

Ethnographic research: Understanding the health care needs of Veterans



Methodology

Military Veterans can be found in every community throughout our nation. Understanding their health care needs is important to ensuring they receive the care they deserve. Optum Serve, the federal health services business of Optum® and UnitedHealth Group®, helps federal agencies tackle some of the biggest challenges in health care. One of those agencies is the U.S. Department of Veterans Affairs (VA). In order to be a better partner and truly understand Veterans' perspectives, Optum Serve conducted ethnography research that examined the experience and health care mindset of Veterans in effort to deliver care focused on their unique needs.

Interviews were performed in Veterans' homes between November 2017 and January 2018 by Fusion Hill, a non-biased, third-party professional research firm. Each interview was two hours in length, and some included excursions to related locations such as medical appointments or local Veteran service organizations. The objective was to understand Veteran mindsets by exploring similarities and differences across numerous variables. The research focused in part on Veterans' engagement with health care services and resources, as well as focus into their engagement with health care services and resources, as well as identifying key challenges and unmet health care needs.

The research included 131 Veterans from the Army, Navy, Marines, Coast Guard and Air Force. The research was conducted in five markets across the United States: Houston, Los Angeles, Boston, Richmond and Anchorage. The Veterans were a mix of combat and non-combat roles, a variety of ages, gender and sexual orientation. Veterans from rural, urban and suburban locations were included in the research with a mix of service-related disabilities, both physical and behavioral. Some of the Veterans interviewed received their health care from the VA and utilized their VA benefits, while others were seeking care elsewhere. These interviews brought trends and insights to the surface, and offered a glimpse into the successes and struggles that Veterans face when navigating the health care system.



Veteran care is everywhere

There are 20.4 million U.S. Veterans.¹

More than 9 million Veterans are enrolled in VA health care.²

Approximately 250,000 service members return to civilian life each year.³

Ethnographic research

A qualitative research method where participants are observed and interacted with in their real-life environment, such as in-person interviews.

Key findings

The lifecycle from civilian to service member to Veteran

Each Veteran’s experience is different, but similar phases inform their attitudes and beliefs and, ultimately, how they interact with and form expectations of the health care system. During the research, Optum Serve sought to form an understanding of the Veteran’s experience at each phase.

A Veteran’s experiences prior to the military contribute both to their reasons for joining the military as well as the health care habits and attributes they bring with them. For many Veterans, the environment that compelled them to join the military is the environment they return to after they serve.



Joining the military

The research found there are many motivations for joining the military. While some participants felt drawn to service by an emotional pull or sense of duty, others felt that they were compelled by circumstance. Many experienced a combination of both.

Called to join

“I feel a strong drive to serve and protect and to carry on my family legacy.”

Compelled to join

“I have few options and the military offers good benefits.”

Experiences in the service

Entry and adjustment

Basic training can be an intense transition. Many participants described a process of being “broken down” as individuals in order to be reformed into members of a team. This transition was especially tough for those who joined in wartime, as the knowledge that they may be deployed was frightening and stressful.

One of the most significant attitudinal changes that occurs during this time is the shift in focus from the “I” to the “we.” During basic training, recruits learn that they are interdependent with their squad, unit and command. Everything they do, good or bad, affects others and vice versa.

For the vast majority of the Veterans in this study, that mentality remained when they transitioned back into civilian life. This tendency to place the “we” before the “I” is critical to success in combat situations, but this mindset can also be carried over to their individual health in situations far from the battlefield.

Research participants often agreed that the most significant takeaway from this time — and from their service overall — was the camaraderie with fellow service members and being a part of something bigger than themselves. Living in close quarters, they relied on each other and were the only ones who could understand the unique pressures of their environment. For many, it was unlike anything they had experienced before, or anytime since, their time in the military.

Daily life and health care

Although a large part of military service is in preparation for combat, this study contained a variety of combat and non-combat Veterans. Even so, all Veterans in this study retained a residual health impact due to their services, be that physical, behavioral or attitudinal.

A number of participants experienced injuries that interrupted or delayed their advancement, and mentioned repetitive activities like running in boots or carrying heavy packs also took a toll over time. Some worked with complex weaponry and machinery, and may have experienced or witnessed serious — even fatal — accidents.

