

The Disability of Veterans¹

Kelly Ann Holder
Social, Economic, and Housing Statistics Division
U.S. Census Bureau, Washington, DC

Disability Concepts

Concepts of disability have been included on most decennial census forms since as early as 1830. The definition of the term “disability” has changed substantially over time. Based on recommendations made by an interagency working group and a content test of the American Community Survey (ACS) in 2006, the questions measuring disability were revised in 2008. ACS measures the concept of disability with a short set of six questions. Because of the multitude of possible functional limitations that may present as disabilities, and in the absence of information on external factors that influence disability, ACS is limited to capturing difficulty with only selected activities. As such, people identified by the ACS as having a disability are those who report difficulty with specific functions and may, in the absence of accommodation, have a disability. While this definition is different from the one described by the Institute of Medicine and the International Classification of Functioning, Disability, and Health conceptual frameworks, it relates to the programmatic definitions used in most Federal and state legislation.

In an attempt to capture a variety of characteristics that encompass the definition of disability, the ACS identifies serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. Questions about difficulties with selected activities from the Katz Activities of Daily Living and Lawton Instrumental Activities of Daily Living scales, namely difficulty bathing and dressing, and difficulty performing errands such as shopping, were also included to supplement these functional limitations. Overall, the ACS attempts to capture six aspects of disability, which can be used together to create an overall disability measure, or independently to identify populations with specific disability types. For the purposes of this paper, these disabilities will be referred to as ACS-defined disabilities.

¹ This paper is released to inform interested parties of ongoing research and to encourage discussion of work in progress. The views expressed on statistical, methodological, technical, or operational issues are those of the author and not necessarily those of the U.S. Census Bureau.

DISABILITY DEFINITIONS

Hearing difficulty.....deafness or having serious difficulty hearing

Vision difficulty.....blindness or having serious difficulty seeing, even when wearing glasses

Cognitive difficulty.....difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem

Ambulatory difficulty.....serious difficulty walking or climbing stairs

Self-care difficultydifficulty bathing or dressing

Independent living difficultydifficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem

In 2008, questions about Department of Veterans Affairs (VA) service-connected disability status and ratings were included in the ACS for the first time.² A service-connected disability is a disability, disease, or injury incurred or aggravated during active military service. The degree of disability is graduated from 0 percent to 100 percent, in increments of 10 percent. VA calculates the total service-connected disability rating by combining evaluations of each disability rather than adding the individual ratings together. Disabilities that were due to military service but not considered disabling are assigned as 0 percent. This second series of disability questions was added to help VA measure the demand for their health care services by allowing them to cross-classify service-connected disability status with ACS data on income to determine which veterans might qualify for priority health care enrollment.

Service-connected disability ratings are not necessarily correlated with having a functional disability, as defined by the six disability questions in the ACS. Veterans can receive a service-connected disability rating for a wide variety of conditions. For example, a veteran could receive disability compensation for an impairment of the knee, but his functioning and activity participation is such that he answers 'no' to "Does this person have serious difficulty walking or climbing stairs?" Many veterans have more than one disability, as defined by the VA. In these cases, a rating formula is applied to assess the overall disabling effect to determine a combined rating for the purpose of compensation determination. Even a veteran with a combined service-connected disability rating of '70 percent or higher' may not report having a limitation in a function or activity on the ACS questionnaire.

² The Department of Veterans Affairs' compensation program provides monthly benefit payments to veterans with disabilities, diseases, or injuries incurred or aggravated during active military service. In order to be eligible for this benefit, the veteran must have been discharged under conditions other than dishonorable and the disability must not have been a result of misconduct by the veteran.

These two different concepts of disability are often confused or conflated in reference to veterans. The purpose of this analysis is to evaluate whether and how the question on VA service-connected disability status and ratings relates to the series of questions about functional disabilities and difficulties with activities of daily living to attempt to answer the question “Is a veteran with a service-connected disability the same as a disabled veteran?”

The data used in this paper are from the 2014 ACS and represent the civilian noninstitutionalized population 18 years and older living in the United States and Puerto Rico. The civilian noninstitutionalized population refers to people living in households and noninstitutional group quarters (except military barracks) who have not reported employment with the U.S. Armed Forces.

Veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard. In this paper, veterans who served in multiple wartime periods or in both peacetime and wartime periods are coded in their most recent wartime period of service. Veterans who served during peacetime only are coded as such.

Limitations

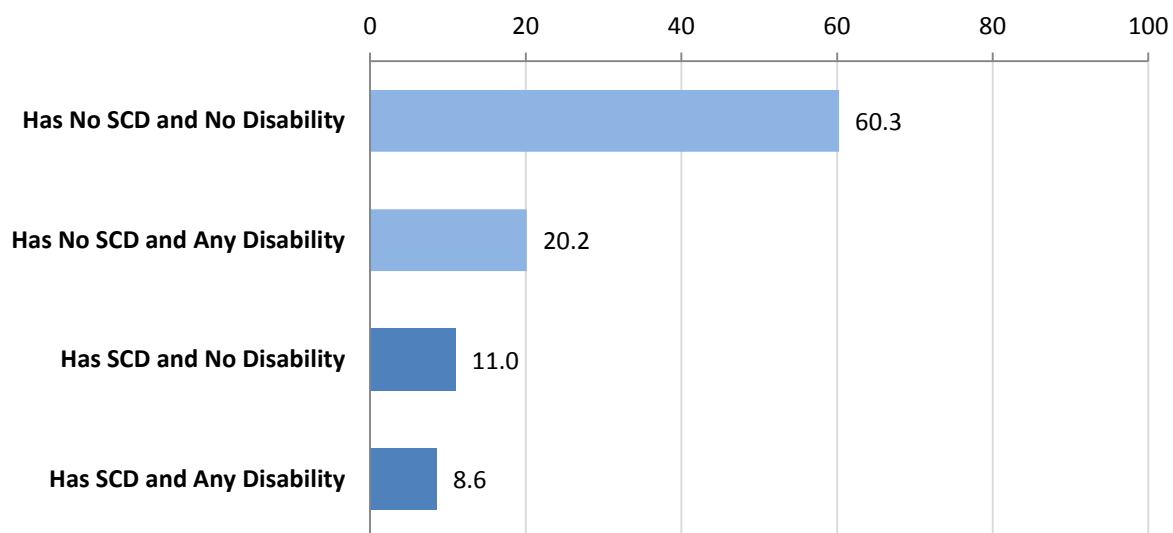
Measuring the prevalence of disabilities in surveys is a difficult task and different survey instruments can generate very different estimates of the population with a disability. The series of six questions in the ACS does not comprehensively capture all types of disabilities or account for the range of severity of an individual’s impairment. It is also not possible with ACS to determine when a disability occurred, which is relevant to the discussion of service-connected disability.

