

# 'Major veterans health disparity' poses challenges, opportunities

November 29 2016, by David J. Hill

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When they enter the military, they're among the healthiest people in the country. But as they begin active duty—and even more so when they conclude their service and enter veteran status—they often join the ranks of the nation's unhealthiest populations.

This disparity in veteran health is examined in detail in a recent paper published in the *Journal of Behavioral Medicine*. It's the first large-scale peer-reviewed article to cover the broad expanse of health-related behavior from research to practice with authors from the U.S.

Department of Defense (DoD) and the Department of Veterans Affairs (VA).

The paper highlights several challenges and opportunities in offering care for veterans. With nearly 220,000 new recruits entering military service each year, plus millions of servicemembers, veterans and family members spread throughout the country, opportunities abound.

While progress has been made, "We are still falling short of better health behavior among servicemembers and eliminating the health disparity among veterans," says Jeffrey P. Haibach, the paper's lead author and a health science officer with the Department of Veterans Affairs' Health Services Research and Development unit.

He started the paper during his fellowship work at the VA Pittsburgh Healthcare System, his first duty station after completing his PhD in community health and health behavior in the University at Buffalo's

School of Public Health and Health Professions.

"There is a major veterans health disparity where recruits are healthier on entering military service than the comparable U.S. population, but in the longer term as veterans, they tend to be of the same or worse health than civilians," says Haibach.

The primary explanation for this, he says, are poor health behaviors—especially cigarette smoking, heavy drinking, physical inactivity and poor diet—during or after [military service](#).

Tobacco use and alcohol misuse remain major public health problems for the U.S. military and veterans, the researchers write.

They cite recent estimates indicating that the Department of Defense spends as much as \$1.6 billion annually due to tobacco-related medical care and lost workdays among active duty personnel, and \$1.2 billion for alcohol misuse through medical costs, misconduct and reduced readiness.

Meanwhile, the VA health-care cost attributed to cigarette smoking is estimated at \$2.7 billion a year.

The paper also cites several efforts the DoD has taken to curb smoking and drinking problems among military personnel, such as banning both during initial entry basic training. While many recruits resume these behaviors after the basic training ban has ended, research suggests that smoking interventions during a recruit's initial entry training can promote and maintain smoking cessation.

For servicemembers who retire or otherwise leave active duty, weight gain is another problem. They're particularly vulnerable to unhealthy behaviors during these key transition periods, Haibach notes.

Research suggests new veterans tend to gain unhealthy weight during the transition to civilian life, and 78 percent of the nation's 8.9 million veterans in VA health care are either overweight or obese, compared to 67 percent among the general U.S. population.

"There may be an opportunity to help them maintain a healthier weight during this vulnerable transition and overall," says Haibach.

"There is also increased knowledge that focusing on an overall healthy lifestyle and improving multiple health behaviors at the same time may be more effective than just focusing on one or two behaviors at a time. Focusing only on quitting smoking or promoting exercise and diet alone does not fully empower people to make and maintain these healthy changes in the longer term," he adds.

Toward that end, the DoD's new Total Force Fitness program is based on the idea that optimal health is achieved through a connection between mind, body, spirit and positive family and social relationships, Haibach said.

He also noted that the VA is developing and implementing [health behavior](#) change and recovery interventions, such as peer-led self-management programs, which are focused on an overall healthy lifestyle and positive social relationships.

Haibach knows well the negative turn many [veterans](#) experience in their health compared to the rest of the American population.

He served on active duty in the Army as a senior noncommissioned officer and had to retire early due to physical injuries that, in his words, "I attribute primarily to my own lack of awareness and poor health behaviors, combined with the nature of the military culture when I served from age 17 in 1995 into my 30s."

As a result, Haibach decided to get his PhD so he could help others avoid similar health problems, or at least recover from them better, through his work in research and practice.

"We can achieve this working together in a concerted, positive and forward-moving way. We owe this to those we rely on to protect our nation and deter war throughout our world, for the sacrifices they and their families have made," says Haibach, now 38 and moving forward in his second-life career.

Haibach's co-authors include researchers from universities such as Yale, Duke and the University of Tennessee Health Science Center, as well as several colleagues from both DoD and the VA. Two of them—Stephen Trynosky and Margaret Dundon—are UB alumni currently serving in the Department of Veterans Affairs.

The paper's second author is Haibach's wife, Michael Ann Haibach, an active duty Air Force major and clinical [health](#) psychologist.

**More information:** Jeffrey P. Haibach et al. Military and veteran health behavior research and practice: challenges and opportunities, *Journal of Behavioral Medicine* (2016). [DOI: 10.1007/s10865-016-9794-y](#)

Provided by University at Buffalo

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