

The Veterans Metrics Initiative Study



A NOVEL APPROACH TO THE STUDY OF VETERAN REINTEGRATION

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Poll Question #1



- What is your primary role in VA?
 - Student, trainee, or fellow
 - Clinician
 - Researcher
 - Administrator, manager or policy-maker
 - Other

Poll Question #2



- Are you familiar with the Veterans Metrics Initiative Study?
 - Yes
 - No

Goals of Presentation



- Overview the Veterans Metrics Initiative (TVMI) study of veterans' well-being throughout military-to-civilian transition
- Describe multidimensional approach to assessing Veterans' well-being
- Summarize preliminary findings on Veterans' well-being from first TVMI study assessment

The Veterans Metrics Initiative (TVMI)



What is the TVMI Study?

- Public-private research partnership brought together by Henry Jackson Foundation
 - funding from both public and private sectors
 - collaborators from VA, DoD, university, and private industry
 - multi-sector data collection strategy
- Focus on measuring what works to improve Veterans' post-military readjustment

Funding Sources



May and Stanley Smith
Charitable Trust



Marge and Phil Odeen



THE HEINZ ENDOWMENTS
HOWARD HEINZ ENDOWMENT • VIRA I. HEINZ ENDOWMENT



Study Team

TVMI Study Team

- John Boyle (ICF International)
- Laurel Copeland (VA)
- Erin Finley (VA)
- Daniel Perkins (Penn State)
- (formerly) Bill Skimmyhorn (DoD; West Point)
- Dawne Vogt (VA)



Henry Jackson Foundation

- Chris Jamieson
- Cynthia Gilman
- Jackie Vandermeersch



VA Boston Study Team - Other

- Emily Bramande
- Yael Nillni
- Emily Taverna
- Fanita Tyrell

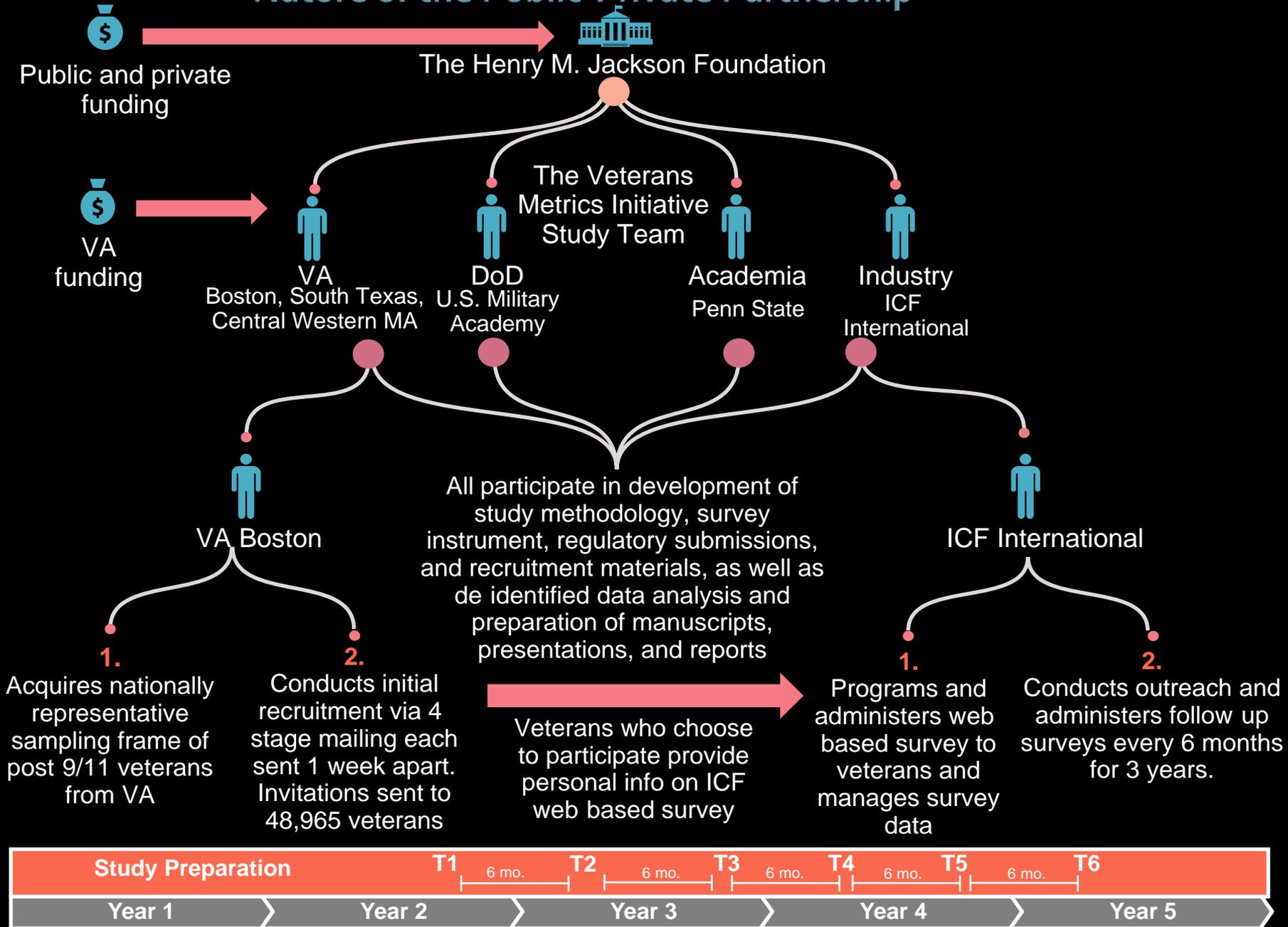


The Veterans Metrics Initiative Study



- Three primary aims:
 - 1) Document veterans' well-being throughout the military-to-civilian transition and identify factors that predict well-being
 - 2) Describe the programs and services Veterans use
 - 3) Identify program components associated with veteran well-being

