

Options and Opportunities

An Analysis of Colorado's Veterans Who Are Eligible for but Not Enrolled in VA Health Care

AUGUST 2021

Military veterans are more likely than the general public to have physical and psychological injuries, such as diabetes, cardiovascular disease, and post-traumatic stress.¹ Yet many Colorado veterans who are eligible for health care services through the U.S. Department of Veterans Affairs (VA) are not enrolled. This suggests that there are opportunities for the VA and other veteran-serving organizations to ensure that more of Colorado's veterans have access to the health care they need.

Colorado is home to more than 371,000 veterans whose service dates range from the 1940s to the present day. About 314,000 (85%) of these veterans were eligible to enroll in the VA for health care services in 2021.² But nearly half (45%) of those eligible veterans were not enrolled in the system, according to new analysis from the Colorado Health Institute (CHI).

The reasons people do not enroll in the VA are varied and complex. Some veterans do not know they are eligible for services. For those who do, enrolling in and navigating the VA system can be difficult. Limited access to facilities or mistrust in the VA can also stand in the way. And some eligible veterans prefer getting health care from their community providers through public or private insurance.

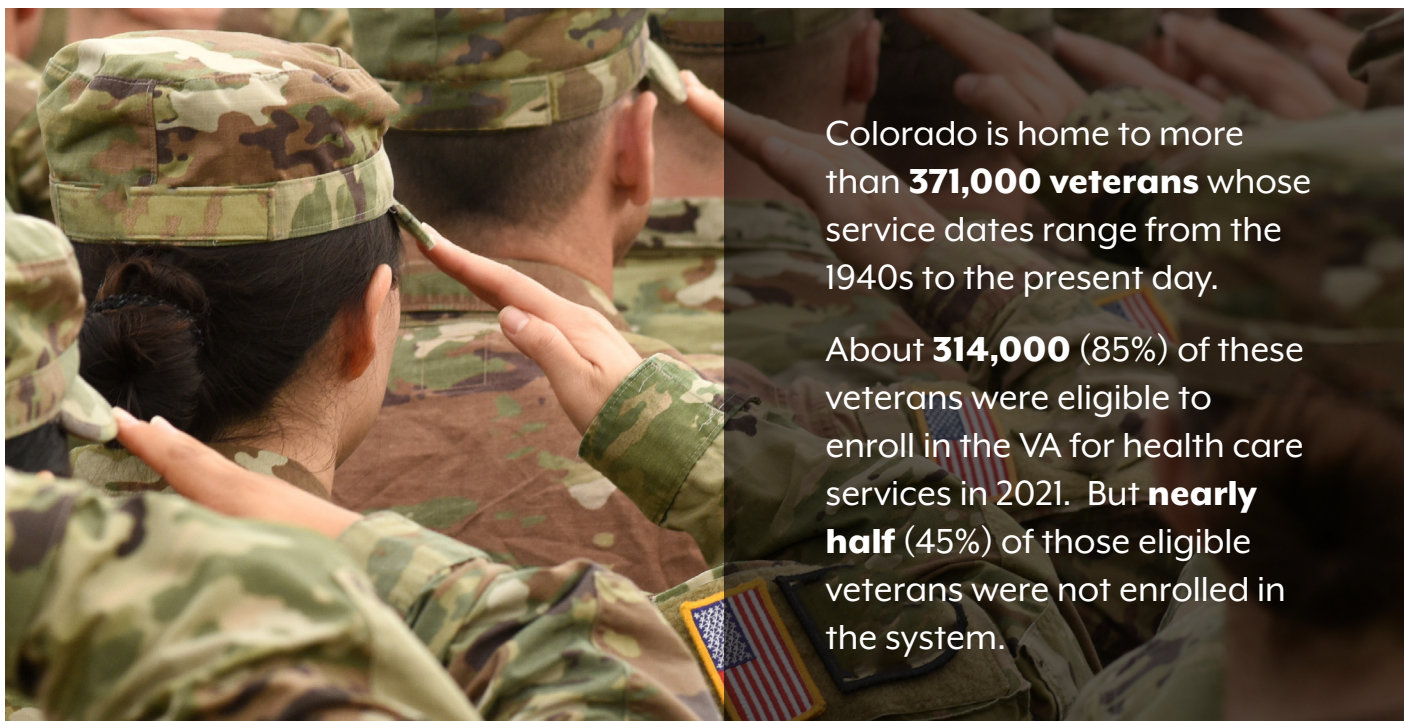
But when veterans who are eligible for VA services do not enroll, they may be going without valuable health services – services that the VA was designed to provide as part of its support for those who have served the country in the military.

