSV) is the fifth in a series of comprehensive nationwide surveys designed to help the Department of Veterans Affairs (VA) plan its future programs and services for veterans. The information gathered through these surveys will help VA to identify the needs of veterans and then allocate resources in ways that will ensure these needs can be met.

The NSV is conducted under the general authorization of U.S. Code Title 38, Section 527. This section authorizes the VA Secretary to gather data for the purposes of planning and evaluating VA programs. Westat, under contract to VA, conducted the 2001 NSV.

Study Objectives

The NSV was conducted to obtain information VA may use in planning and allocating resources for programs and services for veterans. It also provides a snapshot profile of the veteran population. Data collected through the NSV enables VA to: follow changing trends in the veteran population; compare characteristics of veterans who use VA services with those of veterans who do not; study VA’s role in the delivery of all benefits that veterans receive; and update information about veterans to help the Department develop its policies.

The survey collected key sociodemographic information to permit examination of responses across subgroups. The sociodemographic variables used as crossing variables in this report include: gender; age; race; and ethnicity (defined as Spanish, Hispanic, or Latino or not Spanish, Hispanic, or Latino). Selected data are also examined by: health care priority group (as defined by the Veterans Health Administration); branch of service; period of military service; and awareness of burial benefits.

Study Methodology

The 2001 National Survey of Veterans was administered to selected veterans using computer-assisted telephone interviewing (CATI) technology. The sampling approach utilized a dual frame methodology. The majority of cases came from houses called using random digit
dialing (RDD) methodology. Additional veterans were selected from files of veterans who enrolled in VA health care or who received compensation or pension from VA. This second group is referred to as the list sample. Participation was voluntary and the information collected from each veteran is confidential.

Data collection began February 12, 2001, and ended November 12, 2001. A total of 20,048 interviews (12,956 from the RDD sample and 7,092 from the list sample) were completed. Survey data were weighted to represent the entire non-institutionalized veteran population. Weighting incorporated the probability of selection, survey nonresponse, and households with more than one telephone number. Readers wishing information beyond that contained in this report may refer to the 2001 National Survey of Veterans Design and Methodology Final Report.

**Study Findings**

One key issue addressed by the survey concerned communicating benefits to veterans. VA was seen as the primary source for information about veteran benefits. Almost one-half of the veterans were satisfied or very satisfied with their ability to get this information.

The average age of the 2000 veteran population was 58 years old, with the largest group of veterans between the ages of 45 and 64. Female veterans, as a group, tended to be younger than male veterans. Virtually all veterans reported only one racial category. A higher percentage of female than male veterans classified themselves as Black, this may reflect the increased proportion of both racial minorities and women in the armed forces in recent years. Virtually all of the veteran population reported having been married at some point in their lives, with three-quarters saying they were currently married. Most veterans reported having greater than a high school education; a higher proportion of female than male veterans reported having bachelor’s degree or higher. Over one-half of the veterans reported that they were currently working, with another one-third saying they were retired.

One-half of the veterans reported serving in the Army; this percentage increased as the age of the veteran increased. The largest percentage of veterans reported serving in the Vietnam era, followed by the post-Vietnam era. A higher proportion of female than male veterans served in the post-Vietnam or Gulf War periods; these findings may also reflect increasing participation of females in the military service.
Most veterans rated their health as excellent, very good or good, with this proportion decreasing with age. Self-assessment of health status varied by gender and race, but not by ethnicity. Only a small proportion of veterans reported difficulty with daily living activities, with the percentage of veterans reporting difficulties tending to increase with age. Proportionally more Black veterans than veterans from other racial groups reported having high blood pressure, in addition, Black veterans were the only racial group for which diabetes was among the top five health problems. American Indian or Alaska Native’s were more likely than veterans of other races to report not receiving any medical treatment. Male veterans were almost twice as likely as were female veterans to report treatment for high blood pressure and heart trouble, while female veterans were much more likely than their male counterparts to report suffering from severe chronic pain.

Most veterans reported having private insurance; this coverage varied by age. White veterans were more likely than veterans from other racial groups to be covered by Medicare. Hispanic veterans were much less likely than non-Hispanics to report Medicare coverage, and more likely not to mention any insurance coverage. Over three-quarters of veterans reported using non-VA health care only; this tended to decrease with age, and was lowest among Black veterans. The most common reasons cited for not using VA health care were use of other sources for health care, followed by not needing any care and believing they were not entitled or eligible for health care benefits. Of those veterans who never used VA health care, more than one-fifth also reported not being aware of VA health care benefits.

Application for VA disability benefits was highest among the youngest veterans. Close to one-half of veterans reporting a disabling condition reported applying for disability benefits. This proportion decreased with age. The majority of these veterans said that their disability payments were important in meeting their financial needs and that they thoroughly understood their benefits. Most veterans using education or training benefits used them for college or university study, and about two-thirds said these benefits were very or extremely important in helping them meet their educational or career goals. Most veterans who owned a home reported taking advantage of the home loan guarantee program. The most common reasons mentioned by veterans not using the program were lack of awareness, they did not need or want loan assistance, or they did not believe they were eligible, although perceived red tape was also cited.

Over one-half of veterans said they were aware of their entitlement to be buried in a national or state Veterans Cemetery. Relatively few veterans, however, reported the intention to
take advantage of this. Awareness of all burial benefits was higher among older veterans. The
honor associated with burial in a national shrine was the most commonly stated reason for
wanting burial in a veterans cemetery, while wanting to be buried close to other family members
was the most common reason for not wanting burial in a national or state veterans cemetery.
Close to one-half of all veterans indicated they did not thoroughly understand their available
veteran burial benefits, although a similar proportion thought it would not be difficult to obtain
information about burial benefit programs.