

OLDER VETERANS' HEALTH INSURANCE, ACCESS PATTERNS, AND THE VA

August 13, 2016

Abstract

This paper uses the Health and Retirement Study (HRS) data to answer three questions: How are veterans insured? How do veterans' sources of insurance vary with age? And where do veterans get their health care, if they choose to receive health care? Veterans are more likely to be insured through their own employer than through a spouse's employer. They are less likely to receive Medicaid than non-veterans, but more likely to report government health insurance. As veterans age, they are more likely to have health insurance in some form than non-veterans. The majority of veterans (78.8%) receive health care only outside of the VA. About 1 in 5 respondents report using the VA for all of their health care services. A non-trivial 15% of veterans have not received any care in the last two years, however this group seems to be in relatively good health. The questions examined in this paper are critical when considering the future demand of VA care and potential reform to the VA health system.

Introduction

The aging of the population and rising health care costs are very real concerns in the United States. Although much research has been done examining how near-universal health care at the Medicare eligibility age affects the consumption patterns of health care among older Americans (Card et al. (2008), McWilliams et al. (2003)) and how having access to both VA and Medicare affects quality of care (Wolinsky et al. (2006)), little research has examined veteran insurance status at older ages before Medicare eligibility. One exception is Haley & Kenney (2012), who look at this issue using the American Community Survey (ACS).¹

Veterans may consume health care at the U.S. Department of Veterans Affairs (VA) system or through the same points of access as non-veterans. The literature is relatively silent on how veterans at older ages split their health care consumption between the VA and other sources of health care services.² This issue is important when considering potential reforms to the VHA system and forecasting health care costs.

This paper uses the Health and Retirement Study (HRS) to examine how veterans between the ages of 50 and 79 are insured, how this source of insurance varies with age, and where they get their health care. To examine how veterans are insured, I look at veteran responses to the 2010 wave of the HRS. I then use HRS waves from 1995/1996-2010 to look at health insurance status across ages. I am able to compare how insurance coverage for veterans compares to that of non-veterans.³ I then utilize the Veterans Mail Survey (VMS) module

¹The ACS treats the VA as a form of health insurance. One contribution of this paper is that the data allow me to abstain from treating VA access as a form of health insurance and to examine VA usage as a separate issue from insurance access.

² One exception is Fang et al (2015).

³ The 2010 version of the HRS is used to avoid the changes in the insurance market that occurred as a result of the Patient Protection and Affordable Care Act (PPACA).

administered in 2013 within the HRS to examine where a subset of these veterans go for health care services, and what factors correlate with receiving health care services at various providers.

Institutional Details

Veterans can receive health insurance from several different sources. Military retirees can continue to be insured through CHAMPUS/TRICARE (hereafter referred to as TRICARE).⁴ Veterans, like nonveterans, also may receive private insurance through their employer or their spouse's employer. They may also receive Medicaid or Medicare if they qualify. Many veterans also have access to the Veterans Health Administration (VHA or VA), which is not a form of health insurance, but rather a network of access. A veteran may be required to pay premiums for care received at a VA facility depending on their income level.

How veterans are insured is one factor that impacts where a veteran receives care. Depending on the density of physicians or facilities that accept a veteran's insurance plan and the deductibles and copays, VA care may seem more or less appealing to a veteran. For uninsured veterans, VA care may be especially appealing. On the other hand, sometimes the VA has long wait times or may not be geographically convenient to the veteran. In these cases, VA care would be less appealing.

Data

The HRS is a longitudinal survey with a nationally representative sample sponsored by the National Institute of Aging and the Social Security Administration that began as two separate surveys, HRS and AHEAD in 1992 and 1993. Waves of the survey are conducted every two

⁴ In order to be a military retiree, generally a veteran has to have twenty years of military service or be medically retired. Occasionally service members are offered early retirement with health care benefits when force structure issues require such incentives.

years. The HRS surveys both the respondent and their spouse on a wide variety of topics related to aging. Among the many topics covered in the survey are household finances, cognitive ability, health care consumption, and insurance status. The HRS is refreshed with new cohorts to maintain a nationally representative sample of the population over the age of 50. For this paper I will include data from the 1995/1996 wave through the 2010 wave, as well as data from an off-year survey conducted in 2013.

The HRS has several advantages for looking at how veterans are insured and where they receive care. Administrative data from the VA only records veterans that use the VA. It also does not provide any information on care received outside the VA. The VA administers its own survey of veterans, the VA Survey of Veteran Enrollees' Health and Use of Health Care, that looks at similar topics to those covered in this paper.⁵ Unlike this survey, the HRS allows for comparisons between veterans and non-veterans.

