2024 SURVEY OF VETERAN ENROLLEES' HEALTH AND USE OF HEALTH CARE

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TABLE OF CONTENTS

1. Overview of the Survey of Enrollees 6

1.1 Background of the Survey of Enrollees 6
1.2 Methodology 7
1.3 Weighting 12

2. Demographic and Socioeconomic Characteristics 13

2.1 Demographics 13

2.1.1 Priority Groups 13
2.1.2 Sex and Age 15
2.1.3 Marital Status and Dependents 16
2.1.4 Ethnicity and Race 17
2.1.5 Education 18
2.1.6 Active-Duty Period of Service/Combat Experience 19
2.1.7 Rank and Pay Grade 20
2.1.8 Employment Status 20
2.1.9 Income 23

3. Public and Private Health Insurance 24

3.1 Insurance Status 25
3.2 Medicare Coverage 27

3.2.1 Medicare Part D Coverage 28

3.3 TRICARE Coverage 29
3.4 Private Individual or Group Health Plans 30

4. Current Health Status and Assistance Needs 32

4.1 Physical Health 32
4.2 Mental Health 33
4.3 Assistance in Daily Activities 35
4.4 Support for Caregivers 37

5. Smoking and Tobacco Use 38

5.1 Cigarette Smoking Status Overview 38
5.2 Cigarette Smoking by Select Characteristics 41
5.3 Tobacco Cessation 45
5.4 Use of Smokeless Tobacco and e-Cigarettes 46

6. Health Care and Prescription Drug Use 49

6.1 Current Use of VA 49
6.2 Holistic Care Use 51
6.3 Prescription Medication Use 52
6.4 VA Prescription Medication Use 53

7. Digital Access to VA Health Care, Information and Resources 54

7.1 Access to the Internet 55
7.2 Places Where Enrollees Access the Internet 56
7.3 Readiness and Willingness to Use Internet for VA Information and Activities 57

TABLE OF CONTENTS (CONTINUED)

Figures

Figure 1-1. VA eligibility categories and Priority Groups 8

Figure 1-2. Number of respondent enrollees, by Priority Group, age, and sex 11

Figure 1-3. Number of completed surveys by mode 11

Figure 1-4. Comparison of Survey of Enrollees design, 2021, 2022, 2023, and 2024 11

Figure 2-1. Percentage of enrollees by Priority Group 14

Figure 2-2. Percentage of enrollees by collapsed Priority Group and demographic groups .. 15

Figure 2-3. Percentage of enrollees by sex, Priority Group, and age 16

Figure 2-4. Percentage of enrollees by marital status and dependents 16

Figure 2-5. Percentage of enrollees by race and ethnicity (mutually exclusive) 17

Figure 2-6. Ethnicity and race of enrollees, by age group (mutually exclusive) 18

Figure 2-7. Percentage of enrollees by education level 18

Figure 2-8. Percentage of enrollees by period of active-duty service (not mutually exclusive). 19

Figure 2-9. Percentage of enrollees by rank and pay grade 20

Figure 2-10. Percentage of enrollees by employment status 21

Figure 2-11. Percentage of enrollees by self-employed (national level) 21

Figure 2-12. Percentage of enrollees by number of jobs (national level) 21

Figure 2-13. Percentage of enrollees by average hours worked per week (national level) 21

Figure 2-14. Unemployment rates by population, 2020 to 2024 22

Figure 2-15. Unemployment rates by sex, age, urban/rural, and priority group 23

Figure 2-16. Percentage of enrollees by income group 23

Figure 3-1. Percentage of enrollees reporting each type of insurance coverage 26

Figure 3-2. Percentage of enrollees with no insurance coverage 2020-2024, by year 26

Figure 3-3. Percentage of enrollees with no insurance 27

Figure 3-4. Percentage of enrollees with Medicare coverage 27

Figure 3-5. Percentage of enrollees with Medicare Part A coverage, Part B coverage, or both coverage 27

Figure 3-6. Among enrollees with Medicare, the percentage with Medicare Part D coverage.. 29

Figure 3-7. Percentage of enrollees with TRICARE coverage 30

Figure 3-8. Percentage of enrollees with private or group health plans 30

Figure 3-9. Among enrollees covered by any other individual or group health plan, the provider of the coverage 31

Figure 3-10. Among enrollees covered by any other individual or group health plan, the inclusion of prescription drug coverage in health plan 31

Figure 4-1. Percentage of enrollees in at least good physical health, by collapsed Priority Group, age, and sex 33

Figure 4-2. Percentage of enrollees in at least good mental health, by collapsed Priority Group, age, and sex 33

Figure 4-3. Percentage of enrollees that at least sometimes receive needed social and emotional support, by collapsed Priority Group, age, and sex 34

Figure 4-4. Percentage of enrollees by level of satisfaction, involvement, and best functioning in important aspects of life (on percentage scale) in the last three months 35

Figure 4-5. Percentage of enrollees by receipt of assistance for daily activities 36

Figure 4-6. Among enrollees receiving assistance, percentage of enrollees by person providing assistance 37

Figure 4-7. Among enrollees receiving assistance, percentage of enrollees that have primary caregivers who receive support services from any caregiver support program 37

Figure 5-1. Smoker status classification 40

Figure 5-2. Enrollee smoking status, by year 41

Figure 5-3. Current smoking status, by select characteristics 43

Figure 5-4. Percentage of enrollees who currently smoke by recent* utilization of U.S. Department of Veterans Affairs (VA) services from 2019 to 2023 44

Figure 5-5. Map of the percentage of enrollees who currently smoke, by VISN 45

Figure 5-6. Recent unsuccessful tobacco cessation attempts among enrollees who currently smoke and use of non-nicotine prescription medications or nicotine replacement therapy 46

Figure 5-7. Among enrollees, prevalence of smokeless tobacco and e-cigarette use 47

Figure 5-8. Among enrollees, use of smokeless tobacco products by Priority Group, age, and sex 48

Figure 5-9. Among enrollees, use of e-cigarettes by Priority Group, age, and sex 48

Figure 6-1. Receipt of health care services for enrollees with heath care needs 49

Figure 6-2. Reasons enrollees use services other than VA 50

Figure 6-3. Percentage of enrollees using holistic approaches for health care needs 51

Figure 6-4. Number of different prescription medications used in the last 30 days, all enrollees 52

Figure 6-5. Among enrollees who used prescription medications in the past 30 days, the number of different prescription medications from U.S. Department of Veterans Affairs (VA)........ 52

Figure 6-6. Percentage of enrollees who filled their total prescriptions at a VA pharmacy, 2024 53

Figure 7-1. Percentage of enrollees who use the internet, at least occasionally, by Priority Group, age, and sex 55

Figure 7-2. Percentage of enrollees by reasons they do not use or have access to the internet 56

Figure 7-3. Among enrollee internet users, the places where they accessed the internet........ 56

Figure 7-4. Percentage of enrollees who already use or would be at least somewhat willing to perform telehealth-related tasks 58

Figure 7-5. Percentage of enrollees that have met with or are willing to meet with a mental health provider remotely........ 59

Figure 7-6. Percentage of enrollees that have met with or are willing to meet with a non-mental health provider remotely 59

Figure 7-7. Percentage of enrollees willing to share health information or receive medical opinions as part of a virtual consultation or appointment 60

EXECUTIVE SUMMARY

The U.S. Department of Veterans Affairs (VA) operates the country's largest and most comprehensive integrated health care system through the Veterans Health Administration (VHA). The annual Survey of Veteran Enrollees' Health and Use of Health Care (Survey of Enrollees) provides an overall characterization of Veterans who are enrolled in VA's health care system (enrollees). The main topics addressed in the survey include enrollees' health insurance coverage, health care and prescription drug use, current health and care assistance needs, smoking and tobacco use, willingness to utilize digital health care platforms, and overall demographics. This report presents the findings from the 2024 Survey of Enrollees. Data were analyzed in relation to demographic factors that were relevant to enrollees when determining their use of VA health care services.

Overview of the Survey of Enrollees

The Survey of Enrollees seeks input from enrolled Veterans to better understand their health care needs. The VHA Chief Strategy Office conducts the Survey of Enrollees, seeking responses from more than 40,000 Veterans who are enrolled in VA's health care system and collecting data not available through any other VHA databases. The findings from the survey support annual VHA projections of enrollment, utilization, and expenditures, as well as a variety of high-level VHA budget- and policy-related analyses.

VHA has been conducting the Survey of Enrollees since 1999, and the 2024 Survey of Enrollees marked the 22nd iteration of the survey. The first nine iterations of the survey were conducted as telephone interviews. Beginning in 2012, VA implemented a multimodal approach to the survey involving telephone, mail (paper), and web data collection. The two modes of data collection for the 2024 Survey of Enrollees were web survey followed by a paper survey, and telephone survey data collection.

Methodology

VHA's 2024 Survey of Enrollees' target population included all Veterans enrolled in VA health care as of September 30, 2023, who reside in the 50 U.S. states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. The sampling frame for the 2024 Survey of Enrollees was constructed using the VHA enrollment file, and it excluded Veterans with incomplete contact or stratification information, such as those with invalid addresses, those missing sex data, and those with a listed age greater than 110 or less than 17 years old.

The survey team stratified the sample by the Veterans Integrated Services Network (VISN), market, Priority Group, and type of enrollment. VA is divided into 18 geographical administrative areas called VISNs, which are further divided into health care markets. Enrollee type is defined by the timing of when the Veteran began using VA's health care system. VHA's current enrollment system was established in accordance with the Veteran's Health Care Eligibility Reform Act of 1996 and enacted on March 31, 1999. If a Veteran used the VA Health Care system within two years before March 31, 1999, they were grandfathered into the system and

are known as pre-enrollees. Veterans who enrolled after March 31, 1999, are known as post-enrollees.

The Veteran's Healthy Eligibility Reform Act of 1996 also created enrollment Priority Groups to give precedence to Veterans with service-connected disabilities and Veterans whose income is below certain income thresholds. Priority Groups range from one to eight, with Group 1 being the highest priority and representing Veterans with a 100 percent service-related disability. For the purposes of analysis, Priority Group 1 was classified into one stratum and Priority Groups 2-8 into a second.

The survey team implemented two waves of data collection for the 2024 Survey of Enrollees. Wave 1 began on February 16, 2024, and Wave 2 began on April 29, 2024. A total of 187,205 enrollees sampled to participate in the survey, with 44,689 enrollees returning a completed survey. Survey data were weighted so that the findings were representative of the entire enrollee survey sampling frame which totaled 8,323,224 Veterans enrolled in the VA Health Care system. After removing respondents that were ineligible (deceased, non-locatable, or not a Veteran), the adjusted weighted frequency of respondents described in this report is 8,003,238.

Demographic and Socioeconomic Characteristics

The most commonly reported ethnicity and race were non-Hispanic and White (67 percent). Younger enrollees tended to be more diverse. Enrollees aged 65 or older were predominantly White non-Hispanic (77 percent), while the percentage of White non-Hispanic enrollees dropped to 59 percent for those younger than age 65. About three in five enrollees (63 percent) reported being married, followed by 15 percent who reported being divorced, eight percent who reported they were never married, and seven percent who reported being widowed. Over half (57 percent) of enrollees reported having at least one dependent. Enrollees have a wide range of education levels. One-third of enrollees had at least a bachelor's degree and an additional 38 percent had either some collage or an associate's degree. Twenty percent of enrollees had not pursued education beyond high school.

A total of 35 percent of enrollees served during the Vietnam era, the most frequently reported period of service, and 34 percent of enrollees reported serving after September 2001. The 2024 survey estimates indicated that of 2,683,846 enrollees who served post-September 2001, 68 percent have Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) status. In addition, 24 percent of the total enrollee population served in the OEF/OIF/OND conflicts, a slight increase over previous years (23 percent for 2023 and 2022, 21 percent for 2021 and 2020).

Of all enrollees in 2024, 40 percent were in the labor force (employed full-time, part-time. or unemployed looking for work), and 58 percent were not in the labor force (retired or not currently looking for work). Thirteen percent of enrollees with jobs were self-employed, and 14 percent of employed enrollees had two or more jobs. Over half (59 percent) of enrollees reported a household income of $35,000 or higher.

Public and Private Health Insurance

Most enrollees (84 percent) reported that they had some type of public or private insurance coverage. Half of enrollees (50 percent) reported Medicare coverage, compared to five percent who reported Medicaid coverage and 29 percent reported private insurance coverage. TRICARE coverage was reported by 29 percent of enrollees. Among those with Medicare, 27 percent reported Medicare Part D Coverage, 26 percent reported Medicare Advantage coverage, and 26 percent reported that they purchased private health care coverage to supplement Medicare (such as Medigap or Medicare Supplement).

Current Health Status and Assistance Needs

The 2024 Survey of Enrollees asked enrollees to rate their perceived physical and mental health status on a scale from “poor” to “excellent.” A total of 62 percent of enrollees were in at least “good” physical health, and 68 percent were in at least “good” mental health. Enrollees also reported the frequency they had their social and emotional support needs met on a scale from “never” to “always.” Seventy-five percent of enrollees at least sometimes receive the social and emotional support they need.

Enrollees indicated the level of assistance they receive for daily activities such as household chores, bathing, preparing meals, or transportation from family, friends, neighbors, or others. Enrollees that indicated they needed at least some assistance in one of these daily activities were categorized as enrollees that need assistance, and 49 percent of enrollees were in this category. Of enrollees that reported needing at least some assistance for at least one of the daily activities in the survey, 66 percent are receiving assistance for at least some of their needs

Enrollees most frequently needed at least some assistance coping with stress (33 percent), avoiding anxiety triggers (32 percent), coping with memory loss (28 percent), and doing household chores (25 percent). The caregiver for these enrollees is most frequently a spouse or domestic partner (70 percent), child (25 percent), or other family member (18 percent). Enrollees with caregivers also reported their caregivers’ receipt and awareness of support services. Most enrollees noted their caregivers did not receive support services (73 percent).

Smoking and Tobacco Use

The 2024 survey included a series of questions asking enrollees about cigarette smoking behaviors and their awareness and willingness to use tobacco cessation counseling and medications offered at VA medical centers. Responses to the survey questions allowed the survey team to classify respondents into six groups: (1) enrollees who have never smoked, (2) enrollees who have smoked, (3) enrollees who currently smoke, (4) recent unsuccessful quitters, (5) enrollees who formerly smoked, and (6) recent successful quitters. In 2024, a total of 54 percent of enrollees were classified as enrollees who have smoked. Enrollees who currently smoke made up 11 percent of the total enrollee population, 42 percent were considered enrollees who formerly smoked, and two percent of the enrollee population successfully quit smoking in the past year. Survey data shows a decline in enrollees who currently smoke among VA enrollees, from 13 percent in 2020 to 11 percent in 2024.

Priority Group 1 had a lower percentage of enrollees who were either current or former smokers (50 percent), compared to Priority Groups 2-8 (55 percent). Similarly, a lower percentage of female enrollees (39 percent) indicated that they were either current or former smokers compared to male enrollees (55 percent). However, both groups had similar rates of enrollees who currently smoke (11 percent). Younger enrollees reported being current or former smokers at a lower rate compared to older enrollees. Forty-three percent of enrollees under 45 were either current or former smokers compared to 46 percent of enrollees aged 45 to 64 and 62 percent of enrollees 65 and older.

Almost three-quarters of enrollees who formerly smoked (71 percent) reported successfully quitting smoking 10 or more years ago. Just under half (49 percent) of current smokers had made a recent quit attempt but were unsuccessful. Of these recent unsuccessful quitters, 32 percent used medications or nicotine replacement therapy to help with their tobacco cessation attempt.

Younger enrollees were more likely to engage in smokeless tobacco and e-cigarette use, with the highest prevalence among enrollees younger than 45 years of age (10 percent for smokeless tobacco use and 14 percent for e-cigarette use). Additionally, male enrollees were more likely to use smokeless tobacco (5 percent) compared to female enrollees (one percent).

Health Care and Prescription Drug Use

Responses from the 2024 survey showed that 47 percent of enrollees currently use in-person VA services to meet most or all of their health care needs, and 27 percent of enrollees use in-person VA services to meet some of their health care needs. Additionally, about one-third of enrollees use non-VA provided services paid for by the VA in person for some, most, or all of their health care needs (35 percent) or virtual care from a VA provider or a non-VA provider paid for by the VA for some, most, or all of their health care needs (37 percent). Fifty-three percent of enrollees utilized health care services not provided or not paid for by the VA for some, most, or all of their health care needs.

Enrollees that used any non-VA provided or paid-for services were also asked their reasons for deciding to use those services for some or all their health care. Enrollees most frequently indicated access to non-VA health care that was easier to get to (46 percent) as a major reason for using services other than VA. Other frequently selected reasons for using services other than VA included having a preferred provider outside of VA (32 percent) and having a provider that offered appointments at more convenient times than those available at VA (31 percent).

The 2024 survey asked enrollees about their familiarity and use of holistic health care approaches, such as acupuncture, yoga, chiropractic care, and more. The holistic approaches most used by enrollees were chiropractic care and massage therapy. Six percent of enrollees used chiropractic care through a VA program and eight percent through a non-VA program. For enrollees who had not used these forms of holistic health care, the greatest interest was for massage therapy (39 percent), chiropractic care (35 percent), and acupuncture (29 percent).

Enrollees were asked the number of prescription medications they had used in the last 30 days, and the number they had obtained from VA pharmacies. Forty percent of enrollees reported using six or more prescription medications in the past 30 days, 29 percent reported taking three to five prescription medications in the past month, and 17 percent reported taking one to two prescription medications. Almost half (48 percent) of enrollees who took at least one prescription in the last 30 days, filled all their prescriptions at a VA pharmacy.

Digital Access to VA Health Care, Information and Resources

Enrollees were asked questions about internet use and their interest in using computers or mobile devices for their own health care. More than four in five enrollees (88 percent) reported using the internet, at least occasionally. Internet usage was most prevalent among enrollees who were younger, female, or in Priority Group 1. Nearly all enrollees under the age of 65 (97 percent) reported that they used the internet, compared with 79 percent of enrollees 65 years of age or older. The most common place where enrollees accessed the internet was at home (94 percent).

When asked if they would be willing to perform a series of health-related tasks using a computer or mobile device, over three-fourths of enrollees said that they already use or were “somewhat” or “very willing” to use telehealth for accessing their personal records (82 percent), scheduling medical appointments (81 percent), accessing lab or x-ray results (81 percent), refill medication prescriptions (81 percent) or communicate with providers (80 percent). Enrollees showed less support for using telehealth to complete an online stress/anxiety assessment (65 percent) and for online support groups (46 percent).

Enrollees also reported on their interest in meeting with both mental and non-mental health providers remotely. Twenty-eight percent of enrollees reported they do not have a need for mental health care, and 26 percent indicated they were not interested in meeting with a mental health provider remotely. Additionally, more than one-third (35 percent) of enrollees were not interested in meeting with a non-mental health provider through virtual means. Twenty-five percent of enrollees said they currently meet virtually with non-mental health providers but prefer for those appointments to be in-person.

1. OVERVIEW OF THE SURVEY OF ENROLLEES

The U.S. Department of Veterans Affairs (VA) operates the country's largest and most comprehensive integrated health care system through the Veterans Health Administration (VHA). Given that more than 13 million Veterans currently are eligible to receive care from the VA, it is important for VHA to understand their health care needs. The intent of the Survey of Veteran Enrollees' Health and Use of Health Care (Survey of Enrollees) is to collect information about enrollees' health care needs, along with demographic and socioeconomic factors that affect usage patterns, to help inform VHA's health care planning and future projections.

VHA provides primary and specialty care, a comprehensive pharmaceutical benefits package, and ancillary services to its enrollees through a geographically dispersed network of 170 medical centers and 1,193 outpatient sites.[1] For administrative purposes, VA is divided into 18 geographical administrative areas called Veterans Integrated Services Networks (VISNs),[2] and VISNs are further divided into health care markets. Markets are health care areas within each VISN that have a sufficient population and geographic size to benefit from the coordination and planning of health care services and to support a full health care delivery system.

The VA Health Care system has approximately nine million enrolled Veterans, with approximately half of that population over the age of 65. Younger enrollees are more diverse in sex, race, and ethnicity; more affluent; and experience health care differently than their over-65 counterparts. VA Health Care must continue to be prepared to serve both aging Veterans and the rapidly growing, relatively young, and diverse group of Veterans who have served in more recent conflicts.

In order to better anticipate health care needs of all enrolled Veterans, the VHA Chief Strategy Office conducts an annual survey, the Survey of Enrollees, seeking responses from more than 40,000 Veterans who are enrolled in VA Health Care. The purpose of this report is to present the findings from the 2024 Survey of Enrollees.

1.1 Background of the Survey of Enrollees

The Survey of Enrollees collects data annually on enrolled Veterans' health status, insurance coverage, VA and non-VA health services use, current and planned future use of health care, and overall demographics. This information supports annual VHA projections of enrollment, utilization, and expenditures, as well as a variety of high-level VHA budget- and policy-related analyses. VHA has been conducting the Survey of Enrollees since 1999 when the current enrollment system was established. Each year a nationally representative sample of enrolled Veterans is surveyed, with sufficient corpus in identified geographic areas and key stratification categories. In 2024, the final weighted estimate of enrolled Veterans in the survey sample was

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[1] U.S. Department of Veterans Affairs. (2024). *Veterans Health Administration*. Washington, DC: Author. Available at: https://www.va.gov/health. Retrieved on: October 28, 2024.

[2] U.S. Department of Veterans Affairs. (2022). *Veterans Integrated Services Networks (VISNs)*. Washington, DC: Author. Available at: https://www.va.gov/HEALTH/visns.asp. Retrieved on: October 28, 2024.

8,323,224. After removing respondents that were ineligible (deceased, non-locatable, or not a Veteran), the weighted frequency of respondents described in this report is 8,003,238. Throughout this report Veterans enrolled in the VA Health Care system are referred to as enrollees.

The 2024 Survey of Enrollees marked the 22nd iteration of the survey. Beginning in 2012, VA implemented a multi-modal approach to the survey involving telephone, mail (paper), and web data collection. The 2024 data collection plan included web data collection followed by a paper survey, with a contingency for Computer Assisted Telephone Interviews (CATI) should the minimum response goals not be met at the close of survey fielding. In 2024, CATI calls were not made as response goals were met using web and paper data collection.

Trilogy Federal, LLC (Trilogy), a Service-Disabled Veteran-Owned project management and consulting firm, teamed with Westat, Inc. (Westat), a large research firm, to facilitate the 2024 Survey of Enrollees, including survey methodology and design, management of the Help Center, and data analysis. Navistar Direct Marketing (Navistar) provided personalization, printing, and mailing services. Subsequently, “the survey team” refers to the joint Trilogy and Westat team.

1.2 Methodology

The VHA’s 2024 Survey of Enrollees’ target population included all Veterans enrolled in VA Health Care as of September 30, 2023, who reside in the 50 U.S. states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. The survey team constructed the sample using the VHA enrollment file which contains the records of all Veterans enrolled in VA Health Care. The survey team used the variables available to stratify the sample, including the VISN market, Priority Group, and date of enrollment. Date of enrollment defines the enrollee type as pre-enrollee or post-enrollee.[3]

As was done in previous years, the survey team excluded enrolled Veterans with incomplete information from the sampling frame, such as:

- Enrollees with missing or incomplete stratification information (i.e., VISN, market, Priority Group, and/or enrollee type);
- Enrollees with a missing street address, city, state, or ZIP Code;
- Enrollees with street address values that are not actual street addresses;[4]
- Enrollees with missing sex data; and
- Enrollees with a listed age greater than 110 or less than 17 years old.

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[3] In 1999, Congress enacted VA Health Care reform that affected Veteran enrollment status. Prior to 1999, Veterans could not be enrolled. However, if a Veteran used the VA Health Care system within two years of March 31st, 1999, users were grandfathered into the system. Therefore, if a Veteran has a date of enrollment listed as prior to March 31, 1999, the date the reform was enacted, the Veteran was identified as a pre-enrollee. Veterans with enrollment dates after March 31, 1999, were defined as post-enrollees.

