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ABSTRACT

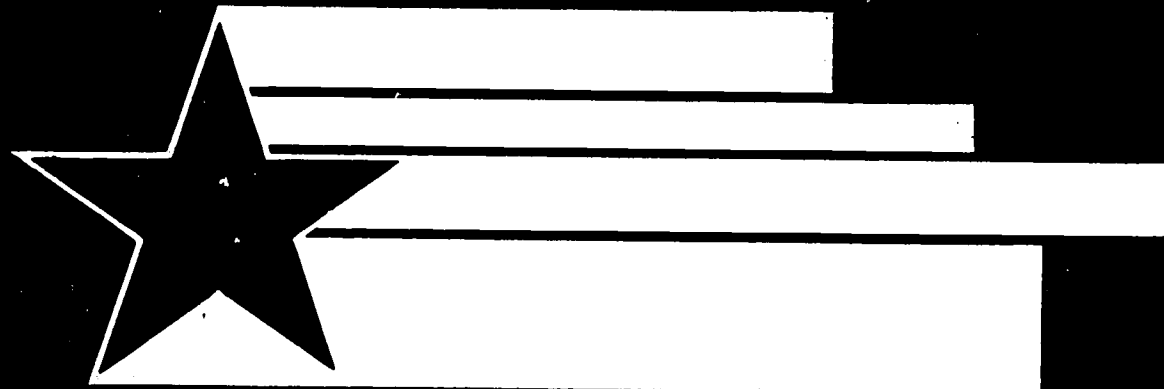
A national survey of the needs, resources, and future expectations of veterans aged 55 and over produced findings that the Veterans Administration (VA) will use over the next decade to plan facilities and programs to meet those needs. Findings indicated veterans had a higher educational level and were less likely to be at the lower end of the occupational scale than non-veterans of the same age. Retired veterans were substantially better off. Three-fourths had savings accounts, 42 percent had other investments, and nearly 9 out of 10 owned their own home. Although the majority described their health as excellent or good compared to others their own age, nearly half reported that their health limited their activities. Certain types of chronic diseases, including arthritis and hypertension, were widespread. While four of five veterans had group or private health insurance, Medicare formed the cornerstone of the aging veterans' health coverage. The survey identified, however, the existence of a medically indigent group of veterans. Most veterans did not believe they would be able to absorb the cost of future long-term care needs. An important finding was that current utilization rates of VA hospitals by aging veterans may drastically underrepresent the true demand. (Numerous data tables are provided. The questionnaire is appended.) (YLB)

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Survey of Aging Veterans

A Study of the Means, Resources and
Future Expectations of Veterans
aged 55 and over



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Study No. 823006

SURVEY OF AGING VETERANS:
A STUDY OF THE MEANS, RESOURCES, AND
FUTURE EXPECTATIONS OF
VETERANS AGED 55 AND OVER

Conducted for
The Veterans Administration

December 1983

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EXECUTIVE SUMMARY

The Veterans Administration faces its greatest challenge during the next decade. The largest pool of veterans in American history -- the World War II and Korean era veterans -- will reach the age of retirement in ten years. The number of veterans aged 65 and over will grow from 2.9 million in 1980 to approximately 5.0 million in 1985 and 7.2 million in 1990. Indeed, by 1990, more than half of American men aged 65 and over will be veterans. In order to plan for the special needs of this aging veteran population, the Veterans Administration commissioned Louis Harris and Associates to conduct a national survey of the needs, resources, and future expectations of veterans aged 55 and over. The findings of this survey will be used by the Veterans Administration to project veterans' needs over the next decade, in order to plan facilities and programs to meet those needs.

The Survey of Aging Veterans was conducted among a nationally representative sample of veterans aged 55 and over. The Harris organization constructed a national area probability sample of approximately 50,000 households. Harris' interviewers screened 34,500 households in order to identify veterans aged 55 and over. A total of 3,886 eligible veterans were identified as a result of this massive screening effort. Interviews, lasting approximately an hour, were completed in-person with 3,013 veterans aged 55 and over. This sample of aging veterans included 47 incapacitated veterans who are still living among the noninstitutionalized population.

The general characteristics of the survey sample conform to the known characteristics of the general population of aging veterans. Ninety-seven percent of the sample are male. Nine of every ten are white. Two-thirds of the aging veterans have not yet reached 65 years of age. Virtually all of the veterans surveyed (98%) served during wartime.

The survey indicates that about thirty-five years after service, the average veteran appears to have a number of social and economic advantages over nonveterans of the same age. Compared to the population of similarly aged males, veterans have a somewhat higher educational level. They are less likely to be found at the lower end of the occupational scale than similarly aged nonveterans. The veteran is also more likely to be married than other men of the same age. Although only one-third of the aging veterans have reached 65 years of age, nearly half (48%) of the aging veterans have retired. The survey suggests that the retired veteran is substantially better off than his nonveteran contemporary. Eighty-two percent of veterans aged 65 and over are receiving Social Security retirement benefits. Sixty percent of retired veterans are receiving a pension. Almost 30% of aging veterans have a personal retirement plan. Moreover, three-quarters of veterans aged 55 and over have savings accounts and 42% have other investments. Under these circumstances it is not surprising that most veterans say that they have more than enough to get along on and most veterans are optimistic about their future. Their future living arrangements are secured in part by the fact that nearly nine out of ten veterans own their own home. Further, more than half of these homeowners have no outstanding mortgage on their homes.

The major shadow on the future of the aging veteran is health and medical care. Although the majority of the veterans surveyed describe their health as excellent or good compared to others their own age, nearly half of the aging veterans report that their health limits their activities. Certain types of chronic diseases, including arthritis and hypertension, are widespread in this population. During the past twelve months, the average veteran aged 55 and over reports having experienced two medical conditions. More than one out of five veterans were hospitalized at least once last year.

Most veterans do have health insurance coverage for their medical expenses. Although four out of five veterans have group or private health insurance, Medicare forms the cornerstone of the aging veterans' health coverage. Nine out of ten veterans aged 65 and over are covered by Medicare -- both Parts A and B in most cases. As veterans become eligible for Medicare, their private health insurance coverage declines.

Despite relatively high incomes and good health insurance coverage for most veterans, the survey identifies the existence of a medically indigent group of veterans. Approximately 12% of veterans report that they were unable to get medical treatment or had to cut down on medical care in the past year because of an inability to pay for the cost of treatment. Although medically indigent veterans comprise a relatively small proportion of veterans aged 55 and over, the number of individuals actually represented is approximately one and a half million veterans. Moreover, more than a third of all aging veterans in poor health are also medically indigent.

Although most veterans are not medically indigent at the present time, the majority of aging veterans say that they would not be able to pay for a thirty-day hospital stay in ten years. Similarly, fewer than one in five veterans expect to be able to pay for nursing home care in ten years. Despite relatively good current incomes and insurance coverage, which will take care of routine medical and hospital treatment, most veterans do not believe they will be able to absorb the cost of future long-term care needs.

Providing medical care for the medically indigent veteran today and hospital care for the older veteran tomorrow is the challenge that faces the Veterans Administration. The survey finds ample evidence that the demand for such care will increase at a faster rate than suggested by demographic projectors. First, the survey finds a significant increase in age-specific morbidity among younger veteran cohorts across a broad range of conditions. This will produce an increase in demand for medical care that will be greater than projections based on past utilization measures. Second, the survey finds some evidence that younger veterans have begun to use VA hospitals at an earlier age than did the older veteran cohorts surveyed. Again, these data suggest that projections of demand for VA hospital services, which have been based on past utilization rates, may have to be revised upward.

Perhaps the most important finding of the survey is that current utilization rates of VA hospitals by aging veterans may drastically underrepresent the true demand. Six out of ten aging veterans rate the quality of care in VA hospitals as excellent or good. Indeed, a majority of

veterans rate the quality of care in VA hospitals as equal to or better than non-VA hospitals. Further, veterans who have used VA hospitals rate those hospitals more highly than the general public rates the hospitals it has used. In addition, six out of ten veterans report that the nearest VA hospital is convenient to them.

With a good reputation and convenient location, it is not surprising that 60% of veterans say that they would use VA hospitals and medical programs if they were eligible for free care. Indeed, almost none of the majority of veterans who indicated they would prefer VA programs, if free, changed their minds about VA programs that would cost half the price of care provided elsewhere.