This report explores who is eligible but not enrolled in VA services in Colorado, the barriers that prevent them from enrolling, and how policymakers and veteran-serving organizations might address those

Key Takeaways

- About 45% of Colorado veterans who are eligible for Veterans Affairs health care services have not enrolled.
- Eligible veterans who do not enroll in the VA may be missing out on free or low-cost health care services.
- Veterans and veteran-serving organizations cite access barriers, mistrust, and lack of awareness of eligibility as reasons why people do not enroll in the VA.

barriers and increase enrollment among eligible veterans who would benefit. To produce this first-of-its-kind analysis, CHI used data from the U.S. Census Bureau and the VA to identify the eligible population of veterans and current enrollment as of March 2021. CHI also conducted a review of the literature and key informant interviews with 14 stakeholders who are veterans, representatives from veteran-serving organizations, or who offered other insight into veterans' health.



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Terminology

This glossary defines key terms:

- **Emotional Health:** Experiences and difficulties related to behavioral or mental health are referred to as “emotional health” in this report. Emotional health captures a veteran’s physical or mental response to trauma from combat, military sexual assault, or moral injury — the emotional response to doing or witnessing something that goes against one’s values.
- **Other Than Honorable Discharge:** A veteran who is discharged from the military due to serious infractions involving conduct not following protocol, or not performing as expected of a military member. Veterans with this discharge status can be eligible for VA health care on a case-by-case basis with approval from VA officials.³
- **Post-Traumatic Stress:** The diagnosis of post-traumatic stress disorder (PTSD) is referred to as “post-traumatic stress” in this this report. The term “disorder” can be stigmatizing as it suggests there is something wrong with the veteran.
- **Priority Groups:** When a veteran applies for VA health care, they are assigned to one of eight priority groups. This system aims to ensure that veterans who need care right away can get signed up quickly. The VA assigns veterans with service-connected disabilities the highest priority and assigns the lowest priority to veterans who earn a higher income and who don’t have any service-connected disabilities qualifying them for disability compensation.⁴
- **Service-Connected Disability:** A disability was incurred or aggravated in the line of military duty. The VA determines whether a veteran has service-connected disabilities and uses that determination to inform their eligibility for various disability benefits.
- **Veterans’ Health Administration (VHA):** This administration, which is under the VA, is responsible for veteran health care programs that provide medical and non-medical services. The VA and VHA are used interchangeably throughout this report.
- **Veteran Service Officer:** These VA-accredited representatives specialize in assisting veterans and their families with claims, applications, and appeals to the VA.⁵

Eligible, but Not Enrolled

Veterans' eligibility for the VA is determined based on a combination of factors, including when and where they served, the health issues they face as a result of service, and their income. Eligibility requirements and enrollment policies for the VA have evolved over the past four decades (see Figure 1), but as of 2021, a majority of veterans in Colorado were eligible for care.

Yet CHI's analysis indicates that about 45% (141,000) of Colorado's veterans who were eligible to receive VA health care services in 2021 are not enrolled in the system.

The 2021 rate of veterans who are eligible but not enrolled for VA services varied across Colorado, with counties in mountain resort areas, such as Pitkin and Eagle, having the highest rates (82% and 74%) and counties in southern and western Colorado, such as Mineral and Mesa counties, having the lowest (16% and 18%). (See Map 1.) These differences may be related to proximity to VA health care facilities, which are primarily located along the Front Range and in Mesa County; to veterans' income levels, which may be above the eligibility limit in some communities; or to other barriers to enrollment that are described later in this report.⁶ Veteran-serving organizations may benefit from further analysis of these trends at a community level.

Due to limitations in the data available for this analysis, CHI was not able to estimate how many veterans with specific characteristics, including gender, LGBTQ+ identity, age, income, or race/ethnicity, were eligible but not enrolled. Key informant interviews discussed in this report provided context and insight into some trends, but the needs and barriers facing specific populations merit further attention.