The ACS-defined disability of a veteran with a service-connected disability rating may not necessarily be related to the veteran’s military service. Veterans could have incurred a disability at any time during or after their service. Generally, a veteran could not have had a disability prior to entering the military due to physical and mental fitness requirements for service. Additionally, the disabilities of older veterans may be due to age-related illnesses, similar to those of older nonveterans, and not due to military service. An impairment caused by military service could also improve over time, leading an individual to report no disability on the survey even though they continue to receive disability compensation for that impairment.

Disability Prevalence of Veterans

In 2014, 28.8 percent of all veterans 18 years and older had any type of disability, as defined by the ACS, and 19.6 percent of all veterans had a VA service-connected disability rating. Looking at the two concepts in conjunction, 8.6 percent of all veterans had both a service-connected disability and an ACS-defined disability. Eleven percent had a service-connected disability and no ACS-defined disability, while 20.2 percent had no service-connected disability but did have an ACS-defined disability. (See Figure 1)

Figure 1.
Distribution of Service-Connected Disability (SCD) and ACS-Defined Disability Status of Veterans: 2014

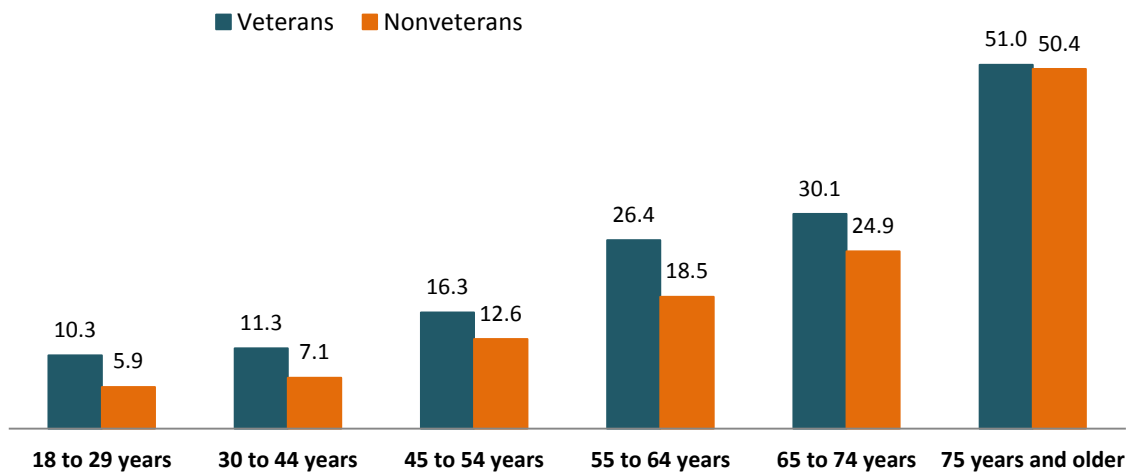


Source: U.S. Census Bureau, American Community Survey, 2014

In general, the prevalence of disability increases with age. Individuals in the oldest age groups are more likely to have any disability than younger adults.³ Because veterans as a whole are older due to the large Vietnam Era, Korean War, and World War II cohorts, it is problematic to compare the disability status of all veterans to all nonveterans. (See Appendix Table) About 30 percent of all veterans and 14.2 percent of all nonveterans over the age of 18 had any type of disability. Much of this difference is likely related to the age distributions of the two populations, however, as Figure 2 shows, at all ages, veterans had a higher rate of disability than nonveterans.

³ Brault, Matthew. (2012) "Americans with Disabilities: 2010." Current Population Report P70-131. Washington, DC.

Figure 2.
Percentage of Age Group with an ACS-Defined Disability, by Veteran Status: 2014



Source: U.S. Census Bureau, American Community Survey, 2014

Similar studies have also found that veterans appear to experience disability at younger ages than nonveterans. Data from the National Health Interview Survey 2007-2010 showed that, overall, male veterans aged 25 to 64 years old were more likely than male nonveterans to report fair or poor health.⁴ Veterans were also more likely to report two or more chronic conditions compared to similar nonveterans. The study found that these health disadvantages were statistically significant primarily for those 45 years and older, the age group that includes part of the Vietnam War cohort. Differences in work limitations due to physical, mental, or emotional problems between veterans and nonveterans appeared beginning at age 35. One explanation offered by this study was that veterans were more likely to have health insurance and therefore more likely to have had their conditions diagnosed. ACS data from 2014 also show veterans were more likely to have health insurance compared with nonveterans. (See Appendix Table)

The 2014 ACS data suggest service-connected disability status might also offer an explanation for some of the differences in disability rates by age group between veterans and nonveterans, particularly for the younger age groups. (See Figure 3) The rates of disability by age for veterans with no service-connected disability were more comparable to those of nonveterans than to veterans with a service-connected

⁴ Kramarow, Ellen A. and Patricia N. Pastor. (2012) "The Health of Male Veterans and Nonveterans Aged 25-64: United States, 2007-2010." National Center for Health Statistics Data Brief 101.

disability.⁵ Veterans with a service-connected disability were more likely at all ages to report having any type of disability. Angrist, et al.⁶ found in a study of Vietnam-era veterans that those veterans who received service-connected disability compensation, especially those who were classified as “individually unemployable” by the VA, were probably more likely to define themselves as disabled and less likely to work.⁷

Service-Connected Disability Status

From 1950 to 2001, the number and percentage of veterans receiving compensation for service-connected disabilities remained relatively stable.⁸ Starting in 2001, the growth rate of service-connected disability increased substantially despite the overall decrease in the size of the veteran population. This increase coincides with the entry into the wars in Afghanistan and Iraq. Because of advancements in military medicine, more servicemembers survive their wounds, some with complex impairments, than in previous wars. The most recent Department of Defense data show over 52,000 servicemembers have been wounded in action in these conflicts.⁹ Many thousands more have been diagnosed with “invisible wounds” once they returned home.¹⁰

Three policy changes took effect since 2001 that also contributed to the increase in service-connected disability compensation. First was the liberalization of the medical eligibility criteria for Vietnam-era veterans that made Type-II diabetes a presumptively service-connected medical condition for veterans who served in Vietnam, Cambodia, or Laos during the Vietnam War. A second reason for the increase in service-connected disability compensation is that veterans from recent periods are more likely to receive benefits than their counterparts from earlier eras due to the VA’s approval of presumptive conditions for Gulf War veterans who served in Southwest Asia from 1990 to the present. The final policy change was implemented in 2010. Veterans from any era applying for service-connected disability

⁵ The disability rates for veterans with no service-connected disability rating and nonveterans ages 18 to 29 and 45 to 54 were not statistically different.

