

# 2022 ANNUAL WARRIOR SURVEY

## KEY TOPIC FACT SHEET: LONG-TERM SUPPORT AND INDEPENDENT LIVING



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.



### CHARACTERISTICS OF WWP WARRIORS WHO REQUIRE AID AND ASSISTANCE

Of WWP warriors who reported needing aid and assistance:

#### DEPRESSION\*

72% presented with moderate to severe depressive symptoms.

#### PTSD†

68% presented with PTSD symptoms.

#### SEEKING HELP

78% visited a professional at least once in the past 12 months to help with issues such as stress, emotional, alcohol, drug, or family problems.

#### DRUG ABUSE‡

15% reported using drugs, other than for medical reasons, in the past year.

#### INSTRUMENTAL SUPPORT§

69% reported normal or high levels of instrumental support.

#### TRAUMATIC BRAIN INJURY (TBI)

51% self-reported experiencing TBI as a result of military service.



#### AT A GLANCE:

WWP WARRIORS REQUIRING AID AND ASSISTANCE

**31%** of WWP warriors need aid and assistance from another person due to injuries or health problems.

**49%** of WWP warriors who report needing aid and assistance are not currently receiving that support.

#### THE PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS (PCAFC):

Of WWP warriors who have received aid and assistance (16%), 30% are participating in PCAFC.

**AGE:** WWP warriors aged 35 to 44 years are more likely to report needing aid and assistance when compared to all other age groups.

**SEX:** Male WWP warriors are more likely to report needing aid and assistance than female WWP warriors.

**RURAL WARRIORS:** There is no difference between rural and urban WWP warriors and the likelihood of needing aid and assistance.



### CHARACTERISTICS OF WWP WARRIORS WITH TBI

Of WWP warriors who self-reported experiencing TBI:

#### DEPRESSION\*

65% presented with moderate to severe depressive symptoms.

#### PTSD†

60% presented with PTSD symptoms.

#### SEEKING HELP

72% visited a professional at least once in the past 12 months to help with issues such as stress, emotional, alcohol, drug, or family problems.

#### DRUG ABUSE‡

15% reported using drugs, other than for medical reasons, in the past year.

#### INSTRUMENTAL SUPPORT§

69% reported normal or high levels of instrumental support.

#### FINANCIAL STRAIN

67% reported being unable to make ends meet sometime in the past 12 months.



#### AT A GLANCE:

WWP WARRIORS AND TBI

**37%** of WWP warriors self-reported experiencing TBI as a result of military service.

**RACE:** White WWP warriors are more likely to report experiencing TBI than other races.

**PCAFC:** Of WWP warriors who reported experiencing TBI, 23% are participating in PCAFC.

**AGE:** WWP warriors experiencing TBI are most likely to be in the 35 to 44 age bracket.

**SEX:** Male WWP warriors are more likely to report experiencing TBI than female WWP warriors.

**EDUCATION:** WWP warriors who reported experiencing TBI are less likely to have a bachelor's degree or higher.

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### LONG-TERM SUPPORT

Some of the main services WWP warriors receive through VA benefits include long-term support, such as:

**22%** special emphasis care (e.g., for a spinal cord injury, TBI, blind rehabilitation, prosthetics)

**1%** nursing home care

**3%** home health care

### TOOLS AND RESOURCES

**30%** of WWP warriors reported using physical therapy (physical, rehabilitative, or occupational therapy) in the past 12 months to treat or manage physical pain.

**12%** of WWP warriors reported inpatient treatment programs (in a facility for PTSD or other mental health condition) as a tool or resource they have used in the past year to help with feelings of stress or emotional or mental health concerns.

### INDEPENDENT LIVING AND ADAPTIVE EQUIPMENT

**4%** of WWP warriors reported having a prosthesis. Of those:

- **14%** are unable to get medical care with their prosthesis.
- **10%** seek out support with their prosthesis from support groups.
- **58%** get their prosthetic work done at VA medical centers only.

**7%** of WWP warriors who use or have used the VA's Veteran Readiness and Employment program did so for the 'Independent Living' service, which helps individuals who are currently unable to return to work due to significant disabilities and need assistance living independently.

### CAREGIVING

**16%** of WWP warriors reported having aid and assistance from another person due to their mental and physical injuries.

Of those, the majority receive care from their spouse.

Caregiver relationships (of WWP warriors who reported having aid and assistance):

- **76%** spouses
- **11%** parents or siblings
- **3%** children

**15%** of all WWP warriors reported needing aid and assistance from another person but currently do not have a caregiver.