This enthusiastic response concerning future use of VA hospital facilities stands in stark contrast to past and present utilization rates. Only one out of five veterans (21%) aged 55 and over have been a patient overnight or longer at a VA facility since leaving the service. During the past year, only 3% of aging veterans were hospitalized overnight in a VA facility. This represents only 14% of the veterans hospitalized in all facilities in the past year.

The contrast of the 14% of veterans who use VA hospitals when they need hospitalization with the 59% who say they would use them, if eligible, is not a function of age, since only 18% of veterans aged 65 and over who were hospitalized in the past year went to VA hospitals. Since this low utilization rate is not a product of reputation or convenience of VA

hospitals, we would speculate that limited awareness of eligibility for such care among these veterans may be the explanation. What would happen if aging veterans were fully aware of their eligibility for VA care? When asked which programs or benefits they were likely to apply for some time in the next ten years, nearly half (46%) of the aging veteran selected the VA program of "hospitalization and medical care for veterans 65 and over" as one they were likely to apply for in the next ten years.

The Veterans Administration hospital system is already the usual source of care for nearly half of the medically indigent veterans. In the next ten years, it faces the challenge of reaching out to provide care to the other half of the medically indigent veterans. It also faces the greater challenge of becoming the preferred care provider for as much as half the entire aging veteran population.

The Survey of Aging Veterans documents the past successes of the Veterans Administration in providing benefits and services to this population. The overwhelming majority of veterans aged 55 and over have used at least one of the benefits programs administered by the VA. According to the veterans, 42% have used the G.I. Bill education benefits, 32% have used the VA home loan benefits, 21% have used VA inpatient care, 13% are currently receiving service-connected disability payments, and 5% are receiving non-service-connected disability pensions. The vast majority of veterans who have used any of the VA programs examined in this survey report satisfaction with the benefits

they received. The ability to sustain this satisfaction with program performance under conditions of increased demand will be the greatest challenge to the Veterans Administration in meeting the needs of the aging veteran over the next decade and beyond.

1. INTRODUCTION

Background

The tradition of public responsibility for military veterans can be traced back to the colonial period in America, when Massachusetts Bay Colony enacted its veteran pension law in 1636. Commitment to the care of its veterans was limited during the United States' first century, when its wars were relatively small and veterans were few. The Civil War, however, resulted in thousands of disabled veterans among the millions who served their nation. Consequently, the Congress of the United States established a system of domiciliary, hospital, and medical care for indigent and disabled veterans with honorable discharges. The National Asylum for Disabled Volunteer Soldiers became the Veterans Administration in 1930, which continued to grow into the largest veterans health system in the world. In 1983, the Veterans Administration operated 172 medical centers, 227 outpatient clinics, 103 nursing homes, and 16 domiciliaries.

All veterans who have been discharged or released from military service under conditions other than dishonorable may be eligible for VA medical care. First priority in admission is given to veterans with service connected disability for the treatment of conditions incurred or aggravated as a result of their military service. Disabled veterans are also eligible for treatment of non-service-connected conditions in VA facilities. Other veterans may be admitted to VA hospitals if hospitalization is deemed necessary and they are unable to defray the costs of hospital charges elsewhere. The "inability to pay" requirement does not apply to any veteran who is aged 65 or over.

This last provision is the source of the greatest challenge to face the VA hospital system. Over the next decade, the millions of veterans who served in World War II will reach the age of 65. In 1980, there were approximately 2.9 million veterans aged 65 and over. By 1985, the number of veterans aged 65 and over is expected to reach 5.0 million. By 1990, the number of aging veterans is expected to reach 7.2 million -- two and a half times the 1980 population. Indeed, between 1975 and 2000, the number of veterans aged 65 and over is expected to increase by 344%.

Under present guidelines, all of these aging veterans may be admitted to VA facilities, subject only to medical need and available services. If demand for VA medical treatment among these aging veterans remains unchanged, existing facilities and resources may be insufficient to meet the demand.

In recognition of this problem, Congress directed the Chief Medical Director of the Veterans Administration to report the short- and long-range plans of the VA in reference to the increasing average age of the eligible veteran.* The VA prepared and delivered the report, The Aging Veteran: Present and Future Medical Needs, in October 1977. The report developed demand projections based upon records of past utilization of VA facilities, demographic trends, and certain assumptions.

The accuracy of these projections of veteran demand for VA benefits and programs depends on the validity of the assumptions about the needs, resources, and preferences of the aging veteran population. In the absence of information to the contrary, VA projections were based upon the assumption that both the health of the average veteran and the likelihood of using VA facilities by socioeconomic status would remain unchanged.

*Veterans Omnibus Health Care Act, PL 94-4581.

The Veterans Administration commissioned Louis Harris and Associates in October 1982 to conduct a national survey of the needs, resources, and expectations of veterans aged 55 and over. The survey was designed to test assumptions concerning whether the present and future needs of the aging veterans are likely to mirror those of the past. The findings of this survey will be used to refine and, if necessary, revise the VA projections of program and facility demand by aging veterans over the next decade.

Study Objectives

The purpose of the Survey of Aging Veterans is to provide the Veterans Administration with the information necessary to plan for the demands of veterans for medical and pension benefits over the next decade and beyond. The survey yields baseline data on the current social, economic, and health status of noninstitutionalized veterans aged 65 and older, as well as their pattern of utilization of VA facilities and benefits. The survey also profiles the social, economic, and health status of the veteran cohorts who will become eligible for VA benefits over the next decade -- those veterans who are now aged 55 to 64. The goal of the study is to permit estimates of future demands and future support needed for the rapidly expanding older veteran population. By comparing the characteristics of the currently eligible population and their demand for services with the characteristics of the population who will meet one of the basic eligibility factors for VA hospital and pension benefits (i.e., age 65) in the next ten years, such projections can be made.

The Veterans Administration has general estimates of the number of veterans in each age cohort. These figures are the basis of the concern about

the potential demand among eligible veterans for VA services. However, a number of important variables will affect the degree to which eligible veterans may seek VA services, even if present eligibility requirements remain unchanged. These factors include:

- Veterans' health and, more specifically, the need for hospital treatment and long term care;
- Veterans' insurance coverage for medical and hospital treatment in private facilities;
- Veterans' financial resources;
- Veterans' benefits and medical coverage from other public agencies and programs;
- Veterans' family situation;
- Veterans' awareness of VA facilities and benefits;
- Veterans' attitudes about treatment in VA facilities; and
- Veterans' treatment preferences.

In order to project future demand for VA services, it is essential to define the eligible population in terms of these characteristics. There is reason to believe that a number of these factors may differ quite significantly among the eligible populations of 1970, 1980, and 1990. Thus, it is not valid to assume that the same proportion of an eligible age cohort will need or utilize VA facilities, irrespective of these factors. The purpose of this Survey of Aging Veterans is to collect this critical data.

The Veterans Administration has conducted extensive studies of veterans who were or had previously been enrolled in specific veteran programs. Two surveys have been conducted by the VA of the noninstitutionalized veteran populations -- a mail survey in 1977 (SOV I) and an in-person survey in 1979 (SOV II). Two surveys of the Vietnam era veteran population have also been conducted by Louis Harris and Associates for the Veterans Administration

(1971 and 1980). However, no current survey data exist that can provide detailed information on the social, health, and economic condition of a national sample of veterans aged 55 and over. This explains the need for this Survey of Aging Veterans.

Survey Population

The target population for this Survey of Aging Veterans was those veterans who were aged 55 and over at the time of the survey. The field period for the survey began in June 1983 and ended in October 1983. Thus, the study population can be described as the veteran population aged 55 or over on September 30, 1983.

The national sample of aging veterans was drawn as a self weighting sample within a national area probability sample of American households. A total of 400 census tracts were systematically selected from a stratified sample of the adult population of the United States. Within the 400 interviewing areas, Harris interviewers screened 34,500 households in order to identify 3,886 households with veterans aged 55 and over. Personal interviews were completed with 3013 of these aging veterans.*

The initial household screening for any eligible veteran was conducted with any adult member of the household. The household member was asked if there was anyone currently living in the household who was a veteran and who was aged 55 and over. If there was any individual within the household who

*The 3013 completed interviews includes 47 veterans for whom proxy interviews were conducted with the person responsible for their care, because the veterans were physically or mentally incapacitated.

might be an eligible veteran, the designated respondent was interviewed in more detail concerning his age and veteran status. If the designated individual passed the veteran screener, he or she was interviewed.