⁶ Angrist, Joshua D., Stacey H. Chen, and Brigham R. Frandsen. (2010) “Did Vietnam veterans get sicker in the 1990s? The complicated effects of military service on self-reported health.” *Journal of Public Economics* 94:824-837.

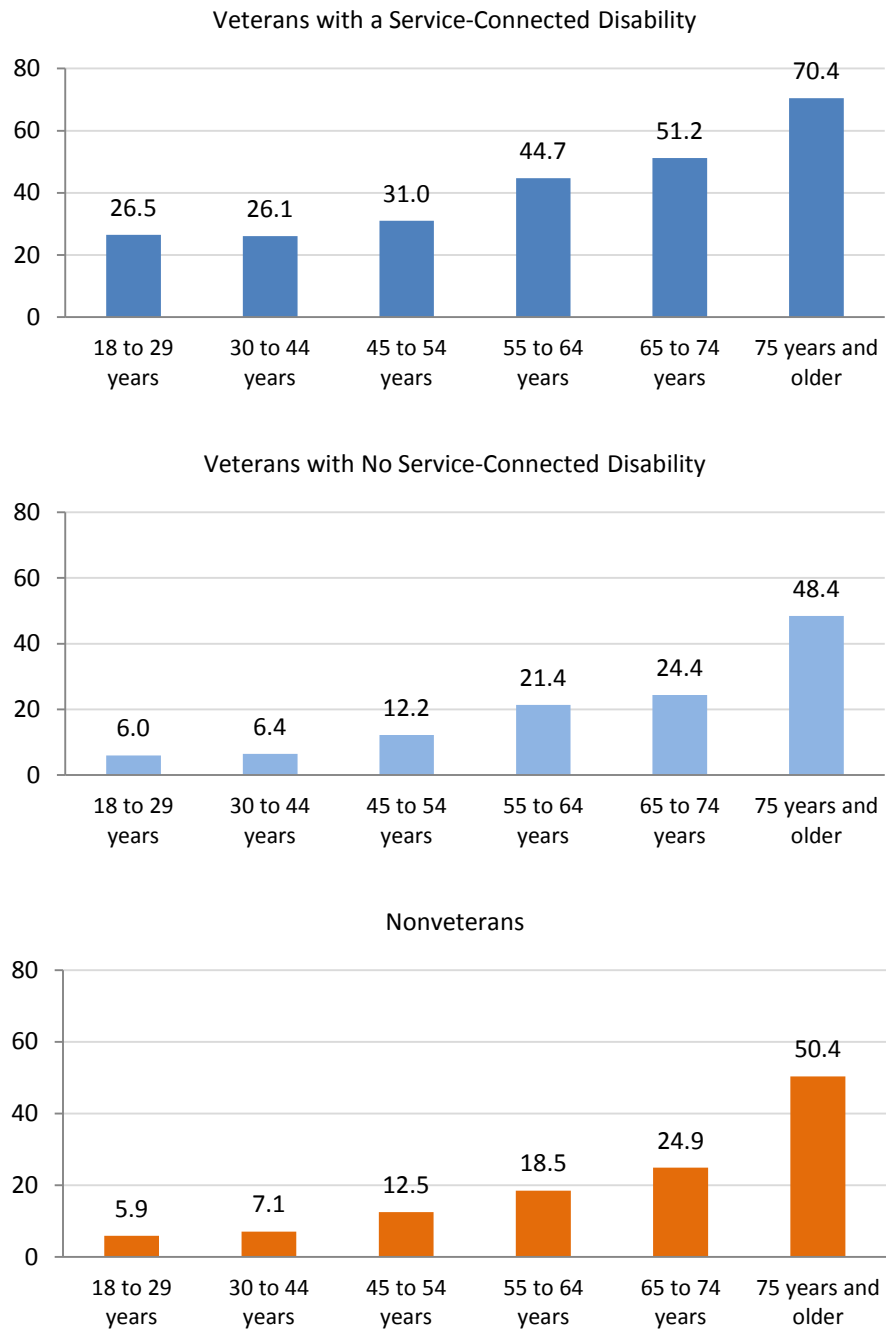
⁷ Individual Unemployability is a benefit provided by the Veterans Benefits Administration if a veteran is determined to be unable to work due to their disabilities.

⁸ Duggan, Mark (2014) “The Labor Market Effects of the VA’s Disability Compensation Program.” Stanford University Economic Policy Research, CA.

⁹ U.S. Department of Defense Press Resources. (2015) *Casualty Update*, as of February 18, 2015: <http://www.defense.gov/news/casualty.pdf>

¹⁰ Tanielian, T., & Jaycox, L. H. (Eds.). (2008). “Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery.” Santa Monica, CA: RAND Corporation

Figure 3.
Percentage of Age Group with an ACS-Defined Disability, by Veteran Status and Service-Connected Disability Status: 2014



Source: U.S. Census Bureau, American Community Survey, 2014

compensation with a diagnosis of post-traumatic stress disorder are no longer required to document the specific events (e.g., bomb blasts, mortar attacks) that caused their conditions.¹¹

In addition to this increase in the number of veterans receiving service-connected disability compensation, there has been a substantial increase in the number of veterans receiving combined ratings of 50 percent or higher. According to the Fiscal Year (FY) 2013 Annual Benefits Report from the VA's Veterans Benefits Administration, the number of new compensation recipients with a combined degree of service-connected disability of 50 percent or higher has doubled from FY2009 (62,618) to FY2013 (128,935).¹² Eighty-four percent of new compensation recipients were veterans of the Vietnam and Gulf War eras in FY2013.

