
Our Care

A Report on Veterans' Options, Preferences, and Expectations in Health Care

Compiled by the Veterans of Foreign Wars of the U.S.

September 22, 2015



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BACKGROUND:

In April 2014, whistleblowers brought to light instances of potential fraud and manipulation within the Department of Veterans Affairs that have since led to changes in executive leadership and a wide array of proposals to overhaul the VA health care system.

Since secret patient waiting lists at the VA Medical Center in Phoenix, Ariz., came to light, the VFW has diligently worked to not only assist veterans affected by delays in accessing VA care, but we have also worked to assess VA's ability to deliver timely, quality care to the veterans who have earned it.

Last summer, the VFW delivered a stern message to Congress, imploring them to pass emergency health care legislation called the "Veterans Access, Choice and Accountability Act of 2014," which established new community health care options for veterans.

Last September, the VFW published a comprehensive report on the state of VA health care entitled "Hurry Up and Wait," which the VFW delivered directly to Congress and VA, outlining 11 specific recommendations designed to improve the delivery of care to the veterans' community through improvements to customer service, consistency in care-delivery and access, and employment and accountability processes for VA employees.

When VA finally rolled out its new community health care program called the Veterans Choice Program, the VFW worked to monitor the program's success and make key recommendations to VA leaders and the contractors responsible for the program on how to improve the health outcomes for veterans who were eligible. To read any of the VFW's prior reports and to monitor our efforts on health care reform, visit www.vfw.org/VAwatch.

One year after the VFW's advocates delivered "Hurry Up and Wait" directly to Congress, the veterans' community is engaged in deep philosophical discussions on the future of VA.

However, in order to reform VA and build it into a 21st century veterans' health care system, the VFW believes that we must first fully understand the needs and expectations of the men and women VA was designed to serve.

With this in mind, the VFW launched a new survey this summer designed to evaluate veterans' options, expectations, and preferences when seeking health care. The survey did not just focus on VA services, but sought to paint a picture of how the veterans' community at large interacts within the American health care infrastructure, and the choices they make in today's health care marketplace.

The following report is the VFW's analysis of the veterans' health care landscape based on responses from a diverse cross-section of military veterans.

OPTIONS:

The first step that the VFW took in evaluating how veterans interact with the American health care system was to fully evaluate all of the options veterans have at their disposal to receive care. By determining whether veterans were eligible for VA, whether they had other health care coverage options at their disposal, and whether or not they chose to utilize their VA benefits, the VFW was able to determine the extent to which veterans saw VA as a viable care option.

Are you eligible for VA health care?

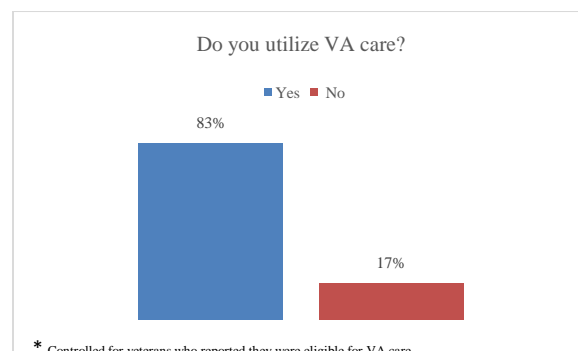
Access to VA health care is influenced by many factors such as wait times, distance and availability of care within the VA health care system and through purchased community care. To determine eligibility for VA health care benefits, VA uses an enrollment system based on each veteran's unique eligibility criteria. For instance, the enhanced eligibility enrollment for combat veterans returning from Iraq, receipt of service-connected disability benefits, receipt of a Purple Heart medal, or financial need are all examples of some of the unique eligibility criteria used by VA to determine eligibility for VA health care.

Of the 1,847 veterans who participated in the VFW's survey, 92 percent responded that they were eligible for VA care.

The VFW believes that VA should want all eligible veterans to have access to health care that improves their health and well-being, but with the influx of additional veterans coming into the VA health care system over the past decade, coupled with inadequate funding, investment in capital infrastructure, and staffing, the VFW believes that the system has quickly becoming overwhelmed.

Do you utilize VA health care?

