



PROJECT AIR FORCE

USAF Wounded Warriors Survey (2011): Key Findings, Follow-up, and Next Steps

Review of 2012 Briefings

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These slides present an overview of a detailed study. To ensure that information herein is represented accurately when cited elsewhere, please contact the author before citing or quoting the content. You can reach her at csims@rand.org.
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Outline

- **Brief background and method**
- **Key survey outcomes overall and by duty status**
 - **Program usage and satisfaction**
 - **Psychological injuries and their measurement; perceived treatment barriers**
 - **Other pertinent areas (employment, housing)**
- **Recommendations**
- **Next steps: 2013 Warrior Survivor Care (WSC) Survey**

In Fall 2011, PAF Surveyed Wounded Airmen About Support Program Utilization and Reintegration Needs

- **Study sponsors: AF/A1S, SAF/MR, AF/SG**
- **Assessed a baseline for a longitudinal study**
- **Provided an assessment of program performance and identified potential areas for intervention**
- **Sampled all 872 wounded warriors enrolled into the Air Force Wounded Warrior program (AFW2) and receiving benefits (August 2011)**
 - **Separatees were not included in population**
 - **Our respondents included relatively few Reserve and Guard (Reserve n=65; Guard n=73): this reflects the population**
 - **Note: small groups lead to less stable estimates**

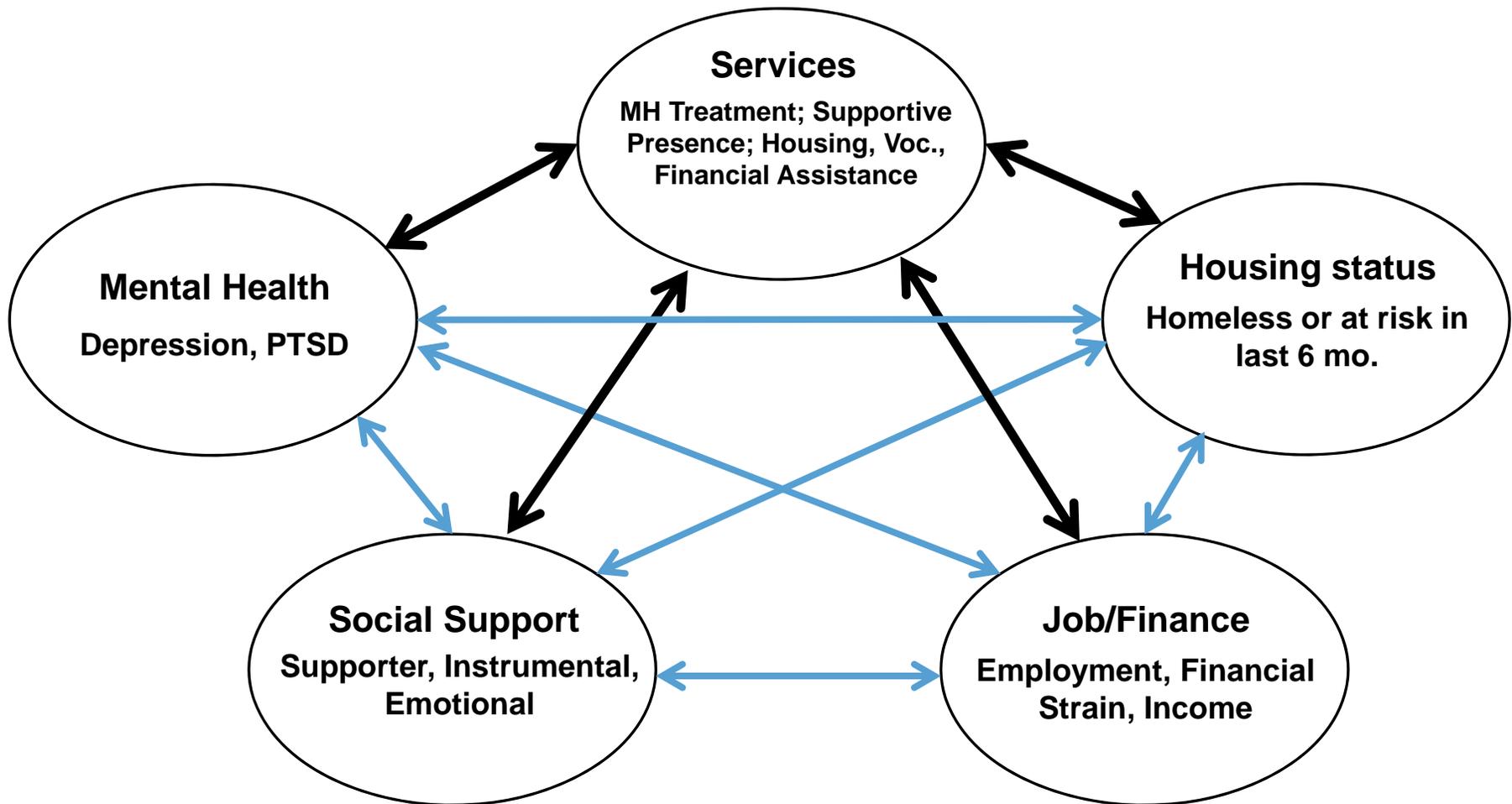
AFW2 Eligibility Requirements At Time Survey Fielded Focused on Combat-Relatedness and Lengthy Recuperation

- **An Air Force Wounded Warrior (and potential AFW2 enrollee) is any Airman who has a combat or hostile-related injury or illness that may require long-term care or a Medical or Physical Evaluation Board to determine fitness for duty. This includes: A combat/hostile-related injury resulting from hazardous service or performance of duty under conditions simulating war or through an instrumentality of war.**
 - **There is no minimum disability rating requirement as long as injury/illness is combat/hostile-related and requiring long-term care**
- **Multiple referral streams include casualty list SI and VSI status, medical community, self-referral, command referral, disability evaluation system**
 - **Self-referrals confirmed via various quality checks (e.g., personnel data)**
 - **Potential cases from casualty lists monitored and followed up**
 - **Better safe than sorry approach adopted: only if a servicemember's condition was determined non-combat/hostile related (per AF form 356) were they de-enrolled**

Key Research Questions and Findings

- **When we were designing the survey, AF/A1S asked us to focus on the following issues:**
 - **Utilization of and satisfaction with Air Force support services**
 - **The prevalence of psychological wounds**
 - **The extent to which wounded Airmen receive social support**
 - **Employment, financial, and housing challenges**

Reciprocal Relationships Among Potential Intervention Areas Are Expected But Current Data Reflect One Point in Time



The current data do not support causal inferences

A “Complete” Survey Meant At Least 50% of Survey Items, By Web or Phone

- **Details on survey completion:**
 - 493 started the survey
 - 459 completed at least 50% of survey items
 - Missing data for items administered to all ranged from 0 - 5.4%
- **Airmen could complete the survey by web or phone**
 - ~65% of survey respondents completed survey by phone
- **Survey open from September 2 through October 31, 2011**
- **Deployment and retirement status of sample:**
 - If participants deployed in support of a contingency operation, it was typically once, in support of OIF.
 - Some Airmen did not deploy but were injured in deployment-related incidents.
 - Some Airmen are not retired; however, retirees separated approx. three years ago on average.

Our Sample of Survey Participants Is Fairly Representative of Our Population of Wounded Airmen

Characteristic	N	%	Characteristic	Mean	SD
Retired	284	61.87	Most recent dep. length (mos.)	4.63	2.82
Male	394	85.84	Yrs returned from recent dep.	4.19	2.07
White	357	77.78	Tot active yrs in mil (active-duty only)	12.38	6.63
No college degree	363	79.08	Yrs since most recent AF separation	1.79	2.23
Enlisted	393	85.62	Age	36.38	9.08
Component			SAMPLE COMPARED TO 872		
Active Duty	320	69.72	Slightly more educated, older, and had spent more years on active duty. Differences were not substantively meaningful.		
Reserve	65	14.16			
Guard	73	15.90			
Number of deployments:			PEB diagnosis from AOR event*: Post-Traumatic Stress Disorder 74% Depression 26%		
0	47	10.24			
1	169	36.82			
2 or 3	188	40.96			
4 or more	55	11.98			
Separation pre-2008	86	18.74	AFW2 AOR event diagnosis**: Post-Traumatic Stress Disorder 70% Injury or Illness 29%		
*data courtesy of AFPC DES, based on N=826					
**data courtesy of AFW2, based on N=870					