The interviews were conducted between June 29, 1983, and October 11, 1983. Details on the sampling design and interviewing process are provided in Appendix A.

Scope of Report

This report is a descriptive summary of the survey results concerning the needs, resources, and future expectations of the aging veteran. The report should present a comprehensive picture of the health status, economic resources, social conditions, and preferences toward care among the aging veteran population. In order to provide a general overview of the survey results, analysis in the report is restricted to bivariate analysis of the data base by the population characteristics of greatest concern to the Veterans Administration (e.g., age, income, disability status, health status, etc.). Plans have been made to conduct a more detailed analysis of demand forecast and program implications of the data base. These analyses will be conducted by the Reports and Statistics Division of the Veterans Administration and published in a separate report.

This report begins with a general demographic and social profile of veterans aged 55 and over. The report then focuses on the health status of veterans, their economic resources, and the pattern of health service utilization -- past and present. Having established this context, the report then examines veterans' attitudes and experiences with VA medical programs and facilities, as well as veterans' attitudes toward future utilization. The

report also examines veterans' use and satisfaction with other major benefit programs administered by the VA. The report explores the future preferences and expectations of the aging veterans on a range of issues, including nursing home care and memorial benefits. In addition, the report investigates the characteristics of two special populations of older veterans -- the institutionalized veteran and the incapacitated but noninstitutionalized veteran.

When possible, the characteristics of the aging veteran population are compared to similar measures among men of the same age group. Many of these population estimates are derived from the 1981 Harris study, Aging in the Eighties, conducted for the National Council on the Aging.

A full description of the sample, sources of error, and standard errors is in Appendix A. The survey instruments are presented in Appendix C.

Definitions in the Report

Throughout this report and its tables, we will refer to various subgroups within the total population of veterans aged 55 and over. These terms and the manner in which we define them are explained below.

Total Veterans: Those men and women who served on active duty in the United States Armed Forces, who were aged 55 or over on September 30, 1983, and who are currently living in one of the 48 contiguous United States or the District of Columbia. The total veteran group includes incapacitated veterans living in the noninstitutionalized population, but does not include institutionalized veterans.

Incapacitated Veterans: These are veterans aged 55 and over who are living in the noninstitutionalized population but who could not be personally interviewed because of physical or mental incapacity. The person responsible for their care was interviewed about the incapacitated veteran's health, economic, and social circumstances in a proxy interview.

Institutionalized Veterans: These are veterans aged 55 and over who are no longer living in the noninstitutionalized population. The institutionalized veterans are not included in the total veteran (i.e., total noninstitutionalized veteran) study group. Institutionalized veterans aged 55 and over from households in the noninstitutionalized population were identified as part of the household screening.

Age: The age of total veterans (nonincapacitated and incapacitated) on September 30, 1983. This age was calculated from the veteran's date of birth.

Income: The total gross income of the veteran and his/her spouse for calendar year 1982, before taxes.

Health Status: An age anchored self-rating of personal health by the veteran, based on the question: "Compared to other people your own age, would you consider your health as excellent, good, only fair, or poor?" This question could not be asked of incapacitated veterans, so they are excluded from the variable.

Medical Conditions in Past Year: All veterans were asked whether they had ever had each of fifty disease states and health conditions. For those medical conditions that veterans reported having had at any time, the veteran was asked whether he/she had had the disease or condition in the past year. This procedure was used to determine the number of conditions reported for the past year.

Insurance Coverage: All veterans were asked if they were covered by any group or private health insurance plan. Those veterans with group or private health insurance plans were asked whether their plan covered all, most, some, or none of their expenses for a range of medical services. Plans that covered all or most expenses for hospitalization and surgeon fees were classified as good private insurance. All other private insurance plans were classified as limited private insurance. Veterans with no private insurance were labeled as such.

Use of VA Hospitals: All veterans were asked if they had ever stayed overnight or longer in a VA hospital since they were last released from active duty. Those who had stayed overnight in a VA hospital were asked if they had been a patient overnight in a VA hospital in the past year. Thus, veterans could be classified as never used VA hospitals for inpatient care, used VA hospitals but not in the last year, and used VA hospital in the last year.

Source of Medical Care/VA: All veterans were asked which of nine types of medical provider best described the source of medical care they would be most likely to use if they were sick or needed medical advice. Veterans who indicated they would be most likely to use VA hospitals or VA clinics were classified as Usual Source of Care: VA.

Household Type: All veterans were asked how many people lived in their household. Veterans who live alone were classified as such. Other veterans were asked to report who else lived in the household with them (e.g., spouse, parents, children, etc.). Veterans were then classified as living with spouse only or spouse and family.

Service Connected Disability: All veterans were asked if they had ever applied for or received VA service connected disability compensation from the Veterans Administration. Those who reported applying for service

connected disability compensation were asked whether their claim had been allowed, had been denied, or was still pending. All veterans who reported that their claim had been allowed by the VA are classified as service-connected disabled in this report. A substantial number of these are not currently receiving compensation payments from the VA.

Table Percentages

All table percentages are rounded to the nearest integer. An asterisk (*) indicates that the percentage is greater than 0% but less than 0.5%.

2. THE AGING VETERAN: A SOCIODEMOGRAPHIC PROFILE

Summary

The vast majority of veterans who are now aged 55 and over are wartime veterans. Some served in World War I (3%); some served in the Korean Conflict (12%), and some served in the Vietnam War (4%). Nine out of ten of the aging veterans served in World War II. Only 2% of the veterans aged 55 or over served exclusively in peacetime.

Although more than half of the U.S. population aged 55 and older are women, only 3% of the aging veteran population are women. This appears to be one of the two major differences between the characteristics of the aging veterans and the general public aged 55 and older.

The age distribution of the aging veteran population is the second major difference. Among the general population of males aged 55 and over, half are now less than 65 and half are 65 or older. By contrast, nearly two-thirds of the aging veteran population are less than 65 years of age.

When the aging veteran population is compared to the general male population within equivalent age cohorts, few significant differences are found in the sociodemographic profile of the veteran compared to the general population of men of the same age. Racially, 89% of aging veterans are white, compared with 6% black, 3% Hispanic, 1% Asian, and 1% Amerind. Most veterans have completed high school (64%), but relatively few have a four-year college degree (19%).

The aging veteran population is very stable, locationally. Nine out of ten aging veterans have lived in the same county for more than ten years, and 69% have lived in their current residence for more than ten years. Only

12% of the aging veterans think it is likely that they will move out of state in the next three to five years.

The vast majority of aging veterans are socially embedded. Most are currently married (84%). Only a small proportion of veterans (9%) live alone. Half of the veterans who live alone have children who live elsewhere (53%).

The aging veterans report an active social life. At least once a week, they visit with friends and neighbors (68%), visit with relatives (47%), attend religious services (43%), or attend social functions (20%). One-third of the veterans (32%) belong to a veterans organization.

Although two-thirds of the veterans are not yet 65 years old, nearly half (48%) have already retired. The occupational background of the veteran is somewhat higher than that of the general male population of the same age. Operatives and unskilled labor positions are less common among the veterans.

All in all, the sociodemographic profile of the aging veteran seems to be very similar to that of other men of the same age. The veteran has a slight edge in education, occupational status, and marital status. Other differences in health status and economic resources will be discussed in subsequent chapter.

Service History

The population of veterans aged 55 and over has served in wartime and peacetime for more than a half a century. A handful of these veterans served in the Armed Forces prior to World War I. A small number saw service during the post-Vietnam period, about six decades later.

Despite the range of service periods, more than nine out of ten of the aging veterans served during World War II (91%). Some served during the Korean Conflict (12%), and some served during the Vietnam period (4%). Perhaps the most striking characteristic of the aging veterans' service period is that 98% of them served during wartime. Only 2% of the veterans aged 55 and over served exclusively in the peacetime armed forces (Table 2-1).