Of the veterans who reported that they were eligible to receive VA care, 83 percent reported they utilize VA health care. When asked why veterans chose to use VA care, the majority of respondents conveyed positive experiences related to the quality of VA care at their local facility. Others conveyed that VA health care is an earned benefit and that they turn to VA for service-connected conditions. Veterans also reported that VA is more affordable than other health care options.



For veterans who reported that they did not use VA care, they reported that they either had additional options within their community; had a bad experience with the VA health care system; or were turned off from the benefit by the preponderance of bad stories related to delivery of VA care.

What forms of health care coverage are available to you?

Veterans have a variety of health care coverage options. The challenge of providing care and support to veterans, to include recovery and transition, is coordinating those different health care resources. To gauge which health care options veterans have at their disposal, we asked if they were eligible for VA health care; TRICARE; Medicare or Medicaid;

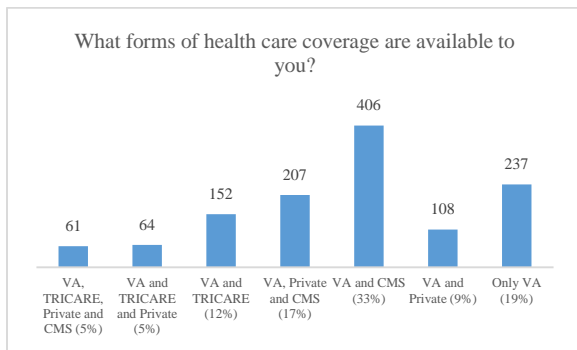
private health insurance, or other smaller programs like the Indian Health Service.

The VFW’s survey showed that 90 percent of veterans reported having VA health care as at least one of their health care options.

The survey also revealed that most veterans who are eligible for VA have more than one coverage option at their disposal. In the VFW’s survey, only 19 percent of respondents reported that VA was their only option. The most common responses were from veterans who had access to a combination of VA health care and either Medicare/Medicaid, or a combination of VA health care, Medicare/Medicaid, and private insurance.

For of veterans with multiple coverage options, this means that they have access to other providers in the community through other means. However, these veterans still by and large reported that they choose to enroll in VA health care and utilize their benefits.

The VFW has long held that VA’s core competencies related to service-connected health care conditions cannot be duplicated in the civilian health care marketplace. By evaluating the options veterans report to the VFW alongside the usage rates for VA care, the VFW believes that our survey data reinforces this notion that VA’s health care competencies remain critical to delivering the quality care that veterans have earned.



PREFERENCES:

After understanding which care options veterans have at their disposal, the VFW sought to evaluate how veterans actually choose to interact in the health care marketplace and which factors drive their health care decision-making. This information is critical to understanding the way veterans actually receive their care in the marketplace as it exists today, and ways to build a health care infrastructure that meets the needs of the veterans' community.

Which factors drive your health care decision-making?

Perhaps most important to understanding veterans' preferences is understanding why veterans believe they make certain choices in the health care marketplace. In the VFW survey, we asked veterans to select three factors that drove their health care decision-making out of the following twelve options: Quality of care; availability of appointments; distance to health care facility; cost to receive care; provider reputation or expertise; customer service; convenience; relationship to provider; waiting room wait times; patient/personal safety; family care needs; and a catch-all category of "other."

What the VFW learned is that every cohort of veterans, whether young or old; male or female; urban or rural, reported that similar factors drove their health care decision-making.

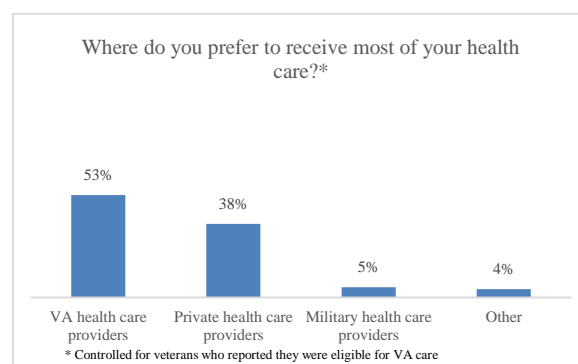
The top five factors that veterans reported drove their health care decision-making overall were: Quality of care (92 percent); availability of appointments (43 percent); distance to health care facility (33 percent); cost to receive care (25 percent); and provider reputation or expertise (22 percent).