Along with the core HRS survey administered biennially, the HRS also administers off-year modules. These modules focus on a specific topic and often are sent to a subsample of the HRS sample. In 2013, the HRS administered an off-year module known as the Veteran Mail Survey (VMS). The VMS asks a wide variety of questions of veterans. Many of these questions establish if the veterans are using the VA and ask about quality of VA care. The survey also asks why veterans are not using VA services and asks veterans to compare the quality of VA services to the services they receive outside of the VA network. The VMS module will be discussed more thoroughly in the section on where veterans get care.

⁵ The VHA has been administering this survey since 1999. The most recent report for this survey available is 2015 and can be accessed at <http://www.va.gov/healthpolicyplanning/analysis.asp> (Last accessed July 28, 2016)

The rest of this paper proceeds as follows: first I will discuss how veterans are insured. Next I will examine how their source of insurance varies by age and compares to non-veterans. Finally I will look at where veterans are getting their care and what factors are correlated with receiving care inside the VA, outside of the VA, and abstaining from care.

How are Veterans Insured?

Veterans may receive private insurance, government insurance, both, or neither. For this section, I will focus on the 2010 wave of the HRS. Summary statistics for veterans in this wave can be found in column 2 of Table 3.1. Consistent with previous literature such as Morgan et al. (2005), the veterans in my sample are more likely to be male, white, and have higher household wealth. They are also more likely to have finished high school and report working.

It is important to consider how or why the veteran is eligible for the insurance they have. For private insurance, a person can be insured through their own employer, previous employer, or, if married, a spouse's employer or previous employer. Government insurance also comes from different sources of eligibility. Those who are below a certain income threshold or have certain disabilities are eligible for Medicaid. Those who are over age 65 or have certain disabilities are eligible for Medicare. Military retirees are eligible to receive TRICARE.

Columns 1 and 2 of Table 3.2 shows what percentage of veterans responding to the 2010 wave of the HRS report having government insurance and private insurance before and after age 65. Columns 3 and 4 provide the same information for non-veterans from the 2010 wave for comparison.

Private insurance can come from a respondent's own employer or their spouse's employer. Veterans are slightly less likely to report private insurance prior to age 65 than non-

veterans (61.2% compared to 64.9%). After age 65 veterans are more likely to report private insurance access (51.7% compared to 47.2%). Veterans are more likely to report private insurance through their own employer than non-veterans both before (46.9% compared to 42.4%) and after age 65 (27.6% compared to 16.6%). They are less likely to report private insurance through a spouse's employer before (11.6% compared to 18.2%) and after age 65 (5.3% compared to 11.7%).

Government insurance is broken down into Medicare, Medicaid, and TRICARE. Veterans are more likely than non-veterans to have government insurance. Prior to age 65, 34.4% of veterans report government insurance, compared to just 17.2% of non-veterans. There is a large increase in government insurance receipt for those over the age of 65 regardless of veteran status because of Medicare eligibility. Veterans are less likely to report receiving Medicaid (about 5% for veterans compared to about 10% for non-veterans) both before and after age 65. The rate of Medicaid receipt is relatively stable across age 65. About 23.4% of veteran respondents below age 65 report having TRICARE. After Medicare eligibility, this decreases to 16.5%. A small number of non-veterans report having access to TRICARE. These are likely the spouses of military retirees who have TRICARE coverage through their spouse.

In order to determine how these various sources of insurance are associated with factors such as race, educational attainment, and self-reported health, I show estimates from an OLS regression of the sources of health insurance on a set of characteristics, separating veterans into under 65 and 65 and older. The results for sources of private insurance are presented in Table 3.3. The results for government insurance are presented in Table 3.4.

Columns 1 and 2 examine the determinants of private health insurance for veterans before and after age 65. Generally, being male, finishing high school, having more wealth, and working is positively correlated with private health insurance, regardless of age. Working is more positively associated with private insurance prior to age 65. Columns 3 and 4 look at the determinants of a veteran having insurance through their own employer. For veterans under the age of 65, not surprisingly, having insurance through their own employer is strongly and positively associated with working. Columns 5 and 6 look at insurance through a spouse's employer. Being female is positively associated with a veteran having health insurance through a spouse's employer after age 65.

Table 3.4 examines government provided health insurance. This table looks at all government insurance, then further breaks down Medicaid, TRICARE, and early recipients of Medicare. Columns 1 and 2 look at all government health insurance. For veterans under the age of 65, finishing high school is negatively associated with government insurance. Working is also strongly negatively associated with government insurance. When government insurance is broken down into Medicaid, TRICARE, and Medicare some differences in determinants emerge. Being a black veteran is positively associated with both Medicaid and TRICARE, regardless of whether they are above or below age 65. Finishing high school is negatively associated with Medicaid and early Medicare receipt, but has no statistically significant association with TRICARE receipt. Medicaid, TRICARE, and early Medicare receipt are all negatively associated with working.