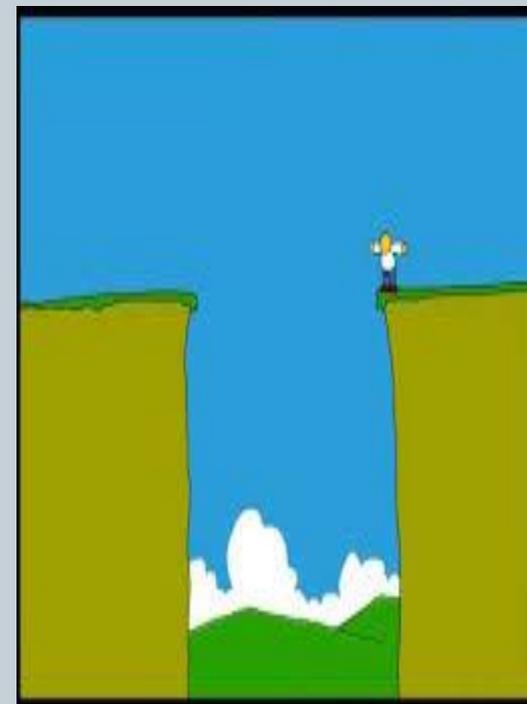
Nature of the Public-Private Partnership



Existing Knowledge Gaps



- Lack of longitudinal research on Veterans' well-being throughout military-to-civilian transition
- Limited focus on veterans' broader life experiences
- No research examining common program components that are helpful to veterans



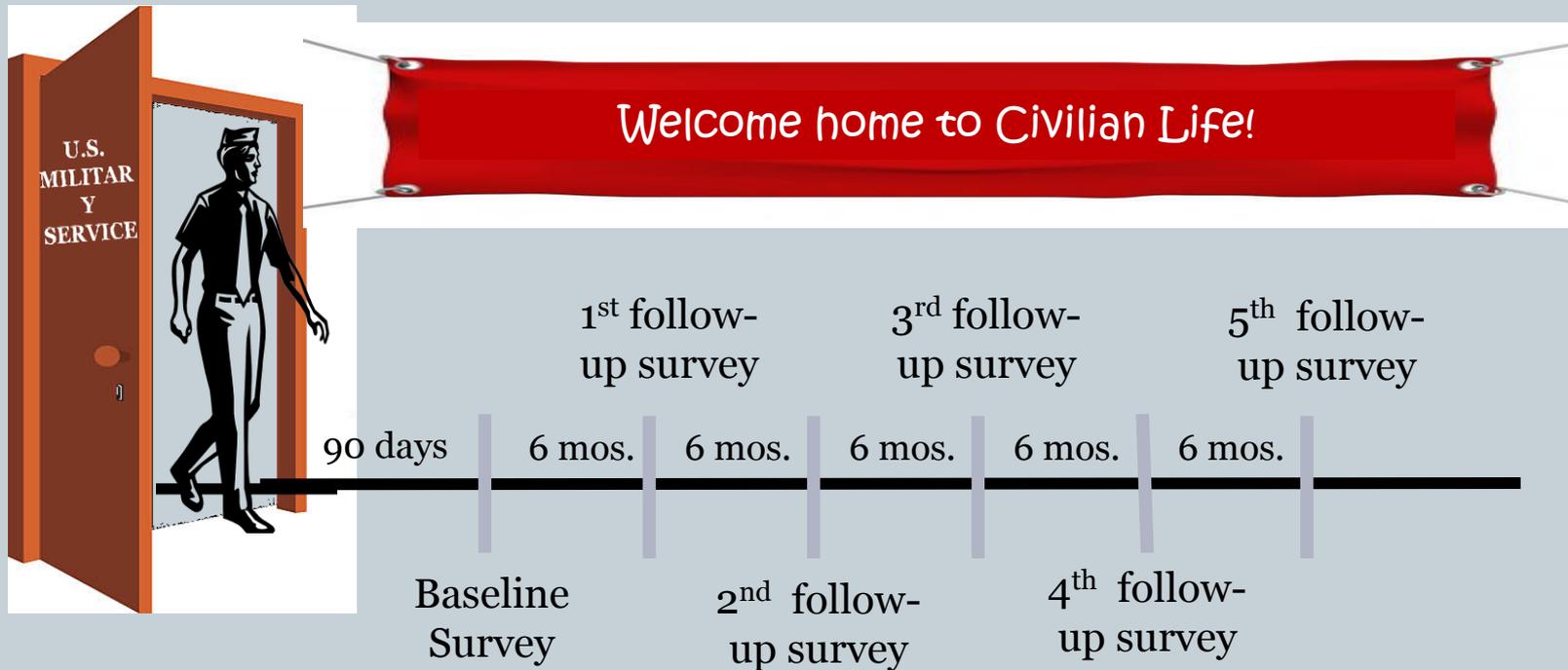
Why Expand Focus beyond Health?



- We already know a lot about Veterans' post-military health, especially their psychopathology
- Many Veterans don't experience health problems but are not necessarily thriving
- Veterans with health problems may experience well-being in other life domains
- Veterans often report concerns beyond their health

The Veterans Metrics Initiative Study

- Longitudinal study of the military-to-civilian transition of approximately 10,000 recently separated male and female service members.



TVMI Study Measures

Demographic & military characteristics	<ul style="list-style-type: none"> • Gender • Age • Race and ethnicity • Branch of service and active vs. NGR status • Deployment history • Military Role • Years of Military Service • Rank/Paygrade at discharge • Discharge type • Military/veteran spouse
Trauma exposure & chronic stress	<ul style="list-style-type: none"> • Lifetime trauma exposure question (Prins et al. 2003) • Modified DRRI-2 Warfare Exposure Scale (Vogt et al., 2013) • Primary care MST screen (VA) • Moral Injury (Nash et al., 2013) • Chronic Stress Measure (Vogt et al., in prep)
Social support & resilience	<ul style="list-style-type: none"> • Modified Medical Outcomes Study Social Support Survey (Moser et al. 2012) • Brief Resilience Scale (Smith et al., 2008)
Well-being	<ul style="list-style-type: none"> • Well-Being Inventory (Vogt et al., 2018)
Other health outcomes	<ul style="list-style-type: none"> • PTSD Screen for Primary Care (Prins et al. 2003); abbreviated PCL-5 (Price et al., 2016) • Depression (PHQ-4; PHQ-9) & Anxiety (PHQ-4) (Kroenke et al., 2007) • AUDIT-C for alcohol misuse (Bradley et al., 2007) • Brief Traumatic Brain Injury Screen (Schwab et al., 2006)
Program use	<ul style="list-style-type: none"> • Reproductive health (Nillni et al., 2017) • Program questions developed for study (Perkins, 2017)