Slight differences were reported when evaluating the responses by gender and service era. Female veterans reported that cost was slightly more important than distance to facility, and that customer service was slightly more important than provider reputation, and Global War on Terrorism (GWOT)-era veterans reported that customer service was slightly more important than provider reputation.

To the VFW, this reinforces that the veterans' community at large basically all want the same things: Quality, timely and accessible care.

Where do you receive most of your care?

After understanding what veterans sought in the health care marketplace, we asked veterans where they chose to receive most of their health care. As a total population, veterans who reported that they are eligible to receive health care from VA reported that they choose to receive most of their health care from VA.



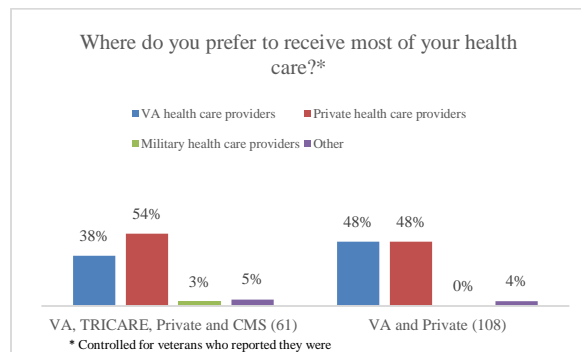
To better understand this metric, the VFW further broke down the data to understand how veterans with different kinds of health care coverage behaved in the marketplace. What the VFW learned is that a veteran's behavior was based largely on the amount of health care coverage options they had at

their disposal, which dictated the availability of providers in their communities.

Veterans who were eligible for VA health care, but who also reported that they were eligible for TRICARE, Medicare/Medicaid, and private insurance have the most options for care providers in the community, whether it is through VA facilities, military treatment facilities, or private health care facilities who may or may not accept certain types of health coverage.

Veterans who reported that they have access to every health care coverage option reported by a slight margin (54 percent) that they prefer to receive their care from private community providers. This was the smallest pool of respondents (61 veterans), which makes it difficult to validate the finding. When asked why they chose this option, veterans reported convenience as the driving factor.

This was also the only cohort in all of the VFW’s data sets with more than 50 percent of reporting that they prefer a non-government provider, which included VA health care facilities and military treatment facilities.

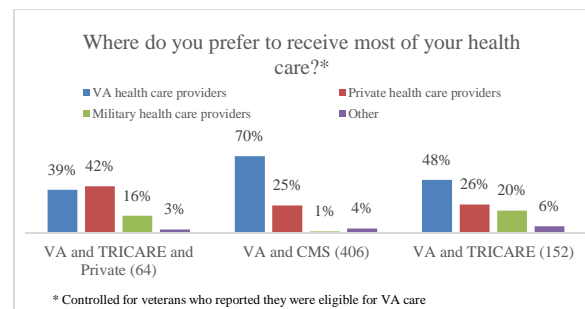


However, as the data sets grow and the marketplace options change for veterans, veterans report to the VFW that they prefer to receive their care from VA. For veterans who reported that their only options for care were private medical insurance and VA health care, veterans’ preference on where to

receive care was split, with 48 percent reporting that they prefer to receive care from VA and 48 percent reporting that they prefer to receive care from private health care providers.

When presented with the government-funded health care options of VA health care, Medicare/Medicaid, or TRICARE, 50 percent of veterans prefer private sector providers followed by 40 percent preferring VA providers and 8 percent military treatment facilities. However, veterans with only VA and Medicare/Medicaid, the biggest cohort, reported overwhelmingly (70 percent) that they prefer to receive care from VA providers.

When presented with the options of either VA care or TRICARE, 68 percent of veterans reported that they preferred to receive care from a government facility, with 48 percent preferring to receive care from VA; 20 percent preferring to receive care from a military treatment facility; and only 26 percent preferring to receive care from a private provider.