How Do Veterans' Sources of Insurance Vary with Age?

The data for this section comes from waves 3 through 10 (1995/1996-2010) of the core

HRS. The data are treated as a cross-section. Veterans may have different insurance trajectories than their civilian counterparts due to different labor market outcomes, different educational attainment, or disability as a result of service. Summary statistics for this sample by veteran status are in Table 3.5. As when looking only at wave 10, veterans in this expanded sample are more male, more white, and more wealthy than non-veterans. They are also more likely to have finished high school and to report working.

Figure 3.1 shows how private insurance status varies with veteran status by age. The vertical line indicates age 65 when most individuals become Medicare eligible. Veterans near age 65 are more likely (about 10 percentage points) to have access to private insurance than nonveterans. Previous literature has shown that this age group is the most likely to not have health care access (Card et al., 2008). Veterans are also more likely to maintain access to private insurance after Medicare eligibility. This could be employer provided health insurance or a privately purchased Medicare supplement or wraparound plan.

Figure 3.2 examines what percentage of respondents report having government insurance. Included in this category are Medicare, Medicaid, and TRICARE. Prior to age 65, veterans are approximately 3 percentage points more likely to report having government insurance access. Examining Figure 3.2, we see a convergence in government insurance coverage for both groups after age 65. This is because there is near-universal coverage by Medicare at age 65.

Figure 3.3 shows the percentage of veterans that have TRICARE at each age. This is health care available to military retirees and their dependents. Figure 3.3 does not seem to have a discernible pattern of coverage for those under the age of 65. It appears as veterans age beyond Medicare eligibility, they are less likely to report military insurance. Less than 25% of veterans

at any age report having TRICARE. Retiring from the military requires twenty years of service, and many service members do not stay in the service long enough to retire.

Where Do Veterans Get Health Care, if They Get Health Care?

Veterans can go to the same doctors as non-veterans. They also have the option to go to the VA or to not go to the doctor at all. Table 3.1 columns 3 and 4 compare the veterans who responded to the 2013 Veterans Mail Survey to non-respondent veterans in the sample in 2010 to look for selection bias in response to the off-year module. Module respondents are more white, more highly educated, more likely to report some kind of health insurance, and wealthier compared to those veterans who do not respond to the off year module. Previous research demonstrates that blacks are more likely to rely on the VA for medical care (Fang et al., 2015). If those without insurance are more likely to utilize VA services or avoid care, there is some concern that the VMS is missing respondents most likely to utilize the VA or go without care.

The VMS asks respondents about where they have received care in the last two years. Respondents may fall into one of four categories: received no care in the last two years, VA only care in the last two years, non-VA care only in the last two years, or both VA and outside of VA care in the last two years.

I assign respondents to these categories by their responses to questions in the VMS module. Those who respond yes to the question, “Do you receive all of your health care services from the VA?” are assigned to the VA only group. The other categories are based on responses to the questions, “Have you obtained medical care or prescription drugs from a Veterans Affairs (VA) facility in the last two years?” and “Have you obtained any health care services from non-VA providers in the last two years?”

Among respondents to the VMS who answered all questions about sources of care, 15.5% of veterans report that they have not used VA or non-VA facilities in the last two years. 19.8% report using the VA for all of their health care. 78.8% report using only care outside of the VA system. 21.3% report using both the VA and health care services outside the VA. Table 3.6 provides summary statistics for these four groups. Those who use no care are more likely to report having excellent health (6.75%), very good health (28.7%), or good health (34.6%) than those in other groups. Among veterans who use VA only, they are more likely to be black (28.4%). They are also more likely to have TRICARE (48.6%) and report fair or poor health than other groups. Those who use only non-VA care are the most likely to have private insurance (67.6%) and have the highest household wealth. Those veterans who utilize both VA and non-VA care are the group most likely to report having Medicare (78.2%).

In Table 3.7, I show results from a linear regression of the veterans' usage group (no care, VA only, VA and non-VA, and non-VA only) on the respondent's demographic characteristics, insurance status, and Medicare eligibility in 2010 to examine what demographic factors correlate with the four types of usage. I also included self-reported measures of health collected during the VMS.

Veterans who report that they received neither VA services nor non-VA services in the last two years are examined in column 1 of Table 3.7. Medicaid participation is positively correlated (coefficient 0.11) with receiving no care in the last two years. TRICARE participation is negatively associated (coefficient -0.113) with receiving no care. Being married is also negatively correlated with having received no care. Fair and poor self-reported health are negatively associated with no care. These results imply that many of those who receive no care still enjoy good health. Furthermore, those who have access to TRICARE are likely to receive

some form of care.