# HOW IS WWP ADDRESSING THIS ISSUE?

## WWP PROGRAMS AND SERVICES

WWP has three programs focused on long-term support and independent living: Independence Program, Complex Case Coordination (C3), and Benefits Services. These three programs are designed to empower wounded warriors and their families and caregivers by fostering long-term support and independent living.

*Data provided in "FY22 highlights" is based on events and services from October 2021 through September 2022.*

### INDEPENDENCE PROGRAM

WWP's Independence Program works with the most severely wounded warriors, their family members, and caregivers to set achievable goals, get more active in their communities, and embrace the future on their terms. Caregivers for severely injured warriors also benefit from the Independence Program, which provides innovative and ongoing support services to help them in their new, sometimes overwhelming roles.

**FY22 highlight:** Provided 200,000+ hours of in-home and local care to warriors enrolled in the Independence Program.

### C3

WWP's C3 team serves warriors with complex challenges which are multi-faceted and require urgent action. These cases exceed the capability of other WWP programs due to their complex nature. The team takes an integrated approach, leveraging diverse internal and external resources, to address all components of the case concurrently.

**FY22 highlight:** The C3 team worked 834 complex cases in FY22.

### BENEFITS SERVICES

WWP's Benefits Services program is a team of accredited National Service Officers who are experts in navigating the Veterans Affairs claims process. The Benefits Services program is dedicated to helping warriors get the benefits they've earned in a manner that honors their service.

**FY22 highlight:** Approximately 55,036 issues were awarded on behalf of warriors and family members, with an economic impact of \$146.6 million.

## 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 promote long-term support and independent living through advocacy:

### Expand research on traumatic brain injury (TBI):

More can and should be known about the expected course of neurological and cognitive functioning after TBI and how veterans can rely on VA for long-term care and support. Committing to research and policies to identify and expand access to effective treatments and community-based supports are effective steps that can be taken now to better prepare for the future.

## WWP ADVOCACY (continued)

### **Promote long-term care and support:**

Support policies to promote the utilization and success of VA's long-term care programs for younger veterans, including those who have suffered TBIs in service.

### **Monitor caregiver program eligibility and appeals:**

Support the continued expansion of the Program of Comprehensive Assistance for Family Caregivers to veterans of all generations. Continue to monitor program changes to ensure that veterans and caregivers in need of heightened support receive the resources and care they require to live healthy and fulfilling lives.

### **Address caregiver needs:**

Being a caregiver for a veteran often takes a toll on the caregiver's health and mental health. Support policies to ensure caregivers are provided with adequate support for mental health and wellness, as well as resources to ensure they can support themselves should their caregiving roles change.

### **Plan for the financial future:**

Many caregivers place their career ambitions on hold to support their loved ones and face long-term financial uncertainty, particularly into typical retirement age. Advance policies to help caregivers establish financial security as their caregiving roles evolve over time.

### **Encourage independent living and accessibility:**

Remove barriers for warriors accessing adaptive recreational sports equipment through VA to help them improve their physical fitness and overall well-being. Support federal oversight of ADA compliance at state and local parks and recreational facilities to ensure accessibility for all warriors. Make air travel more accessible by supporting policies that improve the ability of veterans and other people with disabilities to travel on commercial airlines with dignity and safety.

## 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 long-term support and independent living among veterans include:

- Bastion Community of Resilience
- Eisenhower Center
- Elizabeth Dole Foundation
- Homes For Our Troops
- Rosalynn Carter Institute for Caregivers
- Shepherd Center SHARE Military Initiative

## FOOTNOTES

\* Depression was measured using the Patient Health Questionnaire-9 (PHQ-9)<sup>1</sup>. Scores  $\geq 10$  categorized as moderate to severe depressive symptoms present.

† PTSD was measured using the PTSD Checklist for DSM-5 (PCL-5)<sup>2</sup> and scores  $\geq 31$  denoting presence of PTSD symptoms.

‡ Drug use besides for medical reasons was measured using an item from the Drug Abuse Screening Test (DAST-10).<sup>3</sup>

§ Instrumental support was measured using the NIH Toolbox.<sup>4</sup>

## REFERENCES

1. Kroenke K, Spitzer RL, Williams JB. The PHQ 9: validity of a brief depression severity measure. *Journal of General Internal Medicine*. 2001;16(9):606-13.
2. Weathers FW, Litz BT, Keane TM, Palmieri PA, Marx BP, Schnurr PP. The PTSD checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD. 2013.
3. Skinner HA. The drug abuse screening test. *Addictive Behaviors*. 1982;7(4):363-71
4. Slotkin J, Nowinski C, Hays R, Beaumont J, Griffith J, Magasi S, et al. National Institute of Health (NIH) toolbox adult social relationship scales. 2012.