The data suggest that having a service-connected disability rating increases the likelihood of having an ACS-defined disability for veterans. Do high service-connected disability ratings, therefore, correlate with an even greater likelihood of reporting a functional disability as defined in the ACS? In the 2014 ACS, a higher percentage of veterans with a 50-percent or higher service-connected disability rating (54.6 percent) had an ACS-defined disability compared with other service-connected disabled veterans (35.4 percent), non-service-connected disabled veterans (25.1 percent), and nonveterans (14.2 percent).¹³ (See Figure 4)

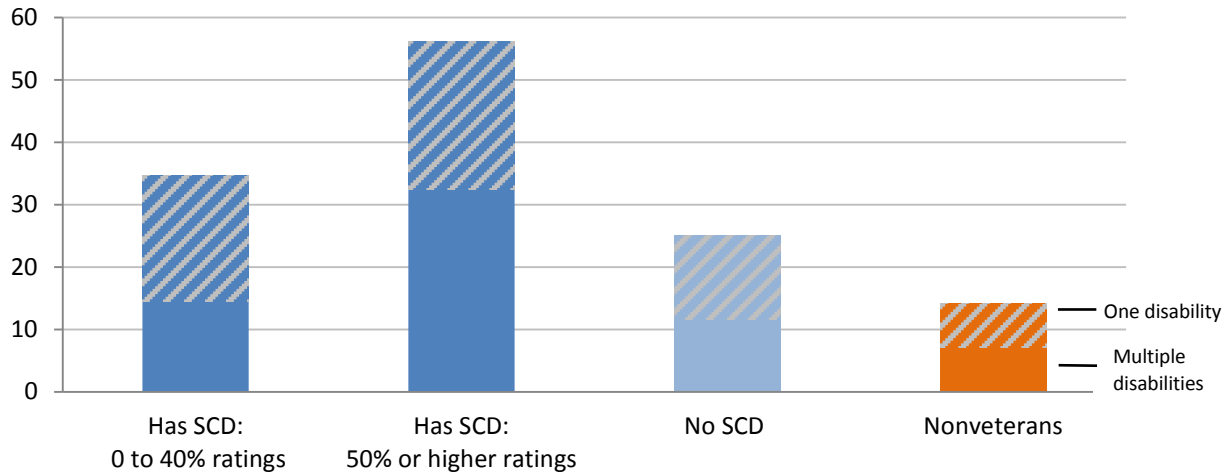
Veterans with a service-connected disability rating of 50 percent or higher who also had any type of ACS-defined disability were more likely to have multiple disabilities than other disabled veterans and nonveterans. (See Figure 4) Nearly 60 percent of disabled veterans with the highest service-connected disability ratings had more than one disability. It is important to remember that service-connected disability ratings are created using a combined ratings formula. These high ratings may be given for a single catastrophic injury or a combination of less disabling conditions.

¹¹Duggan, Mark (2014) "The Labor Market Effects of the VA's Disability Compensation Program." Stanford University Economic Policy Research, CA.

¹²Veterans Benefits Administration. (2014) *Annual Benefits Report for Fiscal Year 2013*. Veterans Benefits Administration, Washington, DC.

¹³ Veterans who reported they had a service-connected disability but did not report their rating were not included in this part of the analysis.

Figure 4.
Percentage with Any ACS-Defined Disability, by Veteran Status, Service-Connected Disability (SCD) Status, and Number of Disabilities, 2014



Source: U.S. Census Bureau, American Community Survey, 2014

Service-Connected Disability by Period of Military Service

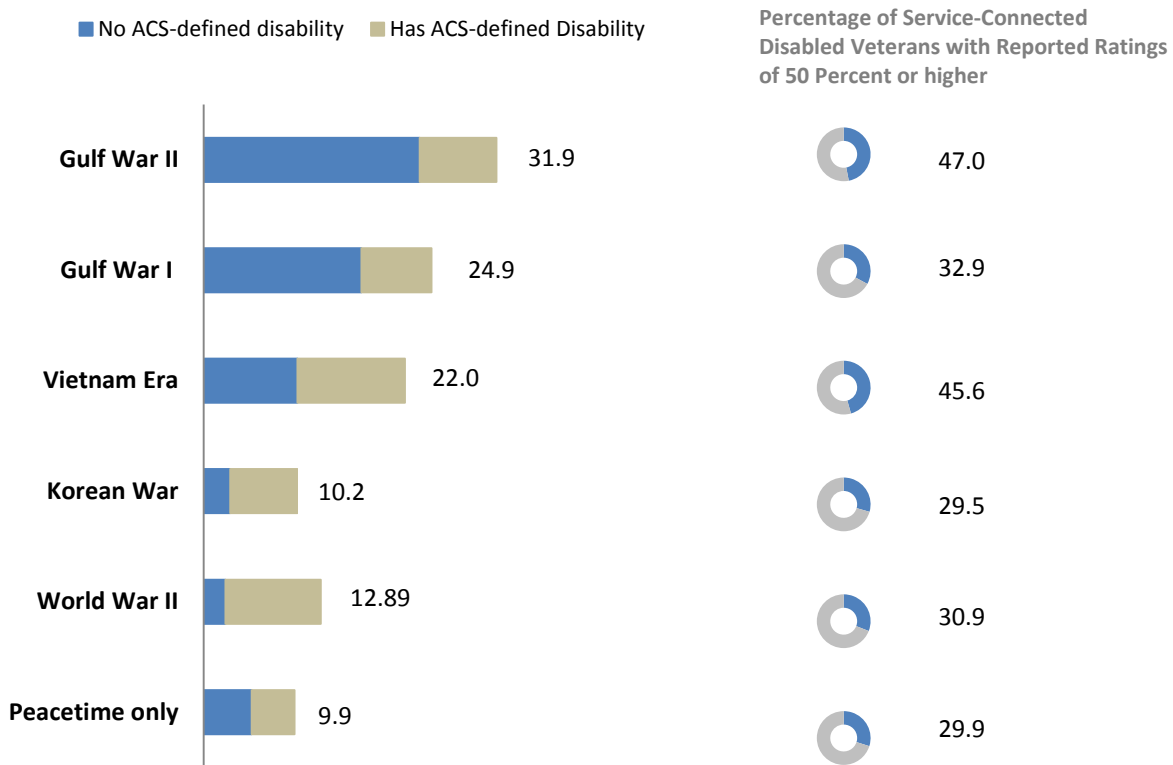
Consistent with data presented in the VA report for fiscal year 2013, ACS found that the most recent cohort of veterans was more likely to have a service-connected disability than veterans from previous eras of service. Thirty-two percent of all Gulf War II (September 2001 to present) veterans had a service-connected disability in 2014. (See Figure 5) Of those Gulf War II veterans with a service-connected disability, 26 percent had an ACS-defined disability. The percentage of service-connected disabled veterans with an ACS-defined disability increased in the older cohorts.

ACS data also shows that veterans of the Vietnam and Gulf War eras were more likely to report higher service-connected disability ratings. (See Figure 5) About 47 percent of Gulf War II and 45.6 percent of Vietnam-era veterans with a service-connected disability reported a rating of 50 percent or higher. About 30 percent of Korean War, World War II, and peacetime only veterans and 33 percent of Gulf War I veterans with a service-connected disability reported ratings of 50 percent or higher.

It is true that many older veterans who had service-connected disabilities have died in the intervening years since World War II and the Korean War. However, these findings are consistent with other

research that shows that Vietnam and Gulf War era veterans have higher rates of VA disability compensation usage compared with Korean War and World War II veterans and that they have higher overall service-connected ratings than these other cohorts as well.¹⁴ The ACS data by period of service suggest that while younger cohorts have higher percentages with a service-connected disability designation and higher percentages of those with ratings of 50 percent or higher, they do not necessarily have higher rates of ACS-defined disabilities.

