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Research Brief

Military Service and Men's Health Trajectories in Later Life

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Research Highlights:

- Veterans have better health at the mean age of 66.2 years, but experience greater age-related changes in health than nonveterans.
- Veterans who served during wartime have better health at the mean age, but more age-related changes in health than men who did not serve during wartime
- Among war veterans, Vietnam veterans are in poorer health at the mean age, but they experience less substantial age-related health changes than men who served during previous wars.

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Abstract:

Objectives. This study examines differences in the relationship between veteran status and men's trajectories of health conditions, activities of daily living limitations, and self-rated health.

Methods. We use data on 12,631 men drawn from the 1992 – 2006 waves of the Health and Retirement Study to estimate growth curve models that examine differences in health trajectories between nonveterans and veterans, veterans with and without wartime service, and war service veterans who served during World War II, Korea, Vietnam, and multiple wars.

Results. The results indicate that veterans have better health at the mean age of 66.2 years, but experience greater age-related changes in health than nonveterans. Similarly, men who served during wartime have better health at the mean age,

but more age-related changes in health than men who did not serve during wartime. Among war veterans, Vietnam veterans are in poorer health at the mean age, but they experience less substantial age-related health changes than men who served during previous wars.

Discussion. Although veterans experience better health relative to nonveterans around retirement age, they have poorer health than nonveterans among the oldest old. These findings inform our understanding of the veteran – nonveteran health mortality paradox found in previous research and suggest a health crossover among veterans and nonveterans in later life.”

Implications

For Practice

“Overall, veterans seem to experience better health relative to nonveterans around retirement age, but decline more rapidly over time, such that veterans have poorer health than nonveterans among the oldest old. These trends are particularly noticeable among veterans with wartime service overall and veterans from WWII and Korea in particular”. This finding confirms the veteran-nonveteran health-mortality paradox. If this study result is robust, then one practical implication of this research is that veterans, especially men, reaching their retirement age should be cautious about their health status. For those who participated in wartime service and those returned from WWII and Korea, they should pay special attention to their health conditions after a certain age. For example, conducting annual/monthly physical examination might be helpful for them to discover their potential health risks. Veterans mentioned above should also seek health insurance better fitting their special health needs and make good use of their health care benefits. Another implication might be that their family members, especially spouse and children, should be aware of this trend and provide corresponding support to the veterans in their families. However, needs for and use of benefits may vary over the life course and across different individuals.

For Policy

Participation in the military is an often overlooked early-adulthood experience that has the potential to shape a range of later-life health and health-related outcomes (Elder, 1986, 1987; London & Wilmoth, 2006). Although there is a substantial number of literatures that address the impact of military service on the health of veterans, this study shed new lights on how early life social and institutional factors shape health in later life and how men's later-life health trajectories vary in relation to military service.

Several implications could be generated in the real policy world based on these findings. For example, the major conclusion of this research is that veterans have a better health at the mean age of 66.2 years, but experience greater age-related changes in health than nonveterans and this situation is akin to men who served during wartime compared to non-wartime veterans. Accordingly, veteran related policies should underscore the health issue of veterans in their later life and more focus on other issues in their earlier life, such as employment, education and training, and so on. This study underscores that wartime veterans are at a greater risk than non-war veterans of experiencing service-related disability, the effects of which are likely to accumulate over time and manifest most noticeably in later life, which suggests that policies and programs for veterans should provide necessary supports to veterans with service-related disabilities, especially in their late life. Further, veterans report poorer health and higher rates of lung cancer and heart disease than nonveterans, particularly for those served in WWII and the Korean War because of the facilitation of tobacco distribution, which implicates that a special attention should be paid to their lung and heart health.

For Future Research

This research, although offering new insights, is limited to some extent by various constraints. Although this study controlled a number of measures of early-life circumstances that could have affected selection into the military, as well as later life health, future researcher should expand the number of measures to better capture their influence on the analysis model. Additionally, it is important to acknowledge that part of the observed variation across men who served during different wars might be due to the age window of observation for the health trajectories in this analysis. The average age of the Vietnam War veterans is substantially lower than the WWII and Korean War veterans. It will be interesting for future research to track these younger veterans as they age to confirm whether they are experiencing health trajectories that differ from those experienced by previous veteran cohorts. Finally, just like other studies which use samples like the HRS, the selective survival problem might generate potential bias for this study because the sample in this analysis represent a select group who survived to older ages. Therefore, developing statistical procedures for correcting this bias by the unobserved heterogeneity is an important direction for future research.

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