Column 2 shows the determinants of those who receive care exclusively through the VA. Being black is positively associated (coefficient .0975) with a veteran using VA for all of their care. Private health insurance is negatively correlated with using the VA for all health care (coefficient -0.108), implying that those who have some coverage for health services outside of the VA are less likely to use only the VA. Medicare eligibility is also negatively associated with using the VA for all care. Having TRICARE is positively correlated with using the VA for all care. Since some VA facilities are TRICARE providers, this is not surprising. Being married, working, and more wealth are all negatively correlated with using only the VA for health care.

Many veterans use both VA care and non-VA care. Column 3 of Table 3.7 examines this group. Being black is positively correlated with using both VA care and non-VA care. This is probably because blacks are more likely to utilize VA services. Medicare and TRICARE access are also positively correlated with using both VA care and non-VA care. Excellent and very good self-reported health, wealth, and working are negatively correlated with using both VA and non-VA care.

The majority of veterans report using exclusively non-VA care. This group is examined in column 4 of Table 3.7. Being white is positively associated with using only non-VA care. Being married is associated with a 12.1% increase in the probability of utilizing only non-VA care. Being male is negatively associated (-0.126) with utilizing only non-VA care.

The VMS questions provide further opportunities to look at patterns of usage of the VA. Veterans who report having a VA disability rating are more likely to report using the VA in the last two years. 69.6% of veterans with a disability rating used VA services. However, most of those who report using the VA (53.6%) do not have a disability rating. 191 of these 543

individuals who used VA services articulated what services they used at the VA. The most used VA service was outpatient care, such as doctor visits, with 95 individuals (about 50% of respondents) reporting using the VA for outpatient care. The next most used services were prescription drug services (77 individuals, or about 40%), hearing aids/audiology (58 individuals), eye care (50 individuals), and emergency room services (43 individuals). Mental health services were utilized by 21 of the respondents. Most individuals report using more than one VA service.

Another factor that must be considered is how many of those surveyed are eligible to go to the VA if they so choose. By looking at those who report being eligible and those who received services (and therefore are clearly eligible), 819 of the 1,871 veterans (43.7%) surveyed self-report eligibility for VA services and 218 report receiving all of their health care through the VA (11.6%). Many veterans do not know about the state of their eligibility. 557 of the 1,871 veterans (30%) do not know if they are eligible to receive services at the VA.

The number of veterans who do not use VA care or do not know their eligibility status is surprising. When asked why they do not use the VA for all of their care, the most common reason veterans give is that they have other coverage. 162 respondents give this reason. Other reasons for utilizing care outside of the VA system include not eligible or denied coverage (39 respondents), long VA wait times (30 respondents), the VA being too far away (28 respondents) and preferring non-VA facilities and services (20 respondents). These descriptive results are not out of line with what one might expect. Many of the negative news stories about VA care revolve around long VA wait times and long travel distances to the nearest VA (Bronstein & Griffin, 2014).

While the number of veterans utilizing the VA may be lower than expected, this does not necessarily mean veterans are going without care. As shown above, veterans have relatively good access to health insurance. 1,303 respondents (70% of respondents) report receiving care outside of the VA system. The most common kind of care received by the 393 respondents who articulated the type of care they received outside of the VA system is outpatient visits to the doctor. 301 individuals report such visits. The next most common types of care that veterans seek outside of the veteran system are prescriptions (241 respondents), eye exams (173 respondents), hospitalization (145 respondents), and emergency room visits (99 respondents). Less common services veterans report receiving outside of the VA system are physical therapy (81 respondents), dental services (21 respondents), audiology services (15 respondents), and the least common is mental health services (12 respondents).

Conclusion

This paper examines how veterans are insured. The HRS allows for a comparison of insurance trajectories between veterans and nonveterans. Wealthier, white, and more highly educated veterans are more likely to have access to insurance. Minority veterans with less wealth who are not working are more likely to report having TRICARE. Regardless of source of insurance, veterans are more likely to have access to some form of insurance prior to Medicare eligibility. Not only are veterans more likely to be insured than nonveterans prior to Medicare eligibility, they also may have access to the VA.

Some veterans do not know if they are eligible to receive services at the VA. Many veterans report that their main reason for not using the VA is that they have other coverage. At the same time, there are a number of older veterans (19.8% of VMS respondents) who report

receiving all of their care through the VA. The factors that make a veteran likely to utilize VA care include disability, being black, having less wealth, being less educated, and being out of the labor force. Any reform to the VA health care system would need to consider the potential effect of veterans' utilization of health care both inside and outside of the VA system.

Works Cited

Bronstein, S., & Griffin, D. (2014, April 23). *A fatal wait: Veterans languish and die on a VA hospital's secret list*. Retrieved September 1, 2015, from CNN.com:
<http://www.cnn.com/2014/04/23/health/veterans-dying-health-care-delays/>

Card, D., Dobkin, C., & Maestes, N. (2008). The Impact of Nearly Universal Health Insurance Coverage on Health Care Utilization: Evidence from Medicare. *American Economic Review*, 98(5), 2242-2258.