Figure 1. Colorado and Federal Laws That Have Shaped Eligibility for VA Services

1930

Executive Order 5398

The VA was established by President Herbert Hoover to assist World War I veterans with disability compensation and medical services.⁷

1982

3.12a Minimum Active-Duty Requirement

This federal law requires 24 months of continuous service for those who served after September 7, 1980 to be eligible.⁸

1991

Agent Orange Act

This federal law established a presumption of service connection, meaning that the VA must assume that veterans who served during certain time periods in predetermined locations were exposed to Agent Orange and are eligible for VA coverage.⁹

1996

The Veterans' Health Care Eligibility Reform Act

This federal law required the VA to create an enrollment process to manage the delivery of health care services by prioritizing those with greater care needs.¹⁰

2008

National Defense Authorization Act of 2008

This federal law allows veterans who were discharged or released from active duty to enroll in the VA for health care for five years after they leave the service.¹¹

2016

28-5-707. Assistance to County Veterans Service Officers

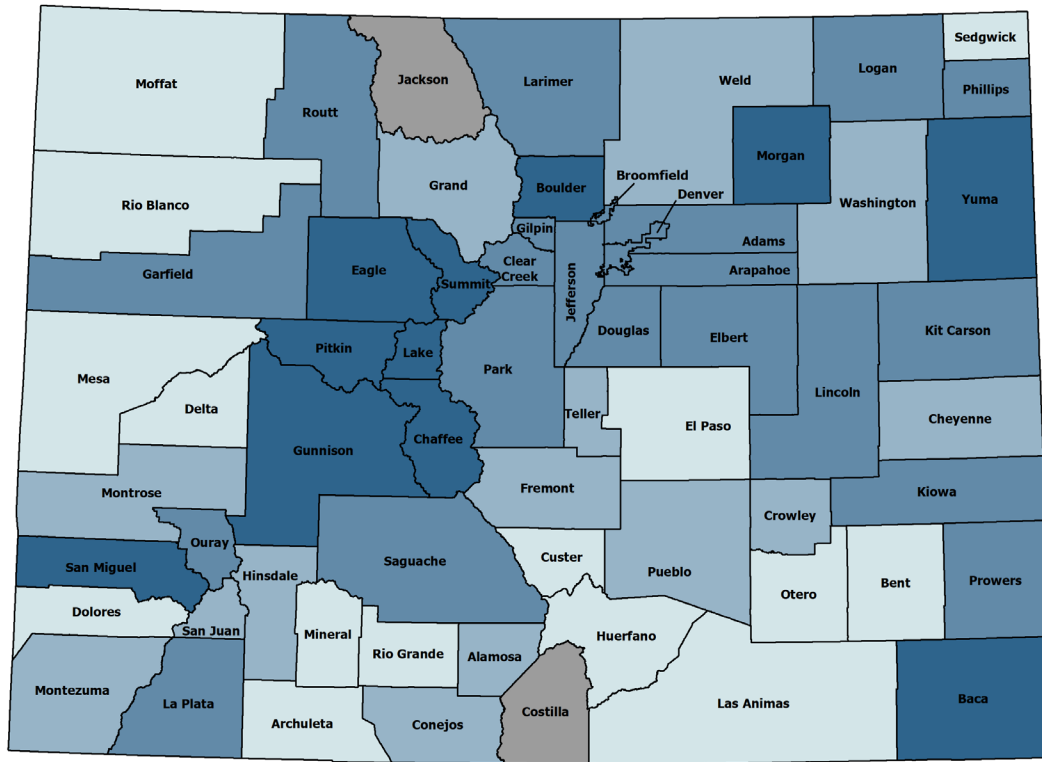
This Colorado law directs that money allocated to the Division of Veterans Affairs from the state's general fund be used to support county veteran service officer positions.¹²

2019

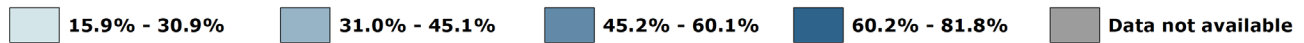
Blue Water Navy Vietnam Veterans Act

This federal law allows more veterans who were presumably exposed to Agent Orange to file claims for benefits and be identified as having a service-connected disability.¹³

Map 1. Veterans Living in Mountain Resort Counties are More Likely to Be Eligible but Not Enrolled in VA Health Care



Eligible but Not Enrolled (EBNE) Rate



Sources: American Community Survey, 2015 - 2019 estimates and VA enrollment data, March 2021

About the Data. CHI used data provided by the VA to assess enrollment rates by county. Eligible but not enrolled rates were calculated using these VA data and data from the American Community Survey. For more information about CHI's methods, see Appendix B

A Needed Service

The VA is the United States' largest integrated health care system, providing almost nine million veterans nationwide with inpatient and outpatient health care services.¹⁴ The VA aims to meet the specific health needs of veterans, who have higher rates of physical and mental disease than non-veterans due to their deployment experiences.¹⁵ (See Table 1.) It offers free or low-cost health care for chronic physical or emotional health conditions that are common among veterans.^{16,17} Colorado's VA enrollees can receive primary and specialty care at the state's two VA medical centers, 18 community-based outpatient clinics, or online using a telemedicine portal.

