Riverside County Veterans Survey 2018

Final Report

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Executive Summary

A survey of Riverside County Veterans commissioned by the Riverside County Board of Supervisors was carried out by the Community Translational Research Institute (CTRI) during the period July - October 2018. The survey assessed veterans’ utilization of local and VA resources, knowledge of and satisfaction with those resources, and unmet health and social needs. Over a four-month period, more than 1,500 veterans participated in the web-based and paper and pencil survey. Respondents were drawn from all branches of military service, decades of service, gender, and ethnicities, with distributions found to be generally representative of current active duty personnel and the local adult population.

Veterans’ utilization of VA resources was found to be less than optimal with 35%, 37%, and 42% never having used their VA health, educational, and home mortgage benefits, respectively. While satisfaction with the Riverside County Department of Veterans’ Services among users was high (80% were satisfied or very satisfied), only 40% had ever accessed any of the services and more than one third were unaware of the existence of Riverside County veterans’ services.

The health status of Riverside County veterans is considerably poorer than for the population as a whole. Four out of ten report their health as no better than poor to fair. They suffer from diabetes, heart disease, and hypertension at rates considerably higher than the general adult population. Half to nearly two-thirds appear to suffer significantly from emotional distress, and one out of ten has considered suicide in the last two weeks. The prevalence of chronic disease increases with age, as expected, but the prevalence of emotional distress was greatest in those under 40 years of age, with 60-80% showing signs of high levels of distress on various indicators, and 13% indicating that they had been contemplating suicide.

For veterans under age 40, the unemployment rate is 27%. Among those under age 40, 20% have an annual household income of $20,000 or less, and 13% live in unstable housing conditions (homeless or living temporality with others).

Poor access to preventive, health management, and social resources contributes to the disproportionate health burden experienced by Riverside County veterans. The RUHS Federally Qualified Health Centers and Behavioral Health system both have unique sources of federal and state funding that might be tapped to provide prevention and early detection and treatment services to address veterans’ unmet physical and mental health needs. The finding that 93% have health insurance coverage provides a solid base of support for extending these services.

Findings from the survey lead to the following seven recommendations:

1. Intensify outreach of the Riverside County Department of Veterans’ Services to facilitate better utilization of VA and other resources
2. Screen and channel veterans who are not receiving adequate prevention and healthcare services into the county’s ten FQHCs and contracted health centers
3. Implement a coordinated veterans population health plan that taps the unique financial resource opportunities of FQHCs, Behavioral Health, and the Veterans Administration
4. Enroll uninsured veterans in an insurance plan
5. Focus efforts to address the disproportionate chronic disease morbidity of middle age and elderly veterans and future chronic disease morbidity of younger veterans
6. Focus efforts to address emotional distress and related economic, unemployment, and housing issues especially for younger veterans for whom those issues are most profound
7. Develop an ongoing surveillance plan to a) detect veteran population needs early and navigate individual veterans to appropriate health and social services, and b) gauge progress in addressing the needs of Riverside County veterans over time
Riverside County 2018 Veterans Survey and Recommendation

This report presents findings from a survey of Riverside County Veterans carried out between June 20 and December 4, 2018. The purpose of the survey was to assess veterans’

- Resource utilization both at the Veterans Administration and local levels
- Knowledge of and satisfaction with the Riverside County Department of Veterans’ Services
- Health, employment, housing, and social status, including unmet needs

The survey was commissioned by the Riverside County Board of Supervisors and developed and carried out by the Community Translational Research Institute (CTRI).

The survey design and content were developed through a collaboration of experts from CTRI drawn from the Claremont Graduate University, USC, UCSD, and elsewhere, and representatives from the Riverside County Department of Veterans’ Services, Department of Human Resources, and Office of Supervisor V. Manuel Perez. A number of earlier survey instruments (veterans and other) were culled for survey constructs and items relevant to the purposes of this survey. Selected items were borrowed to allow comparisons and other items were created to address specific concerns. During the process we sought and received consultation from experts with experience in other veteran survey systems at the national and state levels.