Multidimensional Assessment of Well-Being



Well-Being Inventory

Multidimensional Assessment Tool



Background on WBI Development

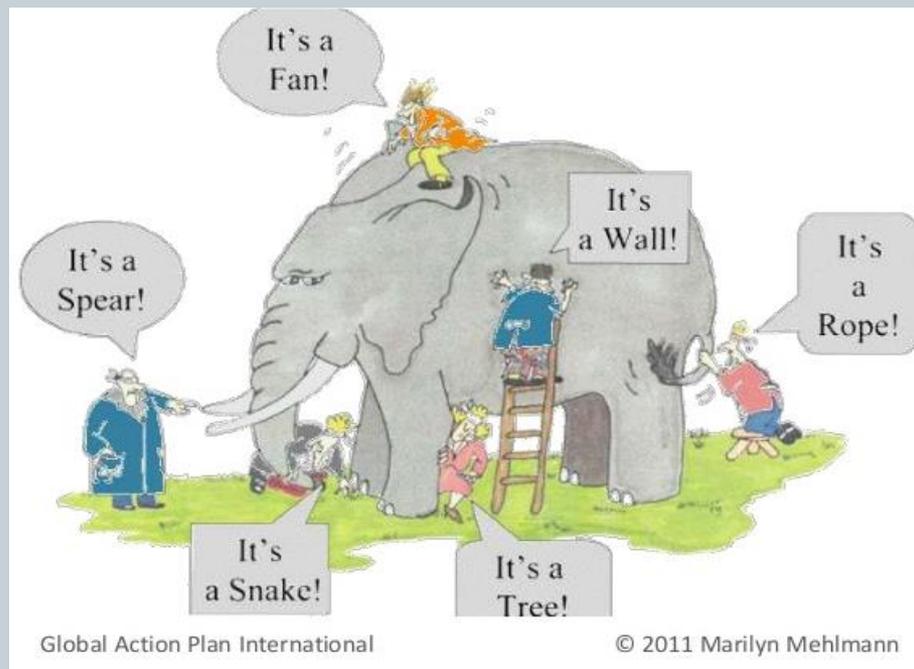


- Aim 1 of TVMI was to measure the extent to which Veterans do well after they separate from military service
- Our first task was to define what we meant by well-being, that is, how do we define “a life well-lived”?



Defining Well-Being

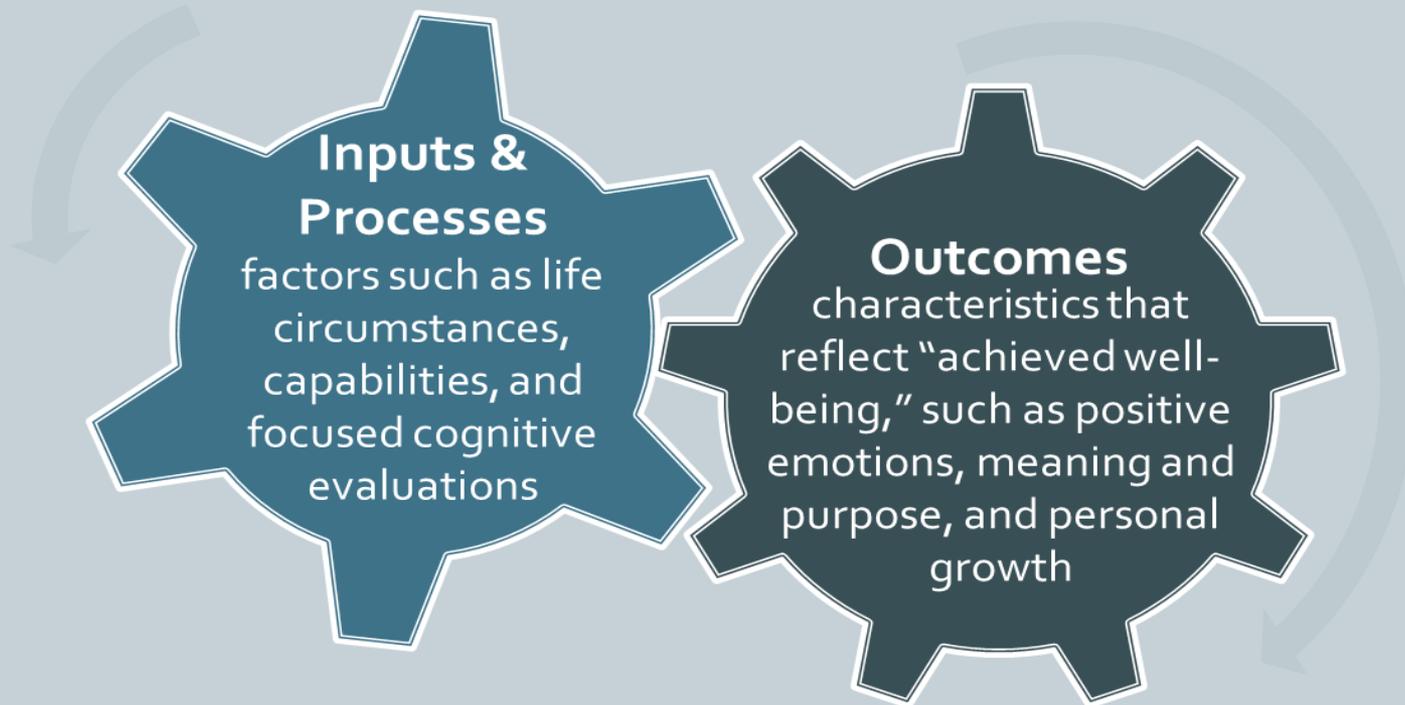
- Recent review of well-being measures reveals little to no consensus in what aspects of well-being are addressed ¹