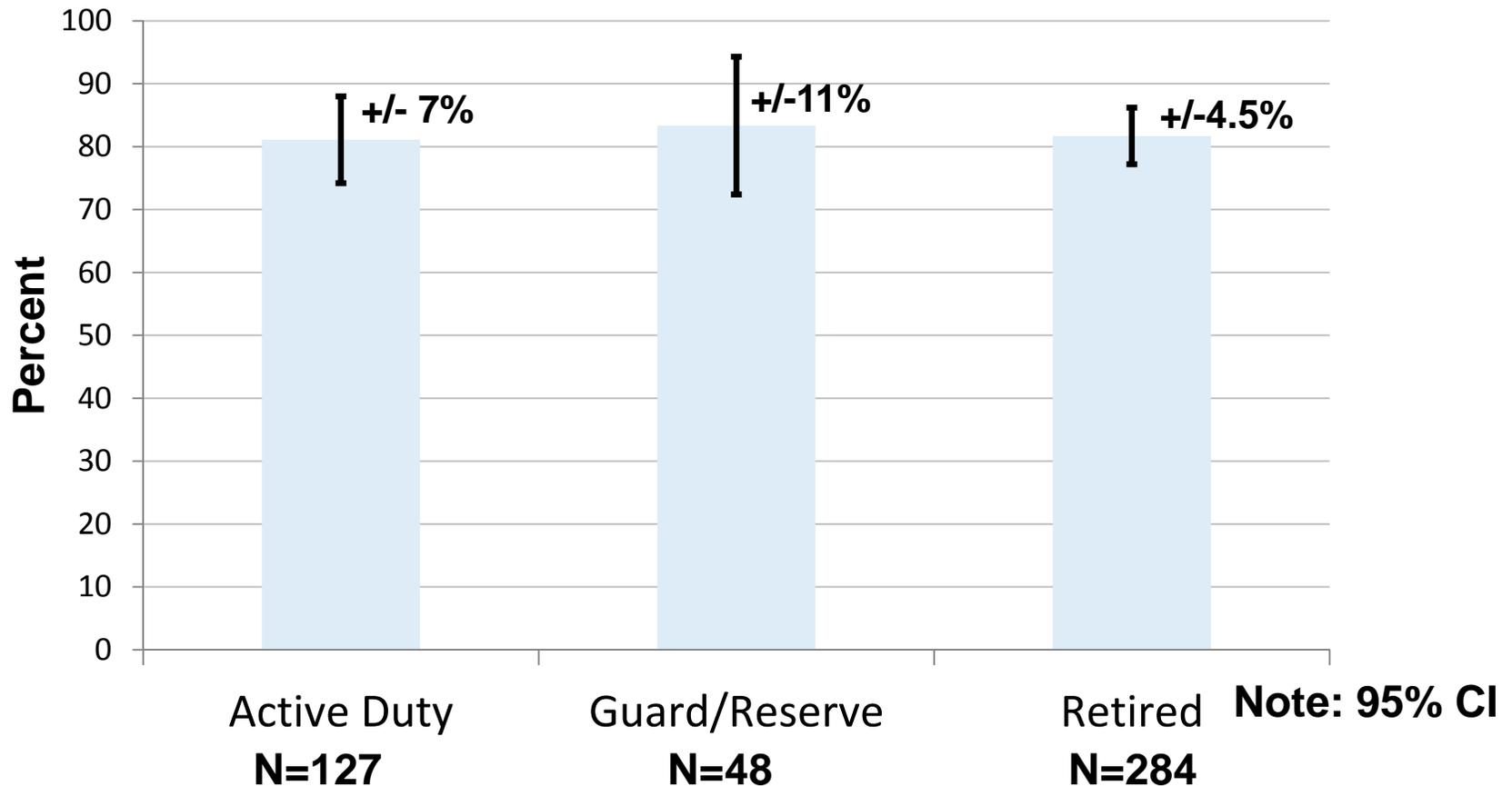
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Key Research Questions and Findings

- When designing survey, A1S asked us to focus on the following issues:
 - Utilization of and satisfaction with Air Force support services
 - The prevalence of psychological wounds
 - The extent to which wounded Airmen receive social support
 - Employment, financial, and housing challenges
- **Key findings:**
 - **Airmen reported a high level of satisfaction with services received**
 - **A high proportion screened positive for mental health problems, and many reported treatment barriers**
 - **A smaller, but notable, proportion reported**
 - **Potential social support deficits**
 - **Unemployment**
 - **Signs of homelessness**

Smaller Group Sizes Lead to Less Stable Estimates



- We provide point estimates, and highlight results only when statistically significant.
- When group sizes are small, these point estimates have a wider confidence interval.

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The Most Desired Support Services Were a) General Information About Resources and b) Advocacy

- **Most desired **social** support services:**
 - **91% - general information (e.g., about rules, policies, resources)**
 - **88% - an advocate (e.g., someone to get help)**
 - **76% - activities (e.g., recreation, fitness, family bonding)**
 - **69% - a helping hand (e.g., loans, donations, services)**
 - **65% - help connecting with others on a personal level**
- **AD, RC, and retired Airmen were similar in the services they preferred, regardless of whether they had received the service.**
- **Only exception concerns desire for housing assistance or loans**
 - **75% overall said that this would be helpful**
 - **RC (58%) less likely than retired Airmen (79%) to say so; not significantly different from AD (73%)**

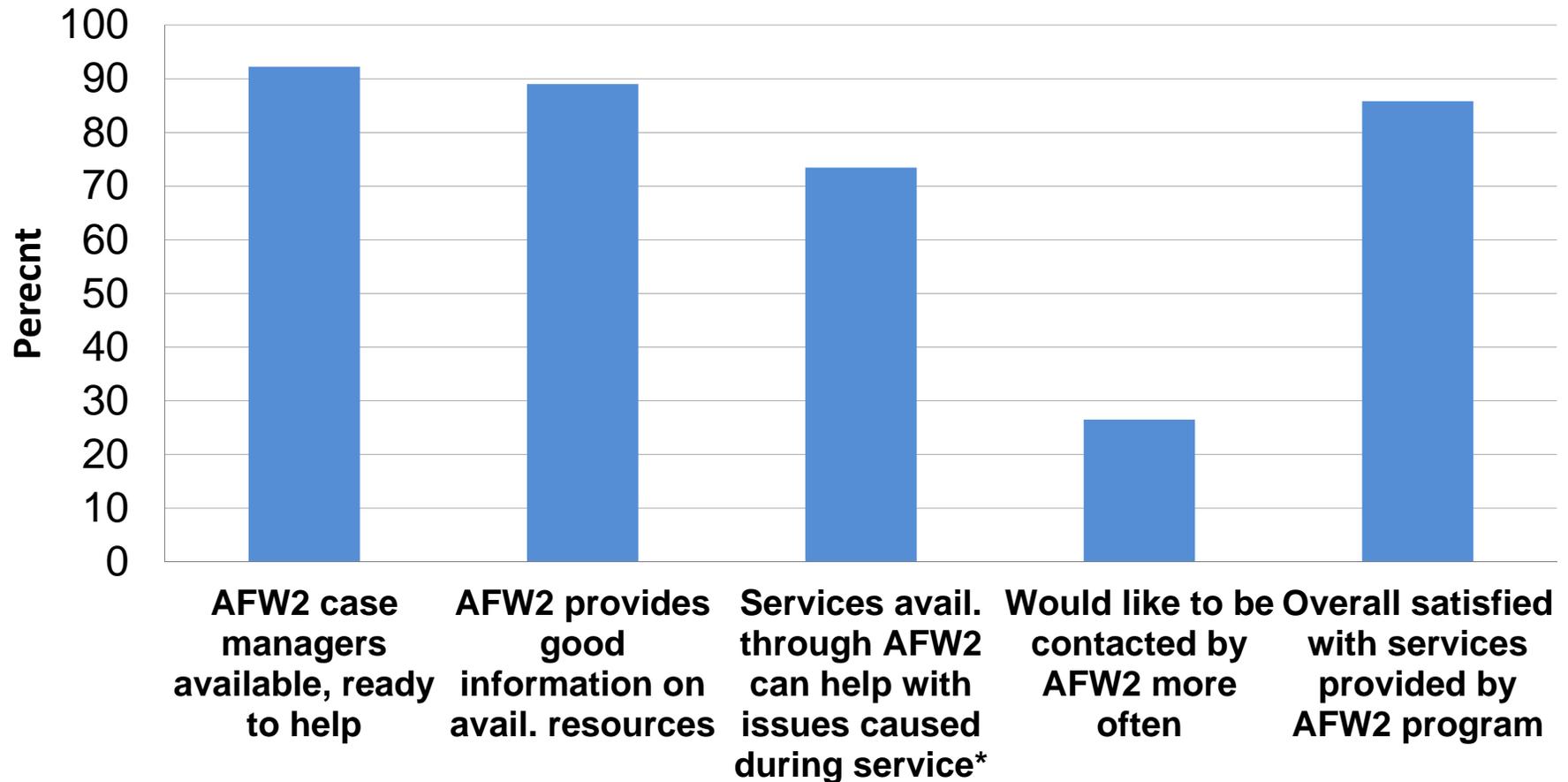
Airmen Reported High Levels of Satisfaction with Two Programs Designed to Help Them

- **The Air Force Wounded Warrior Program (AFW2)**
 - Individualized personal support to Airmen with a combat/hostile-related illness or injury requiring long-term care
 - Established in 2005 (as Palace HART)
- **The Air Force Recovery Care Coordinator (RCC) Program**
 - Coordinates all non-medical case management
 - Established in 2008
- **Program personnel helped provide input into the survey questions on program usage and satisfaction**

Each AFW2 Service Was Used by at Least Half of Respondents – Most Report Using at Least One Support Service

- **99% of Airmen said that they'd been in contact with an AFW2 representative**
 - **86% said that the AFW2 rep initiated contact**
 - **95% said that they'd received one or more services**
- **When asked what services they'd received from AFW2, Airmen said:**
 - **89% - Regular supportive calls**
 - **57% - Advice for life matters**
 - **73% - Help for paperwork**
 - **53% - Advice for dealing with red tape**
 - **71% - AFW2 rep had someone contact me to help**
 - **64% - Referrals to other services**
 - **59% - Other type of service**

About 85% Reported Overall Satisfaction with AFW2 Services (N = 437)