[4] Examples of such street address values are “GENERAL DELIVERY,” “NEED ADDRESS,” “NO KNOWN ADDRESS,” “STREET ADDRESS UNKNOWN,” “ADD ADDRESS,” “DELETE,” “NULL,” and “NONE.”

Lastly, the survey team excluded enrolled Veterans who were contacted for the 2023 Survey of Enrollees or who informed VA in the past that they did not want to participate in future surveys. However, the survey team included these enrolled Veterans in the overall sampling frame for purposes of weighted response estimates. After these adjustments, the final sampling frame total came to 8,323,224. For analysis, the sampling frame was adjusted to remove ineligible respondents, which are respondents that were deceased, non-locatable, or not veterans. The survey team identified 1,039 ineligible respondents. After removing these respondents, the adjusted weighted total for analyses is 8,003,238.

To ensure an adequate number of completed surveys per domain, the survey team stratified the sampling frame into 570 strata by market, Priority Group, and enrollee type. The analytic domains were as follows:

- Individual VISN markets (n=95);
- Priority Groups (n=3) primarily based on enrolled Veteran level of disability, with priorities 1, 2, and 3 being one group; priorities 4, 5, and 6 being a second group; and priorities 7 and 8 being the third group; and
- Enrollee type (n=2) based on date of enrollment, with enrollment prior to March 31, 1999 (pre-enrollee) versus enrollment after this date (post-enrollee).

Priority Groups define an enrolled Veteran's priority for VA Health Care services. Priority Groups range from 1 to 8, with Priority Group 1 being the highest priority. Priority Groups are based on multiple factors, including the enrolled Veteran's service-connected disabilities, income, and other factors such as Prisoner-of-War status or receipt of a Purple Heart. Figure 1-1 defines Priority Groups and eligibility requirements.

Figure 1-1. VA eligibility categories and Priority Groups

Priority Group	Eligibility Requirements
Priority 1	• Veterans with VA-rated service-connected disabilities that are 50% or more disabling • Veterans determined by VA to be unemployable due to service-connected conditions • Veterans awarded the Medal of Honor
Priority 2	• Veterans with VA-rated service-connected disabilities that are 30% or 40% disabling
Priority 3	• Veterans who are former Prisoners of War (POWs) • Veterans awarded a Purple Heart medal • Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty • Veterans with VA-rated service-connected disabilities that are 10% or 20% disabling • Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"

Priority Group	Eligibility Requirements
Priority 4	• Veterans who are receiving aid and attendance or housebound benefits from VA • Veterans who have been determined by VA to be catastrophically disabled
Priority 5	• Nonservice-connected Veterans and non-compensable service-connected Veterans rated 0% disabled by VA with annual income below the VA's and geographically adjusted income limits (based on resident ZIP Code) • Veterans receiving VA pension benefits • Veterans eligible for Medicaid programs
Priority 6	• Compensable 0% service-connected Veterans • Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki • Project 112/SHAD (Shipboard Hazard and Defense) participants • Veterans who served in the Republic of Vietnam from January 9, 1962, to May 7, 1975 • Persian Gulf War Veterans who served from August 2, 1990, to November 11, 1998 • Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987 • Currently enrolled Veterans and new enrollees who served in a theater of combat operations after November 11, 1998, and were discharged less than 5 years ago
Priority 7	• Veterans with gross household income below the geographically adjusted income limits for their resident location and who agree to pay co-payments
Priority 8	• Veterans with gross household income above the VA and the geographically adjusted income limit for their resident location and who agree to pay co-payments

The survey team classified enrolled Veterans into three selection groups to support sample selection:

- Group 1: Enrollee was in Wave 1 or Wave 2 of the 2023 Survey of Enrollees;
- Group 2: Enrollee was in neither Wave 1 nor Wave 2 of the 2023 Survey of Enrollees but was in the sampling frame; and
- Group 3: Enrollee was not in the sampling frame for the 2023 Survey of Enrollees (i.e., enrolled Veterans new to VA).

The survey team did not sample enrolled Veterans in Group 1 to reduce the survey burden on those enrolled who completed the survey the previous year. Those in Group 2 were over-sampled, permitting Group 2 to represent both Group 1 and Group 2.

The survey team implemented a sampling strategy to meet the following VHA strata requirements:

1. Ensure at least 350 completed cases by market;
2. Ensure at least 350 completed cases by VISN and Priority Group; Ensure at least 2,000 completed cases by VISN;
3. Ensure that no cases from selection Group 1 are included;
4. Ensure that the sample size in selection Group 2 represents the population size in selection Groups 1 and 2; and
5. Ensure a total of 42,000 completed cases.

The 2024 Survey of Enrollees initially invited all sampled enrollees to complete a web-based survey. Approximately one month later, the survey team mailed paper surveys to all non-respondents in the sample. The survey team implemented data collection for the 2024 survey in two waves. The survey team developed the first wave sample based on strata completion requirements and an estimated 25.4 percent response rate. The second wave sample was developed using an adaptive design based on Wave 1 response rates and remaining strata requirements. A total of 162,283 enrollees were included in Wave 1, and an additional 24,922 enrollees in Wave 2, for a total of 187,205 enrollees.

The 2024 survey administration yielded a total of 44,689 completed surveys, this is an adjusted weighted sample of 8,003,238. Figure 1-2 (next page) shows the distribution by Priority Group, age, and sex. A summary of completed surveys by mode is shown in Figure 1-3 (next page). The percentage of completed web surveys increased from 43 percent in 2023 to 45 percent in 2024, while the percentage of completed paper surveys decreased from 57 percent in 2023 to 55 percent in 2024. Figure 1-4 (next page) provides a comparison of the 2021, 2022, 2023, and 2024 designs.

Figure 1-2. Number of respondent enrollees, by Priority Group, age, and sex

Demographic Group	Number of Respondents
Priority Group	
1	8,791
2 – 8	35,898
Age	
< 45	1,468
45 – 64	8,483
65 +	34,737
Sex	
Male	35,898
Female	8,791
All Enrollees	44,689

Figure 1-3. Number of completed surveys by mode

	Web	Paper	Telephone	Total
Number	20,108	24,581	0	44,689
Percentage	45.0%	55.0%	0%	100%

Figure 1-4. Comparison of Survey of Enrollees design, 2021, 2022, 2023, and 2024

	2021	2022	2023	2024
Weighted population of enrolled Veterans	8,680,525	8,376,015	8,228,035	8,003,238
Weighted population as of	September 2020	September 2021	September 2022	September 2023
Stratified sample size	139,167	188,177	162,926	187,205
Sample stratified by	VISN, market, Priority Group, pre- and post-enrollee	VISN, market, Priority Group, pre- and post-enrollee	VISN, market, Priority Group, pre- and post-enrollee	VISN, market, Priority Group, pre- and post-enrollee
Number of completed surveys/interviews	42,351	44,248	41,196	44,689
Response rate	29.4%	23.6%	25.4%	23.9%
Data collection timeframe	March 2021 to July 2021	April 2022 to July 2022	March 2023 to July 2023	February 2024 to June 2024
Mode of data collection	Web, mail, and CATI*	Web, mail, and CATI*	Web, mail, and CATI	Web, mail, and CATI*

*No CATI interviews were required for 2021, 2022, 2023, or 2024.

1.3 Weighting

The survey team calculated the stratum base weight based on the total target population and number sampled. The base weight for a sampled enrolled Veteran was the reciprocal of the probability that the enrolled Veteran was selected to participate in the 2024 survey (1/probability of selection). For instance, if all the enrolled Veterans in a stratum were selected, then the probability of selection would be one, as would be the base weight. If some in the stratum were not selected, the sampling probabilities would be less than one. When the probabilities are less than one, the base weights are greater than one. This indicates that sampled enrolled Veterans would represent themselves plus additional enrolled Veterans who were not sampled.

The survey team selected enrolled Veterans without replacement so that each enrolled Veteran in the sampling frame could be selected only once. The base weights for the responding enrolled Veterans were adjusted for nonresponse so that responding enrolled Veterans not only represent themselves and enrolled Veterans who were not sampled, but also sampled enrolled Veterans who did not respond. To account for nonresponse bias, the survey weights were adjusted for differential rates of response among various subgroups, and thereby reduced the potential for bias. Applying a weighting scheme in this manner enables survey results to be generalized to the entire enrollee population.

2. DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

Demographic and socioeconomic information provides insights into the population of enrollees and their potential health care needs. The Survey of Enrollees asked Veterans enrolled in VA Health Care several demographic and socioeconomic questions to better understand their status related to health care. This chapter examines the key characteristics of enrolled Veterans and compares the 2024 results to prior years.

2.1 Demographics

The survey team weighted results of the 2024 Survey of Enrollees to represent the population of Veterans enrolled in the VA Health Care system. As such, all references to enrollee counts and percentages in this report are derived entirely from weighted survey frequencies and not from the actual populations being discussed. After removing ineligible survey respondents, the adjusted weighted total for analyses is 8,003,238. This is a decrease of 224,797 enrollees from the 2023 report. All results in this report are based on this weighted total, unless otherwise stated. Below are notable demographic statistics about the 2024 enrollees.[5]

- Female enrollees represented 10 percent of the total enrollee population and comprised 14 percent of enrollees who participated in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn.
- Younger enrollees were more racially and ethnically diverse. While 77 percent of enrollees over 65 were White and non-Hispanic, only 59 percent of enrollees under 65 were White and non-Hispanic.
- Among all enrollees, more than one-third (35 percent) served during the Vietnam era, the most frequently reported period of service. The second most frequently reported period of service was service after September 2001 (34 percent of enrollees).

2.1.1 Priority Groups

The Veterans' Health Care Eligibility Reform Act of 1996 mandated that VA establish and implement a priority-based enrollment system to ensure each Veteran is enrolled based on the enrollee's specific eligibility status.

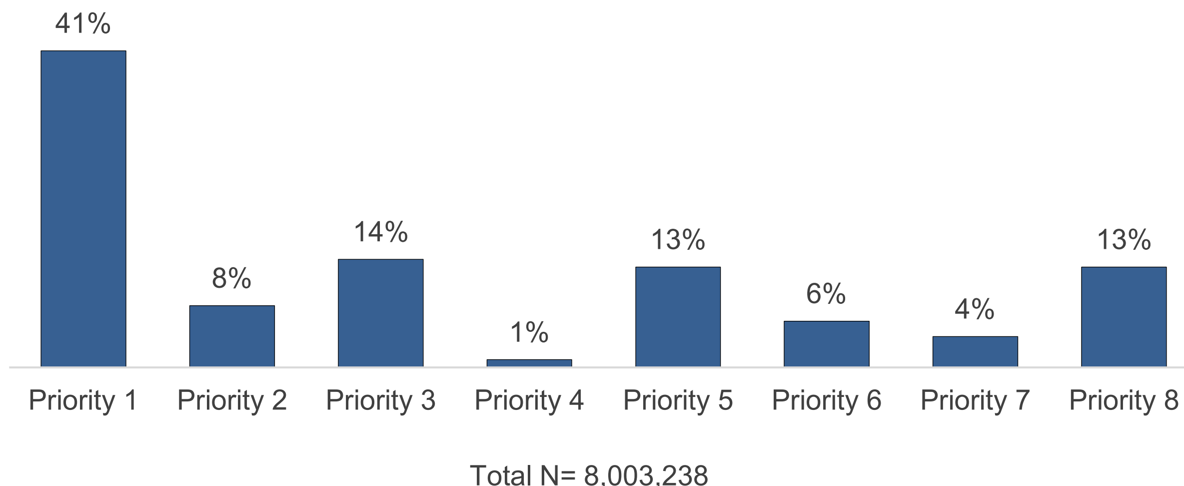
Figure 2-1 (next page) shows enrollees and percentages by individual and Priority Groups. The largest proportion of enrollees (41 percent[6]) were in Priority Group 1. Priority Group 3 contained 14 percent of enrollees and was the next largest Priority Group, followed closely by Priority

[5] Urban/rural, age, sex, Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and/or Operation New Dawn (OND) (collectively referred to as OEF/OIF/OND), and Priority Group data came from the VA administrative data file. Otherwise, results are from survey response data.

[6] Throughout this report, all figures have values rounded to the nearest whole number for ease of reading. As a result, summing totals from figures may not match summing of values in the tables that use one decimal place.

Group 5 (13 percent) and Priority Group 8 (13 percent). Other Priority Groups contained fewer than 10 percent of enrollees.

Figure 2-1. Percentage of enrollees by Priority Group



Total N= 8,003,238

For analysis, the survey team collapsed the eight VA Health Care Priority Groups into two separate strata:

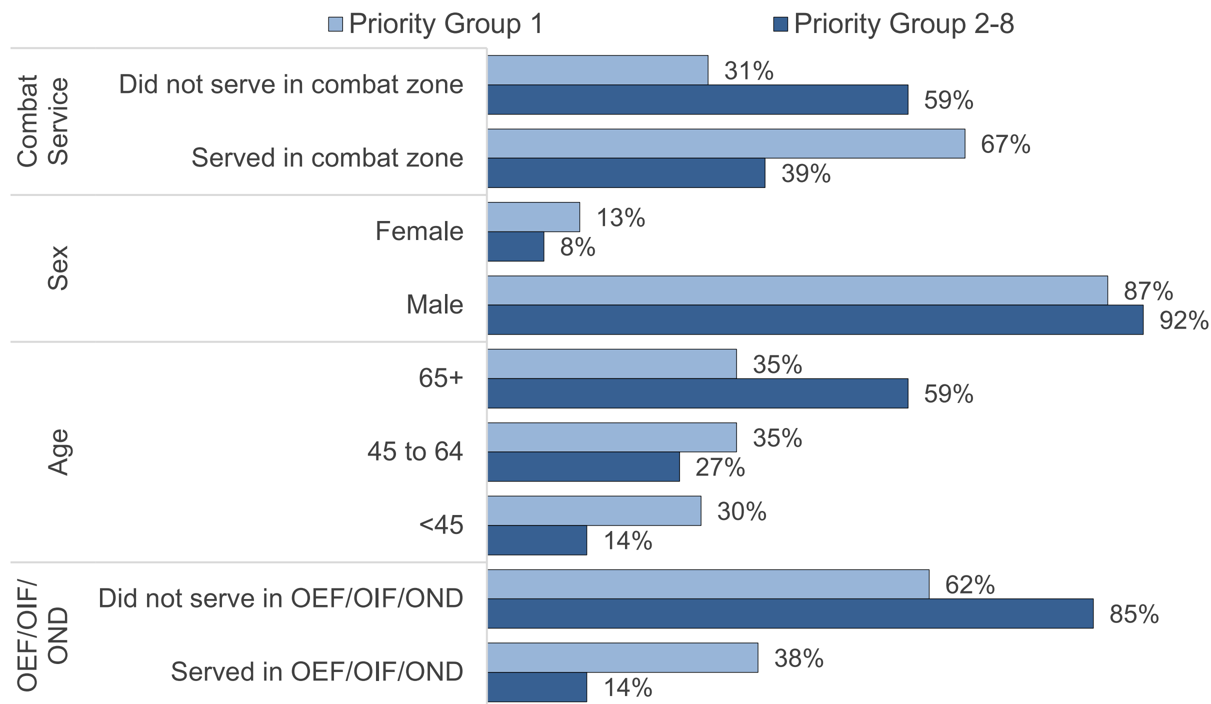
1. Priority Group 1: Veterans with service-connected disabilities that are 50 percent or more disabling, Veterans determined to be unemployable due to service-connected conditions, and Veterans awarded the Medal of Honor.
2. Priority Groups 2-8: Veterans with lower rated disabling conditions (Priority 2), Veterans with special classifications or lower rated disabling conditions (Priority 3), Veterans with catastrophic disabilities (Priority 4), Veterans with nonservice-connected disabilities or Veterans who have an annual income below the established VA Means Test (MT) threshold (Priority 5), or Veterans who have had exposure to environmental hazards (Priority 6); and Veterans with no service-connected disability and who have an annual income above the MT threshold (Priority 7 and 8).

Enrollees in Priority Group 1 are more likely than those in Priority Groups 2-8 to be younger; female enrollees; have served in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and/or Operation New Dawn (OND) (collectively referred to as OEF/OIF/OND);[7] and to have served in a combat zone. According to the National Center for Veterans Analysis and Statistics, while the Veteran population has been declining since 1990, the number of Veterans

[7] Operation Enduring Freedom spans October 7, 2001 through December 28, 2014; Operation Iraqi Freedom spans March 19, 2003, through August 31, 2010; Operation New Dawn spans September 1, 2010, through December 15, 2011. For more information, see Salazar Torreon, B. (2019). *U.S. periods of war and dates of recent conflicts.* Washington, DC: Congressional Research Service. Available at: https://fas.org/sgp/crs/natsec/RS21405.pdf.

with a service-connected disability has been on the rise, increasing 147 percent from 2000[8] to 2023.[9] Figure 2-2 examines the share of enrollees in Priority Group 1 compared to Priority Group 2 based on combat service experience, sex, age, and service in OEF/OIF/OND.

Figure 2-2. Percentage of enrollees by collapsed Priority Group and demographic groups



Note: Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OID/OND), age, and sex data come from the U.S. Department of Veterans Affairs (VA) administrative data file.

2.1.2 Sex and Age

In 2024, female enrollees made up 10 percent of the population, while the remaining 90 percent of enrollees were men. Figure 2-3 (next page) displays the share of enrollees in each sex by collapsed Priority Groups and by age. Female enrollees tend to be younger compared to men. Most female enrollees are under the age of 65 (80 percent), while 48 percent of male enrollees are under the age of 65. Additionally, most male enrollees are in in Priority Groups 2-8, while female enrollees are evenly split between Priority Group 1 and Priority Groups 2-8.

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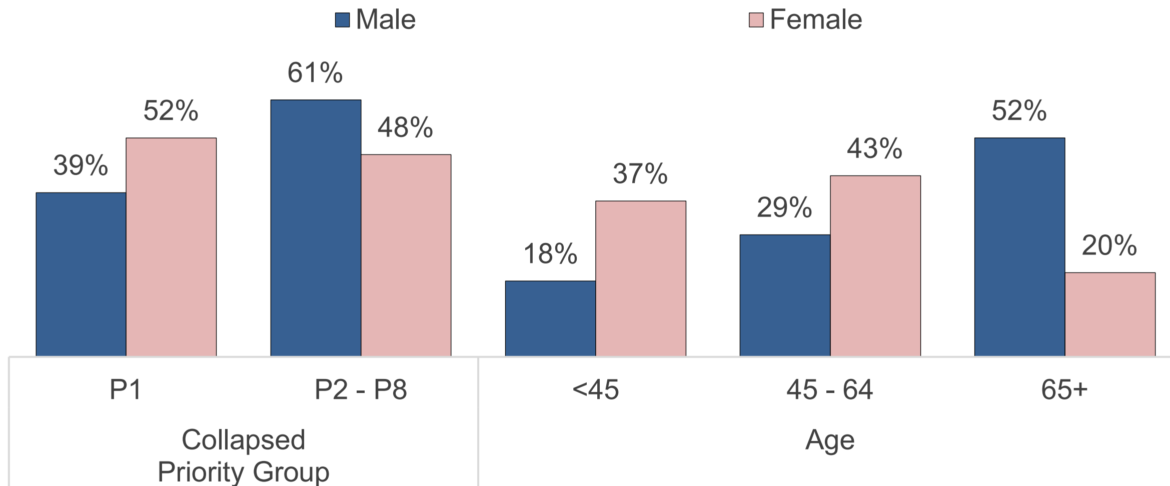
[8] U.S. Department of Veterans Affairs. (2000). *U.S. Department of Veterans Affairs Veterans Benefits Administration Annual Benefits Report Fiscal Year 1999.* Washington, DC: U.S. Department of Veterans Affairs. Available at: https://www.benefits.va.gov/REPORTS/abr/docs/1999_abr.pdf.

[9] U.S. Department of Veterans Affairs. (2024). *U.S. Department of Veterans Affairs Veterans Benefits Administration Annual Benefits Report Fiscal Year 2023.* Washington, DC: U.S. Department of Veterans Affairs. Available at: https://www.benefits.va.gov/REPORTS/abr/docs/2023-abr.pdf.

Figure 2-3. Percentage of enrollees by sex, Priority Group, and age

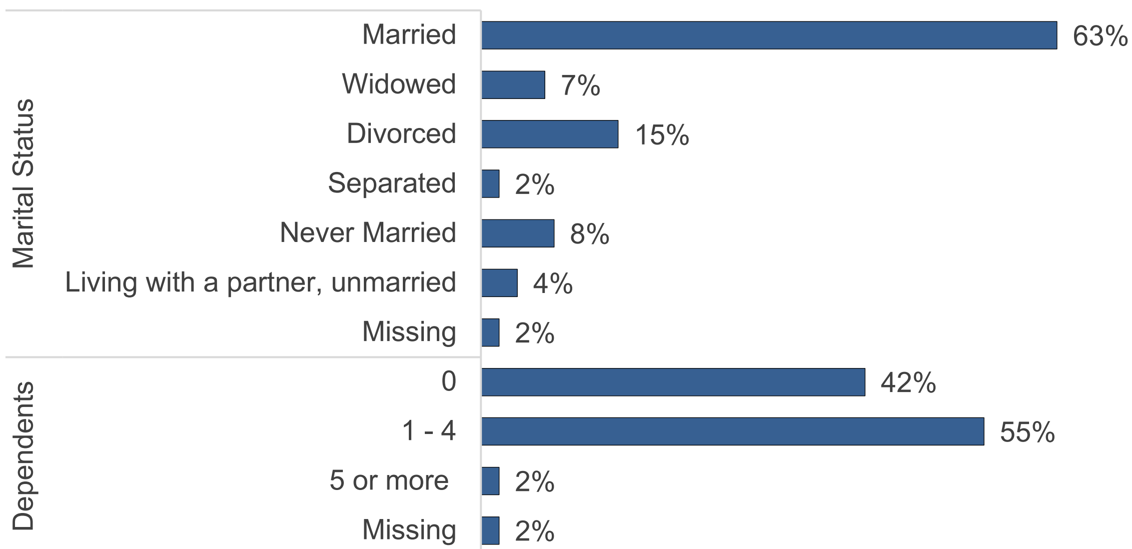


2.1.3 Marital Status and Dependents

In 2024, married enrollees represented a majority of the enrollee population. About three in five enrollees (63 percent) reported being married, followed by 15 percent who reported being divorced, eight percent who reported they were never married, and seven percent who reported being widowed (Figure 2-4).

Enrollees also reported the number of dependents they currently support (Figure 2-4), defined as anyone who relied on the enrollee for at least half of that person's financial support. Over half (57 percent) of the enrollees reported having at least one dependent. Of those with dependents, 19 percent reported having a dependent over the age of 18.