The vast majority of the aging veterans are World War II veterans. The period of duty in World War II was the duration of the war plus six months. Thus, it is not surprising that most veterans aged 55 and over report that they served on active duty for more than two years but less than twenty years. Veterans who served less than one year are found disproportionately among the oldest veterans (i.e., World War I). Veterans who served one to two years are found disproportionately among the youngest veterans (i.e., post-World War II). Only 1 out of 20 aging veterans (6%) were career military, serving for twenty years or more. The career soldier is distributed rather evenly across all age cohorts of aging veterans (Table 2-2).

As expected from the reported length of service, 6% of veterans report that they were released from service with a military retirement for length of service. Another 1% of the sample of aging veterans report military retirement for disability (Table 2-3).

One out of ten aging veterans (9%) report that they received a medical or disability release from active duty, not including military retirement for disability. Most veterans (78%) were released with less than twenty years of service and without a medical or disability release.

A small proportion of veterans (6%) say that they received other types of release from active duty. Some of these releases presumably include less than honorable discharges. However, the rate of "other releases" is

twice as high among veterans aged 75 and older (11%) and female veterans (10%), compared with veterans as a whole. This suggests that the "other release" is not restricted to less than honorable discharges.

Although the question concerning the manner of release from service was asked somewhat differently in the 1980 Harris survey of Vietnam era veterans, the questions are close enough to permit tentative comparisons. Two interesting contrasts emerge. Only 5% of Vietnam era veterans reported medical discharges, compared with 9% of the aging veteran population. On the other hand, 12% of Vietnam era veterans were released for other reasons, compared with 6% of aging veterans. These differences between the veterans of the two periods may affect eligibility rates for VA programs.

Another factor in the service history of the aging veteran that impacts on VA program eligibility is POW status. The present survey finds that 2% of veterans aged 55 and over report that they were prisoners of war (Table 2-4). It is noteworthy that there is a higher incidence of poor health among veterans who were POW's than among those who were not. There is no significant difference in the age of former POW's and non-POW's.

Age, Sex, and Race

An examination of the general demographic characteristics of the aging veteran population illuminates two fundamental differences between this veteran population and the general population aged 55 and over. First, the sex distribution among the veteran sample is very different from that of the general population. More than half of the U.S. adult population aged 55 and over are women. By contrast, only 3% of veterans aged 55 and over are women. This means that the appropriate comparison group for veterans aged 55 and over

would be men aged 55 and over rather than the general population aged 55 and over (Table 2-5).

Second, the age distribution of veterans aged 55 and over is significantly different from that of the general population of men aged 55 and over. The proportion of the population who served in the armed forces was quite low until World War II. Thus, within the population aged 55 and over, veterans overrepresent the younger age cohorts. Among the total population of men aged 55 and over, half are now 65 or over. Among veterans aged 55 and over, little more than one-third are now 65 and over. This means that comparison between the aging veteran population and the general aging population must be adjusted for sex and age to make valid comparisons.

In addition to sex and age, race is a third important demographic variable. The survey of aging veterans finds no dramatic differences in the racial composition of the aging veteran population compared with the general population (age and sex adjusted). Nine out of ten veterans aged 55 and over are white. The remainder are black (6%), Hispanic (3%), Asian (1%), and American Indian (1%). The racial profiles of the veteran and of the public samples are nearly identical for those aged 65 and over. However, whites represent a slightly larger proportion of the veterans aged 55-64 than they do in the population as a whole (Table 2-6).

Educational and Occupational Status

It has generally been assumed that compulsory military service interrupts the normal progression of educational and occupational advancement. As a result, the Congress of the United States enacted a number of programs to compensate for educational and occupational disadvantages suffered as a result

of military service. The G.I. Bill provides financial support for education and training for veterans returning to school. Veterans preference in hiring provides a mechanism to compensate for lost seniority in the work-place. The question remains as to how veterans -- who should have no particular educational or occupational advantage/disadvantage on entering the service -- compare to their peers decades after their military service.

The educational attainments of veterans appear to slightly exceed the educational attainments of all men in the same age groups. Only 14% of all veterans aged 55-64 have no high school education, compared to 21% among all men 55-64. Similarly, 25% of veterans aged 65 and over have no high school education, compared to 40% among all men aged 65 and over. However, the difference between veterans and the general population in educational attainment is based on the proportion who have had a high school education. There are no significant differences in the proportions who have attended or completed college. In other words, there are no more veterans on the high end of the educational scale than would be predicted from a general population profile, but there are fewer on the low end of the scale than expected (Table 2-7).

Similarly, there is very little difference between veterans and American men of the same age at the top end of the occupational scale. There is a very slight edge for veterans over the general male population in professional occupations (16% vs. 12%) and proprietorships (6% vs. 4%), and identical rates in managerial occupations (12% and 12%). However, the real difference is found in blue-collar occupations. Among veterans, 24% have been skilled craftsmen or foremen, compared to 12% who have been operatives or unskilled laborers. The positions are reversed among the general male

population aged 55 and over, where 17% have been skilled craftsmen or foremen and 24% have been operatives or unskilled laborers (Table 2-8).

The educational and occupational attainment of the aging veteran several decades after service suggests that the veteran has caught up with the nonveteran, and in certain areas the veteran has exceeded the nonveteran. Either as a result of selection, service experience, or postservice programs, the aging veteran appears to have achieved a greater than expected presence in the middle level educational and occupational positions.

Household Status

The vast majority of aging veterans live with spouses and other family members rather than alone. More than 4 out of 5 veterans aged 55 and older (86%) live in traditionally composed households of two to four persons. Another 5% of veterans live in households of five or more persons. Only 9% of veterans aged 55 and over live alone. The incidence of single person households increases in a stepwise fashion as a function of increasing age, from 7% of veterans aged 55-64 to 24% of veterans 75 years and older (Table 2-9).

The increasing incidence of single-person households with veteran age may be a function of either of two processes -- the increasing incidence of spousal mortality with age and/or children coming of age and leaving home. An investigation of the marital status of veterans by age demonstrates that the incidence of widowerhood among veterans increases with age, from 3% of veterans aged 55-59 to 9% of veterans aged 70-74 and 18% of veterans aged 75 and older. Moreover, the survey finds that 36% of the veterans who live alone are widowed (Table 2-10).

A comparison of the marital status of veterans with that of men of the same age groups indicates that veterans are more likely to be married than nonveterans. The proportion of veterans aged 55-64 who are married is 86%, compared with 82% among all men 55-64. Similarly, the proportion of veterans 65 and older who are married is 82%, compared to 76% among all men aged 65 and older (Table 2-11). The reason for this difference may rest in the ability or the interest of the veteran to remarry after the loss of a spouse, rather than an inherent stability in veteran marriages. However, the policy implication is that veterans are more likely to be embedded in a family support system than their nonveteran counterparts in the same age groups.

In examining the composition of the aging veteran's household, we find spouses living with 83% of the aging veterans. We also find children 18 and over living with 25% of the veterans, and children under 18 living with 9% of the veterans. As expected, the incidence of children under 18 declines from 16% of veterans aged 55-59 to 2% of veterans aged 75 and over. Similarly, the incidence of children 18 and over declines from 35% of veterans aged 55-59 to 10% of veterans aged 75 and over (Table 2-12). Thus, children of veterans do not simply get older, they also leave home as they get older.

In order to further explore the question of children as potential sources of social support for the veteran, the survey asked veterans whether they had children who are not living with them. Nearly 8 out of 10 veterans (77%) aged 55 and over have children who are not living with them. The proportion of veterans with children living elsewhere declines from 82% to 77% between 55-59-year-old veterans and 65-69-year-old veterans. Then, the incidence drops to 61% among 70-74-year-old veterans and 57% among veterans aged 75 and older (Table 2-13). In the absence of any data suggesting

differential fertility, we assume the oldest veterans encounter higher rates of mortality for children as well as spouses.

It is important to note that more than half (53%) of veterans who live alone have children living elsewhere. The group of aging veterans at highest risk to institutionalization -- i.e., veterans living alone with no children living elsewhere -- represents only 4.2% of the total aging veteran population.