As they adjusted to the culture of the military, many quickly learned it was the norm to keep quiet about pain, injury or illness. Seeking care could earn them a reputation as weak, “a sick bay commando” or someone who tries to avoid hard work. Many described presenting an image of strength despite pain — a mindset that would stay with them long after they left the military. Some also experienced homesickness, depression or anxiety and similarly did not seek support for fear of being labeled as weak.

Health care in the service

For many in the military, health care was something that was handled for them and directly connected to their service, like housing or lunch at the mess. Therefore, most participants didn’t think much about health care systems and benefits.

The experiences with the military health care system during service varied widely. Many participants agreed it was relatively accessible compared to private care. However, the quality of care was not always consistent and it’s important to note that because health care providers are subject to the same regular reassignments, turnover is high and continuity of care is low.

Almost across the board, participants said they were unlikely to seek mental or behavioral health care while serving. Participants believed admitting to a mental health issue presented social and professional ramifications — both intense stigma and the possibility of losing out on promotions, as their condition may not have been kept confidential. A few who sought care were forced to leave the military for this reason. Some believed chaplains were a more confidential alternative to therapy from a mental or behavioral health care provider.

“

When a person goes [into the military] they are programmed ... to function as a unit. As a seaman recruit, the first thing that happens is their hair gets cut so that they identify with everyone else ... **It’s ‘we,’ no longer ‘I,’** and that gets reinforced ...”

— Male, 54
Coast Guard and Navy

“

I’ve worked through stress fractures and didn’t even know I had one until years later. **You don’t want to call attention to yourself.** You don’t want to say you’re not 100%.”

— Female, 58
Marines

Combat exposure

Some of the Veterans in the study who served more recently, especially those who served post-9/11, joined the military believing that deployment was the fullest realization of what it means to serve. Deployment was what they trained for, and for some, it was the reason for joining the military.

Some participants, such as those who worked as medics, in a hospital setting, or were involved in rescue missions, saw extreme injuries during their service. Those participants who saw such injuries said seeing severely wounded soldiers and civilians left a lasting mental impact.

Transitioning to civilian life

The transition to civilian life can be challenging. In addition to broader questions of identity, values and purpose, participants said they struggled with more mundane tasks like how to dress, when to get up and what food they like.

Many of the participants in the study who left the service at a relatively young age felt that health care was a distant concern and instead focused on immediate tasks like housing and employment. Frequently, they did not realize the extent of their health needs until years or decades later, when it was harder to obtain benefits. Some missed the military and returned to active duty or service in the reserves.

Health needs in civilian life

There are as many post-service experiences as there are Veterans, so it is important not to overgeneralize. Not every combat Veteran suffers from post-traumatic stress disorder (PTSD) whether they served in Vietnam, Iraq or Afghanistan, and some Veterans who don't have physical wounds may still be suffering on the inside.

By understanding the breadth of experiences and how it colors attitudes and actions, even decades later, we can ask the right questions to better serve those who served.

Although some participants in this study sustained physical injuries in combat, many Veterans have other kinds of health concerns stemming from service. Because of pressure to perform and project strength, they may have been discouraged from seeking care initially, but these conditions have now reappeared or worsened over time.

Many participants suffer from behavioral conditions, most commonly depression and anxiety. Some entered the military with these conditions and their experiences in the service exacerbated them, while others say that “the things they have seen” in the military are the cause of their mental health struggles.

Some left the military feeling disillusioned because of their experiences in combat or with other service members, and they struggle to reconcile this. Many participants, especially those without formal diagnoses for mental conditions, said they have trouble sleeping.

Although it may stem from a variety of causes, many suffer from chronic pain. Research indicated that it is rare for participants with severe, chronic pain to maintain steady employment. Some younger participants described how difficult it is to “feel old” at their age, and to deal with issues like pain that their contemporaries do not share.

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They say that one year in the military is like **10 years of civilian life** on your body.”