Figure 2-4. Percentage of enrollees by marital status and dependents

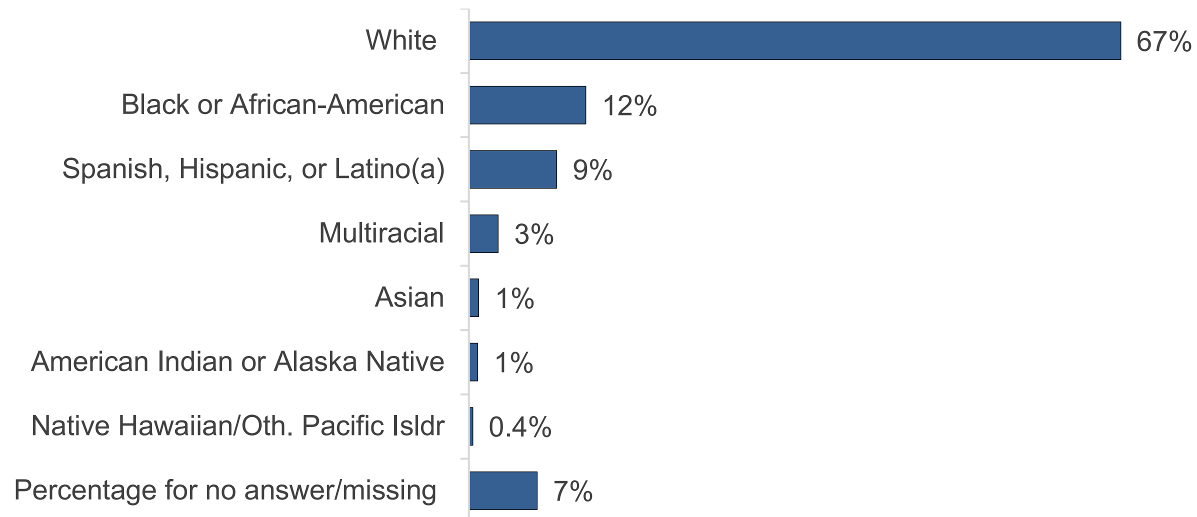


2.1.4 Ethnicity and Race

The most reported ethnicity and race was non-Hispanic White. Two survey questions were asked to determine the ethnicity and race of the enrollee. The first question asked whether enrollees identified themselves as being of Hispanic, Latino or Spanish origin. A total of nine percent responded “yes” to this question. The next question asked enrollees to identify their race by selecting all of the racial categories provided that applied.

Figure 2-5 displays race and ethnicity as mutually exclusive groups, listing enrollees who selected more than one race as multi-racial. Sixty-seven percent self-identified as White and non-Hispanic,12 percent self-identified as Black or African American and non-Hispanic, and three percent of enrollees self-identified with two or more races (i.e., multi-racial).

Figure 2-5. Percentage of enrollees by race and ethnicity (mutually exclusive)



Note: No answer/missing represents those enrollees who did not answer the race and Hispanic origin questions, or indicated they preferred not to answer these questions. Respondents who selected more than one race were categorized as multiracial. Hispanic includes anyone who self-identified as Hispanic, regardless of race.

Race and Ethnicity by Age. Figure 2-6 (next page) displays the race and ethnicity of enrollees by age. Enrollees aged 65 or older were predominantly White non-Hispanic (77 percent), with nine percent being Black non-Hispanic and six percent being Hispanic. In comparison, younger enrollees were more racially and ethnically diverse. For example, the proportion of White non-Hispanic enrollees is about 59 percent among those under 65. Additionally, 20 percent of enrollees under 45 and 28 percent of enrollees 45 to 64 were black or Hispanic compared to 14 percent of enrollees 65 or older. Further, the proportion of Hispanic-identifying enrollees in the youngest group (14 percent) was more than twice as high as in the oldest group (6 percent).

Figure 2-6. Ethnicity and race of enrollees, by age group (mutually exclusive)

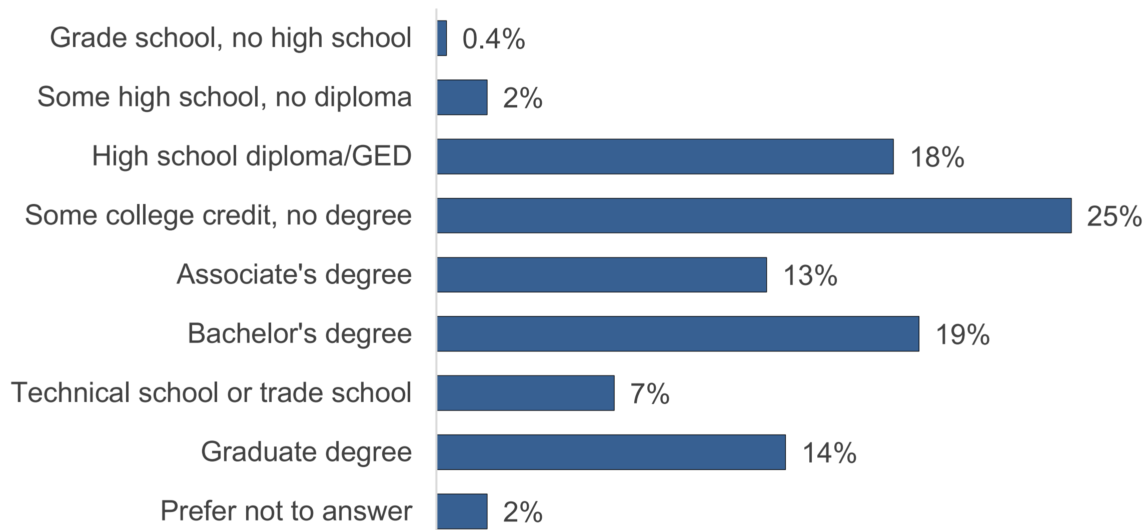
Category	Age					
	<45		45-64		65+	
	N	%	N	%	N	%
Total	1,630,790	20.4	2,441,394	30.5	3,929,349	49.1
White, non-Hispanic	962,357	59	1,427,579	58.5	3,006,445	76.5
Black or African American, non-Hispanic	140,233	8.6	441,307	18.1	361,958	9.2
Spanish, Hispanic or Latino(a)	234,315	14.4	237,657	9.7	221,180	5.6
Multiracial non-Hispanic	80,072	5	77,468	3.2	55,231	1.4
Asian, non-Hispanic	36,575	2.2	36,728	1.5	33,249	0.8
American Indian or Alaska Native, non-Hispanic	NA	NA	15,801	0.6	27,783	0.7
Native Hawaiian or Other Pacific Islander, non-Hispanic	NA	NA	9,605	0.4	9,714	0.2
Missing/Prefer not to answer	137,575	8.4	195,249	8	213,789	5.4

Note: Hispanic includes anyone who self-identified as Hispanic, regardless of race. "NA" denotes cells that do not have enough respondents (unweighted n<30) to provide a reliable estimate. Missing values represent those enrollees who did not answer whether they were of Hispanic origin or answered that they were not Hispanic but did not answer the race question. Percentages refer to the percentage of each age group column.

2.1.5 Education

Enrollees were asked to indicate the highest degree or year of school they completed. The largest proportion of enrollees (25 percent) have completed some college credit courses, but do not have a college degree. This is followed by enrollees with a bachelor's degree (19 percent) and those with a high school degree or GED (18 percent). Figure 2-7 shows enrollees' reported educational levels.

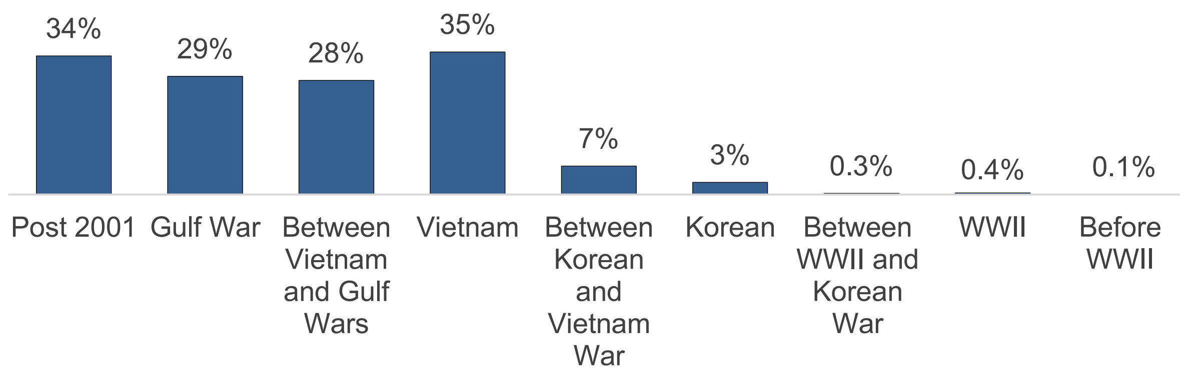
Figure 2-7. Percentage of enrollees by education level



2.1.6 Active-Duty Period of Service/Combat Experience

Enrollees provided information on the period(s) of their active-duty military service. Respondents could select multiple periods, if applicable. Most enrollees (69 percent) reported just one period of service, followed by 20 percent who reported two periods and nine percent who reported three or more periods. The largest proportion of the enrollee population served during the Vietnam War (35 percent), followed by the post-2001 period (34 percent) and the Gulf War (29 percent). Another 28 percent served in the period between the Vietnam and Gulf Wars. See Figure 2-8 for the percentage of enrollees by period of service.

Figure 2-8. Percentage of enrollees by period of active-duty service (not mutually exclusive)



Note: Percentages sum to more than 100 percent because enrollees may select multiple periods of service. World War II (WWII) – December 1941 to December 1946. Between WWII and Korean War – January 1947 to June 1950. Korean War – July 1950 to January 1955. Between Korean War and Vietnam War – February 1955 to July 1964. Vietnam War – August 1964 to April 1975. Between Vietnam War and Gulf War – May 1975 to July 1990. Gulf War – August 1990 to August 2001. Post-2001 – September 2001 or later.

OEF/OIF/OND Enrollees (data not shown in figure). Operation Enduring Freedom (OEF) in Afghanistan took place between October 2001 and December 2014. Operation Iraqi Freedom (OIF) began in March 2003 and ended in August 2010 when Operation New Dawn (OND) began. OND represents a shift from a predominantly U.S. military presence to one that is predominantly civilian and spanned the period from September 2010 through December 2011. Given that enrollment of post-2001 Veterans continues to increase with the withdrawal of U.S. service members and their release from active duty, a distinct subset of that population includes the OEF/OIF/OND Veterans. VA administrative data files reveal these notable statistics about the 2024 OEF/OIF/OND enrollee population:

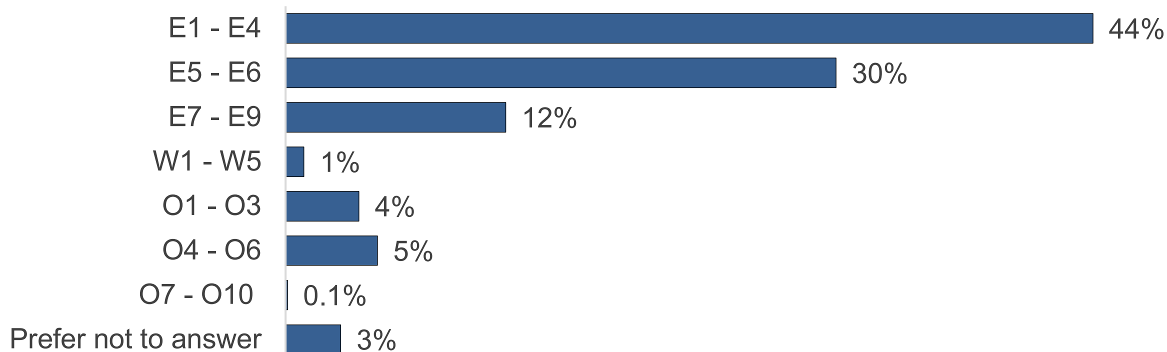
- The 2024 survey indicates that of the 2,683,846 enrollees who served post-September 2001, 68 percent have OEF/OIF/OND status.
- Twenty-four percent of the total enrollee population served in the OEF/OIF/OND conflicts, a slight increase over previous years (23 percent in 2023 and 2022, 21 percent for 2021, and 21 percent for 2020).

- More than one in 10 (14 percent) of the OEF/OIF/OND enrollee population are female, which is higher than the 10 percent of the total enrollee population that are female.
- Enrollees with OEF/OIF/OND status are most likely to be in the youngest age group (younger than 45). These enrollees make up 68 percent of the enrollees under the age of 45.
- While the majority (60 percent) of the OEF/OIF/OND enrollees are White non-Hispanic, 13 percent identified themselves as Hispanic. By comparison, people who identify as Hispanic account for just nine percent of the total enrollee population.
- OEF/OIF/OND enrollees self-reported an unemployment rate of seven percent, which is about one percentage point less than the unemployment rate of the total enrollee population (8 percent).

2.1.7 Rank and Pay Grade

Enrollees provided the highest rank and pay grade they held while in the military. The majority of enrollees exited the military as junior (E1-E4) to mid-grade (E5-E6) enlisted personnel (44 percent and 30 percent, respectively). Twelve percent of enrollees reached the ranks of E7-E9 during their time in the military. For officers, the highest number of enrollees were mid-grade officers achieving the rank O4-O6 (5 percent). Figure 2-9 displays the percentage of enrollees by rank and pay grade.

Figure 2-9. Percentage of enrollees by rank and pay grade



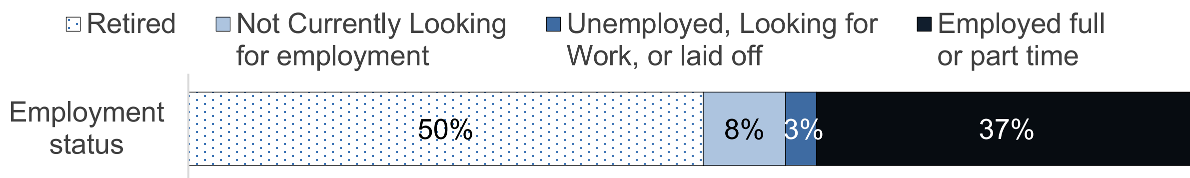
2.1.8 Employment Status

The U.S. economic and employment climates likely affect the number of enrollees seeking health care benefits from VA, given that most Americans with health insurance get coverage from their employers.[10] Of all enrollees in 2024, 40 percent were in the labor force (employed full-time or part-time or unemployed looking for work), eight percent were not looking for work,

[10] Frakt, A.B., Hanchate, A., and Pizer, S.D. (2015). The effect of Medicaid's expansions on demand for care from the Veterans Health Administration. *Healthcare*, 3(3), 123-128. As cited in Yee, C., Frakt, A., and Pizer, S. (2016, March). *Economic and policy effects on demand for VA care* (policy brief). Washington, DC: Partnered Evidence-Based Policy Resource Center.

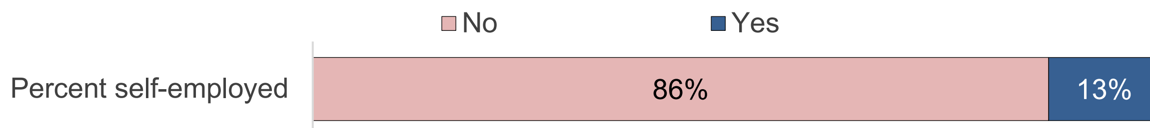
and half (50 percent) were retired. Figure 2-10 shows the percentage of enrollees by employment status.

Figure 2-10. Percentage of enrollees by employment status



Self-Employment. Of enrolled Veteran who are employed, 13 percent reported being self-employed, with most indicating they are not self-employed (86 percent). See Figure 2-11.

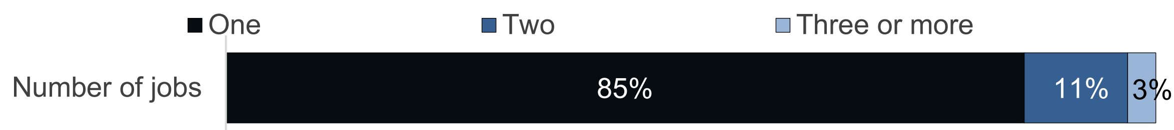
Figure 2-11. Percentage of enrollees by self-employed (national level)



Note: The percentages in Figure 2-11 are based on the number of enrollees that are employed full- or part-time.

Number of Jobs. When employed, enrolled Veteran were asked about the number of jobs they hold, 85 percent reported they have one job, 11 percent reported having two, and three percent reported having three or more jobs (see Figure 2-12).

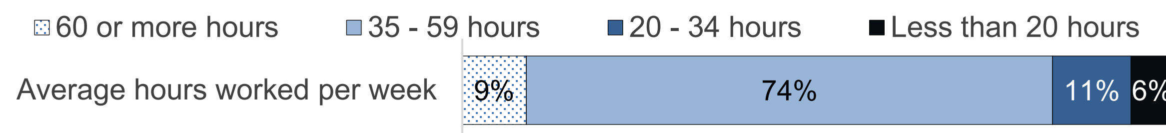
Figure 2-12. Percentage of enrollees by number of jobs (national level)



Note: The percentages in Figure 2-12 are based on the number of enrollees that are employed full- or part-time.

Average Hours Worked per Week. Most employed enrollees (74 percent) worked an average of 35-59 hours per week, while about 11 percent of enrolled Veteran worked an average of 20-34 hours per week. See Figure 2-13.

Figure 2-13. Percentage of enrollees by average hours worked per week (national level)

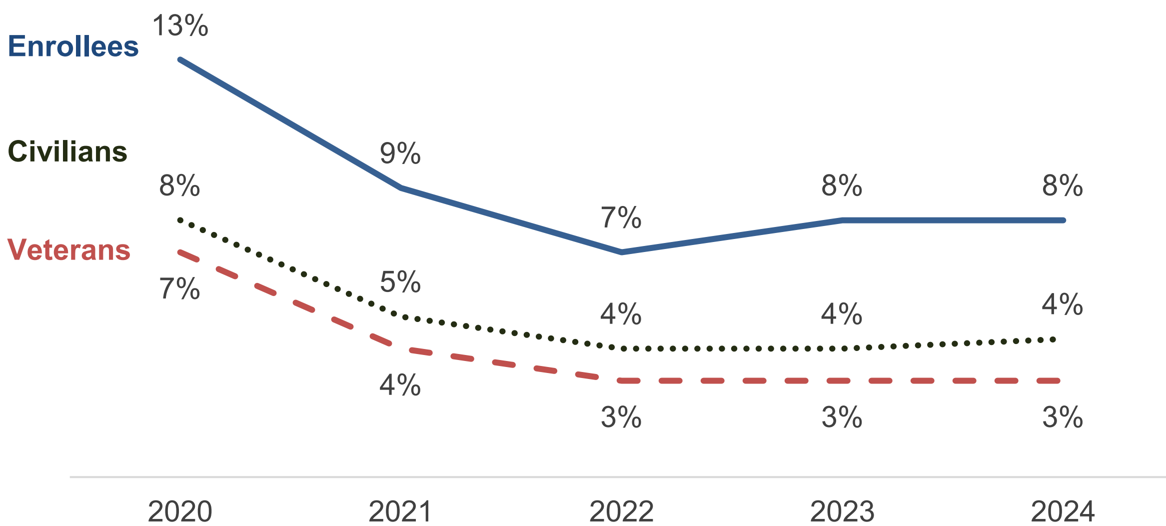


Note: The percentages in Figure 2-13 are based on the number of enrollees that are employed full- or part-time.

Unemployment Rate. The Bureau of Labor Statistics of the U.S. Department of Labor calculates the unemployment rate by dividing the number of individuals who do not have a job but are available for work and have actively sought work, by the total number of people in the labor force.[11] The labor force comprises those who are either employed or not employed but actively looking for a job.

In the 5 years between 2020 and 2024, the unemployment rate for enrollees was nearly double that of both civilians and Veterans. In 2024, the unemployment rate for enrollees was virtually unchanged compared to 2023. Figure 2-14 shows unemployment rates for civilians, all Veterans, and enrollees over the past five years.

Figure 2-14. Unemployment rates by population, 2020 to 2024



Note: Data for 2020 through 2023 represent annual estimates. Data for 2024 civilians and Veterans represent unemployment rates as of September 2024, not seasonally adjusted. Veterans include enrollees. Sources: Civilians and Veterans data, 2020-2021: *Employment Situation of Veterans Summary Table A*. Available at: https://www.bls.gov/news.release/archives/vet_04212022.pdf. Civilians and Veterans data, 2022-2023: *Employment Situation of Veterans Summary Table A*. Available at: https://www.bls.gov/news.release/vet.a.htm. Civilians and Veterans data, 2024: U.S. Bureau of Labor Statistics, 2024: *Economic Situation Summary, Table A-5*, September 2024. Available at: https://www.bls.gov/news.release/empsit.nr0.htm.

Unemployment Rate by Enrollee Demographic Characteristics. Figure 2-15 (next page) shows the unemployment rate by sex, age, residence in urban or rural areas, and Priority Group. The unemployment rate is highest among female enrollees at 9.3 percent. Rural enrollees have a higher unemployment rate than urban enrollees at 8.7 and 7.3 percent, respectively. Enrollees in Priority Group 1 have a higher unemployment rate than those in Priority Groups 2-8 at 8.6 and 7.1, respectively.

[11] Available at: https://www.bls.gov/cps/lfcharacteristics.htm#unemp.

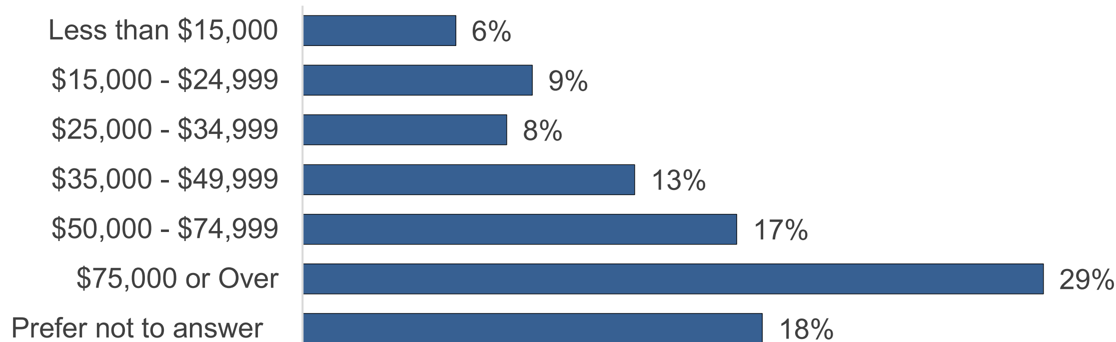
Figure 2-15. Unemployment rates by sex, age, urban/rural, and priority group

Demographic Group	In Labor Force (#)	Unemployed (#)	Unemployment Rate (%)
Total	3,183,152	248,084	7.8
Sex			
Female	444,654	41,533	9.3
Male	2,738,497	206,550	7.5
Age Group			
<45	1,287,070	102,136	7.9
45 – 64	1,531,036	117,023	7.6
65+	365,046	28,924	7.9
Urban/Rural			
Urban	2,209,977	161,324	7.3
Rural	967,710	84,266	8.7
Priority Group			
Priority Group 1	1,391,003	120,004	8.6
Priority Group 2-8	1,792,148	128,080	7.1

2.1.9 Income

Enrollees provided their total annual household income by selecting from a series of income ranges. Results of the 2024 Survey of Enrollees showed that over half (59 percent) of enrollees reported a household income of $35,000 or higher (see Figure 2-16). Twenty-nine percent of enrollees reported a household income of $75,000 or more.

Figure 2-16. Percentage of enrollees by income group



3. PUBLIC AND PRIVATE HEALTH INSURANCE

Enrolled Veterans have varied health insurance options, ranging from private insurance to TRICARE, Medicare, or Medicaid. Having insurance coverage has been found to be associated with less reliance on VA Health Care.[12,13] Enrolled Veterans with multiple forms of coverage could experience challenges in continuity and coordination of care. This chapter discusses insurance options available to enrolled Veterans and how the options interact with VA Health Care.

TRICARE. TRICARE is the Department of Defense's (DoD's) health care program that serves active-duty military and active members of the reserves and National Guard. Veterans are eligible for TRICARE if they are military retirees who have served at least 20 years. Family members of active-duty military and service members are enrolled in TRICARE at no cost. Retirees and their dependents must pay an annual premium. In 2001, enrollment was extended to retirees over the age of 65 with the advent of TRICARE for Life, which is wraparound coverage for those enrolled in Medicare. TRICARE for Life pays for costs not covered by Medicare.

