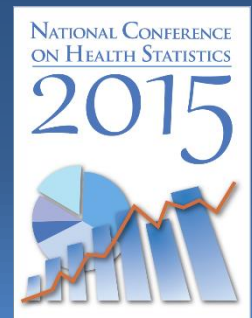


Understanding Veterans' Access to Health Care: What We Can Learn from the 2011-2014 National Health Interview Survey

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Study Objectives

To examine health care access among male veterans and nonveterans across multiple types of health insurance coverage.

Data Source:

National Health Interview Survey (NHIS or “HIS”)

- In-person household interview survey about health characteristics, health care access and utilization
- Civilian noninstitutionalized population, including both veterans and nonveterans
- Approximately 35,000 households annually
- This analysis pooled data from 2011-2014

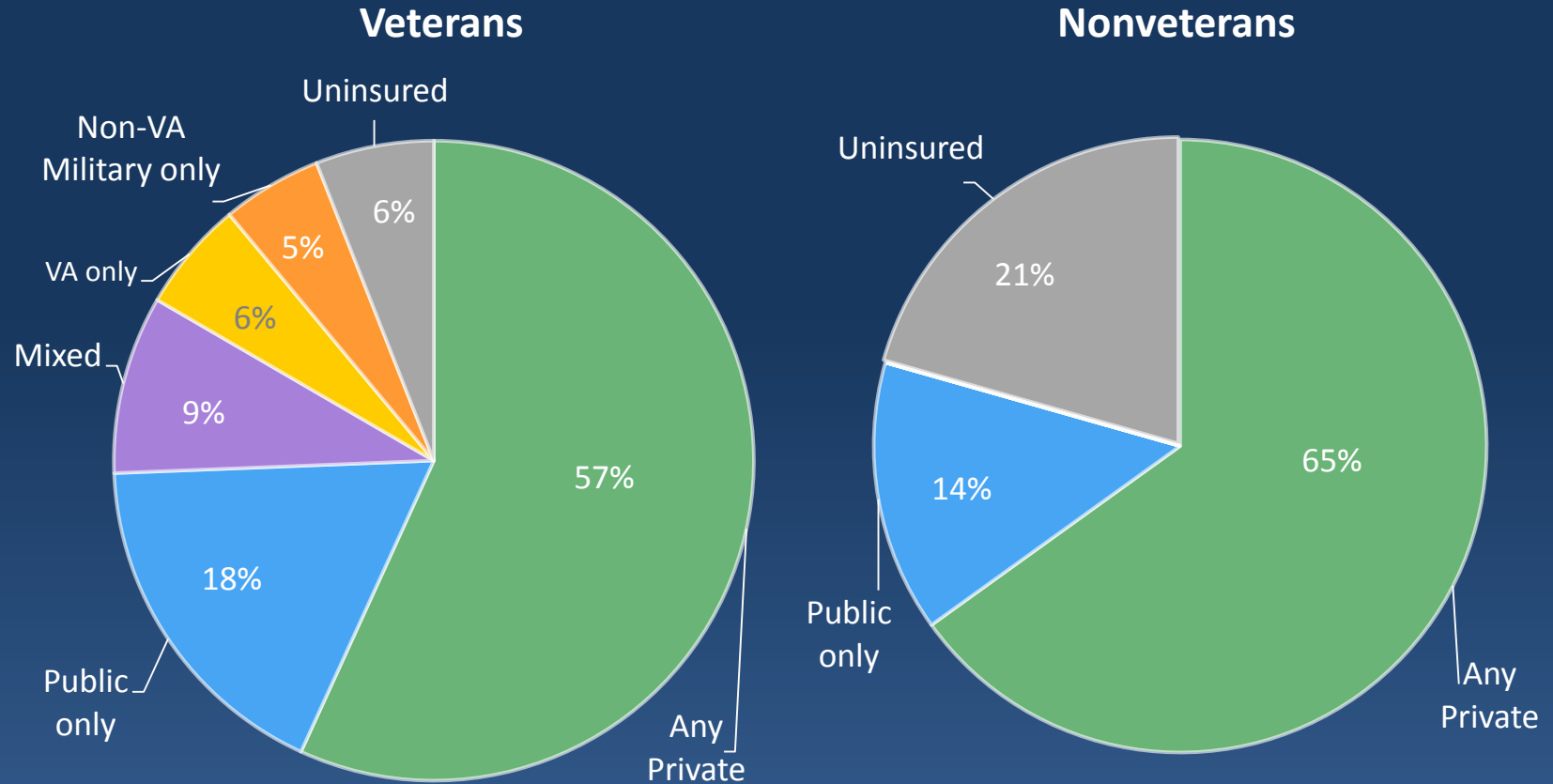
Outcomes of interest

- Health care access
 - Delayed medical care because couldn't get an appointment soon enough
 - Delay or nonreceipt of medical care due to cost
 - Emergency department use
