

2022 ANNUAL WARRIOR SURVEY

KEY TOPIC FACT SHEET: ACCESS TO CARE

Data from the Annual Warrior Survey (AWS) is representative of the 165,967 wounded warriors who were registered with Wounded Warrior Project® (WWP) as of April 2022 — referred to as “WWP warriors” throughout this document.



★ HEALTH CARE COVERAGE AND PROVIDERS ★

AT A GLANCE:

WWP WARRIORS WHO USE NON-VA (ONLY) PROVIDERS FOR PRIMARY CARE

AGE: 50% of WWP warriors who use non-VA (only) providers are between the ages 35-44.

SEX: Female WWP warriors are less likely to use non-VA (only) providers for primary care than male WWP warriors.

TIME SINCE LEAVING SERVICE: There is no difference between use of non-VA (only) providers and time since leaving service.

RACE: White WWP warriors are more likely to use non-VA (only) providers for primary care than other races.

EDUCATION: WWP warriors with a bachelor's degree or higher are more likely to use non-VA (only) providers for primary care than WWP warriors with less than a bachelor's degree.

RURAL WARRIORS: Rural WWP warriors are less likely to use non-VA (only) providers for primary care than WWP warriors living in more urban settings.

TOP FIVE HEALTH CARE COVERAGE TYPES REPORTED BY WWP WARRIORS

91% VA health care

52% TRICARE or other military health care

31% Employment based coverage

12% Medicare

9% Medicaid

WHERE WWP WARRIORS RECEIVE PRIMARY CARE

59% VA-only providers (VA Medical Centers and VA community-based outpatient clinics)

15% Non-VA (only) providers

3% Community care only

23% Other (multiple care providers reported or no care providers reported)

AT A GLANCE:

WWP WARRIORS WHO USE VA (ONLY) PROVIDERS FOR PRIMARY CARE

AGE: 44% of WWP warriors who use VA (only) providers are between the ages 35-44.

SEX: There is no difference between sex and the likelihood of using VA (only) providers for primary care.

TIME SINCE LEAVING SERVICE: WWP warriors who've been out of the service for more than 15 years are more likely to use the VA (only) providers than warriors who have been out of the service for less than five years.

RACE: White WWP warriors are less likely to use VA (only) providers for primary care than other races.

EDUCATION: WWP warriors with a bachelor's degree or higher are less likely to use VA (only) providers for primary care than WWP warriors with less than a bachelor's degree.

RURAL WARRIORS: There is no difference in use of VA (only) providers between WWP warriors living in rural and urban settings.

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HEALTH CARE EXPERIENCES



TOP FIVE IMPORTANT FACTORS WHEN SELECTING A HEALTH CARE PROVIDER

	WWP warriors who use VA (only) providers for primary care (59% of all WWP warriors)	WWP warriors who use non-VA providers (only) for primary care (15% of all WWP warriors)	WWP warriors who use community care (only) for primary care (3% of all WWP warriors)
How quickly you can be seen	91%	94%	92%
Easy to schedule appointments	91%	93%	94%
Provider has a medical license	90%	94%	94%
Provider has medical certification	89%	93%	94%
Provider participates in your insurance plan	(not top 5)	93%	93%
Office location	85%	(not top 5)	(not top 5)



TOP FIVE BARRIERS TO PHYSICAL HEALTH CARE

	WWP warriors who use VA (only) providers for primary care (59% of all WWP warriors)	WWP warriors who use non-VA providers (only) for primary care (15% of all WWP warriors)	WWP warriors who use community care (only) for primary care (3% of all WWP warriors)
Difficulty scheduling appointments with provider	71%	66%	68%
Lack of availability in VA specialty clinics (orthopedics, dental, etc.)	63%	(not top 5)	(not top 5)
Delays or cancellation in treatment	61%	51%	62%
VA requirements made it difficult getting referrals to specialty treatment for your physical problems	57%	(not top 5)	(not top 5)
Personal schedule conflicted with the hours of operation of health care facilities	55%	63%	56%
Did not feel comfortable with existing resources within the DoD or VA	(not top 5)	51%	51%
Concerns about taking time off from work to receive health care for your physical health problem	(not top 5)	47%	(not top 5)
Lack of resources in your geographic area for your physical health care problems	(not top 5)	(not top 5)	52%

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★ HEALTH CARE EXPERIENCES (continued) ★

TOP FIVE REASONS WWP WARRIORS USE NON-VA (ONLY) PROVIDERS FOR PRIMARY CARE

- 86% Easier access to care
- 58% Appointments at more convenient times
- 54% Better quality care
- 47% Provider that you really like and trust
- 38% Dissatisfied with prior experiences with VA care

TOP FIVE BARRIERS TO VA CARE NOW OR IN THE PAST FOR ALL WWP WARRIORS

- 16% There is not enough access to VA health care services and benefits
- 16% The VA is too far away
- 15% VA providers are not sensitive to my needs
- 12% I don't understand my benefits
- 12% The VA hours are inconvenient