Medicare. Medicare is a federal health insurance program for individuals 65 years or older and those under the age of 65 with certain disabilities. There are two ways to enroll in Medicare: Original Medicare and Medicare Advantage. Original Medicare is a fee-for-service program that includes Part A (hospital) and Part B (medical) coverage. Part A covers hospital stays but not doctor's care. Beneficiaries are automatically enrolled in Part A when they enroll in Medicare. Part A beneficiaries do not pay a premium but must meet a deductible before Medicare will cover hospitalization costs. Part B is optional and requires a monthly premium and deductibles. Individuals under the age of 65 who receive disability benefits from Social Security for 2 years are automatically enrolled in Medicare Part A and Part B. Medicare Advantage (Part C) is a managed care option consisting of plans offered by private companies that contract with Medicare to provide Part A and Part B coverage.

Individuals have the option to augment Medicare by purchasing Medicare Supplement Insurance, or Medigap, which is bought from private insurers to pay health care costs not covered by Medicare, such as co-payments, deductibles, and health care for travel outside the United States. Some individuals prefer to purchase Medicare Advantage, which is usually provided by Health Management (HMO) or Preferred Provider Organizations (PPO) that are approved by Medicare to provide Part A and Part B coverage.

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[12] Borowsky, S.J., and Cowper, D.C. (1999). Dual use of VA and non-VA primary care. *Journal of General Internal Medicine*, 14(5), 274-280. https://doi.org/10.1046/j.1525-1497.1999.00335.x.

[13] Shen, Y., Hendricks, A., Wang, F., Gardner, J., and Kazis, L.E. (2008). The impact of private insurance coverage on Veterans' use of VA care: Insurance and selection effects. *Health Services Research*, 43(1 Pt 1), 267-286. The Impact of Private Insurance Coverage on Veterans' Use of VA Care: Insurance and Selection Effects – Shen – 2008 – Health Services Research – Wiley Online Library.

Prescription drug coverage is available separately under Medicare Part D which is a voluntary prescription drug benefit program available to anyone enrolled in both Medicare Part A and Part B. Since 2006, Medicare beneficiaries have been able to receive coverage for their prescription medications through these private plans. Some Medicare Advantage plans may also provide Medicare Part D coverage. Medicare Part D is discussed in greater detail under Prescription Drug Coverage and Use in Chapter 4.

Medicaid. Medicaid is a state-administered health plan for individuals and families with low incomes and limited resources. Veterans who qualify for Medicaid do not pay co-payments for VA Health Care. Prior to the Affordable Care Act (ACA), Medicaid coverage for adults was limited. However, the ACA provides states with additional funding to expand Medicaid to adults with incomes up to 138 percent of the Federal Poverty Level (FPL). This criteria accounts for 47 percent of uninsured Veterans (who are eligible for Medicaid coverage or subsidies under the ACA in states with the expanded coverage[14]). In most states, individuals with disabilities who receive Supplemental Security Income (SSI) automatically qualify for Medicaid coverage.

Private Insurance. Private insurance is available when provided through a Veteran's employer, spouse, or other non-federal source, including state marketplaces established under the ACA.

3.1 Insurance Status

The availability of public or private insurance coverage is one of the most important factors related to enrollee use of VA Health Care services. Most enrollees (84 percent) reported that they had some type of public or private insurance coverage. Half of enrollees (50 percent) reported Medicare coverage, while five percent reported Medicaid coverage and 29 percent reported private insurance coverage. TRICARE coverage was reported by 29 percent of enrollees. Among those with Medicare, 27 percent reported Medicare Part D Coverage, 26 percent reported Medicare Advantage coverage, and 26 percent reported that they purchased a private Medicare Supplement. Figure 3-1 (next page shows the percentage of enrollee coverage by various insurance types.

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[14] Banthin, J., Haley, J., and Simpson, M. (2023, November). *Uninsured Veterans in the US Greater Expansion and Take-Up of Medicaid and Marketplace Coverage Has the Potential for Coverage Gains*. Washington, DC: Robert Wood Johnson Foundation/Urban Institute. Available at: https://www.rwjf.org/en/insights/our-research/2023/11/uninsured-veterans-in-the-us-and-potential-for-coverage-gains.html.

Figure 3-1. Percentage of enrollees reporting each type of insurance coverage

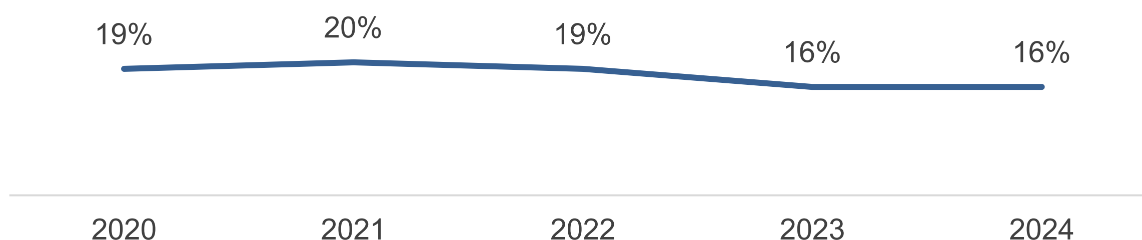
Type of Insurance	#	%
Medicare[a]	4,015,443	50.2
Medicare Advantage[b]	1,023,082	25.5
Private Medicare Supplement[b]	1,043,473	26.0
Medicare Part D[b]	1,090,851	27.2
Medicaid[a]	381,752	4.8
TRICARE[a]	2,336,558	29.2
Private coverage[a]	2,356,273	29.4
No coverage[a]	1,294,127	16.2

[a] Denominator is all enrollees. Weighted N = 8,003,238 enrollees.

[b] Denominator is enrollees with Medicare. Weighted N = 4,015,443 enrollees.

In this report, "uninsured" refers to the lack of any alternative insurance coverage, either public or private. Enrollees who did not report that they had Medicare, Medicaid, TRICARE, or private insurance coverage are considered to be uninsured.[15] In 2024, 16 percent of enrollees reported no public or private insurance coverage outside VA Health Care. This is the same as the percentage of enrollees who did not report insurance coverage in 2023 (see Figure 3-2).

Figure 3-2. Percentage of enrollees with no insurance coverage 2020-2024, by year

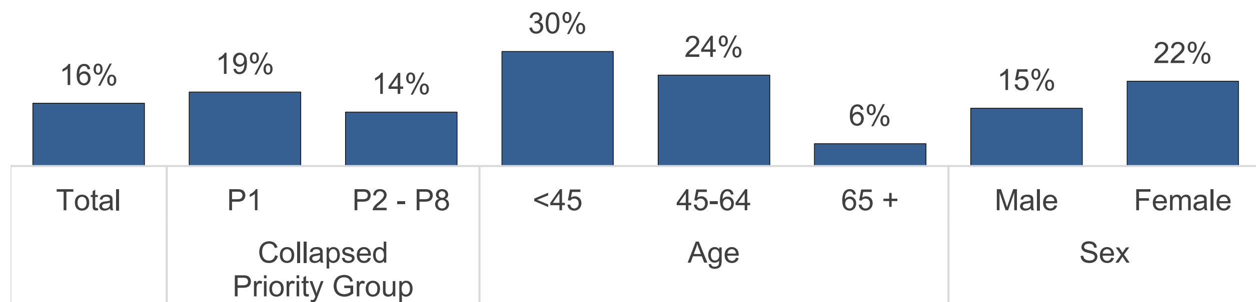


Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees.

Insurance Coverage by Demographic and Socioeconomic Characteristics. As shown in Figure 3-3 (next page), enrollees in Priority Group 1 were more likely to be uninsured than those in Priority Groups 2-8 (19 percent compared to 14 percent, respectively). Uninsured rates were also highest among younger enrollees. Compared with six percent of enrollees age 65 or older and 24 percent of enrollees age 45 to 64, 30 percent of enrollees younger than age 45 lacked public or private insurance coverage. A greater proportion of female enrollees were uninsured (22 percent) compared to male enrollees (15 percent).

[15] Enrollees who did not answer the questions about insurance were considered to be uninsured as they did not report alternative insurance coverage. This includes enrollees who did not answer any of the questions or who answered "No" to some of the questions and did not answer other questions as insurance could not be determined. This was done to be consistent with the definition of no insurance coverage in previous years' reports so that trends could be examined.

Figure 3-3. Percentage of enrollees with no insurance

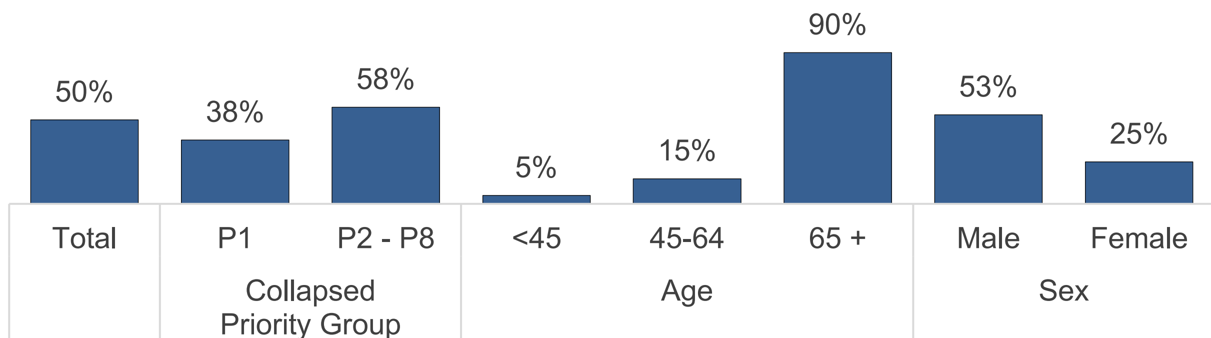


Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees. Differences between subgroups are statistically significant at the $p<0.01$ level (Chi squared test).

3.2 Medicare Coverage

The 2024 survey identified 50 percent of enrollees as having Medicare coverage (see Figure 3-1 above). Figure 3-4 shows the percentage of enrollees in Medicare by demographic characteristics and Priority Group. Medicare enrollees were more likely to be in Priority Groups 2-8. As expected, enrollees age 65 years or older were much more likely to have Medicare than younger enrollees. Additionally, a greater percentage of male enrollees (53 percent) had Medicare coverage compared to female enrollees (25 percent).

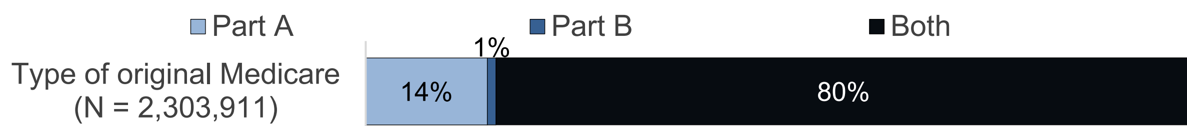
Figure 3-4. Percentage of enrollees with Medicare coverage



Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees. Differences between subgroups are statistically significant at the $p<0.01$ level (Chi squared test).

Most enrollees that reported they have Medicare were covered by both Part A and Part B (80 percent). Only 14 percent indicated they only have Part A Medicare coverage. See Figure 3-5.

Figure 3-5. Percentage of enrollees with Medicare Part A coverage, Part B coverage, or both coverage



3.2.1 Medicare Part D Coverage

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003, otherwise known as the Medicare Modernization Act (MMA), expanded the federal Medicare program by creating the prescription medication benefit called Part D. Prior to this law, Medicare did not offer a prescription drug benefit. Medicare Part D is a voluntary program available to anyone enrolled in Medicare Part A and/or Part B. Although most Medicare Advantage plans contain a prescription coverage plan, Part D is available to those whose plans do not cover prescriptions. There are numerous Part D plans available, depending on the recipient's specific needs, income, and region. Since 2006, Medicare beneficiaries have been able to receive coverage for their prescription medications through Medicare Part D. As of October 2024, more than 53 million Medicare beneficiaries were enrolled in Medicare Part D.[16]

The VA prescription drug benefit is considered to be "creditable" coverage, which means that, on average, it provides benefits that meet or exceed those provided by Medicare Part D. Enrollees can have both VA prescription drug benefits and Medicare Part D coverage. However, VA prescription benefits and Medicare Part D do not work together. VA prescription drug benefits cover medications obtained through VA providers, whereas Medicare Part D coverage generally does not cover medications obtained through VA providers. Although the VA pharmacy benefit is deemed equivalent to Medicare Part D, enrolled Veterans who meet low-income assistance thresholds under Medicare Part D may further reduce out-of-pocket expenses by using Medicare Part D than by using the VA pharmacy, thereby making Medicare Part D more attractive.[17]

Some Medicare Part D beneficiaries whose cost-sharing expenses exceed a certain threshold enter the coverage gap, colloquially called the "donut hole."[18] To get out of the coverage gap, beneficiaries had to pay a greater portion out of pocket until they reached the gap ceiling, after which they are covered under Part D again. The ACA endeavored to phase out the gap in coverage by requiring manufacturers to maintain a discount on the price of covered brand-name drugs in the coverage gap, reducing co-payments for brand-name and generic drugs in the gap, and gradually lowering co-payments to the level that applied before the gap. In 2020, Medicare considered the coverage gap in Part D benefits "closed," as the coinsurance rates had been lowered to 25 percent for both brand-name and generic drugs, meaning that based on the Centers for Medicare and Medicaid Services (CMS) Standard Model Medicare Part D plan, beneficiaries were paying the same cost-sharing in both the initial coverage phase and in the coverage gap.[19] Though the gap has closed, in 2024, Medicare Part D beneficiaries still pay out-of-pocket costs once they pass the initial benefit period threshold of $5,030 spent on

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[16] Available at: https://www.kff.org/medicare/issue-brief/key-facts-about-medicare-part-d-enrollment-premiums-and-cost-sharing-in-2024/.

[17] Available at: http://www.ncbi.nlm.nih.gov/pubmed/17909387.

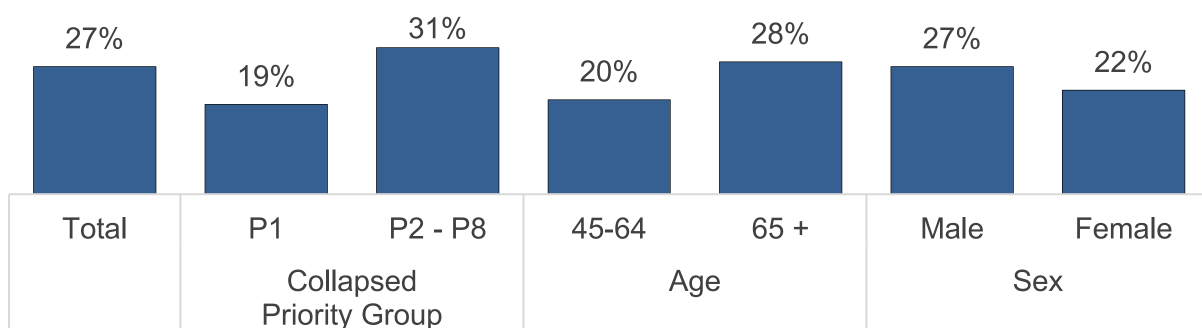
[18] Available at: https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap.

[19] Ibid.

prescription medications.[20] When total out-of-pocket costs reach $8,000, the beneficiary will reach the Catastrophic Benefit Period and pay minimal coinsurance or co-payment costs.[21] These changes to Medicare Part D passed in the Inflation Reduction Act to address the "donut hole" started in 2024.[22]

In 2024, enrollees who had Medicare coverage were asked if they had Medicare Part D. Slightly more than a quarter (27 percent) of enrollees with Medicare coverage reported that they had Medicare Part D coverage (Figure 3-6). Figure 3-6 also shows that enrollees in Priority Group 1 were less likely than enrollees in Priority Groups 2-8 to have Medicare Part D coverage. Additionally, more enrollees age 65 and older (28 percent) had Medicare Part D coverage than those age 45 to 64 (20 percent). A larger percentage of male enrollees (27 percent) had Medicare Part D coverage compared to female enrollees (22 percent).

Figure 3-6. Among enrollees with Medicare, the percentage with Medicare Part D coverage



Note: Denominator is enrollees with Medicare. Weighted N = 4,015,443 enrollees. The percentage for <45 is not displayed as the frequency is too small (unweighted n<30) to provide a reliable estimate. Differences between subgroups are statistically significant at the p<0.01 level (Chi squared test).

3.3 TRICARE Coverage

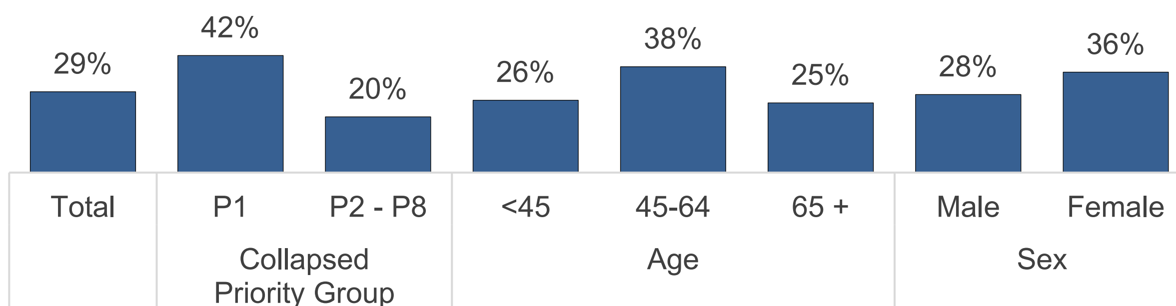
Twenty nine percent of 2024 enrollees reported having TRICARE (including Tricare Prime, Tricare Select, and Tricare for Life) coverage. Figure 3-7 (next page) shows that TRICARE coverage was most common among enrollees in Priority Group 1. These enrollees generally have service-connected disabilities and were about two times as likely as other Priority Groups to have this coverage. Female enrollees were slightly more likely to have TRICARE than male enrollees (36 percent and. 28 percent, respectively). Those between the ages of 45 and 64 were more likely than younger and older enrollees to report having TRICARE coverage.

[20] Ibid.

[21] https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/catastrophic-coverage.

[22] Available at: https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap.

Figure 3-7. Percentage of enrollees with TRICARE coverage

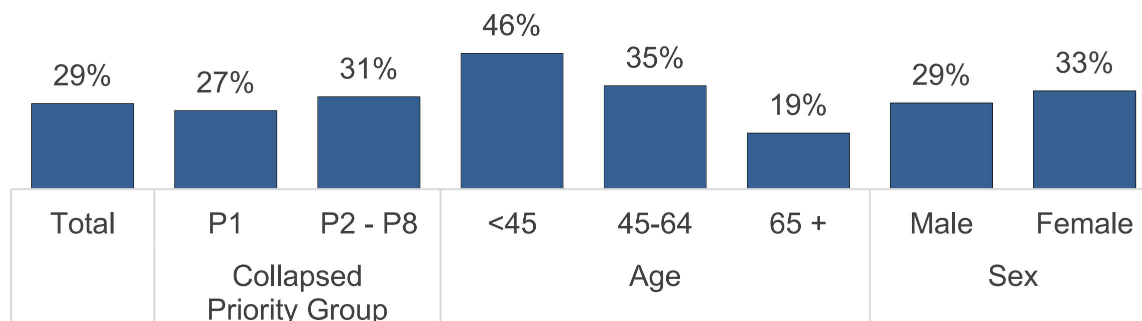


Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees. Differences between subgroups are statistically significant at the p<0.01 level (Chi squared test).

3.4 Private Individual or Group Health Plans

Twenty-nine percent of 2024 enrollees reported having private health insurance. Enrollees were asked whether they were covered by individual or group health plans through an employer, spouse or domestic partner's employer, union, or some other source. Figure 3-8 show that enrollees younger than 45 years of age were more likely than their respective counterparts to have private insurance. Among Priority Groups, those in Priority Group 1 were the least likely to be covered by private individual or group health plans (27 percent) compared with enrollees in Priority Groups 2-8 (31 percent). One-third (33 percent) of female enrollees had private or group health insurance coverage as compared to 29 percent of male enrollees.

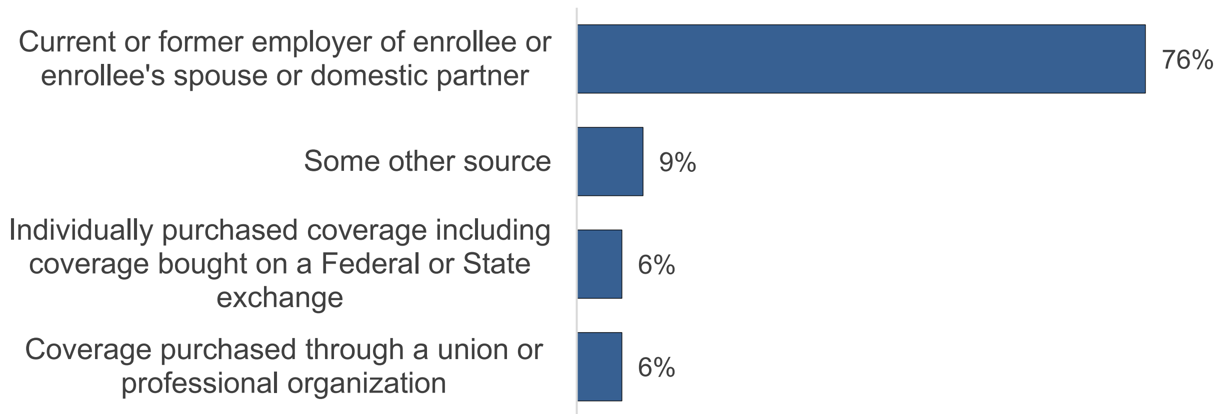
Figure 3-8. Percentage of enrollees with private or group health plans



Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees. Differences between subgroups are statistically significant at the p<0.01 level (Chi squared test).

Figure 3-9 (next page) shows that, among enrollees covered by a private or group health plan, three-quarters (76 percent) were covered by their current or former employer or their spouse/domestic partner. Nine percent of enrollees obtained coverage from some other source, six percent of enrollees individually purchased coverage through a federal or state exchange, and six percent purchased coverage through a union or professional organization.

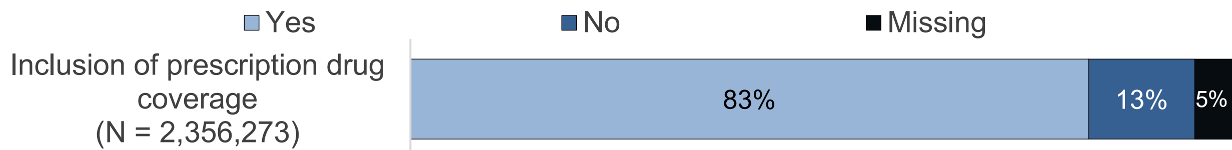
Figure 3-9. Among enrollees covered by any other individual or group health plan, the provider of the coverage



Note: Denominator is enrollees with private insurance. Weighted N = 2,356,273 enrollees.

For enrollees with coverage by an individual or group health plan, most (83 percent) had an individual plan that included prescription drug coverage as part of that plan, and 13 percent of enrollees had a private individual or group health plan that did not include prescription drug coverage (see Figure 3-10).

Figure 3-10. Among enrollees covered by any other individual or group health plan, the inclusion of prescription drug coverage in health plan



4. CURRENT HEALTH STATUS AND ASSISTANCE NEEDS

Self-reported health status is an important determinant of enrollees' use of VA Health Care services. The Centers for Disease Control and Prevention (CDC) has noted that emotional well-being is associated with health-, job-, and social benefits. Further, higher levels of emotional well-being have been associated with decreased risk of disease.[23] Previous research indicates that enrolled Veterans who use VA for all of their health care are more likely to be in poor health than enrolled Veterans who use VA for only some or none of their health care.[24,25] While Veterans recently separated from the military report health issues, they also often have relatively stronger social relationships.[26] The research also suggests that Veterans who use VA Health Care services for at least some of their care have a substantially elevated health burden compared to other Veterans.[27]

The 2024 Survey of Enrollees gathered information about enrollees' perceived health status and caregiver assistance needs. Enrollees provided information on their physical health, mental health, and emotional needs. Enrollees also provided an overview of the level of assistance they receive from caregivers and the support their caregivers receive.