Eligible veterans can enroll in the VA as their primary source of health coverage, or they can dually enroll in the VA and public or private insurance to fill in health care gaps. In 2021, some 97% of Colorado veterans have some form of health insurance coverage.¹⁸ But many may be missing out on benefits by not enrolling in the VA as well.

For instance, the VA provides stipends for nursing home care and adult day services. For older veterans, that can act as a supplement to Medicare, which offers short-term medical care but does not provide coverage for many long-term care needs.

For veterans with disabilities that were incurred in the line of duty, VA services are often free or offered at a lower cost than other health care options.

Table 1. Veterans Are More Likely Than the General Population to Have Physical and Psychological Diseases or Conditions¹⁹

| | Colorado Veterans | Colorado Non-Veterans |
|--|-------------------|-----------------------|
| Diabetes | 10.9% | 6.6% |
| Cognitive Disabilities | 7.7% | 4.1% |
| Ambulatory Disabilities | 12.8% | 5.0% |
| Chronic Obstructive Pulmonary Disease (COPD) | 7.7% | 4.1% |
| Heart Attack or Heart Disease | 9.5% | 3.4% |
| Stroke | 3.7% | 2.0% |

One Colorado veteran with a service-connected disability told CHI that they rely on the VA for quality durable medical equipment and prescription drugs, and use other insurers, such as Medicaid, for emergency services.

Veterans may also benefit from seeing VA providers, who are likely to be familiar with their some of their unique needs.^{20,21} For example, those who served after 9/11 experience higher rates of post-traumatic stress, traumatic brain injuries, and lost limbs than both the general public and previous generations of veterans.^{22,23} Providers who have served many veterans through the VA are familiar with these challenges and the approaches for supporting those who are experiencing them.

Barriers to Enrollment

Conversations with policymakers, veterans, and veteran-serving organizations across Colorado revealed four major barriers to enrollment: complex enrollment processes, lack of awareness of eligibility, limited access to care, and low trust in the system.

This list of barriers does not include every reason a veteran may not be enrolled. Some may have alternate health insurance, not want to take away care from someone they think may need it more, or prefer not to engage with the government-run system.

A Complex System

Some veterans do not enroll in the VA for health care because the process is complex and difficult

to navigate. Only a small share of veterans, about 13% of the eligible population in Colorado, are automatically enrolled in the VA when they separate from the service.²⁴ This means most veterans who seek out care from the VA must first understand the eligibility criteria and what benefits they qualify for, and then file the necessary paperwork to enroll – both of which can be cumbersome processes. The VA approves many eligible enrollment applications within a week.²⁵ However, veterans who submit claims for service-connected disabilities may have to wait longer.²⁶

Every Colorado county has a Veteran Service Officer (VSO) who is available to provide enrollment and benefit education assistance at no cost, but some county positions are part-time, limiting the officer's availability to veterans.

Eligible but Not Aware

Lack of awareness about enrollment eligibility is common among veterans. Some completely cut ties with the military promptly after their service ends and may not seek out information that is available, while others do not receive enough enrollment information when separating from the military.^{27,28} Whatever the reason, about 30% of veterans nationwide do not know what the eligibility criteria are for enrolling in the VA.²⁹

This lack of awareness can have real consequences. One former Army nurse said that some Vietnam veterans came back from the war and were not referred to the VA for care. Many of these veterans never learned they were eligible and never enrolled in the VA, regardless of eligibility.

Historically, veterans with post-traumatic stress were not given proper treatment because such conditions were not medically recognized by the American Psychiatric Association until 1980. Without an official medical diagnosis or recognition that a condition or injury like post-traumatic stress is related to their service, earlier generations of veterans would not have known to enroll or seek out services from VA.³⁰

Additionally, some medical benefits and copay amounts depend on which priority group a veteran is placed into – so veterans may not know what health specific services they are eligible for until after they apply. For example, nursing home care can be available at no cost to veterans in the highest priority group or who have certain service-connected disability ratings by a VA physician.³¹

Poor Access to Care Through the VA

Some eligible veterans do not enroll in the VA for health care due to limited access to VA facilities. In one national survey, VA enrollees cited easier access as a key reason for getting care from non-VA providers.³²

The majority of the state's VA facilities are located along the Front Range and in Mesa County. One veteran who is also a VSO said she lives an hour away from the nearest VA facility and prefers to use her private insurance to see a more proximate community providers for some of her health care needs.