 - Nonreceipt of needed prescription drugs due to cost
 - Nonreceipt of needed dental care due to cost

Statistical Methodology

- Sample restricted to men (N= 12,397 veterans, 49,484 nonveterans in NHIS 2011-2014)
- Age-adjusted analyses (2000 projected U.S. population)
- Weighted, accounting for complex sample design

Type of insurance by veteran status, among men in the United States, 2011-2014



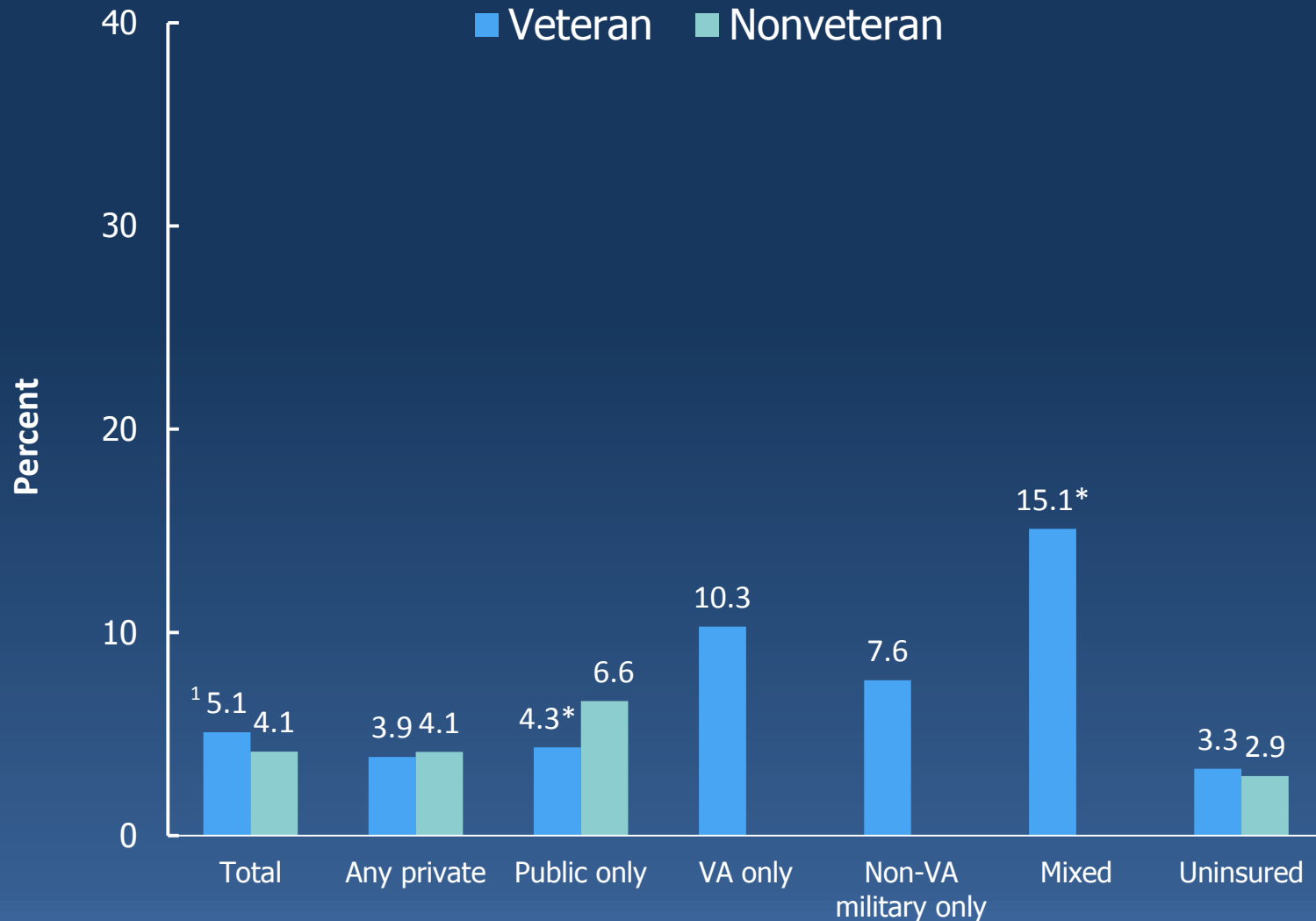
NOTES:

Non-VA Military only includes: TRICARE, CHAMP-VA, other military coverage.

Mixed includes combinations of VA/Military/Public.

Source: CDC/NCHS, National Health Interview Survey, 2011-2014

Delayed getting medical care in the past 12 months because couldn't get an appointment soon enough, among men aged 18 and over, by veteran status and type of coverage: United States, 2011-2014

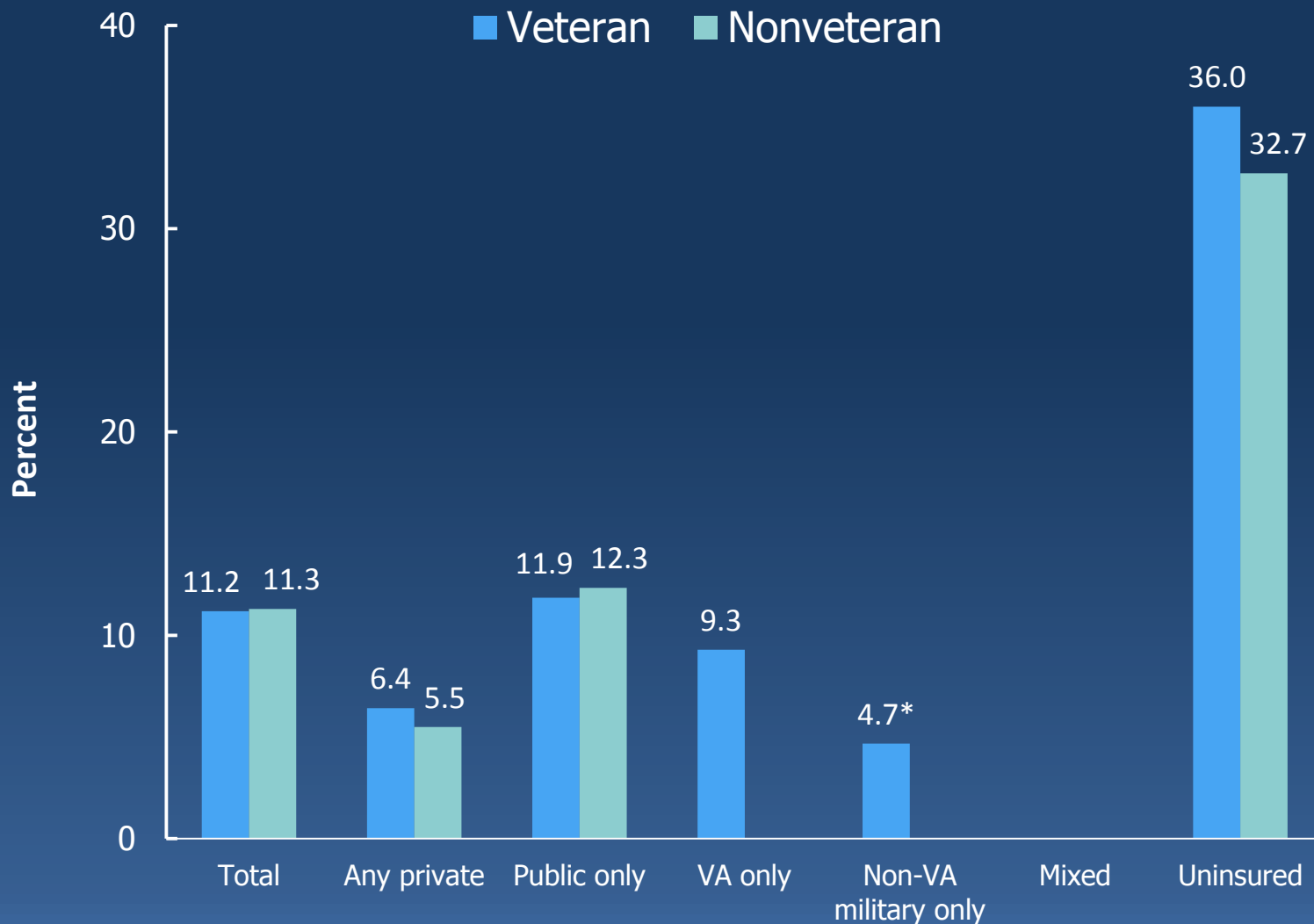


¹ Significantly different from nonveterans ($p < 0.05$)

NOTES: "Mixed" is VA/public, VA/other military, public/other military. Estimates with a relative standard error (RSE) > 30% and < 50% are indicated with an asterisk. Estimates with an RSE > 50% are not shown.