4.1 Physical Health

Enrollees rated their physical health on a scale from "poor" to "excellent."

Overall, most enrollees (62 percent) reported they were in at least "good" physical health (good, very good, or excellent). The percentage of enrollees who reported at least "good" physical health differed by Priority Group. Fifty-two percent of enrollees in Priority Group 1 reported at least "good" physical health compared to 69 percent of enrollees in Priority Groups 2 to 8. Figure 4-1 (next page) displays the percentage of enrollees that reported "good," "very good," or "excellent" physical health overall by collapsed Priority Group, age, and sex.

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[23] Available at: https://www.cdc.gov/emotional-well-being/about/index.html.

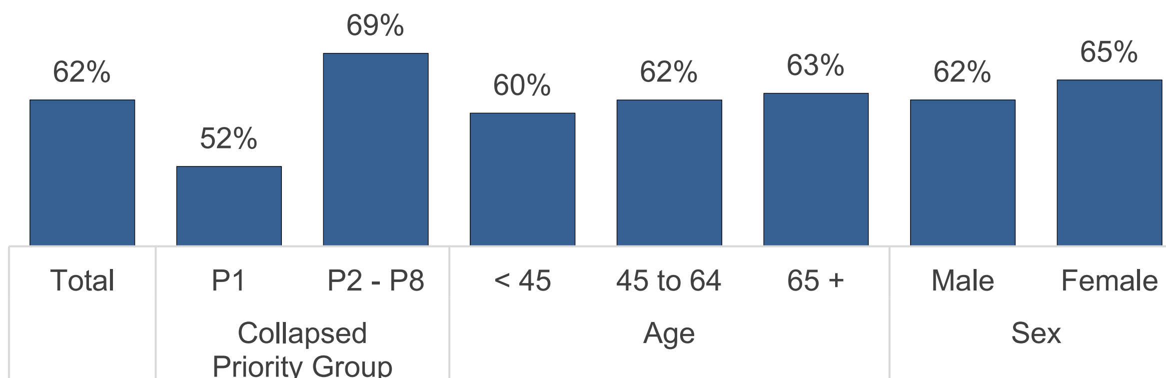
[24] Nelson, K.M., Starkebaum, G.A., and Reiber, G.E. (2007). Veterans using and uninsured Veterans not using Veterans Affairs (VA) health care. *Public Health Reports*, 122(1), 93-100.

[25] Landes, S.D., London, A.S., and Wilmoth, J.M. (2018). Mortality among Veterans and non-Veterans: Does type of health care coverage matter? *Population Research and Policy Review*, 37(4), 517-537.

[26] Vogt, D.S., Tyrell, F.A., Bramande, E.A., Nillni, Y.I., Taverna, E.C., Finley, E.P., Perkins, D.F., and Copeland, L.A. (2020). U.S. military Veterans' health and well-being in the first year after service. *American Journal of Preventive Medicine*, 58(3), 352-360.

[27] Howren, M.B., Cai, X., Rosenthal, G., and Vander Weg, M.W. (2012). Associations of health-related quality of life with healthcare utilization status in Veterans. *Applied Research in Quality of Life*, 7(1), 83-92.

Figure 4-1. Percentage of enrollees in at least good physical health, by collapsed Priority Group, age, and sex



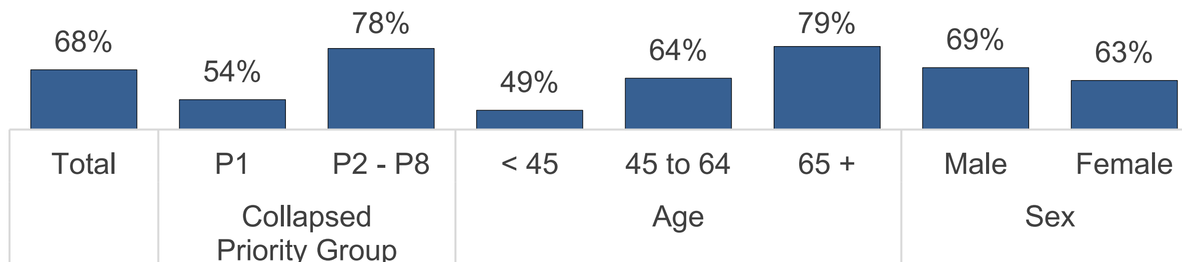
Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees. Differences between Priority Groups are statistically significant at the p<0.01 level (Chi squared test).

4.2 Mental Health

Enrollees rated multiple aspects of their mental health, including overall mental health, social and emotional support, satisfaction with life, involvement in important aspects in life, and functioning in life, on a scale from "poor" to "excellent. Figure 4-2 displays the percentage of enrollees that reported "good," "very good," or "excellent" mental health overall and by collapsed Priority Group, age, and sex.

Most enrollees (68 percent) had at least "good" mental health. Younger enrollees and enrollees in Priority Group 1 reported the lowest levels of at least "good" mental health. Forty-nine percent of enrollees under 45 reported at least "good" mental health, while 64 percent of enrollees aged 45 to 64 and 79 percent of those 65 and older reported the same. Additionally, 54 percent of enrollees in Priority Group 1 reported at least "good" mental health. Male enrollees also reported having at least "good" mental health (69 percent) at a higher rate compared to female enrollees (63 percent).

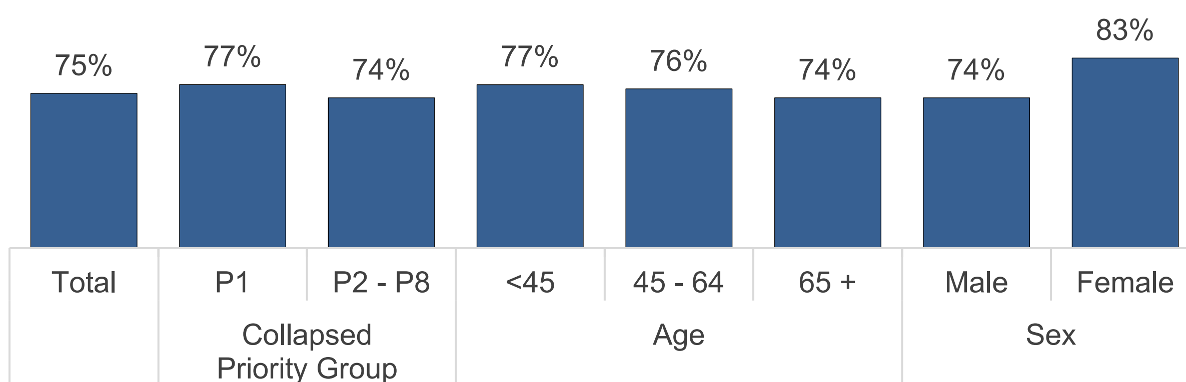
Figure 4-2. Percentage of enrollees in at least good mental health, by collapsed Priority Group, age, and sex



Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees. Differences between subgroups are statistically significant at the p<0.01 level (Chi squared test).

Enrollees provided the frequency that their social and emotional support needs are met on a scale from “never” to “always.” Figure 4-3 displays the percentage of enrollees that “sometimes,” “usually,” or “always” receive the social and emotional support they need overall and by collapsed Priority Group, age, and sex. Most enrollees reported they at least sometimes receive the social and emotional support they need (75 percent). Differences in social and emotional support were exceptionally large for women in comparison to men, as 83 percent of female at least sometimes received the social and emotional support they needed compared to 74 percent of male enrollees.

Figure 4-3. Percentage of enrollees that at least sometimes receive needed social and emotional support, by collapsed Priority Group, age, and sex

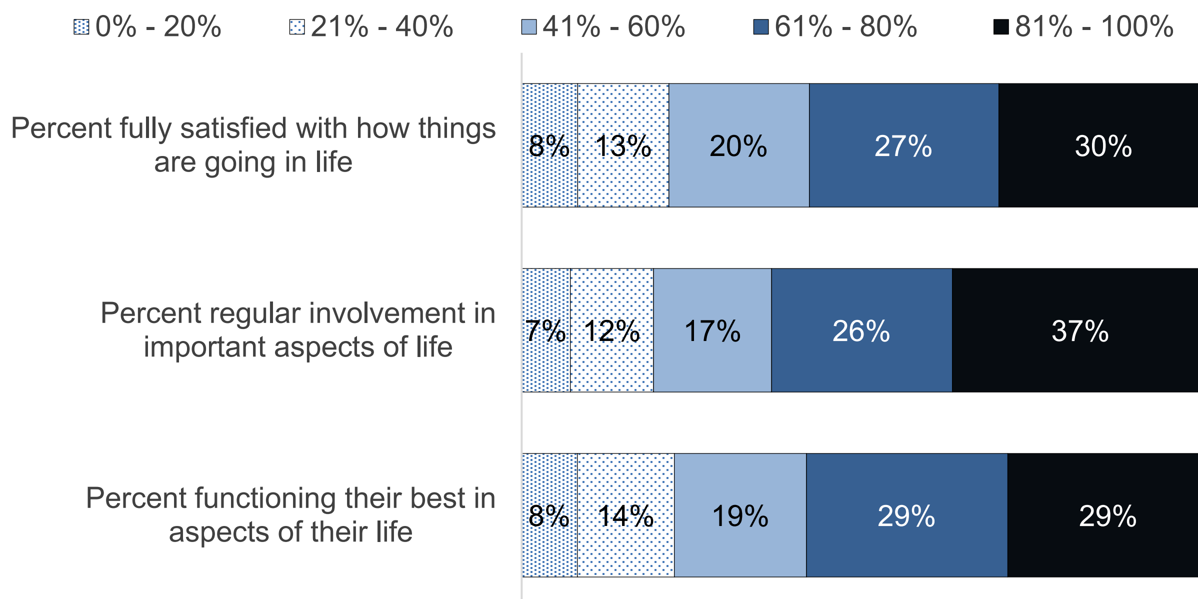


Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees. Differences between Priority Groups, under 45 and 65 and older, and sex are statistically significant at the p<0.01 level (Chi squared test).

Enrollees were asked to consider the most important things that they do or wish to do in their lives and then were asked a series of three questions, keeping the things that are important to them in mind. In these questions, they were asked to rate their satisfaction with how things are going, regular involvement in these aspects of life, and how they are functioning in these aspects of life on a scale from zero to 100. This question had been developed and validated by VHA Office of Patient Centered Care and Cultural Transformation and was adopted for the Survey of Enrollees.

Figure 4-4 (next page) displays enrollee responses to these questions. Seventy-seven percent of enrollees were satisfied with how things were going in life at least 41 percent of the time. Similarly, most enrollees (80 percent) had regular involvement in aspects of their life that are important to them at least 41 percent of the time. Further, 77 percent of enrollees reported that, at least 41 percent of the time, they function their best in aspects of their life in which they participate.

Figure 4-4. Percentage of enrollees by level of satisfaction, involvement, and best functioning in important aspects of life (on percentage scale) in the last three months



Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees.

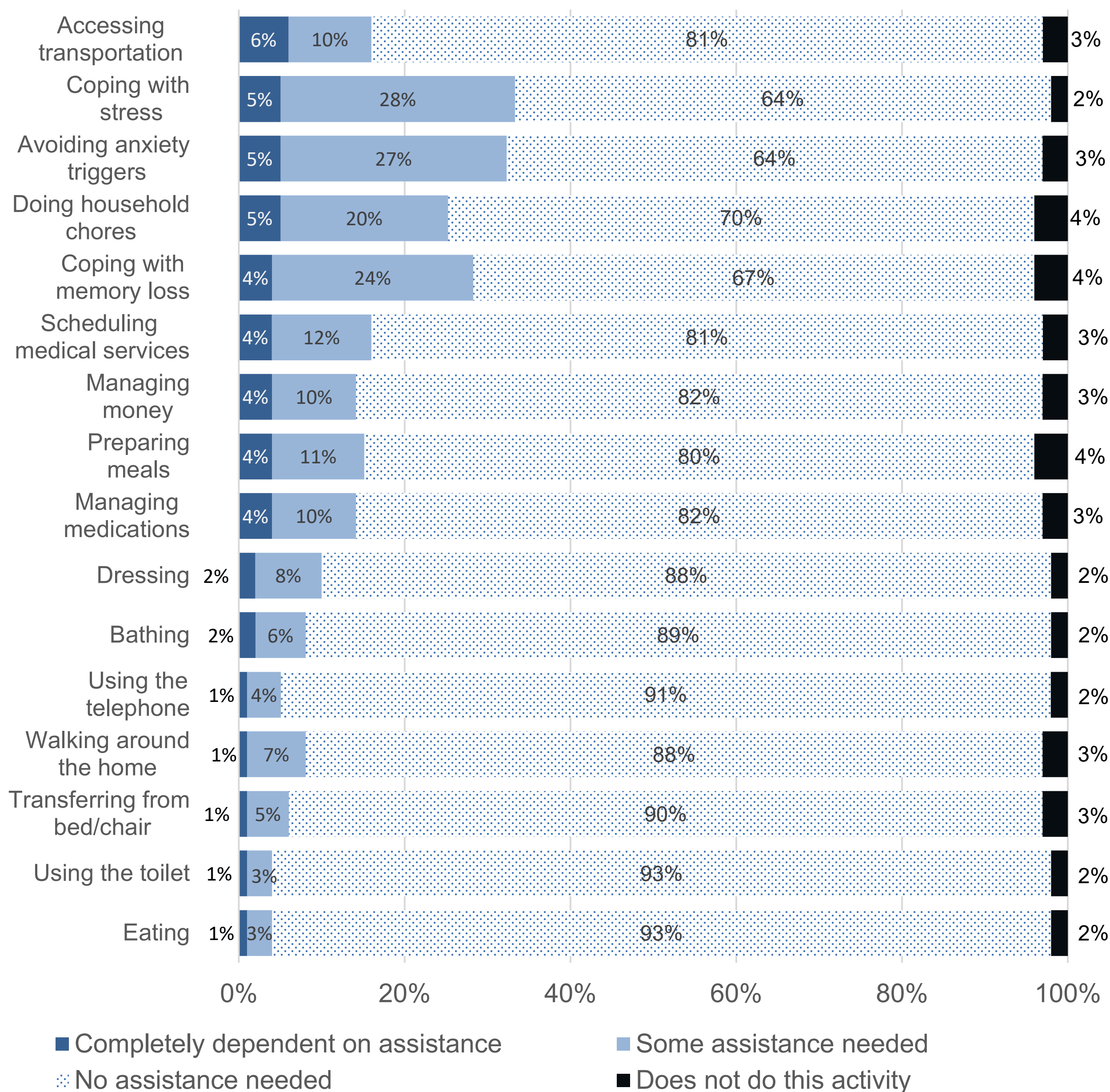
4.3 Assistance in Daily Activities

VHA has a Caregiver Support Program that offers support services, including financial services, to caregivers of eligible Veterans enrolled in VA Health Care. To assess the need for caregiver assistance in the overall enrollee populations, as well as determine the extent to which VHA's caregiver assistance programs are used, a series of questions about how enrollees receive help with daily activities were developed. Enrollees described the level of assistance they receive for daily activities such as household chores, bathing, preparing meals, or transportation from family, friends, neighbors, or others. They also provided context regarding who supports them.

Figure 4-5 (next page) displays the percentage of enrollees that reportedly receive assistance for daily activities. Enrollees that indicated they needed at least some assistance in one of these daily activities were categorized as enrollees that need assistance, and 49 percent of enrollees were in this category. Of enrollees that reported needing at least some assistance with one of the activities listed in this figure, 66 percent are receiving assistance for at least some of their needs.

The daily activities with which enrollees most frequently reported needing at least some assistance included coping with stress, avoiding anxiety triggers, coping with memory loss, and doing household chores. Additionally, 16 percent of enrollees reported being somewhat or completely dependent on assistance to access transportation, with six percent of enrollees reporting that they were completely dependent on assistance for accessing transportation.

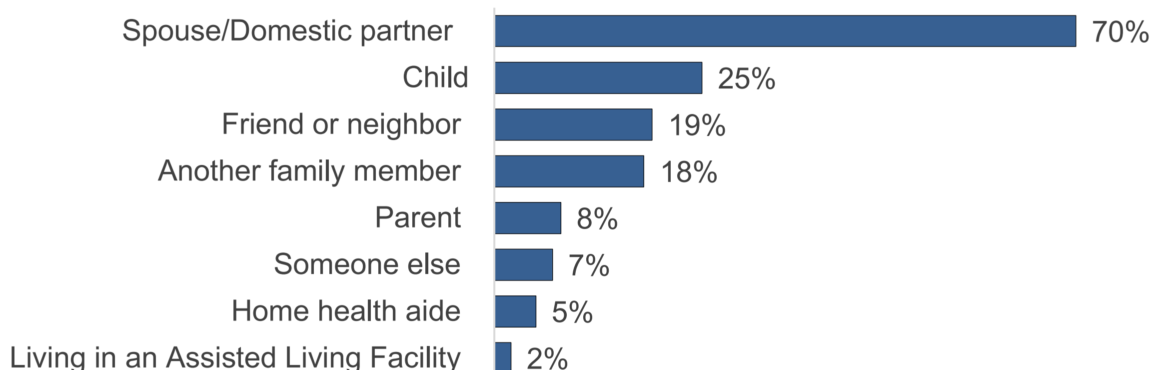
Figure 4-5. Percentage of enrollees by receipt of assistance for daily activities



Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees. Percentages of respondents who did not answer the question are not shown.

Enrollees indicated if they received assistances from family, friends, neighbors, or others, and 34 percent of enrollees received support for some or all of their needs. These enrollees were also asked who was providing the assistance (Figure 4-6, next page). The most common providers of assistance were family members: a spouse or domestic partner (70 percent), a child (25 percent), and another family member (18 percent). Enrollees also received support from professionals, with five percent of enrollees receiving assistance from a home health aide and two percent living in an assisted living facility.

Figure 4-6. Among enrollees receiving assistance, percentage of enrollees by person providing assistance

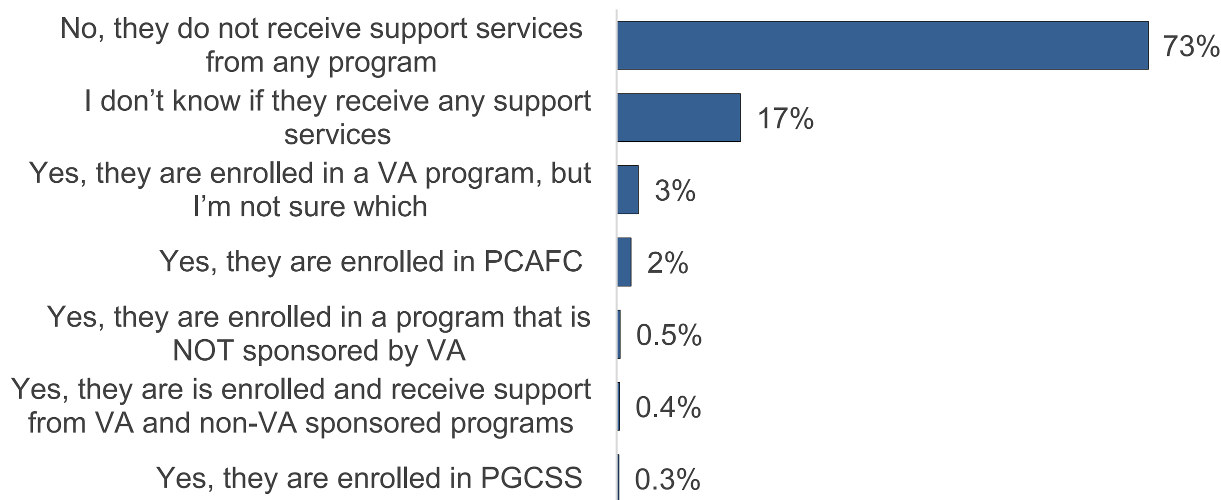


Note: Denominator is enrollees that receive assistance for daily activities. Weighted N = 2,744,217 enrollees. Categories are not mutually exclusive, and enrollees can be counted in more than one category.

4.4 Support for Caregivers

Enrollees provided information on the levels of support their caregivers receive, including utilization of VA Caregiver Support Program's Program of Comprehensive Assistance for Family Caregivers (PCAFC) or Program of General Caregiver Support Services (PGCSS), awareness of VA education resources and VA sponsored programs, and enrollment in caregiver support programs. Enrollees reported that most of their caregivers (73 percent) do not receive support services from any program, and 17 percent of enrollees do not know if their caregivers receive any support services (Figure 4-7).

Figure 4-7. Among enrollees receiving assistance, percentage of enrollees that have primary caregivers who receive support services from any caregiver support program



Note: Denominator is enrollees that receive assistance for daily activities. Weighted N = 2,744,217 enrollees.

5. SMOKING AND TOBACCO USE

The Survey of Enrollees serves as an important source of data on the prevalence of smoking among the enrolled population. Smoking is a significant health problem for Veterans and remains an important measure in assessing the health of enrolled Veterans. The CDC states that people who smoke are more likely than people who do not smoke to develop heart disease, stroke, and lung cancer, and estimates that cigarette smoking causes nearly one in five deaths each year in the United States. The CDC also states that smoking continues to be the leading cause of preventable death and disease in the U.S.[28] Although most young people who smoke start smoking prior to age 18, many in the military begin during their period of service.[29]

5.1 Cigarette Smoking Status Overview

As in past enrollee surveys, the survey team modeled the 2024 survey questions about cigarette smoking after the Behavioral Risk Factor Surveillance System (BRFSS), a national health survey conducted by the CDC. The survey asked enrollees whether they smoked at least 100 cigarettes in their lifetime. Enrollees who indicated that they had *not* smoked 100 cigarettes in their lifetime were not asked any further questions about smoking. Enrollees who indicated that they had smoked at least 100 cigarettes were asked six additional questions about their smoking history. Specifically, the survey asked whether they currently smoked every day, some days, or not at all. Those who indicated that they smoked at least some days were considered to be enrollees who currently smoke. The survey asked enrollees who currently smoke about any attempts to quit in the past 12 months[30] Enrollees who currently smoke were asked about the length of time since they last smoked regularly. All enrollees, regardless of their cigarette smoking status, were also asked whether they currently used chewing tobacco, snuff, or snus, and whether they currently used e-cigarettes (also known as vapes or electronic nicotine delivery systems).

Based on their responses to the series of questions, enrollees were classified into six groups: (1) enrollees who have never smoked, (2) enrollees who have smoked, (3) enrollees who currently smoke, (4) recent unsuccessful quitters, (5) enrollees who formerly smoked, and (6) recent successful quitters. These are defined as:

Have you smoked at least 100 cigarettes in your entire life?

1. Enrollees who answered “No” were “enrollees who have never smoked.”

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[28] Available at: https://www.cdc.gov/tobacco/about/?CDC_AAref_Val=https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/.

[29] Available at: https://www.ncbi.nlm.nih.gov/books/NBK215338/.

[30] In the 2010-2015 survey cycles, all “ever smokers” were asked the question about recently quitting (“During the past 12 months, have you stopped smoking for more than 1 day because you were trying to quit smoking?”). In 2016-2021, only “people who currently smoke” were asked this question, which translates to the percentage of “people who currently smoke” who made a recent quit attempt or are “unsuccessful quitters.”

2. Enrollees who answered “Yes” were “enrollees who have smoked.”

Of “enrollees who have smoked”: Do you now smoke cigarettes every day, some days, or not at all?

3. Enrollees who answered “every day” or “some days” were **“enrollees who currently smoke.”**
4. Enrollees who answered “not at all” were **“enrollees who formerly smoked.”**

Of “enrollees who currently smoke”: During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking?