Survey participants were recruited in several ways, including solicitations through County of Riverside websites targeting both County employees and the general public, promotions at county and local veterans organizations including newsletters, flyers, and presentations, major veterans events, and radio, television, and newspaper announcements. More than 80% of survey respondents participated via a CTRI web-based survey option and the remainder participated via an equivalent paper and pencil option. Participation was geographically representative. In total, 1,521 of the county’s approximately 130,000 veterans participated in the survey during the period leading up to November 1. This compares favorably with other local and regional veterans surveys where the number of participants was typically fewer than 1000 even with veterans population bases three times or more greater than Riverside County.

Major Findings

Sample characteristics.

All branches of service were represented in the sample. Army and Navy veterans nearly matched the proportions of service men and women currently on active duty. Marine veterans were somewhat overrepresented and Air Force veterans underrepresented relative to the active service population nationwide. See Figure below. This likely reflects the local distribution of veterans by service branch arising from the presence of major marine installations in the Riverside County region. The proportion of respondents who are female (11%) is slightly less than
for active duty females (15%), reflecting the increasing female representation among armed services personnel in recent years.

**Age, Gender, Branch of Service, and Ethnicity of Riverside County Veterans** *(Proportions for 2016-2017 active duty personnel in parenthesis)*

<table>
<thead>
<tr>
<th>85% male, 11% female (15%)</th>
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<tbody>
<tr>
<td>- Army 35.4% (35.5%)</td>
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<td>- Navy 27.1% (24.1%)</td>
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<td>- Marines 22.4% (13.8%)</td>
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<tr>
<td>- Air Force 15.6% (23.6%)</td>
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<tr>
<td>- Coast Guard 1.4% (3.0%)</td>
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<tr>
<td>- Asian 3.6% (4.7%)</td>
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<tr>
<td>- Black 9.8% (17%)</td>
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<tr>
<td>- Hispanic 20.7% (18.8%)</td>
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<tr>
<td>- Native American 3.1% (1.6%)</td>
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<tr>
<td>- White 59.7% (69.4%)</td>
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</table>

*1,521 survey respondents*

All major ethnic groups are well represented in the sample. The proportions identifying themselves as Asian, Black, Hispanic, Native American, and Non-Hispanic White were 3.6%, 9.7%, 3.2%, 20.6%, and 59.8%, respectively. In the Figure above, one can see that this distribution is similar to that for active duty personnel (shown in parentheses) allowing for differences in population characterizes of the Riverside County region, i.e., somewhat larger Hispanic and Native American, and lower Black and White distributions.

All decades of service are represented from the 1940s until now and in nearly equal numbers for the decades spanning 1960 to 2009. See table below.

**Percentage of respondents by decade of service**

<table>
<thead>
<tr>
<th></th>
<th>1940s</th>
<th>1950s</th>
<th>1960s</th>
<th>1970s</th>
<th>1980s</th>
<th>1990s</th>
<th>2000s</th>
<th>2010s</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940s</td>
<td>1.2</td>
<td>6.9</td>
<td>27.3</td>
<td>27.3</td>
<td>27.9</td>
<td>32.3</td>
<td>28.8</td>
<td>16.9</td>
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</table>

Two thirds of responding veterans reported being either currently married (61.5%) or living with a partner (4.6%). Approximately 19% have never been married, almost the same as for all adults over age 25 in the 2012 U.S. census (20%). Education levels were high compared to the general Riverside adult population; 98.6% reported at least a high school education and 38.8% reported a bachelors degree or higher, compared to 80.5% and 21.2%, respectively, for the general
Riverside County population (U.S. Census 2017 estimates). Median household income was approximately $62,500 annually, comparing favorably to $58,000 for the county as a whole (U.S. Census) despite the substantial numbers of veterans who are either retired or unemployed. More on this to follow.

**Utilization of veterans’ resources.**

Utilization rates of federal and local veterans’ resources while moderately high, may not be optimal relative to the need. The highest utilization was reported for health benefits (65.2%), followed by educational benefits (63.6%), and a home loan (58.5%). A substantial number of veterans were aware of their benefits but for one reason or another have not used them. Of those who were aware of benefits, 15.2% have not used their health benefits, 23% have not used educational benefits, and 34.4% have not used home loan. Perhaps not knowing how to access or other obstacles have interfered with taking advantages of these substantial benefits. Another obstacle is lack of awareness of eligibility among some; 7.2% and 13.6% reported being unaware of home loan and educational benefits, respectively. Lack of transportation to travel to services also may be a problem. Nearly all those who have visited the Loma Linda VA facility have done so by private vehicle (94.9%) and almost no one (1.6%) traveled there by public transportation.