Fang, C., Langa, K., Levy, H., & Weir, D. (2015). Racial Differences in the Use of VA Health Services. *University of Michigan Retirement Research Center (MRRRC) Working Paper*, WP 2015-334.

Haley , J., & Kenney, G. M. (2012). *Uninsured Veterans and Family Members: Who Are They and Where Do They Live?* The Urban Institute and Robert Wood Johnson Foundation.

McWilliams, J. M., Zaslavsky, A. M., Meara, E., & Ayanian, J. Z. (2003, August). Impact of Medicare Coverage on Basic Clinical Services for Previously Uninsured Adults. *JAMA*.

Morgan, R. O., Teal, C. R., Reddy, S. G., Ford, M. E., & Ashton, C. M. (2005). Measurement in Veterans Affairs Health Services Research: Veterans as a Special Population. *Health Services Research*, 1573-1583.

Wolinsky, F. D., Miller, T. R., An, H., Brezinski, P. R., Vaughn, T. E., & Rosenthal, G. E. (2006). Dual Use of Medicare and the Veterans Health Administration: are there adverse health outcomes? *BMC Health Services Research*.

Table 3.1: Veteran Summary Statistics for 2010 Wave and By Module Response

VARIABLES	(1) Non-veterans	(2) All Veterans	(3) Veterans not in 2013 Module	(4) Veterans in 2013 Module
	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Male	0.301	0.957	0.955	0.960
White	0.723	0.813	0.777	0.853
Black	0.202	0.155	0.187	0.119
Age	64.60 (11.83)	70.73 (10.92)	70.79 (11.64)	70.67 (10.05)
Finished HS	0.769	0.860	0.836	0.886
Married	0.559	0.682	0.650	0.718
Work	0.423	0.334	0.321	0.348
Private Insurance	0.613	0.589	0.575	0.604
Government Insurance	0.539	0.776	0.762	0.792
Medicare	0.495	0.700	0.685	0.718
Household Wealth (\$1,000)	101,939 (448,193)	147,005 (535,232)	131,613 (564,712)	164,365 (499,485)
Observations	17,563	3,858	2,045	1,813

Data from 2010 wave of the HRS

Table 3.2: Source of Insurance

VARIABLES	(1) Veteran Under 65 Mean (sd)	(2) Veteran Over 65 Mean (sd)	(3) Non-Veteran Under 65 Mean (sd)	(4) Non-Veteran Over 65 Mean (sd)
Private Insurance	0.612	0.517	0.649	0.472
Own Employer	0.469	0.276	0.424	0.166
Spouse's Employer	0.116	0.0534	0.182	0.117
Government Insurance	0.344	0.976	0.172	0.968
Medicaid	0.0525	0.0515	0.100	0.119
Medicare	0.117	0.970	0.0939	0.963
TRICARE	0.234	0.165	0.0145	0.0422
Observations	1,219	2,582	9,509	7,919

Author's calculations from waves 10 of the RAND HRS

Table 3.3: Correlates to Private Health Insurance for Veterans

VARIABLES	(1)	(2)	(3)	(4)	(5)	(6)
	Private Insurance Under 65	Private Insurance 65 and Older	Own Insurance Under 65	Own Insurance 65 and Older	Spouse Insurance Under 65	Spouse Insurance 65 and Older
Male	0.0888* (0.0465)	-0.0176 (0.0625)	0.0503 (0.0489)	0.0558 (0.0569)	0.00845 (0.0334)	-0.139*** (0.0290)
Age	0.0104*** (0.00266)	0.00242* (0.00144)	0.00699** (0.00279)	0.000378 (0.00131)	0.00133 (0.00191)	-0.00204*** (0.000669)
Black	-0.122*** (0.0283)	-0.0864** (0.0336)	-0.0319 (0.0297)	0.0320 (0.0306)	-0.0663*** (0.0203)	0.0196 (0.0156)
Other Race	-0.128** (0.0501)	-0.294*** (0.0752)	-0.0927* (0.0524)	-0.153** (0.0686)	0.00442 (0.0358)	-0.0445 (0.0350)
Finished HS	0.138*** (0.0475)	0.146*** (0.0257)	0.0957* (0.0500)	0.108*** (0.0234)	0.0382 (0.0342)	0.0182 (0.0119)
Household Wealth (\$1,000)	5.44e-05** (2.26e-05)	6.51e-05*** (1.86e-05)	5.26e-05** (2.36e-05)	2.79e-05 (1.71e-05)	-2.21e-06 (1.61e-05)	-3.63e-06 (8.73e-06)
Work	0.363*** (0.0257)	0.0700*** (0.0247)	0.358*** (0.0270)	0.0366 (0.0224)	0.0377** (0.0184)	-0.000435 (0.0114)
Observations	1,316	2,667	1,308	2,629	1,312	2,629
R-squared	0.175	0.032	0.137	0.014	0.015	0.015

Standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Data restricted to veterans who responded to questions in wave 10 of the RAND HRS

Table 3.4: Correlates to Government Health Insurance for Veterans

VARIABLES	(1) Gov. Insurance Under 65	(2) Gov. Insurance 65 and Older	(3) Medicaid Under 65	(4) Medicaid 65 and Older	(5) TRICARE Under 65	(6) TRICARE 65 and Older	(7) Medicare Under 65
Male	-0.0904* (0.0474)	0.0124 (0.0193)	-0.00682 (0.0228)	0.0380 (0.0276)	-0.0808* (0.0439)	0.00465 (0.0470)	0.0370 (0.0353)
Age	0.0104*** (0.00270)	0.00149*** (0.000446)	-0.00225* (0.00130)	0.000450 (0.000640)	0.00202 (0.00250)	-0.00360*** (0.00108)	0.0129*** (0.00202)
Black	0.136*** (0.0288)	-0.00543 (0.0104)	0.0587*** (0.0139)	0.0992*** (0.0149)	0.0948*** (0.0267)	0.0922*** (0.0253)	0.0190 (0.0215)
Other Race	0.0940* (0.0511)	0.00370 (0.0235)	0.0538** (0.0246)	0.0523 (0.0335)	0.0283 (0.0470)	0.0358 (0.0572)	0.0224 (0.0379)
Finished HS	-0.114** (0.0485)	0.00839 (0.00797)	-0.0694*** (0.0233)	-0.0711*** (0.0115)	0.0581 (0.0449)	0.0138 (0.0194)	-0.0944*** (0.0361)
Household Wealth (\$1,000)	-2.06e-05 (2.29e-05)	4.28e-06 (5.76e-06)	-7.17e-06 (1.10e-05)	-2.25e-05*** (8.32e-06)	-1.46e-05 (2.12e-05)	-3.37e-06 (1.40e-05)	-5.32e-06 (1.71e-05)
Work	-0.308*** (0.0261)	-0.0323*** (0.00766)	-0.0973*** (0.0126)	-0.0224** (0.0110)	-0.0845*** (0.0242)	-0.0683*** (0.0186)	-0.277*** (0.0195)
Observations	1,310	2,657	1,309	2,627	1,310	2,655	1,310
R-squared	0.145	0.016	0.075	0.042	0.025	0.013	0.197

Standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

Data restricted to veterans who responded to questions in wave 10 of the RAND HRS

Table 3.5: Summary Statistics for Veterans and Non-Veterans Waves 3 Through 10

VARIABLES	(1)	(2)
	Veterans Mean (sd)	Non-Veterans Mean (sd)
Male	0.975	0.316
Age	62.68 (6.143)	61.85 (6.262)
White	0.798	0.643
Black	0.181	0.307
Finished HS	0.728	0.552
Work	0.204	0.166
Wealth (in \$1,000)	52.31 (269.0)	36.23 (403.5)
Private Health Ins.	0.454	0.379
Gov. Health Ins.	0.819	0.785
TRICARE	0.158	0.0220
Observations	2,784	11,566

Author's calculation using data from waves 3 through 10 of the RAND HRS. Veteran status identified by the answer to the question, "Have you ever served in the active military of the United States?"

Table 3.6: Summary Statistics by Source of Care

VARIABLES	(1) No Care (sd)	(2) VA Only (sd)	(3) Both VA and Non-VA (sd)	(4) Non-VA Only (sd)
Male	0.966	0.942	0.968	0.956
Black	0.131	0.284	0.153	0.0739
Other Race	0.0675	0.0577	0.0265	0.0168
Finished HS	0.865	0.851	0.882	0.915
Household Wealth (\$1,000)	147.7 (358.7)	38.87 (133.1)	123.1 (302.9)	190.1 (535.0)
Married	0.671	0.495	0.737	0.770
Work	0.359	0.284	0.265	0.403
Private Insurance	0.624	0.284	0.540	0.676
Medicaid	0.0717	0.0529	0.0383	0.0280
Medicare	0.717	0.500	0.782	0.714
TRICARE	0.0506	0.486	0.398	0.122
Excellent Health	0.0675	0.0337	0.0206	0.0560
Very Good Health	0.287	0.111	0.189	0.289
Good Health	0.346	0.308	0.333	0.319
Fair Health	0.122	0.356	0.245	0.157
Poor Health	0.0295	0.0865	0.0737	0.0459
Observations	237	208	339	893

Data is restricted to veterans in the 2010 wave of the HRS who responded to questions about source of care in the 2013 VMS.