SOURCE: CDC/NCHS, National Health Interview Survey, 2011-2014

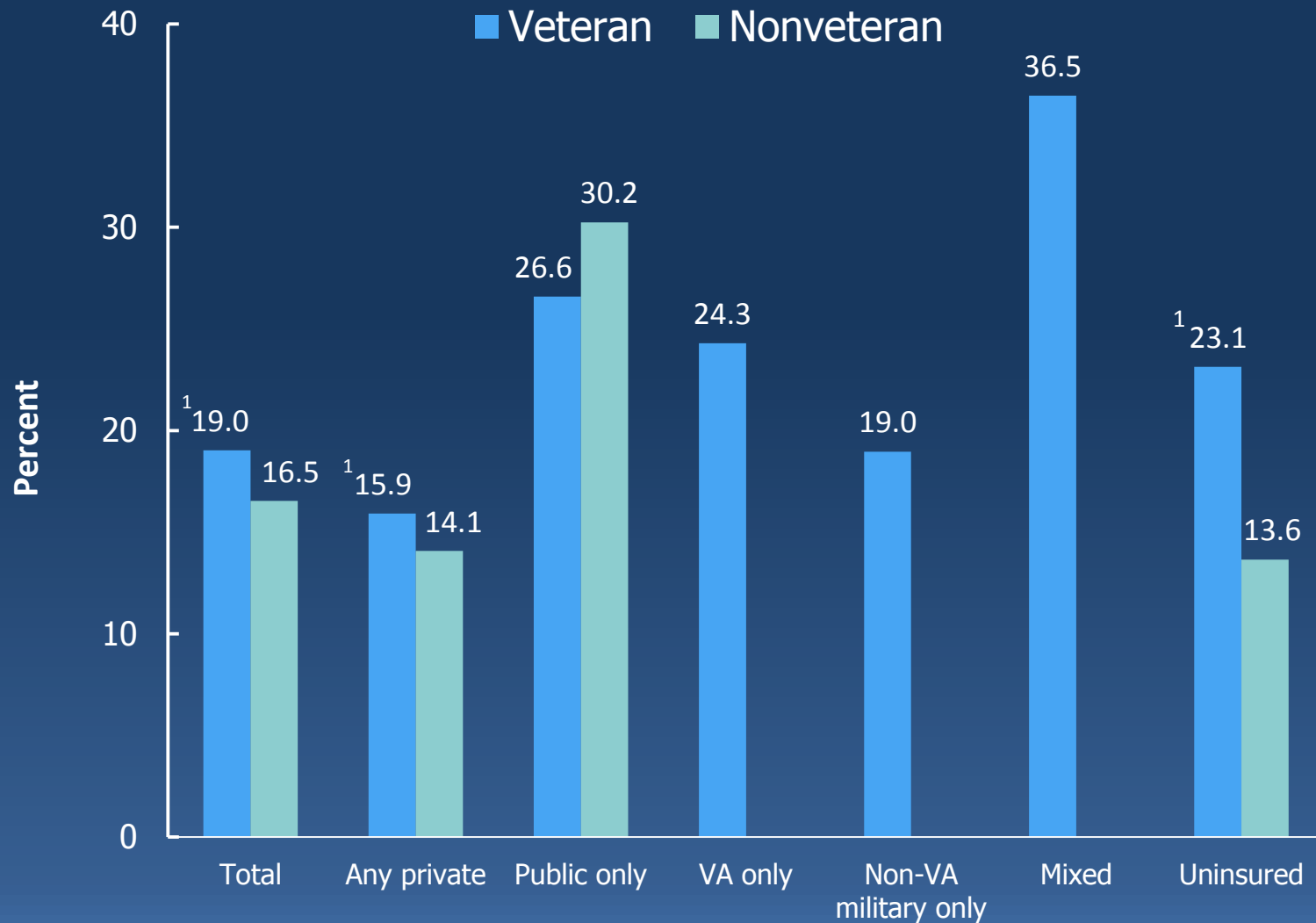
Delay or nonreceipt of needed medical care in the past 12 months due to cost, among men aged 18 and over, by veteran status and type of coverage: United States, 2011-2014



NOTES: "Mixed" is VA/public, VA/other military, public/other military. Estimates with a relative standard error (RSE) > 30% and < 50% are indicated with an asterisk. Estimates with an RSE > 50% are not shown.

SOURCE: CDC/NCHS, National Health Interview Survey, 2011-2014

One or more emergency department visits in the past 12 months, by type of coverage: United States, 2011–2014