Housing Tenure & Mobility

One of the major resources a person can have is their own home. Home ownership is usually not only a family's major asset but also its major responsibility. With increasing age and ill health, the home environment can contribute to or detract substantially from the psychological and fiscal well-being of an individual. Other things being equal, an owned home may serve as the primary location of care, or lack of a home may dictate that institutionalization is required. In this vein, it was of interest to establish veterans' housing tenure and mobility patterns. These are discussed below.

Mobility. Without a doubt, the aging veteran population is not a highly mobile one. Fully 94% of the sample surveyed reported living in their current county of residence for the past five to ten years (5%) or more than ten years (89%). In a country characterized by frequent out-of-county moves, these data depict an extremely settled population segment (Table 2-14).

Further, moves within a county appear to be quite infrequent. More than 4 out of 5 veteran households have lived in their current residence for

five years or longer. Almost 7 out of 10 (69%) have not moved their place of residence within county for ten or more years, while 1 in 7 (13%) report not moving their place of residence within their county during the past five to ten years.

Veterans were also asked if they thought it was likely that they might move to another state in the next three to five years. Only 12% of respondents say that it is at least somewhat likely that they might make such a move, again indicating a very stable geographic distribution. Older (75 and over) veterans are more likely (91%) than younger (55-59) veterans (83%) to say that an out-of-state move is not very or not at all likely in the near future (Table 2-15).

Housing Tenure. Given the age, accomplishments, and financial status of this population segment (see chapter 4: "Economic Resources of the Older Veteran" for a more thorough discussion), it seems quite clear that the observed reluctance of veterans to move from current domiciles and states of residence is probably due to their present homeownership. In point of fact, fully 85% of respondents report that they own their own home; only 11% of respondents report that they rent their residence. Homeownership rates are nearly identical for the 55-59 through 65-69 age groups (87%, 88%, and 86%, respectively), then decline somewhat to 84% of those aged 70-74 and 75% of the oldest veteran cohort (Table 2-16).

Some data suggest that the increased prevalence of rental housing among the oldest veteran cohorts is primarily related to increased need for financial, and not physical, assistance. Whereas only 23% of renters in the 55-59 age cohort and 27% of renters in the 60-64 age cohort live in publicly subsidized units, between 36% and 39% of renters aged 70 or more are living in publicly subsidized housing (Table 2-17). The need for housing assistance may

be directly related to the fact that the youngest veteran cohorts are more likely to still be in the work force, while the older veterans are more likely to be retired on fixed incomes.

Having established a permanent family residence, the aging veteran expects that he will remain in his own home or apartment. When asked in what type of dwelling they will be living ten years from now, 83% of the respondents surveyed report that they will still be living in their own home or apartment. Only 4% mention that they will be living in a retirement village (2%), in a nursing home (1%), or with relatives (1%). Although belief that they will remain in their own home or apartment ten years from now decreases across age cohorts -- from 88% of veterans aged 55-59 to 68% of veterans aged 75 or older -- older veterans are not more likely to say that they will be living in a nursing home, in a retirement village, or with relatives. Rather, they are much more likely to report that they are unsure of just where they will reside (Table 2-18).

Housing and Neighborhood Quality

It is not enough to know that the majority of aging veterans surveyed are homeowners and are relatively stable in terms of their past and anticipated moving patterns. Much of the quality of life derives from being in a satisfactory environment. The quality of environment may be especially crucial to the continued psychological health and well-being of older Americans. In order to assess quality of life in some fashion, Harris' trained interviewers rated several characteristics of each veteran's neighborhood and residence quality. Although the assessments are crude, they are

still capable of yielding a general picture of the environment in which the aging veteran population finds itself.

Type of Unit. Recall that 85% of veterans and their families own their own home, while an additional 11% rent. Across housing tenure types, the primary type of residence is a single family structure (89%). Only 9% of the respondent households live in multifamily units. Consonant with previous data regarding home ownership, the oldest veterans (18% of whom rent their residences) are much more likely to live in multiunit structures (18%) than the youngest veterans (7%), among whom only 10% rent their current residence (Table 2-19).

Neighborhood and Unit Condition. The neighborhoods in which veterans and their families have permanently settled, as well as the residences themselves, are rated by trained Harris interviewers as being of consistently good quality in the vast majority of cases. Eighty-three percent of respondents live on blocks that are rated as good. Ninety-one percent of respondents live in buildings judged as sound. Eighty-six percent of respondents' homes or apartments are observed to be in good condition, and 82% of the homes or apartments in which interviews took place have furnishings that are evaluated as being in good condition (Table 2-20).

Autonomy and Social Activities

Beyond the issues of type of employment, housing tenure, and household composition, a central issue to describing the sociodemographic characteristics of the aging veteran population is how this group spends its time and its level of autonomy and social embeddedness.

Respondents were asked about the frequency with which they engage in various physical, social, and functional activities. The results of pertinent data analyses are presented below.

Functional Activity. Almost 3 out of 4 veterans (73%) report that they go shopping at least once a week. The frequency of going shopping decreases somewhat with age. Whereas only 7% of the youngest veteran cohort report that they never go shopping, fully 17% of the oldest veteran cohort report that they never engage in this functional activity (Table 2-21). This expected finding of what might be termed age-related social dependency or social isolatedness is repeated throughout these data.

Passive Activities. Passive activities that were examined in the survey included: reading newspapers, books, or magazines; watching television; and working at a hobby. Eighty-six percent of respondents read the paper on a daily basis, while virtually all respondents (95%) report that they read a newspaper at least once a week. Similarly, 3 out of 4 respondents (75%) report that they read a book or magazine at least once a week, and 96% report that they watch television on at least a weekly basis. Working at a hobby is a less common activity. Only 49% work at a hobby at least once a week, and only 60% work at hobbies at all (Table 2-22).

Again, older veterans are observed to be less likely than younger veterans to read newspapers (11% of the oldest veterans never do, versus 3% of the youngest veterans), to read books or magazines (19% never versus 9% never), or to work at a hobby (52% never versus 36% never). Only television watching does not vary as a function of age cohort.

Active Pursuits. Respondents were asked about the frequency with which they engage in certain physically active pursuits (e.g., walking, jogging, sports, and strenuous exercise). In general, as the level of

physical stress involved in the activity increases, so does the number of nonparticipants. Whereas only 1 in 5 (21%) of the aging veteran population say they never go for walks, 79% say they do not play active sports and 93% say they do not run or jog. As anticipated, the level of nonparticipation tends to increase as age increases (Table 2-23).

Data regarding active pursuits were summed for each respondent, and a physical activities index was generated. Rating scales for each measure were reversed before being summed so that a higher score would indicate greater levels of activity. Group means were then calculated. The mean score reveals relatively little differences in physical activity until age 70. The level of physical activity drops substantially once age 75 is reached.

Social Activities. Much of the richness of life comes from a full integration within society, day-to-day interaction with other human beings, and participation in a variety of cultural institutions. The veteran population surveyed appears relatively gregarious. About 3 out of 4 (73%) attend religious services, 72% attend social functions, 58% go to movies, concerts, or sports events, 93% visit with relatives, and 93% visit with friends at least on occasion. However, only 11% of the veterans surveyed ever attend senior centers (Table 2-24).

Generally speaking, there appear to be two distinct age groups of veterans when it comes to level of social activity. There is very little difference in the frequency of social activities for veterans who are aged 55-69. The frequency of some social activities (e.g., attending social events) falls off among veterans aged 70-74, while nearly all decline among veterans aged 75 and over.

Even among the oldest veterans, however, the survey finds a substantial level of social activity. Fully 91% of the oldest veterans still

visit with friends and neighbors on occasion. Similarly, 82% visit with relatives on occasion, 60% attend religious services, and 56% attend social functions, while 26% attend movies, concerts, or sports events.

A final type of social activity is uniquely available to veterans. Respondents were asked if they belong to a veterans organization. Almost 1 out of 3 veterans (32%) do belong to a veterans organization. The probability of being a member tends to vary with age. The youngest veterans were least likely to report being a member of a veterans group (27%). Among older veterans, 33% of those aged 60-64, 37% of those aged 65-69, 34% of those aged 70-74, and 39% of those 75 or older say they are a member. The incidence of veterans organization membership is substantially higher among aging veterans (32%) than was found among Vietnam era veterans (19%) in the 1980 study.