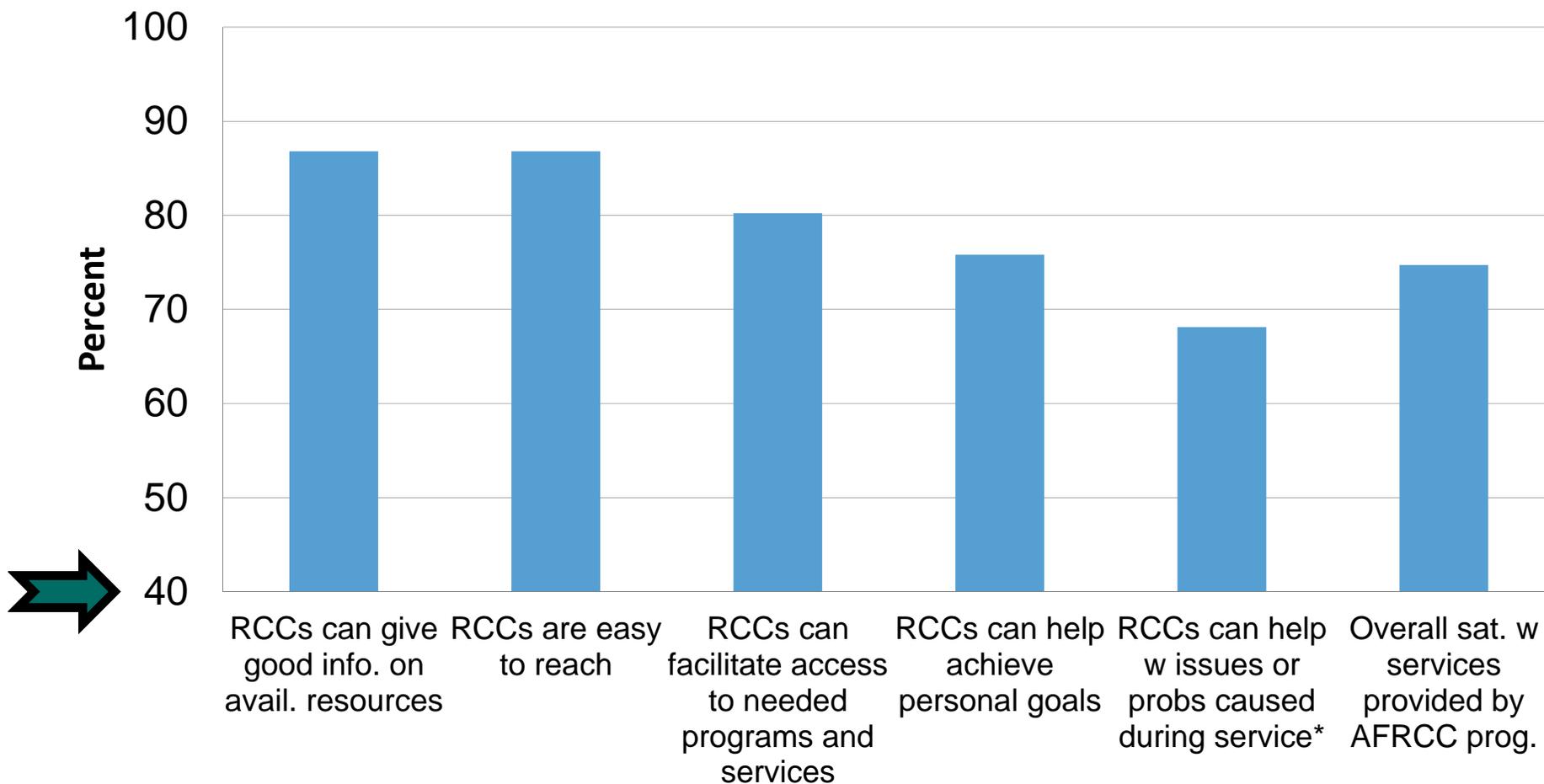
Air Force Wounded Warrior Program perceptions

* Original item was reverse coded

Most Commonly Used AFRCC Services Are Referrals to Other Services, Help Accessing Other Services, and Regular Supportive Calls

- **Roughly 20% of all Airmen surveyed had received AFRCC Program services**
 - **The program is newer and more targeted so this is expected**
- **When asked what services they'd received from the AFRCC Program, AFRCC Program users (N = 91) said:**
 - **81% - Referrals to other services and programs**
 - **78% - Help accessing services and programs**
 - **73% - Regular supportive calls**
 - **60% - Advice for life matters**
 - **57% - Help adjusting to or coping with service-related physical or mental health conditions**
 - **53% - Follow-up after the development of the Comprehensive Recovery Plan/Recovery Care Plan to help you stay on track to meet goals**
 - **63% - Some other help or service**

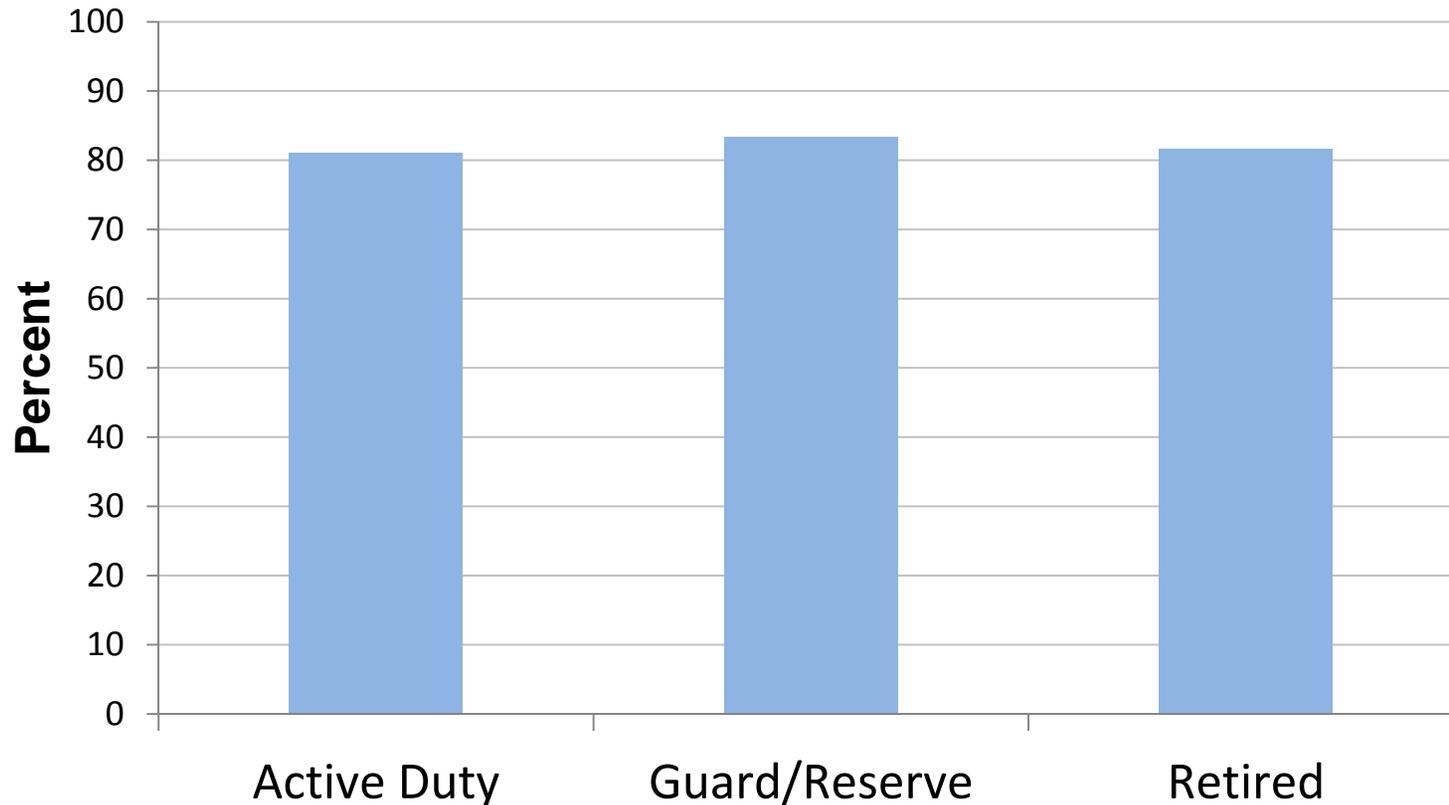
Roughly 75% of RCC Program Users (N = 91) Reported Overall Satisfaction with its Services



Air Force Recovery Care Coordinator Program perceptions

* Original item was reverse coded

AD, RC, and Retired Respondents Did Not Differ in Their Overall Satisfaction with AFW2 Services



Further, the three groups endorsed a similar number of positive statements about the AFW2 program.

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Screening for Post-Traumatic Stress Disorder (PTSD)

- **PTSD Checklist (PCL)**
 - **The WSC Survey used the PCL to screen for PTSD**
 - **The PCL is commonly used by DoD and VA as a screener**
 - **17 items keyed to DSM-IV diagnostic criteria for PTSD**
 - **Respondents indicate the extent to which they were bothered by each symptom over the past month on a scale ranging from 1 (not at all) to 5 (extremely)**
 - **A symptom counted toward a positive screen if it bothered a respondent “moderately” (3) or greater in the past 30 days.**
 - **Assesses three clusters of symptoms: reexperiencing, avoidance/numbing, and hyperarousal**
 - **DSM-IV scoring criteria were used**
- **Sensitivity of 100%, specificity of 92% in past research**
 - **Not the same as a diagnosis rendered by a clinical provider**

Screening for Major Depressive Disorder (MDD)