HELPFULNESS OF VA IN COORDINATING PRIMARY CARE

	WWP warriors who use VA (only) providers for primary care	WWP warriors who use non-VA (only) providers for primary care	Rural WWP warriors	Urban WWP warriors
Extremely helpful	26%	6%	21%	22%
Very helpful	29%	11%	27%	26%
Somewhat helpful	35%	29%	35%	35%
Not at all helpful	9%	39%	12%	14%
Do not know	2%	15%	5%	4%



TOP FIVE MAIN VA SERVICES RECEIVED THROUGH VA BENEFITS

	WWP warriors living in rural areas	WWP warriors living in urban areas
Regular or routine health care	90%	90%
Prescription medications, eye glasses, hearing aids, or other devices	79%	76%
Mental health care	74%	71%
Specialist health care (e.g., cardiologist, endocrinologist, gastroenterologist)	56%	59%
Dental care	37%	35%

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TELEHEALTH



★ ACCESS AND UTILIZATION OF TELEHEALTH SERVICES

78% of WWP warriors were offered a telehealth appointment in the past 12 months.

Of those who were not offered a telehealth appointment (22%), **64%** would have used it if offered.

87% of WWP warriors used telehealth at least once in the past 12 months for physical health care.

89% of WWP warriors used telehealth at least once in the past 12 months for mental health care.

86% of WWP warriors in rural areas used telehealth at least once in the past 12 months.

89% of WWP warriors in more urban areas used telehealth at least once in the past 12 months.



AT A GLANCE:

WWP WARRIORS WHO HAVE UTILIZED TELEHEALTH SERVICES IN PAST 12 MONTHS

AGE: 50% of WWP warriors who have utilized telehealth services in the past 12 months are between the ages 35-44.

SEX: Female WWP warriors are more likely to have utilized telehealth services than male WWP warriors.

PRIMARY CARE PROVIDER: There is no differences in utilization of telehealth services among different primary care providers.

RACE: There is no difference between race and utilization of telehealth services.

EDUCATION: WWP warriors who have a bachelor's degree or higher are more likely to utilize telehealth services.

RURAL WARRIORS: There is no difference between rural and urban WWP warriors and the utilization of telehealth services.

HOW IS WWP ADDRESSING THIS ISSUE?

WWP ADVOCACY

The Government Affairs team at WWP provides a voice for warriors, family members, and caregivers by highlighting the challenges they face and advocating for change through veteran policies and initiatives. Here are some of our current legislative priorities that support financial well-being through advocacy:

Support VA workforce improvements:

Despite sustained efforts, VA continues to face a workforce shortage and high turnover rates, resulting in longer wait times and disjointed care for veterans. Support policies that allow VA to recruit and retain high quality talent to improve veterans' experience at VA and improve health outcomes.

Improve case coordination services:

While the number of Service members catastrophically injured in service has decreased in recent years, the needs of severely injured Service members and veterans have not diminished over time and will, in many cases, grow. Support policies to help these veterans navigate the health system and promote a broad community effort to address overlapping resources and non-uniform availability of federal, state, and local resources.

Electronic health record and infrastructure modernization:

As VA's health system continues to care for millions of veterans and aspires to serve even more, its information systems and brick-and-mortar facilities must be fully optimized to deliver the best care possible. Congressional oversight of these processes is essential.

Increase support for rural veterans:

Improve the ability of rural veterans to access quality care and receive preventative care by improving access to broadband, increasing accessibility to quality community care, providing innovative health care delivery models, and decreasing IT burdens.

Reduce health care disparities for underserved populations:

Ensure underserved veterans have equitable access to care and preventive care by focusing on social determinants of health, reducing health care disparities, and improving outreach and services to underserved veterans.

Ensure full PACT Act implementation:

Work with Congress and VA to support full implementation of the recently passed Honoring Our PACT Act, the WWP-championed toxic exposure law that represents the largest expansion of veterans' health care and benefits in decades.

For women veterans:

Promote access to gender-specific care:

Continue to improve accessibility and ubiquity of women's health care by increasing resources for essential services, adapting facility operations, and optimizing channels of care like telehealth and the Community Care Network.

Improve care, benefits, and services for veterans with military sexual trauma (MST):

Enact greater coordination across agencies and disciplines to improve awareness, access to benefits, and quality of care for MST survivors. Assist with oversight of new MST laws addressing peer support, claims processing, and medical examinations.

WWP PARTNERSHIPS

WWP believes that no one organization can meet the needs of all wounded, injured, or ill veterans alone. By collaborating with other military and veteran support organizations, we amplify the effects of our efforts. Our investments and unfunded partnerships in the military and veteran community fill gaps in our programs and reinforce our existing efforts. Our current partnerships addressing access to care among veterans include:

- America's Warrior Partnership
- BrainLine
- Code of Support Foundation
- Cohen Veterans Network
- Combined Arms
- EOD Warrior Foundation
- Headstrong
- Hope For The Warriors
- Green Beret Foundation
- Operation Healing Forces
- Navy SEAL Foundation
- U.S.VETS
- Vets' Community Connections