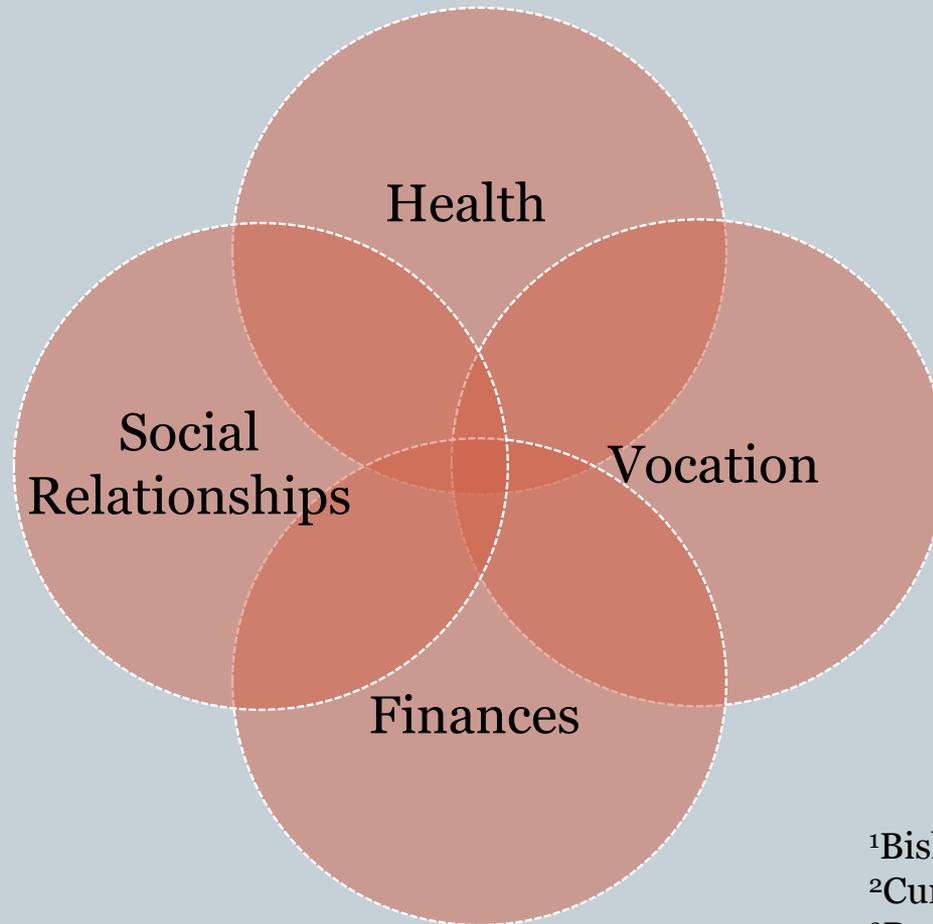
¹Cooke, Mechert, & Connor, 2016

Measurement of Well-Being

- How scholars approach measurement of well-being depends on whether they focus on causes or outcomes¹



Consensus on Well-Being Domains



¹Bishop, Miller, & Chapin, 2008

²Cummins, 1997

³Berglass & Harrell, 2012

Dimensions of Well-Being



- Gladis and colleagues' suggested it is important to address:
 - Status - objective life experiences
 - Functioning - behaviors that reflect higher/lower well-being in different life roles
 - Satisfaction - subjective experience of life experiences

Well-Being Conceptualization

Status:
Objective experience/
role status

Functioning:
Behaviors that reflect
higher/lower well-
being

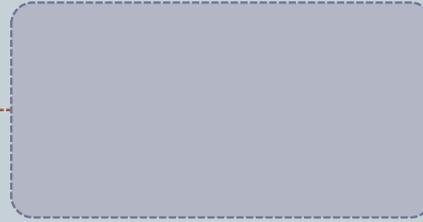
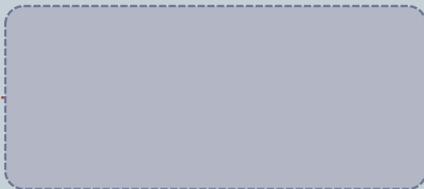
Satisfaction:
Subjective experience
of life domain

Vocation

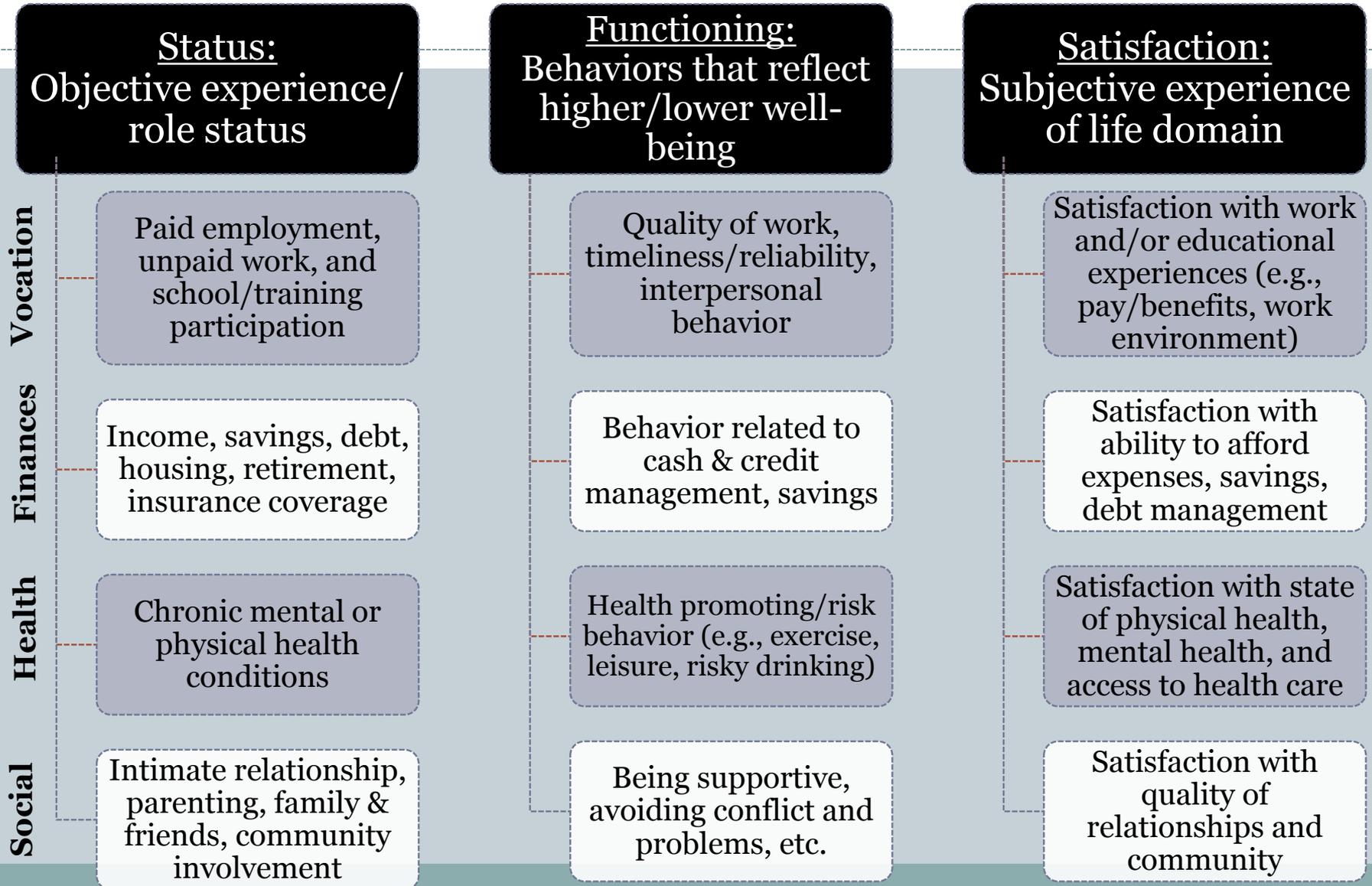
Finances

Health

Social



Operational Definitions



Existing Well-Being Measures



Focus mainly on the health domain - neglects other life domains

Intended for clinical samples and/or to address functional impact of health conditions

Don't capture both objective and subjective aspects of well-being

Don't allow separate scoring of different well-being components

Not easily accessible, complicated to score, and/or not rigorously validated

Limitations of Existing Measures

The Well-Being Inventory is Born

23

- We concluded that no existing measure met our need
- The Well-Being Inventory was born!