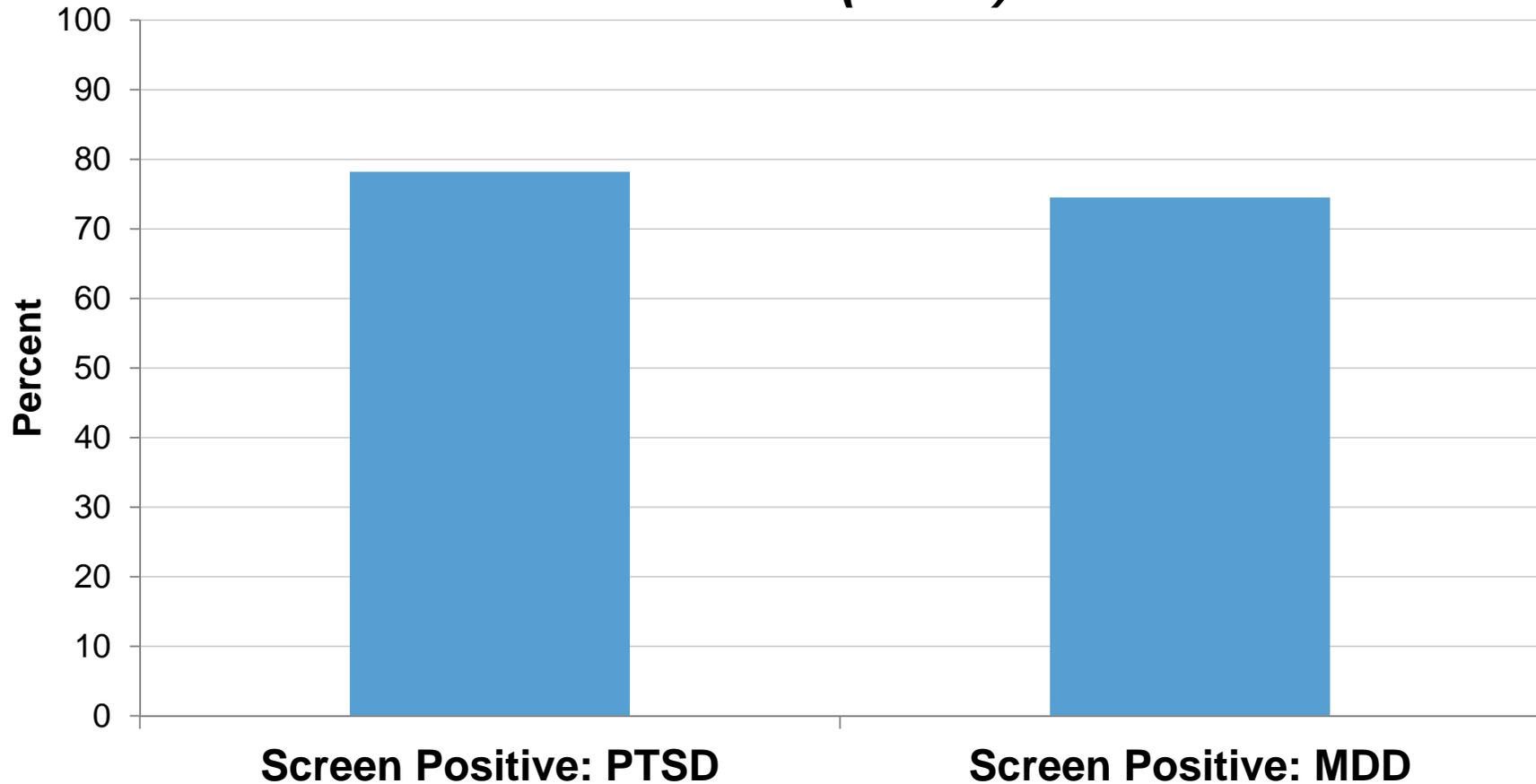
- **Patient Health Questionnaire-8 (PHQ-8)**
 - **The WSC Survey used the PHQ-8 to screen for MDD**
 - **8 items keyed to DSM-IV diagnostic criteria for MDD**
 - **Respondents indicate the frequency with which each symptom was experienced over the past 2 weeks on a scale ranging from 0 (not at all) to 3 (nearly every day)**
 - **Positive screen was score ≥ 10 .**
 - **This means that a participant was bothered by 5 or more symptoms for “more than half the days”, or fewer symptoms at higher frequency.**
- **Sensitivity = 99%, specificity = 92% in past research**
 - **Not the same as a diagnosis rendered by a clinical provider**

Why Did We Collect Data on Mental Health Symptoms Rather than Use Available Air Force Data?

- **Using our own survey collection enables**
 - **Consistency of measurement across respondents with standardized items**
 - **Current and consistent time frame**
 - **Comparison across time**
- **Mental health data collected as part of “on-the-record” assessments (e.g., AF data) may contain bias (e.g., Warner et al., 2011)**
- **Obtaining required permissions to access medical records in a timely manner would be difficult**

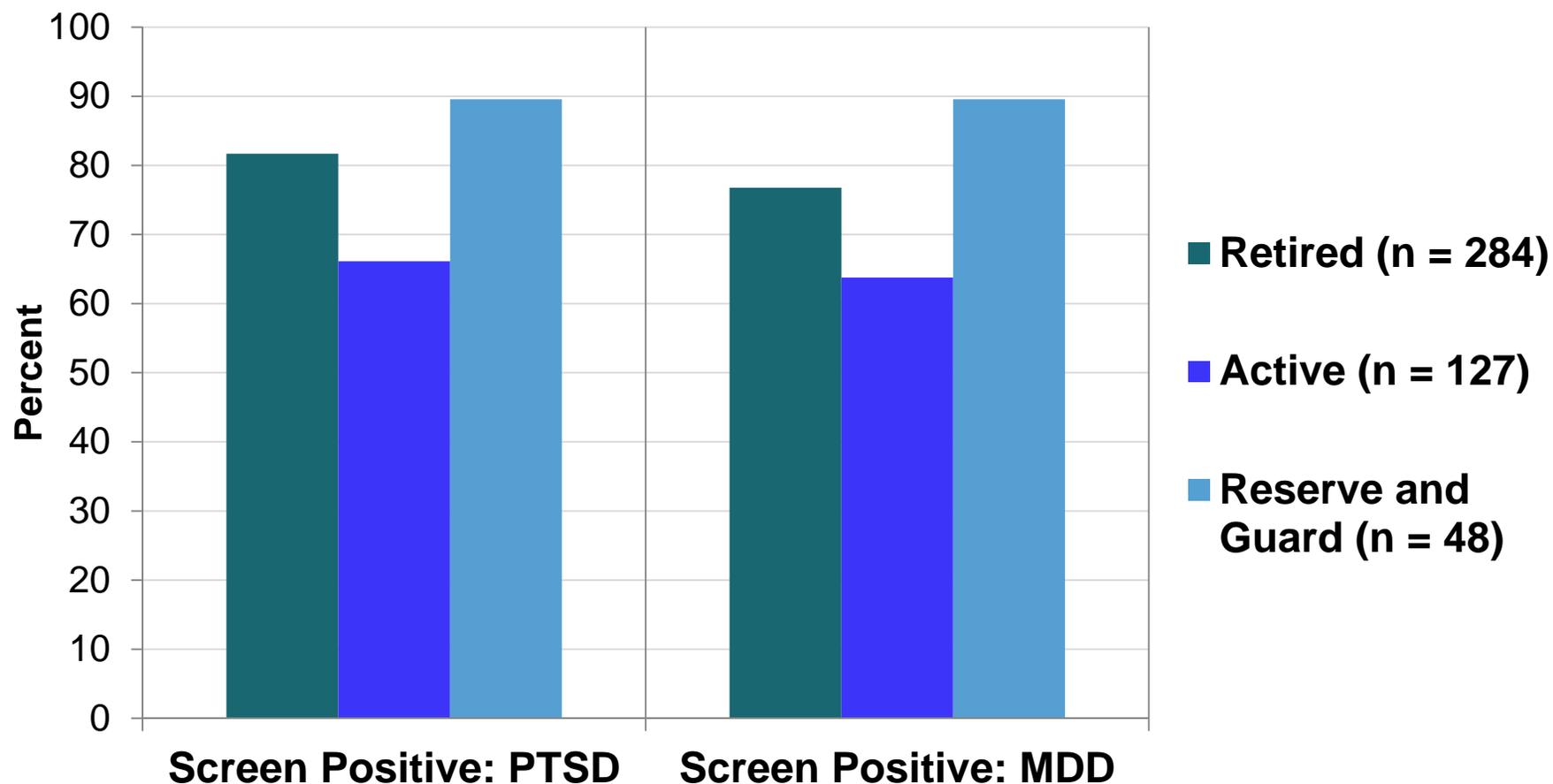
We used well-validated, widely-used measures of PTSD and depression

Of All Respondents, Roughly 78% Screened Positive for PTSD and 75% Screened Positive for Major Depressive Disorder (MDD)