Awareness and access to benefits is greatly enhanced for those who utilize the county’s Office of Veterans Services (OVS). Yet only 39.8% of veterans report having done so. For those who have accessed OVS services, satisfaction levels are high – 80% report these services to be excellent (47.2%) or good (32.6%). Why then has utilization of the county’s veterans services been so low? A substantial number, 36.9%, were not aware that the office exists. Another 23.2% were aware but have not accessed the services.

**Health status and unmet needs.**

*Physical health.* Only one out of four veterans (25.0%) rated their overall health as very good. They were far more likely to rate their health as poor to fair (41.5%). Riverside County veterans reported a variety of chronic conditions including diabetes (26.5%), hypertension (54.6%), heart disease (16.3%), asthma (10.5%), lung disease (5.1%), arthritis (44.2%), and other maladies including cancer and chronic pain (49.2%). These rates are almost all higher than found in the general population. For example, CDC reports that 9% of Riverside residents suffer from diabetes. More accurate estimates (NHANES extrapolations) based on physical examinations produce estimates of diabetes in the range of 12-15% for Riverside County residents with similar demographic characteristics, still only about half the rate reported by veterans (26.5%). Given the number of undiagnosed cases of diabetes in the population, the actual diabetes rate among Riverside County veterans could be more than 40%. Nearly half or more of the veterans do not engage in recommended prevention practices including 30 minutes of physical activity at least 3 days a week (46%) and daily intake of fresh fruits and vegetables (65.6%). On the other hand, only 11.4% are smokers. This pattern is consistent with relatively high rates of diabetes and low rates of lung disease.
Mental health. Many veterans reported experiencing high levels of emotional distress. Indicators included “being unhappy with your way of life right now” (29.1%), “feeling no sense of purpose in life” (23.1%), “feeling nervous, anxious, or on edge” at least several days a week (61.8%), “being unable to stop or control worrying” (57.0%), “feeling little interest or pleasure in doing things” (53.1%), and “feeling down and hopeless” much of the time (50.1%). More than 1 out of 10 reported suicidal ideation; 11.1% reported that they have been “bothered by regular thoughts that they would be better off dead or by thoughts of killing themselves”. The evidence is strong that there are substantial mental health as well as physical health issues in this population that are not being adequately addressed.

Employment status

One factor that can affect both mental and physical health is employment status. Fewer than half reported being currently employed either fully (36.4%) or partially (6.6%). Another 39.2% were retired and 4.6% were fully disabled, leaving 13.1% who classified themselves as “unemployed” considerably above the official 4.7% unemployment rate for Riverside County (July 2018, Bureau of Labor Statistics). The “real” number of veterans eligible for work but not gainfully employed (taking out retirees and those disabled) is much higher (23.3%). Those not fully employed amount to 35.2% of veterans who are eligible to work, more than one third.

Housing status

Approximately 70% of the county’s veterans own their own home either outright (17.4%) or mortgaged (52.8%) which is higher than the overall home ownership rate for Riverside County (63.9%). Another 25% rent. And another 5% appear to be in unstable housing, reporting that they are either “homeless” (1.2%) or “living temporarily with others” (3.6%).

Social support

Another factor contributing to health and well-being is the number and quality of social supports in one’s life and, importantly, frequency of engagement with those persons and social support systems. Nearly 9 out of 10 (89.8%) agreed with the statement, “I have people in my life that I can turn to if I need help and support”. However, only 41.6% strongly agreed raising questions about the certainty of social support. The extent to which they use those social supports was not ascertained.

Access to resources

As reported above, access to veterans’ resources is limited somewhat by lack of awareness of eligibility for VA Services (7-14%), and by lack of awareness of Riverside County’s own veterans assistance services (37%). Nearly all veterans (93%) reported having some kind of health insurance coverage including VA (53.1%), insurance through employer (27.5%), Medicare (35.9%), Medi-Cal (4.1%), and other (18.2%). Difficulty in accessing and long wait times for VA health services is a well-known problem. The finding that nearly all Riverside County veterans are
covered by one or more sources of health insurance offers potential remedy for health care access through other systems including the county’s own RUHS.