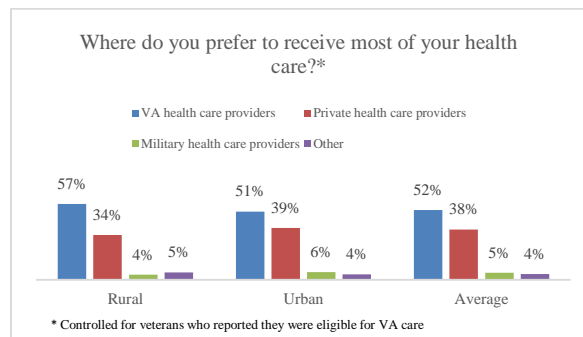


When asked why they made this decision, once again convenience was the primary driving factor. However, the VFW also noticed that veterans started to articulate that VA and military health care were earned benefits and having facilities designed to serve veterans was central to their decision.

In an effort to better understand this marketplace scenario, the VFW also compared veterans’ health care decision-

making based on whether the veteran resided in an urban or rural community. To do this, the VFW evaluated veterans' responses based on zip code and compiled these responses based on the U.S. Census data on urban and rural communities. What the VFW found reinforced the notion that availability of providers was critical in driving veteran health care decision-making.

While both urban and rural veterans still reported that they chose predominantly to seek their care from VA sources, veterans in rural areas were much more likely to choose VA than a community provider.



The VFW believes that rural veterans make this decision because there are already fewer community resources available in rural areas. Meanwhile, for urban veterans, although community resources may be more readily available than in rural areas, many times these resources are already approaching capacity to deliver quality care.

In the VFW's initial reports on the roll-out of the Veterans Choice Program, the VFW recognized problems in identifying community providers who were willing to enter into agreements to provide non-VA care through the Veterans Choice Program. In several cases, this resulted in veterans facing longer appointment wait times in the community than through VA. The issue of identifying community providers willing to take on a new, complex workload is not

exclusive to the Veterans Choice Program roll-out.

In 2013, the Wall Street Journal reported that more and more community doctors are either opting out of Medicare and Medicaid services or limiting the number of patients they can see because of regulatory concerns and low reimbursement rates when compared to private sector health insurance.¹

To the VFW, these scenarios serve as indicators that the private health care marketplace would likely have neither the capacity nor the inclination to take on VA's workload.

Moreover, these scenarios serve as a warning that shifting VA's role away from direct care delivery to a de facto health insurance company that offers veterans the option to receive care in the community would likely limit veterans' options to receive care through providers who are either unavailable or unwilling to take on new patients with complex health care needs.

However, the VFW recognizes that quality community health care options must be available to veterans, as the veterans' population is undergoing a monumental demographic shift. The largest cohort of America's veterans – Korea and Vietnam-era veterans – are at the age where they require more care than younger cohorts. Meanwhile, the newest cohort of veterans – Global War on Terrorism-era veterans – are surviving war time injuries at higher rates, and thus presenting with more health care conditions than prior generations of veterans due to advances in battlefield medicine.

This means that in the future VA will need to be more nimble in its care delivery models, while simultaneously sustaining its

¹ "More Doctors Steer Clear of Medicare," Wall Street Journal, July 29, 2013.

<http://www.wsj.com/articles/SB10001424127887323971204578626151017241898>

role as a first-line provider, coordinator, and guarantor of care.

Would you recommend VA care to your fellow veterans?

The final question VFW posted to veterans on their health care preferences actually focused on their overall perceptions of VA health care and its suitability to serve America's veterans. While most veterans in all cohorts reported that they would recommend VA care to their fellow veterans, the ratio of veterans who would recommend VA care varied drastically based on each cohort.

Overall, 87 percent of veterans who use VA care said that they would recommend it to their fellow veterans. When asked why they would recommend VA care, the most common response was that veterans believed they received quality care. Other common responses included the notion that VA care is an earned benefit and that seeking care through private insurance is too costly. Older veterans also recognized that VA care has improved significantly over the years.

The fastest-growing patient bases for VA, GWOT-era veterans and female veterans, also reported that they would recommend VA to their fellow veterans, with 82 percent of those who use VA care making the recommendation. Both cohorts cited that VA care was an earned benefit, and that VA was uniquely poised to take care of issues that resulted from military service.

For veterans who reported that they were not eligible for VA care, 66 percent would still recommend it to their fellow veterans, indicating that it is an earned benefit.