Q.5b

Table 2-1

PERIOD OF SERVICE BY AGE COHORT

Q.: During which of these periods did you serve on active duty in the U.S. Armed Forces?

Base	Total (3,013) %	Age				
		55-59 (920) %	60-64 (1,057) %	65-69 (621) %	70-74 (240) %	75 and Over (175) %
Before World War I	*	-	-	-	-	5
World War I	3	-	-	-	-	34
Between World War I and World War II	4	-	3	6	8	14
World War II	91	86	98	98	98	58
Between World War II and Korean Conflict	9	13	7	8	3	3
Korean Conflict	12	21	8	10	3	3
Between Korean Conflict and Vietnam Era	6	8	5	7	3	2
Vietnam Era	4	6	3	4	-	*
After Vietnam Era	*	1	*	-	-	
Not sure	-	-	-	-	-	-
Refused	-	-	-	-	-	-
No answer	*	*	-	-	-	-

*Less than 0.5%.

Q.5a

Table 2-2
 LENGTH OF SERVICE BY AGE COHORT

Q.: How long did you serve on active duty in the Armed Forces?

Base	Age					
	Total (3,013) %	55-59 (920) %	60-64 (1,057) %	65-69 (621) %	70-74 (240) %	75 and Over (175) %
Less than 90 days	1	*	*	1	1	1
90 days to 180 days	2	1	1	2	2	7
More than 180 days but less than 1 year	4	2	3	4	5	10
1 to 2 years	18	29	10	13	15	21
More than 2 years but less than 20 years	69	61	80	73	74	54
20 years or more	6	7	5	7	3	5
Not sure	*	*	-	-	-	2
Refused	-	-	-	-	-	-
No answer	*	-	*	*	*	-

*Less than 0.5%.

Q.7

Table 2-3

MANNER OF RELEASE FROM ACTIVE DUTY

Q.: In what manner were you last released from active duty in the Armed Forces?

Base	Total (3,013) %	Age				
		55-59 (920) %	60-64 (1,057) %	65-69 (621) %	70-74 (240) %	75 and Over (175) %
Medical or disability release	9	6	10	12	13	12
Military retirement for disability	1	1	2	1	2	1
Military retirement for length of service	6	7	6	8	3	6
Released (not medical or disability) with less than 20 years of service	78	81	77	74	77	67
Other release	6	5	5	5	5	11
Not sure	*	-	*	*	-	2
Refused	-	-	-	-	-	-
No answer	*	-	*	-	-	-

*Less than 0.5%.

Q.5c

Table 2-4

PRISONER OF WAR STATUS

Based: Served during wartime

Q.: Were you ever a prisoner of war?

	<u>Base</u>		<u>Yes, POW</u>	<u>No, Not POW</u>	<u>N.A.</u>
<u>Total</u>	(2,946)	%	2	96	2
<u>Age:</u>					
55-59	(895)	%	2	96	2
60-54	(1,042)	%	2	97	1
65-69	(613)	%	2	97	1
70-74	(235)	%	4	94	3
75+	(161)	%	1	98	1
<u>Health Rating:</u>					
Excellent	(631)	%	1	97	2
Good	(1,131)	%	2	97	1
Fair	(719)	%	2	96	2
Poor	(411)	%	3	96	1
<u>Medical Conditions/ Past Year:</u>					
None	(869)	%	1	97	2
1-2	(1,152)	%	2	97	1
3-4	(575)	%	3	95	2
5+	(350)	%	4	95	1
<u>Incapacitated:</u>					
No	(2,904)	%	2	97	1
Yes	(42)	%	7	84	7

Table 2-5
AGE & SEX DISTRIBUTION OF AGING VETERANS

	<u>Total Population</u> %	<u>Veterans'</u> <u>Sample</u> %
<u>Sex:</u>		
Male	43*	97
Female	57	3
<u>Age:</u>		
55-64	50**	65
65 and over	50	35

*Total population aged 55 years and older.

**Total population of men aged 55 years and older.

Q.F2

Table 2-6

RAacial Composition of Aging Veterans

Q.: In which of the categories on this card do you feel you belong?

Base	Veterans 55-64	Men 55-64	Veterans 65 and Over	Men 65 and Over
	(1,977)	(245)	(1,036)	(784)
	%	%	%	%
White, not Hispanic	88	85	90	88
Black, not Hispanic	5	8	7	7
Hispanic	4	5	4	4
Asian	1	*	*	*
American Indian or Alaskan Native	1	*	1	-
Pacific Islander	*	-	*	-
Other	-	1	-	1

*Less than 0.5%.

Q.F1

Table 2-7

EDUCATIONAL ATTAINMENT OF AGING VETERANS
 COMPARED TO MEN AGED 55 AND OVER

Q.: Please look at this card and tell me what is the last year or grade of school you completed? Just call off the letter.

	Veterans 55-64 (1,977) %	Men 55-64 (244) %	Veterans 65 and Over (1,036) %	Men 65 and Over (782) %
No formal schooling	*	1	1	3
1st-7th grade	7	12	12	18
8th grade	7	8	13	19
Some high school	17	14	16	16
High school	30	28	24	18
Some college	12	15	12	10
2-Year college graduate	5	3	5	3
4-Year college graduate	11	11	8	6
Postgraduate	9	7	7	8
Refused	*	*	*	*

*Less than 0.5%.

Q.102,107b

Table 2-8

CURRENT & PREVIOUS TYPE OF WORK

Q.: What kind of work do you do?

Base: Employed full-time/employed part-time, not retired in Q.101.

Q.: What kind of work did you do? (Proxy excluded.)

Base: Currently or previously retired.

Base	Veterans Employed Total (1,314) %	Veterans Retired Total (1,819) %	Veterans Combined Total (3,133) %	All Men 55 and Over (1,003) %
Professional	20	14	16	12
Manager/official	14	10	12	12
Proprietor	9	4	6	4
Clerical worker	4	4	5	6
Sales worker	6	4	5	9
Skilled craftsman, foreman	25	25	24	17
Operative, unskilled laborer	9	15	12	24
Farmer, farm manager, farm laborer	1	2	2	5
Military	*	6	4	1
Other	1	1	1	-

*Less than 0.5%.

Q.58

Table 2-9
HOUSEHOLD SIZE

Q.: Including yourself, how many people live in this household?

Base	Age of Veteran					
	Total (3,013) %	55-59 (920) %	60-64 (1,057) %	65-69 (621) %	70-74 (240) %	75 and Over (175) %
1 (live alone)	9	7	7	9	12	24
2	57	46	59	65	68	59
3	20	25	21	17	13	9
4	9	14	8	5	5	6
5	3	5	3	3	2	*
6	1	2	1	1	-	*
7	*	1	*	*	-	*
8	*	*	*	-	-	-
9	*	*	*	*	-	-
10 or more	-	-	-	-	-	-
Not sure	*	-	*	-	-	-
Refused	*	*	-	-	-	-
No answer	*	-	*	*	1	*
-----	-----	-----	-----	-----	-----	-----
Mean	2.5	2.8	2.5	2.3	2.2	2.0

*Less than 0.5%.

Q.97a

Table 2-10
MARITAL STATUS

Q.: Are you now married, widowed, divorced, separated, or never married?

Base	Total (3,013) %	Age of Veteran					Household Composition		
		55-59 (920) %	60-64 (1,057) %	65-69 (621) %	70-74 (240) %	75 and Over (175) %	Live Alone (261) %	With Spouse Only (1,615) %	With Family (1,063) %
Married	84	86	89	85	80	68	4	100	87
Widowed	6	3	4	5	9	18	36	*	5
Divorced	4	5	4	4	5	2	30	*	3
Separated	2	2	1	2	1	2	9	*	1
Never married	4	4	2	3	5	9	21	-	4
Refused	-	-	-	-	-	-	-	-	-
No answer	*	*	*	1	*	*	-	*	*

*less than 0.5%.

Q.97a

Table 2-11

COMPARISON OF MARITAL STATUS OF VETERANS AND MEN OF SAME AGE

Q.: Are you now married, widowed, divorced, separated, or never married?

	Veterans 55-64 (1,977) %	Men 55-64 (245) %	Veterans 65 and Over (1,036) %	Men 65 and Over (786) %
Base				
Married	86	82	82	76
Widowed	3	6	9	17
Divorced	4	5	4	3
Separated	2	1	2	1
Single/never married	3	3	5	3
No answer	*	2	*	-

*Less than 0.5%.