Figure 5.
Percentage of Veterans with a Service-Connected Disability, by Period of Service and ACS-Defined Disability Status: 2014



Source: U.S. Census Bureau, American Community Survey, 2014

¹⁴ Angrist, Joshua D., Stacey H. Chen, and Brigham R. Frandsen. (2010) "Did Vietnam veterans get sicker in the 1990s? The complicated effects of military service on self-reported health." *Journal of Public Economics* 94:824-837.

Types of Disability

The types of disabilities reported by veterans might also offer insight into why veterans are experiencing disability at younger ages than nonveterans. The most prevalent ACS-defined disabilities for veterans, regardless of service-connected disability status, were ambulatory difficulties and hearing difficulties. (See Figure 6)

For all three groups, ambulatory difficulty was the most prevalent difficulty for those with any disability. It is not possible with these data to determine if veterans and nonveterans experience the same causes, timing, types, and severity of ambulatory difficulties. Some studies have suggested that the increase in the amount of weight servicemembers are now required to carry may lead to injuries of the back, neck, and joints. The increase in body mass index of average recruits could also play a role in injuries sustained during training.¹⁵ These service-related injuries may lead to ambulatory difficulties at younger ages.

The National Institutes of Health reports that hearing loss is one of the most common conditions affecting older adults. Veterans who reported a disability, however, experienced hearing difficulty at higher rates than nonveterans, and at younger ages. (See Figure 7) Noise exposure is a serious problem associated with military service, particularly in combat situations and work onboard ships or in aircraft maintenance.¹⁶ Noise-induced hearing loss can be immediate or can come on gradually over time.¹⁷

Data from the latest Veterans Benefits Administration Annual Benefits Report also shows that the most prevalent service-connected disabilities receiving compensation in FY2013 were related to hearing and ambulatory difficulties.¹⁸ (See Table 1) This suggests some of the ACS-defined disabilities may have been service-connected, rather than caused by post-military injury or age.

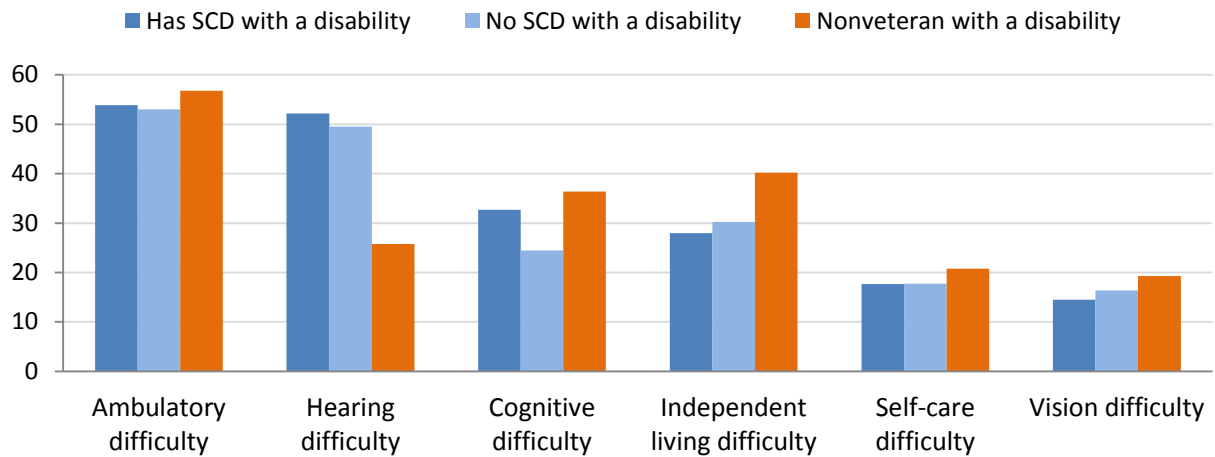
¹⁵ Cowan, D. N., et al. (2011) "Musculoskeletal injuries among overweight army trainees: incidence and health care utilization." *Occupational Medicine* 61: 247-252. Naval Research Advisory Committee (2007) "Lightening the Load." Washington, DC.

¹⁶ Saunders GH, Griest SE. (2009) "Hearing loss in veterans and the need for hearing loss prevention programs." *Noise Health* 11:14-21.

¹⁷ National Institutes of Health. (2014) Retrieved from: <http://www.nidcd.nih.gov/health/hearing/pages/noise.aspx>

¹⁸ For more information, see http://www.benefits.va.gov/reports/annual_performance_reports.asp

Figure 6.
Prevalence of Disability Types for the Disabled Population, and Service-Connected Disability (SCD) Status, by Veteran Status: 2014
 (in percent)



Source: U.S. Census Bureau, American Community Survey, 2014

Table 1.
Most Prevalent Service-Connected Disabilities for Veterans Receiving Compensation: FY 2013