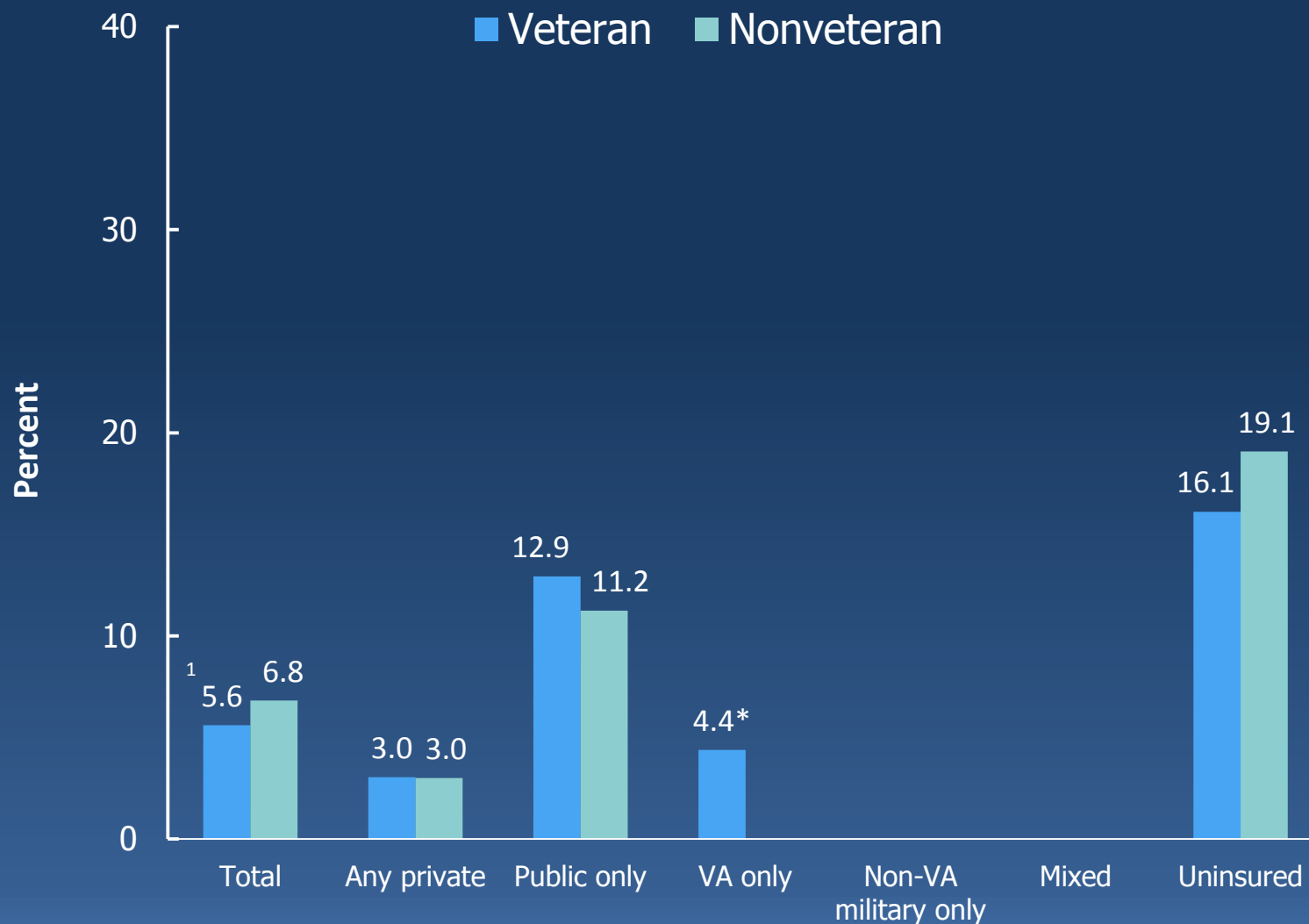


¹ Significantly different from nonveterans ($p < 0.05$)

NOTES: "Mixed" is VA/public, VA/other military, public/other military. Estimates with a relative standard error (RSE) > 30% and < 50% are indicated with an asterisk. Estimates with an RSE > 50% are not shown.

SOURCE: CDC/NCHS, National Health Interview Survey, 2011-2014

Nonreceipt of needed prescription drugs in the past 12 months due to cost among men aged 18 and over, by veteran status and type of coverage: United States, 2011-2014