Q.59

Table 2-12
HOUSEHOLD MEMBERS

Q.: Which of the following people live with you?

Base	Total (3,013) %	Age of Veteran				
		55-59 (920) %	60-64 (1,057) %	65-69 (621) %	70-74 (240) %	75 and Over (175) %
Live alone	9	7	7	9	12	24
Your spouse	83	85	87	85	79	64
Your children under 18	9	16	6	5	1	2
Your children 18 & over	25	35	25	18	15	10
Your parent(s)	2	4	1	1	3	-
Other relatives	8	8	7	9	6	8
Other nonrelatives	2	2	2	1	3	6
Not sure	*	-	*	-	-	-
Refused	*	*	-	-	-	-
No answer	*	*	*	1	1	*

*Less than 0.5%.

Q.60

Table 2-13
CHILDREN NOT IN HOUSEHOLD

Q.: Do you have any children who are not living with you?

Base	Total (3,013) %	Age of Veteran					Household Composition		
		55-59 (920) %	60-64 (1,057) %	65-69 (621) %	70-74 (240) %	75 and Over (175) %	Live Alone (261) %	With Spouse Only (1,615) %	With Family (1,063) %
Yes, have	77	82	81	77	61	57	53	80	80
No, don't have	23	18	19	22	38	42	47	20	20
Not sure	*	-	*	-	*	-	*	*	-
Refused	*	*	-	*	-	-	-	*	-
No answer	*	*	*	1	1	*	*	*	*

*Less than 0.5%.

Q.61,57

Table 2-14

HOUSING MOBILITY

Q.: How long have you lived in this county?

Q.: How long have you lived in your current residence?

Base	<u>This County</u> (3,013) %	<u>Current Residence</u> (3,013) %
1 year or less	1	4
More than 1 year to 2 years	1	4
More than 2 years to 3 years	1	3
More than 3 years to 4 years	1	3
More than 4 years to 5 years	1	4
More than 5 years to 10 years	5	13
More than 10 years	89	69
Not sure	*	*
Refused	-	-
No answer	*	*

*Less than 0.5%.

Q.62

Table 2-15

LIKELIHOOD OF MOVING

Q.: How likely would you say you are to move to another state in the next three to five years?

	Age of Veteran					
	Total	55-59	60-64	65-69	70-74	75 and Over
Base	(3,013)	(920)	(1,057)	(621)	(240)	(175)
	%	%	%	%	%	%
Very likely	5	6	6	4	1	2
Somewhat likely	7	8	7	6	6	3
Not very likely	22	24	23	21	15	14
Not at all likely	64	59	62	68	74	77
Not sure	2	3	2	1	4	3
Refused	-	-	-	-	-	-
No answer	*	*	*	-	-	*

*Less than 0.5%.

Q.114a

Table 2-16
HOUSING TENURE

Q.: Do you or your spouse own your home, rent, or are you living with relatives?

	Age of Veteran					
	Total	55-59	60-64	65-69	70-74	75 and Over
Base	(3,013)	(920)	(1,057)	(621)	(240)	(175)
	%	%	%	%	%	%
Own	85	87	88	86	84	75
Rent	11	10	10	10	12	18
Live with relatives	2	2	1	2	3	3
Other	1	1	1	1	1	4
Not sure	*	-	*	-	-	-
Refused	*	*	*	-	-	-
No answer	*	*	*	1	*	*

*Less than 0.5%.

Q.114d

Table 2-17

RENTAL UNIT TYPE

Base: Rent in Q.114a.

Q.: Is this senior citizen housing or public housing? (Proxy excluded.)

Base	Total (318) %	Age of Veteran				
		55-59 (96) %	60-64 (102) %	65-69 (61) %	70-74 (29) %	75 and Over (30) %
Yes, senior citizen	1	-	-	5	-	2
Yes, public housing	28	23	27	30	39	36
Yes, both	2	1	1	4	3	5
No, neither	65	72	67	63	52	55
Not sure	1	-	1	-	3	-
Refused	-	-	-	-	-	-
No answer	3	4	4	-	3	5

Q.64

Table 2-18

FUTURE RESIDENCE

Q.: Ten years from now, do you expect to be living in your own home or apartment, in a retirement village, with relatives, in a nursing home, or where? (Proxy excluded.)

Base	Total (2,966) %	Age of Veteran				
		55-59 (917) %	60-64 (1,046) %	65-69 (610) %	70-74 (234) %	75 and Over (159) %
Own home/apartment	83	88	86	84	73	68
Retirement village	2	2	1	3	*	1
With relatives	1	1	1	1	1	2
Nursing home	1	*	1	2	2	3
Other	1	1	*	1	1	2
Not sure	11	8	9	10	21	20
Refused	*	*	*	*	1	*
No answer	*	*	*	*	*	-
Don't expect to be living	1	-	1	*	*	4

*Less than 0.5%.

Q.F11

Table 2-19

TYPE OF DWELLING

Q.: Type of dwelling.

	Total	Age of Veteran				
		55-59	60-64	65-69	70-74	75 and Over
Base	(3,013)	(920)	(1,057)	(621)	(240)	(175)
	%	%	%	%	%	%
One-family house	89	92	91	89	85	80
Two-to-four-unit dwelling	5	4	4	7	8	7
Apartment house	6	3	3	3	6	11

Q.F12,F13,F14,F15

Table 2-20

NEIGHBORHOOD & UNIT CONDITION

Q.: Condition of block.

Base	Total (3,013) %	Age of Veteran				
		55-59 (920) %	60-64 (1,057) %	65-69 (621) %	70-74 (240) %	75 and Over (175) %
Good	83	84	83	81	80	84
Fair	13	13	13	15	18	11
Poor	2	2	2	2	1	3

Q.: Condition of Respondent's Building.

Sound	91	91	92	92	90	90
Deteriorating	5	6	5	5	7	6
Run down	1	1	1	2	1	2

Q.: Interior of Respondent's House or Apartment.

Good condition	86	86	86	87	85	85
Needs some repair	8	8	7	7	10	7
Needs a lot of repair	1	1	1	2	*	2

Q.: Furnishings of House or Apartment.

Good condition	82	82	83	85	82	77
Fair condition	10	10	9	9	11	15
Poor condition	2	2	2	2	2	2

*Less than 0.5%.

Q.65

Table 2-21

FREQUENCY OF SHOPPING

Q.: How frequently do you...go shopping? (Proxy excluded.)

Base	Total (2,966) %	Age of Veteran				
		55-59 (917) %	60-64 (1,046) %	65-69 (610) %	70-74 (234) %	75 and Over (159) %
Almost every day	9	8	8	12	11	10
About 3-4 times a week	25	21	25	29	29	29
About once a week	39	38	41	38	40	30
About once or twice a month	12	14	12	9	7	9
About once every few months	5	7	5	4	3	5
About once a year	2	3	3	2	1	-
Never	8	7	7	6	9	17
Not sure	*	-	*	-	-	-
Refused	*	*	-	*	-	-
No answer	*	*	*	*	-	-

*Less than 0.5%.

Q.65

Table 2-22

PASSIVE/SOLITARY ACTIVITIES

Q.: How frequently do you...?

Base	Total (2,966) %	Age of Veteran				
		55-59 (917) %	60-64 (1,046) %	65-69 (610) %	70-74 (234) %	75 and Over (159) %
<u>Read a Newspaper?</u>						
At least once a week	95	94	94	93	94	88
Less often than once a week	1	1	1	2	1	1
Never	4	3	3	5	5	11
<u>Read Books or Magazines?</u>						
At least once a week	75	76	76	73	72	70
Less often than once a week	13	14	14	13	13	11
Never	11	9	10	12	14	19
<u>Watch Television?</u>						
At least once a week	96	98	97	96	97	97
Less often than once a week	1	1	1	1	*	-
Never	1	1	1	3	2	2
<u>Work at a Hobby?</u>						
At least once a week	49	48	51	54	44	44
Less often than once a week	12	15	12	12	11	4
Never	37	36	35	35	43	52

.....
*Less than 0.5%.

