

# FINDINGS of the AGING VETERAN POPULATION

- Veterans are older than their chronological age.
- Senior veterans are pre-disposed for a variety of health issues impacted by their military service related injuries.
- There is life-limiting illness, frailty or disability associated with chronic disease, aging and/or injury.



## Demographics of San Francisco Senior Veterans

Veterans ages 55 and older represent 66% (13.9 million) of the veteran population in the U.S. 22% are over 75 years old. There are 24,957 veterans in San Francisco city and county, 71.8% of which are seniors:

- Ages 55 - 64: 20%;
- Ages 65 - 74: 22.5%; and
- Ages 75+ years: 29.5%.

They represent many eras of military service, including Vietnam-era (33%); Korean War (12.5%); and WWII (12%). 3,877 veterans receive VA service-connected disability compensation or pension; and of those, 2,806 (72%) are ages 55 and older. (American Community Survey, 2015).

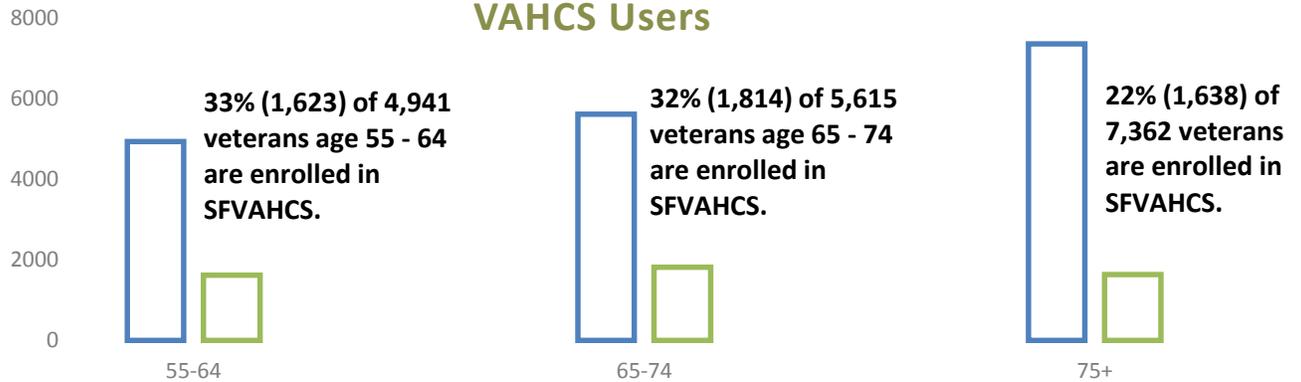
## San Francisco Department of Veterans Affairs

San Francisco Department of Veterans Affairs Health Care System (SFVAHCS) provides services to more than 400,000 veterans living in an eight county area of Northern California.

The San Francisco VA Medical Center serves a predominantly male population ranging in age from 18 to 90+ years. Patients span the spectrum of socio-economic classes but most are considered “working class.” The largest cohorts are the World War II/Korean Conflict veterans, most of whom are 65 - 90 years old, and the Vietnam-era veterans who are now in their 50s. (VA, 2015). The total number of enrollees age 65 and older throughout the VA system will increase from 4.1 - 4.7 million from now until 2023. Services at the SFVAHCS include a community living center, respite and rehabilitative care, hospice and palliative care, home-based primary care, contract nursing home care, and geriatric research.

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## San Francisco Senior Resident VAHCS Users



A large portion of San Francisco senior veterans are not enrolled in VA healthcare. Additionally, 61% (3,089) of San Francisco resident SFVAHCS patients ages 55+ also have non-VA insurance coverage, and seek care outside of VA services. (FY 2014 data obtained by Swords to Plowshares from SFVAHCS by Freedom of Information Act, July 2015).

## The Top Five Most Frequent Diagnostic Categories Among San Francisco Resident SFVAHCS Patients Ages 55 and Older

### Medical

**Circulatory System: 56%**

**Vision Loss, Visual: 46%**

**Hyper-lipidemia: 35%**

**Pain: 42%**

**Diabetes: 22%**

### Mental Health

**Depression: 16%**

**Substance Abuse: 17%**

**Post-Traumatic Stress Disorder: 9%**

**Anxiety: 8%**



# FINDINGS of the AGING VETERAN POPULATION

## Swords to Plowshares Senior Veteran Clients

Senior veterans are a significant cohort of Swords to Plowshares' client population, accessing our entire continuum of care.