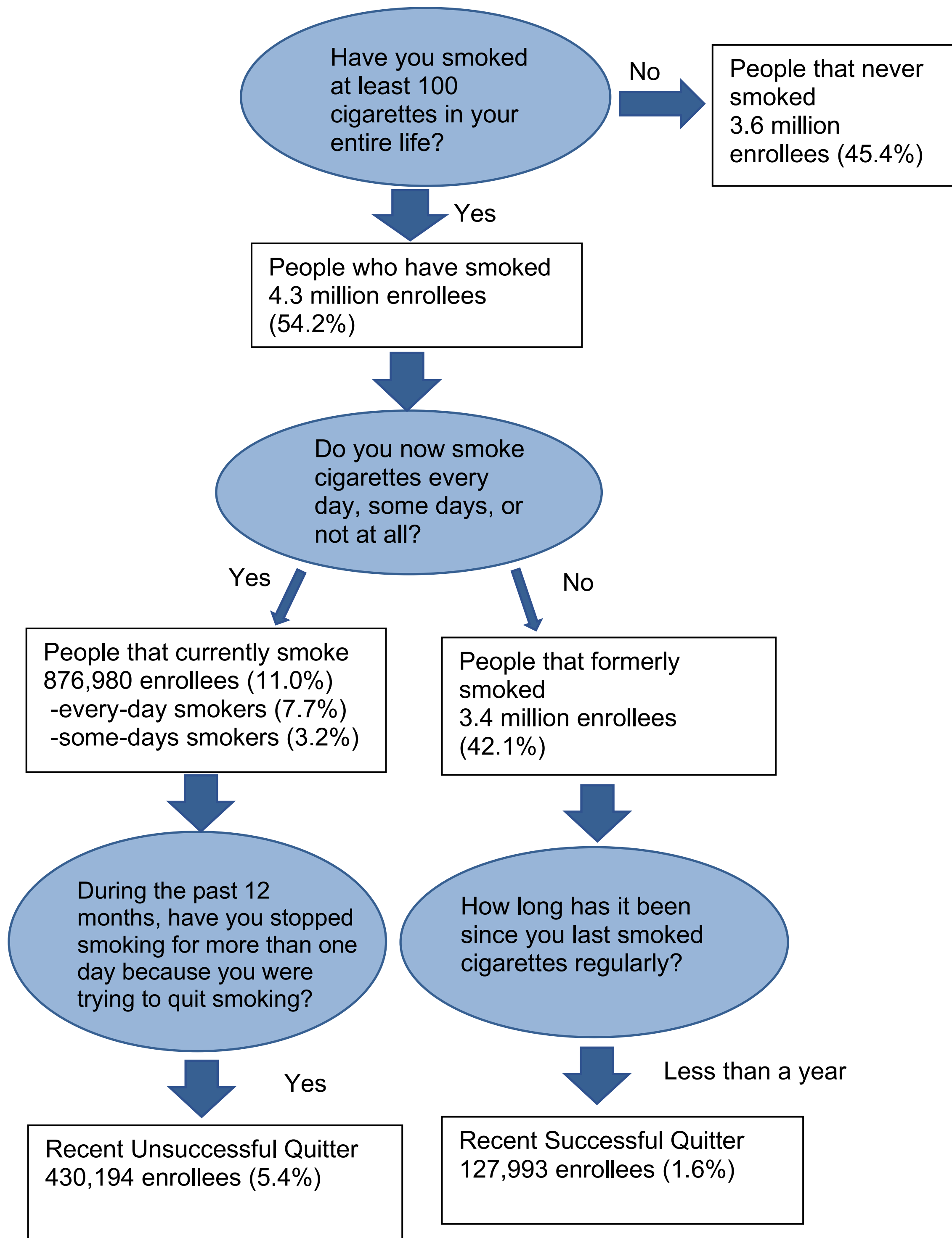
5. Enrollees who answered “Yes” were **“recent unsuccessful quitters.”**

Of “enrollees who formerly smoked”: How long has it been since you last smoked cigarettes regularly?

6. Enrollees who answered “Less than a year ago” were **“recent successful quitters.”**

Figure 5-1 (next page) depicts the smoker status classification of enrollees in the six groups, along with percentages of each group. In 2024, a total of 54 percent of enrollees were classified as enrollees who have smoked. Enrollees who currently smoke include both enrollees who reported smoking every day and those who reported smoking some days. The 2024 survey identified three percent as enrollees who smoke some days and eight percent as enrollees who smoke every day. Additionally, five percent of enrollees had a recent unsuccessful quit attempt, while two percent of enrollees had a recent successful quit attempt.

Figure 5-1. Smoker status classification



Note: Denominator is all enrollees. Percentages do not add to 100 percent due to missing values.

Figure 5-2 shows smoking status over the past five survey cycles. The proportion of enrollees that have never smoked has slowly increased from 43 percent (2020) to 45 percent (2024). In the past year, two percent of the enrollee population successfully quit smoking which is similar to the proportion of enrollees that successfully quit from 2020 to 2023.

Figure 5-2 also shows the decline in enrollees who currently smoke from 13 percent in 2020 to 11 percent in 2024. This follows a similar decreasing trend among enrollees who currently smoke in the general U.S. adult population, which dropped from 21 percent in 2005[31] to about 12 percent in 2022.[32]

Figure 5-2. Enrollee smoking status, by year

Smoking status	2020	2021	2022	2023	2024
Enrollees who have never smoked	3,711,467	3,812,622	3,634,702	3,679,682	3,636,272
% Enrollee population	42.5%	43.9%	43.4%	44.7%	45.4%
Enrollees who have smoked	4,941,589	4,816,256	4,662,363	4,524,861	4,337,270
% Enrollee population	56.6%	55.5%	55.7%	55.0%	54.2%
Enrollees who currently smoke*	1,161,301	1,116,112	1,067,431	939,875	876,980
% Enrollee population	13.3%	12.9%	12.7%	11.4%	11.0%
Recent unsuccessful quitters	629,755	550,451	557,788	449,668	430,194
% Enrollee population	7.2%	6.3%	6.7%	5.5%	5.4%
Enrollees who formerly smoked	3,711,495	3,637,363	3,512,796	3,501,583	3,368,762
% Enrollee population	42.5%	41.9%	41.9%	42.6%	42.1%
Recent successful quitters	164,221	154,980	145,516	126,398	127,993
% Enrollee population	1.9%	1.8%	1.7%	1.5%	1.6%
Enrollee population	8,725,547	8,680,525	8,376,015	8,228,035	8,003,238

*"Enrollees who currently smoke" include enrollees who also reported that they are currently smoking every day or some days.

Note: Those missing information on smoking status are included in the enrollee population for percentage calculations.

5.2 Cigarette Smoking by Select Characteristics

There were notable differences in smoking rates across different Priority Groups, age groups, and sex (see Figure 5-3, page 43). Enrollees in Priority Group 1 were less likely to be current or former smokers (50 percent) compared to enrollees in Priority Group 2-8 (55 percent). Younger enrollees reported being current or former smokers at a lower rate compared to older enrollees. Forty-three percent of enrollees under 45 were either current or former smokers compared to 46 percent of enrollees aged 45 to 64 and 62 percent of enrollees 65 and older. Enrollees aged 45 to 64 were most likely to be current smokers (14 percent) compared to enrollees under 45 (11 percent) or 65 and older (9 percent). While only nine percent of enrollees 65 and older were

[31] Available at: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5542a1.htm.

[32] Available at: https://www.cdc.gov/tobacco/php/data-statistics/adult-data-cigarettes/index.html.

current smokers, 53 percent of these enrollees were former smokers, which was the largest proportion of any age group. A lower percentage of female enrollees (39 percent) indicated that they were current or former smokers compared to male enrollees (55 percent). However, both groups had similar rates of enrollees who currently smoke as a percentage of their respective groups (11 percent).

When comparing current smoker status among VA enrollees by additional characteristics, notable differences emerged. Across all racial and ethnic groups, Asian non-Hispanic and Black non-Hispanic enrollees had higher current smoking rates than White non-Hispanic and Hispanic enrollees. In terms of health status, enrollees who reported being in “fair” or “poor” physical health (14 percent) or mental health (14 percent) were more likely to be enrollees who currently smoke than those who reported being in “good”/”very good”/”excellent” physical health (9 percent) or mental health (10 percent). Enrollees that reported being in “good”/”very good”/”excellent” mental health were also more likely to be former smokers (44 percent) compared to those that reported being in “fair” or “poor” mental health (38 percent) The proportion of enrollees who currently smoke was much higher among uninsured (17 percent than those who had health insurance (9 percent). Additionally, a larger proportion of enrollees with health insurance (44 percent) were former smokers compared to enrollees that did not have health insurance (34 percent). Enrollees with at least a bachelor's degree were current (14 percent) or former smokers (46 percent) at lower rates compared to other enrollees. Further enrollees that earned over $35,000 smoked at a lower rate (8 percent) compared to enrollees that earned under $35,000 (20 percent).

Figure 5-3. Current smoking status, by select characteristics

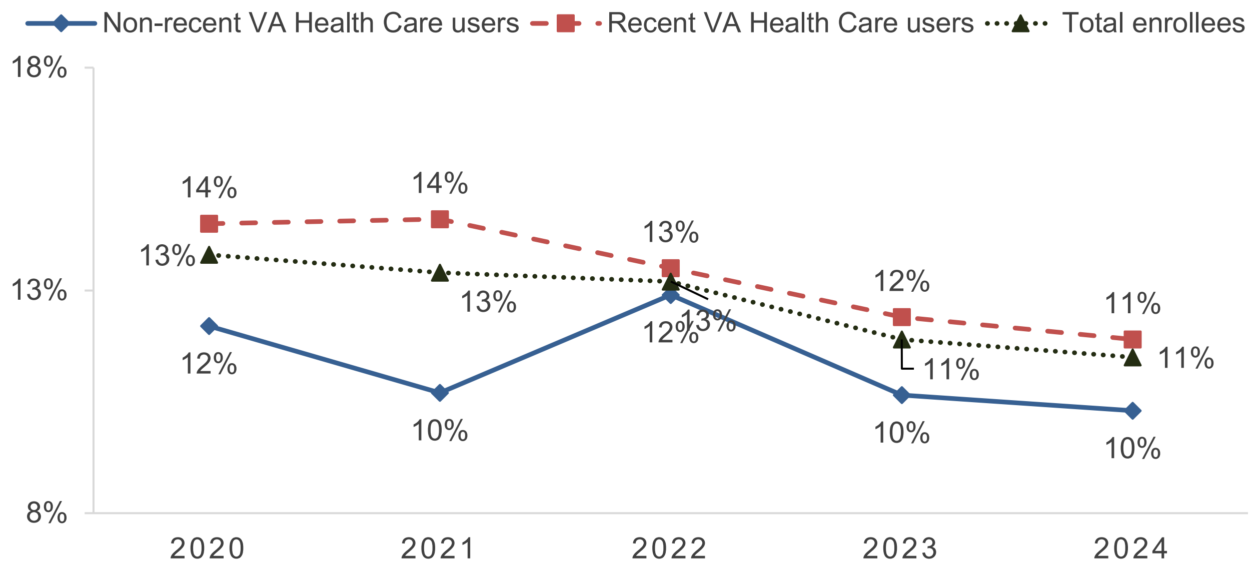
	Current		Former		Total enrollees
	#	%	#	%	#
Collapsed Priority Group					
Priority Group 1	341,211	10.5	1,282,657	39.5	3,250,611
Priority Group 2 – 8	535,769	11.3	2,086,105	43.9	4,752,628
Age					
<45	173,624	10.6	518,142	31.8	1,630,790
45 – 64	351,640	14.4	760,477	31.1	2,441,394
65+	351,716	9.0	2,088,439	53.1	3,929,349
Sex					
Male	786,887	11.0	3,133,531	43.7	7,172,923
Female	90,093	10.9	235,231	28.3	830,316
Race and ethnicity (mutually exclusive)					
White non-Hispanic	558,286	10.3	2,542,751	47.1	5,398,085
Black non-Hispanic	145,624	15.4	262,538	27.8	943,498
American Indian/Alaska Native non-Hispanic	12,768	18.5	20,382	29.6	68,836
Asian non-Hispanic	16,901	15.9	26,916	25.3	106,552
Native Hawaiian non-Hispanic	NA	NA	NA	NA	NA
Multiracial non-Hispanic	33,651	15.8	82,838	38.9	212,771
Hispanic	54,296	7.8	216,997	31.3	693,152
Missing	51,986	9.5	207,199	37.9	546,613
Insurance status					
Insured	655,616	9.8	2,925,727	43.6	6,709,111
Not insured	221,364	17.1	443,035	34.2	1,294,127
Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn status					
Yes	175,435	9.2	601,795	31.5	1,912,359
No	701,545	11.5	2,766,967	45.4	6,090,879
Physical Health status					
Good/Very good/Excellent	442,702	8.9	2,051,434	41.3	4,969,334
Fair/Poor	430,931	14.3	1,305,483	43.4	3,010,043
Mental Health status					
Good/Very good/Excellent	521,240	9.5	2,405,706	43.9	5,479,551
Fair/Poor	350,136	14.0	952,404	38.2	2,493,988
Education					
Less than High School Diploma, High School Diploma, GED, Some college, Associate's Degree, Technical School, or Trade school	725,501	14.0	2390323	46.0	5198522
Bachelor's or graduate	125,479	4.8	918,452	34.8	2,637,796
Income					
<$35,000	361,075	19.5	810,209	43.6	1,856,833
$35,000+	398,866	8.4	2,006,281	42.5	4,720,426

Note: Denominator is all enrollees in the group, including those missing information on smoking. "NA" denotes cells that do not have enough respondents (unweighted n<30) to provide a reliable estimate. Respondents who selected more than one race were categorized as multiracial. Missing values for race and ethnicity represent those

enrollees who did not answer whether they were of Hispanic origin or did not answer the race question. Differences between collapsed Priority Groups, age, sex, insurance status, OEF/OIF/OND status, mental health, physical health, income, and education are statistically significant at the $p<0.01$ level (Chi squared test) for former and current smokers. Differences for Hispanic, White, Black, and Asian enrollees are also statistically significant at the $p<0.01$ level (Chi squared test) for former and current smokers. Health status was based on self-reported survey data.

Based on VA data, 73 percent of enrollees used VA Health Care after September 2023. The chart in Figure 5-4 shows the trend over time in the percentage of current enrollee smokers by whether or not they recently utilized VA Health Care. As illustrated, the current smoking rate among recent and non-recent users of VA services is similar: 11 percent for recent users and 10 percent for non-recent users. The rate of enrollees who currently smoke has slightly declined since 2020 for both recent and non-recent VA Health Care users.

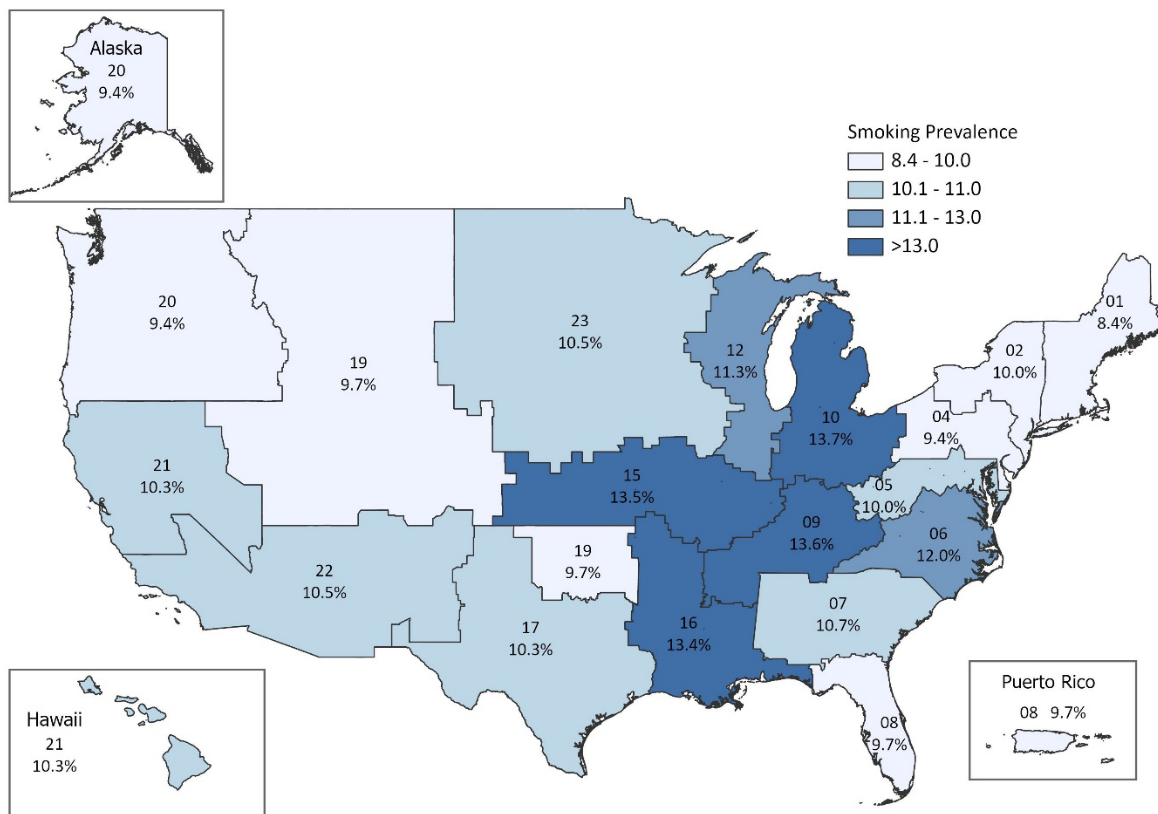
Figure 5-4. Percentage of enrollees who currently smoke by recent* utilization of U.S. Department of Veterans Affairs (VA) services from 2020 to 2024



*Based on FY23EOFY Patient Indicator

Figure 5-5 (next page) shows the percentage of enrollees who currently smoke by Veterans Integrated Services Network (VISN). The percentages of enrollees who currently smoke range from eight percent (VISN 1) to 14 percent (VISN 9, VISN 10, and VISN 15) of the enrollee population. In half of the 18 VISNs, the rate of enrollees who currently smoke is lower than the overall national average of adult enrollees who currently smoke (11 percent).

Figure 5-5. Map of the percentage of enrollees who currently smoke, by VISN

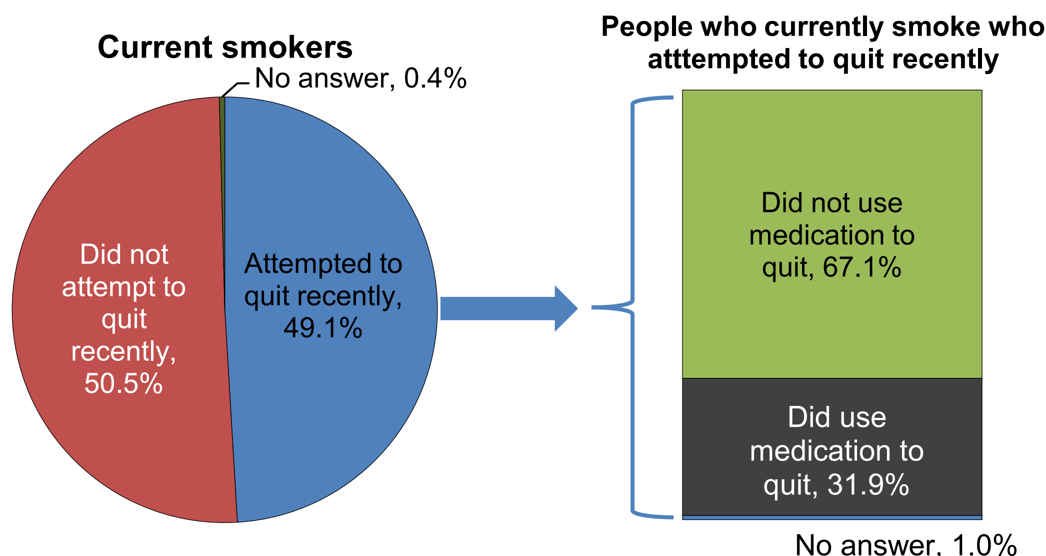


5.3 Tobacco Cessation

Figure 5-2 (above) indicated that 42 percent of enrollees formerly smoked. Most enrollees who formerly smoked (71 percent) reported successfully quitting smoking 10 or more years ago (not shown). An additional 10 percent have not smoked for more than five years but less than 10 years (not shown). Another 10 percent have not smoked for at least one year but less than 5 years (not shown). An estimated four percent of enrollees who formerly smoked reported having successfully quit smoking in the previous 12 months.

As shown in Figure 5-6 (next page), nearly half (49 percent) of current enrollee smokers had made a recent quit attempt but were unsuccessful. Of these recent unsuccessful quitters, 32 percent used non-nicotine prescription medications (such as bupropion, which has common brand names such as Zyban or Wellbutrin or varenicline, which has the common brand name Chantix) or nicotine replacement therapy (e.g., nicotine patch, gum, lozenge, or nasal spray) to help with their tobacco cessation attempts.

Figure 5-6. Recent unsuccessful tobacco cessation attempts among enrollees who currently smoke and use of non-nicotine prescription medications or nicotine replacement therapy



Note: Denominator for the pie chart is the total number of enrollees who currently smoke: weighted N = 876,980. Denominator for the bar chart is the total number of enrollees who currently smoke who attempted to quit recently: weighted N = 127,993.

5.4 Use of Smokeless Tobacco and e-Cigarettes

While smoking rates have been on the decline among the general adult population, the overall usage rates of smokeless tobacco products (e.g., chewing tobacco, snuff, snus) have been steady and e-cigarettes have increased. [33] E-cigarettes are a group of electronic tobacco products that may also be known as e-cigs, vapes, e-hookahs, vape pens, and electronic nicotine delivery systems (ENDS). Among younger demographic groups, such as middle- and high-school students, e-cigarettes are the most common tobacco product used.[34] Despite the popularity, the percentage of high school students that smoked e-cigarettes decreased 4 percentage points from 14 to 10 percent between 2022 and 2023. [35] Less is known about the use of e-cigarettes among Veterans, but recent studies have suggested that use of e-cigarettes or vaping products has already passed cigarette smoking in popularity among young adults in the Air Force.[36]

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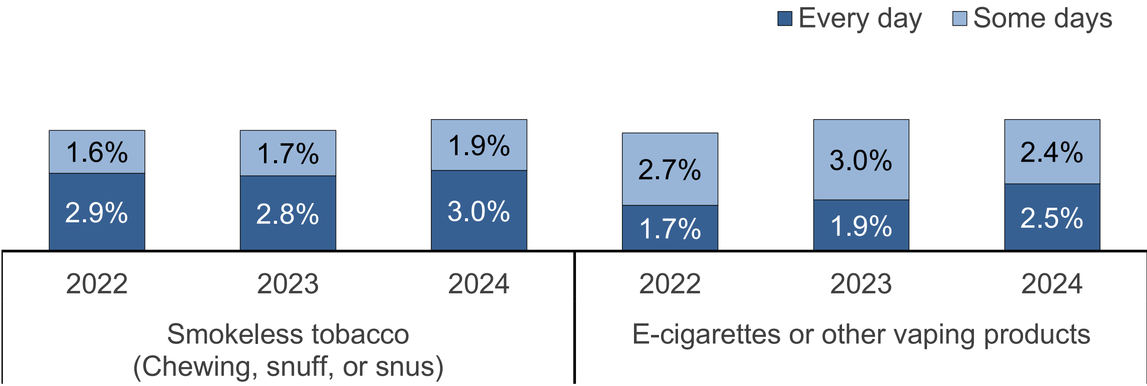
[33] Available at: https://progressreport.cancer.gov/prevention/adult_smoking.
[34] Available at: https://www.cdc.gov/tobacco/e-cigarettes/youth.html.
[35] Available at: https://www.cdc.gov/mmwr/volumes/72/wr/mm7244a1.htm.
[36] Little, M. A., Fahey, M. C., Wang, X. Q., Talcott, G. W., McMurry, T., & Klesges, R. C. (2021). Trends in Tobacco Use among Young Adults Presenting for Military Service in the United States Air Force between 2013 and 2018. *Substance use & misuse*, *56*(3), 370–376. https://doi.org/10.1080/10826084.2020.1868517.