Unfortunately, what surprised the VFW when evaluating all responses related to recommending VA care is that even veterans who said that they would recommend VA care to their fellow veterans sometimes made the recommendation with reservations about accessibility and customer service. Some veterans also decried the inconsistency across the VA health care system, where VA facilities seem to have different standards and rules, leading to inconsistent outcomes for veterans.

Some veterans who would not recommend VA cited poor personal experiences. Meanwhile, other veterans reported that the negative public perception of VA health care drove them away. Issues of customer service and consistency of care continue to be major red flags for VA, and even though most of the VFW's respondents presented a favorable opinion of VA, real reforms must take root to change the public discourse on the VA health care system.

After reading through the responses, the VFW believes that veterans ultimately believe in the VA health care system and believe that they have earned the right to take advantage of a health care system designed exclusively to meet their unique needs.

EXPECTATIONS:

In previous reports, the VFW has discussed how access to VA health care has been hindered by, among other things, an inadequate appointment scheduling system that does not accurately measure wait times and is susceptible to data manipulation; chronic underfunding, which has limited VA's ability to expand capacity; and the lack of appropriate veteran-centric and clinically driven access standards to properly measure access and determine when capacity must be expanded.

In response to last year's VA health care access crisis, different organizations, politicians, members of Congress, VA officials and other stakeholders have attempted to define access standards. What has been missing from those discussions is a comprehensive analysis of what veterans expect when seeking health care.

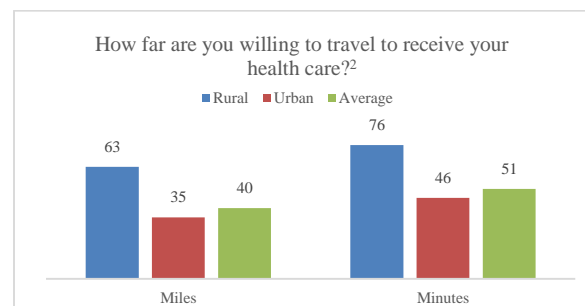
How far are you willing to travel to receive your health care?

To gauge what veterans consider accessible health care, we asked veterans how far they are willing to travel to receive their care. On average, veterans who reported that they are eligible to receive health care from VA reported that they are willing to travel 40 miles or commute for 51 minutes to receive their care, reinforcing VA's 40-mile standard.

However, the VFW has consistently heard from veterans that the 40-mile standard established to receive community care under the Veterans Choice Program does not properly account for their travel burden when seeking health care. In previous reports, the VFW has recommended that a

geographic-based access standard should appropriately account for population density based differences veterans face when traveling to receive health care.

In an effort to better understand whether rural veterans have different travel expectations than veterans in urban areas, we analyzed responses to the travel questions and sorted the data by population density.



The VFW learned that veterans who live in rural areas are willing to travel nearly 30 miles farther and drive 30 minutes longer, on average, to receive their health care when compared to urban veterans. To the VFW, this validates the notion that rural veterans understand and expect to spend more time traveling to receive health care and other services.

How long are you willing to wait for a non-emergency medical appointment?

The VFW has also called for an evaluation of the efficacy of VA's 30-day wait time standard, which is used to define timely delivery of health care. In previous VFW reports we highlighted several flaws in the way VA calculates wait times. Ultimately the way VA measures wait times should

² Controlled for participants who reported being eligible for VA care. The United States Census Bureau's 2010 zip code tabulation area and urban area relationship file was used to categorize participants' zip codes into population density categories. Zip codes were gathered from 1,610 survey participant, 199 participants reported zip codes that could not

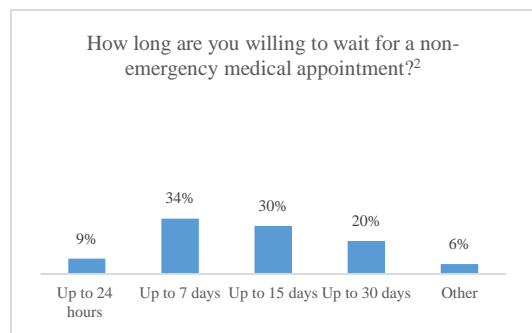
be categorized. Zip codes with more than 50 percent of the zip code's population living in a non-urban area were categorized as being rural zip codes. http://www.census.gov/geo/maps-data/data/ua_rel_download.html

appropriately account for clinical need, acuity of care and type of specialty.