2015 Swords to Plowshares Clients 55 and Older	
Per Program (as of 10/19/2015)	Total
<b>Housing</b>	<b>805</b>
<i>Homelessness Prevention</i>	75
<i>Rapid Re-Housing</i>	396
<i>Chinook Family Housing</i>	1
<i>De Montfort Housing</i>	25
<i>Stanford Housing</i>	73
<i>Live-In Supportive Services</i>	45
<i>Safe Haven Housing</i>	28
<i>Veteran Commons Housing</i>	21
<i>Veterans Academy Housing</i>	34
<i>Treasure Island Transitional Housing</i>	107
<b>Supportive Services for Veterans and Families</b>	<b>14</b>
<b>Employment and Training</b>	<b>78</b>
<b>Legal Services</b>	<b>85</b>
<b>Health and Social Services</b>	<b>252</b>
<b>Total Unique Veteran Clients:</b>	<b>885</b>

## Health Outcomes of Senior Veterans

### LATE-ONSET STRESS SYMPTOMATOLOGY (LOSS)

LOSS is a hypothesized phenomenon, distinct from post-traumatic stress disorder (PTSD) among older veterans who:

- a) Experienced highly stressful combat events in early adulthood;
- b) Functioned successfully throughout their lives, with no chronic stress-related disorders; but
- c) Begin to register increased combat-related thoughts, feelings, reminiscences, memories, or symptoms commensurate with the changes and challenges of aging, sometimes decades after their combat experiences. (NCPTSD, 2009).

**POST-TRAUMATIC STRESS DISORDER (PTSD)** is associated with high rates of morbidity and mortality and is one of the most common sequelae in veterans. (Dohrenwend et al, 2006; NCPTSD, 2015).

- Many older veterans find they have PTSD symptoms even 50 or more years after their wartime experience.
- PTSD symptoms can worsen later in life.
- Vietnam veterans:
  - Up to 30% lifetime prevalence of combat-related PTSD.
  - 10% to 15% had the disorder 15 years or longer after Vietnam.
  - Demand for treatment of PTSD among Vietnam veterans has increased steadily. (Hermes, et, 2015).
- World War II and Korean veterans:
  - PTSD prevalence remained as high as 12% even 45 years after combat.

## PTSD AND HEALTH

- PTSD is associated with greater healthcare use and an increased risk of developing a wide range of medical conditions in veterans.
- Vietnam veterans with combat-related PTSD report more current and chronic health problems than combat veterans without PTSD.
- Older veterans with PTSD symptoms significantly more likely to report:
  - Poor general health: cardiovascular disease, diabetes, gastrointestinal disease, fibromyalgia, chronic fatigue syndrome, musculoskeletal disorders, autoimmune disease. (Friedman & Schnurr, 1995; Schnurr et al, 2000; Durai et al, 2011).

## SUICIDE

Older veterans with PTSD symptoms are significantly more likely to report:

- Little or no social support.
- Higher prevalence of mental distress, death wishes, and suicidal ideation.

Older veterans are at increased risk of suicide: two-thirds who complete suicide are age 50 or older. (Durai et al, 2011; Bagalman, 2013)



# FINDINGS of the AGING VETERAN POPULATION

## PTSD, DEPRESSION, TRAUMATIC BRAIN INJURY AND ALZHEIMER'S DISEASE/DEMENTIA

### PTSD AND DEMENTIA

- PTSD is exacerbated upon onset of cognitive impairment.
- Those with PTSD are more than 2x as likely to develop dementia.

### DEPRESSION AND DEMENTIA

- Veterans with depression are 2x as likely to develop incident dementia compared with those with no depression. (Mittal et al, 2001; Yaffe et al, 2010; Byers et al, 2012).

PTSD and traumatic brain injury (TBI) have been shown to be risk factors for Alzheimer's disease. Brain injury may cause earlier onset or acceleration of Alzheimer's disease. (Plassman et al, 2000; Johnson et al, 2012; Weiner, et al, 2013).

TBI increases the risk of dementia in veterans aged 55 and older, as well as has earlier onset. (Barnes et al, 2014).

### AGENT ORANGE

*An herbicide and defoliant used by the military during the Vietnam War as part of its chemical warfare program.*

**VA AND FEDERAL LAW** presumes that certain diseases are a result of exposure to these herbicides. Through this process, the list of 'presumptive' conditions are:

Throat cancer, acute/chronic leukemia, Hodgkin's lymphoma + non-Hodgkin's lymphoma, prostate cancer, lung cancer, colon cancer, soft tissue sarcoma, respiratory cancers, multiple myeloma, type II diabetes, chloracne, porphyria cutanea tarda, peripheral neuropathy, chronic lymphocytic leukemia, B cell leukemia, such as hairy cell leukemia, Parkinson's disease and ischemic heart disease, and spina bifida in children of veterans exposed to Agent Orange as conditions associated with exposure to the herbicide.

## HOMELESSNESS VULNERABILITY

50% of homeless veterans are age 51 or older, compared to 19% homeless non-veterans.

- Homeless senior veterans have high rates of hospitalizations and age-adjusted mortality.
- Homeless senior veterans have more rapid disease course, leading to earlier morbidity.
- Homeless senior veterans place increased demands (vs. non-homeless older veterans) on a health system when enrolled in a medical home model, accessing primary, mental health, and substance abuse care more frequently. (Adams et al, 2007; O'Toole et al, 2013).