But Colorado's 48,000 rural veterans have fewer health care facilities in their communities than their urban counterparts, which can result in worse long-term health outcomes.³³

In an interview with CHI, a VSO from rural southern Colorado reported that many access-related

**“
Fact is, if you can't afford to take care of
vets when they come home, don't send
them in the first place. We are going to
go there and fight, but we need to take
care of them when they come home.
That is the missing link – we send guys
to Iraq and Vietnam, but when they
come home – what do you do with
them? If they have issues, they need to
be taken care of.”**

A Colorado Vietnam veteran

issues stem from limited transportation options, especially for older veterans.

And navigating the VA system can be confusing even for those who are enrolled in services. About 52% of all veterans enrolled in the VA report not knowing what health care is available to them – which can impede access to care.³⁴

Lack of Trust

Mistrust in the VA can also keep eligible veterans from enrolling. Some VA facilities have had prominent issues, such as a facility in Arizona where at least 40 veterans died while on a wait list to receive care. A Colorado VSO told CHI that people who have heard such stories become skeptical of VA care in general.

Some veterans want to distance themselves

**“
We [VSOs] have vans that will take veterans to Denver for services. But the issue is,
we are talking about a four-hour drive and that requires a very early morning.
You go to Denver, and you might get to your appointment, and you might not.
They come back at 2 p.m. whether you are seen or not.”**

A Colorado VSO and veteran

“*When we came home, we did not want anything to do [with the VA or Department of Defense]. I think the VA lost track of a whole generation of soldiers.*”

A Colorado VSO and veteran

from military and federal government institutions altogether after their service. Vietnam veterans, for instance, were not welcomed back home with the same enthusiasm as those who served in previous conflicts. Many returned to a sociopolitical environment that could be hostile towards veterans and opted to avoid the VA.³⁵

Additionally, the demographics of the veteran population have changed, both nationally and in Colorado. Today, more women, people identifying as LGBTQ+, and people of color are members of the armed forces. However, the VA's services and supports have not responded quickly enough to meet the needs of these diverse veterans, which may discourage enrollment.

More than one in three veterans will be a person of color by 2040, yet there are racial and ethnic disparities in the VA's health care system: Poor health outcomes, such as lower survival rates from chronic illnesses, and negative patient experiences, have been reported among veterans of color in VA care.³⁶

Some female veterans may not enroll due to experiences with sexual trauma during their military service or previous poor treatment at VA facilities.³⁷ Two female veterans told CHI that while the VA has improved the type of health care services provided to women, some feel that their options are still too limited and choose to get care elsewhere.

Historically, LGBTQ+ veterans had to hide their sexual identities while serving in the military, and some were given “bad papers” or an other-than-honorable discharge, making harder to apply and enroll in the VA for health care.³⁸ The VA has taken steps in recent years to support and advocate for LGBTQ+ veterans, but discrimination and health disparities still exist among the population.³⁹

Increasing Enrollment for Eligible Veterans

The federal government sets policy for VA enrollment and eligibility. But there are steps federal and state policymakers as well as veteran-serving organizations can take to address barriers to enrollment in the VA.

Simplifying the System

One option that has been floated by some lawmakers and advocates is an “opt out” policy, which would automatically enroll all eligible veterans in the VA for health care, with an option to disenroll or opt out. While this would alleviate some of the system's navigation issues, no legislation to this effect has been introduced as of 2021.

Increasing Education About Benefits

In recent years, federal legislators have introduced bills to ensure veterans have access to resources to help them understand their eligibility. For example, U.S. Senate Bill 666, introduced by Colorado Senator Michael Bennet in 2019, would create pilot programs or “hubs” to help veterans access services, including VA benefits.⁴⁰

While states have limited opportunities to address eligibility and enrollment processes, Colorado has passed legislation to both create and support resources that can assist veterans with understanding and navigating the VA system. For example, the bipartisan House Bill 18-1337 (Veterans One-Stop Center in Grand Junction) helped create a service center in Grand Junction that acts as a central resource for veterans in the area to get assistance with benefits and connect with a VSO.