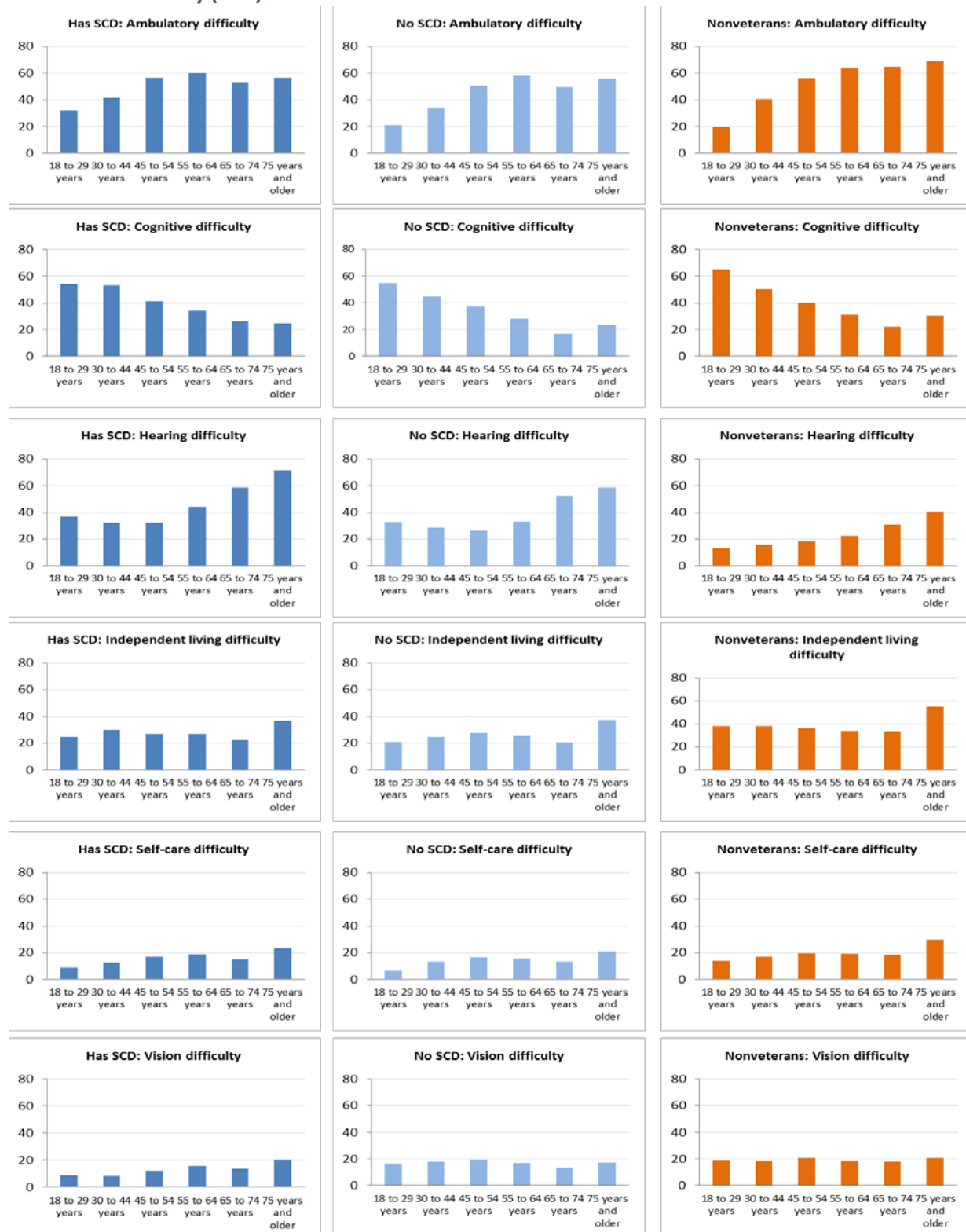
Disability	Number
Tinnitus	1,121,709
Hearing loss	854,855
Post traumatic stress disorder	648,992
Scars, general	574,191
Limitation of flexion, knee	453,704
Lumbosacral or cervical strain	440,795
Diabetes mellitus	398,480
Paralysis of the sciatic nerve	346,572
Limitation of motion of the ankle	343,834
Degenerative arthritis of the spine	335,692

NOTE: Veterans can receive compensation for multiple disabilities.

Source: Department of Veterans Affairs, Veterans Benefits Administration, Annual Benefits Report, Fiscal Year 2013

Figure 7.

Percentage of Disabled Population With Each Type of Disability by Age, Veteran Status, and Service-Connected Disability (SCD) Status: 2014



Source: U.S. Census Bureau, American Community Survey, 2014

Disability type also differed for veterans by period of service. Some of these differences were clearly related to age, since period of service acts as a proxy for age in many ways. There was, however, some evidence of differences that may be due to the actual wartime period in which the veteran served.

The most prevalent condition for disabled veterans from Gulf War I, Vietnam Era, World War II, and peacetime periods was ambulatory difficulty, which is serious difficulty walking or climbing stairs. For disabled veterans from the Korean War period, hearing difficulty was the most prevalent condition.

Nearly half (47.7 percent) of all Gulf War II veterans with a disability reported a cognitive difficulty. A cognitive difficulty is one in which the individual has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition. This percentage was higher than that for any of the other periods of service. (See Table 2) Post-traumatic stress disorder and traumatic brain injury are two signature injuries of the wars in Afghanistan and Iraq and may contribute to this high percentage of cognitive disability.¹⁹ Age could also be a factor. The Gulf War II cohort is the youngest of the wartime veterans. Many came of age during a time when Attention Deficit Hyperactivity Disorder (ADHD) became a recognized disability and diagnoses increased in the 1990s.²⁰ ADHD could also be a condition captured by the cognitive difficulty question. Figure 7 shows the same pattern by age for disabled nonveterans with a cognitive difficulty; the percentages reporting this disability decrease with age.

Table 2.
Prevalence of Disability Type by Period of Service for Veterans with a Disability: 2014
 (in percent)

Disability Type	Period of service					
	Gulf War II	Gulf War I	Vietnam Era	Korean War	World War II	Peacetime only
Ambulatory difficulty	37.0	47.2	53.6	54.0	63.0	54.2
Cognitive difficulty	47.7	36.2	23.2	22.9	28.3	25.9
Hearing difficulty	36.8	34.8	50.6	60.9	61.3	45.2
Independent living difficulty	23.9	25.1	23.7	33.7	51.2	27.9
Self-care difficulty	11.5	15.1	15.4	19.6	29.1	17.0
Vision difficulty	12.3	14.5	14.5	16.9	21.5	15.8

Source: U.S. Census Bureau, American Community Survey, 2014

¹⁹ Tanielian, T., & Jaycox, L. H. (Eds.). (2008). "Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery." Santa Monica, CA: RAND Corporation

²⁰ Connor, Daniel (2011) "Problems of Overdiagnosis and Overprescribing in ADHD." Retrieved from: <http://www.psychiatrytimes.com/adhd/problems-overdiagnosis-and-overprescribing-adhd/page/0/1> ; Holland, Kimberly and Valencia Higuera. (2015) "The History of ADHD: A Timeline." Retrieved from: <http://www.healthline.com/health/adhd/history#19806>

Summary

The American Community Survey captures two distinct concepts of disability. The first measures functional disabilities and difficulties with activities of daily living among the general population. The second is a measure of service-connected disability status and compensation ratings of veterans of the U.S. Armed Forces. These concepts do not necessarily overlap and are often conflated. The purpose of this analysis was to examine whether a veteran with a service-connected disability rating is the same as a “disabled veteran” in the common usage of that term.

In 2014, about 29 percent of all veterans had an ACS-defined disability, but just 8.6 percent of all veterans had both a service-connected disability rating and an ACS-defined disability. At all ages, veterans with a service-connected disability were more likely to have reported a disability, compared with veterans who did not have a service-connected disability rating and nonveterans. Not all veterans with a service-connected disability, however, have an ACS-defined disability. Thirty-five percent of veterans with low service-connected disability ratings (0 to 40 percent) and 54.6 percent of veterans with high service-connected disability ratings (50 to 100 percent) had an ACS-defined disability in 2014. In this sense, service-connected disability does not equate to having a disability for these veterans.

