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United States Army Reserve/National Guard soldiers' healthcare experiences, attitudes, and preferences: Differences based on deployment status

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ABSTRACT: "Some United States Army Reserve/National Guard (USAR/NG) soldiers have substantial health needs, which may be service-related, but not necessarily resulting from deployment. However, most USAR/NG members need to have been deployed to qualify for Veterans Administration (VA) benefits. Therefore, many USAR/NG soldiers seek care from civilian healthcare providers (HCPs). Using a subset (N = 430 current/former soldiers) of Operation: SAFETY study data, we used regression models to examine differences in healthcare experiences, attitudes, and preferences by deployment status (never-deployed vs. previously-deployed). Final models controlled for age, sex, rank (enlisted vs. officer), military status (current vs. former military), and RAND SF-36 General Health Score. Over 40% of soldiers agreed that civilian HCPs should ask patients about their military service, but never-deployed soldiers were less likely to report being asked about their service (p < 0.05) or how their service affects their health (p < 0.10). Never-deployed soldiers were also less likely to attribute their health concerns to military service (p < 0.001). Although never-deployed soldiers were more likely to prefer receiving physical (p < 0.05) and mental (p < 0.05) healthcare outside of the VA than previouslydeployed soldiers, never-deployed soldiers had low confidence in their HCP's understanding of their needs (49% thought that their civilian HCP did not understand them; 71% did not think that their civilian HCP could address military-related health concerns; 76% thought that their civilian HCP did not understand military culture). Findings demonstrate that although civilian HCPs may be the preferred (and only) choice for never-deployed USAR/NG soldiers, they may need additional support to provide care to this population."

RESEARCH HIGHLIGHTS:

- This study analyzed data collected during Operation: SAFETY to better understand the healthcare preferences of United States Army Reserve/National Guard (USAR/NG) servicemembers ages 18 to 45.
- Researchers found that among 430 USAR/NG servicemembers, the overwhelming majority (83%) reported that their community/private provider has never asked how their military service impacts their health despite 39% of participants indicating that their current health concerns are related to their military service. Additionally, there is no difference between USAR/NG servicemembers who were previously deployed overseas and those who were not in their perception of whether community/private providers can address their military-related health concerns.
- USAR/NG servicemembers do not have the same eligibility criteria for VA health benefits as servicemembers from active components, often making community/private providers their only source of health care. These findings underscore the importance of community/private providers asking servicemembers about their previous deployment experiences and how their military service may be impacting their health.



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Implications

FOR PRACTICE

For practice, these findings underscore the need for military culturally competent community/private providers. Community/private providers should screen all patients for current or past military service. In their screening, providers should be sure to collect relevant details such as deployment history, rank, branch, and length of service. Community/private providers should also engage with the latest military and veteran health research as well as with the resources made available by the VA to ensure they are delivering culturally competent care to USAR/NG servicemembers.

FOR POLICY

For policy, the findings underscore the need expanding access to cultural competence training for providers treating current and former military servicemembers. Policies should consider mandating comprehensive cultural competency training or offering continuing education credits for community care providers participating in the Veterans Community Care Program.

FOR FUTURE RESEARCH

The study suggests exploring the healthcare experiences, attitudes, and preferences USAR/NG servicemembers at the national level. Thus, further research should also investigate differences between previously deployed and not previously deployed USAR/NG soldiers outside of NYS. Additionally, future research should examine why community/private providers do not ask servicemembers about their military experience, especially as it pertains to their health. This research could be qualitative, including interviews or focus groups with providers, to better understand the barriers in place to screening patients for military service.

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