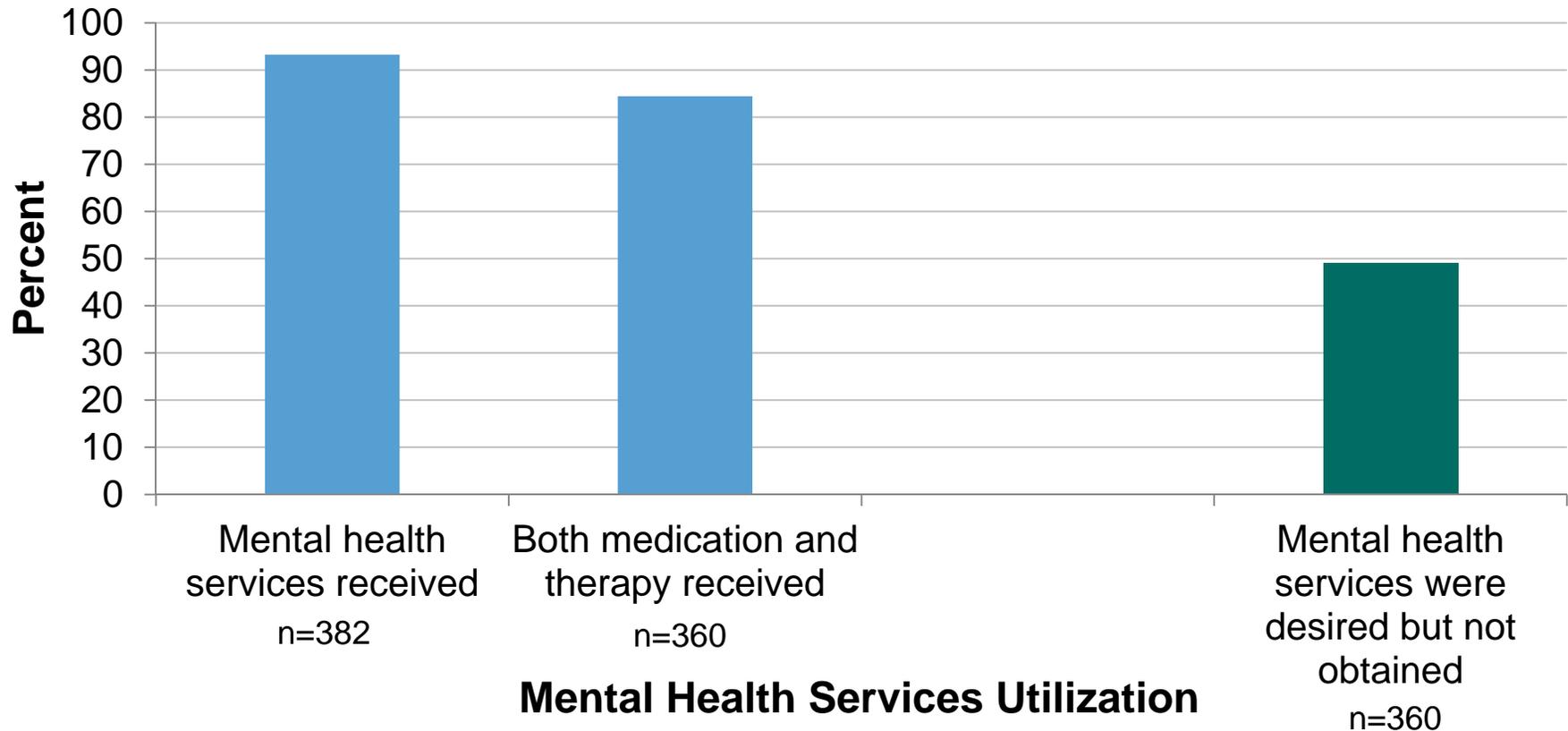
69% screened positive for both PTSD and MDD; 16% screened positive for neither.

Screening Positive for PTSD and Major Depressive Disorder Was More Common Among RC and Retired than AD



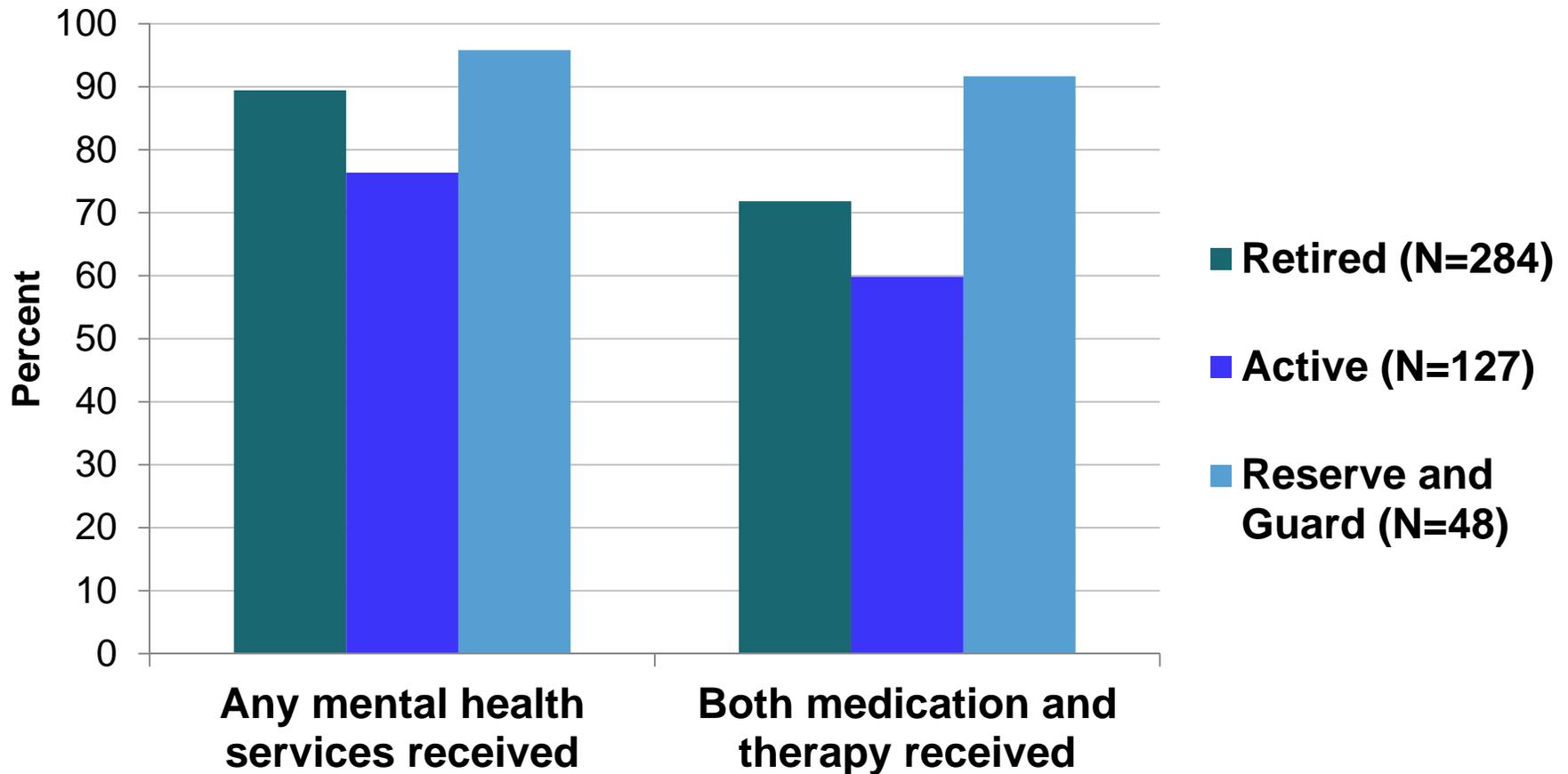
Among retired Airmen, the odds of screening positive for PTSD were higher among more recent retirees. Major Depressive Disorder was not related to months since retirement.

Over 90% of All Respondents With PTSD and/or MDD Had Received Some Type of Mental Health Treatment in the Past Year



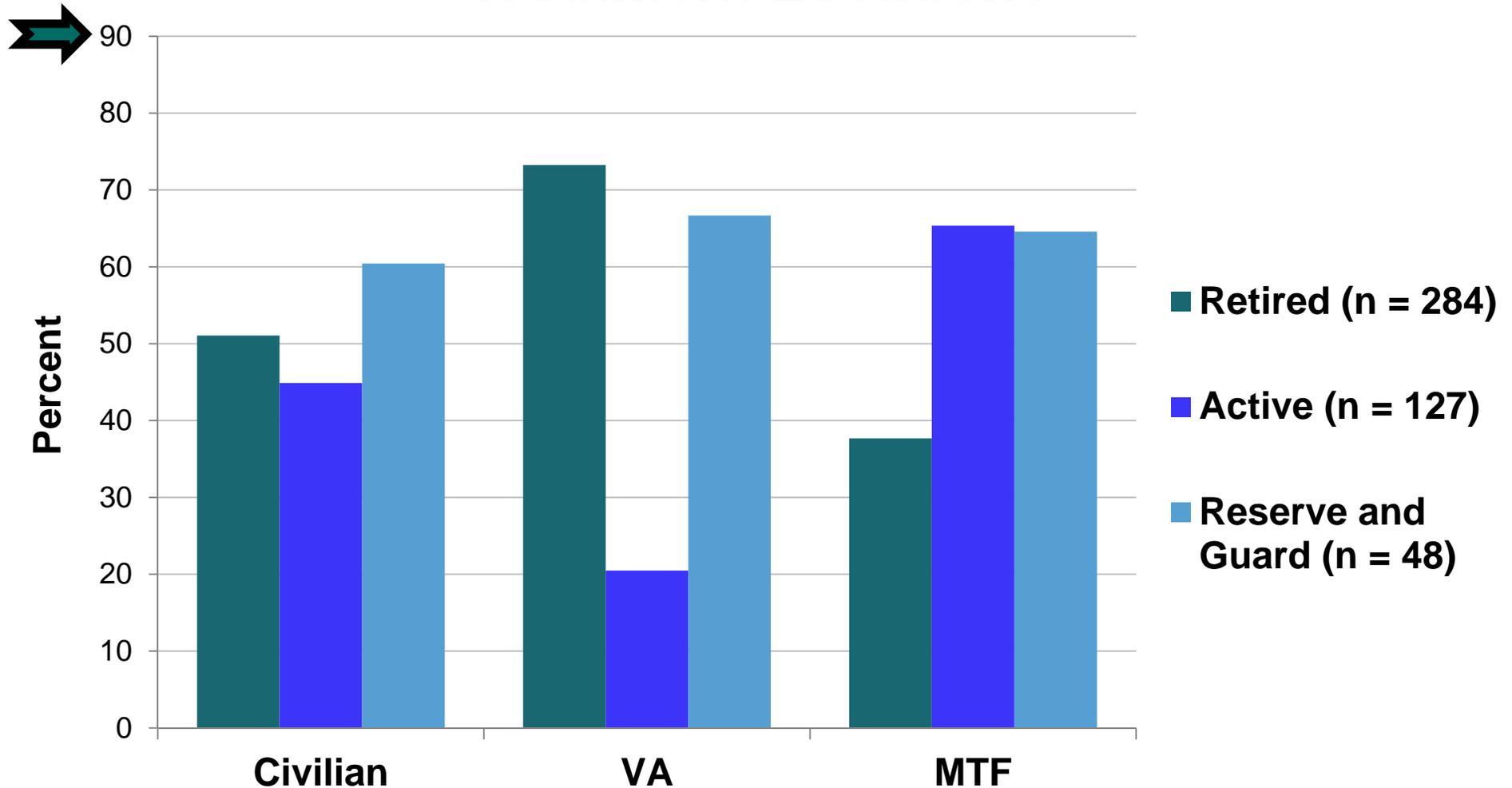
Of those treated, 84% got both meds and therapy. However, of those treated, almost 50% indicated that they had unmet mental health service needs at some point in the past year

Past-Year Mental Health Services Were More Commonly Received by RC and Retirees than AD Airmen



Receipt of both medication and therapy was most common among RC, followed by retired Airmen, and least common among AD Airmen.