Q.65

Table 2-23

PHYSICALLY ACTIVE PURSUITS

Q.: How frequently do you...(Proxy excluded)

Base	Total (2,966) %	Age of Veteran				
		55-59 (917) %	60-64 (1,046) %	65-69 (610) %	70-74 (234) %	75 and Over (159) %
<u>Go for a Walk?</u>						
At least once a week	69	67	69	75	73	60
Less often than once a week	9	13	10	6	7	6
Never	21	19	21	19	20	32
<u>Exercise Strenuously?</u>						
At least once a week	27	32	29	31	19	14
Less often than once a week	4	6	5	3	2	5
Never	66	62	64	66	78	81
<u>Play at Active Sports?</u>						
At least once a week	13	15	14	12	7	6
Less often than once a week	7	10	7	4	5	3
Never	79	74	77	84	87	92
<u>Run or Jog?</u>						
At least once a week	3	5	5	1	1	2
Less often than once a week	3	3	3	2	1	-
Never	93	91	92	96	98	98

Mean Score	10.4	10.9	10.6	10.6	9.5	7.8

Q.65

Table 2-24

SOCIAL ACTIVITIES

Q.: How frequently do you...(Proxy excluded)

Base	Total (2,966) %	Age of Veteran				
		55-59 (917) %	60-64 (1,046) %	65-69 (610) %	70-74 (234) %	75 and Over (159) %
<u>Attend Religious Services?</u>						
At least once a week	43	40	43	49	44	36
Less often than once a week	30	34	31	25	28	24
Never	26	25	25	25	27	40
<u>Attend Social Functions?</u>						
At least once a week	20	21	20	20	16	15
Less often than once a week	52	55	56	52	48	41
Never	26	22	23	26	34	42
<u>Attend Movies, Concerts and Sporting Events?</u>						
At least once a week	8	9	9	8	6	5
Less often than once a week	50	60	52	45	42	21
Never	41	30	39	46	50	73
<u>Visit with Relatives?</u>						
At least once a week	47	48	47	47	45	41
Less often than once a week	46	47	47	45	46	41
Never	7	5	6	6	8	18
<u>Visit with Friends or Neighbors?</u>						
At least once a week	68	64	68	71	69	69
Less often than once a week	25	27	25	22	20	22
Never	7	7	6	7	10	9
<u>Attend Senior Centers?</u>						
At least once a week	4	1	4	5	4	6
Less often than once a week	7	3	7	11	13	12
Never	88	95	88	83	80	79

Mean Score	19.2	19.4	19.5	19.6	18.7	16.1

Q.F4a

Table 2-25

VETERAN GROUP MEMBERSHIP

Q.: Membership in Veterans Organizations.

Base	Total (3,013) %	Age of Veteran				
		55-59 (920) %	60-64 (1,057) %	65-69 (621) %	70-74 (240) %	75 and Over (175) %
Yes	32	27	33	37	34	39
No	67	72	67	62	66	60

3. HEALTH STATUS OF THE OLDER VETERAN

Summary

The majority of veterans aged 55 and over describe their health as excellent or good compared with others their own age. Only 9% of these veterans had to stay in bed all day with an illness at some time during the previous two weeks. Only 2% are physically or mentally incapacitated.

Certain types of medical conditions are widespread among the older veterans. Arthritis and hypertension are the most common health problems among the aging veteran. The killer diseases of cancer, heart attacks and strokes are far from uncommon. During the past twelve months, the average veteran had two health conditions or diseases. In addition, 3% of older veterans had an accident or injury in the past twelve months that required hospitalization.

Both the lifetime incidence and the past-year incidence of physical disease in the veteran population increases with age. By contrast, psychological disorders and problems are distributed equally across all age cohorts. Nervous and emotional problems are the fourth most common current health problems among veterans aged 55 and over.

The aging process clearly affects the activities that veterans are able to perform. One quarter of veterans aged 55 and over report that they are unable to work because of their health. Almost half of the aging veterans say their activities are limited by their health.

Despite these limitations, very few veterans have lost their functional autonomy. With the exception of heavy housework, only a handful of veterans need assistance in their routine activities.

Although the aging veteran population appears to be in relatively good health, the survey does not find a decline in morbidity among the younger veteran cohorts. On the contrary, the younger veterans exhibit higher age-specific rates of illness across a broad range of medical conditions. The implication of this finding is that the medical need for treatment will be greater among the younger cohorts than it was for earlier cohorts. The morbidity rate in the aging veteran population will be greater than predicted from the experience of earlier cohorts. Thus, the demand for medical care among the aging veterans is likely to increase faster than predicted.

General Health Status of the Aging Veteran

The majority of the aging veteran population consider themselves to be in good health compared to other people their own age. Sixty-one percent of the veterans say that they are in good (39%) or excellent (22%) health. By contrast, 25% of the veterans describe their health as fair, and 14% say it is poor compared to others their own age (Table 3-1).

Despite the age-specific anchor in the question, there are some variations in self-health ratings by age. The proportion of veterans who describe their health as fair or poor increases from 34% of those aged 55-59 to 43% of those aged 75 and over. However, the 42% of veterans aged 65 and over who consider their health to be fair or poor is statistically indistinguishable from the 39% of the general public aged 65 and over who consider their health to be fair or poor compared with others their own age.*

*John Boyle and Paul Brounstein, Views of Informed Consent and Decisionmaking, Louis Harris and Associates, September 1982.

Among veterans aged 55-74, 8% to 10% have been kept in bed all day by illness or injury at some time in the previous two weeks. However, the incidence of illness rises considerably among those veterans aged 75 and over. Nearly twice as many veterans aged 75 and over (15%) were confined to bed because of illness in this two-week period. (Table 3-2).

Although most aging veterans consider themselves to be in good health and only a few have been bed-ridden in the previous two weeks, many aging veterans report health limitations. One quarter of veterans aged 55 and over (25%) report that their health keeps them from working (Table 3-3). Moreover, nearly half (47%) report that they are limited in some way because of a disability or their health (Table 3-4).

The incidence of health limitations among older veterans is closely related to age. Only 18% of veterans aged 55-59 report being unable to work because of their health, compared to 39% of veterans aged 75 and over. Moreover, the proportion of veterans who suffer some health limitations rises from 38% of 55-59 year olds, to 46% of 60-64 year olds, 57% of 70-74 year olds, and 68% of those 75 and over.

A total of 2% of all veterans aged 55 and over who are still living in the noninstitutionalized population are physically or mentally incapacitated. Less than 1% of veterans under 65 years old are incapacitated. By contrast, nearly 1 out of 10 veterans aged 75 and older are incapacitated (Table 3-5). (See chapter 9 for more details.)

Medical Problems of the Aging Veteran

The most common health condition among older veterans is arthritis. Among all veterans, 36% report having had arthritis. The incidence of

arthritis rises from 29% among those 55-59 to 48% among those 75 and older (Table 3-6).

Hypertension is the second most common health condition among older veterans. Nearly one-third of veterans aged 55 or older (31%) have had hypertension.

Less serious medical conditions that are reported by the aging veteran population include hernias (21%), hemorrhoids (19%), and ulcers (15%). Fully 17% of veterans aged 55 and over report deafness in either ear, while 8% report cataracts and 4% report blindness in either eye.

Prostate problems are one of the most widely reported medical conditions among veterans aged 55 and over (17%). The incidence of prostate trouble increases with age, from 10% veterans of aged 55-59 to 34% of veterans aged 75 and older. Indeed, prostate problems are the second most common medical condition among veterans aged 75 and older.

Heart attacks or heart failures have been experienced by 14% of veterans aged 55 and over. Other heart disease are reported by 9% of the aging veterans.

A number of respiratory disorders are found among the aging veteran population. One out of seven veterans (15%) have had pneumonia. Others report emphysema (8%), bronchitis (7%), and asthma (5%).

Nearly 1 out of 10 veterans (9%) report having had a diagnosed case of cancer. The incidence of cancer among living, noninstitutionalized veterans is 8% among those aged 55-64, but 15% among those aged 75 and over (Table 3-7).

The most common types of cancer among older veterans who have been diagnosed as having cancer are skin cancer (44%), cancer of the prostate (14%), and stomach or colon cancer (12%). Prostate cancer is substantially