An examination of service-connected disability status by period of service shows that more recent cohorts of veterans have higher percentages with a service-connected disability and higher percentages of those had ratings of 50 percent or higher, however, these veterans are less likely to also have an ACS-defined disability. These data reflect recent changes in the VA’s service-connected disability compensation program. The medical eligibility criteria for certain presumptively service-connected conditions have been modified in recent years for Gulf War and Vietnam-era veterans. These conditions warrant a rating from the VA but may not necessarily be such that a veteran reports them as an ACS-defined disability. Compensation for Type-II diabetes related to exposure to Agent Orange in Vietnam is an example of a service-connected disability that may not be related to a functional disability.

This analysis shows that service-connected disability and disability are correlated but not interchangeable concepts. The concept of service-connected disability generally measures participation in a benefits program administered by VA. Having a VA service-connected disability does not necessarily translate to having an ACS-defined disability in all cases. ACS also cannot determine the timing of the disability or impairment to align the concepts when a veteran reports having both a service-connected

disability and an ACS-defined disability. The reported disability could have been caused by military service, and some data do suggest that that the type of disability was likely service-connected, but disabilities could also have been brought on by age or accidents suffered post-military service. It is important to use caution when interpreting these two distinct disability measures to define who are “disabled” veterans.

More Information

For more information about veterans of the U.S. Armed Forces, go to the U.S. Census Bureau Web site on Veterans Statistics at <http://census.gov/topics/population/veterans.html>. For more information about disability status for the general population, go to the U.S. Census Bureau Web site on Disability Statistics at <http://www.census.gov/people/disability/>.

Source and Accuracy

Data presented in this paper are based on people and households that responded to the ACS in 2014, and are subject to sampling and non-sampling error. All comparisons presented here have taken sampling error into account and are significant at the 90 percent confidence level unless otherwise noted. Due to rounding, some details may not sum to totals. For information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, please see the “ACS Accuracy of the Data” document for 2014 located at <http://census.gov/programs-surveys/acs/technical-documentation/code-lists.html>.

Appendix Table 1.

Selected Characteristics of the Disabled Population, by Veteran Status and Disability Status
(in percent)

	All Veterans	Veterans with a Service-Connected Disability		Veterans with No Service-Connected Disability		All Nonveterans	Nonveterans	
		Has any type of disability	No disability	Has any type of disability	No disability		Has any type of disability	No disability
Total disabled population, 18 years and older¹	18,999,920	1,630,710	2,090,590	3,828,570	11,450,040	224,202,960	31,851,190	192,351,770
Percent of total population	100.0	8.6	11.0	20.2	60.3	100.0	14.2	85.8
Age								
18 to 29 years	4.5	2.9	6.3	1.1	5.6	23.1	9.5	25.3
30 to 44 years	13.3	10.0	22.1	3.2	15.6	26.4	13.2	28.5
45 to 54 years	14.7	11.4	19.9	7.0	16.8	18.1	16.0	18.4
55 to 64 years	19.0	21.3	20.6	15.8	19.4	16.3	21.2	15.5
65 to 74 years	25.6	32.3	24.0	24.5	25.4	9.6	16.9	8.4
75 years and older	22.8	22.0	7.2	48.4	17.2	6.6	23.3	3.8
Median age	64.4	65.8	55.9	74.3	61.7	45.3	60.3	43.0
Sex								
Male	91.7	93.2	88.7	94.4	91.2	44.4	38.9	45.4
Female	8.3	6.8	11.3	5.6	8.8	55.6	61.1	54.6
Race and Hispanic Origin								
White, non-Hispanic	78.6	74.9	70.7	83.7	78.9	63.2	66.3	62.7
Black, non-Hispanic	11.1	13.5	16.7	8.0	10.7	11.6	13.6	11.2
Other, non-Hispanic	3.8	4.3	4.7	3.3	3.8	8.2	6.1	8.5
Hispanic	6.5	7.3	7.9	5.1	6.6	17.0	14.0	17.5
Educational Attainment								
High school graduate or less	35.6	35.5	22.6	47.8	33.9	41.4	60.1	38.3
Some college	37.3	42.7	44.2	31.2	37.2	30.8	26.0	31.6
Bachelor's degree	16.2	13.4	18.7	12.4	17.4	17.8	8.9	19.3
Advanced degree	11.0	8.4	14.5	8.6	11.5	10.1	5.1	10.9
Employment Status								
Employed	45.2	21.6	56.7	17.3	55.8	62.0	23.2	68.4
Unemployed	2.8	2.5	3.3	2.1	3.1	4.8	4.0	4.9
Not in the labor force	52.0	76.0	40.1	80.6	41.2	33.2	72.8	26.6
Poverty Status²								
At or below poverty	7.3	8.4	5.5	10.9	6.2	14.6	24.0	13.0
Above poverty	92.7	91.6	94.5	89.1	93.8	85.4	76.0	87.0
Period of Military Service³								
Gulf War (Sept. 2001 to present)	15.4	15.0	33.1	3.6	16.2	n/a	n/a	n/a

Gulf War (Aug. 1990 to Aug. 2001)	13.0	11.6	20.4	4.4	14.8	n/a	n/a	n/a
Vietnam Era	34.5	47.1	32.1	32.9	33.7	n/a	n/a	n/a
Korean Conflict	9.1	7.8	2.4	19.3	7.1	n/a	n/a	n/a
World War II	4.9	6.0	1.1	14.2	2.4	n/a	n/a	n/a
Peacetime only	23.0	12.6	11.0	25.6	25.9	n/a	n/a	n/a
Health Insurance Coverage								
No health insurance	3.8	0.7	1.4	2.4	5.1	14.2	8.6	15.1
Private insurance only	30.4	7.5	27.6	9.8	41.1	57.0	20.5	63.0
Public insurance only	23.5	34.2	20.4	34.0	19.0	17.8	44.4	13.4
Public and private insurance	42.3	57.7	50.6	53.8	34.8	11.1	26.4	8.5
Veterans Affairs (VA) Health Care Usage								
Used or enrolled in VA	32.3	77.3	60.2	33.2	20.5	n/a	n/a	n/a
Did not use or not enrolled in VA	67.7	22.7	39.8	66.8	79.5	n/a	n/a	n/a
Number of Disabilities								
One disability	n/a	49.5	n/a	53.8	n/a	n/a	49.4	n/a
Multiple disabilities	n/a	50.5	n/a	46.2	n/a	n/a	50.6	n/a
Type of Disability								
Hearing difficulty	n/a	52.2	n/a	49.5	n/a	n/a	25.7	n/a
Vision difficulty	n/a	14.5	n/a	16.4	n/a	n/a	19.3	n/a
Self-care difficulty	n/a	17.7	n/a	17.8	n/a	n/a	20.8	n/a
Cognitive difficulty	n/a	32.7	n/a	24.4	n/a	n/a	36.4	n/a
Independent living difficulty	n/a	28.0	n/a	30.2	n/a	n/a	40.2	n/a
Ambulatory difficulty	n/a	53.9	n/a	53.1	n/a	n/a	56.8	n/a

n/a = Not Applicable

1/ Includes the population living in the United States and Puerto Rico.