Even though smokeless tobacco and e-cigarettes are often perceived as less harmful alternatives to smoking, both still contain nicotine and cause nicotine dependence and pose several serious health risks to the user. According to the FDA, smokeless tobacco products contain a mix of 4,000 chemicals, including as many as 30 that are linked to cancer.[37] Smokeless tobacco products are also linked to increased risk of developing oral, esophageal, and pancreatic cancers, and can cause stained teeth and damaged gum tissue.[38] E-cigarettes may also contain aerosols that can introduce cancer-causing chemicals, volatile compounds, and heavy metals into the lungs. Chemicals used to flavor the vapor, such as diacetyl, have also been linked to serious lung diseases. Lastly, many young people use both e-cigarettes and traditional cigarettes, and there is some evidence that using e-cigarettes increases the likelihood of smoking cigarettes in the future.[39]

To measure the prevalence of smokeless tobacco use and e-cigarette and/or other vaping product use among enrollees, two questions were asked of enrollees: whether they currently use smokeless tobacco products such as chewing tobacco, snuff, or snus, and whether they use e-cigarettes or other vaping products ("Every day," "Some days," or "Not at all").

Between 2022 and 2024, every day smokeless tobacco use increased slightly from 2.9 to 3.0 percent. Over the same period, the prevalence of e-cigarette or other vaping product use increased slightly among everyday users (from 1.7 to 2.5 percent). Overall prevalence of e-cigarette use (those that used every day or somedays) increased from 4.4 to 4.9 percent (see Figure 5-7).

Figure 5-7. Among enrollees, prevalence of smokeless tobacco and e-cigarette use



Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees.

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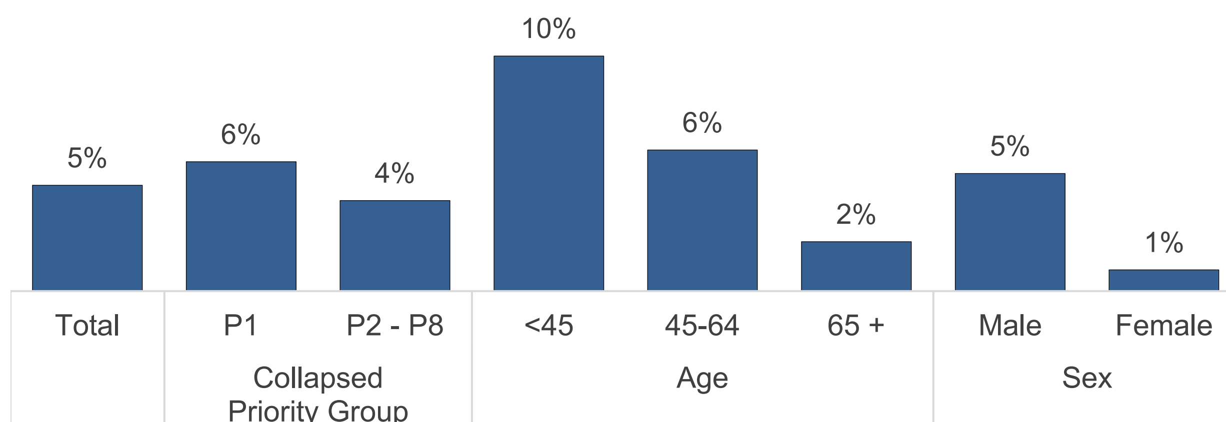
[37] Available at Chemicals in Tobacco Products and Your Health | FDA.

[38] Available at: https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/smokeless-tobacco.html#references.

[39] Available at: https://www.cdc.gov/tobacco/e-cigarettes/youth.html?CDC_AAref_Val=https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html.

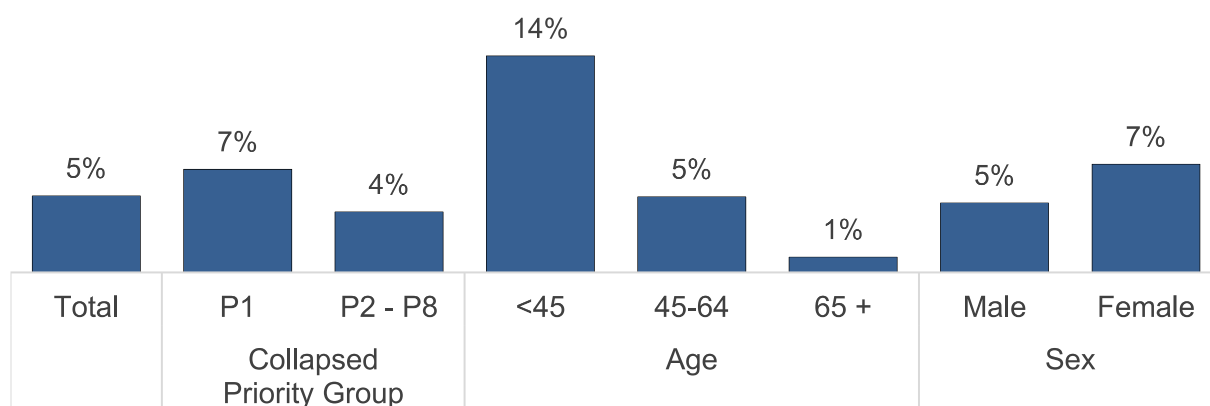
Figure 5-8 shows that the use of smokeless tobacco products varies across age and sex, while Figure 5-9 shows the use of e-cigarettes varies by collapsed Priority Group and age. Enrollees under the age of 45 were more likely to use smokeless tobacco (10 percent) or e-cigarettes (14 percent) compared to other enrollees. The use of smokeless tobacco products and e-cigarettes or other vaping products were lowest among enrollees aged 65 and older (two percent and one percent, respectively). Additionally, male enrollees were more likely than female enrollees to use smokeless products (five percent compared to one percent. Enrollees in Priority Group 1 had a higher rate of e-cigarettes or vaping products (seven percent) compared to those in Priority Groups 2-8 (four percent).

Figure 5-8. Among enrollees, use of smokeless tobacco products by Priority Group, age, and sex



Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees. Differences between age and sex are statistically significant at the p<0.01 level (Chi squared test).

Figure 5-9. Among enrollees, use of e-cigarettes by Priority Group, age, and sex



Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees. Differences between collapsed Priority Group, under 45 and 65 and over are statistically significant at the p<0.01 level (Chi squared test).

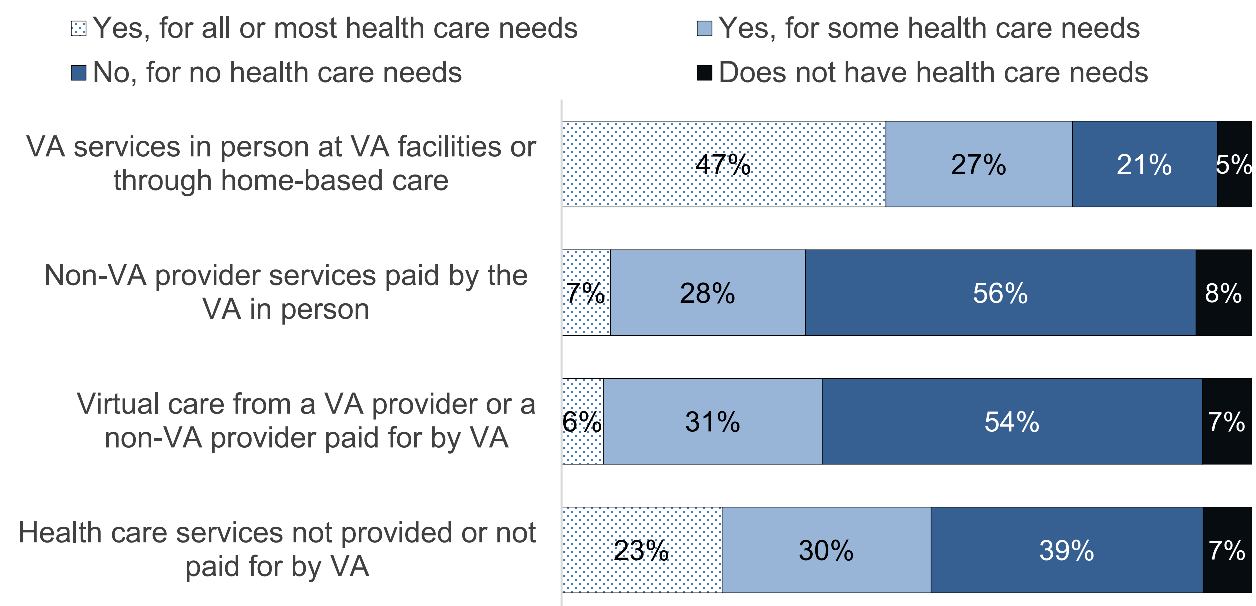
6. HEALTH CARE AND PRESCRIPTION DRUG USE

6.1 Current Use of VA

According to the Fiscal Year (FY) 2022-2028 Strategic Plan, VA projects that the Veteran population will change dramatically by sex, race/ethnicity, and age in the coming decades.[40] To understand the needs of a changing enrollee population, it is crucial to examine enrollees' reasons for current and future use of VA Health Care. The 2024 Survey of Enrollees asked enrollees to identify ways they currently use and plan to use VA services to meet their health care needs.

Forty-seven percent of the enrollees receive VA Health Care services in person at VA facilities or at home for all or most of their needs (see Figure 6-1). Additionally, 27 percent of enrollees indicated that they use those services for some of their health care needs. Of the enrollees receiving any non-VA provider services paid by the VA (in-person), and the enrollees receiving virtual care from any provider paid for by the VA, almost a third of each group indicated they use those services for some, most, or all of their health care needs (35 and 37 percent, respectively). Fifty-three percent of enrollees utilized health care services not provided or not paid for by the VA for some, most, or all of their health care needs.

Figure 6-1. Receipt of health care services for enrollees with heath care needs



Note: Denominator is enrollees, weighted N = 8,003,238 enrollees. Percentages of respondents who did not answer the question are not shown.

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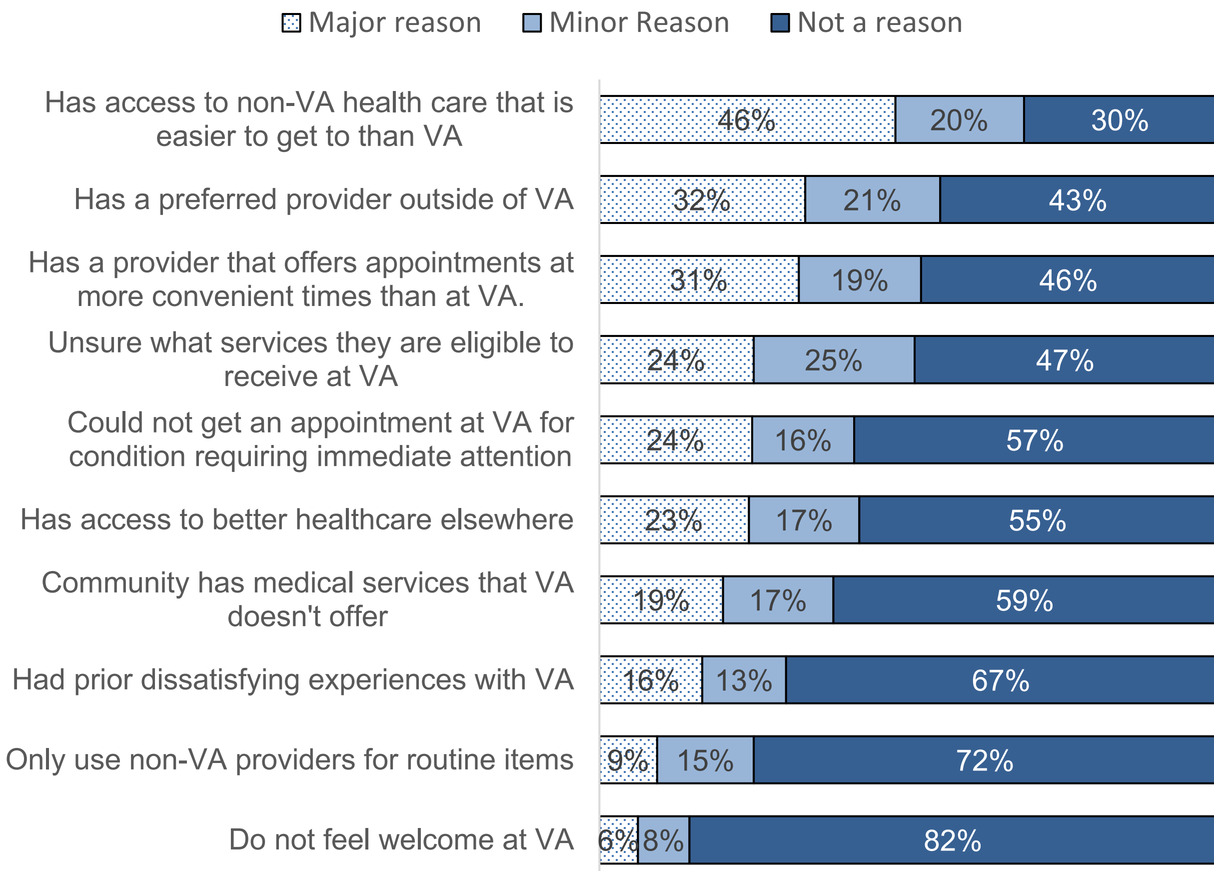
[40] Available at: https://department.va.gov/wp-content/uploads/2022/09/va-strategic-plan-2022-2028.pdf https://www.jcs.mil/Portals/36/Documents/Doctrine/Interorganizational_Documents/dva_strategicplan2018_2024.pdf?ver=2019-03-26-130258-840.

Enrollees that indicated they used any non-VA provided or paid-for services were also asked their reasons for deciding to use those services, instead of VA Health Care, for some or all their health care. They were given the option of selecting that each reason was a “major”, a “minor”, or “not a reason” for their decision (Figure 6-2). Enrollees most frequently indicated that non-VA health care was easier to get to (46 percent), as a major reason for using services other than VA. Additionally, 32 percent of enrollees indicated having a preferred provider outside of VA and 31 percent of enrollees indicated having a provider that offered appointments at more convenient times than those available at VA were major reasons for using services outside the VA.

Figure 6-2. Reasons enrollees use services other than VA

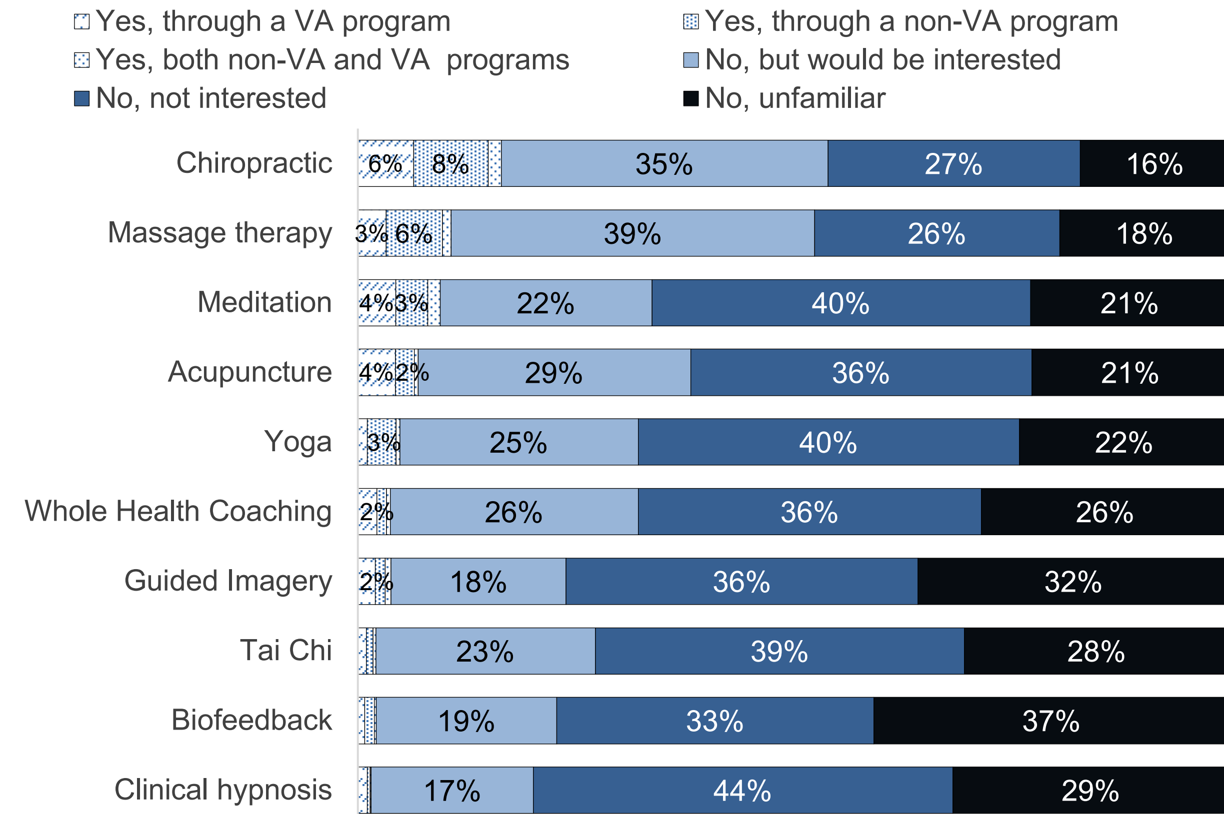


Note: Denominator is enrollees that indicated they used any non-VA provided or paid for health care services, weighted N = 4,208,106 enrollees. Percentages of respondents who did not answer the question are not shown.

6.2 Holistic Care Use

The 2024 survey asked enrollees about their familiarity with and use of holistic health care approaches, such as acupuncture, yoga, chiropractic care and more. Figure 6-3 presents enrollee responses for ten holistic modalities. The holistic approaches most used by enrollees were chiropractic care and massage therapy. Six percent of enrollees used chiropractic care through a VA program and eight percent through a non-VA program. Similarly, three percent of enrollees used massage therapy through a VA program and six percent through a non-VA program. For enrollees who had not used these forms of holistic health care, the greatest interest was for massage therapy (39 percent), chiropractic care (35 percent), and acupuncture (29 percent). Of those who reported they were unfamiliar with the modality and had not used it, biofeedback (37 percent), guided imagery (32 percent), and clinical hypnosis (29 percent) were among the top categories. However, for every modality aside from chiropractic and massage therapy, at least a third of enrollees indicated they were not interested in the approach.

Figure 6-3. Percentage of enrollees using holistic approaches for health care needs



Note: Denominator is all enrollees, Weighted N = 8,003,238 enrollees. Percentages of respondents who did not answer the question are not shown. Data labels are not shown when the percentage 1 or below.

6.3 Prescription Medication Use

The survey asked enrollees the number of prescription medications they had used in the last 30 days and the number they had obtained from VA pharmacies. As shown in Figure 6-4, 40 percent of all enrollees reported using six or more different prescription medications in the past month. An additional 29 percent reported taking three to five prescription medications in the past month, and another 17 percent reported taking one to two prescription medications. Slightly less than one in eight enrollees (12 percent) reported taking no prescription medications in the past month. The mean number of different prescription medications taken by enrollees in the past 30 days was 5.6 prescriptions. The mean includes those who took zero prescription medications.

Figure 6-4. Number of different prescription medications used in the last 30 days, all enrollees

Number of different prescriptions in last 30 days	#	%
0	951,746	11.9
1 – 2	1,371,997	17.1
3 – 5	2,352,347	29.4
6 or more	3,176,856	39.7
Missing	150,293	1.9
All enrollees	**8,003,238**	**100.0**
Mean = 5.6		

Note: The total and the mean include enrollees who used zero prescriptions in the last 30 days.

Enrollees with at least one prescription medication in the past 30 days were asked about the number of prescription medications they obtained from VA pharmacies. Figure 6-5 shows that among these enrollees, 29 percent obtained six or more of their prescription medications from VA pharmacies. Sixteen percent obtained one to two prescription medications from VA, and 22 percent obtained three to five prescription medications from VA. Thirty-two percent of enrollees did not obtain their medications from the VA. For enrollees who reported using one or more prescription drugs in the last 30 days, a mean of 4.1 prescriptions were obtained from the VA.

Figure 6-5. Among enrollees who used prescription medications in the past 30 days, the number of different prescription medications from U.S. Department of Veterans Affairs (VA)

Number of prescriptions from VA in last 30 days	#	%
0	2,216,850	32.1
1 – 2	1,133,466	16.4
3 – 5	1,490,733	21.6
6 or more	1,991,211	28.9
Missing	68,939	1.0
Total	**6,901,199**	**100.0**
Mean = 4.1		

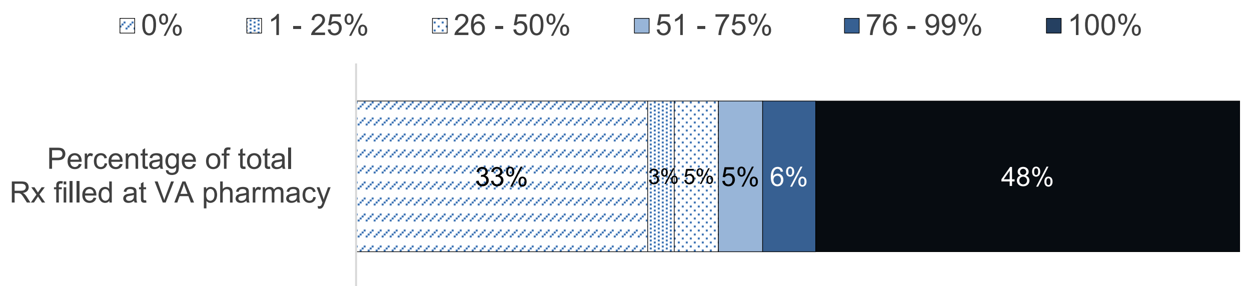
Note: The total and the mean exclude enrollees who used zero prescriptions in the past 30 days as well as enrollees who had missing data. The denominator for the percentages shown includes enrollees who had missing on the question about the number of prescriptions obtained from VA.

6.4 VA Prescription Medication Use

To better understand the utilization of VA for prescription medications, a measure of VA prescription drug utilization was calculated as the number of prescription medications obtained from the VA in the past 30 days, divided by the total number of prescriptions obtained in the past 30 days.

Figure 6-6 shows a distribution of VA prescription medication utilization. Namely, enrollees tended to obtain either all of their prescription medications from the VA or none of their prescription medications from the VA. Nearly half of enrollees (48 percent) reported fully utilizing the VA for their prescription medications in the past 30 days, 33 percent of enrollees obtained none of their prescription medications from the VA. Less than one in five enrollees (19 percent) can be described as “dual” users, obtaining some of their prescription medications from VA pharmacies and some from non-VA sources.

Figure 6-6. Percentage of enrollees who filled their total prescriptions at a VA pharmacy, 2024



Note: Denominator is all enrollees who used prescription medication in the past 30 days and had non-missing data on both the number of prescriptions from VA sources and non-VA sources, Weighted N = 6,901,181 enrollees.