Weighing Pros and Cons



Only validated in
Veterans to date

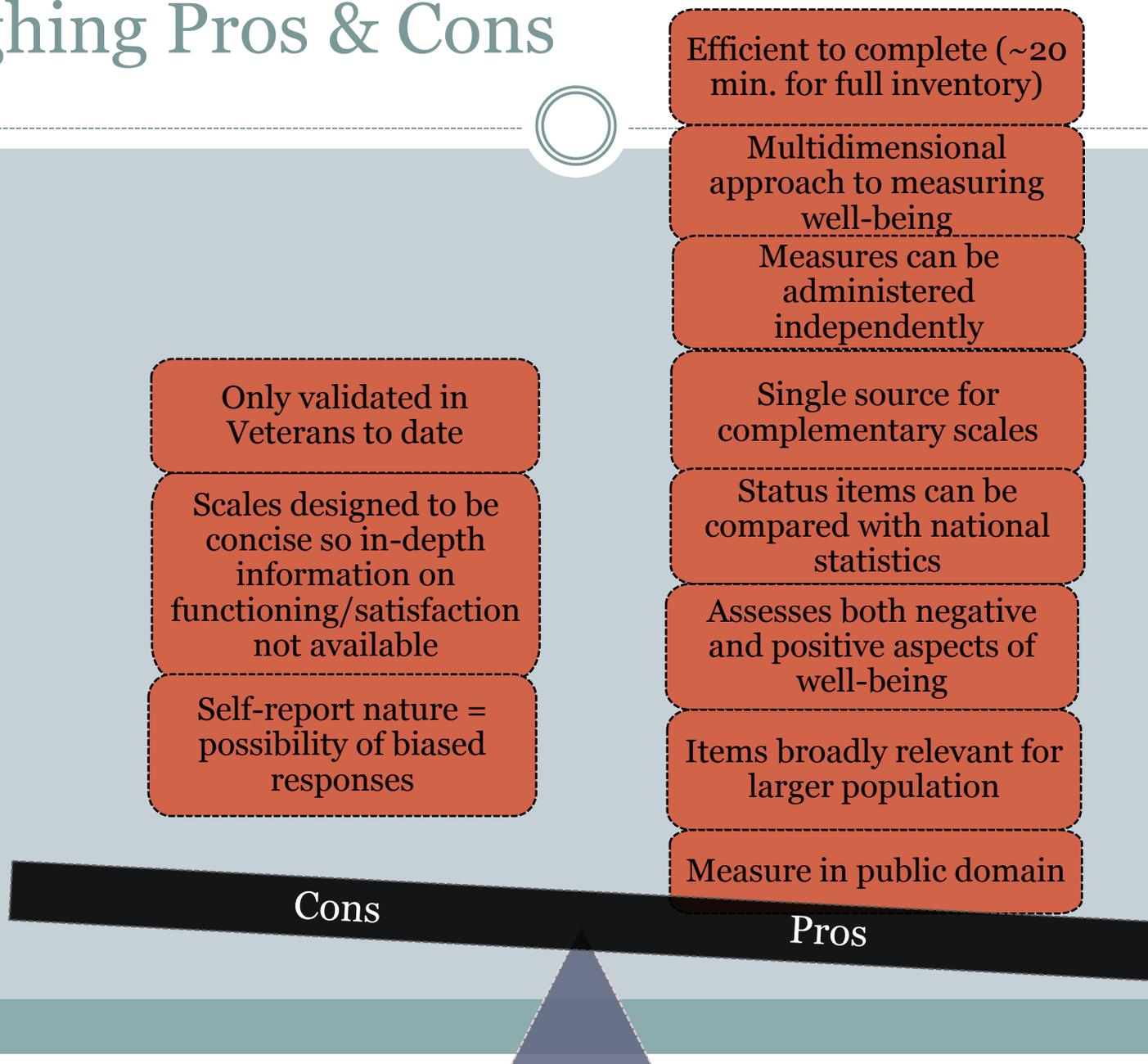
Scales designed to be
concise so in-depth
information on
functioning/satisfaction
not available