Table 3.7: Correlates of VA Usage

VARIABLES	(1) No Care	(2) VA Only	(3) Both VA and Non-VA	(4) Non-VA Only
Male	0.0415 (0.0468)	-0.0179 (0.0611)	0.0204 (0.0522)	-0.126** (0.0635)
Over 65	0.0424* (0.0217)	-0.182*** (0.0264)	0.0494** (0.0242)	0.0228 (0.0299)
Black	0.0487 (0.0300)	0.0975*** (0.0328)	0.0734** (0.0334)	-0.175*** (0.0435)
Other Race	0.238*** (0.0553)	0.0578 (0.0637)	0.00934 (0.0617)	-0.314*** (0.0762)
Finished HS	-0.0399 (0.0302)	-0.0231 (0.0335)	-0.0127 (0.0337)	0.0604 (0.0429)
Household Income (\$1,000)	-6.74e-06 (2.01e-05)	-6.79e-05 (4.32e-05)	-3.70e-05* (2.24e-05)	4.05e-05 (2.59e-05)
Married	-0.0418** (0.0209)	-0.110*** (0.0248)	0.0258 (0.0233)	0.121*** (0.0288)
Work	-0.00142 (0.0207)	-0.0527** (0.0260)	-0.0455** (0.0231)	0.0346 (0.0283)
Private Insurance	0.00220 (0.0169)	-0.108*** (0.0202)	0.0105 (0.0188)	0.0364 (0.0236)
Medicaid	0.110** (0.0499)	-0.0733 (0.0580)	0.0137 (0.0556)	-0.0123 (0.0710)
TRICARE	-0.133*** (0.0237)	0.116*** (0.0251)	0.292*** (0.0264)	-0.0463 (0.0378)
Excellent Health	0.0600 (0.0474)	-0.0118 (0.0667)	-0.135** (0.0528)	-0.0656 (0.0623)
Very Good Health	0.00699 (0.0302)	-0.0565 (0.0392)	-0.0691** (0.0337)	0.00387 (0.0415)
Good Health	-0.00444 (0.0291)	-0.00760 (0.0364)	-0.0181 (0.0324)	-0.0180 (0.0405)
Fair Health	-0.0686** (0.0326)	0.0894** (0.0393)	0.0305 (0.0364)	-0.00614 (0.0466)
Poor Health	-0.0830* (0.0475)	0.0597 (0.0521)	0.0743 (0.0530)	0.0695 (0.0699)
Observations	1,560	1,072	1,560	1,221
R-squared	0.053	0.196	0.108	0.069

Standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1

All care from the VA assigned from the answer to the question “Do you receive all of your health care services from the VA?” Both care assigned to those who respond yes to both “Have you obtained medical care or prescription drugs from a Veterans Affairs (VA) facility in the last two years?” and “Have you obtained any health care services from non-VA providers in the last two years?” No care is all veterans who answer both of the previous questions “no.”

Figure 3.1: Private Health Insurance by Veteran Status

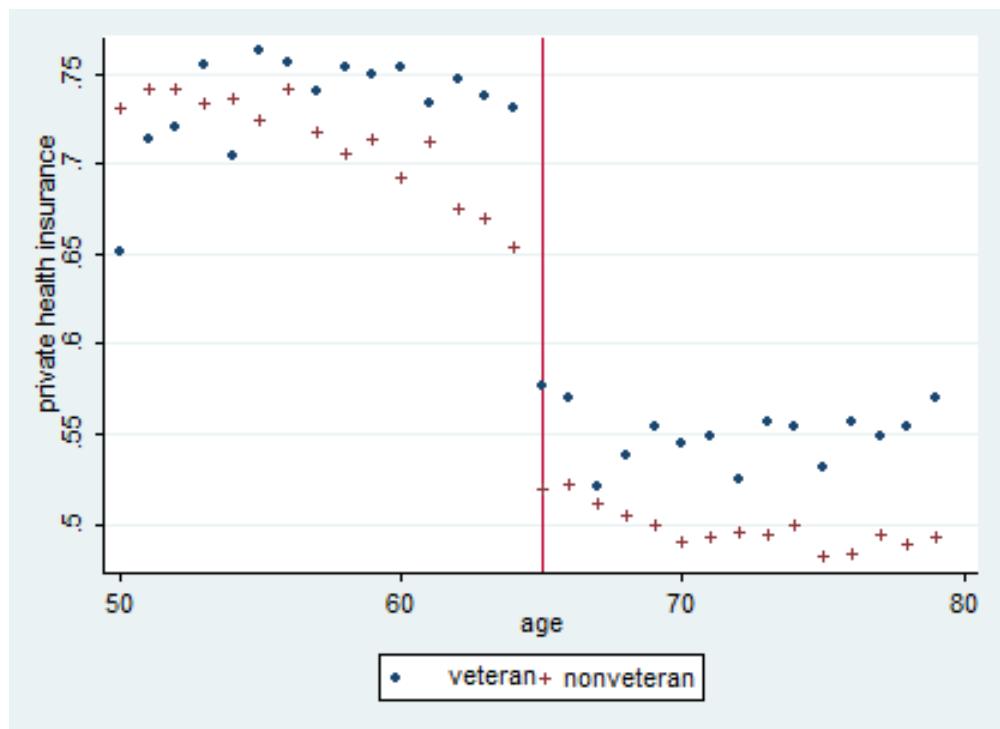


Figure created by author using data from waves 3 through 10 of the HRS.