However, veterans' expectations must be taken into consideration when establishing wait time standards. VA acknowledges this reality and has based its calculation of wait times on the date a health care provider deems clinically necessary or when veterans want to be seen.

In an effort to evaluate whether 30 days is an appropriate goal, we asked veterans how long veterans are willing to wait for a non-emergency medical appointment.

We learned that only 20 percent of veterans are willing to wait up to 30 days for a non-emergency medical appointment, and that more than 50 percent of veterans reported they are willing to wait more than 7 days for non-emergency care. However, the largest percentage of veterans (34 percent) reported that they would be willing to wait only up to 7 days for such an appointment.



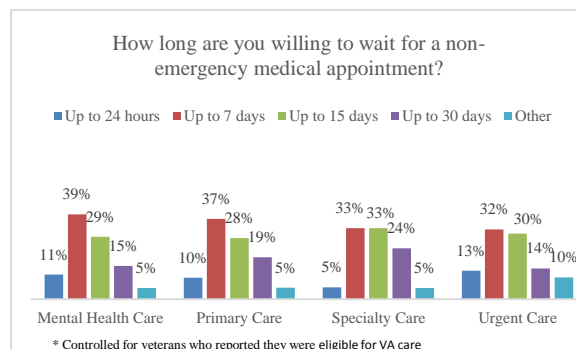
To the VFW, this indicates that VA's wait time goals may not be aligned with veterans' expectations. Based on our findings, the VFW believes that a blanket 30-day standard is ineffective as a metric with which to evaluate timeliness of care. The VFW believes that any such standards should be care-specific and based on the clinical needs of the patient and local variables.

Which type of care is most important to you?

After asking veterans about their willingness to travel or wait to receive care, we wanted to know what type of health care veterans feel is the most important. The VFW learned all cohorts of veterans (59 percent) believed that primary care is the most important type of health care.

To the VFW, this reinforces that the veterans' community at large what primary care to be the foundation of their health care coverage.

The VFW also believes that a veteran's willingness to wait for health care depends on the type of care they seek. While we were unable to compare veterans' willingness to wait to the type of care they request, we were able to compare their willingness to wait to what type of care they deem most important.

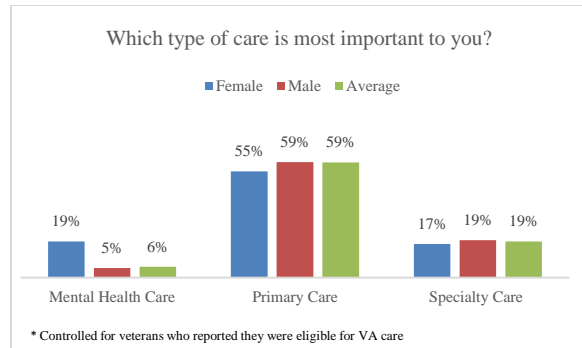


The number of survey responses limited our ability to evaluate the difference between veterans who were willing to wait longer than 24 hours for care. However, we did find that veterans who believe mental health is the most important type of health care are more likely to want to be seen within 24 hours than veterans who believe specialty care is most important. We also found that veterans who believe urgent care is the most important are more likely to want to be seen within 24 hours for their care than veterans who believe specialty care or primary care is

most important. This indicates that veterans' willingness to wait may be influenced by the type of care they request.

The VFW has also called for an evaluation of how gender affects veterans' health care expectations and preferences. In an effort to evaluate the differences in expectations between male veterans and female veterans, we compared answers to willingness to wait, willingness to travel, and health care type questions.

We were unable to find a statistically significant difference between male veterans and female veterans regarding their willingness to wait and willingness to travel. However, we found that female veterans are more likely than male veterans to deem mental health care as the most important type of care.



VA has reported that female veterans are higher users of mental health care when compared to their male counterparts (37 percent and 34 percent respectively). In the third volume of its publication, "*Sourcebook: Women Veterans in the Veterans Health Administration*," VA also reports that mental health conditions are the third most common health conditions among female veterans who utilize the VA health care system.