Veterans are often told about VA enrollment or resources to assist with the process as they prepare to leave the service and go home to their friends and families, when they are focused on

transitioning away from the military and may be less likely to absorb the information.⁴¹ Ongoing outreach by local chapters of veteran serving organizations could help ensure people are aware of services they are eligible for.

Improving Access to Care

The VA expanded its telemedicine network with the “Anywhere to Anywhere” initiative in 2018, which aimed to provide veterans with access to services such as substance use counseling or spinal cord injury care.⁴² This network expands access to specialty care to veterans who live in rural areas, are enrolled in Medicaid or are uninsured and who may have difficulty finding local providers, or face other barriers to care such as a lack of transportation or child care.

In 2018, a federal policy allowed some veterans to get coverage for visits to local or community-based providers that would not otherwise be covered through the VA. However, these visits must be approved by the VA, and some veterans say that it takes too long to get approval to see community providers.

Building Trust

Improving trust between veterans and the VA involves a continued effort to address barriers such as access and awareness, highlighted earlier in this report. In recent years the VA has placed a greater focus on patient-centered care and outreach campaigns to different demographics in an effort to improve veteran experiences.⁴³ However, about 10% of veterans still do not trust the VA’s outpatient services, suggesting that additional work is needed to better veteran health care experiences.⁴⁴

Conclusion

Many veterans have endured physical and psychological experiences that impact their well-being long after their military service is complete. The VA was created to provide supportive and affordable health care services. And yet many veterans who might benefit from these services are not enrolled. The VA’s complex enrollment and health care system, access barriers, and varying levels of engagement and trust from veterans contribute to this gap. Local, state, and federal stakeholders can take steps to make sure that any veteran who needs or wants health care services knows their options for care – and that every veteran who is eligible for care is able to access it.

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Note: This report was updated to clarify that the 45% of veterans who are eligible for Veterans Affairs health care services – not 45% of all Colorado veterans – are not enrolled in such services.

Appendix A: County Data Table

| County | A. Eligible | B. Enrolled | C. Eligible but Not Enrolled | D. Eligible but Not Enrolled Rate (C/A) | E. Percent of all Eligible but Not Enrolled |
|-------------|-------------|-------------|------------------------------|---|---|
| Adams | 22,525 | 9,896 | 12,629 | 56.1% | 8.9% |
| Alamosa | 954 | 534 | 420 | 44.0% | 0.3% |
| Arapahoe | 32,371 | 15,925 | 16,446 | 50.8% | 11.7% |
| Archuleta | 769 | 610 | 159 | 20.7% | 0.1% |
| Baca | 234 | 90 | 144 | 61.5% | 0.1% |
| Bent | 356 | 270 | 86 | 24.2% | 0.1% |
| Boulder | 13,062 | 4,238 | 8,824 | 67.6% | 6.3% |
| Broomfield | 3,149 | 1,486 | 1,663 | 52.8% | 1.2% |
| Chaffee | 1,691 | 639 | 1,052 | 62.2% | 0.7% |
| Cheyenne | 101 | 62 | 39 | 38.6% | 0.0% |
| Clear Creek | 518 | 215 | 303 | 58.5% | 0.2% |
| Conejos | 510 | 325 | 185 | 36.3% | 0.1% |
| Costilla | 243 | 243 | - | 0.0% | 0.0% |
| Crowley | 319 | 181 | 138 | 43.3% | 0.1% |
| Custer | 404 | 327 | 77 | 19.1% | 0.1% |
| Delta | 2,200 | 1,701 | 499 | 22.7% | 0.4% |
| Denver | 24,579 | 12,339 | 12,240 | 49.8% | 8.7% |
| Dolores | 131 | 95 | 36 | 27.5% | 0.0% |
| Douglas | 16,657 | 7,467 | 9,190 | 55.2% | 6.5% |
| Eagle | 1,905 | 490 | 1,415 | 74.3% | 1.0% |
| El Paso | 69,807 | 48,778 | 21,029 | 30.1% | 14.9% |
| Elbert | 1,408 | 621 | 787 | 55.9% | 0.6% |
| Fremont | 4,445 | 2,473 | 1,972 | 44.4% | 1.4% |
| Garfield | 2,573 | 1,322 | 1,251 | 48.6% | 0.9% |
| Gilpin | 310 | 161 | 149 | 48.1% | 0.1% |
| Grand | 542 | 346 | 196 | 36.2% | 0.1% |
| Gunnison | 976 | 304 | 672 | 68.9% | 0.5% |
| Hinsdale | 54 | 36 | 18 | 33.3% | 0.0% |
| Huerfano | 637 | 494 | 143 | 22.4% | 0.1% |
| Jackson | 51 | 51 | - | 0.0% | 0.0% |
| Jefferson | 30,792 | 14,266 | 16,526 | 53.7% | 11.7% |