Generational differences

We compared three age cohorts, those at or above retirement age (65 years), those age 40-64, and those under 40 on a number of variables. Older veterans were more likely to have served in the Army (40.2% vs. 29.4% and 30.1%) and Air Force (18.6% vs. 15.8% and 9.0%) and less likely to have served in the Marines (13.9% vs. 28.1% and 30.0%). Older veterans were less likely to be female (2.5% vs. 16.1% and 16.7%), Hispanic (10.6% vs. 21.5% and 42.3%), Black (3.9% vs. 14.6% and 9.2%), and Asian (1.6% vs. 4.2% and 6.3%), and more likely to be White (72.7% vs. 55.3% and 42.3%). Older veterans were also more likely to be married (68.0% vs. 62.2% and 48.5%) and to be retired (74.1% vs. 18.0% and 2.8%), and less likely to be unemployed (5.5% vs. 13.5% and 26.7%). They were more likely to own their own home (84.5% vs. 68.4% and 41.6%) and less likely to be homeless or temporarily living with others (1.0% vs. 5.3% and 13.3%). The younger veterans were the most to live with marginal incomes; those with annual household incomes $20,000 or less totaled 12.9% and 12.6%, and 22.3% for oldest, middle, and youngest age groups, respectively. While only 1% of the older veterans are without health insurance, 3.3% and 7.5% of middle age and younger veterans, respectively, lack any health coverage.

As expected, older veterans suffered from a greater number of chronic physical ailments including diabetes, hypertension, arthritis, heart disease, lung disease, and cancer. See Table below.

Percent of older and younger veterans with chronic illnesses

<table>
<thead>
<tr>
<th>Age</th>
<th>Diabetes</th>
<th>Hypertension</th>
<th>Heart Disease</th>
<th>Asthma</th>
<th>Lung Disease</th>
<th>Arthritis</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+</td>
<td>33.5</td>
<td>60.3</td>
<td>26.0</td>
<td>8.5</td>
<td>6.7</td>
<td>47.0</td>
<td>8.5</td>
</tr>
<tr>
<td>40-64</td>
<td>23.7</td>
<td>52.6</td>
<td>9.7</td>
<td>13.1</td>
<td>4.1</td>
<td>44.9</td>
<td>2.3</td>
</tr>
<tr>
<td>&lt;40</td>
<td>4.8</td>
<td>37.5</td>
<td>0</td>
<td>12.5</td>
<td>1.9</td>
<td>29.8</td>
<td>1.0</td>
</tr>
</tbody>
</table>

On the other hand, younger veterans appear to suffer more from mental distress.

Percent of older and younger veterans with indicators of mental distress

<table>
<thead>
<tr>
<th>Age</th>
<th>Have no clear purpose in life</th>
<th>Frequently on edge, nervous, anxious</th>
<th>Unable to stop or control worrying</th>
<th>Little interest or pleasure in doing things</th>
<th>Feeling down, depressed, hopeless</th>
<th>Thoughts of killing self in last two weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+</td>
<td>18.2</td>
<td>50.4</td>
<td>47.7</td>
<td>44.1</td>
<td>40.7</td>
<td>10.0</td>
</tr>
<tr>
<td>40-64</td>
<td>24.1</td>
<td>66.4</td>
<td>60.3</td>
<td>57.6</td>
<td>55.3</td>
<td>12.7</td>
</tr>
<tr>
<td>&lt;40</td>
<td>27.8</td>
<td>78.7</td>
<td>70.6</td>
<td>63.0</td>
<td>60.3</td>
<td>12.8</td>
</tr>
</tbody>
</table>

Summary and commentary

Participation in the 2018 Riverside County Veterans Survey was high, a participation rate unsurpassed in comparable veterans’ surveys. The distribution of participants was representative of service men and women nationally in terms of branch of service, ethnicity, and gender, and the sample included persons from all decades of service since the 1940s in
proportion to what might be expected. Access to and utilization of VA services was found to be sub-optimal in some ways (e.g., use of educational and home loan benefits). No doubt access and utilization were facilitated by the Riverside County Department of Veterans’ Services for those who utilized those services. But approximately two thirds have not used OVS resources, many because they were unaware of them.