Figure 3.2: Government Provided Health Insurance by Veteran Status

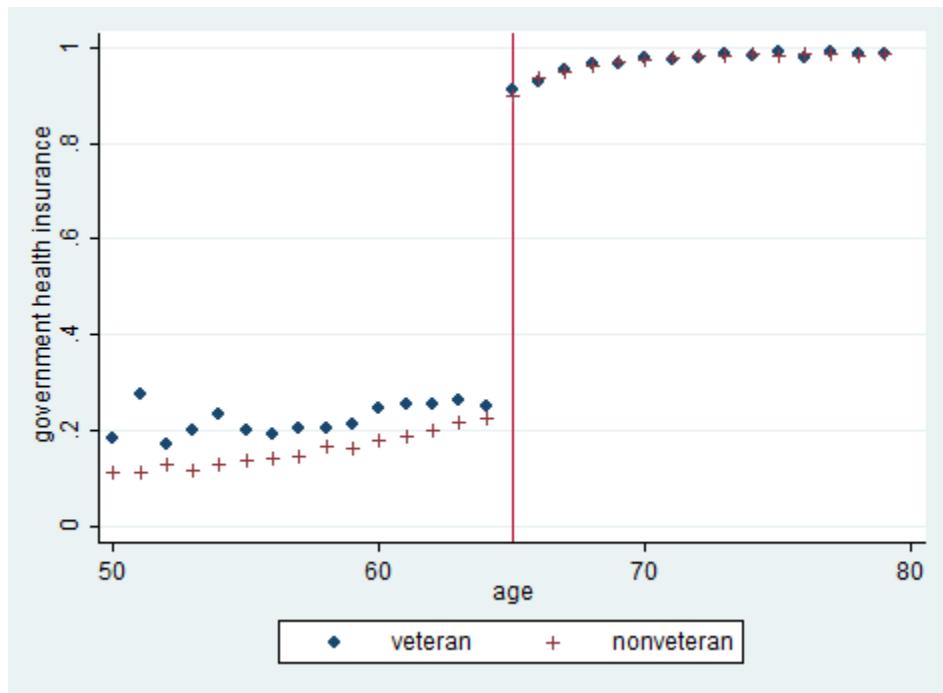


Figure created by author using data from waves 3 through 10 of the HRS.

Figure 3.3: Veterans Reporting CHAMPUS/CHAMPVA/TRICARE

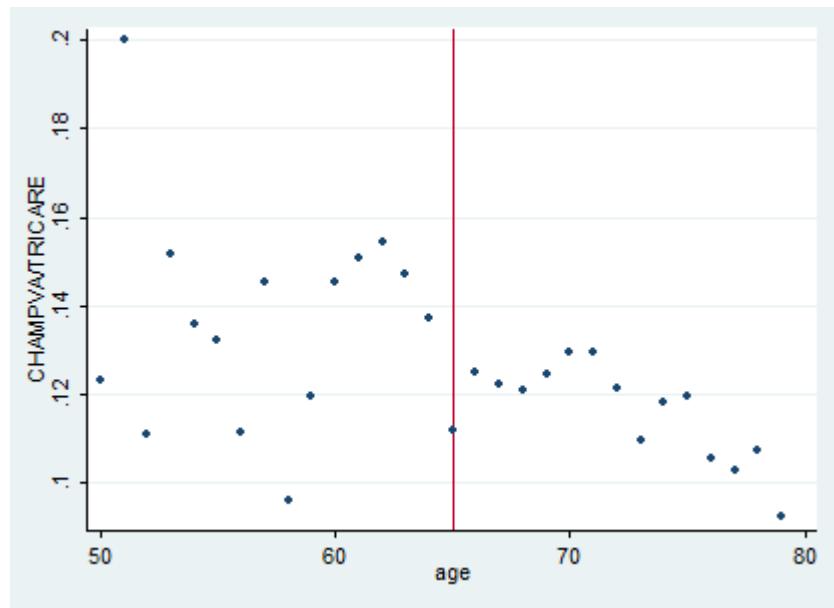


Figure created by author using data from waves 3 through 10 of the HRS.