To the VFW, this indicates that further evaluation of the differences between male and female veterans is needed to determine the reason for difference in the types of care they deem important.

CONCLUSIONS:

The veterans' health care access crisis highlighted something that had been apparent to veterans for quite some time – VA lacks the proper policies, systems and resources to meet the growing demand on its health care system. The VFW is committed to ensuring the public discourse regarding the reforms needed to turn VA into a 21st century veterans' health care system is based on the needs, preferences and expectations of the men and women it was designed to serve, not political rhetoric. We strongly believe that any change to the health care and services our Nation provides those who have worn the uniform must put their interests first.

Over the past year, the VFW has made a concerted effort to identify what veterans want to see in their VA health care system. We have used the feedback collected from more than 10,000 veterans to identify what issues need to be addressed and recommend reasonable solutions to ensure the VA health care system can provide veterans timely access to the high quality health care they have earned.

The cornerstone in reforming the VA health care system is establishing access standards that serve as capacity goals for VA medical facilities and afford veterans the opportunity to choose where to receive their care if VA medical facilities are unable to meet such goals. The VFW believes that any attempt to define “choice,” or when veterans are able to access non-VA health care providers, must incorporate veterans' perceptions of access, their willingness to travel and wait for care, and personal health care preferences.

For this survey, the VFW surveyed 1,847 veterans. Most of these veterans (67 percent) reported that they were Vietnam-era veterans. However, 17 percent of respondents reported that they served in the Global War on Terrorism, and more than 100 respondents reported that they were female veterans. Based on this information, the VFW was able to draw the following conclusions about veterans' experiences in the health care marketplace.

Options:

- Veterans who are eligible for VA health care choose to use their earned benefits, even if they have other health care coverage options.
- Veterans who utilize VA view their VA health care as an earned benefit designed to meet their unique and complex health care needs, which is why VA and policymakers must ensure that VA health care is capable of delivering on its obligation to provide quality care to the veterans who earned it.

Preferences:

- VA continues to face problems in consistency of customer experience and delivering quality customer service. While these problems affect all veterans, GWOT-era veterans and female veterans were the most vocal on these concerns in the VFW's survey. VA must foster an environment where veterans feel comfortable and confident in their care.
- Even though many veterans reported to the VFW that they preferred to receive their care from VA, the national narrative remains overwhelmingly negative. According to VFW's data, this negative perception of VA actively drives veterans away from seeking the benefits they have earned.
- VA and policymakers must consider that the driving factors in veterans' health care decision-making continue to be quality, timeliness and accessibility. As VA's care delivery models evolve, these factors must drive that evolution.
- VA and policymakers must recognize that while veterans rightfully decry the current problems facing the VA health care system, they also by and large view the system as a unique earned benefit program worth improving; which is why many veterans with other options for care in the community still prefer VA, and why even those who are not eligible still would recommend VA care to their fellow veterans.

Expectations:

- Rural veterans expect to travel farther and longer to receive their health care compared to urban veterans. VA and policymakers must properly evaluate factors that influence a veteran's ability to travel before establishing permanent travel based access standards.
- Veterans who deem mental health the most important type of health care are more likely to want to be seen within 7 days than veterans who believe specialty care is the most important. VA and policymakers must properly evaluate how the type of care veterans request influences their willingness to wait for health care and their clinical need before establishing permanent wait time standards.
- Veterans who are eligible to receive VA health care overwhelmingly believe that primary care is the most important type of health care, since primary care dictates other care decisions and ensures proper coordination of care.
- Female veterans are more likely to consider mental health as the most important type of health care than male veterans. VA must make a concerted effort to understand and properly address the differences in the causes, symptoms and effective treatment modalities between male veterans and female veterans as they relate to mental health conditions.

APPENDIX:

Charts of the responses the VFW received to our 2015 health care options, preferences and expectations survey.