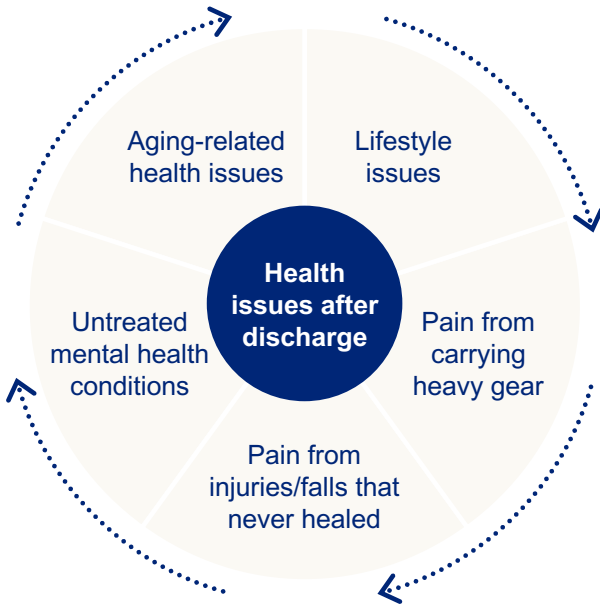
— Female, 34
Army

“

[The people] I've always seen as real Veterans [are] from combat zones, have lost limbs ... **I feel out of place with wounded warriors.** Am I a Vet? Yes, but not to the extent of [those] guys.”

— Male, 32
Navy

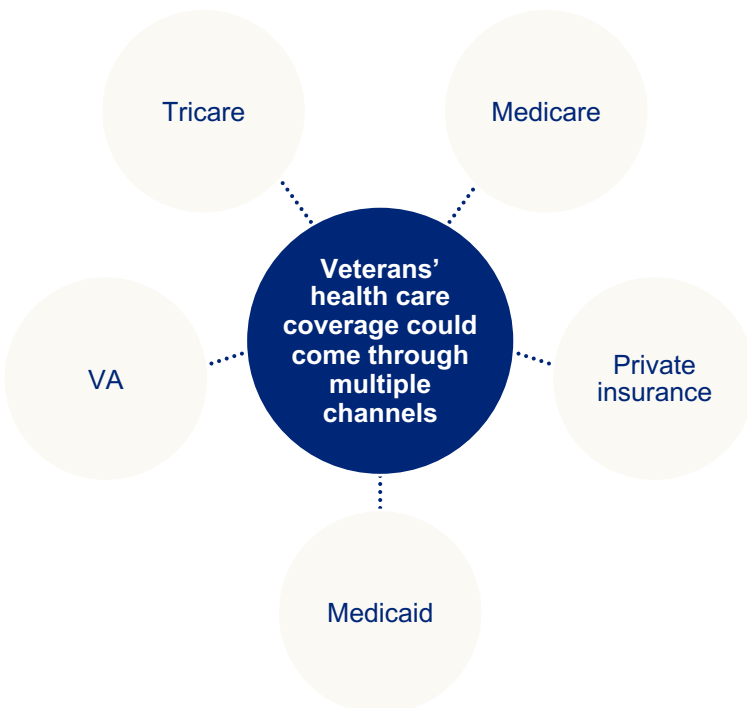
Health needs in civilian life



Many Veterans interviewed downplayed the severity of these conditions, believing the “real” injuries are those experienced in combat.

Health coverage

Veterans who have 100% service-connected disabilities (SCD) can receive all their health care coverage through the VA. Those with lower SCD ratings, however, may only receive partial coverage and may be required to get coverage from other sources. Some seek private coverage, while others may be eligible for TRICARE, Medicare or Medicaid. Although some Veterans may be eligible for benefits including health care, several mentioned not feeling “worthy enough” of VA health care or wanting to save those resources for Veterans who need it more than them.



“

[I’m] not 100% compensated [by the VA] ... For me, just being a man with bumps and bruises, big picture — it would not be fair [to be fully compensated]. Some vets actually need that help, so **I don’t want to stand in the way [of those] who need that help.**”

— Male, 36
Navy

“

I think **a lot of people are worse off** ... [I] don’t use the [VA] resources ... If I am able to go to this [private medical] institution, then I am not clogging the line up, so to speak.”