Self-report nature =
possibility of biased
responses

Cons

Pros

Weighing Pros & Cons



Research Applications of the Well-Being Inventory

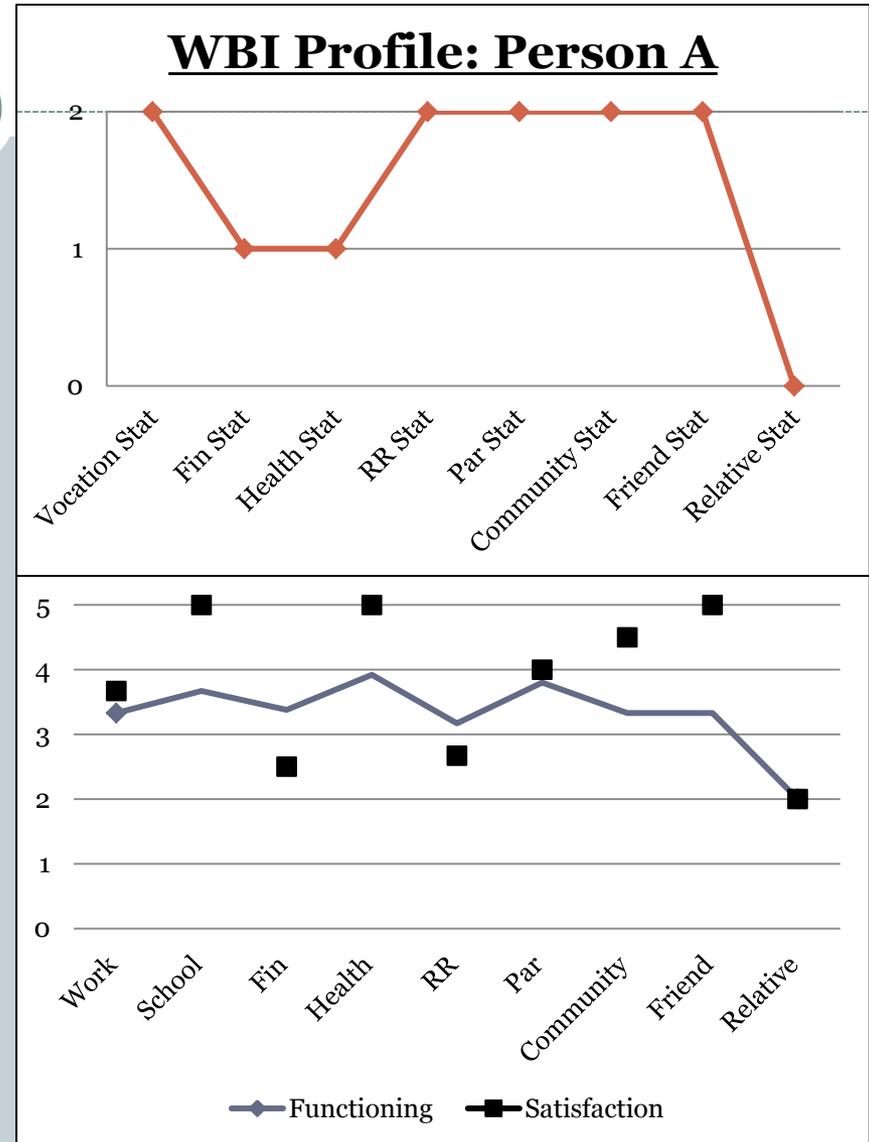


- VA Transition Assistance Program (TAP) long-term outcomes assessment
- Adopted for an Outcome Measurement Framework being developed for the UK Ministry of Defence Armed Forces Covenant Team
 - This framework will inform data collected for studies funded by the Covenant team
- Coming Home from Afghanistan and Iraq (CHAI) Study
- Other Research Applications?

Program Referral?

Development of a well-being profile that may be used to guide targeted referrals to relevant programs and services.

Development is currently underway.



Preliminary Findings from TVMI Study: How do Veterans Fare as they Separate from Military Service?



Current Aims



- **Study Aim 1:**
 - 1) Document the well-being of veterans as they transition from military service
 - 2) Identify demographic, military, and health-related factors that predict higher or lower well-being upon separation from military service

TVMI Study Methodology



- 48,965 Veterans invited to participate in fall of 2016
 - 4,682 had non-deliverable addresses
 - 2 were deceased
 - 545 sent back opt-out postcards
 - 10,829 participated (24% response rate)
- 9,566 completed the full web-based survey (22%)

Demographics of Completers

Gender

- 82% male
- 18% female

Race Ethnicity

- 76% White
- 14% Hispanic
- 13% Black
- 5% Asian
- 4% Native American
- 3% other

Rank

- 28% E1-E4
- 30% E5-E6
- 18% E7-E9
- 10% W1-W5 O1-O3
- 14% O4-O10

NGR Participation

- 13% recently deactivated from NGR active status
- 17% continue to serve in NGR

Branch of service

- 39% Army
- 20% Navy
- 25% Air Force
- 16% Marine Corps

Representativeness of Sample



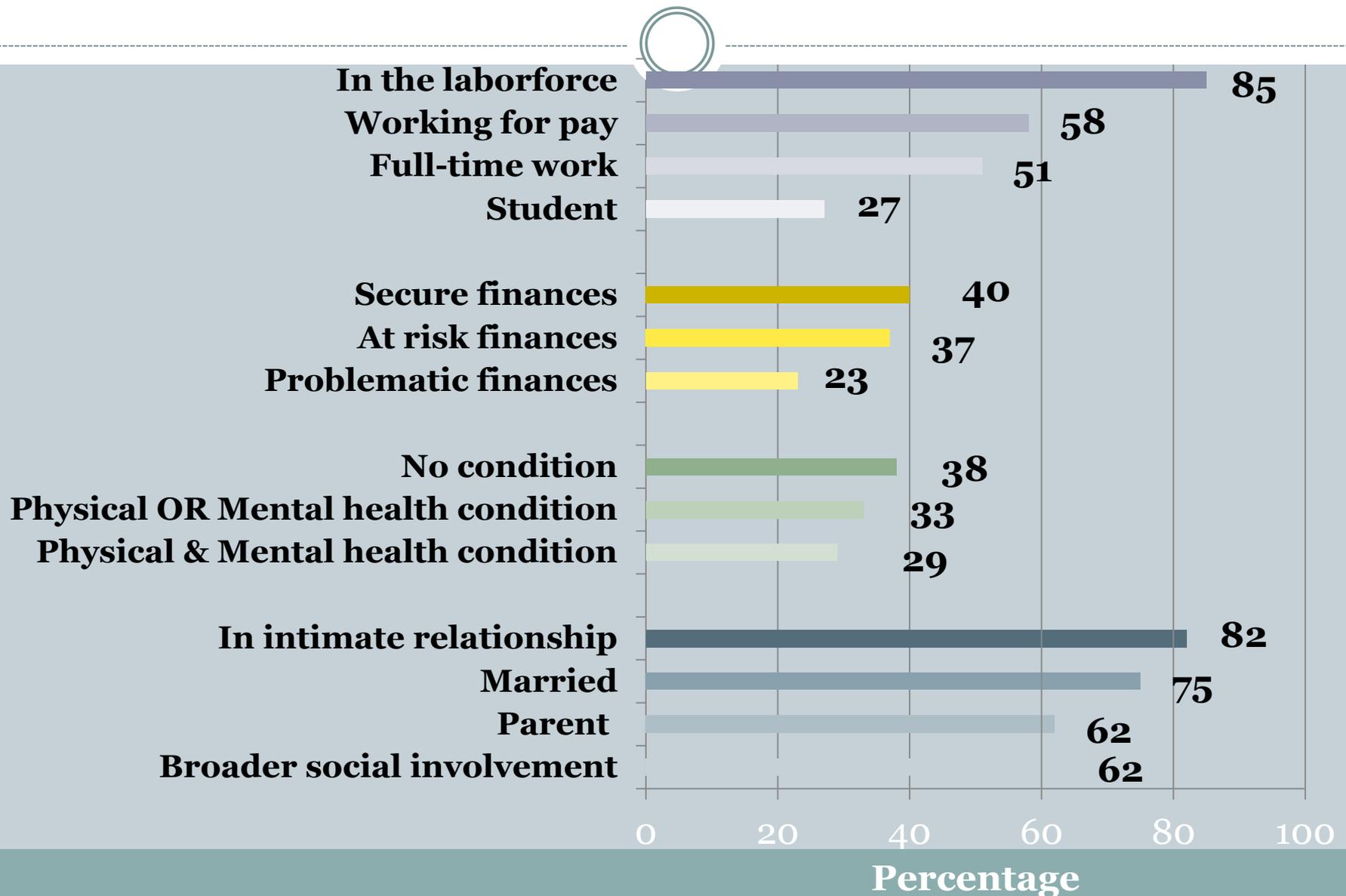
- Baseline sample similar to larger population on most sample characteristics besides enlisted vs. officer status
 - Enlisted personnel somewhat underrepresented
- Will apply nonresponse bias weights to adjust for differences