7. DIGITAL ACCESS TO VA HEALTH CARE, INFORMATION AND RESOURCES

Since the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act), the federal government has made significant investments in the adoption of health information technology, with the aim of transforming health care delivery and promoting person-centered and self-managed health. Health providers and hospitals have followed suit by improving their existing electronic systems and services. For example, VA has been modernizing its electronic health record (EHR) system to provide enrolled Veterans with seamless care as they transition from military service to Veteran status and when they choose to use community care.[41]

In support of the modernization effort, VA released an online feature that allows enrolled Veterans to access their medical images and associated study reports online. This feature, called the VA Medical Images and Reports, allows enrolled Veterans with a premium account to view, download, and share copies of their radiology studies, such as X-rays, mammograms, magnetic resonance imaging (MRI) scans, and computerized tomography (CT) scans from the VA EHR.[42] Another effort to make medical records more accessible is through the Blue Button Initiative, which enables enrolled Veterans to access their health records electronically and share with doctors, trusted family members, or caregivers.[43]

As more providers adopt health information technologies and make health care available through remote means (e.g., email, phone consultations, mobile applications, video), understanding how enrollees access the internet, the frequency of internet use, and reasons for internet use across enrollee subgroups becomes increasingly important. Barriers to electronic health platforms affect both providers and patients. Barriers to providers include cost pressures, time limitations, cultural differences, poor usability, and lack of steady and consistent access for patient users.[44] To help understand patient barriers to online usage, VA conducted a study of VA patient portal usage at a large VA health care facility. Results showed that short-term and long-term portal usage was associated with having broadband at home, high self-rated ability to use the internet, and overall online behavior. Digital inclusion, or ready access to the internet and digital skills, appears to be a social determinant in patient exposure to portal services.[45]

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[41] Available at: https://www.healthit.gov/sites/default/files/page/2018-12/2018-HITECH-report-to-congress.pdf.

[42] Available at: https://www.va.gov/opa/pressrel/pressrelease.cfm?id=4046.

[43] Available at: https://www.va.gov/bluebutton.

[44] The Office of the National Coordinator for Health. (n.d.). *Federal Health IT Strategic Plan 2015-2020*. Washington, DC: Author.

[45] Woods, S.S., Forsberg, C.W., Schwartz, E.C., Nazi, K.M., Hibbard, J.H., Houston, T.K., and Gerrity, M. (2017). The association of patient factors, digital access, and online behavior on sustained patient portal use: A prospective cohort of enrolled users. *Journal of Medical Internet Research,* 19(10), e345.

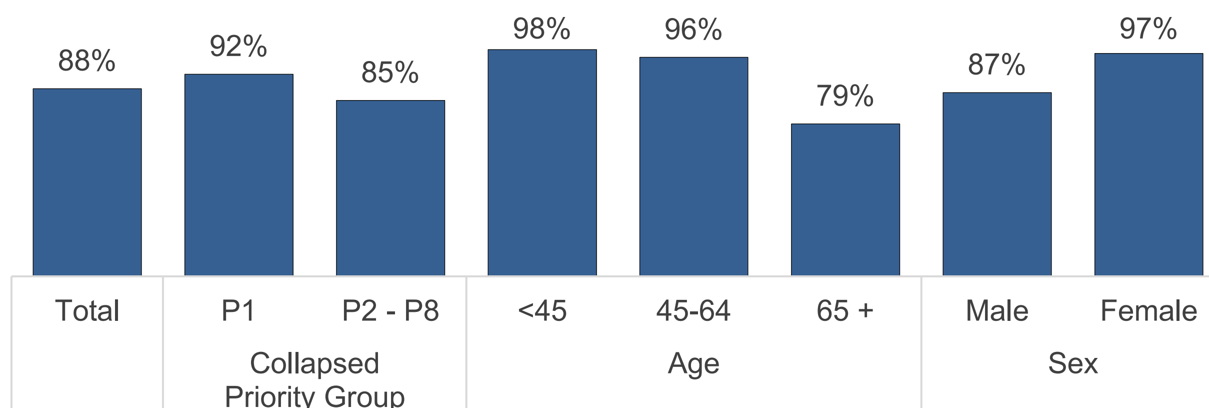
As in previous years, the 2024 Survey of Enrollees included questions about enrollees' use of the internet, as well as enrollees' interest in using computer or mobile devices for their own health care.

7.1 Access to the Internet

A recent study suggests that internet use for health resource access is critical for Veterans and their caregivers, with those who feel the most technologically comfortable benefiting most from online resources.[46] More than four in five enrollees (88 percent) in the 2024 survey reported using the internet, at least occasionally, compared to 87 percent in 2023.

Figure 7-1 shows the percentage of enrollee internet users by collapsed Priority Group, age, and sex. Internet usage was most prevalent among enrollees who were younger and among female enrollees. Nearly all enrollees under the age of 65 reported that they used the internet as compared with 79 percent of enrollees 65 years or older.

Figure 7-1. Percentage of enrollees who use the internet, at least occasionally, by Priority Group, age, and sex

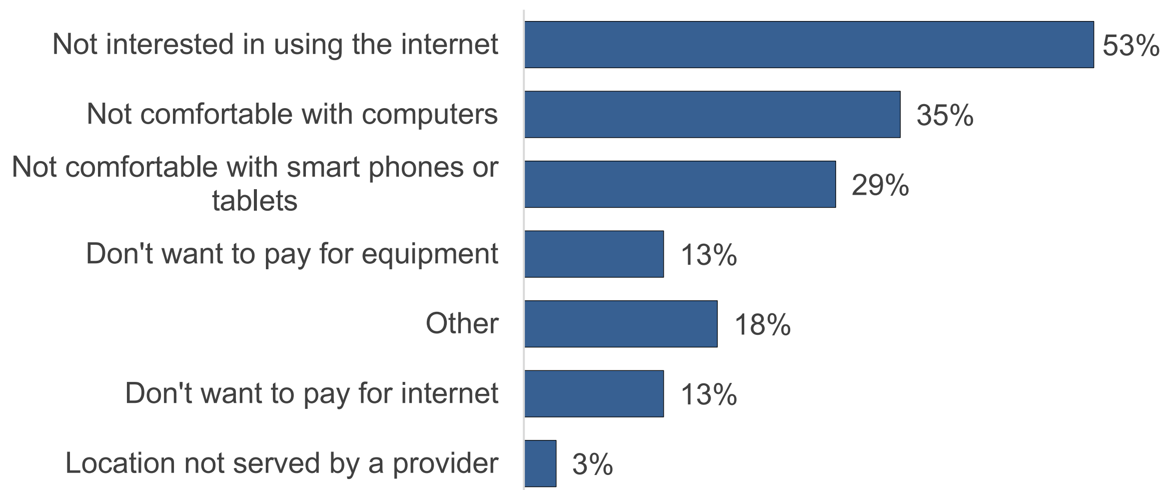


Note: Denominator is all enrollees in each demographic group. Weighted N = 8,003,238 enrollees. Based on a chi-square independence test, all subgroups are significantly associated with internet use ($P \leq 0.05$).

For enrollees who do not use or have the internet, over half (53 percent) reported it is because they are not interested in using the internet (see Figure 7-2, next page). Thirty-five percent of enrollees do not use the internet because they are not comfortable with computers. Twenty-nine percent indicated that their discomfort with smart phones and tablets kept them from using the internet. Only 4 percent of enrollees reported they do not use the internet because their location is not serviced by an internet provider.

[46] Duan-Porter, W., Van Houtven, C.H., Mahanna, E.P., Chapman, J.G., Stechuchak, K.M., Coffman, C.J., and Hastings, S.N. (2018). Internet use and technology-related attitudes of Veterans and informal caregivers of Veterans. *Telemedicine and e-Health*, 24(7). https://doi.org/10.1089/tmj.2017.0015.

Figure 7-2. Percentage of enrollees by reasons they do not use or have access to the internet

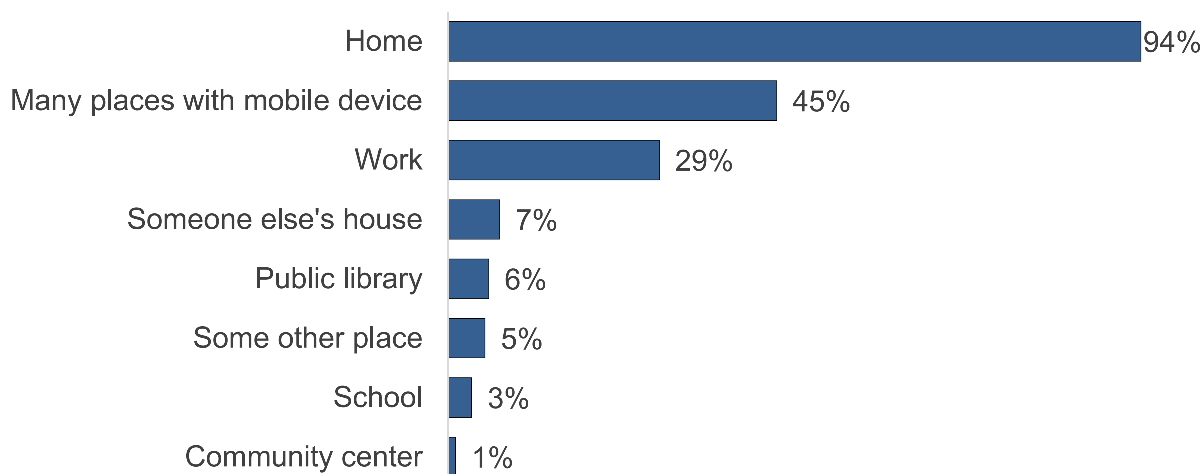


Note: Denominator is enrollees who are not internet users. Weighted N = 953,895 enrollees. Categories are not mutually exclusive, and enrollees can be counted in more than one category.

7.2 Places Where Enrollees Access the Internet

As shown in Figure 7-3, the most common place where enrollees access the internet is at home (94 percent). Enrollees also reported accessing the internet through mobile devices such as a cellphone or tablet (45 percent) and at work (29 percent). A much smaller share of enrollees reported accessing the internet at someone else's house (seven percent), a public library (six percent), some other place (five percent), a school (three percent), or a community center (one percent).

Figure 7-3. Among enrollee internet users, the places where they accessed the internet



Note: Denominator is enrollees who are internet users. Weighted N = 7,049,343 enrollees. Categories are not mutually exclusive, and enrollees can be counted in more than one category.

7.3 Readiness and Willingness to Use Internet for VA Information and Activities

Telehealth is one of VA's efforts to use technology and data to implement patient-centric care. Telehealth is a term used to describe various technologies such as Home Telehealth, Clinical Video Telehealth, and Store-and-Forward Telehealth (enabling sites in need of specialized consults to forward clinical data, images, and/or videos), all of which use "modern technology to provide clinical care and patient education when the patient and provider are in separate locations."[47] Telehealth enables patients to receive medical exams from primary care providers, consult with specialists, participate in counseling, monitor chronic conditions, and share/receive diagnostic information, while circumventing barriers such as stigma, geographic distance, and travel costs. Veterans Health Administration (VHA) telehealth services have seen a steady annual growth in the last several years[48] and have been a critical resource for delivering clinical programs and services to meet the psychosocial and health needs of enrolled Veterans and their caregivers.[49,50,51]

The 2024 Survey of Enrollees asked about existing use and/or willingness to perform virtual health-related tasks, willingness to schedule virtual consultations or appointments, and willingness to share information and receive medical opinions as part of a virtual consultation or appointment. Figure 7-4 (next page) displays the percentage of enrollees that already use a telehealth-related task or were "somewhat willing" or "very willing" to do the task on a computer or mobile device. Enrollees were most willing to use telehealth for accessing their personal records (82 percent), scheduling medical appointments, accessing lab or x-ray results, or refilling prescription medication (all 81 percent). Enrollees showed less support for using telehealth to complete an online stress/anxiety assessment (65 percent) and for online support groups (46 percent). Enrollees were not asked about their willingness to perform the listed tasks in-person as compared to their willingness to perform them via telehealth.

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[47] Available at: https://connectedcare.va.gov/sites/default/files/OT_va-telehealth-factsheet-2019-01.pdf.

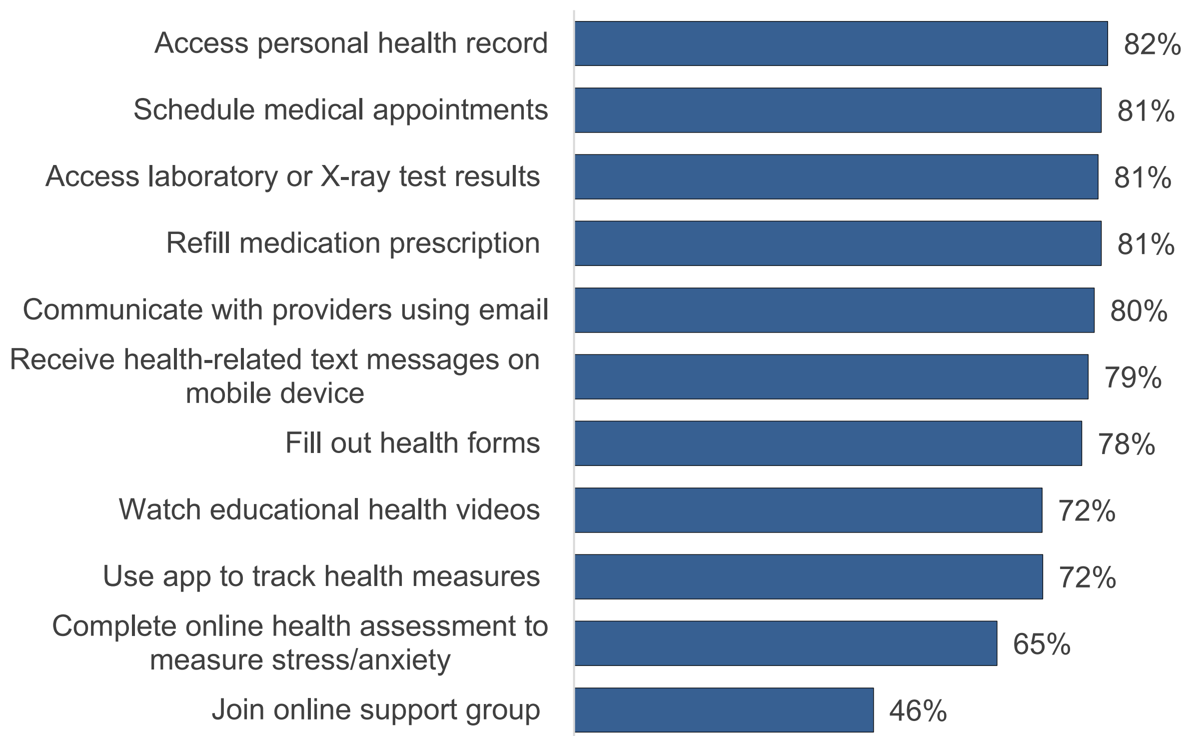
[48] Darkins, A. (2014). The growth of telehealth services in the Veterans Health Administration between 1994 and 2014: A study in the diffusion of innovation. *Telemedicine and e-Health,* 20 (9), 761-768.

[49] Yuen, E.K., Gros, D.F., Price, M., Zeigler, S., Tuerk, P.W., Foa, E.B., and Acierno, R. (2015). Randomized controlled trial of home-based telehealth versus in-person prolonged exposure for combat-related PTSD in Veterans: Preliminary results. *Journal of Clinical Psychology*, 71(6), 500-512.

[50] Hernandez, H., Scholten, J., and Moore, E. (2015). Home clinical video telehealth promotes education and communication with caregivers of Veterans with TBI. *Telemedicine and e-Health,* 21(9), 761-766.

[51] Dang, S., Gomez-Orozco, C.A., van Zuilen, M.H., and Levis, S. (2017). Providing dementia consultations to Veterans using clinical video telehealth: Results from a clinical demonstration project. *Telemedicine and e-Health*, 24(3), 203-209.

Figure 7-4. Percentage of enrollees who already use or would be at least somewhat willing to perform telehealth-related tasks

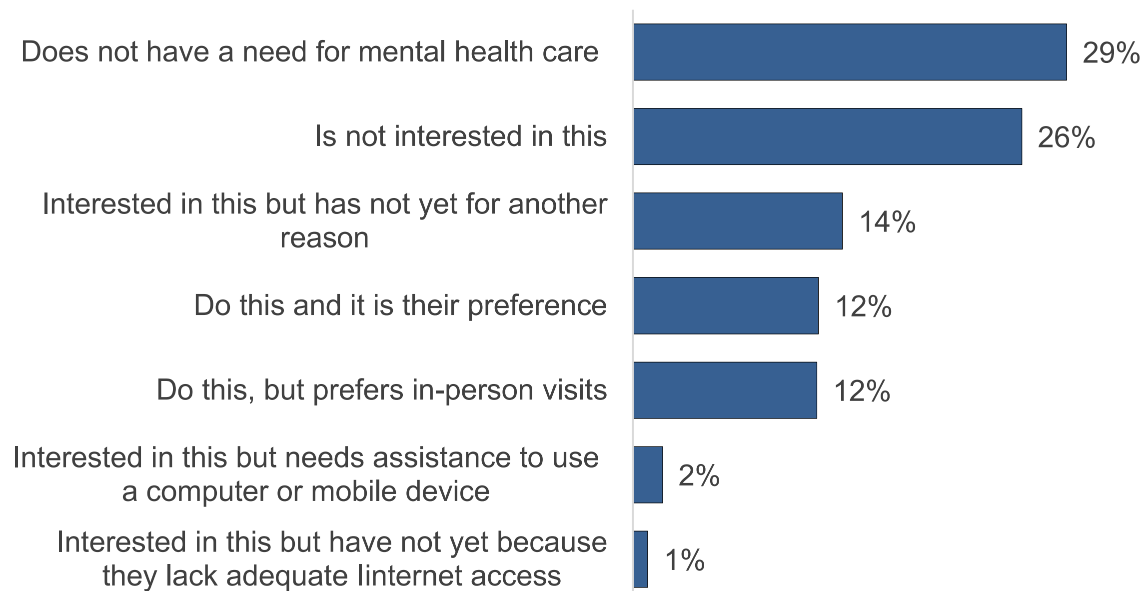


Note: Denominator is all enrollees. Weighted N = 8,003,238 enrollees. Categories are not mutually exclusive, and enrollees can be counted in more than one category.

Telehealth has the potential to improve access to services and help reduce the inequalities in health care use, and ultimately, outcomes attributable to socioeconomic, geographic, and demographic differences among enrolled Veterans. However, for these benefits to be realized, it is important for these technologies to reach subgroups of enrollees who are disproportionately less willing or able to adopt these new practices by providing the information and support they need to overcome any barriers to access and use.

Figure 7-5 (next page) shows enrollees' willingness to meet with mental health provider remotely. Overall, 29 percent of enrollees reported they do not have a need for mental health care, and 26 percent indicated they were not interested in meeting with a mental health provider remotely. Nearly one-quarter of enrollees (24 percent) indicated they currently meet virtually with a mental health provider but were split with their preference for virtual visits (12 percent) and in-person visits (12 percent).

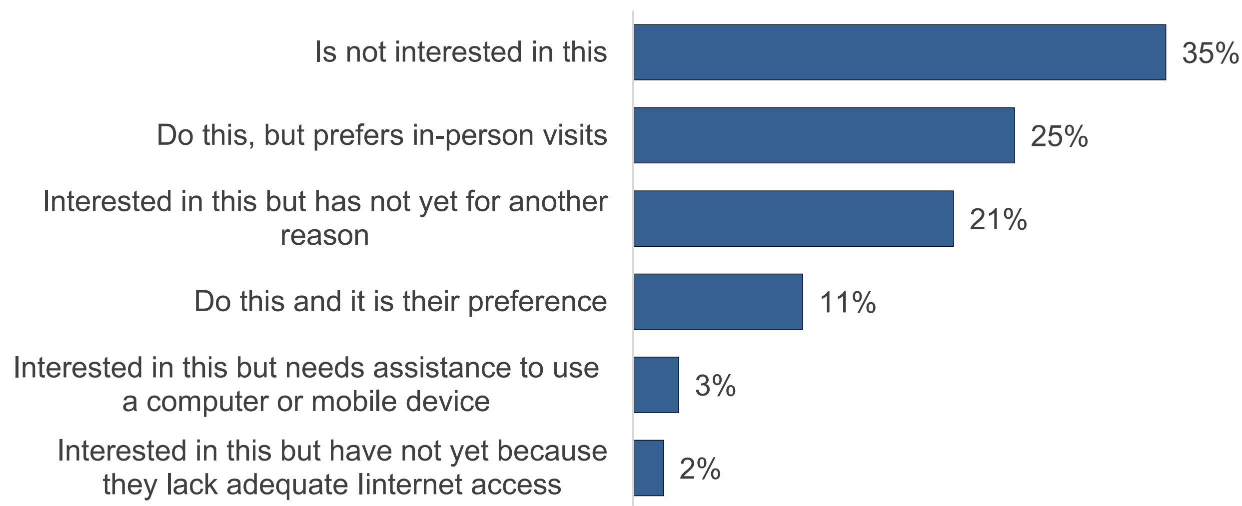
Figure 7-5. Percentage of enrollees that have met with or are willing to meet with a mental health provider remotely



Note: Denominator is all enrollees in each demographic group. Weighted N = 8,003,238 enrollees.

Enrollees were also asked about their experience with and willingness to meet with a non-mental health provider remotely. More than one-third (35 percent) of enrollees were not interested in meeting with a non-mental health provider through virtual means. Twenty-five percent of enrollees said they currently meet virtually with non-mental health providers but prefer for those appointments to be in-person. Only 11 percent of enrollees reported they meet remotely with a non-mental health provider and prefer the virtual method. See Figure 7-6.

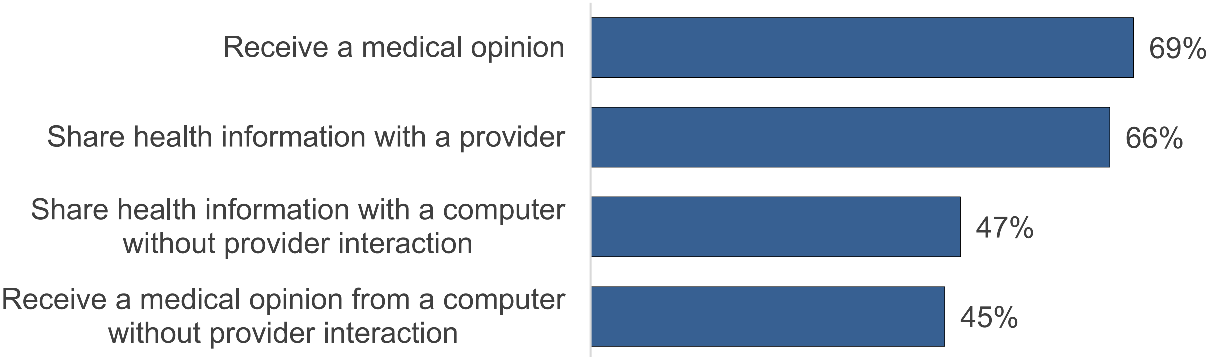
Figure 7-6. Percentage of enrollees that have met with or are willing to meet with a non-mental health provider remotely



Note: Denominator is all enrollees in each demographic group. Weighted N = 8,003,238 enrollees.

Figure 7-7 provides the percentage of enrollees that “already do this” or are “somewhat willing” or “very willing” to share information and receive medical opinions as part of a virtual consultation or appointment. Compared to the percentages of enrollees willing to meet with a mental health or non-mental health provider remotely, enrollees were more willing to share or receive health information as part of a virtual consultation. As part of a virtual consultation, 69 percent of enrollees either already receive medical opinions or are somewhat or very willing to receive medical opinions, and 66 percent of enrollees already share health information with a provider or are somewhat or very willing to share health information with a provider virtually. Additionally, at least 45 percent of enrollees either already share or are somewhat or very willing to share their health information or receive a medical opinion from a computer that evaluated their information without any interaction from a health care provider.

Figure 7-7. Percentage of enrollees willing to share health information or receive medical opinions as part of a virtual consultation or appointment



Note: Denominator is all enrollees in each demographic group. Weighted N = 8,003,238 enrollees.