AD, RC, and Retirees Are Seen in a Variety of Treatment Locations



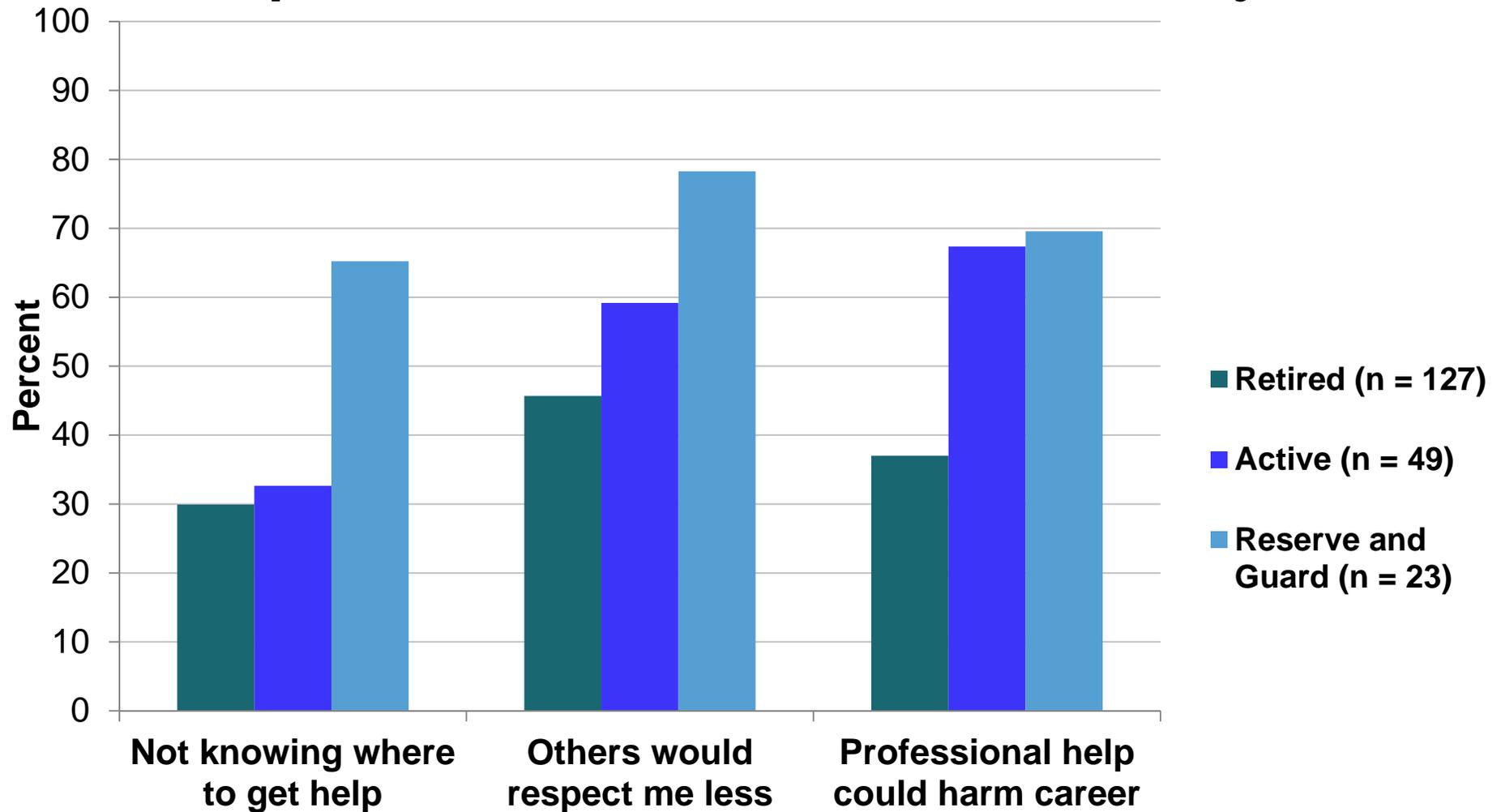
**More than half were seen in two or more settings --
This makes it difficult to tie barriers to setting location**

Scheduling an Appointment Was the Most Commonly Chosen Logistical Barrier Among Airmen Who Desired but Did Not Receive Treatment at Some Point in the Past Year

Perceived treatment barrier (n = 199)	%
Difficulty scheduling an appointment (MTF, civ, or VA provider)	49
Not knowing where to get help	35
Difficulty with childcare/getting time off work	29
Difficulty paying for mental health treatment	20
Difficulty arranging transport to treatment	15
Concerns that others would respect me less	53
Concerns about treatment confidentiality	51
Concerns that professional help could harm career	48
Concerns about losing child custody/contact	14
Belief that mental health treatments available are not very good	48
Medications have too many side effects	45
Other concerns not listed	49

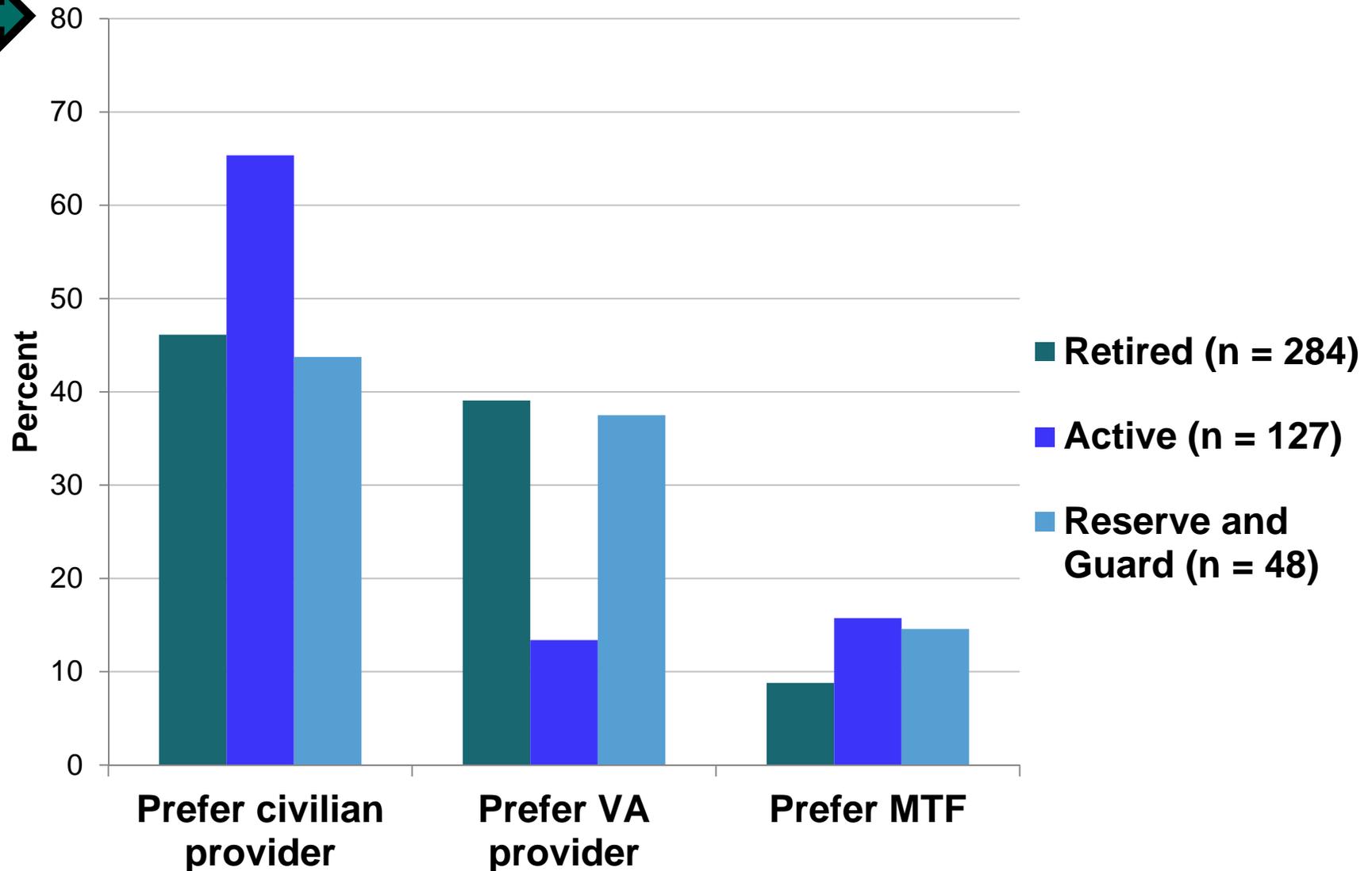
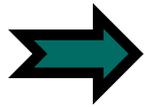
Concerns about confidentiality of treatment and its impact on their career were commonly chosen institutional/cultural barriers

For Those Who Desired But Did Not Receive Treatment, Some Reported Barriers Differed Across Duty Status



Response of retired, AD, and RC Airmen differed only with regard to these three treatment barriers.