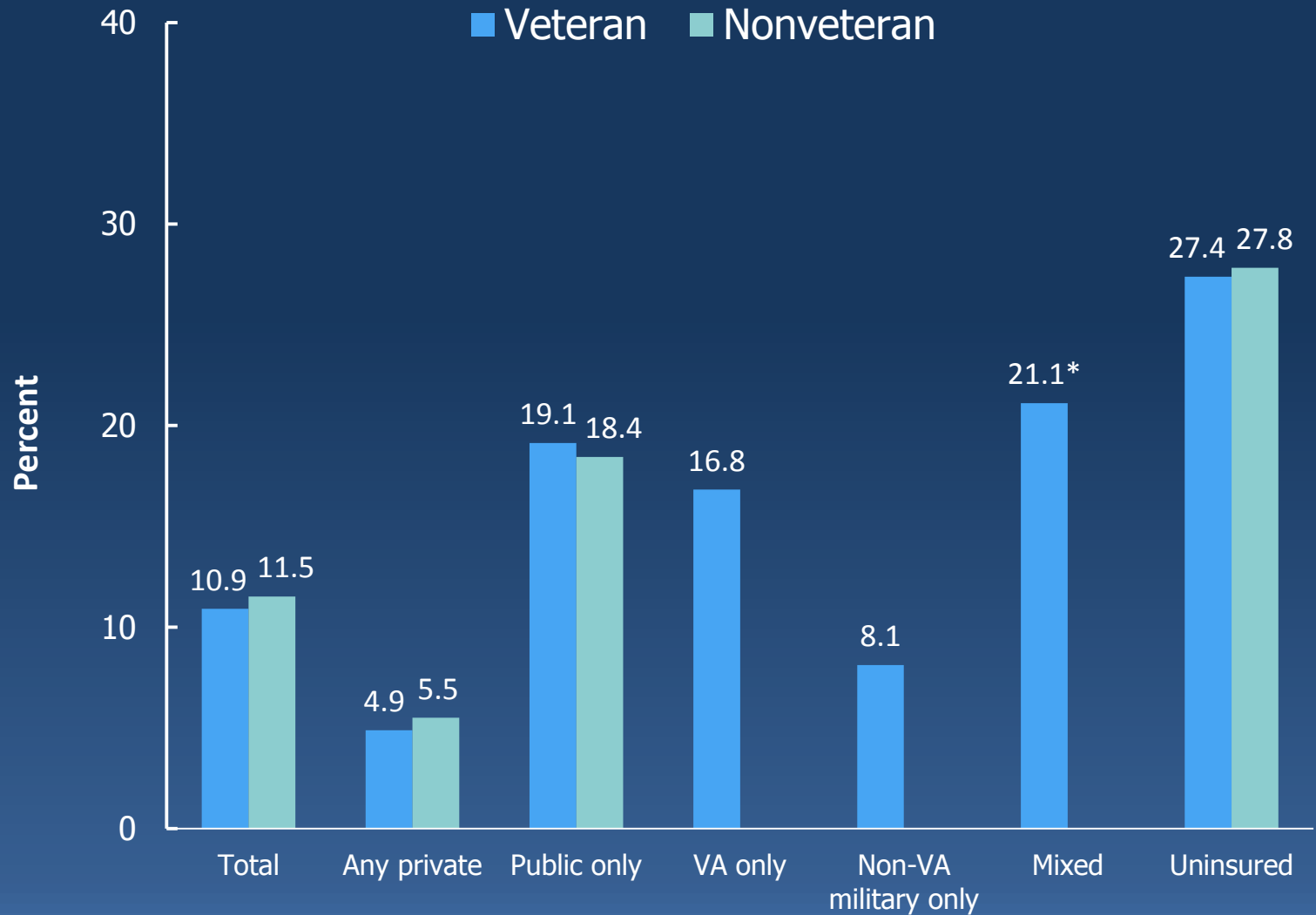


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SOURCE: CDC/NCHS, National Health Interview Survey, 2011-2014

Nonreceipt of needed dental care in the past 12 months due to cost among men aged 18 and over, by veteran status and type of coverage: United States, 2011-2014



NOTES: "Mixed" is VA/public, VA/other military, public/other military. Estimates with a relative standard error (RSE) > 30% and < 50% are indicated with an asterisk. Estimates with an RSE > 50% are not shown.

SOURCE: CDC/NCHS, National Health Interview Survey, 2011-2014

Conclusions

- When looking at veterans' health care access, it is important to disaggregate by insurance type.
- While we do see differences in access between veterans and nonveterans in their ability to get appointments and in use of emergency departments, we do not see differences in access due to cost.

Significance

- NHIS is a rich source of information on veterans' and nonveterans' health care access.
- These are brief examples of the types of analyses that can be done with this and other small but significant populations.

Thank you!

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