2/ Poverty status was determined for all people except institutionalized people, people in military group quarters, people in college dormitories, and unrelated individuals under 15 years old.

3/ Period of military service is coded with multiple periods dispersed into the category for the most recent period of service.

Source: U.S. Census Bureau, American Community Survey, 2014.

Appendix Table 2.

Margins of Errors for Selected Characteristics of the Disabled Population, by Veteran Status and Disability Status

(in percent)

	All Veterans	Veterans with a Service-Connected Disability		Veterans with No Service-Connected Disability		All Nonveterans	Nonveterans	
		Has any type of disability	No disability	Has any type of disability	No disability		Has any type of disability	No disability
Total disabled population, 18 years and older¹	65,770	21,320	22,380	25,080	49,550	60,790	93,790	106,710
Percent of total population	n/a	0.1	0.1	0.1	0.1	n/a	0.1	0.1
Age								
18 to 29 years	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1
30 to 44 years	0.1	0.4	0.5	0.2	0.2	0.1	0.1	0.1
45 to 54 years	0.1	0.4	0.4	0.2	0.2	0.1	0.1	0.1
55 to 64 years	0.1	0.5	0.4	0.3	0.2	0.1	0.1	0.1
65 to 74 years	0.1	0.5	0.4	0.3	0.2	0.1	0.1	0.1
75 years and older	0.1	0.5	0.2	0.3	0.1	0.1	0.1	0.1
Median age	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1
Sex								
Male	0.1	0.3	0.4	0.2	0.1	0.1	0.1	0.1
Female	0.1	0.3	0.4	0.2	0.1	0.1	0.1	0.1
Race and Hispanic Origin								
White, non-Hispanic	0.1	0.5	0.5	0.3	0.2	0.1	0.1	0.1
Black, non-Hispanic	0.1	0.5	0.5	0.2	0.1	0.1	0.1	0.1
Other, non-Hispanic	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1
Hispanic	0.1	0.3	0.3	0.2	0.1	0.1	0.1	0.1
Educational Attainment								
High school graduate or less	0.2	0.5	0.4	0.4	0.2	0.1	0.1	0.1
Some college	0.2	0.6	0.5	0.4	0.2	0.1	0.1	0.1
Bachelor's degree	0.1	0.4	0.4	0.2	0.2	0.1	0.1	0.1
Advanced degree	0.1	0.3	0.4	0.2	0.1	0.1	0.1	0.1
Employment Status								
Employed	0.2	0.5	0.5	0.3	0.2	0.1	0.1	0.1
Unemployed	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1
Not in the labor force	0.2	0.5	0.5	0.3	0.2	0.1	0.1	0.1

Poverty Status²								
At or below poverty	0.1	0.3	0.3	0.2	0.1	0.1	0.1	0.1
Above poverty	0.1	0.3	0.3	0.2	0.1	0.1	0.1	0.1
Period of Military Service³								
Gulf War (Sept. 2001 to present)	0.1	0.5	0.5	0.2	0.2	n/a	n/a	n/a
Gulf War (Aug. 1990 to Aug. 2001)	0.1	0.4	0.5	0.2	0.2	n/a	n/a	n/a
Vietnam Era	0.1	0.6	0.5	0.3	0.2	n/a	n/a	n/a
Korean Conflict	0.1	0.3	0.1	0.3	0.1	n/a	n/a	n/a
World War II	0.1	0.3	0.1	0.3	0.1	n/a	n/a	n/a
Peacetime only	0.1	0.4	0.3	0.3	0.2	n/a	n/a	n/a
Health Insurance Coverage								
No health insurance	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Private insurance only	0.2	0.3	0.5	0.3	0.2	0.1	0.1	0.1
Public insurance only	0.1	0.6	0.4	0.3	0.2	0.1	0.2	0.1
Public and private insurance	0.2	0.6	0.5	0.4	0.2	0.1	0.1	0.1
Veterans Affairs (VA) Health Care Usage								
Used or enrolled in VA	0.2	0.5	0.6	0.3	0.2	n/a	n/a	n/a
Did not use or not enrolled in VA	0.2	0.5	0.6	0.3	0.2	n/a	n/a	n/a
Number of Disabilities								
One disability	n/a	0.5	n/a	0.4	n/a	n/a	0.2	n/a
Multiple disabilities	n/a	0.5	n/a	0.4	n/a	n/a	0.2	n/a
Type of Disability								
Hearing difficulty	n/a	0.6	n/a	0.4	n/a	n/a	0.1	n/a
Vision difficulty	n/a	0.4	n/a	0.3	n/a	n/a	0.1	n/a
Self-care difficulty	n/a	0.4	n/a	0.3	n/a	n/a	0.1	n/a
Cognitive difficulty	n/a	0.5	n/a	0.4	n/a	n/a	0.1	n/a
Independent living difficulty	n/a	0.4	n/a	0.4	n/a	n/a	0.1	n/a
Ambulatory difficulty	n/a	0.6	n/a	0.4	n/a	n/a	0.2	n/a

n/a = Not Applicable

1/ Includes the population living in the United States and Puerto Rico.

2/ Poverty status was determined for all people except institutionalized people, people in military group quarters, people in college dormitories, and unrelated individuals under 15 years old.

3/ Period of military service is coded with multiple periods dispersed into the category for the most recent period of service.

Source: U.S. Census Bureau, American Community Survey, 2014.

Appendix Table 3.

Margins of Error for Prevalence of Disability Type by Period of Service for Veterans with a Disability: 2014

Disability Type	Period of service					
	Gulf War II	Gulf War I	Vietnam Era	Korean War	World War II	Peacetime only
Ambulatory difficulty	1.3	1.5	0.5	0.8	0.9	0.6
Cognitive difficulty	1.4	1.4	0.5	0.8	0.8	0.6
Hearing difficulty	1.3	1.3	0.5	0.8	0.8	0.7
Independent living difficulty	1.2	1.1	0.4	0.7	0.9	0.6
Self-care difficulty	0.8	1.0	0.4	0.6	0.8	0.6
Vision difficulty	1.0	1.0	0.3	0.6	0.7	0.5

Source: U.S. Census Bureau, American Community Survey, 2014.