| County | A. Eligible | B. Enrolled | C. Eligible but Not Enrolled | D. Eligible but Not Enrolled Rate (C/A) | E. Percent of all Eligible but Not Enrolled |
|--------------|----------------|----------------|------------------------------|---|---|
| Kiowa | 77 | 38 | 39 | 50.6% | 0.0% |
| Kit Carson | 453 | 199 | 254 | 56.1% | 0.2% |
| La Plata | 3,269 | 1,583 | 1,686 | 51.6% | 1.2% |
| Lake | 694 | 167 | 527 | 75.9% | 0.4% |
| Larimer | 17,890 | 9,467 | 8,423 | 47.1% | 6.0% |
| Las Animas | 958 | 693 | 265 | 27.7% | 0.2% |
| Lincoln | 299 | 154 | 145 | 48.5% | 0.1% |
| Logan | 1,244 | 563 | 681 | 54.7% | 0.5% |
| Mesa | 9,872 | 8,062 | 1,810 | 18.3% | 1.3% |
| Mineral | 44 | 37 | 7 | 15.9% | 0.0% |
| Moffat | 629 | 478 | 151 | 24.0% | 0.1% |
| Montezuma | 1,626 | 1,093 | 533 | 32.8% | 0.4% |
| Montrose | 2,934 | 1,933 | 1,001 | 34.1% | 0.7% |
| Morgan | 1,543 | 584 | 959 | 62.2% | 0.7% |
| Otero | 1,163 | 804 | 359 | 30.9% | 0.3% |
| Ouray | 315 | 148 | 167 | 53.0% | 0.1% |
| Park | 1,538 | 678 | 860 | 55.9% | 0.6% |
| Phillips | 243 | 127 | 116 | 47.7% | 0.1% |
| Pitkin | 626 | 114 | 512 | 81.8% | 0.4% |
| Prowers | 775 | 353 | 422 | 54.5% | 0.3% |
| Pueblo | 12,607 | 7,819 | 4,788 | 38.0% | 3.4% |
| Rio Blanco | 304 | 212 | 92 | 30.3% | 0.1% |
| Rio Grande | 740 | 587 | 153 | 20.7% | 0.1% |
| Routt | 1,073 | 428 | 645 | 60.1% | 0.5% |
| Saguache | 377 | 192 | 185 | 49.1% | 0.1% |
| San Juan | 45 | 28 | 17 | 37.8% | 0.0% |
| San Miguel | 523 | 111 | 412 | 78.8% | 0.3% |
| Sedgwick | 130 | 105 | 25 | 19.2% | 0.0% |
| Summit | 1,022 | 341 | 681 | 66.6% | 0.5% |
| Teller | 2,932 | 1,668 | 1,264 | 43.1% | 0.9% |
| Washington | 264 | 145 | 119 | 45.1% | 0.1% |
| Weld | 13,280 | 8,109 | 5,171 | 38.9% | 3.7% |
| Yuma | 550 | 200 | 350 | 63.6% | 0.2% |
| Total | 314,288 | 175,083 | 141,107 | 44.9% | 100.0% |

Appendix B: Full Methods Document

Key Informant Interviews

CHI conducted 14 key informant interviews, 11 of which were completed as part of a statewide veteran needs assessment funded by the Colorado Department of Human Services in 2021. Organizations or individuals represented include:

- Colorado State House Representative and Veteran
- Colorado Department of Military and Veterans Affairs
- VA Office of Rural Health
- Homelake VSO
- United Veterans Coalition of Colorado
- Mt. Carmel Veteran Service Center
- Jefferson County VSO
- Colorado Department of Human Services
- Fitzsimons Advisory Board
- Cheyenne VA Medical Center