Civilian Providers Were More Commonly Preferred by AD Airmen



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Airmen Who Were AD, Unmarried, and Concerned About Confidentiality Had Higher Odds of Preferring Civilian Providers

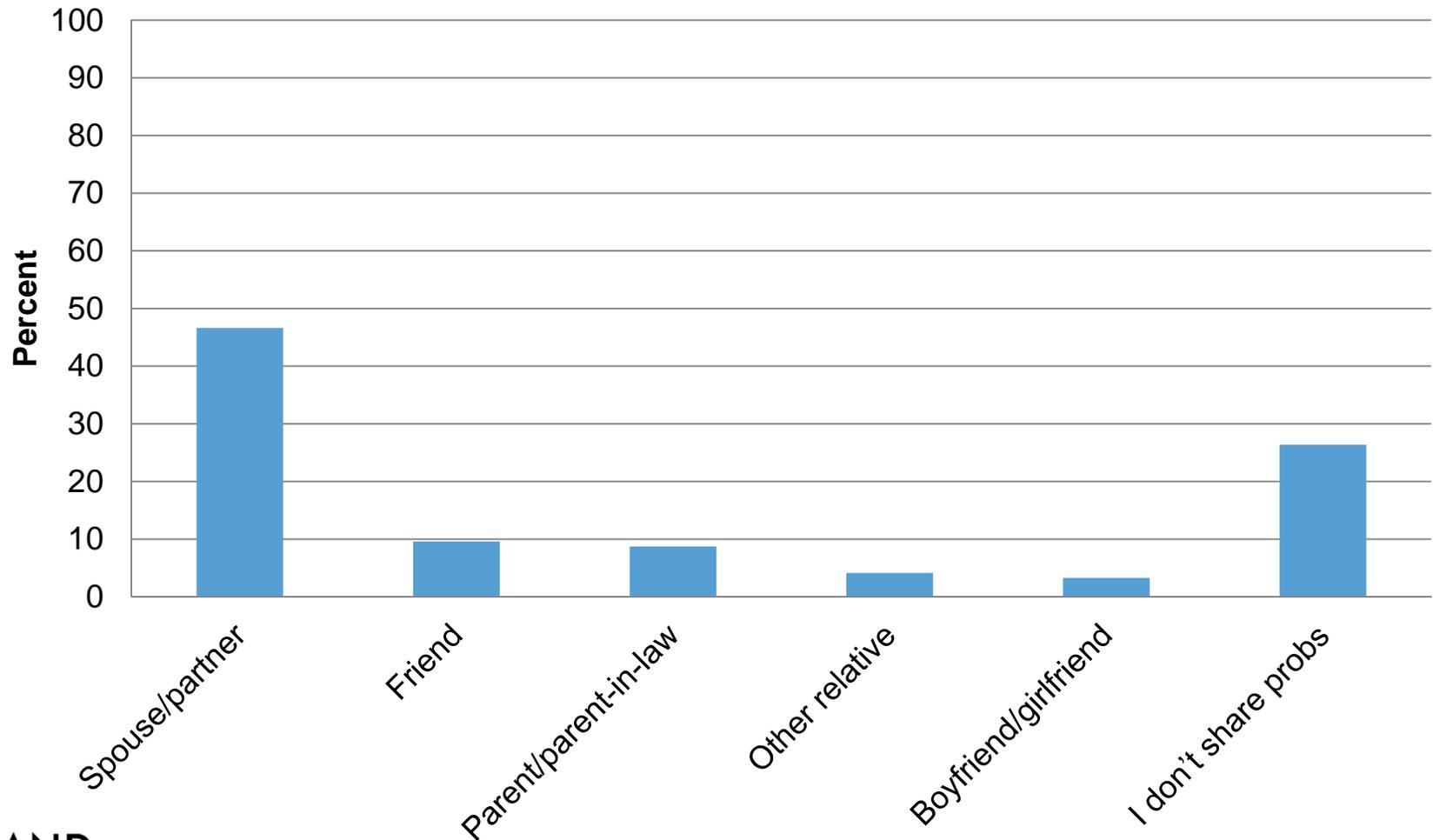
Preference for civilian provider (n = 459)	Odds Ratio	95% CI LL	95% CI UL
Active AF (compare to retired)	2.35*	1.47	3.77
Reserve and Guard (compare to retired)	NS		
Officer	NS		
Male	NS		
Married	.61*	.40	.93
Not knowing where to get help	NS		
Concerns about treatment confidentiality	2.60*	1.53	4.44
Concerns others would respect me less	NS		
Concerns that professional help could harm career	NS		
Belief that MH treatments available are not very good	1.58†	1.00	2.50

*p < .05. † = .05. NS=not significant

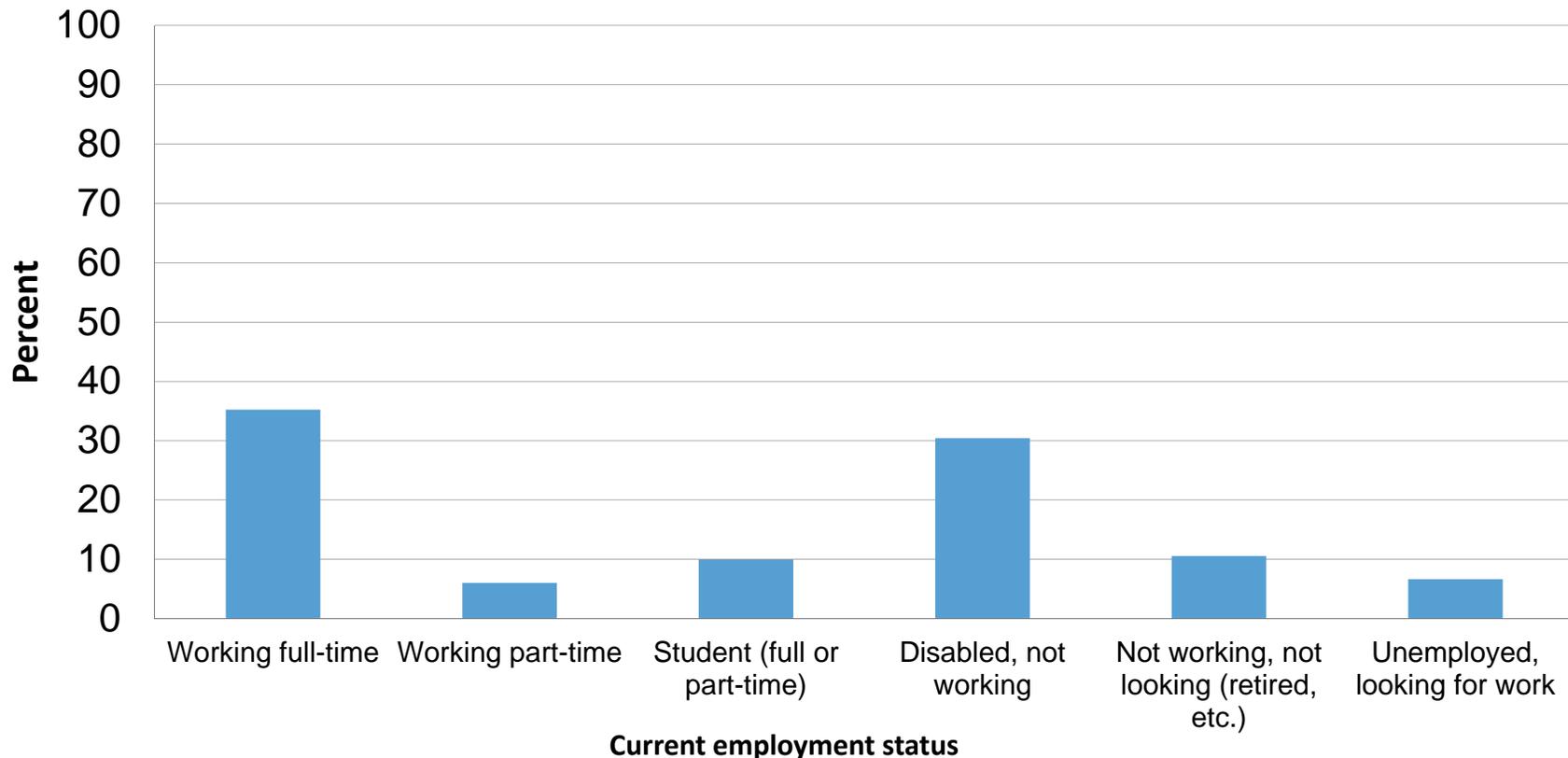
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Spouses Were Most Commonly Identified As Primary Supporters (People Who Help Most With Problems); However, About 25% of Airmen Do Not Share Their Problems with Anyone



About 35% of the non-AD Respondents Were Working Full Time



- **Based on the Bureau of Labor Statistics' U3 measure of unemployment, nearly 14% of Airmen were unemployed (excluding AD, n=332)**
 - **U3 definition *does not include those no longer seeking employment***