Question 1: How long are you willing to wait for a non-emergency medical appointment?		
Answer Choices	Percentage	Number of Respondents
Up to 24 hours	9%	159
Up to 7 days	34%	578
Up to 15 days	30%	499
Up to 30 days	20%	343
Other	6%	103
*Controlled for participants who report being eligible for VA care		Total: 1,682
Question 2: How far are you willing to travel to receive your health care?		
Answer Choices	Average	Number of Respondents
Distance (miles)	40	1,660
Commute time (minutes)	51	1,513
*Controlled for participants who report being eligible for VA care		Total: 1,682
Question 3: Which type of care is most important to you? (Please select ONLY ONE)		
Answer Choices	Percentage	Number of Respondents
Primary Care	59%	992
Specialty Care	19%	311
Mental Health	6%	92
Urgent Care	5%	86
Emergency Care	5%	84
Other(please specify)	6%	107
*Controlled for participants who report being eligible for VA care		Total: 1,672
Question 4: Are you eligible to use VA health care?		
Answer Choices	Percentage	Number of Respondents
Yes	92%	1,682
No	3%	62
I don't know	4%	78
		Total: 1,822

Question 5: Do you utilize VA care?		
Answer Choices	Percentage	Number of Respondents
Yes	83%	1,389
No	17%	293
*Controlled for participants who report being eligible for VA care		Total: 1,682
Question 6: Why or why not?		
Answer Choice	Number of Respondents	
Open ended	860	
*Controlled for participants who report being eligible for VA care		

Most common words:

Health Insurance Good Job Facility Treated Cost PTSD
 Earned Coverage Veteran Trust Doctor Miles
 Service Private Insurance Care Live
 Tri-Care Convenient Medicare Hearing Aids
 Afford Income Military Medical Issues Vet
 Agent Orange

Question 7: What forms of health care coverage are available to you? (Please select ALL that apply)		
Answer Choices	Percentage	Number of Respondents
VA Care	85%	1,548
Military health care/TRICARE	38%	687
Private health insurance	30%	552
Medicare/Medicaid	61%	1,114
Emergency Care	1%	27
None	5%	92
		Total: 1,816

Question 8: Where do you prefer to receive most of your health care?		
Answer Choices	Percentage	Number of Respondents
VA health care providers	53%	859
Military health care providers	5%	87
Private health care providers	38%	618
Other	4%	70
*Controlled for participants who report being eligible for VA care		Total: 1,634
Question 9: Which factors are most important to you when choosing a health care provider? (Please select ONLY THREE)		
Answer Choices	Percentage	Number of Respondents
Quality of care	92%	1,507
Availability of appointments	43%	712
Distance to health care facility	33%	555
Cost to receive care	25%	398
Provider reputation or expertise	22%	356
Customer service	19%	315
Convenience	13%	224
Relationship to provider	10%	171
Waiting room wait times	9%	150
Patient/personal safety	6%	105
Family care needs	4%	60
Other	3%	55
		Total: 1,763
Question 10: Would you recommend VA care to your fellow veterans?		
Answer Choices	Percentage	Number of Respondents
Yes	87%	1,186
No	13%	177
*Controlled for participants who report they utilize VA care		Total: 1,363

Question 11: Why or why not?	
Answer Choice	Number of Respondents
Open ended	651
*Controlled for participants who report they utilize VA care	

Most common words:

Far Medical Facility Experience Agent Orange Quality Trust
Treated Listen Needs Choice Veterans
Primary Care Good Care Cost Service
Job Health Care Insurance Doctors Overall
Appointment Terrible Earned Efficient
Excellent Care Relationship Great Care Afford

Demographic Information		
Category	Answer	Number of Respondents
Average Age	65	1,610
Gender (Male)	94%	1,509
Gender (Female)	6%	101

Service Era (Please select any that apply)		
Answer Choices	Percentage	Number of Respondents
Global War on Terrorism (Post-9/11 service to include Iraq/Afghanistan)	17%	277
Bosnia/Kosovo Campaigns (107)	7%	119
Gulf War/Somalia	20%	316
Post-Vietnam (service to include Grenada, Panama, other campaigns up to Gulf War)	18%	284
Vietnam War	67%	1,078
Korean War	6%	99
World War II	2%	28
Other	11%	170
		Total: 1,602



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National Headquarters

406 West 34th St.
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202-543-2239

vfwac@vfw.org