Eligible but Not Enrolled Analysis Methods

| Methodology for the 2021 Veteran Eligible but Not Enrolled Report | |
|--|---|
| Data Sources: | 2019 American Community Survey, 5-Year Estimates 2010 National Survey of Veterans, Department of Veterans Affairs March 2021, VA Enrollment Data, Department of Veterans Affairs |
| Step | Methods |
| Creation of Eligibility Estimates: American Community Survey | Using the inclusion criteria below, eligibility brackets were created using the 2019 American Community Survey Five-Year Estimates. Eligibility populations were designed as follows: <ul style="list-style-type: none"> - Veterans who had any service-connected disability rating (0% to 100%) - Veterans who served during the Vietnam War (described as serving between August 1964 and April 1975) - Veterans who served before the Vietnam War (described as serving before August 1964) - Veterans who served during the Gulf War (described as serving between August 1990 and August 2001) - Veterans who had an income below 346% of the Federal Poverty Level (based on the VA GMT income limits set for priority group 8) |
| Creation of Eligibility Estimates: Application of National Statistics on Additional Inclusion Criteria | <p>Some inclusion criteria were only available at the national level. These inclusion criteria included those who were honorably discharged from the military and those who received pension benefits.</p> <p>Pension Benefits Eligibility</p> <p>Service periods spanning from 1980 to 1990 and 2001 and later were used to include additional veterans receiving pension benefits as a criterion, as these two groups are not automatically eligible due to the war period they fought. The 2010 National Survey of Veterans was used to obtain estimates for veterans who served during these periods who would not be eligible based on service-connected disability or income, but who were receiving pension benefits. Using the American Community Survey, a similar eligibility pool was created as a proxy for those who served between 1975 and 1990 and 2001 and later who were not eligible based on disability status or income. The national statistics were then applied to these populations and aggregated to county totals using a crosswalk.</p> <p>Honorably Discharged Eligibility</p> <p>Once all other eligibility requirements were established using the American Community Survey and application of pension eligibility, a national statistic of military members who were honorably discharged was applied across all eligible populations to exclude those who would be expected to be less than honorably discharged. All veterans were then aggregated to county and state totals using a crosswalk.</p> |

| Step | Methods |
|---|--|
| Creation of Eligible but Not Enrolled Estimates | <p>After the eligible population per county was calculated, current (March 2021) VA enrollment data was used to create estimates for those veterans who were eligible but not enrolled in VA coverage in 2019. Total enrollment per county was subtracted from the total eligible population per county to estimate the total number of veterans who were eligible but not enrolled for VA coverage across Colorado. The rate of eligible veterans who were not enrolled in VA coverage was defined as those who were not currently enrolled divided by the total eligible population for VA coverage.</p> <p>Caveats</p> <p>Some eligibility requirements could not be factored into the analysis due to lack of data. Because this information was unavailable, more veterans may be eligible than this report was able to estimate. These eligibility requirements include:</p> <ul style="list-style-type: none"> - Veterans who served after 1980 who served for at least two consecutive years. - Veterans who are within five years of discharge or release and need health care for any condition related to their service in Operation Enduring Freedom (OEF) in Afghanistan or Operation Iraqi Freedom (OIF) or Operation New Dawn (OND) in Iraq. - Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki. - Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1986. - Veterans who participated in Project 112/SHAD (Shipboard Hazard and Defense). - Veterans who are receiving VA aid and attendance or housebound benefits. - Veterans who are Purple Heart or Medal of Honor recipients. - Veterans who were prisoners of war. <p>Several of these criteria are presumed to have overlapping eligibility brackets. For instance, those who are receiving VA aid and attendance most likely also have a service-connected disability, which will be captured in the analysis. The eligibility bracket that captures those who fought prior to the Vietnam War will also capture some of the more specific criteria around service period prior to 1964.</p> <p>In the current analysis, CHI was able to capture 87.5% of all Colorado veterans to analyze for current eligibility status for VA coverage. Data from the American Community Survey were used to understand demographic distribution among the eligible but not enrolled population – since pension and discharge data were not available at the individual level, eligibility requirements that were captured by American Community Survey were used in this analysis.</p> |
| Creation of County Estimates Using a Crosswalk | <p>CHI utilizes a methodology developed by the University of Missouri that apportions American Community Survey regions to create county-level estimates. This process is the accepted industry standard for allocating American Community Survey Public Use Microdata Areas (PUMA) designations into county-level estimates. However, this allocation factor means that some estimates may be the same for certain counties and census tracts. More information about this methodology can be found at: https://mcdc.missouri.edu/geography/PUMAs.html</p> |

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