— Female, 49
Marines

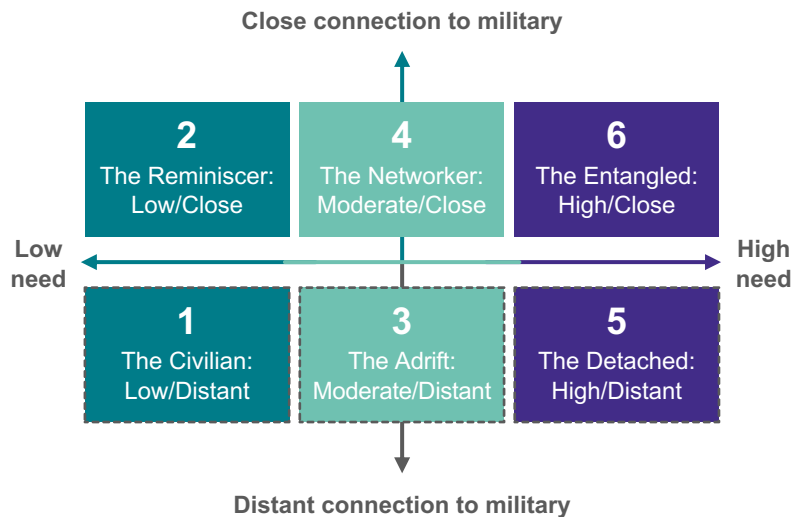
The choice of care is impacted by several factors

- **Cost:** Like other populations, Veteran participants are conscious of the cost of health care. Discounted or free care, whether due to a disability rating or low income, is the primary motivator to seek out and use the VA.
- **Convenience:** Location is more likely to drive participants away from the VA, and many may choose to use private providers closer to their home rather than a more distant VA clinic or hospital.
- **Quality:** If they are able, participants will choose whichever care they see as the “best.” This perception is driven based on personal experiences and stories they have heard.
- **Familiarity:** Those with existing provider relationships are less likely to consider switching their care to another provider even if that means maintaining providers across different systems.

Veterans differentiated by need and connection

Through analysis of the research, Optum Serve found that Veteran participants can be differentiated by two key factors: their degree of health care need and their connection to the military. At the intersection of these factors, six cohorts among Veterans arise.

Individuals who have recently left the military are still navigating what it means to be separated. They have to determine a new path and are exploring employment/education options. These individuals may not fall into one of the six cohorts immediately after separation, but with time, the cohort they align with will become more apparent.

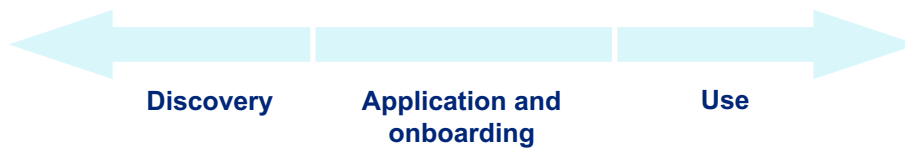


The definitions of each cohort are explained below:

1 The Civilian	The Civilians typically have little health care needs since leaving the military years ago; they rarely reflect on their time in the military. Since leaving the military they have enjoyed steady employment and economic security with access to resources to meet their few health needs.
2 The Reminiscer	The Reminiscers served many years ago but frequently look back on their time in the military; they continue to take pride in their service. Today they have limited health care from the VA. Most have access to other care but tend to be involved in Veteran organizations.
3 The Adrift	The Adrifts have some gaps in their care. Some needs may be long-standing, stemming from a lack of support during their transition; other needs may have emerged later in life. They feel minimal ties to their time in the service and may have spent many years disengaged from resources like the VA.
4 The Networker	The Networkers are actively engaged in the Veteran community. The typical Networker had a longer military career and may have seen combat, making it difficult to transition into the civilian world. Today they serve as a mentor to others. They have some health concerns or other needs, but have the resources and people to help address them.
5 The Detached	The Detached have consistently high needs in regard to health and other areas, but these are often not related to time in the service. May have purposefully distanced themselves from the military and use the VA because they qualify for free care but would prefer to seek care in the private sector.
6 The Entangled	The Entangled have serious health care needs and limited access to care. They are more likely to have seen combat and to have been injured, and their relationship to the military may be conflicted. Some treasure their service while others feel their trauma prevents them from moving on.