The unmet needs of Riverside County’s veterans are many. They suffer disproportionately from preventable chronic diseases deriving largely from unhealthy lifestyle practices. They also suffer disproportionately from mental distress that may have origins in their military experience. Better access to prevention and early detection and intervention services would be of great benefit and might relieve substantially the burden of suffering and premature mortality among the county’s veterans. The RUHS Federally Qualified Health Centers (FQHC) are geographically situated to provide convenient access for prevention and early intervention services. So too are the county’s behavioral health services which are increasingly being co-located with the FQHCs. The finding that nearly all veterans carry health insurance coverage, including VA coverage that is often transportable, provides assurance that funding mechanisms exist to support a proactive RUHS program to address veterans’ health needs from primary prevention to secondary and tertiary care.

Despite the relatively low rate of unemployment in the general population at the current time, unemployment remains an issue for many veterans. This concern perhaps coupled with instability of housing for some should be addressed. Lack of adequate public transportation may be especially a problem for Riverside County’s veterans, limiting their access to needed health and social services. Promotion and better utilization of RUHS’s dispersed services could help ameliorate the transportation problem.

Conditions are particularly worrisome for veterans under age 40 many of whom are unemployed (27%), have marginal incomes under $20,000 (22.3%), and experience unstable housing (13.3%). Two thirds to three quarters of those under age 40 exhibit signs of moderate to severe emotional distress. It is also true that those under 40 are the least likely to have utilized resources of the Office of Veterans Services, only 35% did so compared to 37% and 44% of the older and oldest cohorts. This suggests that a concerted effort should be made by OVS to reach out to younger veterans who have the greatest need for economic, job, housing, and emotional support and who seek it least (e.g., lower utilization of VA education and mortgage assistance programs). While chronic diseases such as diabetes and heart disease become more prevalent with increasing age, population trends point to even higher rates of chronic disease for the younger cohort compared to older cohorts as they reach middle age and beyond. The burden on both VA and local health resources will increase accordingly if effective disease prevention and early intervention programs are not undertaken to address this population.

It is important to note that over the four months of the survey, somewhat different sub-populations of veterans were recruited at different times, some through veterans organizations, others by general mass media and web-based appeals. Yet the pattern of findings as described above changed very little. This argues for both the robustness and the generalizability of the
findings. Still, interpretation of the findings may be limited somewhat by the characteristics of the survey sample which cannot be said to be entirely representative of the veteran population. While the sample is demonstrably representative in many ways, it may under-represent both those persons who are less socially engaged and therefore at higher risk for chronic disease and emotional distress, and persons who are more fully engaged socially but not necessarily in veterans circles, and who might be at lower risk. It might be argued that while the two extremes may be under-represented in the sample, the sample obtained is sufficient and the findings robust enough to make certain recommendations.

Recommendations

Based on the findings described in this report we recommend the following:

- Intensify outreach of the Riverside County Department of Veterans’ Services to facilitate better utilization of VA and other resources, with consideration for OVS resources for intensified outreach

- Screen and channel veterans who are not receiving adequate prevention and healthcare services into the county’s ten FQHCs and contracted health centers. Because most veterans with unmet needs are not currently utilizing local health and social services, screenings should extend from the FQHCs into community settings where veterans reside

- Implement a coordinated veterans population health plan that taps the unique financial resource opportunities of FQHCs, Behavioral Health, and the Veterans Administration

- Enroll uninsured veterans in an insurance plan

- Focus efforts to address the disproportionate chronic disease morbidity of middle age and elderly veterans and future chronic disease morbidity of younger veterans

- Focus efforts to address emotional distress and related economic, unemployment, and housing issues especially for younger veterans for whom those issues are most profound

- Develop an ongoing surveillance plan to 1) detect veteran population needs early and navigate individual veterans to appropriate health and social services, and 2) gauge progress in addressing the needs of Riverside County veterans over time