Analyses



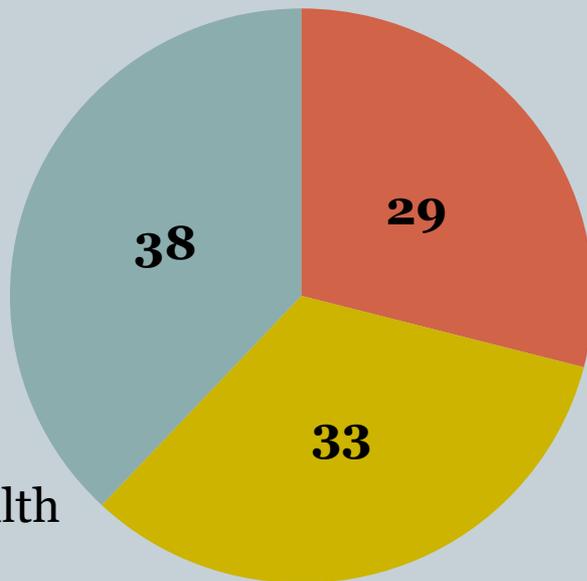
- Proportions and average item scores computed for WBI measures
- Group differences identified based on:
 - effect size of .20 for Pearson correlations (r), chi-squares (Phi/Kramer's V), T-tests (t)
 - effect size of .04 for ANOVA tests (eta-squared)

Results: Status Indicators



Results: Status Indicators

Health Status



- Physical & mental health condition
- Physical OR mental health condition
- No condition

57% indicate a chronic physical condition, illness, or disability

34% indicate chronic mental condition, illness, or disability

Common Conditions:

43% report chronic pain

34% report sleep problems

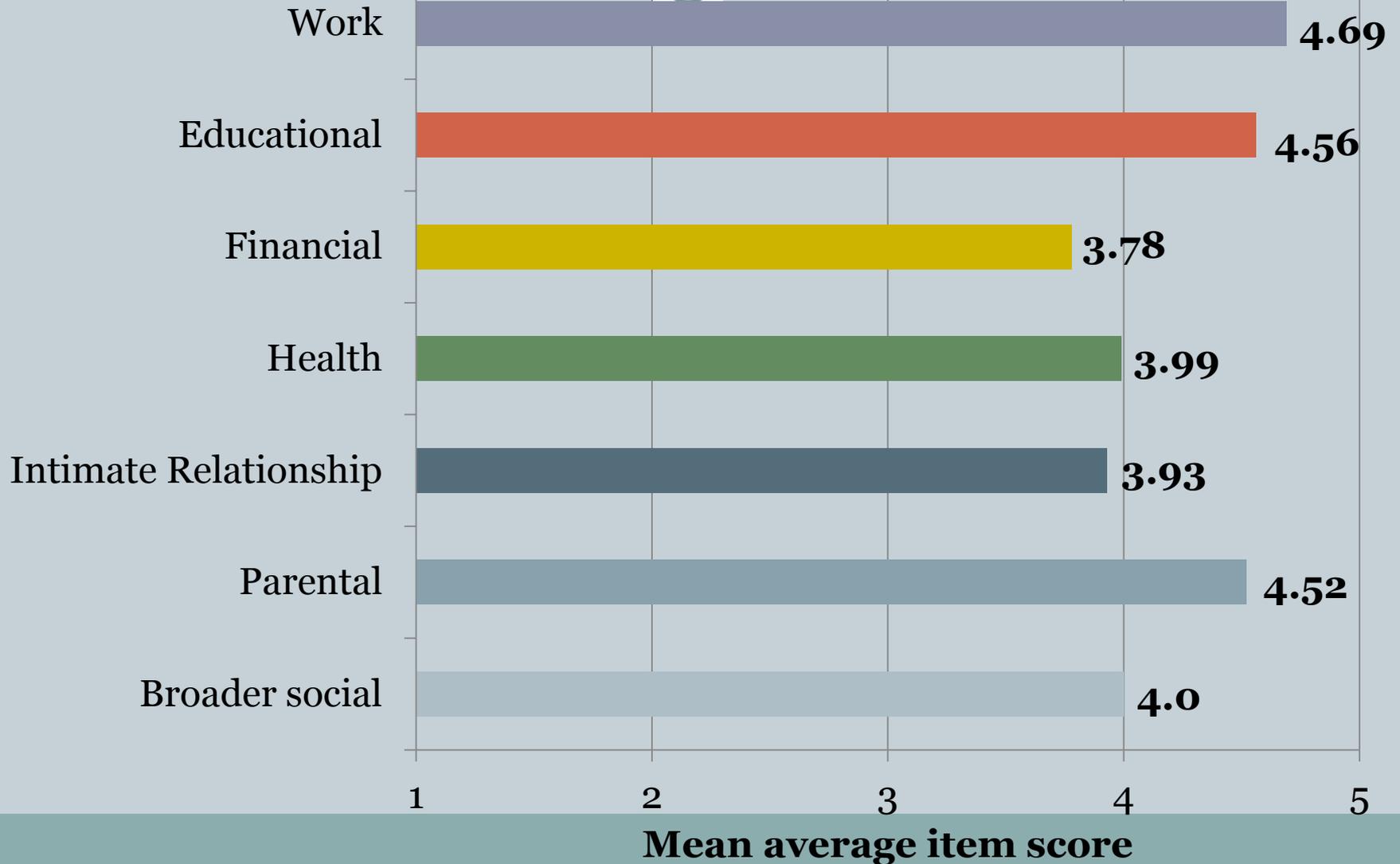
18% screen positive for depression

27% for anxiety

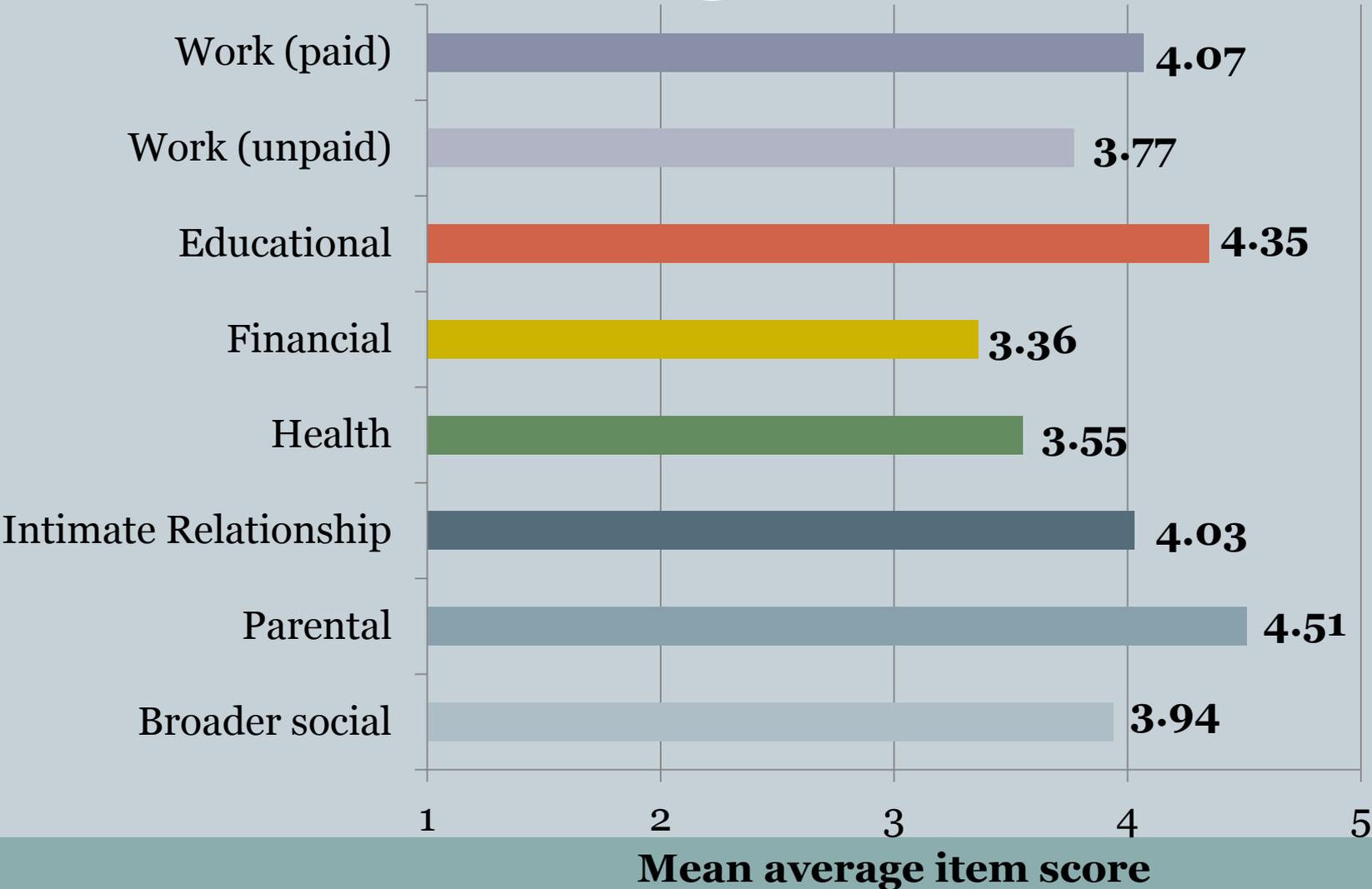
38% for PTSD

35% for alcohol misuse

Results: Functioning Measures



Results: Satisfaction Measures



Results: Demographic Differences



Older Age

- More likely to have a full-time job
- Less likely to be a student
- More likely to be a parent
- More likely to have an ongoing physical health condition

College Education

- Better financial status
- Better financial functioning
- Higher financial satisfaction
- Better health functioning
- More broader social involvement

Results: Military Characteristic Differences



Enlisted (vs. Officer)

- Worse financial status
- Worse financial functioning
- Lower financial satisfaction
- Less broader social involvement
- Worse health functioning

Active Duty (vs. NG/R)

- More physical health problems

Medical/Other than Honorable Discharge

- More mental health problems

Results: Military Experience Differences



Greater Warfare Exposure

- More physical health problems
- More mental health problems
- Lower health satisfaction
- Worse intimate relationship functioning

Results: Health Differences



Chronic Mental Health Problem

- Worse work functioning
- Lower work satisfaction
- More likely to have a physical health condition
- Worse health functioning
- Lower health satisfaction
- Worse intimate relationship functioning
- Worse intimate relationship satisfaction
- Worse parental functioning
- Lower parental satisfaction
- Worse broader social functioning
- Lower broader social satisfaction
- Worse financial status
- Worse financial functioning
- Lower financial satisfaction

Results: Health Differences



Chronic Physical Health Problem

- More likely to have a mental health problem
- Lower health satisfaction
- Worse intimate relationship functioning

Results: Sub-group Differences



No substantial group differences based on:

- Race/ethnicity minority status
- Gender
- Branch of service
- Intimate relationship status
- Military sexual trauma exposure

Conclusions



- Veterans experience relatively high initial well-being in many important life domains as they transition, including employment
- Areas where Veterans may need more support:
 - Finances
 - Managing mental and physical health conditions
 - Intimate relationship functioning/broader social involvement

Conclusions



- Most consistent predictors of reduced post-transition well-being are having chronic mental health problems and having been enlisted
- Veteran well-being looks fairly similar across many other background characteristics at initial separation, but paths may diverge over time

Future Directions for Aim 1



- 1) Examine how well-being evolves over the course of transition
- 2) Examine whether there are subgroups of veterans who do better or worse over time (e.g., gender differences)
- 3) Examine other factors that may impact well-being, including program use and internal (e.g., resilience) and external (e.g., social support) resources
- 4) In-depth investigation of impact of stress and trauma on different domains of well-being

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Questions/Comments?



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