VA health care journey common across cohorts

Across these different cohorts, the research shed light on the fact that each Veteran's health care journey can be divided into three stages: discovery, application and onboarding, and eventually using the VA health care system.



Discovery: Veterans who were interviewed said that oftentimes the resources they need are out there, but it takes years or decades to find out about them and get connected.

Discovery needs included:

More specific, direct referral to care

- Rather than general information, educational programming could provide steps tailored to unique situations and locations, and a direct connection to a resource for use after separation
- An explicit push to seek care early, in spite of cultural pressures, could help Veterans pay attention even if they feel health care is not yet relevant to them or do not want to admit a health issue

A centralized access point for resources

- Upon military separation, Veterans want one centralized location that can provide information on all Veteran benefits — disability ratings, VA, GI Bill, home loans and Veteran Service Organizations (VSOs)

Upon military separation, Veterans interviewed wanted **one centralized location** that provides information on all Veteran benefits — disability ratings, VA, GI Bill, home loans and Veteran Service Organizations.

Application and onboarding: Veterans in this study feel it is a lengthy, opaque process that still leaves them wondering about how to go about using their benefits.

Application and onboarding needs included:

Transparent and efficient disability rating process

- Consolidated process of assessments and appointments
- Easy access to and electronic transfer of medical records
- Faster receipt of disability percentage rating
- More sensitive process for assessing trauma

Full introduction and explanation of benefits:

- Upon being given a percentage, Veterans need an explanation of what their percentage means and their resulting coverage
- Veterans need a comprehensive introduction to available care, including alternative and specialty care, coverage for medical supplies and related VSO support

Use: Veteran participants are looking for efficiency, coordination and convenience, but also providers that make them feel appreciated.

Use needs included:

A single point person

- One designated person to contact for all health needs — a care coordinator or advocate who could answer questions, assist during challenges and connect them to other resources

Efficient and reliable internal processes

- Proper staffing and streamlined processes so that patients' requests and messages are reliably processed in a timely manner, across all departments

Timely appointments

- Appointments when patients need them, on their own schedule, especially for time-sensitive needs and mental health

Choice of providers

- Ability to find/choose a relationship that is a "good fit," and to not have this interrupted by frequent turnover
- For those who experience anxiety in VA environments — the option to receive care in spaces where they are more comfortable

Convenient locations

- For those without access to outpatient clinics — more conveniently located, less overwhelming care settings
- Shorter drive times and wait times, and a more manageable, personal feel

Respectful and compassionate treatment

- Want their health concerns to be investigated, not dismissed, and their preferences — like less medication — to be heard
- Want to feel that the weight of their service, and the potential struggle of their transition, is acknowledged and recognized with consistent kindness and respect from providers and staff

Addressing Veteran needs in health care systems

The health care needs of our Veterans are important to know and understand to properly care for this population. The Department of Veterans Affairs continues to offer innovative programs to meet these needs, such as the VA Community Care Network, and it's important that partners like Optum Serve understand the unique characteristics that make up our nation's Veterans. Optum Serve is committed to helping better the lives of our Military Service Members and Veterans, and seeks to continually find ways to improve the health care experience for our nation's heroes.

About Optum Serve

At Optum Serve, we're dedicated to improving health across the nation. As part of UnitedHealth Group (NYSE:UNH), we leverage our connection to UnitedHealthCare and Optum to deliver solutions that meet the broad spectrum of health care needs throughout the federal government. In bringing together our unmatched data with deep insights from our commercial businesses, we help solve challenges facing the government today — and uncover smarter solutions for tomorrow. Through close partnerships, we design tailored offerings that help customers work toward our shared goal: better health outcomes nationwide.

**Learn more about
Optum Serve and
how we support our
military and Veterans.**

optumserve.com/veterans

1. [pewresearch.org/fact-tank/2017/11/10/the-changing-face-of-americas-veteran-population/](https://www.pewresearch.org/fact-tank/2017/11/10/the-changing-face-of-americas-veteran-population/).
2. [va.gov/health/aboutVHA.asp](https://www.va.gov/health/aboutVHA.asp).
3. [economist.com/democracy-in-america/2014/11/12/difficult-transitions](https://www.economist.com/democracy-in-america/2014/11/12/difficult-transitions).

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