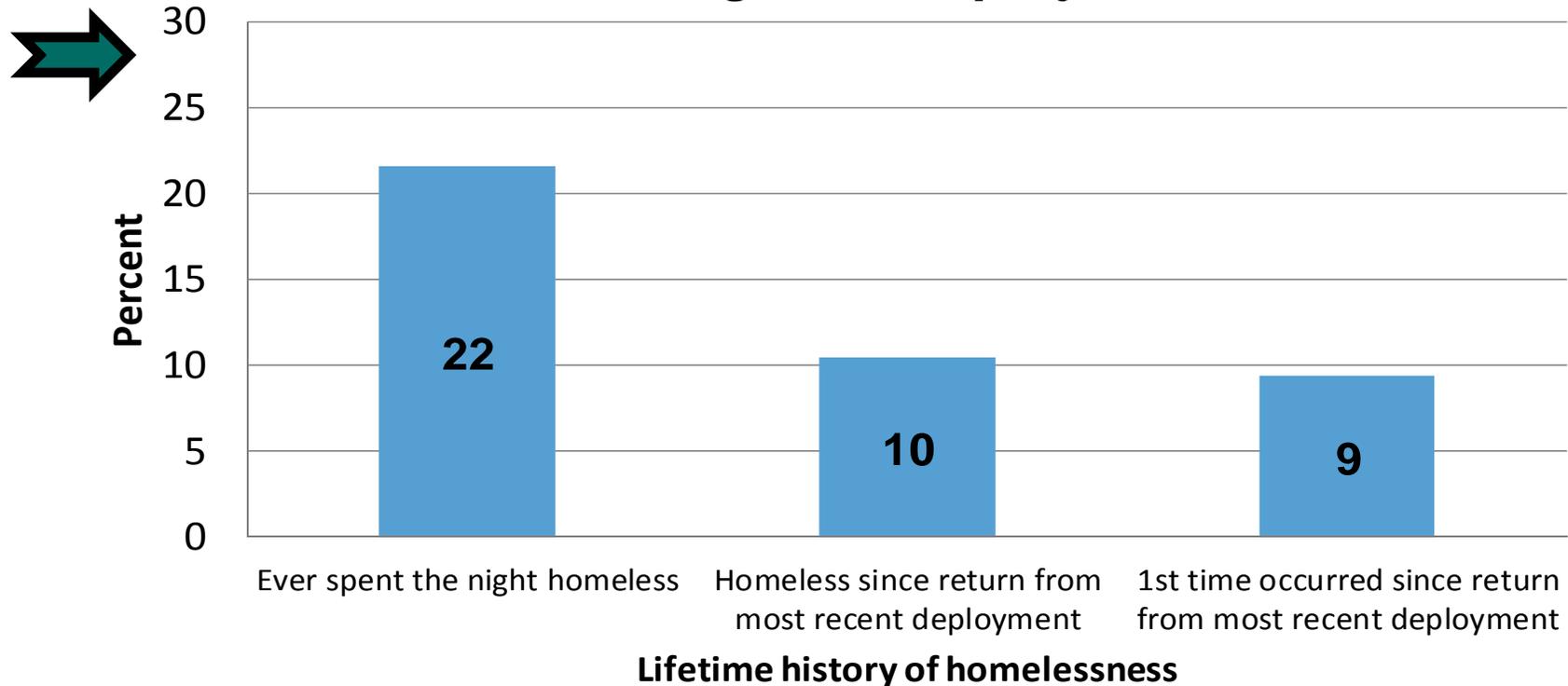
Concerns About Needed Qualifications, Skills, or Abilities Were Common Among Disabled/Not Working and Unemployed/Looking

Perceived employment barrier (N=123)	%
Not physically capable	69
No one will hire me due to my injury/disability	59
Feel uncomfortable/anxious thinking about working in civ context	58
Feel behind compared to civ peers due to deployments	41
Lack confidence in myself and my abilities	42
Don't have tools or knowledge to translate mil skills to civ	26
Not qualified/lack education	19
Not qualified/lack work history	11
Would lose financial benefits	30
Available jobs don't pay enough	25
Would lose medical benefits	20
Don't know about available jobs	24
Pursuing education	18
Family prefers I stay home	19
Don't have good transportation	10

We Also Asked About Lifetime and Recent History of Homelessness

- We started this section with a screener item for lifetime history of homelessness:
 - Have you **ever spent the night** in any of the following places during your lifetime **because you had no regular place to stay**, like your own house, apartment, or room (including military housing), or in the home of a family member or friend?
 - (1) a transitional shelter or program, (2) a homeless shelter, (3) in a chapel or church (but not a bed), (4) in an all-night theater or other indoor public place, (5) an abandoned building, (6) a car or vehicle, or (7) the street/other outdoor place.
 - If they said **yes**, we asked them how recently and compared to deployment return date
- We then asked about past 6 months
 - Options included:
 - Their own home; a partner's home;
 - The home of a family member; the home of a friend; a self-paid hotel or motel room; a partner-paid hotel or motel room; a family or friend paid hotel or motel room; a residential alcohol or drug detox program; a psychiatric or drug treatment inpatient facility; a hospital; a jail or prison;
 - A transitional shelter; a hotel or motel room paid for with a voucher; a boarding, transition or halfway house; a mission or shelter; a church or chapel; an all-night theater or similar; an abandoned building; a vehicle; or the street.

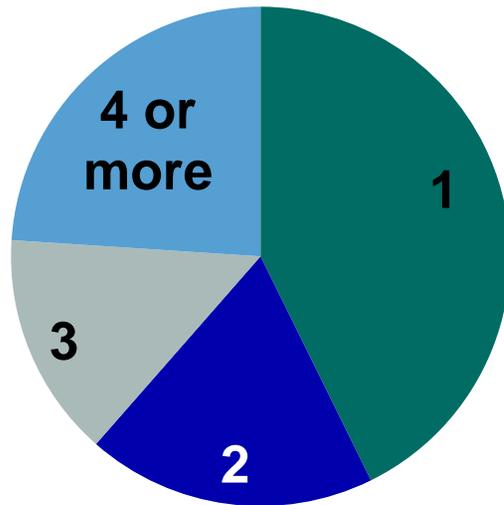
About 20% Have Spent the Night Homeless at Some Point in Their Lives – for Nearly Half of These Airmen, the First Time Was After Returning from Deployment



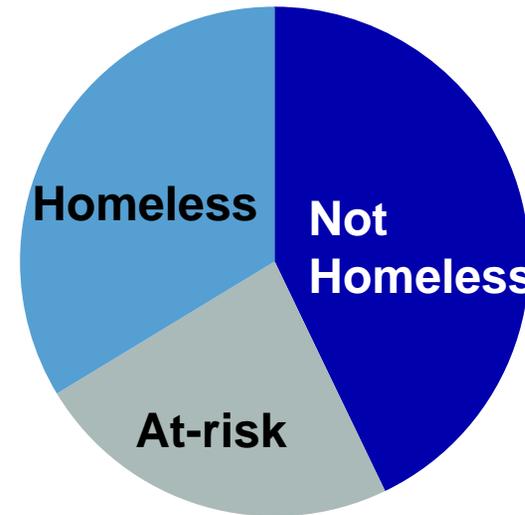
They reported spending the night in one of the following due to **no reg. place to stay**: (1) a transitional shelter or program, (2) a homeless shelter, (3) in a chapel or church (but not a bed), (4) in an all-night theater or other indoor public place, (5) an abandoned building, (6) a car or vehicle, or (7) the street/other outdoor place.

May not match “prototype” of homelessness, but is an indicator of risk

Among 99 Airmen with a History of Homelessness, a Third Reported Being Homeless in the Past 6 Months (7% of n=459)



Number of different places of residence in past 6 months



Housing situation over past 6 months

- On average, about 31 days (SD=49) were spent homeless in the past 6 months.
- Only 18% of these Airmen self-identified as homeless.

Only the 99 Airmen with a lifetime history of homelessness were asked more detailed questions about their housing situation.

Air Force Wounded Warrior Enrollees Are Facing A Variety of Reintegration Challenges

- **Injuries:** Mental health is a concern for the majority
- **Social support:** Roughly 25% of Airmen surveyed reported not having a primary supporter (person who most often helps you deal with problems)
 - Does not vary by duty status
- **Homelessness:** Roughly 10% of Airmen surveyed reported having spent a night homeless since returning from their last deployment
 - Does not vary by duty status
- **Unemployment:** Nearly 14% of Airmen surveyed were unemployed per U3 measure

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Recommendations

- **Nearly half of Airmen with unmet treatment needs sometime in the past year perceive that mental health treatments available to them are not very good**
 - **Inform Airmen about quality of care available to them**
 - **Collect and publicize data on the quality of care implemented in MTFs**
 - **Tell them where high-quality treatment can be obtained and what it looks like**
 - **Let them know that medication is not the sole therapy mode; this would help alleviate concerns about negative side effects**

Recommendations, cont.

- **Over one-half of Airmen with unmet treatment needs sometime in the past year reported concerns about treatment confidentiality**
 - **Future research should identify the settings in which this is a barrier**
 - **Emphasize and enhance confidential treatment options**
- **Nearly one-half of Airmen with unmet treatment needs sometime in the past year reported difficulty scheduling an appointment**
 - **Case managers might be able to help address scheduling difficulties**
 - **Future research should identify causes of scheduling difficulties and potential solutions to address them**

Recommendations, cont.

- **Perceived employment barriers include lack of knowledge regarding jobs and skills transition**
 - **Offered employment assistance should focus on individual skill sets and their translation to new contexts (DoD, VA)**
- **Ongoing program evaluation is needed**
 - **Take a long-term assessment approach (there are no quick fixes)**
 - **Collect multiple types of data to triangulate**
 - **AF should collect data about referrals, providers, and quality of care**
 - **When possible, use evidence base to focus feedback to solicit**

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Next Steps: Tracking Change in Current Outcomes and Developing New Survey Content

- **We will be contacting about 1100 airmen**
 - **Approximately 600 from baseline wave cohort**
 - **Approximately 500 new enrollees**
- **AFW2 and AFRCC program usage and satisfaction items retained for tracking**
 - **New items developed to assess planned and implemented changes relevant to those with combat-related injuries**
- **Top three experienced mental health barriers will be related to various healthcare providers**
- **Other content trimmed to make room**
- **Continue to assess mental health: It is a pressing need for many, and need will likely vary over time**



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