Family Perceptions of Post-Deployment Healthcare Needs of Iraq/Afghanistan Military Personnel


SUMMARY: This study documented the perceived healthcare needs of those who have served overseas since 2001, according to family members and friends. Results showed that a substantial number of Veterans and their families are obtaining healthcare outside of the Veterans Affairs (VA) system, and there is a high level of healthcare needs that are directly related to military service.

KEY FINDINGS:

- According to the friends and family of Service members, 35% of those who had been deployed to OEF/OIF were exposed to a serious combat incident, including witnessing a nearby explosion (21%), combat injuries (9%) and non-combat injuries (6%).
- Psychological problems such as depression or posttraumatic stress disorder (PTSD) were reported by the social contacts of 13% of those with OEF/OIF experience, as were divorce and other relationship issues.
- Friends and family reported that 9% of those who had been deployed during OEF/OIF were experiencing more than one deployment-related health concern.
- Friends and family reported that only 6% had disclosed relevant deployment experiences to their doctor.

IMPLICATIONS FOR PROGRAMS:

Programs could:
- Provide education and training for non-VA primary care physicians about the unique healthcare needs of military Veterans and their families
- Encourage non-VA physicians to ask their patients about military experience, particularly deployment
- Provide non-VA primary care physicians with brief screening tools to address the particular needs of Service members in the post-deployment period, such as traumatic brain injury, PTSD, depression, and use of drugs and alcohol

IMPLICATIONS FOR POLICIES:

Policies could:
- Recognize that many Veterans and their families are obtaining healthcare outside the VA healthcare system
- Help Service members understand how their military experiences impact their health, and the health and well-being of their families
- Encourage Service members and their families to discuss military-related healthcare concerns with their healthcare providers

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METHODS
- A convenience sample was recruited from six urban and suburban community healthcare clinics.
- A researcher invited each patient presenting for care at the clinic over a period of three to four days to participate in the study, regardless of military experience.
- Adults who were able to fill out a written survey in English or Spanish were included in the study.

PARTICIPANTS
- Participants were 347 adults receiving care at a community healthcare clinic.
- Participants had a range of OEF/OIF experience; two had served personally, 12% had an immediate family member who had served, and 31% had an extended family member who had served. The majority of known Service members were Active Duty (82%) but service branch was not provided.
- On average, participants were 47.5 years old; 71% were women and over half (56%) were Latino/a.

LIMITATIONS
- Data were collected from a convenience sample in one relatively small geographic area, which potentially limits generalizability.
- Health problems described in this study are perceived needs rather than clinical diagnoses, so the actual prevalence of conditions might be lower or higher than reported.
- Information about healthcare needs was most often reported by the friends and family members of Veterans; thus, it is unclear to what degree they can accurately report both deployment-related experiences and consequences for health and well-being.

AVENUES FOR FUTURE RESEARCH
Future research could:
- Replicate this study with a larger and more representative sample, including more Service members who can report on their own experiences
- Utilize qualitative research to examine the reasons that Service members and their families do or do not disclose deployment-related experiences to their physicians
- Examine physicians' experiences and challenges with serving Service members and their families in primary care clinics

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